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## Operation Update N° 2 Honduras / Hurricanes Eta & Iota

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency appeal</b> MDR43007	<b>GLIDE n°</b> <a href="#">TC-2020-000220-HND</a>
<b>Operation update n° 2:</b> 20 January 2021	<b>Timeframe covered by this update:</b> 8 November 2020 to 15 January 2021
<b>Operation start date:</b> 8 November 2020	<b>Operation timeframe:</b> 18 months
<p><b>Funding requirements (CHF):</b> Total Operation (3 Emergency Appeals), 22 million Swiss francs.</p> <p>For more details on the funding coverage of the Emergency Appeal, check the <a href="#">Donor Response</a>. Federation-wide, more than <b>1.54 million Swiss francs in cash and in-kind goods</b> have been received from Danish Red Cross, Kuwait Red Crescent Society, Spanish Red Cross, Swiss Red Cross, ICRC, IFRC, National Port Company, Embassy of France, Embassy of the Republic of Korea, Spanish Agency for International Development Cooperation (AECID), UNICEF, Farmacéuticos Mundi, ONCE Foundation for Latin America (FOAL), International Health Service of Minnesota, Banco Promerica, Ficohsa International S.A., Glovo, Johnson &amp; Johnson, Puma Energy, Solista and individuals through the EA or bilateral contributions.</p> <p><b>HONDURAS</b> <b>IFRC Funding requirements (CHF):</b> 12,129,261 <b>National Society Response Plan funding requirements:</b> 20 million CHF</p>	<p><b>DREF amount initially allocated for total operation:</b> 1 million Swiss francs (CHF)</p> <p><b>DREF allocated for Honduras:</b> 400,000 Swiss francs (CHF)</p>
<b>N° of people to be assisted:</b> 10,000 families (50,000 people) / Total National Society response: 20,000 families (100,000 people)	
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> International Federation of the Red Cross and Red Crescent (IFRC), International Committee of the Red Cross (ICRC), American Red Cross, Danish Red Cross, Italian Red Cross, Swiss Red Cross, Spanish Red Cross, German Red Cross, Norwegian Red Cross.	
<b>Other partner organizations actively involved in the operation:</b> Banking Institutions (Ficohsa and BAC), World Hope Canada, Walmart, Pricesmart Honduras, AECID, French Embassy in Honduras, Embassy of Korea in Honduras, Puma Energy, Johnson & Johnson.	

## A. SITUATION ANALYSIS

### Description of the disaster

Three weeks after the impact of Tropical Storm Eta (5 November 2020), Hurricane Iota (18 November 2020) hit northern Honduras heavily affecting the communities around the Sula Valley, including Copán, Choluteca, and Comayagua, and worsening the situation in the departments of Puerto Cortés, Yoro, Atlántida, Santa Barbara, Olancho, and Colón, that were previously hit by the first storm. On 6 November 2020, the Government of Honduras requested international support to address this disaster and requested access to "green funds" for reconstruction needs, given that these extreme weather events were the product of climate change.<sup>1</sup>

<sup>1</sup> [Digital Process, Honduras calls on IDB to advance green fund resources to tackle Eta](#)

These two hydrometeorological disasters aggravated the already precarious situation of thousands of Honduran families, who were already heavily affected by the COVID-19 pandemic and its socio-economic consequences. The impact of Eta and Iota overlapped as well with the compounded effect of several periods of droughts in the Dry Corridor, food insecurity, the increase in violence and poverty<sup>2</sup> levels, as well as a latent dengue and Zika epidemics. The Sula Valley region being a major productive center for Honduras,<sup>3</sup> and the most affected by the compounded effects of the aforementioned complexities, is also a departing point for many migrant caravans, some of which already started to form a few days after the Hurricanes<sup>4</sup>.



People are settling inside roads and makeshift accommodations with limited access to humanitarian assistance. - Community of Lupo Viejo, Choloma Municipality, Cortés, Honduras. December 2020. Source: HRC.

According to official figures, approximately 4.7M<sup>5</sup> people were affected by Hurricanes Eta and Iota.

More than 368,901 people were isolated, and over a hundred people died because of the floods accumulated from the storms. Thousands of houses were flooded up to 2 meters, resulting in losses of all the households (HH) assets. The majority of those located along the river Chamelecón were totally destroyed, forcing affected families to relocate. A total of 927 roads were affected, and more than 72 bridges damaged, while 62 were destroyed. The Ministry of Agriculture and Livestock reported losses of up to 80% in the agricultural sector<sup>6</sup>. According to a report by Economic Commission for Latin America and the Caribbean (CEPAL), the impact of the Hurricanes represented a loss of 45 billion Lempiras (approximately USD 1.86 billion)<sup>7</sup>.

The infrastructure damage has caused many communities to remain in isolation for several weeks after the impact of Eta and Iota. Seasonal cold fronts have caused rains to continue as well. As the floodwaters start receding, access is progressively being reestablished to provide critical assistance from local authorities and humanitarian partners<sup>8</sup>. Families are steadily leaving the collective centers, or using them only at nighttime, and returning to their homes and farming plots to start the cleaning and rebuilding processes. Water, sanitation and hygiene (WASH) needs remain high as the distribution systems have been destroyed and waste has accumulated. Shelter assistance remains a high priority as the structures were significantly damaged. People are returning to their land and living in makeshift accommodations oftentimes alongside whatever remains of their homes. COVID-19 remains one of the main health threats to the population due to the lack of biosecurity in collective centers and in the early stages of the emergency. However, with the lack of safe water access by the population, lack of proper shelter to safeguard from the elements and the proliferation of stagnant water, there has been an increase in waterborne and vector borne diseases, as well as respiratory illnesses.

Livelihood recovery measures are urgent as well, as the impact of both Hurricanes worsened the already stressed situation around the Sula Valley, as the impact destroyed agricultural fields and with flood water receding slowly is impeding new sowing, especially affecting subsistence farmers and informal workers who depend on seasonal crops<sup>9</sup>. In urban areas, the loss of livelihoods caused by Eta and Iota is heavily impacting those who were already affected by the socioeconomic effects of the COVID-19 pandemic, market contraction and job losses in commercial and agro-industrial sectors that received the compounded effects of both threats are already been reported<sup>10</sup>. With the additional socioeconomic stressors, and increase in violence to vulnerable groups, an increase in the number of migrants is highly plausible, thus providing proper protection measures is a key priority to address as well. Access to education remains a key challenge for children and adolescents who were already severely impacted by school closures since March 2020 due to the COVID-19 pandemic. With the effect of the Hurricanes, schools were used as collective centers or suffered damage to their infrastructure, further delaying the possibility of restarting the 2021 school year on time, increasing the likelihood of school desertion. As the effects of multiple hazards continue to overlap, the probability of new threats

<sup>2</sup> [El País, 28 November 2020](#)

<sup>3</sup> [Fair Trade - Central America ETA and IOTA Hurricane Impact Report](#)

<sup>4</sup> [OCHA - Central America: Tropical Storm Eta & Hurricane Iota: Six Weeks Later - December 2020.](#)

<sup>5</sup> [OCHA - Flash Appeal Addendum - December 2020.](#)

<sup>6</sup> [Fair Trade - Central America ETA and IOTA Hurricane Impact Report. November 2020.](#)

<sup>7</sup> [Naciones Unidas Honduras - Informe de CEPAL: Eta e Iota tuvieron un impacto de más de 45 mil millones de lempiras en Honduras - December 2020.](#)

<sup>8</sup> [OCHA - Central America: Tropical Storm Eta & Hurricane Iota: Six Weeks Later .December 2020.](#)

<sup>9</sup> [FEWSNET - El Salvador, Honduras y Nicaragua: Actualización de la perspectiva de seguridad alimentaria de monitoreo remoto - Diciembre 2020](#)

<sup>10</sup> [OCHA - Tormentas Eta & Iota: Informe de Misiones de Evaluación UNDAC. December 2020.](#)

impacting an already vulnerable population in the nearby future remains high, the need for adequate preparedness and disaster risk reduction measures is critical to ensure the longer-term wellbeing of the communities in the Sula Valley.

## Summary of current response

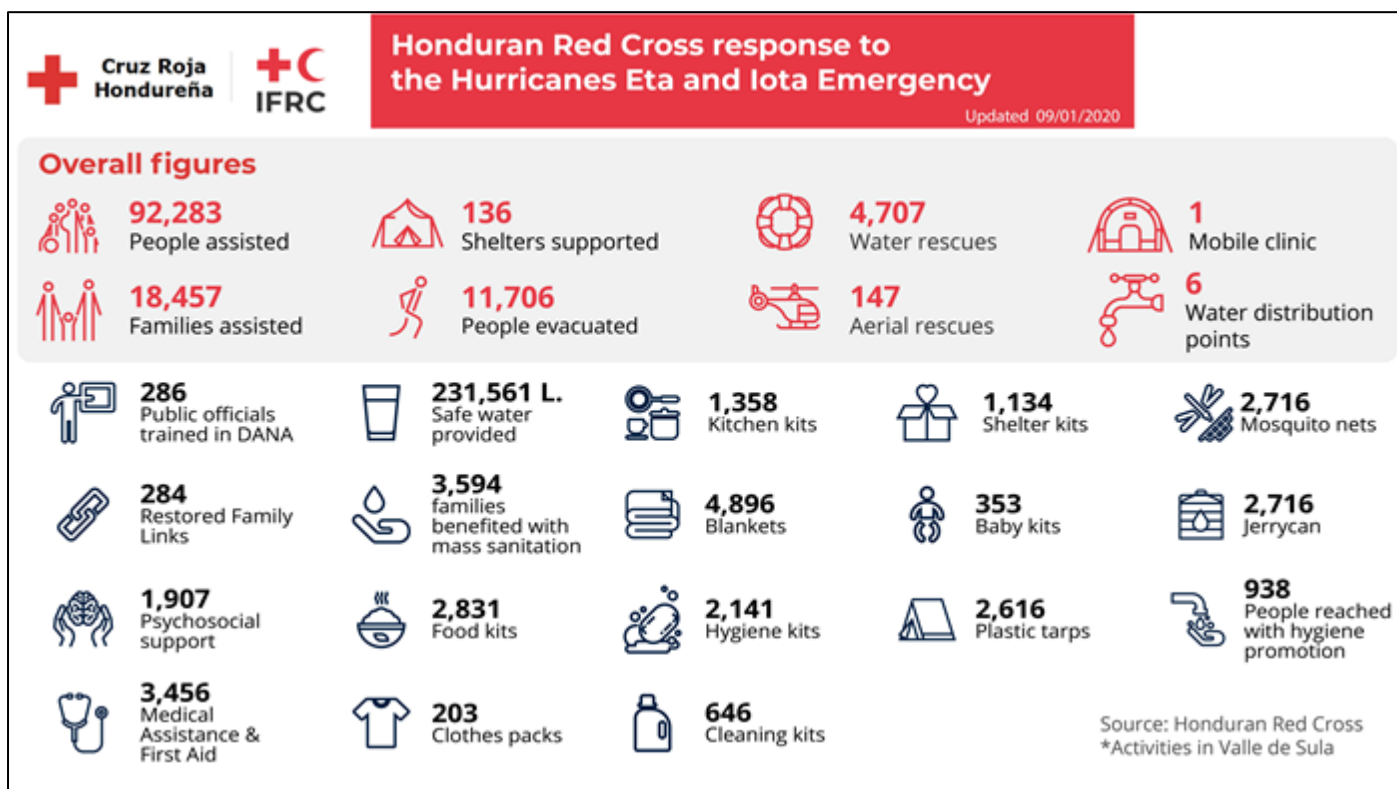
### Overview of Host National Society (HNS)

Honduran Red Cross (HRC) activated its National Emergency Operations Center (COEN) along with four strategic monitoring centers in the country when national emergency alerts were launched by the National Risk Management System (SINAGER) on 3 November 2020. Additionally, HRC deployed specialized volunteers to be part of the National Emergency Operations Centre (EOC) of the Standing Committee on Contingencies (COPECO). The network of HRC volunteers was activated to provide initial support to the emergency and equipment was prepositioned to carry out rescue, evacuation, and relief operations. Continuous support has been provided from Headquarters for administrative, logistical, and technical issues; and a strategic center was set up in Cortes to directly support the operation in the Sula Valley.



“Comunidades Bananeras” Assistance during Health Assessment. January 2021. Source: HRC

As of 9 January 2021, around 3,456 people received first aid and outpatient medical attention in the context of the emergency, including 4,854 cases of water, air or land relief and rescue. In addition, actions in psychosocial support, Restoring Family Links (RFL), delivery of hygiene and health care kits, WASH were undertaken and provision of more than 2,839 food rations to families as part of the response.



Along with Movement partners, including the International Federation (IFRC), the International Committee (ICRC), Participating National Societies (PNS), and humanitarian actors deployed in the country- HRC continues to attend to the immediate needs of the population in the areas of food security, water and sanitation, shelter, and health, among others, while laying the groundwork for long-term recovery.

## Overview of Red Cross Red Crescent Movement in country

With the Honduras Red Cross as the lead responder in its territory, Honduras has in country a total of six Partner National Societies (PNS) operating bilaterally, an International Committee of the Red Cross (ICRC) office, and the office of the IFRC Country Cluster Support Team for Central America. The long-time presence of these stakeholders in the country has facilitated the coordination of the Movement during the initial actions of the operation, allowing a timely management of resources for immediate response, including the availability of staff, financial and technical resources. The National Society, as lead of the operation, has made available spaces for coordination with all Movement delegations in the country, to ensure an integrated response. The following infographic illustrates deployed Emergency Response Units and surge personnel in the country.

In addition to membership coordination via surge deployments, the IFRC is engaged in active membership coordination in Honduras. It is encouraging a coordinated and harmonized response through shared leadership initiatives, in which one or more National Societies present in the country co-lead with the local National Society in a technical response area, according to capacity and expertise. There are other membership coordination mechanisms such as Country Support Teams, through which the local National Society can, if needed, call on other National Societies in the country for assistance in areas such as development of response plans, data collection and reporting. The IFRC set an office space in San Pedro Sula as a Headquarter for the Operation. The IFRC is also collecting Federation-wide data for monitoring and reporting, outlined in more detail under the PMER section.

Find more information about donor response [here](#).<sup>11</sup>

## Overview of non-RCRC actors in country

The Honduran Humanitarian Country Team (HCT), under the leadership of the Office of the United Nations Resident Coordinator in Honduras and COPECO, and with the support of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), issued an urgent appeal on 18 November 2020 to address the effects of Tropical Storm Eta, requesting US\$69.2 million to serve 450,000 people. Humanitarian response in eight key sectors: WASH, protection, camp coordination, shelter, food security and nutrition, health, education, and coordination and information management, is being provided by 29 organizations in the country. An addendum to the Flash Appeal was released on December 2020 raising the financial requirements to USD 90 million and increasing the population target to 1.4 million, to respond to the compounded effects of Eta and Iota<sup>12</sup>.

The operations of the Humanitarian Network for Honduras have mostly focused in the Sula Valley that was the most severely impacted. Some agencies had physical presence in the country, such as UNHCR, IOM, WFP, but evaluation teams also mobilized for joint assessments, such as a medical evaluation team from OMS-PAHO with the national Health Secretariat (SESAL) and UNFPA. An UNDAC Team deployed to San Pedro Sula set up a Coordination Centre (OSOCC) in situ for interagency coordination and cooperation. The HCT organized itself following a cluster scheme, focusing on six main clusters: WASH, Protection, Health, Education in Emergencies, Camp Coordination Management, and Food Security. Shelter in Emergencies was also activated upon the request of specialized agencies in this sector. Due to limited resource availability, humanitarian action for the international community is focusing on the departments of Cortés, Gracias a Dios, Santa Bárbara and Copán. As of December 2020, approximately USD 9 million were positioned or implemented by the humanitarian network to respond to the emergency<sup>13</sup>. HRC is an active member of the Humanitarian Network at both national and in the operational center of the Sula Valley, coordinating actions with humanitarian partners and collaborating in all active clusters.

In the early stages of the emergency, the Government of Honduras activated its emergency protocols at municipality, departmental and national levels, through the National System for Disaster Management (SINAGER) and its Contingency Permanent Commission (COPECO). The response was swift, mainly focused on search and rescue, as well as food security, but later the size of the humanitarian needs surpassed the capacity available, especially for communities located in remote areas. On 9 November 2020 Government authorities launched the Operation “You are not alone” (“No están solos”) that will benefit 300,000 people that lost their homes and belongings. The program was expanded in a second phase on 22 November 2020 to help the affected areas and initiate the cleaning of debris caused

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<sup>11</sup> The donor response document includes contributions to the emergency appeal in the active 3 countries.

<sup>12</sup> [OCHA - Flash Appeal Addendum. December 2020](#)

<sup>13</sup> [OCHA - Flash Appeal Addendum. December 2020](#)

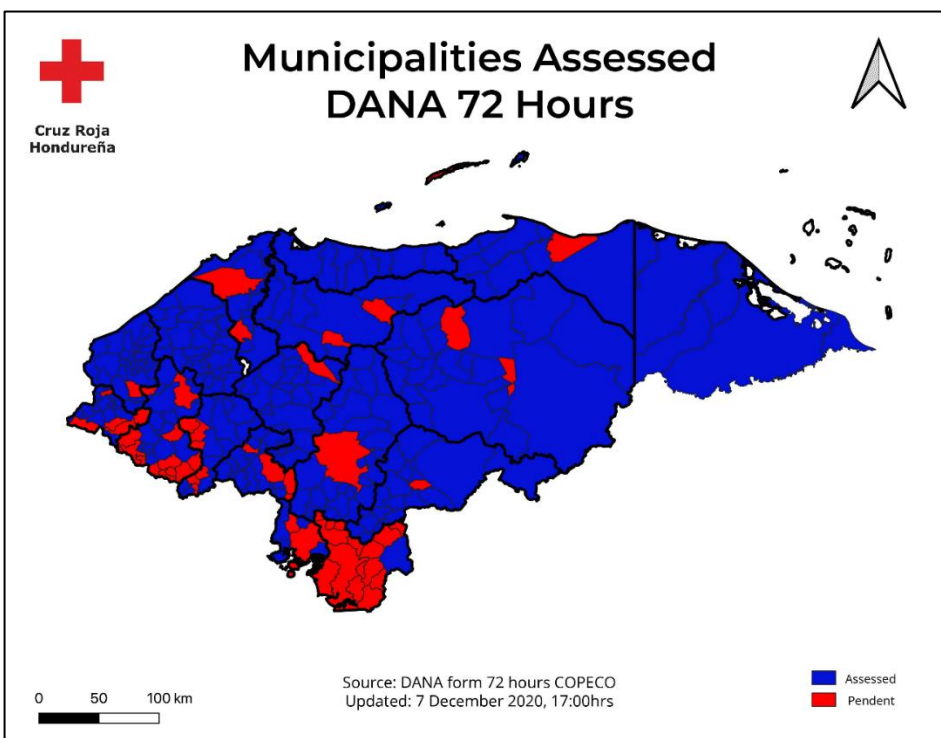
by these disasters, as well as provide household items, distribute food rations in shelters, and support the return of families to their homes<sup>14</sup>.

As part of emergency response actions, different national and international actors have expressed an interest in joining the operation that HRC has launched establishing coordinated relations. Currently HRC has established strategic alliances with private companies, embassies, non-governmental organizations (NGOs) and even individuals who have come to channel their contributions through HRC or contribute cash or in-kind resources for the operation. So far, the operation has received food donations, cash transfers, rescue equipment including boat engines, loaned or free logistics equipment including forklifts, container mobilization trucks, and protective equipment.

## Needs analysis and scenario planning

### Estimated disaggregation of the target population

COPECO requested the support of HRC to train over 286 civil servants from municipalities of the Association of Municipalities of Honduras (AMHON), using the Damage Assessments and Needs Analysis (DANA) Methodology and 72-hour tools, and compile national information from the impacts of Hurricanes Eta and Iota. The information collected would be compiled as part of the official national reports through a dashboard.



This allowed HRC to obtain firsthand information on the areas that were the most affected by the impacts of Hurricanes Eta and Iota, after the DANA municipalities' survey filled by local authorities was duly revised and processed. As of 8 December 2020, the latest cut-off date, 241 municipalities had submitted their data, representing 81% of the total. The global long-standing partnership with Airbus was also activated and allowed for assessment flights to be undertaken that would help identify affected communities and reach the people most at need with urgent relief items.

Interventions thus far have covered both rural and urban areas some of which were only accessible thanks to the strong community acceptance of HRC. Furthermore, communities have been active stakeholders in

supporting the selection, distribution and activities undertaken in their territories. In the first phase of the emergency, the selection of beneficiaries was based on a joint analysis of secondary data, census, market studies and accompanied by preliminary assessments, surveys in communities, while implementing Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches. Since most of the population was forced to relocate to collective centers, the first interventions were aimed at providing urgent relief, and ameliorating the living conditions in which families were hosted in these temporary settlements. The collective centers that were selected during the first phase of the intervention were those whose populations were under greater condition of vulnerability after



Assessments and distributions in communities are being carried out through mobile devices. Community assessment with local leaders in Colonia Cohbasa, Yoro Department, Honduras. January 2020. Source: IFRC.

<sup>14</sup> [OCHA - Flash Appeal Addendum. December 2020](#)

preliminary assessments and information exchanged with local authorities, and humanitarian partners through interagency coordination.

Among the most relevant criteria established for the selection of beneficiaries continue to be: families who have seen their means of existence and livelihoods directly affected by the emergency; families with destroyed or highly damaged houses; indigenous communities; communities with high levels of poverty rates; HHs with high levels of vulnerability (under 5 years of age, seniors, people with disabilities, chronically ill, pregnant women); single-headed HHs; and, families who have not benefited from other organizations in similar actions. Measures are in place to identify those with special protection needs arising from displacement and gender-based violence (GBV). For school-aged, affected children (up to 17 years), the aim has been to ensure they can enjoy their right to education in subsequent years. Since migration influx is high, in coordination with ongoing programs in the region (for example, the Mariposa Monarca program), priority has been given to areas with a higher rate of HHs affected by migration (return, displacement, and emigration). Women are prioritized in this context as well, as there is a trend of families migrating in groups and requiring differentiated needs to be met.



High community acceptance of Honduran Red Cross has allowed for interventions in complex contexts and with the support of the community. Neighborhood of Chamelecón, San Pedro Sula Municipality. Cortés, Honduras. January 2021. Source: IFRC.

As floodwaters are receding and families are steadily leaving shelters and returning to their communities, continuous support is required at different levels to ensure a safe return and recovery. Further enquiry needs to be fulfilled in order to maximize the available resources, and ensure we are providing assistance to those most vulnerable, and that have not yet received assistance in the critical areas identified.

To establish the areas to be assessed and prioritized during the first stages of the emergency, the analysis of the data obtained from the municipalities was compared with a topographical map to pinpoint geographical lowlands where rainwaters were present. This information was compared with the flooding data provided by UNITAR (United Nations Institute for Training and Research), the hydrographical information and poverty data available of the country and confirmed through preliminary assessments completed through the Airbus Partnership's flights. With this information, the decision was made to continue focusing community activities on the Sula Valley region, which was the area most affected, and with the highest density of population.

Some areas that seemed to be affected or that exhibited high levels of vulnerability were later discarded for HRC/ IFRC joint activities as the operation and the influx of information from the operation evolved. For example, a preliminary assessment and distributions were made in Santa Barbara, as the region showcased a high level of vulnerabilities according to secondary data and was among the regions severely hit by the impacts of the storms according to preliminary reports. However, once in the field, the levels of affectations by Hurricanes Eta and Iota were assessed directly, and it became clear that the effects of the Hurricanes were less severe than expected. Thus, other than these distributions, further steps have not been taken within the HRC/ IFRC joint actions. A similar situation arose with the Gracias a Dios region: the area reflected high levels of affectation and vulnerability according to humanitarian partners. However, the decision by HRC/ IFRC was to not engage in this department, as the capacity of HRC and its network of volunteers does not allow it to cover this area effectively to the extent required with the resources available at the moment and would not be able to provide the follow up necessary to support the community successfully towards resilience. Therefore, the area prioritized for joint actions in the Operation in Response for Hurricanes Eta and Iota with HRC continues to focus on the Sula Valley Area as of the closure of this report. A broader plan of action from HRC will cover other territories and municipalities as well, with bilateral funding and the expansion of the scope of other projects managed by the National Society in the mid and long terms.



## Honduras Red Cross response to the Eta-lota emergency

### INTERVENTION SECTORS



WASH



Shelter



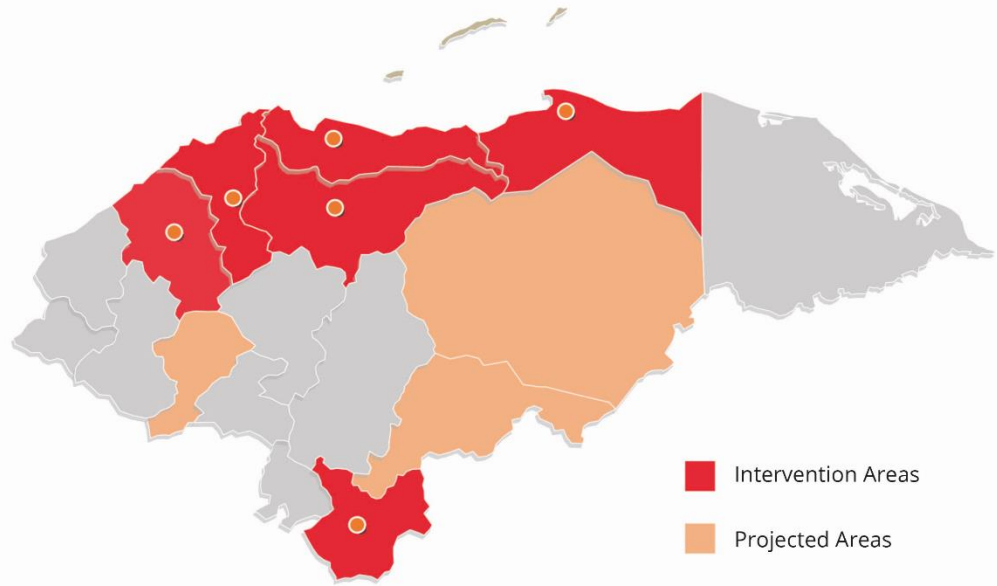
Health/PSS



Livelihoods



PGI



Source: Honduras Red Cross

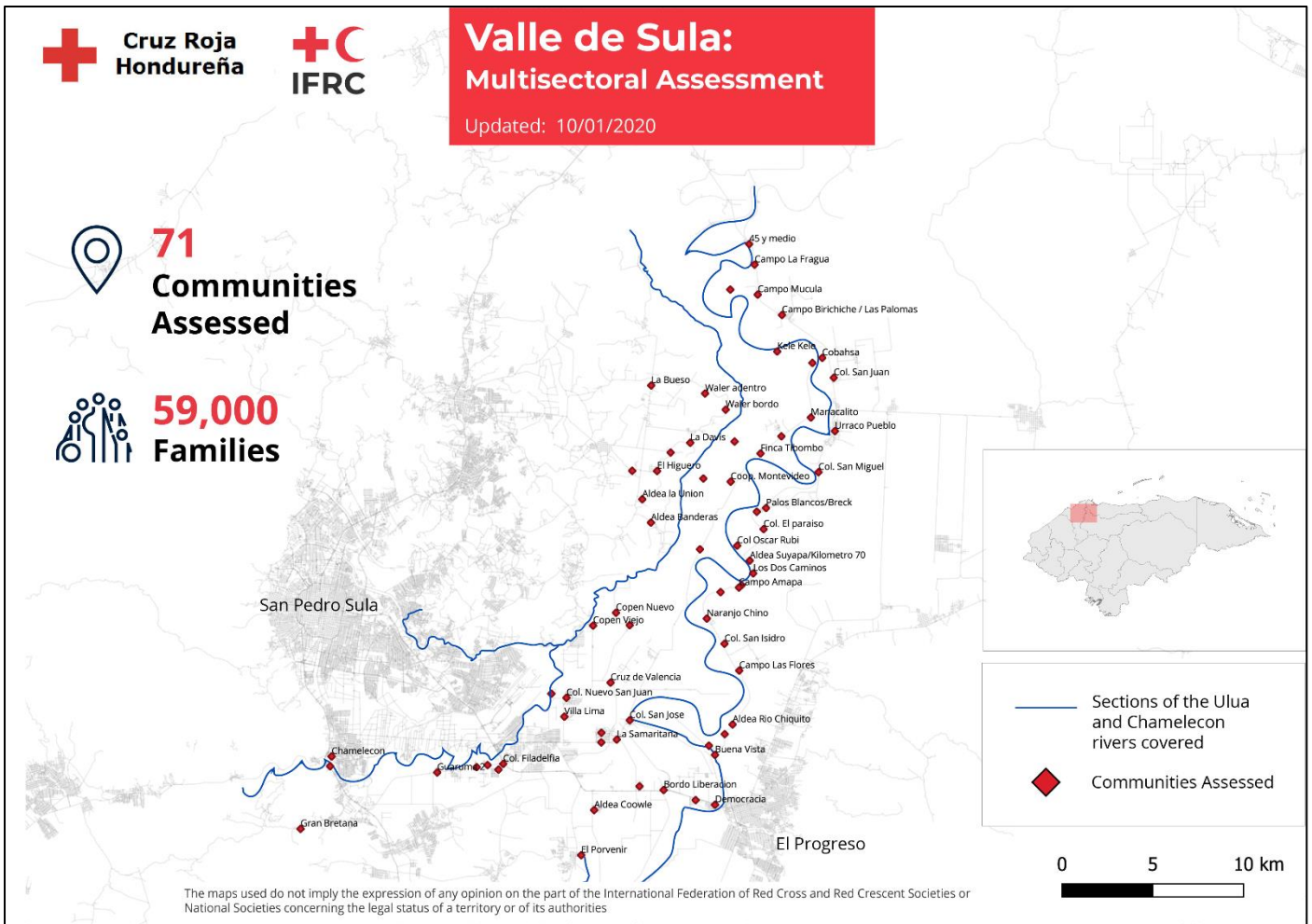
Between 30 December and 10 January, a multi-sectoral needs assessment was carried out in 71 communities to ensure support. Four main geographical areas were identified in proximity to the Ulúa and Chamelecón rivers, in the Departments of Cortes and Yoro. Some of these areas were also recently made accessible as flood waters receded, allowing the use of all-terrain vehicles for field community assessments followed by their corresponding interventions. During the first phase of the assessments, communities were surveyed, using mobile devices (ODK), and selected based on damage information as well as WASH, Shelter, Livelihoods, Health and general needs data provided by community leaders (either Presidents or members of the Community Board, teachers, religious leaders, members of the Water Boards, etc.). Once the information from the surveys is processed, a more detailed analysis at household levels will be undertaken to determine the scope of the intervention required. Once the assessments have been completed, the information will be exchanged with other humanitarian partners from the Honduras Humanitarian Network.



**71  
Communities  
Assessed**



**59,000  
Families**



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities

**Shelter:** The storms and floods following the Eta/Iota hurricanes have caused damage to homes and loss of household items and property. In the communities exposed to the flooding of the Chamelecón and Ulúa rivers, homes and community buildings have suffered severe damage or have been completely washed away, forcing families to move to shelters, roads, with host families, or renting rooms with precarious living conditions. It is estimated that 300,000 people were displaced in shelters and temporary housing, of which 93,000 people arrived at official collective centres, according to data from early December 2020. Unsanitary conditions in the collective centres and the lack of food and basic supplies as well as lax disease prevention and biosecurity measures have been denounced by the sheltered families. The lack of official figures on displaced families and places of refuge, as well as the speed with which people have moved, has made it difficult to plan activities.

Since December a gradual return of families to the communities has started, in order to initiate housing repairs. For some families it has not been possible due to the presence of mud, waste and rubble. Access to the communities is a challenge, sometimes only possible with four-wheel drive vehicles. Clean-up work by the municipalities is just starting, although progress is minimal, therefore making it difficult to return. In the informal settlements, families set up temporary housing structures with recovered materials, without basic household items (such as kitchen utensils, mattresses, blankets, tools to start cleaning and repairing houses). Sanitation, water and electricity distribution systems in many communities have not yet been restored. Public transportation services from rural communities to urban centres have been suspended since March 2020 due to COVID-19 and the poor condition of roads and highways after the storms makes restoring these links more difficult. The communication network with communities is fragile, forcing families to limit travel due to high prices in private transportation.

On 29 December 2020, intersectoral evaluations began in the departments of Cortés (municipalities of La Lima, Puerto Cortés, Choloma, San Pedro Sula, San Manuel, Villanueva and Pimienta) and the department of Yoro (municipality of El Progreso). More detailed evaluations at the family level will be carried out once the communities have been selected according to the selection criteria. To date, the evaluations carried out cover 71 communities along the Ulúa and Chamelecón rivers, with a total of 58,958 families and 46,139 homes, and reflect the following data at the general level:

- Ratio of families per home: 1.3
- Number of uninhabitable dwellings: 3,255 (7.05%)
- Number of damaged homes: 6,712 (14.05%)
- Number of communities with property titles: 57 (80.3%)
- Priority level of communities in relation to accommodation: 22/71

Housing typologies vary from: wooden raised on piles, (built by the banana companies, in which many of the families have closed the lower floor with blocks to gain space) to one storey houses. In rural communities, the most common materials are concrete block, wood, and bamboo with zinc sheet roofs.

Housing ownership: A minority of families live in informal situations, and most of the families without ownership belong to cooperatives or small farmers groups that have been settled for more than 14 years on land that belonged to the banana or sugar companies and are currently in the process of legalization.

**Livelihoods and food security:** Families affected by hurricanes Eta and Iota have lost most of their possessions and livelihoods. The floods generated damages ranging from basic household items and potential income from livelihoods and productive inputs. Agricultural losses are recorded as well as losses of seasonal crops, poultry and livestock. Land has been damaged due to the overflowing of rivers and the accumulation of waste, affecting food security and the family economy, especially those who cultivated subsistence crops.

The impacts of the losses suffered by families and vulnerable people (such as single mothers, people with disabilities, children, adolescents, and older adults) need to be mitigated. Humanitarian organizations such as the International Labour Organization (ILO)<sup>15</sup> estimate an increase in unemployment, food security risks and negative mitigation measures<sup>16</sup>. The United Nations and the World Bank have published reports on the impact of the emergency<sup>17</sup> with losses and damages equivalent to US\$1.9 billion, resulting in an additional 0.8% reduction in economic growth in Honduras during 2020. The country's vulnerability has been exacerbated by the side effects of COVID-19 and La Niña, coupled with falling tourism revenues and remittances.

Data collected by assessment teams in communities in the Sula Valley show a trend of job loss and negative impact on livelihoods, which were already initially affected by the socio-economic effects of the COVID-19 pandemic. Agriculture is the main economic activity in communities, followed by job hires formalized in other areas. The main identified needs are food, water and employment. In terms of access to goods and basic goods, markets operate moderately, with limited access to some items.

**Health:** Access to health care continues to be one of the main needs of the population and there are still structural damages in a large percentage of the affected health centres, as well as losses in furniture, equipment, medicines and supplies. Among them are affected the COVID-19 Triage Centres, which are the centres that are supporting the hospitals with the diagnosis and treatment of less complex cases. Being closed has contributed to a reduction in the early detection of cases and therefore to an increase in infections, especially since the Department of Cortés has the highest COVID-19 figures in the country (confirmed cases 27.7% and deaths 29.2%) and also contributes to the hospitals being overcrowded.

The number of shelters has decreased as people have begun to return to their homes. The households do not present habitable conditions (limited access to water and excreta disposal) which exposes them to health risks with outbreaks of diseases linked to poor hygiene. The overcrowding of people in family homes, added to the lack of personal protection equipment, causes risks in the increase of cases of COVID-19. A total of 218 shelters are established in Cortés with 38,725 people (8,019 families), some of whom have limited access to health care, healthy food, personal protection equipment and hygiene items.

There is evidence of a large amount of waste and stagnant water that leads to an increase in vectors and underlying diseases such as dengue fever or diarrhoea. Cases of diarrhoea have increased in children under 15 in Villanueva, Puerto Cortés and Choloma (cases reported by the ERU Health Clinic) and health authorities report an increase in the number of dengue cases. During the month of January, intersectoral evaluations have been carried out in 71 communities with limited access to health centres due to distance and transportation problems in the affected areas.

<sup>15</sup> [International Labour Organization. COVID-19 and the world of work: starting point, answers, and challenges in Honduras. 2020.](#)

<sup>16</sup> [OCHA. Flash Appeal Addendum. December 2020](#)

<sup>17</sup> [World Bank. An unprecedented response to an unprecedented disaster in Honduras. January 2021](#)

Cases of diarrhoea and respiratory problems are the most common issues in these communities, and there is a great need for psychosocial support for those affected and work on hygiene promotion and health education.

The traumatic events associated with the passage of the hurricanes, loss of livelihoods, COVID-19 and daily difficulties in obtaining food have generated emotional scars in people, as evidenced in HRC/ ICRC psychosocial support sessions in shelters in the department of Cortés and in the ERU Health in La Lima. The closure of schools has caused children and adolescents to lose one of their emotional support systems and increasing stress levels. Health authorities report a shortage of specialized personnel in the field of psychosocial support (less than one psychology professional per 100,000 inhabitants compared to the WHO recommendation of 4.5).

**Water, Sanitation and Hygiene Promotion (WASH):** The successive effects of the hurricanes led to a massive evacuation of people from their homes, with a gradual return of the population beginning in December 2020. By the end of December, communities that had been under water during the first month of the emergency were found to be accessible and, according to the data collected in the multi-sectoral assessment carried out by the IFRC and HRC up to 10 January 2021, more than 90% of the families have returned to the most affected communities. This multi-sectoral assessment has been carried out in the communities near the Chamelecón and Ulúa riverbeds in the departments of Cortés and Yoro, finding that the most affected communities have been those near the rivers and located along the banks that gave way.

The catastrophic situation in these communities is reflected in the destruction of almost all the sanitary infrastructure (up to 100% in several of them) and the lack of access to safe water due to the damage caused to the community wells, which is confirmed in the UN SitRep 6<sup>18</sup> which concludes that in El Progreso, La Lima, Villanueva and Choloma, structural repairs to the water systems are required to restore service. Similarly, the assessment shows that these communities have not received hygiene or cleaning supplies since the entire population was evacuated. As revealed in the last UNDAC assessment mission report <sup>19</sup>, there are high risks and negative environmental and public health effects. Contamination of water sources and solid waste management, as well as the proliferation of vectors under current conditions in areas endemic for diseases such as dengue fever, among others, are problems that require urgent attention.

Therefore, it is urgent to support water boards for the rehabilitation and cleaning of community wells to ensure safe water supply for consumption, work with the community in the rehabilitation of household sanitation infrastructure, facilitate access to hygiene items and promote hygiene and environmental sanitation practices for the prevention of waterborne diseases and vector proliferation. In the latest Ministry of Health Epidemiological Bulletins N51-53, the incidence of diarrhoea cases has remained in epidemic areas and cases of vector-borne diseases such as dengue fever have been observed.

**Protection, Gender and Social Inclusion:** In the aftermath of Hurricane Eta, a preliminary analysis by UNICEF estimated that more than 1.5 million Honduran children and adolescents were exposed to flood damage, of which 650,000 were directly affected. After the impact of Hurricane Eta and Iota, United Nations International Children's Emergency Fund (UNICEF) estimated that 1,772,033 children were affected by the compound effect of the two hurricanes. The immediate needs of children and adolescents remaining in the shelters are water and sanitation, food insecurity, as well as risks to health and access to education. However, after the passage of the first phase of the emergency, with a progressive flow of people returning to their homes, the needs have become more acute and have been prioritized towards urgent community attention that will allow for a safe return and early recovery for the affected families; among the populations identified as being in a greater situation of vulnerability are women, girls and adolescents, indigenous and Afro-descendant populations, people with disabilities and LGBTIQ+ people.

The children and adolescents in the region suffer the cumulative impact of multiple events, suffering the socio-economic consequences of the COVID-19 pandemic and the exacerbation of problems, such as access to the right to education with the closure of educational facilities that increase the vulnerability of children and adolescents to school dropouts, child labour, and child sexual exploitation in general. The impact of Eta and Iota also exacerbates the situation of children and adolescents, as well as other groups that are especially vulnerable to gender-based violence, including LGBTQ+ people, people with disabilities, women, and girls from minority ethnic or religious groups, women and girls of diverse sexual orientation or gender identity, and older women. These groups face increased risks of a wide range of manifestations of gender-based violence such as sexual violence; intimate partner violence; early forced marriage; denial of opportunities, services and resources; and sexual exploitation and abuse due to the stress of violence in

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<sup>18</sup> [HOPE. Situation Report 6. December 2020](#)

<sup>19</sup> [OCHA - Tormentas Eta & Iota: Informe de Misiones de Evaluación UNDAC. December 2020](#)

overcrowded or violent environments such as shelters, or a lack of access to protective environments such as schools, not to mention the economic pressures that significantly affect many people's decisions not to pursue schooling<sup>20</sup>.

The geographically impacted areas also coincide with the areas inhabited by Afro-Honduran Garifuna, Tawahka and Miskito indigenous groups, and are highly vulnerable populations, either due to lack of coverage in their remote rural communities or to poor infrastructure in the poorer urban areas to which they have migrated. Indigenous peoples also face higher than normal poverty rates, with estimates of at least 71% of indigenous people living below the poverty line. In addition, Atlántida, Cortés and Yoro have high rates of returning migrants and internally displaced persons, given their proximity to the western border with Guatemala and their status as a transit point for migrants, creating inherent vulnerabilities that leave this group doubly exposed in emergencies.

**Migration:** Honduras is a country with a high influx of migrants, the Sula Valley zone is an area from which migrants leave, return and transit through the territory. The COVID-19 pandemic represented a temporary pause in the transit of people, but recent events have caused an increase in the vulnerability levels, inequality and exclusion factors that are aggravating the precarious situation of many families in the region, who choose to take measures such as migration as their only alternative to achieve better living conditions.

The first massive caravan of people left San Pedro Sula on 9 December 2020, which dissolved upon arrival at the border with Guatemala. A new caravan will depart on 15 January 2021, from the San Pedro Sula bus terminal, estimating the mobilization of between 5,000 and 20,000 people. The need for immediate attention and pre-positioning of response teams and supplies is essential to alleviate the increasingly significant needs of these massive population movements.

**Disaster Risk Reduction:** Communities in the Sula Valley are currently experiencing the combined effect of multiple extreme weather events (La Niña), diseases such as the COVID-19 pandemic, and socio-economic problems. The impact of hurricanes Eta and Iota affected communities that were already in a vulnerable situation.

The need to strengthen disaster risk management in affected areas at the community level has been identified, especially to develop multi-hazard awareness in affected communities, strengthen community organization, and provide resources to those at the forefront of the response. Therefore, priority has been given to include activities focused on climate-smart disaster risk reduction and preparedness, as well as climate change adaptation measures that are gradually implemented at the community level, with a view to developing community resilience and minimizing future disasters.

### Planning according to scenarios

Scenarios	Humanitarian Consequence	Potential Response
<ul style="list-style-type: none"> <li>▪ Cold front and rains persist, causing flooding and landslides.</li> <li>▪ People are unable to return and stay in collective centers and informal settlements.</li> <li>▪ Proliferation of vectors and related diseases, increased COVID-19 outbreaks.</li> <li>▪ Fundraising for implementation of Plan of Action is not sufficient or severely earmarked.</li> <li>▪ The deterioration of schools used as collective centers is exacerbated.</li> <li>▪ Escalation of violence and crime.</li> <li>▪ Increase in COVID-19 rates and/ or the prevalence worldwide of a new strain of the virus severely affects the operation, through direct contagion, or closure of borders.</li> <li>▪ No funds are allocated to build resilience or adapt to Climate Change.</li> <li>▪ The NS cannot meet the current needs of the population, despite its capacity.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased need for rescue and first aid.</li> <li>▪ Increased levels of food insecurity.</li> <li>▪ Water and sanitation crisis.</li> <li>▪ Collapse of the health systems.</li> <li>▪ Increased levels of poverty and extreme poverty.</li> <li>▪ Massive population movements (migrants and returnees).</li> <li>▪ Protection crisis: increased insecurity, gender-based violence, femicides.</li> <li>▪ School dropout, increased rates of illiteracy.</li> <li>▪ Increased human trafficking, and exploitation.</li> <li>▪ People again suffer from the on-slating of extreme weather events (drought cycles followed by hurricanes).</li> <li>▪ Interruption of the operation.</li> <li>▪ Reputational risk to the Movement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increase the readiness and response capacity of the NS.</li> <li>▪ Address population basic needs (food, water, health, shelter).</li> <li>▪ Social reintegration and community cohesion activities are encouraged.</li> <li>▪ Livelihood recovery activities.</li> <li>▪ Safe spaces and early childhood care centers are provided.</li> <li>▪ Support the rehabilitation of basic infrastructures, training is developed in minor rehabilitation works.</li> <li>▪ Support community in disaster risk reduction plans related to safe shelter and settlement, through PASSA.</li> <li>▪ BCP and biosecurity safety measures are put in place and implemented to ensure continuity in case of a widespread contagion of COVID-19, lockdowns or if personnel evacuation is forcibly required.</li> <li>▪ A unique National Response Plan is used by the NS and the Movement partners to maximize the efficiency of the resources gathered.</li> </ul>

<sup>20</sup> [Addendum Flash Appeal Honduras. Tropical Storms. December 2020](#)

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- Rains decrease, floods and minor landslides.
  - People gradually return to their homes.
  - Disease outbreaks in isolated areas.
  - Capacity of the health structure is maintained with external support.
  - Funds are generated to partially develop the Action Plan, but earmarking continues to limit the implementation.
  - The basic needs of most of the populations are met.
  - Restart school activity in some schools.
  - Sporadic manifestations.
  - More respectful migration policies in host countries.
  - Some resilience funds are allocated, and measures to adapt to Climate Change are discussed.
  - The NS can partially address the current needs of the population, at its scale to capacities.
  - Increase in COVID-19 rates and/ or the prevalence worldwide of a new strain of the virus affects the operation, through direct contagion, or closure of borders.
- Malnutrition tables are generated in some sectors of the population.
  - Sectors of the population with unmet basic needs.
  - Sporadic disease outbreaks.
  - Wear and tear on support and health personnel.
  - Medical services cannot be completely reestablished.
  - Schools, housing and other basic infrastructure require immediate rehabilitation to restore services.
  - Unemployment and loss of livelihoods, which push negative adaptation mechanisms.
  - Massive migration groups emerge.
  - Increased insecurity and violence.
  - Need to accompany communities to build resilience and prepare for new multi-threat events.
  - COVID-19 direct contagion in the operation, some units are affected but continue to operate. Partial closure of borders that limit access to the country.
- Increase the readiness and response capacity of the NS.
  - The basic needs of a large part of the population are met, sanitation and hygiene promotion activities are carried out in most collective centers. Health and health care services are provided in the affected areas. Social reintegration and community cohesion activities are encouraged in key municipalities.
  - Aid with people to return to their homes or find safe accommodation.
  - The livelihoods of people in the most critical situations are recovered, strengthened. Safe spaces and early childhood care centers are provided in collective centers.
  - Some basic health and education infrastructures are rehabilitated, multi-threat disaster community preparedness plans are developed
  - Plans for climate change awareness and adaptation are developed for communities.
  - A unique National Response Plan is used by the NS and the Movement partners to maximize the efficiency of the resources gathered.
  - BCP and biosecurity safety measures are put in place and implemented to ensure continuity in case of contagion of COVID-19 among personnel, lockdowns or if evacuation is forcibly required.

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- Rains stop.
  - People receive medical care and see their basic needs met, returning much of the population to their homes.
  - Disease infections decrease.
  - The local economy is restored and unemployment declines.
  - International humanitarian funds are obtained to support the operation beyond the emergency phase towards and early recovery.
  - Funds are enabled for resilience development and adaptation to the CC.
- Temporary needs for care and medical services.
  - Basic population needs require temporary support.
  - Accompaniment for livelihood recovery.
  - Accompaniment to develop risk management and community preparedness plans.
  - Accompaniment in development of adaptation measures to climate change.
  - People require assistance to get their basic needs, but only for short spaces of time.
- Increase the readiness and response capacity of the NS.
  - Basic needs are temporarily met, health and health care services are provided and restored for the long term, social reintegration and community cohesion activities are encouraged in all affected municipalities.
  - Aid with people to return to their homes or find safe accommodation.
  - People's livelihoods are recovered and strengthened, health and education infrastructures are rehabilitated.
  - Community preparedness plans are developed for multi-threat disasters in all communities, plans for climate change awareness and adaptation are developed and implemented for communities.
  - A unique National Response Plan is used by the NS and the Movement partners to maximize the efficiency of the resources gathered for the 24 months of the operation.
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## Operation Risk Assessment

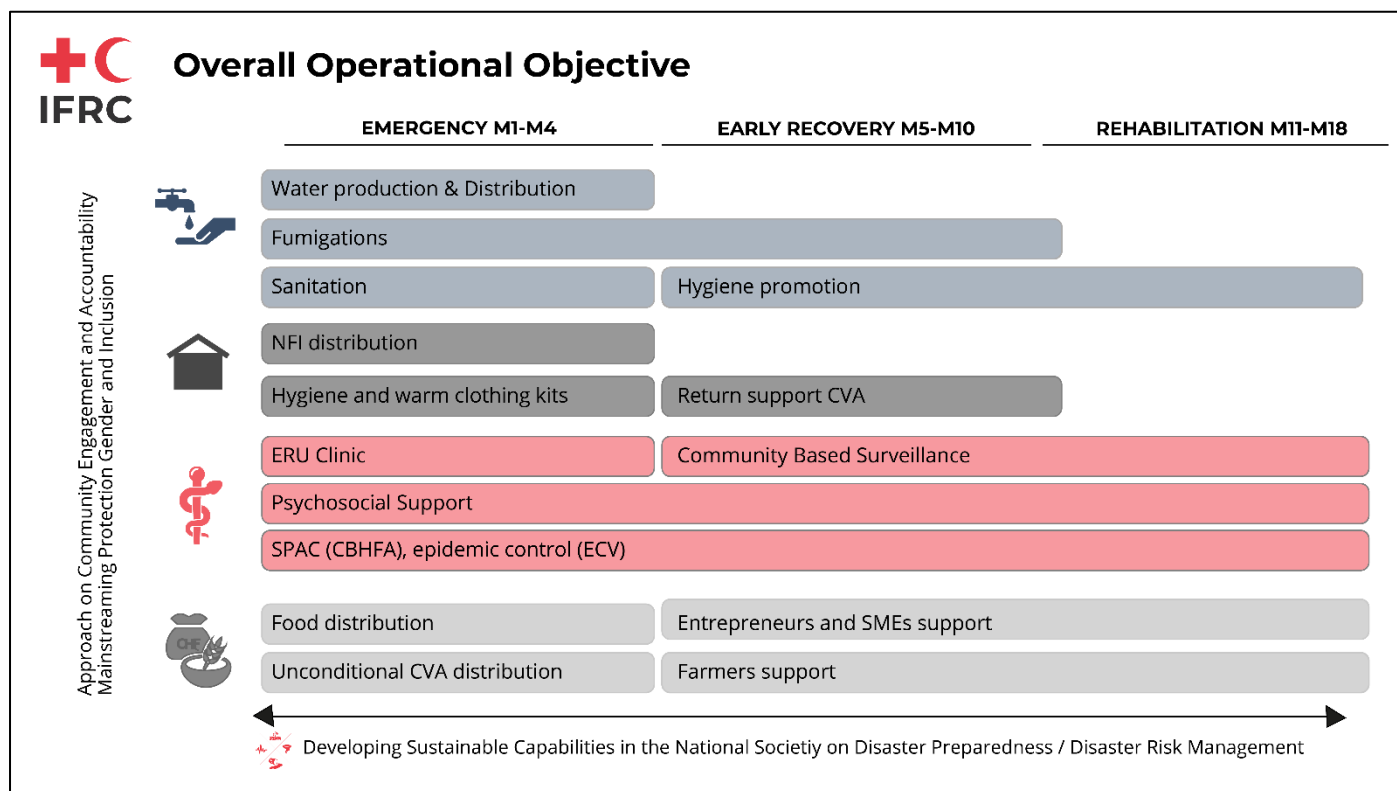
Assumptions	Support Measures
<b>A1.</b> There are no social conflicts that impede the development of activities.	<p><b>MA1.1</b> Movement partners support the position of the HRC in its role of neutrality and impartiality and reinforce the high level of acceptance by civil society.</p> <p><b>MA1.2.</b> The HRC will conduct communication campaigns at community level to safeguard the institutional image of impartiality.</p> <p><b>MA1.3.</b> The HRC will coordinate and communicate with the authorities to avoid being linked to government and campaign activities.</p>
<b>A2.</b> Access to quality and timely field information.	<b>MA2.</b> The IFRC supports the management of HRC information and reporting processes including planning, analysis and reporting of operational information.
<b>A3.</b> The turnover of hired and volunteer staff is low.	<p><b>MA3.1.</b> The HRC will recruit new volunteers on a regular basis and incentivize active volunteers with specialized trainings with the support of the IFRC and other Movement partners.</p> <p><b>MA3.2</b> Prioritized the immediate recruitment of local staff to support the ERUs activities and Rapid Response personnel profiles to minimize multiple short rotations of regional and international staff.</p>
Risks	Mitigation Measures
<b>R1.</b> Hurricane season - new events with increased rain and flooding	<p><b>MM1.1.</b> The HRC with the support of the IFRC Disaster Management focal point in the region will monitor weather events.</p> <p><b>MM1.2.</b> The HRC with the support of IFRC will develop a plan to continue operations – Business Continuity Plan.</p> <p><b>MM1.3.</b> The HRC with the support of the IFRC will pre-position food, materials and protective equipment.</p>
<b>R2.</b> Difficulty accessing remote areas isolated by collapsed infrastructure results in high operational costs for an extended period.	<p><b>MM2.1.</b> The HRC will coordinate with other partners to identify and meet basic needs.</p> <p><b>MM2.2.</b> The HRC with the support of the IFRC will make operational cost planning identifying geographical and intervention areas and their access.</p>
<b>R3.</b> Increased migration flow with an increase in affected families involving diversion of resources, equipment, and responsiveness to address the new emergency.	<p><b>MM3.1.</b> The HRC with the support of the IFRC Migration Manager will monitor the situation and potential impact of humanitarian caravans.</p> <p><b>MM3.2.</b> The HRC will coordinate with other entities and authorities that provide care and assistance to the migrants.</p> <p><b>MM3.3.</b> The HRC will continue coordinating with Guatemalan Red Cross and Mexican Red Cross to monitor the progress of caravans.</p> <p><b>MM3.4.</b> The HRC with the support of the IFRC will pre-position food, materials and protective equipment.</p>
<b>R4.</b> Emergency by Dengue / COVID-19 and other diseases with medical capacity to-the-limit or exceeded. Wear and tear of health personnel.	<p><b>MM4.1.</b> Maximize the synergies with the existing Dengue and COVID-19 Programs supported by IFRC and other actors.</p> <p><b>MM4.2.</b> Coordination with external actors in critical areas of the operation.</p> <p><b>MM4.3.</b> Provision of PPE, psychosocial support and mental health services for staff and volunteers.</p>
<b>R5.</b> Contagion of field personnel (national and international, volunteers) in the country with limited capacity to mobilize external aid, personnel and equipment.	<p><b>MM5.1.</b> IFRC developed a Continuity Plan based on security measures and protocols tailored to the country context to ensure the response can continue.</p> <p><b>MM5.2.</b> Strengthening of biosecurity measures within the operations to prevent the spread of disease (dengue, Zika, COVID-19).</p>
<b>R6.</b> Institutional problems of internal coordination of members of the Movement with low ratio of funds received vs implemented.	<p><b>MM6.1.</b> Establishment of coordination agreements and protocols within the RCRCM.</p> <p><b>MM6.2.</b> The HRC, with the support of the IFRC, makes strategic planning with an operational action plan covering all contributions and the purpose of the funds. Development and adherence to the Federation Wide Approach proposed.</p>
<b>R7.</b> Border closures due to the spread of a new strain of COVID-19 limits the mobility of personnel in and out of the country.	<p><b>MM7.1.</b> BCP is put in place to allow for the operation to continue despite interruptions.</p> <p><b>MM7.2.</b> An emergency action plan is put in place to mobilize international personnel in case evacuations become necessary.</p>

## B. OPERATIONAL STRATEGY

### Proposed strategy

#### General Operational Objective.

The Emergency Plan of Action (EPoA) published in December 2020 aimed to assist a total of **10,000 families (50,000 people)** with a larger target for the Honduran Red Cross Response plan of **20,000 families (100,000 people)** from the departments of Cortés, Colón, Santa Barbara, Atlantis, El Paraíso, Olancho, and Choluteca. The operation will cover both the emergency/ life-saving assistance and basic needs of the affected population, as well as providing the basis for early recovery through actions focused on covering needs for Shelter, Livelihoods, Health, Wash, PGI, Migration and Disaster Risk Reduction.



#### Sector intervention strategy.

**Shelter:** The strategy has been developed in two stages: The first stage seeks the distribution of packages that include 1 kitchen kit, 1 hygiene kit and 1 cleaning kit, mosquito nets, blankets, 2 jerry cans and 1 plastic tarp per family, as support for displaced families in collective shelters. Due to the rapid return of the families to affected communities, and the level of affectation of the houses, the delivery of basic items is transferred to the community level, completing the package with the shelter kit (tool kit + 2 plastic sheeting) and including key messages and technical guidance on its proper use to HRC volunteers, for replication in the communities.

The second phase is focused on the safe return of families and their recovery through a cash delivery program, which will be part of a comprehensive community level intervention in the shelter, water and sanitation and livelihoods sectors. According to the need's analysis, due to the characteristics of the communities evaluated (levels of affectation, accessibility and communication with urban areas where the main markets are located, as well as the priority needs mentioned) it is necessary to rethink the unconditional cash delivery strategy initially designed. Zinc roofing sheets are one of the most requested materials, it is recommended to consider the delivery of sheets along with cash assistance. As a guideline, a house of 24m<sup>2</sup> and with a 10cm overlap needs 20 units. In this way we can guarantee the adequate quality of the sheets for the repair of the houses.

The support to the return would be done in a complementary way to the delivery of housing kits, through the provision of cash transfer, zinc sheets for the roof and technical guidance and awareness about safe construction solutions at the

community level. Material price evaluations in the La Lima, Choloma and San Pedro Sula markets have been done, prices differ due to the increase proportional to the cost to be assumed for transportation, a detailed market study is about to be done to review prices. As an additional reference, taking into account that temporary rent is an option for affected families during their displacement, the average monthly rent value in the municipalities varies from HNL1000-3000.

The communities will be selected according to criteria of affectation and vulnerability established by the HRC, as an integrated intervention. During the evaluations, communities have been observed with similar levels of damage to their homes, as well as characteristics that make them significantly different (accessibility, proximity to urban centers, etc.). It is recommended to establish different strategies within the modality of monetary transfer, applying different amounts according to the needs evaluated, to evaluate the scope and pertinence of the in-kind distribution, considering the option that not all families receive the same type of support. The intervention in housing must be complemented with the rehabilitation of latrines as a support to safe return, as proposed when implementing a comprehensive strategy. Therefore, coordination with the WASH team has been constant and it is recommended to integrate the return assistance for both sectors following the results of the family level assessments. The criteria and modalities for the implementation of this integration are being reviewed in both sectors, livelihoods and cash transfer.

#### *Inter-institutional coordination in the shelter sector*

On December 4, 2020, the Emergency Shelter Coordination Working Group was officially activated in Honduras. The working group supports the work of COPECO and has the Ministry of Development and Social Inclusion as the main counterpart. Members of the working group are UNHCR, Shelter Box, Save the Children, CARE, HRC, IFRC, Catholic Relief Services (CRS), Norwegian Refugee Council (NRC), Global Emergency Relief, Recovery and Reconstruction (GER3), Global Communities, GOAL, Habitat for Humanity, IOM, TECHO, UNFPA, UNICEF, Proyecto Aldea Global and the National Foundation for the Development of Honduras (FUNADEH). The coordination Working Group is co-led by IFRC (remote ARO) and Global Communities, with the support of a volunteer of the Canadian Red Cross in information management. The strategy focuses on three areas:

- Promoting the safe and dignified return of affected communities, short, medium, and long-term shelter solutions (such as shelter needs assessments, distribution of household items, cash transfers, construction of temporary individual shelters, housing repairs).
- Supporting interventions with a territorial approach, rehabilitation of community infrastructure and facilities in settlements, with attention to the protection of people with special needs and in vulnerable circumstances due to gender, age, disability, etc.
- Identifying shelter solutions to meet the needs of the population in damaged and high-risk areas, considering the social, legal, and physical context, as well as the needs of highly vulnerable groups.

**Livelihoods and food security:** The Livelihoods and Basic Needs Strategy is designed with a dual focus: i) to respond to the basic needs of the affected population so that they can mitigate the impact of the disaster, while ii) supporting the restoration of livelihoods and income sources in urban, peri-urban and rural areas. This strategy is articulated and reinforced with other intervention sectors, particularly Housing, and WASH, which incorporate in-kind components or cash transfers to support the safe return of people to their homes.

During the initial phase of the emergency, packages containing food rations and replacement of lost household items were distributed in shelters. As families have begun the process of returning to their homes, efforts have been made to ensure a safe return and to provide basic supplies, as well as to address the diverse origin of the needs to be addressed, which vary according to the complexity of the damage identified in preliminary field assessments. Cash and Voucher Assistance (CVA) has been considered to meet basic needs and replacement of assets, depending on feasibility and local capacities. The HRC currently leads the Cash Transfer Working Group (CWG) and has extensive experience with these types of tools. Therefore, since most markets remain functional, future interventions will promote multipurpose cash transfers to meet the various food and basic needs among the affected population, promote the local market and improve protection.

Questions were included to test the feasibility of a cash transfer intervention in the affected communities. After determining the geographic scope, the next steps included direct needs within the communities, through household surveys, market and price analyses, and assessing amounts to be transferred and inputs to be provided. In order to accompany the informal sector and small and medium-sized enterprises (SME) initiatives to recover from the impacts of the emergency, it is foreseen to provide specific inputs, training and accompaniment throughout the intervention. Approaches have been made to local Chamber of Commerce to advance the coordination needed for this type of support.

**Health:** The strategy consolidates and develops local capacities to respond to future disasters and meet immediate needs of the affected population by providing first aid and health promotion, restoring health services, addressing cases of COVID-19 and supporting recovery by building capacity in the National Health System (NHS - SNS). All activities are designed considering vulnerable populations. Mental health and psychosocial support will be integrated into actions through psychological first aid, following Sphere Standards. Community and facility level interventions include access to basic health care and psychosocial support. The health strategy addresses the consequences of the Eta/Iota storm emergency and is articulated in three areas, below:

Provision of Health Services in Emergency Situations: To support the reestablishment of health services and provide emergency medical care. This includes deployment of the Canadian Red Cross ERU health clinic in the Municipality of La Lima, providing basic health care to the affected population of this community, and primary care services for chronic diseases and to pregnant women, which includes pharmacy, triage, emergency stabilization and referral of patients to the national health system and access to a psychosocial support system. This clinic will operate for four months, seven days a week, in close coordination with the National Society and the Ministry of Health.

Community health strategy development: Epidemiological Control Actions for Volunteers (ECV) focused on waterborne diseases (diarrhoea, hepatitis and leptospirosis), vector control diseases (dengue, zika and malaria) and COVID-19, community-based health and first aid (CBHFA) in conjunction with WASH, CEA and local authorities. The HRC assists 10,000 families with first aid activities, hygiene and health promotion, epidemiological control, risk communication, especially in shelters, COVID-19, waterborne diseases, and the country's epidemiological early warning system to identify epidemic risk areas.

In the second phase, the intervention is carried out at the community level, strengthening the capacities of the HRC through training in ECV and CBHFA. Community brigades for health promotion in health issues such as prevention and control of COVID-19, dengue, Zika, malaria, diarrhoea, maternal and child health, developed through risk communication and community participation by strengthening community-based networks, active community participation, spaces for dialogue and responses to needs. Support to communities for the implementation of health committees trained in CBHFA and ECV, promotion of community resilience to future challenges posed by climate change. Close cooperation and synergies will be established with the current COVID-19 Program with IFRC.

Psychosocial support and referral to mental health services: Promotion of community activities together with Movement actors and local mental health services. During the initial phase of the emergency, provision of psychological first aid to affected persons in reception centres, in response to stress and suffering from traumatic events. Group sessions through focus group discussions, recreational activities for children and adolescents, identification of priority groups in psychological first aid (PFA). Post-emergency, support to communities in psychosocial support programs, training in psychological first aid in the community, mental health culture and psychosocial support HRC will implement a psychosocial and mental health support system aimed at volunteers and staff to ensure care for caregivers, promoting their psychosocial and mental well-being.

**Water, Sanitation and Hygiene Promotion (WASH):** WASH Emergency Intervention: Immediate high-impact action through the deployment of Water and Sanitation Emergency Response Units (ERUs): ERU M15/M40 and ERU M20, that involve the rapid configuration of technical equipment (water purification plants, laboratory, equipment.), human resources (15 international delegates) to support the capabilities and assets mobilized by HRC in the field (WASH specialists and mobile treatment plants). Collaboration with the Municipalities of the areas of operation to strengthen the capacities of volunteers through training, provision of means to scale the specific response and technical support (adjustment of fumigation equipment, support for the provision of personal protective equipment. Multisectoral coordination (Emergency Clinic, health and PSS programs, hygiene kit distributions, etc.) to maximize impact through integrated action. Preparation Plan to provide HRC with the capacity and resources to ensure the implementation of the activities planned in the recovery phase.

WASH Recovery Intervention: Actions to promote the return to homes in the recovery phase through actions in community and residential water and sanitation systems. Through the capabilities and resources of the HRC WASH team trained during the emergency phase, the Water Boards and the affected population will be supported in the rehabilitation phase. Implementation of actions to meet the needs identified in: cleaning and disinfection of water sources, reconstruction of water systems, community mobilization for the rehabilitation of latrines, vector control and a comprehensive strategy of promoting hygiene, which can be complemented with bilateral projects in collaboration with other NSs with presence in the country. This includes the integration of WASH interventions into a multisectoral recovery strategy (accommodation, livelihoods, health, others).

The WASH approach has components to increase resilience to future natural disasters. Several studies place Honduras as one of the country's most vulnerable to climate change, so a climate-smart WASH strategy will be implemented to

implement and empower people to anticipate, absorb and adapt to take "early warning, early action." Close cooperation and synergies will be established with the current IFRC Dengue Programme<sup>21</sup>.

**Protection, Gender and Social Inclusion:** As of January 12, 2021, the actions of HRC/IFRC for Protection, Gender and Inclusion in response to the impacts of Hurricanes Eta and Iota are being mainstreamed into the activities developed by each sector (Health, Relief, Wash). For example, gender considerations have been included when making distributions, as well as in the development of Health and Water and Sanitation activities. With the results of the community assessments, and once progress has been made in the selection of the geographical areas within the Sula Valley to be covered, assessments will be made within the communities to deepen the scope of the needs and activities to be developed.



Water treatment training with Honduran Red Cross Volunteers and local authorities in La Lima Municipality, San Pedro Sula, Honduras. December 2020. Source: HRC

From the HRC, a recruitment process was enabled due to the needs of a dedicated focal point for the operation in Protection, Gender and Social Inclusion issues. It is expected that at the end of the emergency phase, the implementation of activities for early recovery will begin, included within the field level actions for the joint HRC/IFRC operation of Eta and Iota. It is projected that the activities will be implemented in close coordination with local municipalities and their volunteers, educational centres, and municipal offices, and that they will promote citizen participation at all levels, children and the inclusion of all groups present in the communities. These activities will complement the actions of PGI that HRC has planned to develop in the framework of other projects, outside this response.

**Migration:** The HRC offers assistance to migrants through specific focused interventions. The actions of HRC/IFRC inherent to the response to Hurricanes Eta & Iota have been established to complement the general actions of the HRC in the area of migration and are focused on strengthening the development of contingency plans and identifying parallel scenarios that may aggravate the precarious situation of the migrant population. It aims to provide the team with basic inputs and pre-positioned resources for attention and response to possible mass mobilizations. The need focused on RFL issues in attention to migrants are being covered by alternative programs and projects of the HRC, with the support of ICRC. The recruitment of a person focused on the migration aspects exclusively for the HRC/IFRC actions of the Operation to Hurricane Eta & Iota has been prioritized.

**Disaster Risk Reduction:** One of the problems identified during the initial stages of the response is that communities near affected areas had not responded as quickly to the threat of increased rainfall and rapid flooding. Thus, people were slow to evacuate during the first event (Eta), and without adequate preparation despite warnings. Therefore, the priority will be to support the reorganization of community emergency structures and to increase risk awareness. Internal improvements will also be sought, which will facilitate the preparation and response of those in charge of the response in the communities, in anticipation of new events. Finally, a strategy has been developed to gradually include climate change awareness and adaptation measures, in order to lay the groundwork through the joint HRC / IFRC actions of Operation Hurricane Recovery Stage. It has been estimated to start the development of these activities once the emergency phase decreases, at the middle of the operation.

**Business Continuity Plan (BCP):** Planning for continuity of activities is currently a priority for IFRC in all areas of the operation. The main objective is to ensure that critical functions of the IFRC continue and that the support provided to National Societies is timely and adapts to existing preventive measures. The identification of risks to the continuity of activities and related mitigation measures are implemented to ensure the duty of care of our personnel and volunteers during the operation. New modalities of work have been established, adapted to the measures required by the various governments. In Honduras, a specific continuity of operations plan is in effect for all ERU operations and a strict protocol has been established for all activities, including water truck transportation and water distribution. To address biosecurity risks such as the COVID-19 pandemic, protocols have been implemented to ensure that activities are able to carry on with minimum personnel and safely for all involved.

<sup>21</sup>[Germanwatch. Índice de Riesgo Climático Global 2019. December 2018](#)

From the Honduran Red Cross, a recruitment process was enabled due to the needs of a dedicated focal point for the operation in PGI issues. It is expected that at the end of the emergency phase, the implementation of activities for early recovery will begin, included within the field level actions for the joint HRC/IFRC operation of Eta and Iota. It is projected that the activities will be implemented in close coordination with local municipalities and their volunteers, educational centres and municipal offices, and that they will promote citizen participation at all levels, children and the inclusion of all groups present in the communities. These activities will complement the actions of PGI that HRC has planned to develop in the framework of other projects, outside this response.

### National Society Resources

**Human Resources:** To ensure a more rapid and effective response, the operational structure has been installed in offices in the city of San Pedro Sula, in the most affected region. A general coordination structure was established during the emergency phase and is progressively transitioning to a more stable and sustainable structure for the remainder of the operation. Key positions are filled in the areas of intervention both at branch and national levels, and additional local staff is being incorporated into the operation with contracts according to the programmatic focus. Staff availability has been projected according to funds received, ensuring an adequate ratio between investment in the community and staff costs.

As for international personnel, IFRC has also deployed Rapid Response Human Resources (RRP) and staff to support the Emergency Appeal in the different thematic areas. The deployment of six ERUs has involved the mobilization of professionals from other national societies. Expatriate staff are part of the HRC response team and have aligned their actions under the overall coordination of the operation, in order to ensure a coordinated and comprehensive response to communities. Priority is given to a capacity building approach of IFRC procedures and standards to facilitate the transition and handover process.

For each person involved in the operation, whether under contract or as a volunteer, training and strengthening on the code of conduct and Fundamental Principles will be provided to safeguard the operation of risks from staff misconduct.

**Volunteer Support:** Currently the NS has approximately 6,000 registered volunteers, of whom about 1,500 have been



reported available to join the operation in different areas. As volunteers are a fundamental part of the response, it is necessary to ensure their protection, safety, motivation, and well-being, as well as the strengthening of the volunteering systems that support them. Every activity needs to ensure that volunteers are provided with the necessary resources for their performance, including correct identification (visibility and uniforms), protective equipment, biosecurity measures before COVID-19, life insurance provided by the IFRC, solidarity fund; training according to their area of action, and sufficient budget to cover their mobilization and food in activities as stipulated.

According to the evaluations to date, a total of 9 municipalities' facilities were impacted, and an estimated 142 volunteers and 10 employees report impacts of at least one type (health, livelihoods, shelter). Under this scenario, the operation is planning the reconstruction and remodeling of damaged components of the HRC facilities, to ensure their operation; as well as the attention of the volunteers and collaborators affected according to their identified needs, integrating them within the population to be cared for and with priority of care. **Operations and Offices Center:** HRC has a local branch in the city of San Pedro Sula that was temporarily used in the early stages of the emergency operation and plans to acquire a new location to host the entire personnel of the operation. However, in the meantime, a second office space was made available to host the IFRC team, following biosecurity protocols for COVID-19.

**Logistics and Supply Chain:** A 2nd rotation of the Logistics ERU has been deployed to support the operation. As from the beginning of the operation, the objective is to effectively manage the supply chain, including mobilization, procurement, customs clearance, storage and transportation to distribution sites, in compliance with the requirements of the operation and in line with IFRC's logistics standards, processes and procedures. Due to the high number of items received, not only from IFRC but also of materials for the ERU Clinic and Water ERU, as the four regional warehouses enabled by the HRC were limited. Therefore, an additional warehouse was rented in San Pedro Sula, with an increased capacity, for a period of four months. The operation was initially managed with the collaboration of specialized personnel from the ERU Logistics; however, it has progressively transitioned to the management of HRC personnel and volunteers who have been trained during this period.

The logistics demands for this operation are high for mobilization of volunteers, staff and goods on the ground due to the wide spread of the affected communities, in hard-to-reach areas, with some still isolated due to road blockages and flood waters that have not receded yet. HRC has a truck fleet with capacity for delivery of supplies; however, they are in poor conditions and insufficient for the needs of the operation. Three vehicles were acquired by IFRC for the operation, that will remain in the HRC fleet afterwards. In the meantime, for activities that require greater cargo capacity, private services are being contracted or provided as a donation by different companies and institutions, with the operation only absorbing a part of the expenses (fuel).



The warehousing work of the ERU Logistics and the local HRC/IFRC team. December 2020. Source: IFRC.

The recruitment process for administrative and procurement personnel is ongoing. In the meantime, volunteers and HRC local staff are being trained in the standard IFRC procurement procedures and in the Sphere standards for the purchase of household items. The objective is that, at the departure of the ERU Logistics, the HRC will be fully capable to administer the warehouse as required by IFRC process and will monitor the follow up of the goods stock.

The purchase of items and services is aimed at meeting the conditions required according to the needs of the affected population and/or the operational areas to ensure adequate supplies and optimal performance. Purchases are prioritized to be fulfilled in country and at the local level, to contribute to the reactivation of the national economy; international acquisitions will only be carried out if the specifications of certain products are not available on the domestic market. Therefore, sector leads, with the support of the Logistics/ Administration teams, are currently enquiring with local providers and stores which services, products and equipment may be purchased in domestic markets and drafting a procurement plan for the upcoming months with the funds gathered so far.

By mid-January, the second and final rotation of ERU Logistics will be in place and will complete the training required for logistic management to HRC personnel. The operation will be transferred completely to HRC personnel; however,

Coordination meeting in offices of IFRC in San Pedro Sula, Honduras. December 2020. Source: IFRC.

remote support will remain available. The current contract for the warehouse will likely be extended, as the requirements for the operation will continue in upcoming months.

**Communication:** The Communications Unit is covering and disseminating the main actions of the operation, developing digital content for media such as the web, social networks, internal newsletters, audiovisual material, etc. In order to strengthen the capacity of this unit within the HRC, additional dedicated personnel will be recruited, collaborating to demonstrate the HRC's actions and the true impact of the emergency on the affected population. Furthermore, an IFRC Surge position has been deployed to provide additional support as well and collaborate with the production of new media materials. There has been permanent coordination with the HRC and Geneva media team, as well as other components of the Movement (Resource Mobilization Unit, partner National Societies and ICRC).

As of 14 January 2021, the joint actions of HRC/ IFRC and advocacy related to the Operation for Hurricanes Eta and Iota have been featured in:

#### **Media engagement:**

- Four press releases issued.
- IFRC response to Eta and Iota presented in two UN press briefings in GVA.
- Virtual press conference held with IFRC + National Societies (Guatemala, Nicaragua, Honduras): more than 30 local and international media briefed in the press conference.
- Interviews done with Time Magazine, EFE Agency, Associated Press, France Press, Reuters, Climate Weather, AccuWeather, Weather Nation, BBC, CNN in Spanish (4 interviews), CNN in English (2 interviews), The Guardian, France 24, Univision, Miami Herald (2 interviews), Televisión Española (2 interviews) Radio Francia International, CBC, among others. Stories picked by several national and international media such as Forbes and The Economist.
- Visit to the field with Spanish Television. Stories recently published by AP and The Washington Post based on the press conference and the key messages, interviews and figures we sent them on the week of 24 November 2020.
- Special episode on the hurricanes produced together with El Hilo, the most influential news podcast in Spanish.
- Data provided and coordination for in depth coverage with The New York Times, El País, The Washington Post, EFE regarding the first month anniversary.

#### **Content production**

- Key Messages produced and updated on a regular basis.
- Key Messages produced on Eta, Iota and WDR.
- Pictures and videos uploaded from all countries affected to Slack, Shared, Dropbox and distributed in the Newswire.
- Fundraising toolkit produced.
- Web stories and video bulletins produced.
- Reactive lines produced.
- Social media content produced daily, including live broadcasts from the field and live tweeting of key actions.

#### **IFRC social media:**

- [Instagram @IFRC\\_es - HRC Feature - 3 November 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 7 November 2020](#)
- [Instagram @IFRC - HRC Feature - 7 November 2020](#)
- [Instagram @IFRC - HRC Feature - 9 November 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 11 November 2020](#)
- [Instagram @IFRC - HRC Feature - 14 November 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 16 November 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 20 November 2020](#)
- [Instagram @IFRC\\_es - Eta and Iota Impact - 20 November 2020](#)
- [Instagram @IFRC\\_es - ERU Clinic feature - 27 November 2020](#)
- [Instagram @IFRC - HRC Feature - 28 November 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 9 December 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 14 December 2020](#)
- [Instagram @IFRC\\_es - HRC Feature - 24 December 2020](#)
- [Facebook IFRC - HRC Feature - 29 December 2020](#)

#### **Honduras Red Cross social media:**

- [Facebook - Honduras Red Cross](#)
- [Instagram - Honduras Red Cross](#)

#### **International**

- [IFRC Newsroom](#)
- [AccuWeather](#)
- [La Prensa Gráfica](#)
- [Humanitarian response to hurricanes Eta and Iota, one of the most challenging faced by Central America in decades via Relief Web](#)
- [NPR](#)
- [Voice of America](#)

- [Al Jazeera](#)
- [Reuters](#)

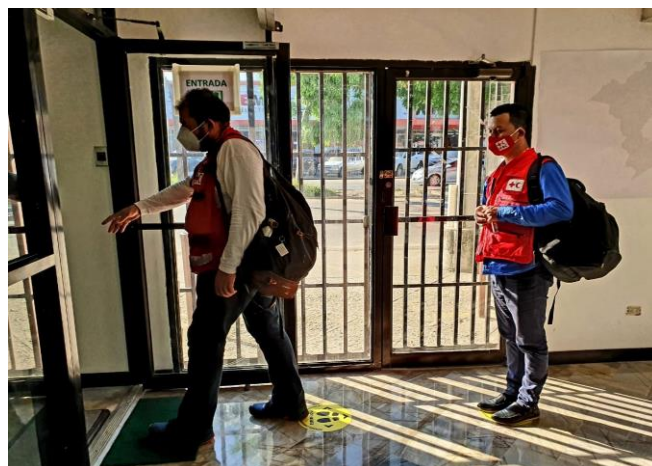
### **The Netherlands**

- [Podcast](#)
- [Radio interview](#)
- [Vlog](#)

With regards to specific communication with donors and strategic partners, HRC has a dedicated professional, an Accountability Officer, whose main duties are focused on providing information on the usage and destinations of the bilateral resources received. The aim is to strengthen relationships with identified partners and ensure accountability for future cooperation.

**Information Technology:** The Operation was initially supported by the deployment of the IT/ Telecommunications ERU, from the Spanish Red Cross. It covered the computer equipment needed for the implementation of activities, including computers, servers, evaluation survey kits (cellular), printers, projectors among others. At the same time, resources for the procurement of licenses were budgeted to facilitate the operation. The IT/ Telecommunications ERU supported the setup of the IFRC Office in the new facilities as well as the installation of radio equipment in the IFRC vehicles. The HRC installations in local branches suffered damages, especially in its radio network from the impact of Eta and Iota, especially in the department of Cortes. After the flood waters receded, support was provided to render the services operational once again, rehabilitating local municipalities damaged systems and outdoor installations. The support included the donation of radio equipment to the HRC. Transferal paperwork was handed over by ERU IT/ Telecommunications ERU to the HRC at the end of the mission, on 27 December 2020. New requirements for this operation will be supported through HRC local capacity.

**Information Management (IM):** An IM surge was deployed to the field to provide technical support during the first stages of the operation. Evaluation surveys were developed for WASH, as well as an assessment for CVA. A server to host the data from the operation was created and all the data collection forms are being developed taking into consideration Data Protection requirements. Additionally, a security certificate was bought to ensure a higher standard on Data Protection. The National Society will be strengthened through this IM Surge implementation by increasing and building capacities through training and practical implementation of Mobile Data Collection Systems and RC2 Relief Tools. Furthermore, ODK Kits are in process of being acquired to enhance the data collection capacity of the HRC. The capacity building in IM is essential for HRC, as the National Society undertakes progressively more complex roles to support local authorities. HRC has been providing support to COPECO on the DANA assessment (*please refer to Section A of this document*) and a dashboard was developed to visualize the data the Assessment cell has been collecting, processing, analyzing the information during the assessment process and producing maps with the results.



Biosecurity protocols have been put in place in IFRC facilities for personnel. December 2020. Source: IFRC.

A second rotation of the IM Surge Deployment was integrated into the operation by the end of December to continue with the above-mentioned activities and provide ongoing support in the community and household assessments being carried out and to fulfill the mapping and infographic requirements of the operation.

**Security:** IFRC security plans apply to all IFRC staff throughout the operation. Area-specific Security Risk Assessments are conducted for all operational areas should any IFRC personnel deploy there; risk mitigation measures are identified and implemented. All IFRC staff must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training before deploying. *It is constantly monitored that all personnel deployed are in compliance of all security requirements.*

Honduran Red Cross currently has a Security Focal Point, who is responsible for implementing and monitoring security measures for staff in each activity that is executed on behalf of the National Society. As detailed above in the Risk Assessment of the Operation, the bulk of response activities will take place in the most dangerous region of the country (Sula Valley), which is why it is essential to maintain staff safety measures in the working areas, taking into account that a large number of staff deployed, is unaware of the context of the area and the necessary preventive measures. Additional staff within HRC is ongoing to ensure compliance with safety standards by operational personnel, as well as to develop regular capacity building activities on operational safety for team members.

As part of the initial actions of the operation, a security plan was developed according to the local context and considering the current social situation and the recurrence of hydrometeorological events. This plan includes coordination with country security forces (police) and protocols to protect volunteers and staff. The risks envisaged include the issues of protection and biosecurity against COVID-19 and other recurrent vector diseases in the area, accompanied by the sufficient supply of personal protective equipment for emergency response personnel. As of 12 January 2021, the plan has been revised and updated to include other risks assumptions that became more probable during the operation, such as the development of a new, more contagious strain of COVID-19 that has forced several countries to revert to complete or partial lockdowns, and mobility restrictions that may directly impact personnel from the operation.

Red Cross facilities and staff have a mandate to follow and abide by HRC and IFRC Security recommendations and requirements, including but not limited to: dress codes, biosecurity measures, vehicle usage, curfews, etc. However, some additional precautions are required for specific operational cases, such as the ERU Health clinic installed in the central park of the Municipality of La Lima, due to its location and the critical nature of the equipment handled. Communications methods based on messaging platforms have been created to ensure that all deployed operational personnel receive and can send security related messages and warnings.

A surge Security Coordinator was deployed to the field and the continuity of this work will be continued as a key factor to guarantee the duty of care of our personnel and the compliance with the Minimum-Security Requirements. Operational Security tools have been used to provide briefings, de-briefings, security regulations, among others. As of 15 January, the first rotation of the Surge Security Coordinator has finalized, a second rotation commenced and protocols were developed specifically for this operation, to ensure the proper "Duty of Care" and mitigation of risks. The IFRC security person in country works in close coordination with the HRC Security focal point and the integration of both systems has been successful.

To strengthen the internal security network of the Red Cross Society involved in the response, a training in operational security is planned to promote greater protection to those who protect the communities. Due to the complex security environment in Honduras the strengthening of the existing security structure should be considered a priority due to the expanse of the present and future operational areas.

**Planning, Monitoring, Evaluation and Reporting:** As part of the PMER strategy, the Planning, Monitoring, Evaluation, and Reporting Unit of HRC will be strengthened by hiring additional staff to monitor progress on indicators, results and products planned specific to the operation. The implementation team will also be presented with the results of past lessons learned, and the relevant reports will be monitored as the situation progresses.

The Federation-wide approach will be maintained in PMER. In this regard, the IFRC Central America Country Cluster Support Team (CCST) and ARO in Panama will support the HRC in ensuring a coordinated approach with all National Societies with presence in the countries and National Societies supporting without a presence in the countries and region. The IFRC Secretariat will ensure Federation-wide reporting on financial and operational indicators, as well as an updated 3Ws report (showing who is doing what, where in support of the operation.) Support channeled via the IFRC Emergency Appeal will be included in the [donor response list](#) available publicly.

**Administration and Finance:** At the administrative and financial level, the National Society has been making a strong investment in its platforms and human resources in recent years, with the aim of transparent and effective processes. As part of the installation of the operations center in San Pedro Sula and the transfer of capabilities and responsibilities, it will include the contracting of licenses and users for SAP Business One software, which allows to connect the field offices with the rest of the operating and administrative system of the National Society. Additional capacity in administrative and finances functions were fulfilled with Surge deployments in the initial stages of the operation and will transition to specific Administrative/ Financial positions at local levels.


**Community Engagement and Accountability (CEA):** The CEA approach is crosscutting and used in activities implemented as part of the different intervention strategies. It is used to integrate communication and participation for the affected and targeted communities. The activities proposed as part of the CEA approach include establishing two-way conversations with communities to support community preparedness and primary response actions, promoting

physical and mental health during and after the flooding emergency through social media, small group sessions, newsletters and other actions. Additionally, this approach establishes mechanisms for complaints, consultations, and recommendations during the emergency. CEA support is key to supporting the interventions in the first response, and in early recovery and recovery phases, by ensuring the involvement of communities at different stages of the response.

CEA is being used in the response phase from the needs assessments by including some key questions to develop community participation activities in the intervention. Additionally, information as aid actions have been reinforced to continue raising public awareness not only for the emergency response but also to emphasize the protection messages for COVID-19. To the extent possible, communications material will be linked with the messages on COVID-19 and other diseases, with the aim of reinforcing epidemic prevention and control in the context of this operation.

CEA is particularly important for health interventions to ensure a relevant, safe and reliable feedback mechanism to address questions, doubts and identify rumors circulating in the communities. The information collected through these mechanisms will feed into the intervention areas to improve, change, or improve the intervention. As of 12 January 2021, feedback mechanisms a CEA approach has been developed during the assessment processes, as well as community feedback from the intervention.

## C. DETAILED OPERATIONAL PLAN

 <p><b>Shelter</b>  <b>People assisted:</b> 5,098  Men: 2,498  Women: 2,600</p>		
<b>Shelter 1: Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# persons who are provided with safe, adequate and durable recovery accommodation and settlement assistance	50,000	5,098
<b>Output 1.1: Shelter, settlement or household basics are provided to affected families.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Reached</b>
# Families provided with emergency accommodation and settlement assistance (household items)	10,000	1,020
<b>Output 1.2: Affected households are provided with technical support, guidance and awareness in safe shelter design and settlement planning, and construction techniques are improved</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# of families who receive technical support, guidance and awareness	2,000	Not started
# of families provided with early recovery shelter and settlements assistance	2,000	Not started
<b>Advances of the results</b>		
<b>Housing needs assessments</b>		
<p>The first visit to the affected communities took place on 10 December 2020, by an integrated team of Relief and Housing from the IFRC and HRC and the president of the Municipalities of the sector. 12 communities have been evaluated in the municipalities of La Lima, Puerto Cortés and Chamelecón, selected according to the data provided by the branches of the HRC, CODEM and CODEL. Upon arrival in the community, the president of the Patronato or another community representative was contacted if the former was absent to find out the level of affectation of the community and the priority needs of the affected families. The joint visits communicated with the families present. Direct observation during the visits, as well as informal and structured questions were part of the basis for the assessments. The assessment was carried out in a comprehensive manner, considering the impact and needs in all sectors (housing, water and sanitation, livelihoods, health, accessibility, available services, assistance received,</p>		

etc.) and the results have been shared, which has led to the implementation of the water and sanitation ERU in several of the communities assessed.

On 30 December 2020, intersectoral assessments began at the community level, coordinated by the Assessment team, conducted with ODK, through a single form that integrates the shelter, water and sanitation, livelihoods and health sectors, in addition to general questions about the community (#families, access to services, accessibility, needs and assistance received). A total of 71 communities have been evaluated. The communities selected for evaluation have been those along the Chamelecón and Ulúa rivers, in the Departments of Cortés and Yoro, areas identified as being most affected. The assessment teams have varied, depending on the overall planning of activities, but generally the IFRC and HRC assessment and information management team, IFRC coordinator and HRC housing focal point, and IFRC water and sanitation coordinator are involved.



Colonia San José, La Lima Municipality, Cortes department. December 2020. Source: HRC

In all evaluations, biosafety measures are respected: vehicles transporting a maximum of 4 people, use of a mask, use of disinfectant gel, social distancing practices.

**Identification of cases and elaboration of selection criteria of the families to be served in the shelters, and support modalities in the different target groups.**

Initial needs assessment in shelters and communities in the departments of Cortés and Santa Bárbara have been conducted, such as distribution of tool kits, plastic tarpaulins, and kitchen sets to returning families. The criteria for beneficiaries to support families in monetary transfer is that they are within the communities selected in the community assessment and that within their affectations they have their homes destroyed. A visibility study is in the process of being prepared along with the cash transfer.

**Analysis of the local market to identify the availability/access to housing and household items and services**

A preliminary study of prices of tools and construction materials in the markets of La Lima, San Pedro de Sula and Choloma has been carried out. A detailed study is planned for the coming weeks.

**Purchase and distribution of blankets, plastic tarps, kitchen kits, biosafety kits, tool kits for affected people.**

Kitchen kit content	<ul style="list-style-type: none"> <li>• 1 Casserole 7 L Stainless steel, with handles</li> <li>• 1 Pan 2.5 L Stainless steel, must serve as a lid to the 7L casserole</li> <li>• 1 Casserole 5 L Stainless steel, with handles and lid</li> <li>• 5 Bowls Stainless Steel</li> <li>• 5 Stainless steel dishes</li> <li>• 5 Stainless steel cups</li> <li>• 5 Stainless steel spoons</li> </ul>
Contents Accommodation Kit (2 plastic canvases + 1 toolkit)	<ul style="list-style-type: none"> <li>• 2 plastic canvases</li> <li>• 30 meters Rope 12mm</li> <li>• 30 meters rope 3mm</li> <li>• 1 Manual sawing</li> <li>• 500 grams Grilled nails covered</li> <li>• 500 grams Long nails 7.5cm</li> <li>• 500 grams Small nails 4cm</li> <li>• 1 Shovel with wooden handle</li> <li>• 1 hoe tool</li> <li>• 1 Machete</li> <li>• 1 Metal scissors</li> <li>• 25 meters Fine wire 1.5 mm</li> <li>• 1 Hammer</li> <li>• 2 curved needles for wire</li> <li>• 1 tape measure 3 meters</li> </ul>
Biosecurity kit content	<ul style="list-style-type: none"> <li>• 2 KN95 or surgical mask</li> <li>• 1 gel 500 ml</li> </ul>

- 1 personal gel 60 ml
- 1 clinical alcohol at 70% 500 ml
- 2 pairs of nitrile gloves

Departments and kits delivered:

Department	Tarpaulins	Kitchen kits	Toolkits	Total
Cortes	1,516	808	584	<b>2,908</b>
Santa Barbara	1,100	550	550	<b>2,200</b>
<b>Total</b>	<b>2,616</b>	<b>1,358</b>	<b>1134</b>	<b>5,108</b>

Department	Men	Women	Boys	Girls	People	Families
Cortes	864	879	574	581	2898	580
Santa Barbara	642	692	431	435	2200	440
<b>Total</b>	<b>1506</b>	<b>1571</b>	<b>1005</b>	<b>1016</b>	<b>5098</b>	<b>1020</b>

### Coordination with the government and other stakeholders, including participation in the inter-institutional coordination spaces of collective centres and shelters

At the request of COPECO, since December 15, 2020 the HRC has supported the Municipality of La Lima with technical recommendations for the planning and management of a new shelter for 80 displaced families from informal settlements. All sectors of the IFRC have participated in the elaboration of the technical recommendations, with the HRC coordinator and housing focal point being responsible for the elaboration of the recommendations and general organization of the shelter.

The property initially selected by the municipality for the implementation of the shelter was discarded due to tensions with neighbouring communities during joint visits for the evaluation of the work to be done, a situation that was foreseen, for which relevant mitigation measures were recommended (prior consultation and information to the communities). A second privately owned property, Ferilima, was then visited and approved by all participating actors, COPECO, municipality and HRC, with the support of technical staff from the IFRC's sanitation and housing sector. The planning of the shelter as well as the technical recommendations adapted to this new property have been delivered and attached to an agreement between the parties that details responsibilities, commitment and adequate shelter management principles.



Colonia La Samaritana, Municipality of La Lima  
Damage and needs assessment. December 2020. Source: HRC

The document is currently being revised by COPECO, once the revisions of the municipality and HRC have been accepted it will move forward. When it is approved, work will begin on preparing the land for the implementation of the shelter. Now there is no indicative date for this. The estimated duration of stay of this shelter by the local authorities is three months.

IFRC and HRC have actively participated in the coordination meeting of the Shelter Working Group on 9 December 2020, the only one held to date. Likewise, both the IFRC shelter coordinator and the HRC focal point have participated in all the meetings convened virtually every week by the Emergency Shelter Coordination Bureau, since the working group was formed on December 4, 2020.

### Guidance to volunteers and affected households on the best use of the assistance provided and the distribution of household items.

12 volunteers from the Municipality of Chamelecón have been oriented on the correct use of the shelter kit before distribution. This orientation was carried out by the Shelter Coordinator of the IFRC, respecting biosecurity measures. The content of all the kits to be delivered was shown, both to the volunteers and to the families during the registration process, as well as other related information.

**Monitoring of the use of the delivered housewares.**

Monitoring of the kits delivered will begin once distributions have resumed, at the end of the community assessment and selection.

**Delivery of unconditional cash transfers to 2,000 families to support safe return to their homes.**

It is projected to begin in the month of February 2021 in previously evaluated and selected communities.

**Coordination with WASH, Livelihoods (LLH) and CEA to ensure that shelter assistance, programming and activities are aware of risks, inclusive and focused on recovery.**

Two meetings have been held with the Livelihoods Coordinator, as well as a joint meeting with WASH, LLH and CVA at the regional level, for planning and coordination of the return support strategy.

Regular communication has been maintained with the WASH coordinator, coordinating, consulting and reporting the results of the assessment visits in communities to identify needs, areas of action and planning of activities. Meetings have also been held to obtain common strategies for the implementation of population returns in housing and rehabilitation of sanitation systems in the selected communities.

**Livelihoods and basic needs**

People assisted: N/A

Men:

Women:

**Result 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods**

Indicators:	Target	Reached
# people supported by CVA for basic needs	20,160	In process
# households (1,575 people) whose livelihoods are restored to/improved prior to disaster (micro-enterprises and farmers)	315	In process

**Product 1.1: The development of productive skills and/or assets and/or financial inclusion to improve sources of income are provided to the target population (livelihoods outside farms).**

Indicadores:	Target	Reached
# CVA-supported households for basic needs	4,000	In process
# CVA-supported volunteers for basic needs	160	In process

**Product 1.2: Assistance for basic needs to ensure livelihoods, including the provision of food to the most affected communities.**

Indicators:	Target	Reached
# microbusinesses whose livelihoods are restored or improved to the pre-disaster level	115	Not started

**Product 1.3: The safety of household livelihoods is improved through food production, increased productivity and post-harvest management (agricultural-based livelihoods)**

Indicators:	Target	Reached
# farmers implementing good agricultural practices	200	Not started

**Product 1.4: Community awareness-raising activities on strengthening and protecting livelihoods are carried out with target communities and public actors.**

Indicators:	Target	Reached
Identification of potential partners at the local and regional levels for the establishment of strategic partnerships in the field of livelihoods (visits or meetings to institutions)		In process
Signing agreements with strategic partners on livelihoods		Not started

**Progress towards results****Market study and feasibility on livelihoods for cash transfer intervention.**

Between December 2020 and the beginning of January 2021 a comprehensive assessment was carried out in 71 communities in the departments of Cortés and Yoro, by the assessment team, under the established biosecurity and protection guidelines. The evaluation carried out by the NS has been able to obtain information to define priority communities for livelihood actions and other sectors.

Work has begun on planning viability studies for assistance with money transfers. At the same time, a set of VISA debit cards has been received from the IFRC to carry out feasibility tests. The HRC is in the process of consulting with local financial providers for the identification and selection of alternatives for monetary assistance mechanisms.

**Equipment and training of a support unit at the HRC (based on field information/equipment - ODK-RC2 kit)** This activity will begin in the eleventh month of the operation. In process of coordination with HRC on the required equipment and training that will be needed for those activities.

#### **Systematization of experiences in livelihood interventions**

These activities will be developed when planned activities can be executed. At this stage, work will be done with the HRC to identify those key elements for systematization.

#### **Training of volunteers in livelihood interventions and CVA.**

It is expected to develop in January and February 2021 training activities for HRC volunteers, which will support livelihood activities and cash transfers. The deployment of 2 IFRC surge from CVA in these months will facilitate the preparation and implementation of the training activities.

#### **Conditional delivery of CVA to small entrepreneurs and the informal sector for the substitution/endowment of productive assets.**

The information gathered in the assessments carried out by the HRC and IFRC teams will allow the definition of priority communities for LLH activities. With this prioritization, the process of identifying and selecting people to attend can begin.

In addition, the HRC has initiated the process of selecting a Livelihoods Coordinator and a Livelihoods Officer for the implementation of these activities in the sector. The actions that promote the livelihoods strategy have been supported remotely in November and December 2020, due to mobility restrictions due to COVID-19, and with field deployment since January 2021.

#### **Community census for the selection of people to be assisted according to selection criteria**

The assessments at the community level showed that in 32 communities more than 70% of the families had lost their economic income source, providing a wide range of communities to intervene. A total of more than 30,000 families may have had lost their income due to the combined effects of the hurricanes and the COVID-19 crisis in the 71 communities assessed. In the second phase of the assessment, the main characteristics of the households in the most affected communities are being identified. Data on the economic situation before and after the hurricanes, purchase power and habits and urgent needs will provide information to narrow the selection criteria.

#### **Establishment and disclosure of CEA criteria on CVA management**

Activity in process, in the assessment at the household level, some questions to allow the communities and families to identify their own urgent needs and priorities have been included. A feedback mechanism has been proposed to support the future cash transfer distributions.

#### **Distribution of unconditional CVA to 4,000 prioritized families**

In process of selecting the families to be assisted. Discussions are ongoing to define the selection criteria after the first phase of the community's assessment finished. The second phase (ongoing) will provide more accurate information on the most affected populations and a set of indicators to establish a formal criterion.

At this stage, work has started on the planning of viability studies for assistance with cash transfers. At the same time, a set of VISA debit cards has been received from the IFRC to carry out viability tests. The HRC is in the process of consulting with local financial providers for the identification and selection of alternatives for monetary assistance mechanisms.

#### **Distribution of unconditional CVA to 160 volunteers for basic needs**

The selection and prioritization criteria for monetary assistance to HRC volunteers affected by the emergency will be defined and validated by the end of January 2021 with the HRC. Data on the degree of affectation has already been gathered and compiled.

### **Post-distribution and market supervision and monitoring**

At this stage, work has begun on planning viability studies, so that critical aspects of the market can be kept up to date and decisions can be made in the event of changes that affect the implementation of the program.

### **Implementation of professional skills development programs (vocational training, entrepreneurship, employability, business management, digitalization) aimed at 100 entrepreneurs and 15 HRC volunteers**

The assessment is providing information on the entrepreneurship landscape in the communities that will allow to identify opportunities to promote vocational training and entrepreneurship.

### **Technical advice on entrepreneurship and productive activities**

Once the population to be trained and advised has been identified as a result of the ongoing assessment, a training and entrepreneurship plan will be defined. At this moment, the team is trying to depict the entrepreneurship profiles and areas of work of the communities. The HRC has begun the selection process of 1 Livelihoods Coordinator and 1 Livelihoods Officer for the implementation of these activities in the sector. Request and delivery of proposals has been presented by the HRC.

### **Establishment and dissemination of CEA criteria on CVA management, including the feedback mechanism**

The HRC is currently in the process of criteria orientation.

### **Development of selection criteria and support modalities for agricultural producers and affected families**

The HRC and the team integrated by the IFRC sectors have made the first approaches to the communities, to understand preliminarily the critical areas and next studies to be presented.

### **Provision of agricultural inputs (seeds, tools, etc.) in kind or in cash to 200 agricultural producers**

Currently identifying agricultural producers severely impacted by the hurricane effects in the assessment phase.

### **Monitoring and evaluation of food security in affected areas**

Activity to be initiated from the fifth month of the action plan. This follow-up will be carried out through the review of information disseminated by other organizations working in the affected areas, with special attention to info issued by COPECO and the United Nations.

In this sense, it is important to keep in mind the United Nations' call for attention on the possibility that food shortages will happen, accentuating the period of shortage in the most vulnerable population, aggravated by the loss of crops and sowing periods due to emergencies and the loss of sources of income.

### **Mapping potential partners at local and regional level for the establishment of strategic partnerships in livelihoods (visits or meetings to institutions)**

The HRC actively participates in the Honduran cash transfer group and is currently leading the technical group. This has allowed it to maintain contact with organizations that implement actions with CVA and to propose rapid market assessment tools for feasibility evaluations. In November 2020, a rapid market assessment tool has been shared by the IFRC's comprehensive team to the Honduran cash transfer group. The tool was adapted and used by the organizations in their assessments.

### **Signing agreements with strategic livelihood partners**

To date, no agreements have been signed with strategic partners, but work is underway to identify potential agreement opportunities for the implementation of the LLH activities defined in the action plan.



## **Health**

**People assisted:** 2,980

Men: 1,460

Women: 1,520

### **Outcome 1: The immediate risks to the health of affected populations are reduced**

<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# of families reduce the immediate health risks caused by the emergency	1,600	596

<b>Product 1.1: Immediate health risks to affected populations are reduced</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# of assessments conducted according to IFRC and PAHO guidelines and standards	1	1
<b>Advances of the results</b>		
<b>Rapid health assessments following IFRC and PAHO guidelines and standards</b>		
<p>The ERU Clinic's health team has conducted assessments during its care in the municipality of La Lima, with data obtained from medical consultations, psychosocial support services, and visits to communities and shelters in the area with health and hygiene promotion activities.</p> <p>The doctors, nurses, psychologists and 4 volunteers who support the daily activities have been involved in these evaluations. The methodology used by the medical team has been the interview in the consultations and has focused on knowing the most common health problems of the population and the age group that most requests attention. The psychology staff has conducted it through focus groups organized in the friendly space focused on knowing the main psychosocial problems of the users of the clinic.</p> <p>The community health personnel have used direct observation to verify the conditions of sanitation and interview the inhabitants of the community to learn about the perception of health problems. The systematization of information has been done through Kobo forms.</p> <p>During the first week of January 2021, the intersectoral evaluations have been carried out where the health sector has included key questions to know the main problems to the assess communities The information from the surveys has been shared with all sectors for a more comprehensive intervention.</p>		
<b>Continuous monitoring of the health situation in collective centers and affected communities</b>		
<p>Through participation in the intersectoral working group led by the Ministry of Health (SESAL) and in the health cluster led by the Pan American Health Organization (PAHO), it is possible to access updated information on affected communities and most of the shelters that remain open.</p> <p>In these forums, SESAL and PAHO share weekly epidemiological bulletins of the region of Cortés, in monitoring of vector-borne and waterborne diseases, information that has been analysed and shared in an intersectoral manner to coordinate in the awareness and evaluation activities of the municipalities. SESAL reports that 218 collective centres remain open in Cortés with an estimated 38,725 people housed (8,019 families). The health authorities have provided medical assistance to the people sheltered through medical brigades and reported as the principal health problems found dermatological conditions, respiratory problems and diarrhoea. It has been reported that there are insufficient rapid tests for COVID-19 and health facilities, which is worrying given the overcrowded conditions and the lack of access to adequate sanitary services and personal protection equipment by the people sheltered in these places.</p>		
<b>Outcome 2: Immediate health risks for affected populations are reduced through improved access to medical treatment</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# people served at the ERU's clinic	8,000	2,980
<b>Output 2.1: Improved access to health care and emergency health care for the target population and communities.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
Damage assessment of affected health centres performed	1	2
# of health facilities (ERU) established	1	1
# health facilities restored or provided with equipment/ material	3	In process
# Community campaigns	8	Not started
<b>Advances in results</b>		
<b>Purchase and distribution of first aid kits</b>		
<p>During this period, requisitions have been made for the acquisition of 2600 individual first aid kits that will be given to people in the selected communities or shelters who participate in basic first aid training. Also, requests have</p>		

been made for 50 community first aid kits that will be delivered to community health committees that will be trained in first aid to support community members in emergency situations.

### Health ERU Deployment

The Canadian Red Cross has deployed a Health ERU (Clinic). It is installed in the urban centre of La Lima, 50 meters from the triage centre of COVID-19 and 100 meters from the central health centre of La Lima. The health assistance started on November 27, 2020, maintaining a schedule of assistance from Monday to Sunday from 7:00 A.M to 3:00 P.M. Due to the low demand presented in the weeks prior to this report, the exit strategy is being considered.

Basic health services provided	<ul style="list-style-type: none"> <li>• Emergency and urgent care with triage for stabilization and referral of critical patients.</li> <li>• Comprehensive nursing services with emphasis on emergency care and primary prevention of illness</li> <li>• Maternal and child care</li> <li>• Comprehensive care for women</li> <li>• Pediatric Care General</li> <li>• Medicine prescription and delivery</li> <li>• Psychosocial support and PGI</li> <li>• Education and health promotion through the community approach</li> </ul>
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55 professionals and volunteers are providing support for the daily activities. The team is made up of:

Role	Quantity
Clinical Care	10 doctors 4 Nurses 3 nursing assistants
Psychosocial Support and Protection, Gender and Inclusion	1 psychologist 1 psychosocial support assistant
Health promotion and education, community approach	1 community coordinator 1 infection control and prevention assistant 1 support volunteer 1 doctor or nurse
Coordination and administration	1 HRC coordinator 1 ERU CRC team leader 1 medical coordinator 1 Nursing Coordinator 1 administrator 1 logist 1 technician
Pharmacy staff	2 pharmacists 1 pharmacy dispatcher
Technical support staff	1 general technician 1 logistics 1 hygienist 7 Drivers 4 interpreters and translators 4 HRC volunteers

During the month of November and December 2020, the SESAL supported the ERU daily activities with doctors, nursing assistants, hygienists, pharmacists and in the delivery of medicines for chronic patients. Coordination is maintained with the health authorities in matters of statistical reports within the clinic.

<b>Main Health Problems</b>	<b>Clinical Health:</b> Dermatological diseases (skin mycosis), upper respiratory infections, acute diarrhea.
	<b>Mental Health:</b> Stress, Acute depression, Anxiety.
<b>Users</b>	Most women and people between 18 and 49 years old.
<b>Daily average</b>	70 to 100 patients per day.

Health care and community activities by age group and gender that have taken place from 27 November 2020 to 9 January 2021:

	Men	Women	Boys	Girls	Total
Primary health care and prevention.	700	1167	319	345	2531
Community work	1	425	13	10	449
<b>Total</b>	<b>701</b>	<b>1592</b>	<b>332</b>	<b>355</b>	<b>2980</b>

### Damage assessment to affected health facilities.

HRC participation in the intersectoral health board of Cortés, led by SESAL, and the Health Cluster led by PAHO, allowing to know the situation of the health centers of the department. Damage has been reported at 71 health centers.

In January 2021, with the support of the Water, Sanitation and Hygiene Promotion team, a visit to assess the general conditions of two health units that will benefit from donation of medical equipment and supplies and furniture was carried out. The conditions of the units were assessed, with the possibility of assisting with septic well cleaning or repair of water pumps.

Health Units	Conditions
Flores de Oriente, Lima	<ul style="list-style-type: none"> <li>It assists more than 5000 people.</li> <li>Inoperative, with damage in roofs, interruption of electricity and water service, in need of sanitation and cleaning (40cm of mud and debris in the surroundings).</li> </ul>
El Milagro, Villanueva	<ul style="list-style-type: none"> <li>It assists more than 11,000 people. It has the loss of most furniture, supplies, medicines and cold chain. There is no damage to physical structure, basic operational electricity and water services and cleaning work was done inside and outside it.</li> <li>It opened to provide services from Monday to Friday.</li> </ul>

### Acquisition and distribution of equipment and supplies to health facilities for the restoration of health services (including PPE)

Meetings were held with SESAL in December 2020 to report on support for the restoration of health services through the donation of medical equipment/supplies and furniture to three hurricane-affected health units. SESAL has provided the name of the establishments and requested support with this donation to the health centers of Flores de Oriente (La Lima) and El Milagro (Villanueva).

A survey has been conducted with health center managers to determine what are the real items need it, quantity and characteristics. In addition, it was requested to indicate the degree of priority of the need, with medium or low priority scales. Initiated requisition process to purchase any of the items.

#### **Outcome 3: Transmission of diseases with epidemic potential is reduced**

Indicators	Target	Reached
# families reached with health promotion activities	1,600	407

#### **Output 3.1: Target population is provided with community-based disease control and health promotion**

Indicators	Target	Reached
Evaluation of the needs in the field of CEV + CBS	1	1
# people reached through community-based epidemic prevention and control activities	3,300	2,830
# volunteers trained in CEV + CBS	250	Not started
# volunteers trained in First Aid.	250	10
# communities with an early warning system for dengue, malaria and COVID-19	15	Not started
# radio campaigns on epidemiological control	4	Not started

#### **Output 3.2: Increased knowledge of public health issues among the affected population and area.**

Indicators	Target	Reached
# people reached with CBHA activities	8,000	In progress
# volunteers and staff trained in CBHA	250	Not started
# volunteers and staff trained at CBHA	100	Not started
# radio campaigns on health promotion	3	Not started

#### **Advances of the results**

##### **Assessment of needs related to community-based surveillance.**

The need to support the national health service is perceived by facilitating community epidemiological surveillance. With the beginning of the emergency response in the Department of Cortés assessments and monitoring of the epidemiological situation, review of epidemiological bulletins, reports issued by PAHO, field visits and clinical ERU



activities were carried out. The HRC has evaluated 71 communities, through interviews to understand the health problems perceived by the community, with the aim of reducing and avoiding the risk of outbreaks or epidemics, through community training and epidemiological surveillance.

Increases in diarrhea have been reported two weeks after flooding in the municipalities of Villanueva, Puerto Cortés, Choloma, Santa Cruz de Yojoa and Omoa. The authorities have determined as a reason for the increase in diarrhea overpopulation in the areas mentioned above, limited access to healthy treated water conditions, and the need for awareness of correct hygiene habits.

The incidence of COVID-19 in Cortés is the highest in the country. In epidemiological week 51, health authorities reported an uptick in cases in vector-borne epidemiological diseases, with a concern about the possible under-registration of epidemiological information by the small number of health workers available to carry out community epidemiological monitoring and monitoring actions.

**Training in Epidemiological Control (ECV) and Community Based Surveillance for volunteers.**

The HRC is in the process of recruiting two health technicians to develop community and training actions in ECV and CBHFA. In the process of organizing online training with the regional health unit on epidemiological control, with possible realization at the end of January 2021. Requisitions for the purchase of ECV manuals to be provided to the participating volunteer have been submitted.

**Training in first aid for volunteers.**

In this reporting period, a first aid course was held for the drivers of vehicles used for the operation, which was attended by a total of 10 people. The course covered basic pre-hospital care, injuries, bleeding, burns, and muscular-skeletal injuries, with a theoretical and practical component. The course was carried out contemplating the security measures for COVID-19, maintaining social distance and carried out outdoors.

**Purchase of community-based surveillance equipment (phones or tablets)**

The funds have been obtained, requisition process to start. The devices will be used to document community activities and epidemiological surveillance in the community.

**Social mobilization and risk communication activities in affected community areas and shelters.**

The clinical ERU located in La Lima has organized activities in the area, on topics related to biosecurity, prevention of dengue, prevention and management of diarrhea in the home, issues of protection, gender and inclusion. Dengue prevention masks and brochures have also been delivered.

Activities carried out:

Department	Men	Women	Boys	Girls	Total
Cortés, Lima Manuel Bonilla school	0	29	13	10	52
Camino al padre church	0	28	0	0	28
ERU La Lima Clinic	0	300	0	0	300
HRC Branches in La Lima	1	6	0	0	7
Clinic ERU	0	20	0	0	20
Total	1	383	13	10	407

**Community radio and television campaigns**

HRC is organizing interventions to raise awareness on the prevention of vector-borne diseases (dengue, malaria and Zika) and the importance of COVID-19 prevention and mental health measures.

**Promoting health and hygiene in shelters and affected communities in coordination with the Wash sector.**

In a joint public health strategy with community approach, Health and WASH have carried out health and hygiene promotion activities to reduce health problems associated with hygiene, water storage, water consumption and menstrual hygiene practices, promoting inclusion in gender protection and psychosocial inclusion and support. Main topics:



Daily activities at the ERU La Lima Clinic. January 2021.  
Source: HRC

Menstrual hygiene- Reproductive health: Talks on prevention of domestic violence and resources available in case of violence have been provided to women and children. The activities have been carried out by focus groups at the ERU in La Lima, and in two shelters in the municipality. Delivery of women's dignity kits donated by UNFPA and women's towels, distributed as follows:

Department	Men	Women	Boys	Girls	Total
Cortés, Lima Manuel Bonilla School	0	29	13	10	51
Dios camino al padre church	0	28	0	0	28
Alfonso Córdova church	3	9	2	5	19
Total	3	66	15	15	98

**CBS: Implementation of early warning systems for dengue, malaria, diarrhea and COVID-19 in affected communities**

Application on community surveillance is being created, with the aim of engaging members of selected communities and volunteering to be trained in epidemiological surveillance systems and reporting of symptomatology cases associated with diarrhea, fever and COVID-19. Staff training planning will soon be contracted for the development of community interventions.

ERU EC promotes community surveillance actions on the main health problems addressed, through the daily report to CICOM of the Ministry of Health. The instrument used is the CICOM virtual system.

**CBHFA training for volunteers.**

Trainings to begin in April 2021. Volunteering is participating in community health activities carried out at the clinical ERU.

**CBHFA-training for trainers**

In the process of hiring health technicians, forecast for realization of activity in March 2021.

**Forming health committees in communities**

Community activity planning has been carried out and activity is being carried out, forecasting for completion in 2021.

**Coordination meetings with community leaders for the implementation of the CBHFA program.**

For taking place in February 2021, epidemiological control initiatives and the community-based health and first aid program initiated.

**Purchase of materials for community activities (thermometers, soap, first aid kit, etc.), purchase of PPE for activities.**

In preparation of requisitions for the purchase of PPE (surgical masks type IIR, nitrile gloves, facial screens and hydroalcoholic gel for the disinfection of the hands) and digital thermometers for volunteering, to be used in community activities.

**Preparation and printing of teaching and teaching materials.**

Printing of informational material on dengue prevention, distributed to users of the clinic and the Manuel Bonilla shelter in Lima. In the process of creating material to be used in community activities on issues of prevention of waterborne diseases (diarrhea and hepatitis) by vectors (dengue, Zika and malaria) and COVID-19.

**Community activities in shelters and communities.**

Following the analysis of the results of the multisectoral evaluation carried out by the HRC and IFRC in the first week of January 2021 in 71 communities in the Department of Cortes, the communities, and shelters in which the scheduled activities will be carried out in February 2021. In the period of this report, La Lima has been identified as a priority community, providing support with the clinical ERU and initiated assistance in the Manuel Bonilla shelter with activities of APS, PGI, Health promotion and hygiene. A total of 5 shelters have been visited where health promotion activities, talks on COVID-19 care, diarrhea and mental health were held. These have been the first approaches made in the field of CBHFA, a strategy is being considered to transfer the clinic where community activities will begin.

**Develop CBHFA operational plans for health committees.**

Forecast of start of activities in April 2021.

**Training community members on prioritized health issues, including the CBHFAC’S approach,**

Requisitions for the acquisition of CBHFA manuals have been submitted, for realization in March 2021.

**Monitoring and collecting/monitoring behavior changes at the community level**

In the process of creating forms to be used.

**Community-level awareness campaigns and shelters on emergency COVID-19 contagion prevention measures and diseases such as dengue, malaria and diarrhea**

The funds to carry out this activity have been raised, by initiating efforts to raise awareness of the importance of the use of PPEs to reduce COVID19 and prevention of dengue due to recent increase in cases.

**Outcome 3: The psychosocial impacts of the emergency are lessened**

Indicators	Target	Reached
# people reached by psychosocial support affected by the disaster	2,000	1,394

**Result 3.1: Psychosocial support provided to the target population, as well as to RCRC volunteers and staff**

Indicators	Target	Reached
Evaluation of psychosocial support needs carried out.	1	1
# volunteers trained in psychosocial support and psychological first aid	250	Not started
# psychosocial support kits delivered	1200	In progress
# radio campaigns on psychosocial support	1	Not started
# containment spaces in prioritized branches	2	Not started
# psychosocial support sessions for volunteers	4	17
# of people reached with psychosocial activities in community interventions.		1,394

**Advances in results**

**PSS needs assessment and community-available resources**

As a sequel to Tropical Storms Eta and Iota have presented social effects (loss of family and friends), economic (loss of sources of employment, structural (damaged roads, livelihoods), and related to mental health (uncertainty and fear of the population), making it difficult to establish coping mechanisms assertively. The approach of specialized professionals is a priority.

Risk analysis: Devastating health effects can be reflected emotionally, physically and socially, weakening the response to medium- and long-term needs. Effects on poverty, socio-political conflict, violence and COVID-19 threaten the population. Socially, migration is likely to increase as a viable option.

**Volunteer training in MHPSS and psychosocial first aid**

To strengthen the capacity of HRC volunteers and staff on mental health and psychosocial support issues, which will enable community needs to be met, as indicated in the Sphere Manual. Psychosocial care will be prioritized to volunteers through the Help the Helpers program and mitigation



Psychosocial Activities in a collective center. January 2021. Source: HRC

mechanisms. The training includes 6 sessions: (i) Group psychosocial support; (ii) Stress management; (iii) Self-pity; iv) Emotion management; (v). Peer-to-peer support and vi). Systematization of experience.

The program will be a tool for volunteers on compassion and prevention issues. The hosting is currently in the Municipalities of Chamelecón and Puerto Cortés. At the end of January 2021, it is expected to supplement with psychological first aid training and community PSS actions.

### **PSS services in collective centres with vulnerable groups**

In the shelters there have been reactions of denial, easy crying, ambivalence, among others. In response to these needs, we work separately with children and adults through group activities for the identification and expression of emotions and stress management, dissemination of information from comprehensive care organizations, among others. Psychosocial kits have been delivered to facilitate the management of free time, as a tool for the management of emotions, favouring collaborative activities in the sheltered population.

In joint activities with the ICRC, 1394 HRC psychosocial services have been provided, as detailed below:

Department	Men	Women	Boys	Girls	Total
Cortés	47	139	467	630	1283
Cortés /ERU Lima	22	64	11	14	111
<b>Total</b>	<b>69</b>	<b>203</b>	<b>478</b>	<b>644</b>	<b>1394</b>

### **Establish and maintain a referral system for complex cases to available mental health services**

An assessment of the mental health and protection resources available and operational in La Lima has been conducted by the Mental Health/Psychosocial Support (MHPSS) and Protection, Gender and Inclusion (PGI) teams of the ERU clinic and the HRC to establish an effective system to ensure the care and follow-up of complex cases identified. Few resources are available (services only at Hospital San Juan de Dios), which increases the psychological deterioration of patients and/or mental illness without a correct diagnosis and treatment.

The ERU Clinic Lima has attended and identified cases of domestic violence and protection, referred through the referral system (Municipal Women's Unit and Women's City) to receive comprehensive and timely care.

Individualized outpatient sessions have been conducted in specific cases, applying psychosocial support through emotional containment, stress management and grief.

### **Purchase and distribution of PSS kits for activities to affected populations**

During this period 500 psychosocial kits donated by the ICRC have been distributed through psychosocial activities in shelters in Puerto Cortés, Chamelecón, San Pedro Sula and La Lima. 700 kits for children and 400 kits for adults have been purchased.

### **Making and printing of PSS material**

Designs for the PSS brochures have been developed and will be included in the kits for children and adults, with messages and self-care techniques to prevent or manage stress.

### **Awareness-raising radio or tv campaigns**

In development of proposal on audio-visual messages for the promotion and attention to the SMAPS (Mental Health and Psychosocial Support) needs of the population.

### **Providing PSS to health personnel and volunteers**

Currently, self-care actions are being developed through psychosocial accompaniment to groups of volunteers of the HRC and SESAL, as described in the section **(Self-Care Days for HRC and SESAL staff)**.

Area	Men	Women	Total
Region 3 HRC volunteer staff	159	239	398
Departmental Health Region of Cortes	28	87	115
<b>Total</b>	<b>187</b>	<b>326</b>	<b>513</b>

### **Enabling self-care days for volunteers at priority branches**

The HRC is developing a proposal to enable self-care rooms in all branches, allowing spaces for rest, food and recreation for volunteers, enhancing physical and emotional well-being.

### Self-care days for HRC and Health staff

During this period, 513 sessions have been organized for HRC volunteers and SESAL staff. Self-care sessions have been developed through the methodology Help the Helpers, applied to the context of the emergency, achieving 398 attentions, 31 individualized sessions being 9 to men and 22 to women.

The conferences have been held in 8 Municipalities (Lima, Progreso, Puerto Cortés, Choloma, Villanueva, Pimienta, Potrerillos, Chamelecon). Specific groups have been attended together with SESAL staff: personnel who have been directly affected, municipal and departmental health authorities (17 individualized attention of 115 sessions addressed, 5M-12W).

### Establishment of a post-emergency, community-based psychosocial support program with vulnerable groups

In the process of hiring a psychologist who will implement community psychosocial support activities. Recruitment forecast for the end of January 2021.

### Identifying community spaces to perform PSS actions

In the process of evaluating the most vulnerable communities for intervention. Actions have been initiated in the ERU Clinic in La Lima, and in 2 shelters in the area.

### Community SSPs activities

Activity to be carried out from the fourth month of the Operation.

### Training communities in psychological first aid

In development, expected to start in February 2021. At the community level, the HRC will work with priority populations (children, women, older adults and community-based structures).



### Water, sanitation and hygiene

People assisted: 12,313

Men:

Women:

#### Outcome 1: Immediate reduction in the risk of waterborne and water-related diseases in targeted communities

Indicators	Target	Reached
# people who have access to safe water and sanitation infrastructure according to Sphere standards in the first two months of the emergency	30,000	12,313
<b>Output 1.1: Continuous assessment of the water, sanitation and hygiene situation is carried out in specific communities</b>		
Indicators	Target	Reached
Initial Water, Sanitation and Hygiene (WASH) Assessment		128
100 monitored communities on WASH issues	100	16
<b>Output 1.2: Daily access to safe drinking water which meets Sphere and WHO standards in terms of quantity and quality is provided to the target population</b>		
Indicators	Target	Reached
# people provided with drinking water services that meet agreed standards according to a specific operational and programmatic context	30,000	8,815
# volunteers and staff trained in WASH	250	66
# families receive water containers	10,000	1,297
<b>Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population</b>		
Indicators	Target	Reached

# of people with access to an improved sanitation facility (latrines and toilets equipped with hand washing, water and menstrual hygiene disposal facilities)	5,000	236
# of latrines installed or repaired	50	13
# of fumigated facilities/community campaigns	2	77
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of identification and use of hygiene items provided to the target population</b>		
<b>Indicators</b>	<b>Target</b>	<b>Reached</b>
# of families reached with hygiene items (at least with a cleaning kit or family hygiene kits)	7,500	1,889
# of people reached with key messages to promote personal and community hygiene	30,000	12,313
<b>Progress towards results</b>		
<p><b>Conduct an initial situation assessment and baseline analysis of the status of water, sanitation and hygiene in the selected communities.</b></p> <p>Emergency WASH Intervention</p> <p>At the beginning of the emergency, the HRC and WASH teams jointly evaluated the epicentre of the disaster located in the municipality of La Lima, where the centre for treatment and production of drinking water (Chulavista) was established and WASH services began to be provided to the "la Patria" shelter.</p> <p>Evaluation development:</p> <ul style="list-style-type: none"> <li>• Research on affected areas and opening of access to the communities.</li> <li>• Design of a monitoring questionnaire.</li> <li>• Selection of communities and incorporation into the evaluation agenda (as access to them is possible).</li> <li>• Location of community leaders (President of the board of trustees and water board).</li> <li>• Presentation and brief explanation about (HRC, objective and purpose of the visit, infrastructure of the community they want to visit, data that are necessary to collect).</li> <li>• Visual inspection of the community, while completing the evaluation questionnaire.</li> <li>• Final summary to the community leaders, about the following interventions to be carried out and the relevance of any action by HRC according to the needs detected.</li> <li>• Analysis of the information collected and recording.</li> </ul> <p>Safe water: The communities that have been visited have differed greatly in both size and characteristics. Some are temporary shelters with a limited number of families, while others are permanent settlements in urban areas of La Lima ("colonias") with a couple of thousand households. In addition, community villages in La Lima and adjacent municipalities have also been assessed. In deciding on possible interventions following the assessments, the balance has been to reach the most vulnerable groups, but at the same time to be as efficient as possible in distributing large quantities of drinking water. The tables below have listed the communities that have been chosen for interventions.</p> <p>At the close of this report approximately 35 communities have been assessed. In the coming weeks, new assessments will be made in communities that were previously almost impossible to reach due to flooding. These assessments will be planned according to the multi-sectoral assessment carried out by the Red Cross movement and also in coordination with the UNICEF-led WASH cluster.</p> <p>The communities which have been visited have differed largely in both size and characteristics. Some are temporary shelters with a limited number of families, whereas others are permanent settlements in urban areas of La Lima ("colonias") with a couple of thousand households. Additionally, community villages in both La Lima and adjacent municipalities have also been assessed. When deciding on possible interventions following the assessments, keeping the balance of reaching the most vulnerable groups, but at the same time being as efficient as possible in distributing large amounts of potable water, has been kept in mind. In the tables below the communities which have been chosen for interventions have been listed.</p> <p>However, approximately 35 communities have been assessed by the ERU M15/M40. In the next couple of weeks, further assessments will be made in communities which have previously been next to impossible to reach because</p>		

of the floods. These assessments will be planned in line with the multisectoral assessment done by the Red Cross movement and also in coordination with the WASH cluster headed by UNICEF.

Community	Period of the visit	Description
Chulavista	Early December	Good location for mass water production. Selected as hub for water distribution mainly through trucking.
La Patria	Early December	Temporary shelter without access to safe drinking water.
La Lima Central	Last week of November	Suitable site for water production, mainly to serve the Red Cross clinic.
Bulevar 1	Second week of December	Temporary shelter without safe Access to drinking water.
Bulevar 2	Second week of December	Temporary shelter without safe Access to drinking water.
Suyapa	Fourth week of December	Colonia en La Lima with limited Access to safe drinking water.
Flores del Oriente	Fourth week of December	Colonia en La Lima with limited Access to safe drinking water.
La Samaritana	Fourth week of December	Colonia en La Lima with limited Access to safe drinking water.
Guaruma	Third week of December	Colonia en La Lima with limited Access to safe drinking water.
Cruz de Valencia	First week of January	Colonia en La Lima with limited Access to safe drinking water.
La Lima HRC Branch	Third week of December	The office of the Honduran Red Cross in La Lima restored after the hurricanes.

Sanitation and hygiene: The first month, needs were evaluated in 4 temporary shelters and the Villanueva community, km. 86. Subsequently, structured evaluations were carried out in 2 shelters and 5 communities:

Community	Description
<b>22 de Junio</b>	<ol style="list-style-type: none"> <li>Number of participating staff and volunteers. <ul style="list-style-type: none"> <li>-2 MSM20 Delegates and a HRC Volunteer</li> </ul> </li> <li>Areas where the activity took place. <ul style="list-style-type: none"> <li>- Community housing, community well</li> </ul> </li> <li>Number of people reached (men, women, boys, girls). <ul style="list-style-type: none"> <li>-104 people</li> </ul> </li> <li>Any other relevant data of the activity. <ul style="list-style-type: none"> <li>-The community has no electricity so water cannot be pumped from private wells. There is a community well from which water is currently sucked in with a motor pump, as the groundwater level is very high (1.4m). A generator will need to be installed to run the submersible pump that will power an elevated tank that serves the community. The distribution network is also damaged and only serves water to 6 houses.</li> </ul> </li> </ol>
<b>La Samaritana</b>	<ol style="list-style-type: none"> <li>Number of participating staff and volunteers. <ul style="list-style-type: none"> <li>- 2 MSM20 Delegates and a HRC Volunteer</li> </ul> </li> <li>Areas where the activities took place <ul style="list-style-type: none"> <li>- Community housing, community well</li> </ul> </li> <li>Number of people reached (men, women, boys, girls) <ul style="list-style-type: none"> <li>- N/A</li> </ul> </li> <li>Any other relevant activity <ul style="list-style-type: none"> <li>- After the evaluation and a meeting with community leaders, they told us that their priorities were water, electricity and roofing sheets. And it was found that these were the real priorities.</li> </ul> </li> </ol>
<b>Los Limones</b>	<ol style="list-style-type: none"> <li>Number of participating staff and volunteers. <ul style="list-style-type: none"> <li>- 2 MSM20 Delegates and a HRC Volunteer</li> </ul> </li> <li>Areas where the activities took place <ul style="list-style-type: none"> <li>- Community housing, community well</li> </ul> </li> <li>Number of people reached (men, women, boys, girls) <ul style="list-style-type: none"> <li>-96 adults and 60 children.</li> </ul> </li> <li>Any other relevant activity <ul style="list-style-type: none"> <li>- The vast majority of homes have a septic tank latrine, with many damaged superstructures and some mud-filled pits. Some also have no structure. The community performs open defecation.</li> </ul> </li> </ol>
<b>Montevideo</b>	<ol style="list-style-type: none"> <li>Number of participating staff and volunteers. <ul style="list-style-type: none"> <li>- 2 MSM20 Delegates and a HRC Volunteer</li> </ul> </li> <li>Areas where the activities took place <ul style="list-style-type: none"> <li>- Community housing, community well</li> </ul> </li> <li>Number of people reached (men, women, boys, girls) <ul style="list-style-type: none"> <li>- 95 families y 325 people</li> </ul> </li> <li>Any other relevant activity <ul style="list-style-type: none"> <li>- The vast majority of homes have a septic tank latrine, with many damaged superstructures and some mud-filled pits. Some also have no structure. The community performs open defecation.</li> </ul> </li> </ol>
<b>Brisas del Norte</b>	<ol style="list-style-type: none"> <li>Number of participating staff and volunteers <ul style="list-style-type: none"> <li>- 2 MSM20 Delegates and a HRC Volunteer</li> </ul> </li> <li>Areas where the activities took place <ul style="list-style-type: none"> <li>- Community housing, community well</li> </ul> </li> <li>Number of people reached (men, women, boys, girls) <ul style="list-style-type: none"> <li>-783 families y 3900 people</li> </ul> </li> </ol>

4. Any other relevant side of the activity.  
- Any other relevant side of the activity.

Of the 71 communities evaluated, 12 have been selected for intervention for the recovery phase in the Water sector. A KOBO form will be developed in an integrated manner across sectors to obtain sector-focused information at the household level.



Distribution in three water treatment plants (La Lima central square, Chulavista and Santa Bárbara.). December 2020.  
Source: HRC

**Continuously monitor the water, sanitation and hygiene situation in selected communities**

During the visits to the communities and through the activities of maintenance and improvement of infrastructure at the water level, monitoring has been maintained through conversations with community leaders and families. We have been able to observe progress and new needs in order to adapt our response, and we will continue to make weekly visits to verify that the sanitation facilities are functioning and being used correctly, and to assess the management of solid waste after community clean-ups. The 10 water distribution points installed have also been monitored daily.

**Providing safe water to affected communities through installation of ERUM15 and M40 movement power plants and HRC SETA 3,000 plants, installation of tanks in communities and shelters, distribution of water trucks, complementing the water distribution systems in collaboration with water boards and distribution companies.**

So far, the focus of the interventions has been water production and distribution. Work on rehabilitation of previous systems has not yet begun, mainly because of flooded areas making cleaning and potential rehabilitation of wells impossible. At the main production site in Chulavista, water from the borehole is fed to two tanks for flocculation, pre-chlorination and sedimentation of 70 m<sup>3</sup> and 95m<sup>3</sup> respectively. The water then goes through a sand filter and a carbon filter for further purification. To increase production capacity two sets of each filter has been connected to the tanks. Further chlorination of the water is done before temporary storage in two 10 m<sup>3</sup> bladder tanks. The bladder tanks are used for filling the two trucks to carry water to the distribution points. In Chulavista there are also two 5m<sup>3</sup> bladder tanks for direct distribution to nearby La Patria and a tap stand right by Chulavista.

Currently 10 distribution points have been set up with a total capacity of just above 60m<sup>3</sup> of daily water consumption. Eight of these are reached by trucking and two are the ones right next to the production site (Chulavista and La Patria). However, for the time being just above 20m<sup>3</sup> is being consumed daily. Using an average of 10 liters per person per day, this means 2 000 people a day are reached; however, the distribution network covers a total population of approximately 8815 people.

An assessment of why consumption is low is planned to see what measures (if any) should be taken. The context is constantly changing with people moving back to their home communities from temporary shelters and the municipal utility services are working on re-establishing damaged distribution systems and providing temporary solutions. This is likely contributing to the situation with low consumption of the water provided.

Community	Service	Time period	Liters
Chulavista	Main production site for water and the hub for trucking.	From early December, ongoing.	
La Patria	Temporary shelter across the field from Chulavista. Water pumped from Chulavista production site to tap stands inside the perimeter of the shelter. Small, temporary shelter next to Chulavista also included in the number of litres.	From early December, ongoing.	78 000
La Lima Central	Second production site of water. Tap stands in central La Lima to be used by anyone in need, but the main purpose is to provide clean water to the Red Cross clinic next to the production site	From late November, ongoing	78 000
Bulevar 1	Temporary shelter at the boulevard between San Pedro Sula and La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From second week of December, ongoing	65 000

Bulevar 2	Temporary shelter at the boulevard between San Pedro Sula and La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From second week of December, ongoing	44 000
Suyapa	Colonia outside the centre of La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From fourth week of December, ongoing	23 000
Flores del Oriente	Colonia outside the centre of La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From fourth week of December, ongoing	24 000
La Samaritana	Colonia outside the centre of La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From fourth week of December, ongoing	93 000
Guaruma	Colonia outside the centre of La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From third week of December, ongoing	5 000
Cruz de Valencia	Colonia outside the centre of La Lima. Water provided by trucking from Chulavista. Water quantity and quality checked every day.	From first week of January, ongoing	1 000
La Lima HRC Branch	Potable water distributed to the Honduran Red Cross office in La Lima.	From third week of December, ongoing	6 000

This activity is in full execution in coordination with ERU M15/M40 and HRC until its scheduled departure in March 2021. A progressive transfer of skills and technical knowledge to the HRC team is currently underway as part of the ERU's exit strategy where the terms of the handover will be included:

- destination of the equipment
- possible continuation of part of the activity
- plan for use and maintenance of the equipment by the receiver
- process timeline
- agreements with equipment/material receivers.

This plan is defining the continuity of water production necessary to maintain essential activities of the operation such as ensuring water supply in those communities without access, until their regular well or water source can be rehabilitated, or at the Ferilima shelter (La Lima), which is scheduled for construction in January 2021, and which does not have access to water.

### Training volunteers on prioritized WASH topics

Seventeen volunteers from branches have been trained in basic hygiene promotion concepts and tools:

- Menstrual Hygiene
- Vector control
- IFRC guide on hygiene promotion
- Disease Prevention
- Psychosocial support
- Design of the intervention plan in shelters



Laboratory training done with 6 Volunteers (3 from La Lima, 3 from Villanueva. December 2020. Source: IFRC

Municipalities	Men	Women	Total
Villanueva, Chamelecón, Pimienta, San Manuel y Potrerillos	10	7	17

A two-day training was given to 20 volunteers from the Honduran Red Cross on both the Spanish SETA water production unit and the Berkesfeld unit. The focus was on mass water production and storage. The training was partly theoretical, but mainly practical. All different parts of the units, such as pumps, generators, tanks and filters were assembled and used by the participants. Additionally, calculation and preparation of chemicals for flocculation and chlorination was done by the participants. The whole process from pumping water from a borehole to converting and storing clean and safe drinking water was covered. This will be followed up through a simulation exercise in the field with 10 of the 20 volunteers.

Municipalities	Men	Women	Total
Potrerillos, Pimienta, san Manuel, Villanueva, La Lima, Puerto Cortés, San Pedro Sula	16	4	20

With the entrance to the communities, the training program for hygiene promoters was reconfigured, with the provision of tools and capacities for the implementation of a strategy adapted to the context and based on the Methodology for the Participatory Transformation of Hygiene Habits in the Population (PHAST) in emergencies/recovery phase with the following program:

- What is hygiene promotion and why is it important in emergencies?
- Common errors in hygiene promotion in emergencies
- Introduction to the PHAST method and the use of its tools.
- Key issues in hygiene promotion
- The HRC Hygiene Promotion Team.

The duration of the training was one day from 8:30 am to 4:00 pm. So far the training has been given on 2 occasions for volunteers from 6 branches and two more are planned for trained volunteers from the remaining Municipalities in the Department of Cortés.

Municipalities	Men	Women	Total
Puerto Cortés/ Choloma/Omoa	6	8	14
La Lima / El progreso / San Manuel	7	8	15

In addition, the WASH team has analysed and identified the number of volunteers needed to ensure the proper implementation of the recovery phase. These volunteers should receive training specific to the teams and activities to which they are assigned.

### Buying and adapting containers for water storage (10,000 jerrycans)

During the distributions, a total of 2594 collapsible drums of 10 liters each have been delivered. It has been possible to reach a total of 1297 families who have received 2 jerry cans each.

Community	Household	Persons	Men	Women
Chamelecón Municipality	27	135	66	69
Chamelecón Municipality	54	270	132	138
La Lima Municipality	70	350	172	179
Puerto Cortes Municipality	4	20	10	10
Colegio de Periodistas	14	70	34	36
San Jorge	160	800	392	408
El Patria	120	600	294	306
José santos Guardiola	50	250	123	128
San Anthony	10	50	25	26
Naranjito	200	1000	490	510
Santa Bárbara	78	390	191	199
San Luis	200	1000	490	510
San Nicolás	210	1050	515	536
Arada	100	500	245	255
<b>Total</b>	<b>1297</b>	<b>6485</b>	<b>3178</b>	<b>3307</b>

As of January 8, 2021, there are 3434 10-liter collapsible drums left in the warehouse and 4800 are about to arrive in San Pedro Sula, so it is estimated that the target of purchasing and distributing 10,000 drums for water storage will be met.

In coordination with the relief team, it has been estimated that where distributions have not been made, the distribution of water storage containers should be ensured, according to Sphere standards. These containers will complement the planned safe water access kits.

### Service satisfaction surveys delivered

To date, no formal system for accountability to beneficiaries has been implemented to measure the level of satisfaction with respect to the activities and services provided. An initial assessment of water consumption at the different distribution points is planned in order to understand additional needs and why consumption at quite a few distribution points is relatively low.

As mentioned in the previous section, two accountability tools have been implemented within the recovery phase:

- ODK/KOBO form for measuring community satisfaction with the WASH intervention applicable to the different activities planned and whose data can show the level of satisfaction and impact to be monitored. The hygiene promotion team, with the support of volunteers trained in the KOBO/ODK tool, will ensure the application of this tool.
- For receiving and responding to comments/suggestions it will be used the communication tool "whatsapp" to implement a "Virtual suggestion box" where beneficiaries can make their opinions, suggestions or doubts.

The pilot project was launched during the week of January 4-11 with the aim of improving, strengthening management capacity and seeing how, together with the information management team, it can be extrapolated in a practical way to the entire operation. A hygiene promoter will be the focal point for the management of the direct communication tool with the communities. The system is currently being implemented, so there is no data to report yet.

### **Deployment of ERU M15 + M40 for water treatment + MSM20 for mass sanitation**

The ERU (Emergency Response Unit) M15+40 and the MSM20, in support of the HRC, have been deployed to the department of Cortés, since November 20, 2020, to aid in Water, Sanitation and Hygiene Promotion to the affected population of the country after the passage of hurricanes ETA/IOTA.

The ERU units are aiding in the municipalities of La Lima, San Manuel, Choloma, Villanueva, San Pedro Sula, Puerto Cortés, working from 8 am to 4 pm, respecting the biosecurity and safety measures issued by the Government of Honduras, in response to the COVID-19 pandemic.

The ERU M15+M40 unit has its location for the collection, treatment, storage and distribution of water in the district of Chulavista, municipality of La Lima, where the communities or districts of Samaritano, Flores de Oriente, Suyapa, Guaruma 1, settlements of families on roads, Club de Valencia, La Patria shelter and Chulavista, where in each of these sites there is a water point of safe water for affected families.

The MSM20 ERU unit is providing assistance in sanitation, hygiene promotion, in shelters and communities in the municipalities of La Lima, San Manuel, Choloma, where showers, washing basins, gray water drainage, covering with tape in areas with stagnant water and supporting the rehabilitation of household latrines have been installed. From the beginning, we have been working hand in hand with the HRC volunteers. A total of 20 volunteers have been trained and support in the different lines of intervention that both work. It is expected that the ERUs will no longer be on the ground in February 2021. HRC has hired its own team with technical coordination profiles to continue managing the WASH program, weekly meetings are held between the ERUs and the local team to identify continuity of actions.

### **Repair of toilets/ latrines in collective centers, or at the community level**

Through the visits in the different temporary shelters, the intervention areas have been selected, taking into account the shelters that did not have the support of any actor in the WASH area.

In the communities in Brisas del Norte (Choloma) and Montevideo (La Lima), the rehabilitation of latrines is being carried out, which will be granted to families whose sanitary infrastructures. Criteria will be established in collaboration with the housing sector to determine households that will receive support for latrine rehabilitation through a cash transfer program. Nine toilets have been installed in Puerto Cortés in the Macro shelter, to provide sufficient sanitation infrastructure according to the standards of the sphere. At the Nuestra Señora de Guadalupe Shelter, 4 latrines were installed to cover the needs of the population while the construction of a new septic tank was underway, given that it has been technically not viable to repair the one that was in use at this shelter.

Other work to improve sanitation in shelters:

<b>Community</b>	<b>Repairs Performed</b>	<b>Households</b>	<b>Persons</b>	<b>Men</b>	<b>Women</b>
La Patria	Sanitation network, manholes and drains	132	660	323	337
Manuel Bonilla	Sanitation network, manholes and drains	34	170	83	87
N S Guadalupe	Drainage, New Septic Tank	45	225	110	115
<b>Total</b>		<b>211</b>	<b>1055</b>	<b>517</b>	<b>538</b>

**Install hand washing facilities - and provide water or cleaning materials and the necessary for menstrual hygiene arrangements - and ensure that they remain operational.**

The schools, being used mainly as temporary shelters, have a sufficiently high number of water points to meet the Sphere standards. It has been verified that in some sectors even the number of water points is excessive, posing a problem in terms of vector control. On the contrary, showers, batteries and clotheslines have been installed:

Community	Piles	Showers	Tents	Household/ Families	Persons	Men	Women
La Patria	2	9	4	132	660	323	337
Manuel Bonilla	5	7	2	34	170	83	87
N S Guadalupe	3	4	2	45	225	110	115
Puerto Cortés	3	9	2	67	335	164	171
<b>Total</b>	<b>13</b>	<b>29</b>	<b>10</b>	<b>278</b>	<b>1390</b>	<b>681</b>	<b>709</b>

As a complement to hygiene promotion activities (women's colloquiums on menstrual hygiene), menstrual hygiene kits have been distributed to ensure access to menstrual hygiene products for women in temporary shelters.

**Community cleaning, drainage and solid-waste disposal days in selected communities and collective centers**

This activity is being carried out in the community of Brisas del Norte (Choloma), through direct actions to achieve visible and immediate results. Coordination is carried out with the Municipality, which provides machinery, and the local Municipality, which assists the activities with its volunteers.

Community	Households	Persons	Men	Women
Brisas del Norte	783	3915	1918	1997
La lima (Albergue La Patria)	132	660	323	337
La Lima (Albergue Manel Bonilla)	34	170	83	87
San Manuel (Albergue "D. J.A.H. Córdoba")	45	225	110	115
<b>Total</b>	<b>994</b>	<b>4970</b>	<b>2435</b>	<b>2535</b>

**Vector control and fumigation campaigns in prioritized communities**

This activity is among the regular programs of HRC, which has the experience and capacity to continue supporting the municipalities and SESAL in the fumigation campaigns. HRC provides a team of volunteers already trained and operational before the emergency and the equipment. The products are usually prepared and handed over by the municipality, whose environmental health technician accompanies and supervises the HRC team. As part of the operation, the fumigation teams have been provided with new thermo sprayers and personal protection equipment. The fumigation team has carried out a total of 77 interventions to date.

Due to high demand from municipalities and the urgency to fumigate the greatest number of communities, shelters and public buildings to avoid the proliferation of vectors after the passage of hurricanes ETA & IOTA, the fumigations have not been able to be integrated into awareness activities that guarantee the participation and change of practices by the population for vector control.

**Campaigns with key messages for vector disease control**

The planned vector control strategy within the environmental health intervention in communities is composed of 4 main activities:

- Improvement of drainage systems to prevent the accumulation of water.
- Drainage of existing standing waters near households (observed insect breeding site)
- Continued support to municipal authorities in coordination with SESAL (Health Secretary) in its programme of community spraying in homes and public places.
- Hygiene promotion activities on vector control activities (safe storage of water, drainage practices)

As part of the pillar, these campaigns seek to raise awareness for vector disease control in shelters and communities. The campaigns consist of thematic sessions, which are part of a broad strategy of hygiene promotion and transformation of environmental sanitation conditions (PHAST methodology adapted to recovery) and the dissemination of key messages on

- Safe water storage to avoid vector breeding
- Drainage practices to avoid water accumulation
- Vector-borne disease information

In support of the implementation of this activity, the elaboration of an Activity Sheet is foreseen: Awareness raising for the control of vectorial diseases, as well as the design and printing of IEC materials appropriate to the context.

A total of 10,248 people has participated in the vector disease control campaigns.

**Assessment and baseline creation of hygiene needs household items, including soap, water storage and menstrual hygiene for each community, based on health risks and user preferences in the target communities**

Since the beginning of the operation, HRC has had a general basic package, distributed to all the population of the identified communities. This mode of operation has proven to be the quickest and most effective way to reach the affected population and cover basic needs at once. This package includes:

- a family cleaning kit,
- a hygiene kit to cover the needs of 5 people for one month,
- 2 collapsible jerry cans.

On the other hand, the affected communities share customs and habits, so it was not appropriate to implement a process of registration of specific needs shelter by shelter, but a unified strategy of intervention in all of them.

On the other hand, based on the needs identified and as a complement to the relief team distributions, the hygiene promotion team has carried out activities on menstrual hygiene management accompanied by the distribution of menstrual hygiene kits, reaching 1882 women.

Municipality	Shelter	Women
Choloma	Jose Trinidad Cabañas	36
	Jardines del Norte	25
	Iglesia Jardines	30
	Comunidad	115
Villanueva	Fco. Marañón	105
	Luis Bodrán	155
	Milagro	208
	Petronila barrios	50
	José c. Del valle	47
	Iglesia evangélica	24
	Iglesia cuadrículada	48
	Escuela fraternidad	20
	Esc. Unión y fuerza	30
	E. Alberto Barahona	60
Villanueva communities	Kilometro 86	115
	Petronila	53
	Bellavista	155
Chamelecon	Fidelina cerro	118
	San Antonio	76
	Centro básico Iempira	67
	Melvin cerrada	11
	Esteban pinada	25
	Jerónimo Sandoval	19

	Chotepe	10
	Iglesia e. Menonita	20
	Chamelecon Municipality	8
La Lima	Iglesia de dios	22
Puerto Cortés	Macro albergue	47
Total		1699

Distributions of the core package by the relief team will continue in the communities identified in the multi-sectoral assessment. This activity will be the entry point to the communities identified for a multi-sectoral intervention. To address weaknesses in the way the emergency phase has proceeded, two key actions are foreseen in the recovery phase:

- Distribution plans will be coordinated with the sanitation team. This action should be carried out in a regular way and started as soon as possible. Further coordination with the hygiene promotion team is needed to coordinate deliveries and ensure, as far as possible, the presence of hygiene promoters in the recipient communities.
- WASH teams will take a more active role in identifying needs for hygiene items and water. The possibility of purchasing hygiene kits or items complementary to those already distributed that contribute to the improvement of the water, sanitation and hygiene situation in the community is envisaged.

#### Acquisition and distribution of 5,000 cleaning kits

1,223 cleaning kits to a total of 1,223 families have been distributed since the beginning of the emergency, as follows

Community	Household	Persons	Men	Women
Chamelecón Municipality	27	135	66	69
La Lima Municipality	33	165	81	84
Puerto Cortes Municipality	2	10	5	5
Colegio de Periodistas	14	70	34	36
San Jorge	420	2100	1029	1071
El Patria	147	735	360	375
José Santos Guardiola	25	125	61	64
San Anthony	5	25	12	13
Naranjito	100	500	245	255
Santa Bárbara	140	700	343	357
San Luis	100	500	245	255
San Nicolás	110	550	270	281
Arada	100	500	245	255
<b>Total</b>	<b>1223</b>	<b>6115</b>	<b>2996</b>	<b>3119</b>

In the process of evaluating with the relief team the relevance of distributing 1277 more clean-up kits to reach the target of 5000. With the market functioning normally and the possibility of adapting the kits to the needs of the moment and local preferences, it is being reviewed to distribute more cleaning kits through a CVA program.

#### Acquisition and distribution of 7,500 family personal hygiene kits

Since the beginning of the emergency, and along with other kits (cleaning, kitchen, tools, among others), a total of 1889 hygiene kits have been distributed to the same number of families. These kits cover the needs of families of 5 people for one month.

Community	Household	Persons	Men	Women
Esc. Manuel Bonilla	45	225	110	115

Guadalupean	25	125	61	64
José Santos Guardiola	10	50	25	26
San Anthony	5	25	12	13
Macro Albergue	80	400	196	204
Puerto Cortes Municipality	2	10	5	5
La Lima Municipality	30	150	74	77
Chamelecón Municipality	27	135	66	69
Colegio de Periodistas	14	70	34	36
San Jorge	420	2100	1029	1071
Patria	150	750	368	383
Esc. Manuel Bonilla	70	350	172	179
Guadalupano	35	175	86	89
José Santos Guardiola	25	125	61	64
San Anthony	5	25	12	13
Chula vista	23	115	56	59
Finca Kilometro 71	75	375	184	191
Colonia Los Coquitos	75	375	184	191
Colonia Las Hamacas	75	375	184	191
Colonia 15 de Septiembre	19	95	47	48
Guadalupe	60	300	147	153
Comunidad 22 de Junio	69	345	169	176
Naranjito	100	500	245	255
Santa Bárbara	140	700	343	357
San Luis	100	500	245	255
San Nicolás	110	550	270	281
Arada	100	500	245	255
<b>Total</b>	<b>1889</b>	<b>9445</b>	<b>4628</b>	<b>4817</b>

The hygiene promotion team has also distributed 1813 menstrual hygiene kits during menstrual hygiene management sessions held in shelters and communities.

**Activities of the intervention strategy activities for hygiene promotion in the emergency phase aimed at the population of communities and staff managing shelters in the use of hygiene kits and key messages.**

In the emergency phase, the fundamental lines of intervention have been menstrual hygiene (1882 women), incontinence (183 families/children) and vector control (10248 people) in the shelters of the affected communities.

Municipality	Shelter	Children
La Lima	Albergue Patria	80
	Antonio Bonilla Esteban	32
	Guardiola	26
	Guadalupano	45

**Train volunteers for the development of the intervention strategy of the PHAST**

In order to work with communities to improve sanitation and hygiene habits, a strategy will be developed based on the PHAST methodology. A faster version adapted to the early recovery context is being developed to enable us to intervene in several communities with clear objectives and activities. To do this, we will take as a reference the PHAST manual in emergencies that will help us to speed up the methodology, shorten the implementation times (from the usual 6 months to 10 weeks per community) and will facilitate the training and formation of the hygiene promotion teams. The implementation of this methodology will introduce and prepare the community in its participation in the rehabilitation of the home health infrastructure proposed through a PTM. This methodology is being adapted to the

schedule and context. The necessary resources for its application in all the identified communities should be included in the budget of the operation.

### Assess progress and results of the intervention strategy in hygiene promotion

As detailed above, before starting work in a community, sanitation and hygiene teams will conduct a household WASH information survey to:

- plan the intervention adapted to the context and needs of the community
- obtain a baseline, a snapshot of what the hygiene and sanitation situation is before implementing the intervention based on the following indicators

After completion of activities in the community (estimated time 10-12 weeks), baseline indicators will be re-measured to visualize progress and results of the WASH intervention.

Assessment indicators list:

% houses have the capacity to store clean water safely (There are containers with lids and clean)

% know at least 3 critical moments for hand washing

% know at least three barriers to prevent oral fecal contamination.

% houses with vector nests in the vicinity

% houses with standing water

% of households with functioning handwashing points and soap

% houses with no waste on their property

% of households with no water-related disease symptoms in the last week

% of toilets in use

#### Outcome 2: Sustainable reduction of the risk of waterborne and water-related diseases in specific communities in the recovery phase

Indicators	Target	Actual
# of families that reduce the risk of waterborne disease	10,000	In process

#### Output 2.1: Community managed water sources giving access to safe water is provided to target population

Indicators	Target	Actual
Assessment of needs and damage to community water systems	1	1
# of repaired pumping facilities in community water systems	30	In process
# of people provided with drinking water services that meet agreed standards according to a specific operational and programmatic context	50,000	In process
# of families receive water access kits	200	In process
# of cleaned and disinfected water wells	20	Not started

#### Output 2.2: Improved access and use of adequate sanitation by the target population is provided to the target population

Indicators	Target	Actual
# of hand washing facilities installed or repaired	3,000	13
# of latrines installed or repaired	3,000	45

#### Output 2.3: Hygiene promotion activities are provided to the entire affected population.

Indicators	Target	Actual
# of people reached with key messages to promote personal and community hygiene	75,000	In process
of days of community cleaning, drainage and solid waste management	100	10

#### Progress towards results

Due to the high-water levels, the work to recover the wells has not yet begun. It is estimated that the recovery phase will begin to be fully implemented from the fourth week of January 2021. As part of this transition period, the teams are implementing pilot activities similar to those proposed in the recovery phase, in order to better understand the context, improve approaches, strengthen the capacities of the teams and, above all, cover the pressing needs in vulnerable communities.

#### Assessment of damage needs and baseline created on community water systems. Special school program.

The assessment of damaged water production and distribution systems has only just begun. Production and distribution of water was prioritized during the first weeks of the mission, but the more the situation returns to normal in the sense of water levels and

accessibility, the more it will be possible to rehabilitate and restore previous systems to support a long-term recovery from the damage caused by the hurricanes. From the assessments already carried out, the team has some idea of previous water systems, but further technical assessments will be needed to properly understand the situation in each community and decide on potential interventions.

A form has been developed to evaluate the state of the community source and distribution network, including a section on school water systems. The information collected should be sufficient to decide whether an intervention in the community is needed and to determine a work plan for the rehabilitation/cleaning of the water system.

Any assessment should involve the community and its Water Board, with whom the system will be reviewed and community input into the work will be agreed upon. The targeting criteria to be used to prioritize the water systems for repair are to be defined once the assessments in the communities are in an advanced stage. Until now, it has been observed the most impacted water systems are found in peri urban and rural communities (especially those that have been inaccessible until now). These communities do normally count on a main source (usually a borehole) managed by a Water Board (WASH Committee) that supplies water to most of the households through a distribution network. Most of these boreholes are completely or partially damaged (and polluted) and the Water Board do not have the resources to initiate the repair.

Having that in consideration, several criteria are being considered (not yet decided) to prioritize the repair of a water system in a community:

- No access for water trucks (priority).
- The community does not have access to drinking water.
- It is the only safe water source for more than 80% of the households in the community.
- The community has over 100 families (preferred).
- The Water Board is/was operational and well considered by the community (preferred). Capacity strengthening of the Water Board will be part of the repair process.
- The community is counting on temporary unsustainable safe water supply solutions (communities where IFRC has installed a distribution point).
- The water system is the only access to safe water for healthcare facilities and schools.
- Sanitation and hygiene needs are high, so the water system repair would be part of an integrated WASH intervention (preferred).
- After the assessments are conducted in the community, a multisectoral intervention with shelter, health and livelihoods are being considered (preferred).

#### **Repair of pumping facilities for community water systems from diagnostics in selected communities**

Based on the data collected in the assessments and for each of the communities identified, a Work Plan for the rehabilitation of the water system will be developed and contained:

- Job description
- materials needed BoQ (to buy)
- Calendar
- Training sessions for the Water Board

HRC will provide some of the materials/equipment and technical support to the Water Board. For the technical works HRC will contract the services of companies specialized in the installation, maintenance and repair of pumping systems.

It is planned to start supporting the water boards of those communities where a water distribution point has been installed in order to end the dependence of the community on this emergency solution and to allow them to recover their sustainable water source. In addition, the water team plans to intervene in all the communities selected after the multi-sector assessment, as well as in communities that are identified as having problems of self-supply. The target of supporting 30 communities to rehabilitate and "build back better" their water systems is expected to be maintained.

The water team will develop a guide for the organization, planning and execution of the activity adapted to the operation and the context in which it takes place.

#### **Delivery of 200 safe water kits for families in prioritized communities.**

As previously explained, it is planned safe storage containers (jerry cans) will be distributed to households in communities where the WASH intervention will take place. The distribution of a small number of kits has been planned to support the access to safe water of households. Based on the preliminary information we have collected

during the assessments in the communities, IFRC is proposing to provide these kits in communities where the water system is going to be cleaned/rehabilitated but there is a high risk of crossed contamination of water after collection. The Safe storage container might be completed with filters and/or chlorination tablets.

The exact content of kits will be determined after harmonizing the approach with other WASH partners, assessing the market availability of products and receiving feedback from the HP teams on the most effective and best accepted household water treatment practices. Considering the program is aiming to reach communities with a total number of households of 3000, it is estimated the 200 kits planned are going to be insufficient to meet the needs. A budgetary increase is foreseen in the future if necessary.

### **Cleaning water wells**

Following the planned technical assessment of water production systems in damaged and vulnerable communities, longer term intervention will be proposed. It is expected that the most common intervention will be cleaning and possible rehabilitation of contaminated wells. Six sets of equipment for cleaning and chlorination of wells have been purchased.

The team aims to set up four teams of four persons each, mainly Red Cross volunteers, during the next six weeks. Training is planned to be carried out (in part) jointly with Aguas de La Lima to learn from their experience and also to coordinate activities with the municipal utility company. The four teams will not be set up immediately, but rather a training of training approach and learning by working in the field is foreseen. The four teams are expected to be fully up and running at the end of February.

Cleaning and chlorination will make the wells produce safe drinking water, Once the ERU M15 leaves, the four teams trained in well cleaning are expected to continue activities. Throughout the entire process close coordination will be kept with the WASH Cluster in which ADRA has been appointed as lead for well cleaning.

### **Equipment to community structures for water monitoring and treatment**

The community structures will be included in the monitoring and sample taking process as part of the water quality monitoring plan. The approach will be harmonized with those being implemented in the area by other WASH actors.

### **Training community structures water boards, CODEL, Board of Trustees in the management of water supplies and the operation and maintenance of the infrastructure.**

Water Boards are management bodies for water systems that were already constituted and operational before the passage of hurricanes ETA & IOTA. They usually have good management capacities and are well organized, while the biggest weakness identified is the lack of resources. With the income they received from the user families, they were able to carry out daily maintenance of the well, pay electricity bills and professional services, as well as small repairs and spare parts. However, in most cases they do not have the financial capacity to deal with the damage caused by this disaster.

Considering the heterogeneity of water boards, in addition to financial and technical support for well rehabilitation, a process of training and practice-based education is foreseen to identify other needs.

The Water Boards, together with members of the CODELs (Local Emergency Committee), will be involved from the first moment of the rehabilitation process. They will be part of the technical assessment of the damage to the well and the distribution network. With them, the work plan will be elaborated and their contribution (or that of the community) to it will be negotiated at all times. Subsequently, the Water Board will have to be part of the rehabilitation and cleaning works of the well in order to reinforce the technical knowledge that will allow them to carry out an adequate maintenance.

Other trainings that can help the community to carry out a more efficient management and they will be supported in the planning of the next steps in the improvement of the distribution network, including the school.

### **Support or encourage the construction and maintenance of handwashing facilities in selected communities (materials or PTE) With special programs in schools**

The people of the community wash their hands, kitchen utensils and clothes in the sink installed in each home, which is regularly equipped with soap. In some communities, there are community sinks where several families share a water point. The basin is the point of hygiene and cleanliness of all elements of family life, groups all domestic water

uses in a single infrastructure, which from the point of view of vector control reduces the chances of mosquito breeding.

It would be more effective and easier to influence proper maintenance of the basin (always have soap, wash it periodically and cover it to avoid vector nests) and to link it to a more frequent use for handwashing, than to try to introduce new habits referred to infrastructure, the handwashing basin, which usually people of the community do not have. With this in mind, it is planned to support the families receiving support for the rehabilitation of their sanitary infrastructure with an extraordinary amount within the MTP to encourage the rehabilitation, maintenance and promotion of the sink as a handwashing facility (See activity: Mobilizing target communities to build latrines and carry out environmental sanitation activities. With special programs in schools)

### **Mobilize target communities to build latrines and carry out environmental sanitation activities with special programs in schools**

IFRC is planning to use CVA to support the identified families in the prioritized communities repairing the damaged sanitation infrastructure.

The initial assessments are showing damaged shelters do also have the sanitation infrastructure damaged, so the CVA will consist of 2 integrated parts: shelter repair and latrine repair. Both interventions will be designed and planned simultaneously looking for synergies that will reduce costs and generate a greater impact in the community. Common activities to fasten processes will be identified (such as tools distribution, construction training, monitoring...)

The CVA to repair the sanitation infrastructure will also be designed to stand alone to reach communities where the shelter intervention might not be suitable and considering IFRC is planning to support more families repairing their latrines than repairing their shelter. The IFRC CASH team has arrived in Cortés to support the planning of the CVA interventions and the fulfilment of the required steps to make it happen.

At present, IFRC and CRH sanitation team are already pre-assessing markets and making some estimates of costs involved in repairing latrines (and sinks) in an improved and resilient manner identifying different degrees of damage (destroyed, septic tank/pit damage, superstructure, roofing...). A priori, these levels of damage would determine the subsidy and support to be received.

While waiting to carry out the Market Assessment and deciding the exact intervention considering beneficiary preferences, approaches proposed by WASH sector in the country, technical assessments, the broad lines on how the CVA supporting the sanitation intervention would look can be presented:

- Ideally the shelter and the sanitation intervention will target the same communities
- A form to collect and assess damages in shelter and latrines at household level will be created.
- Different levels of subsidies considering different levels of damage
- Support in CASH/Vouchers will be conditional and restricted.

#### **Conditionality:**

- First installment after attending a construction induction/training
- Second installment after reaching a determined step on the construction/repair process (to be determined)
- Once the latrine is repaired and ready for use, the roofing will be given in kind.

#### **Restriction:**

- Cash/Voucher will be spent in identified stores in a selection of items allowing a certain degree of choice.

The approach for repairs of household latrines will be as much harmonized as possible with similar interventions in the area. The participation of the Red Cross in the TWG organized for that purpose will be essential.

A pilot project on improved latrines rehabilitation in affected communities is being implemented by the sanitation team in Brisas del Norte, Choloma. A total of 45 families are receiving a latrine rehabilitation kit and technical guidance.

Community	Households	Persons	Men	Women
Brisas del Norte	45	225	110	115

Schools will also be considered a priority when launching an integrated WASH intervention in the selected communities. The final objective will be building back better in a resilient manner the water and sanitation

infrastructure at the schools. At present, the works to rehabilitate the water and sanitation infrastructure in 2 shelters “Manuel Bonilla” & “La Patria”) are being contracted.

**Training to promote basic sanitation to basic community structures: water gaskets, board, CODELES and health committees on wastewater management methods, solid waste management and hygiene and control.**

The sanitation and hygiene promotion team will organize brief technical inductions for Water Boards, school personnel and CODELES to equip them with basic tools and knowledge to ensure proper waste management, drainage or vector control in their respective positions.

**Community clean up, drainage and solid waste campaigns in selected communities**



Community cleaning days at “Doctor José Alfonso Hernández Córdova” shelter. January 2021.  
Source: HRC

Unlike the cleaning and drainage days carried out in the emergency phase, the community campaigns will complement the strategy for the participatory transformation of sanitation and hygiene habits in the population. This activity will have a longer preparation period to guarantee the participation and awareness of the community with messages that contribute to the maintenance of a healthy environment after the activity.

The logistics will not vary from the clean-up days, but the hygiene promotion team (hygiene promoter and 2 PHAST trained volunteers) will play a crucial role in working with the community to organize the campaign and identify the approach and messages to be included.

Activities for the population and shelter staff in hygiene promotion (hand washing, water treatment, waste management).

All the activities carried out by the WASH sector in the framework of the ETA & IOTA operation have scrupulously followed the protection measures against COVID-19 as well as the recommended safety measures to minimize the risks in the context of the intervention areas. Protective measures (covid-19) taken:

- Masks, social distance in the community, and in vehicles, frequent hand sanitizing with hydro-alcohol.
- Handwashing with soap and water whenever possible.
- Protective equipment for individual use.
- Safety measures taken (the following safety measures are routinely maintained):
- Both delegates and volunteers will always be institutionally identified.
- No member of the identification team will be left at any time alone or isolated from the group.
- Cell phones must always have a sufficient battery from the departure to the return. At least 1 power bank and a charging cable must be carried.
- The vehicle will always remain in view of the assessment team, and the driver will remain close to it and attentive to any risk situation requiring rapid evacuation from the area.
- The first action upon arrival in the community will be the identification of community leaders.
- Any risk situation will automatically terminate the assessment and leave the community.

**Activities for the population and shelter staff in hygiene promotion (hand washing, water treatment, waste management)**

As part of the previously explained participatory strategy aiming to improve the hygiene and sanitation situation in the affected communities (and standing temporary shelters), the hygiene promotion team will dedicate a total of 6 sessions to involve the community as an active actor for change. The key messages on similar topics treated during the emergency phase will be approached differently through an organised 6-step methodology looking for real engagement and change. Hand washing, waste management & vector control, water treatment and storage, within other topics, will be discussed and targeted through structured and organised activities on:

- Community health issues
- Water and Sanitation Community Map
- Good and bad hygienic habits/behaviours
- How do the diseases spread?
- How to stop the spread of diseases

- Barrier selection
- Choosing the right hygienic and healthy behaviours

The water production team will offer a special support in working with the community on household water treatment and storage. To finalize, the HP team is also planning to continue organizing MHM sessions that will complete the previous activities and reinforce the work done during the emergency phase in this direction.



## Protection, Gender and Social Inclusion

People assisted: N/A

Men:

Women:

**Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.**

Indicators	Target	Actual
# Community structures that implement actions to include and protect vulnerable populations	8	Not started

**Output 1.1: Programmes and operations ensure safe and equitable delivery of basic services, taking into account different needs based on gender and diversity factors.**

Indicators	Target	Actual
Needs assessment carried out	1	1
# Youth networks that develop culture of peace culture activities in their communities according to their action plan	8	Not started
# recreational activities to strengthen coexistence.	8	2

**Output 1.2: Programmes and operations prevent and respond to sexual and gender-based violence and other forms of violence, especially against children.**

Indicators	Target	Actual
At least 150 members of community organizations, institutions are trained on PGI standards.	150	Not started
# workshops on PGI standards for volunteers	4	Not started
# communities and collective centres receive promotion of prevention and response mechanisms.	8	2

**Output 1.3: NS educational and advocacy programmes raise awareness of humanitarian challenges, cultivate humanitarian values, and develop relevant interpersonal skills**

Indicators	Target	Actual
# school kits delivered to families.	500	Not started
# reactivated schools.	8	Not started
# Communication campaign on children's rights.	1	Not started

### Progress towards results

Relief mapping and assessment forms are now including questions on livelihoods, PGI, and migration, supporting the axis in a cross-cutting way. Presentations on women's health, prevention and protection against sexual violence are being given by the ERU Clinic and in shelters

### Assessment of needs and impacts of communal spaces

The second phase of the multisectoral assessment will survey the most affected communities identified in the first stage. The questionnaire includes several questions to identify vulnerable population and to address special needs.

**Conduct an assessment of the specific needs of the affected population with PGI needs in emergency shelters and communities**

Coordination with the HRC has been carried out in the Valley of Sula. Beginning the formation process in the Municipality of La Lima, with volunteers from the near branches, who did outreach work in shelters or affected communities. Strengthening the capacities of the branches in the front line outreach work. First training in La Lima (15 volunteers convened). Distribution of menstrual hygiene kits was carried out in shelters to ensure the access to appropriate menstrual hygiene products. Complementarily, talks on menstrual hygiene were promoted.

**Awareness-raising campaigns for participation, inclusion and non-discrimination towards populations with special care needs.**

Analysis of the contact mapping needed to provide these activities is underway. Likewise, talks related to protection, gender and inclusion are given during community visits to shelters.

Basic training of HRC staff on minimum standards of PGI in emergencies, as well as code of conduct, child protection policy, PSA policy and other internal safeguards as deemed necessary.

PGI coordinator and technician are in the process of being hired. Elaborated requisition process and definition of functions. To be published.

**Map and promote services for populations with inclusion and protection needs**

In shelters and communities in Lima, the HRC/ICRC has disseminated information about PGI, according to work in the health and other areas. The ERU clinic was installed taking into account considerations for people with reduced mobility, as well as the installation of a third bathroom for the same purpose.

**Promotion at community level and collective center of prevention and response mechanisms in cases of violence**

All ERU clinic personnel (local and international) completed the onboarding and induction process, which includes Code of Conduct, Preventing Sexual Exploitation and Abuse and received a PGIE briefing to the clinic's activities. The orientation process was led by the Human Resources department of Honduran Red Cross with additional support and materials from Canadian Red Cross.

**Establish route of care and referral of identified cases of SGBV in collective centre**

Many families in these shelters have children with disabilities who cannot continue with their usual treatments, already complicated by the situation caused by COVID-19 and made worse by the new conditions caused by the hurricanes. These cases are followed up on to respond and improve access to these lost services.

**Participation in inter-agency coordination spaces care and response to gender-based and child-based violence**

Meeting set-up with child protection services (Oficina Defensoría de la Niñez) and Ciudad Mujer, a government initiative for supporting victims of violence against women to set-up a referral mechanism and provide information on available services. Verification of additional referral pathways continued for PSS and were discussed with psychologist from Ministry of Health on how to implement activities in the shelters.



**Migration**

People assisted: N/A


Men:

Women:

**Outcome 1: Communities support the needs of migrants and their families and those who assist migrants at all stages of migration (origin, transit and destination)**

Indicators	Target	Actual
# people reached with immigration assistance and protection services	9,000	Not started
<b>Output 1.1.: Assistance and protection services to migratns and their families are provided and promoted through engagement with local and national authorities as well as in partnership with other relevant organizations</b>		
Indicators	Target	Actual
Contingency plan for the care of mass movements of migrants populations	1	In process
# NS volunteers and staff trained in advocacy and humanitarian diplomacy	24	Not started

# people reached with personal hygiene kits	4,000	In process
<b>Output 1.2: Family links are restored for people separated from their loved ones or without news of them because of the disaster.</b>		
<b>Indicators</b>		<b>Target</b>
# volunteers and staff trained in RFL	25	Not started
# of RFL cases/services		Not started
<b>Progress towards results</b>		
<b>Development of contingency plans for the care of massive movements of migrant populations</b>		
<p>The HRC is in the process of creating an internal policy of human mobility, expected to be completed in the second half of 2021, which will include guidelines to be applied from senior management of the HRC to beneficiaries and public institutions, with the aim of creating an institutional strategy applicable to all areas and following international humanitarian standards. The HRC administers the CAMR-OMOA center for the return of migrants, through which all the population returns by land, an administration granted by the government to the HRC through an agreement signed with the Honduran Ministry of Foreign Affairs, and whose location is 1 hour from San Pedro Sula (road to Puerto Cortes, very close to the area where the emergency and initial recovery is being carried out).</p> <p>The multisectoral assessment will also provide data to identify those families whose members had to migrate due to job and land losses to the hurricanes.</p> <p>The HRC together with the ICRC, is following up on migrant caravans. Re-establishing contact between family members, support program with volunteers distributed in branches of the HRC, who perform actions such as contact, calls. On January 15, a caravan will start in San Pedro Sula. On January 14, the HRC will have personnel positioned in the Central San Pedro Sula to verify the number of people being mobilized, provide essential services and first aid, and work together with the network of Municipalities to Valle de Sula.</p>		
<b>Activation of RFL services in affected councils areas</b>		
<p>The National Society is working jointly and in coordination with the ICRC since the beginning of the emergency have been developing activities of the subject and temporary shelters. During the next stage of the operation, a person will be hired to be part of the migration team and continue with the tasks assigned to this activity.</p>		

 <p><b>Disaster Risk Reduction</b>  <b>People assisted: N/A</b>  Men:  Women:</p>		
<b>Outcome 1: Communities in high-risk areas are prepared and able to respond and reduce risk to disasters</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# people are reached through DRR	15,000	Not started
<b>Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective disaster response.</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
# Risk analysis in communities using HCV tools	5	Not started
# emergency committees at the municipal level restructured and trained in prioritized issues.	5	Not started
# climate-smart contingency plans developed. <sup>22</sup>	5	Not started
# people (community authorities) trained in disaster management	20	Not started

<sup>22</sup>Climate-smart disaster risk reduction refers to measures taken to reduce the impact of disasters and extreme weather events in a changing climate and to help communities prepare for and effectively deal with their consequences. It is a continuous and integrated process that requires contributions in all areas of work, for example, health care, shelter, livelihoods, before, during and after disasters and crises. - [IFRC - CLIMATE-SMART DISASTER RISK REDUCTION](#)

# people reached with risk management awareness activities in the community.	500	Not started
<b>Progress towards results</b>		
Some community-level awareness campaigns for prevention of COVID-19 infection and diseases such as dengue, malaria and diarrhea are currently being developed within the framework of this operation. The National Society maintains close ties through its affiliates with local municipalities. Coordination meetings and conversations are underway about what the next steps will be in the coming months, and a comprehensive and coordinated intervention is planned.		
<b>Outcome 2: Communities in disaster and crisis affected areas adopt climate risk informed and environmentally responsible values and practices</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# A study on the feasibility of community environmental activities	1	Not started
<b>Output 2.1: Contribution to climate change mitigation are made by implementing green solutions</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# A study on the feasibility of community environmental activities	1	In process
<b>Output 2.2: Community awareness raising programmes on Climate change risks and environmentally responsible practices are conducted in target communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# volunteers trained in disaster risk management and climate change	25	Not started
# people achieved in community climate change awareness activities	500	Not started
<b>Progress towards results</b>		
<p><b>Study focused on analysing the feasibility of community environmental activities (environmental study)</b> With different Secretaries of State, the HRC provides technical support with data collected in the assessments to the 71 communities, which allows them to contribute to actions that each Secretary of State carries out in early recovery and disaster risk reduction. In the process of planning future actions.</p> <p><b>Community awareness-raising activities for Climate change awareness activities.</b> Efforts by the national risk management office to involve risk management projects in affected communities and green response.</p> <p><b>Training of volunteers on climate change issues, including green response.</b> Activity to be developed from the fourteenth month of the EPoA.</p>		

<b>Strengthening the National Society</b>		
<b>Outcome 1.1: National Society capacity-building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</b>		
<b>Output 1.1.1: National Societies have effective and motivated volunteers who are protected</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>
<i>A solidarity fund programme that is regulated and operational in the NS</i>	1	In process
<i># volunteers equipped with their institutional uniform</i>	1,000	In process
<i># # of volunteers who receive recognition incentives for their performance at the institution in accordance with the regulations</i>	600	No starting
<b>Output S1.1.3: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened</b>		
<b>Indicators</b>	<b>Target</b>	<b>Actual</b>



3	C.M. Las Vegas	25
3	C.M. San Luis	25
3	C.D. Copán	21
3	C.M. Nueva Arcadia (La Entrada, Copán)	21
3	C.M. Copán Ruinas	21
3	C.D. Yoro	12
3	C.M. El Progreso	56
4	C.D. Atlántida	25
4	C.M. Tela	20
4	C.M. Jutiapa	0
4	C.D. Colón	16
4	C.M. Tocoa	13
4	C.M. Sonaguera	8
4	C.M. Olanchito	20
4	C.D. Islas de la Bahía	8
Total		1021

### Training on Code of Conduct and Fundamental and Fundamental Principles

Each member of the institution (volunteer or collaborating staff) upon entering HRC receives an induction process in which the participant is trained in the Fundamental Principles and mission of the organization, and is asked to read and sign the institutional code of conduct. Each year, as part of the membership renewal process, staff must review and sign the code of conduct, which ensures that all institutional staff are aware of it. In the current year 2021, the process of membership renewal is expected to begin at the end of January, with a coverage of 406 collaborators (197 men and 212 women) and 2,946 volunteers (1,362 men and 1,585 women) from the 53 Municipalities at the national level, which includes personnel from the operation as well as from other areas.

### Implementation of a volunteer insurance.

The HRC has insured a total of 2,656 volunteers through the IFRC accident insurance, which is renewed annually and distributed according to Municipalities as follows:

Municipalities	Number of Insured Volunteers	Men	Women
Amapala	28	16	12
Camasca	28	19	9
Catacamas	29	19	10
Chamelecon	43	19	24
Choloma	39	17	22
Choluteca	51	14	37
Comayagua	155	15	140
Copan ruinas	52	16	36
Danli	39	18	21
El Paraiso	7	3	4
El Progreso	102	17	85
Jesus de otero	11	8	3
Juticalpa	93	19	74
La ceiba	33	20	13
La entrada Copan	34	18	16
La Esperanza	40	19	21
La lima	67	16	51
La Paz	3	3	0
Las Vegas	58	22	36
Marcala	177	17	160
Nacaome	16	8	8
Oa-Tegucigalpa	80	56	24
Technical regional office i	2	0	2
Technical regional office ii	2	0	2
Olanchito	61	33	28
Omoa	27	27	0
Pespire	56	18	38
Pimienta	30	13	17
Potrerrillos	41	15	26

Puerto Cortés	71	24	47
Quimistan	62	19	43
Rio Lindo	94	58	36
Roatan	7	19	-12
San Francisco de la Paz	60	24	36
San José de las Colinas	22	14	8
San Lorenzo	87	14	73
San Luis	62	13	49
San Manuel	84	25	59
San Pedro Sula	211	19	192
Santa Barbara	58	26	32
Santa Rosa de Copan	56	19	37
Siguetepeque	46	30	16
Sonaguera	8	22	-14
Talanga	65	19	46
Taulabe	32	15	17
Tela	38	15	23
Teupasenti	28	11	17
Tocoa	18	13	5
Trinidad	18	24	-6
Trujillo	24	12	12
Villanueva	57	21	36
Yoro	20	15	5
Yuscarán	24	8	16
<b>Total</b>	<b>2,656</b>	<b>966</b>	<b>1,690</b>

### Preparation and distribution of institutional uniforms to volunteers

The list of visibility materials includes vests, T-shirts, caps and boots. Currently the administration, finance and purchasing team of the operation is beginning the process of purchasing. Purchase requisitions have been made and the selection of the design and material to be used within the range of local suppliers is being evaluated. The intention is to have these items purchased by the end of January.

### Implement a volunteer incentive program by defining regulations and selection criteria

There is a program for recognizing volunteers defined in the HRC's volunteer policy, which establishes the periodicity of awards, participation mechanisms and categories. This is intended to be achieved through the delivery of commemorative items to all the volunteers of the branches that work directly in the Operation, that is, approximately 1,000 members, as detailed in the evaluation of the participation of the volunteers in the emergency.

### Implement a Solidarity Fund for Volunteers and Collaborators

Since the emergency caused by the COVID-19 pandemic, the HRC is considering the possibility of creating a Solidarity Fund for Volunteers or Collaborators (HRC staff). This fund would be aimed at people from the national society who have been part of the impact caused by the emergency, in this case, the Hurricanes. As this report goes to press, an actuarial study is being carried out to determine the funding requirements for this project. There are initial funds from different donors that will start the project. After these studies, the strategy will be to open for people who want to join and contribute to this fund.

## International Disaster Response

### Outcome S2.1: Effective and coordinated international disaster response ensured

#### Output 2.1.1: Effective and respected surge capacity mechanism is maintained

Indicators	Target	Actual
# of SURGE members mobilized		86
# ERUs mobilized	6	6

#### Output 2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators	Target	Actual
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Exchange days between volunteers.	4	0
# CEA trained staff and volunteers		0
A perception study developed	1	0
A cash transfer intervention study	1	0

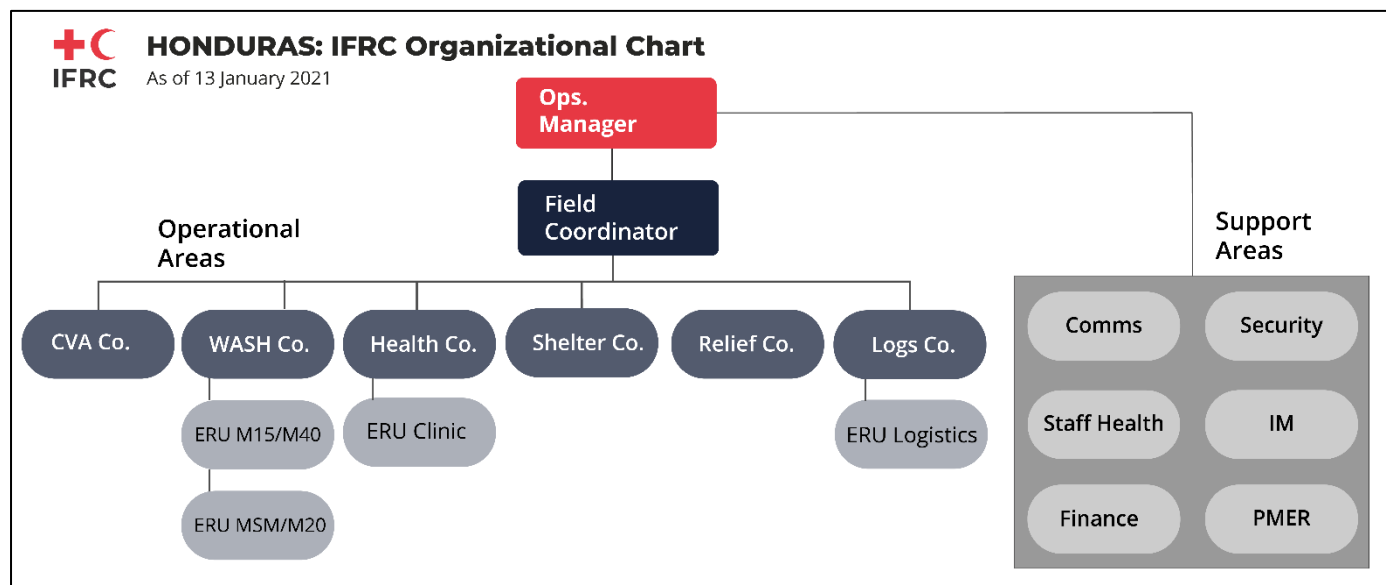
**Output 2.1.3: Coordination role of the IFRC within the international humanitarian system is enhanced**

Indicators	Target	Actual
Leadership and coordination of the Shelter sector	1	1

Progress towards results

**Deployment of SURGE and ERU personnel (WASH M15, M20, M40, Health Clinic, IT Telecom, Logistics)**

A total of 86 delegates have been deployed to Honduras through the Regional Office for the Americas since the beginning of the operation to date. The following areas have been covered: CVA, CEA, communications, coordination, logistics, administration, evaluations, finance, IM (information management), WASH (water, sanitation and hygiene promotion), health, PMER, security, staff health, housing, IT Telecom. The structure managed within this operation is presented in the following organization chart:



**Purchase of personal protection and visibility equipment**

All volunteers are provided with personal protective equipment for their activities in the field (masks, gloves), all persons participating in the operation must comply with the clothing standards of the National Society, the proposed uniform is white shirt with red vest, blue or dark black pants. Personal protection equipment is purchased nationally and is in the warehouse designated for the operation. It is delivered on demand to the departmental and regional branches.

**Representation at sectorial tables and coordination.**

The National Society participates in the shelter table, early recovery table, water and sanitation table and in coordination with agencies providing information about assessments, sites and intervention strategies. The HRC leads the Secretariat of the Humanitarian Network in the country. The HRC promotes Do No Harm actions in communities, avoids overlapping actions between agencies, and supports the most vulnerable people in affected communities through inter-institutional relations. It participates in OCHA's early recovery sector roundtable, where the needs assessment conducted by the NS was presented.

**Influencing others as a leading strategic partner**

**Outcome 3.1: The IFRC secretariat, together with National Societies, uses their unique position to influence decisions at local, national, and international levels that affect the most vulnerable.**

**Output 3.1.1: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.**

**Outcome 3.2: The programmatic reach of National Societies and the IFRC is expanded.**

**Output 3.2.3: National Societies are supported for the development resources and partnerships (both domestic markets and foreign sources)**

Indicators	Target	Actual
Lessons Learned Workshop	1	0
# of people trained in humanitarian diplomacy and IDRL	TBC	

Progress towards results

**Lessons Learned Workshop**

This activity is not yet advanced. It is expected to start after the 12th month of the operation once the immediate emergency response and early recovery phases have been carried out and rehabilitation has made considerable progress.

**Outcome 3.2: The programmatic reach of National Societies and the International Federation is expanded.**

**Output 3.2.3: National Societies are supported for the development of resources and partnerships (both domestic markets and foreign sources).**

**Baseline for determining financial sustainability (PSK PRD)**

Activity without progress for the moment. It is expected to start in the second quarter of this year.

**Effective, credible and accountable IFRC**

**Outcome S4.1: The IFRC enhances its effectiveness, credibility, and accountability**

**Output 4.1.4: Staff safety is a priority in all IFRC activities**

Progress towards results

**Safety training for volunteers**

All persons participating in the operation, whether NS volunteers or delegates, perform a safety induction before starting activities in the field. The same has a detailed of the rules to be taken into account within the country and within the operation for this emergency. A security workshop for volunteers is being planned for the end of January.

**Security field assessment**

A constant evaluation of security in the field is carried out. From the beginning of the operation, some possibilities of scenarios with greater or lesser probability of occurrence were raised, but this is taken into account when making decisions within the operation and is reviewed daily. This evaluation raises the following scenarios:

Event 1: Protests and work stoppage by doctors.

- Scenario 1: Medical personnel stop work (partial or total)
- Scenario 2: Public protests and refusal to treat COVID-19 patients in hospitals.

Event #2: Border Closure (Partial or Total/Temporary or Indefinite)

- Scenario 1: Moderate Risk Scenario: Border closure is temporary, there is flexibility to leave the country to Hubs or final destinations for personnel deployed on board commercial airlines.
- Scenario 2: Extreme Scenario: Borders closed by government direction indefinitely that will not allow entry or exit of people on commercial flights.

### Event #3: Internal Stress/Social Unrest

- Scenario 1: Internal Tensions: Citizens demonstrate peacefully against the measures imposed by the government, due to the economic situation that prevails in the country.
- Scenario 2: Social Unrest: Protests become politicized and radicalized. There is a clash between citizens and security forces, looting and damage; people are killed during the events.

A specific assessment is also being made regarding the best options for mobilizing delegates evaluating land and air movements.

#### Reference documents



Click here for:

[Emergency Appeal - Central America Hurricane Eta \(MDR43007\)](#)

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

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## 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 Humanitarian 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.

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



**Save lives**,  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote social inclusion  
and a culture of  
**non-violence** and **peace**.