



HRC providing RCF services to Migrants in Transit in the municipality of Trojes. (Source: HRC)

Appeal No: MDR43008	To be assisted: 40,000 people	Appeal launched: 29 July 2022
	DREF allocated: 250,000 CHF	Disaster categorisation: Orange
Operation start date: 29 July 2022	Operation end date: 31 July 2023	Date of issue: 26 August 2022

Honduras funding requirement: 3 million CHF
IFRC Secretariat funding requirement: 18 million CHF
Federation-wide funding requirement: 28 million CHF

TIMELINE



Distribution of biosafety kits, Trojes, El Paraiso, May 2022. (Source: HRC)

- January 2022:** First needs assessment in coordination with the local authorities of the municipalities of Danlí, Trojes and El Paraíso.
- March 2022:** Municipal authorities of Trojes and Danlí declare Humanitarian and Sanitary Emergency due to massive mobilisation of migrants.
- April 2022:** Second support mission of the Honduran Red Cross (HRC) in coordination with IFRC and ICRC.
- June 2022:** Statistics from the National Institute of Migration reflect a substantial increase in number of irregular migrants in the country; 54,285 for January to June versus 6,881 for the same period last year.
- June 2022:** Based on visits to municipalities in emergency HRC requests DREF.
- 29 July 2022:** Seven National Societies in the region begin scaling up their response and together with IFRC **launch an Emergency Appeal** to support the **National Societies of Central America and Mexico** with CHF **18 million** to **assist 210,000 people** for **12 months**; CHF 1 million allocated from IFRC's Disaster Response Emergency Fund (DREF) to kick off the operation.

DESCRIPTION OF THE EVENT

Honduras is a country of origin, transit and return for migrants. Several factors cause this, including violence by criminal gangs, unemployment, a rise in the cost of living, unfulfilled sectoral promises, demonstrations and other factors. Approximately 300 people leave the country regularly or irregularly each day through the border with Guatemala and already this year three caravans have left, in January, May and July.

Returning Honduran migrants also continue to enter the country by air and land through Centres for Care for the Returned Migrant

(CAMR by the Spanish acronym) in the municipalities of Omoa, La Lima and San Pedro Sula, all in the department of Cortés. To date the Honduran Consular and Migratory Observatory (CONMIGHO) says that during the first five months of 2022, 37,034 people returned, compared to 23,454 for the same period in 2021, an increase of 57.9 per cent. And according to the IFRC regional office in Panama, from January to June of this year a total of 48,430 migrants were registered, entering that country irregularly through the border with Colombia at the Darién gap, 74 per cent men and 26 per cent women. Eighty-five per cent of these were adults and 15 per cent minors.

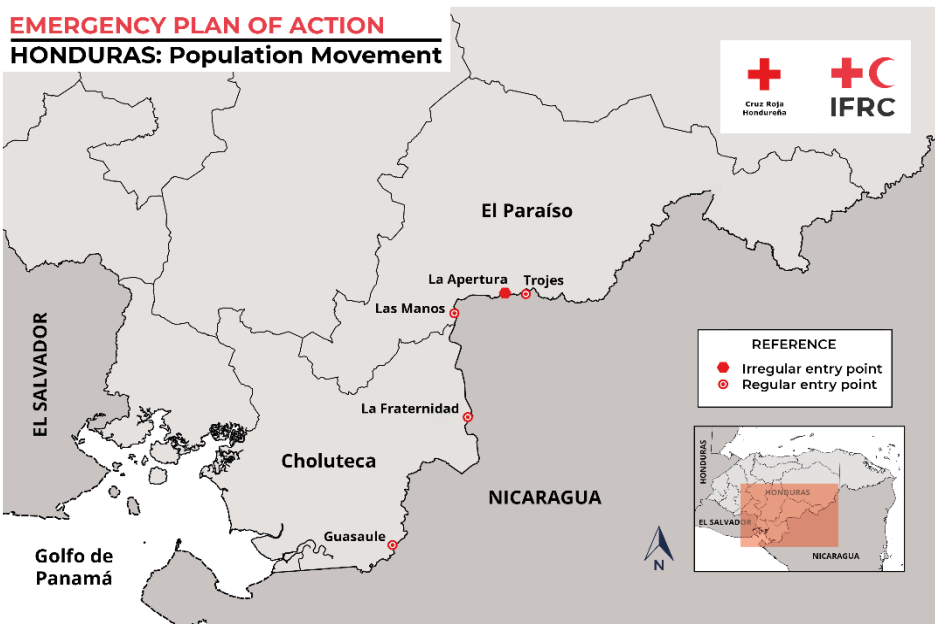
This crisis is likely to continue, and the humanitarian needs of migrants will become an issue. Among the people registered in Panama are nationals from countries in Africa, Asia, Europe and the Americas. They have begun their transit through the Central America region, and according to information provided by some migrants in transit through Honduras, a large number of migrants from the “southern cone”, or the southern tip of South America, are also expected.¹ According to the Honduran National Migration Institute², 56,777 migrants have also entered through the country’s south-eastern region so far this year, which means that they have joined this migratory flow passing through the Darién, and they may be of Cuban and Nicaraguan origin.

According to national legislation, every migrant and Honduras national who enters the country irregularly must pay a fine and must regularise their transit or entry. For the irregular migrant population, the State considers this payment a way to finance the improvement of security during transit through the national territory. For people who enter through the department of El Paraíso, this procedure can be done through the National Migration Institute in Danlí and Trojes.

This year, mixed migratory flows through Trojes have increased significantly, at an approximate daily count of 556 people in the months of April and May 2022, with an average daily increase of 631 people in the month of June.

Severity of humanitarian conditions

According to data provided by the National Institute of Migration (INM by its Spanish abbreviation)³, from January to July 2022, a total of 56,777 people were registered irregularly entering Honduras through Danlí (28,608),



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. Data source: CA National Societies, IFRC. Produced by IFRC CA Country cluster IM team, July 2022.

¹ [Agreement for the Creation of the Single Central American Visa for the Free Mobility of Foreigners between the Republics of El Salvador, Guatemala, Honduras and Nicaragua](#)
² [National Institute of Migration-statistics](#)
³ [National Institute of Migration](#)

Choluteca (12,365), Trojes (14,820), Tegucigalpa (827) and San Pedro Sula (157). Of this population, 54.84 per cent were men, 29.32 per cent women, 8.52 per cent boys and 7.31 per cent girls. In addition, migrants from Cuba, Venezuela, Ecuador, Haiti, Brazil, Senegal, Angola, Colombia, Ghana, Brazil, Nicaragua and others entered.

Since the end of 2021, entry points into the country have also increased from just those at Guasaule, La Fraternidad, Agua Caliente and El Poy, to new points located in the department of El Paraíso, including places called in English "The Hands" and "The Opening", and at Trojes. And although the department of Choluteca has a constant flow of migrants, numbers are still higher at the Trojes border (43,428 people).⁴ The "blind spots", or irregular sites, continue to be crossings both on the northern border with Guatemala and on the southern border with Nicaragua.

According to ICRC, migration has many causes and is a dynamic phenomenon. In Mexico and Central America, three main factors feed it: the generalised violence suffered by people in their communities; the socioeconomic impact of COVID and natural disasters; and the need for family reunification. The migrants need access to safe water, protection, inclusion, health services, psychosocial support, accommodation, food and support in their livelihoods.

The impact of migration is significant too in the host communities in Honduras, in both Trojes and in other municipalities, such as Choluteca, Tegucigalpa, San Pedro Sula and Ocotepeque, the latter being the main exit point. Thus, this emergency appeal covers the care needs of both migrants and of the populations in these communities, including different ways to provide support and ensure their livelihoods, with protection services, MHPSS and others.

CAPACITIES AND RESPONSE



Dissemination of self-care messages and service points on the migratory route, Danlí, El Paraíso; June, 2022. (Source: HRC)

Omoa, the CANFM-Belén (Directorate for Children, Adolescents and Families-DINAF)⁵, and the Returned Migrant Assistance Centre-La Lima⁶, operated by Assistance to Irregular Migrants (CAMI).⁷ Assistance is also offered through fixed and mobile councils and humanitarian service points (HSPs) on demand, such as in El Paraíso. The services provided by HRC include: first aid; distribution of hygiene kits; biosafety kits and safe water; Restoring

⁴ Most of the people who enter through Trojes carry out their immigration process at the INM Delegation in the municipality of El Paraíso.

⁵ [DINAF](#)

⁶ [MFAIC. Ministry of Foreign Affairs and International Cooperation.](#)

⁷ [Assistance to Irregular Migrants \(CAMI\)](#)

1. National Society response capacity

1.1 National Society capacity and ongoing response

The Honduran Red Cross (HRC) has 52 branches, 373 permanent staff and approximately 5,200 volunteers throughout the country. With the financial and technical support of partners, in 2022 HRC has managed to provide support to more than 90,000 migrants in transit, returnees and displaced persons. This assistance has been carried out through various coordination spaces and service points, such as the Returned Migrant Assistance Centre (CAMR by its Spanish acronym)-

Family Links (RFL); identification, care and referral of protection cases; inclusion and exercise of rights in mobile populations; and livelihood processes for populations affected by human mobility.

HRC has created the Human Mobility Coordination Table Platform as the governing body for action bringing together the Government, the National Society, ICRC, IFRC and Participating National Societies (PNSs), with potential participation of UN agencies and civil society, among others. HRC's Coordination Table Platform is responsible for applying the Policy for the Response to Mobile Populations and other related regulatory and legal frameworks.

In addition to the different actions being carried out in response to migration flows, the National Society is currently responding to COVID-19 and is in the phase-out process in the response to hurricanes Eta and Iota.

1.2 Capacity and response at the national level

In response to the situation in El Paraíso, the National Congress issued an amnesty⁸ that exempts irregular migrants from the transit/security fine mentioned earlier. However, this does not exempt them from INM procedures. But this exemption has also not yet entered into force because and has not been gazetted yet, leaving hundreds of migrants stranded in the country, in addition to intensifying the need for humanitarian assistance and protection of these people.⁹ Ultimately, the significant entry of migrants through El Paraíso is what caused the authorities to declare a humanitarian emergency, justifying this characterisation based on their limited capacity, absence of temporary accommodation, scant food and lodging, in addition to unfavourable conditions overall.

2. International capacity and response

2.1 Red Cross Red Crescent Movement capacity and response

IFRC membership

IFRC provides technical support, the development of the migration strategy and the single plan's response to human mobility, including for migrants in transit through the country and Honduran nationals returning through the southern border. It works in coordination with HRC to develop scenarios, contingency plans and tools to provide quality humanitarian assistance to migrants. IFRC Country Cluster Delegation (CCD) headquarters are located in Tegucigalpa, Honduras, and strategic as well as operations support is provided through the head of the CCD and technical teams on disaster management, financial sustainability, livelihoods and finance, among others.

In response to the assistance and protection needs of mobile populations throughout the country, HRC works with IFRC, German Red Cross, Canadian Red Cross, Spanish Red Cross, Italian Red Cross and Swiss Red Cross to jointly develop a response that is comprehensive, that does no harm, and that is inclusive. IFRC leads the regular coordination spaces among the different actors in the Movement, including PNSs and ICRC, through established national and regional mechanisms, and coordinates humanitarian assistance during emergency response. It also participates in national and regional coordination spaces with external partners to stay informed about the humanitarian context and to contribute to the Movement's perspective and work. IFRC also provides support to the National Society for better partnerships and/or positioning with other humanitarian actors. As part of the ECHO Pilot Programmatic Partnership (ECHO PPP) Pillar 3- People on the Move Honduras RC will integrate anticipatory action analysis into the response with the technical support of German RC; also, Spanish RC will support the development of a strategy for HSPs as well as PSS training and PSS services, relief actions. Under the ECHO PPP, IFRC will provide technical support in the development of a Population Movement Information Management System initially for the countries under ECHO PPP that could potentially be escalated to the rest of the region. Honduras RC EA priorities are aligned and complement ECHO PPP actions.

⁸ [Immigration amnesty decree](#)

⁹ [Delay in the approval of the Immigration Amnesty Decree](#)

ICRC provides technical support to assist the National Society in the creation of the migration “table” (a forum) and Movement coordination meetings are held regularly through the leadership of HRC.

2.2 International Humanitarian Stakeholder Capacity and Response

IOM and UNHCR, Doctors without Borders, the Honduran Permanent Commission on Contingencies (COPECO), Search and Rescue, the Pan-American Health Organisation (PAHO) and the Mennonite Social Action Commission are all supporting coordination in Trojes and Danlí. World Vision, Action Against Hunger and Adventist Development and Relief Agency (ADRA) are also coordinating with the Honduran Government to respond to migrants in a more dignified way and to support municipal governments and their constituents. The main humanitarian coordination mechanism is the Humanitarian Country Team (HCT) co-lead by COPECO and the United Nations Resident Coordinator, the HCT has a Technical Secretariat lead by the Honduras Red Cross HRC actively participates in this coordination mechanism. Also, IFRC participates in the HCT through the Head of CCD.

There are still no clinics or mobile units that can be moved to border areas, however, and institutions and civil society have organised medical units to provide health care in Danlí, while in Trojes Doctors Without Borders has established a post.

3. Gaps in the response

Shelter

Through a rapid evaluation carried out with humanitarian actors and government institutions, it was identified that no organisation has the capacity to guarantee the food needs of the migrant population. Diet varies according to nationality and migrants prefer to have access to unprepared food and spaces to cook it rather than eat pre-prepared meals. Nor are there enough kitchens, cooking supplies and specific areas in the shelters for migrants to cook. Given this, agencies in the response are considering serving populations housed in temporary shelters “snacks” instead, prioritising older adults, people with disabilities, pregnant women, nursing mothers and minors.

Health

Migrating people can suffer respiratory infections, gastrointestinal disorders, dehydration, allergies, excoriations and sunstroke, and in vulnerable populations (children, pregnant women, people with special needs, the elderly) these can be acute, especially if there are untreated concomitant diseases. Local public health services do not have the personnel, supplies or spaces to care for all the people who require care every day and can only provide services during predominantly morning hours, and only from Monday to Friday.

In this phase, HRC plans to primarily serve lower limb injuries, skin lacerations, allergies, gastrointestinal problems, dehydration, musculoskeletal trauma and chronic diseases, in addition to providing pre-hospital service and ambulance support for referral and transfer of critically ill patients. Services will be provided from Monday to Saturday; the possibility of providing services on Sundays will be analysed.

Mental Health and Psychosocial Support (MHPSS)

Mental Health and Psychosocial Support (MHPSS) is not normally provided to the mixed flows of migrant populations that irregularly enter through El Paraíso. However, HRC has made efforts to coordinate with some organisations in Choluteca, through the PAO Sur project, to provide it, and there are plans to continue with Psychological First Aid and referrals to government health services for migrants in Trojes and Danlí.

Water, Sanitation and Hygiene (WASH)

Access to water for human consumption is the main need among migrants and in most of the places identified to house these people there are no adequate sanitary conditions or tanks for water. The Jesús Esta Vivo hostel

in Danlí is the only one, with the capacity to deliver 1.5 to 2 litres of water for drinking per person per day, and it has 12 toilets and 12 showers. There is a need for personal hygiene kits and biosafety kits as well, and given the multicultural nature of the migrant population, this is an opportunity to disseminate key messages for the promotion of hygiene and the prevention of oral-faecal diseases. These messages should be translated into English, French, Portuguese and Creole, and will also seek to help migrants learn ways to avoid contracting diseases transmitted by mosquitoes (dengue, malaria, zika).

Protection, Gender and Inclusion (PGI)

There are still no identification and referral mechanisms for migrants with protection needs, or for assistance to victims of abuse, sexual harassment, violence, human trafficking or sexual exploitation. According to DINAF guidelines, there are procedures for identifying and caring for boys and girls with specific needs, however.

This action will establish a plan for the protection of the mixed flows that enter through El Paraíso, in addition to providing key self-care messages, emergency contacts, information on refuge sites and information on the risks along the route.

Restoring Family Links (RFL)

Many of the people and family units that are entering Honduran territory irregularly have lost contact with their relatives and do not have the necessary devices or financial resources to guarantee communication. Keeping active communication between families separated by human mobility is how HRC keeps alive the right to know about the whereabouts, circumstances and conditions of people on the move, and how it generates traceability in the case of disappearances. RFL services will be offered to the migrant population, especially telephone calls, connectivity and key message services.

HRC ultimately seeks to reduce vulnerability and promote lasting solutions for people in situations of human mobility, with special attention to migrants and displaced persons, and the activities below will be part of the response:

- Establishment of mobile humanitarian services points (HSPs)
- Distribution of kits disaggregated by age and sex
- Pre-hospital care
- Campaigns on the risks along the route, to reduce stigma and discrimination
- Vector control campaigns
- Multi-purpose cash
- Strengthening of the institutional framework on migration coordination
- Strengthening capacity of the National Society
- Support on WASH promotion in temporary accommodation
- Primary health care
- Distribution of self-care messages on the migratory route
- Restoring family links (RFL)
- PGI activities

In order to provide quality assistance in accordance with international standards, there will also be rapid training aimed at volunteers, on the services to be provided, initially aimed at temporary accommodation and RFL.

OPERATIONAL CONSTRAINTS

Access to the places where operations will take place is one of the most likely limitations, since these areas are very remote, especially in the rainy season. Not having HRC branches or representation in the area also drives up the cost of implementation, since human talent must be brought in. Migratory dynamics are also possible limitations, given that the number of migrants can be very limited at times or overwhelming at others, which would imply adjusting strategy, which may have an impact on the budget.

FEDERATION-WIDE APPROACH

The Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the Operating National Society and in consultation with all Federation members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between all response activities (including bilateral activities and activities funded domestically) and will assist in leveraging the capacities of all members of the IFRC network in the country, to maximise the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the Operating National Society in the response to the emergency event. This includes the National Society's domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC Secretariat.

Currently Movement partners are coordinating actions by developing situational and joint analyses of the Honduran context and its needs, with the aim of developing a multi-year country plan. This operation is aligned with the National Development Plan of the National Society and the actions, including services that are based on the needs of migrants.

OPERATIONAL STRATEGY

Vision

As part of the Mexico and Central American Migration Crisis Emergency Appeal, the aim of this Operation is to provide timely and dignified care to 40,000 migrant persons in transit through: primary health care; psychosocial support services; psychological first aid; Water, Sanitation and Hygiene (WASH); food supply; and Restoring Family Links (RFL), mainly at humanitarian service points (HSPs) located along the route.

The implementation of the Country Plan will be under the Regional Operational Strategy framework, in parallel with the ongoing activities at the local level following the localisation agenda. IFRC will ensure a coordinated approach of all Membership components to National Societies' development initiatives aiming for sustainable development and growth of each organisation. Operations will consider the long-term impact on National Societies with a holistic approach and will look beyond the term of the operational strategy to long-term sustainability. They will also link with current programmes based on existing strategic frameworks, such as the Strategy 2030, the Global Migration Strategy and the Migration Action Plan in the Americas, reinforcing cross-border work to promote bi-national exchanges of experience.

Anticipated climate-related risks and adjustments in operation

Climate change could affect the Operation, particularly in winter, when it rains and many areas are flooded, which would limit the transfer of humanitarian aid and mobilisation of people. High temperatures could also create a challenge.

Atlantic hurricane season 2022

According to a report by Colorado State University in the United States, climate models indicate that 18 storms are expected in the Atlantic area in 2022, and 8 of these could become hurricanes. Four of those could also become major hurricanes of Category 3 or higher, with winds greater than 178 km/h. The US National Oceanic and Atmospheric Administration (NOAA) also predicts a 60-per-cent chance of an above-normal season.

COVID-19

Honduras has 449,495 confirmed cases of coronavirus. The rate of confirmed coronavirus patients in the last 14 days is 70.93 per 100,000 inhabitants. This is a very moderate rate if we compare it with the rest of the countries with confirmed patients. At the moment there are 10,958 people dead due to coronavirus. This strategy will therefore seek to protect migrants and Red Cross staff alike through the distribution of biosafety kits. There will also be vaccine promotion, use of personal protection equipment (PPE), hand washing and social distancing.

Targeting

1. People to be assisted

CATEGORY	% of estimated target group	% women	% men
Young children (under 5 years old)	3%	33%	67%
Children (5-17 years old)	7%	29%	71%
Adults (18-49 years old)	84%	35%	65%
Older adults (>50 years old)	5%	20%	80%
People with disabilities	1%	50%	50%

Based on the information provided by INM, of the population entering Honduras under irregular conditions, 55 per cent are men, 29 per cent women, 8.37 per cent boys, 7.14 per cent girls and 1 per cent people with disabilities and older adults. At the peak about 300 people per day come in at the highest, not including hours when the centres are shut. It is estimated that in 12 months, a total of **40,000 migrants in transit** will be served.

The National Society tries to serve 3,300 people per month, focusing mainly on people who cannot afford accommodation or other services. The most vulnerable groups will be housed within temporary shelters and humanitarian service points. This effort will be added to the care provided by other agencies present in the area.

2. Protection, gender and inclusion (PGI) and community engagement and accountability


Regardless of the legal status of migrants, states must protect their safety, dignity and well-being and ensure that they have access to essential services. In this climate, context assessments are a fundamental tool for the identification of gender protection needs and the inclusion of especially vulnerable populations within the minimum standards, including for marginalised groups or those groups with specific needs, who are exposed to risks, vulnerabilities or exclusion. These groups may have difficulty accessing rights: they may be survivors of trafficking or gender-based violence, children and adolescents, people with disabilities, older adults, LGBTQI+ or sex workers.

This increased influx of migrants is creating significant humanitarian challenges. Among these, access to food and drinking water, basic hygiene and sanitation services, medical and psychosocial care, temporary shelters, solid waste management, protection, restoration of family contact, as well as dissemination of information on immigration procedures and access to offices of the National Institute of Migration.

This Operation encourages everyone involved to adopt protection behaviours under Community Engagement and Accountability (CEA) and to listen to the needs, feedback and complaints of the communities, ensuring that they can actively participate in activities in host communities, shelters, and points of humanitarian assistance. Proactive feedback mechanisms will be established to help emergency responders monitor community beliefs, fears, rumours, questions and suggestions, both about the issue being addressed and about the organisation.

PLANNED OPERATIONS


INTEGRATED ASSISTANCE

 Shelter, Housing and Settlements	Female > 18: 5,335	Female < 18: 805	86,000 CHF
	Male > 18: 8,440	Male < 18: 920	Total target: 15,500
Objective:	<i>People affected strengthen their safety and well-being through shelter and settlement solutions.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. Distribution of 15,500 snacks to migrants in temporary accommodation. 2. Workshop on coordination and management of temporary accommodation and Camp Coordination and Camp Management (CCCM) settlements for HRC staff and local authorities. 3. Sector diagnosis (consultancy). 4. Organisation of coordination structures for temporary accommodation. 5. Hiring of shelter technician. 6. Workshop for temporary accommodation facilitators. 		
 Livelihoods	Female > 18: 60	Female < 18: 0	132,000 CHF
	Male > 18: 40	Male < 18: 0	Total target:100
Objective:	<i>Restore and strengthen livelihoods for people affected.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. Hiring of a "Livelihoods Technician". 2. Feasibility study for delivery of seed capital. 3. Market analysis. 4. Identification of delivery mechanism and agreement with suppliers. 5. Select 100 entrepreneurs from the host communities to receive seed capital. 6. Implementation and monitoring of livelihoods microprojects. 		
 Multi-purpose Cash	Female > 18: 2,305	Female < 18: 725	175,000 CHF
	Male > 18: 3,520	Male < 18: 950	Total target: 7,500
Objective:	<i>The most vulnerable displaced people have their needs addressed through the use of cash and voucher assistance (CVA).</i>		
Priority actions:	<ol style="list-style-type: none"> 1. Feasibility study and market analysis for Cash and Voucher Assistance (CVA) in the context of migration. 2. Identification of delivery mechanism and agreement with suppliers. 		


3. Selection of 2,500 family units (three people per family).
4. Hiring a technician for CVA delivery.
5. Delivery of CVA for 7,500 migrants in transit.

HEALTH & CARE INCLUDING WATER, SANITATION AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)


	Health & Care <i>(Mental Health and Psychosocial Support (MHPSS)/Community Health/Medical Services)</i>	Female > 18: 3,480	Female < 18: 840	521,000 CHF
		Male > 18: 6,720	Male < 18: 960	Total target: 12,000
Objective:		<i>Most vulnerable displaced people are provided with high-quality health and care services including MHPSS.</i>		
Priority actions:		<ol style="list-style-type: none"> 1. Mental Health and Psychosocial Support (MHPSS) <ol style="list-style-type: none"> a. Strengthening the capacities of volunteers from the councils involved in care in MHPSS (Psychological First Aid and Basic Psychological Support). b. Individualised mental health care for people on the move through standardised clinical protocols. c. Mapping of actors in the field of mental health for the reference response to mental health needs at a specialised level. d. Provide first aid services and basic psychological support through mobile units and in shelters, with dissemination of information. e. Design information and communication materials on mental health based on the characteristics of the migrant population, such as through images. f. Distribution of Psycho-educational information. g. Develop a self-care plan for staff, volunteers and other participants involved in the response (intermediate and final sessions). h. Create containment spaces for the self-care of HRC volunteers. i. Recruitment of psychologists in MHPSS. 2. Community Health <ol style="list-style-type: none"> a. Recruitment of two community health technicians. b. Train HRC volunteers in Community Health and First Aid (CHFA). 3. Medical Services <ol style="list-style-type: none"> a. Purchase of supplies and materials to establish first aid and screening services. b. Transfer of patients referred to hospitals (including fuel for ambulances). c. Purchase and distribute 2,500 first aid kits. d. Purchase and distribute 30,000 biosafety kits. 		

- e. Distribute printed material with hygiene messages and disease prevention messages.


 Water, Sanitation and Hygiene (WASH)	Female > 18: 8,700	Female < 18: 2,100	721,000 CHF
	Male > 18: 16,800	Male < 18: 2,400	Total target: 30,000
Objective:	<i>Comprehensive WASH support is provided to the most vulnerable people, resulting in an immediate reduction in the risk of water-related diseases and improvement in dignity for the target population.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. Purchase and distribution of 30,000 hygiene kits that are sex- and age-appropriate. 2. Purchase of supplies for cleaning and fumigation campaigns. 3. Purchase of four thermo-fogging machines for fumigation. 4. Carry out eight vector control campaigns in temporary accommodation. 5. Participatory Hygiene and Sanitation Transformation workshop for HRC volunteers. 6. Elaboration and distribution of PHAST key hygiene promotion messages. 7. Workshop for National Intervention Teams (NIT) specialising in WASH. 8. Three sanitary systems or water systems (repair, supplies, spare parts) with a PGI approach. 9. Installation of containers for handling solid waste in lodgings. 10. Workshop for National Intervention Teams (NIT) specialising in WASH. 11. Installation of containers for handling solid waste in lodgings 12. Installation of 15 community water filters and replacement filter candles. 13. Purchase and installation of 15 sinks (plastic) in temporary accommodation. 14. Distribution of 90,000 litres of clean water. 15. Purchase and distribution of 10,000 thermoses (1L, reusable) 		


PROTECTION AND PREVENTION

(PROTECTION, GENDER, AND INCLUSION [PGI], COMMUNITY ENGAGEMENT AND ACCOUNTABILITY [CEA], MIGRATION, RISK REDUCTION, CLIMATE ADAPTATION AND RECOVERY, ENVIRONMENTAL SUSTAINABILITY, EDUCATION)

 Protection, Gender and Inclusion (PGI)	Female > 18: 2,800	Female < 18: 350	231,000 CHF
	Male > 18: 1,450	Male < 18: 400	Total target: 5,000


Objective:	<i>The different people impacted, including displaced people and refugees fleeing crisis, are safe from harm, including from violence, discrimination and exclusion, and their needs and rights are met.</i>
Priority actions:	<ol style="list-style-type: none"> 1. Needs assessment of Protection, Gender and Inclusion. 2. Adaptation and contextualisation of the referral route for gender-based violence (GBV). 3. Basic training of HRC staff on PGI minimum standards in emergency situations, as well as on the Code of Conduct, child protection, PSEA Policy and other internal safeguards. 4. Training for local authorities on participation and minimum standards of PGI. 5. Update mapping of services for PGI. 6. Design and dissemination of educational and informative material on GBV, human trafficking and human rights. 7. Participation in inter-institutional coordination spaces for advocacy in the care of the population on the move. 8. Safe spaces for children and women. 9. Three community campaigns to promote rights and mental health (in receiving communities) and a television or radio campaign with social networking. 10. Mobilize six RFL teams. 11. Purchase 6 RFL kits (electrical connections, telephones, router, cables, external battery, multiport, headphones, telephone recharges, office and printed material). 12. Purchase of prepaid cards for RFL service. 13. Workshop for National NIT Intervention Teams in RFL. 14. Hiring of RFL Technician 15. Hiring PGI Specialist Technician.

 Community Engagement and Accountability (CEA)	Female > 18: 8,700	Female < 18: 2,100	32,000 CHF
	Male > 18: 16,800	Male < 18: 2,400	Total target: 30,000
Objective:	<i>The diverse needs, priorities and preferences of the affected people guide the response through a people-centred approach and meaningful community participation.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. CEA workshop for volunteers and local authorities. 2. Define feedback mechanisms in the CEA framework through the different sectors (in Spanish, English, Portuguese and French). 3. Hiring of CEA and data analysis technician. 		

 Migration	Female > 18: 8,700	Female < 18: 2,100	748,000 CHF
	Male > 18: 16,800	Male < 18: 2,400	Total target: 30,000

Objective:	<i>Specific vulnerabilities of people on the move, including migrants, refugees and returnees are analysed and their needs and rights are met with dedicated humanitarian assistance, protection and humanitarian diplomacy interventions, in coordination with relevant stakeholders and sectors.</i>
Priority actions:	<ol style="list-style-type: none"> 1. National Society strategy for humanitarian diplomacy on the issue of migration. 2. Distribution of 6,000 “road food” kits for families. 3. Establishment of two humanitarian service points including buses , tents, chairs, stretchers and health supplies. 4. Rental of space in Ocotepeque to provide services (MHPSS, administration, first aid, warehouse). 5. Workshop for National Intervention Teams (NIT) on migration.

Enabling approaches

 National Society Strengthening (NSS)	Female > 18: 50	Female < 18: 0	354,000 CHF
	Male > 18: 50	Male < 18: 0	Total target:100
Objective:	<i>National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in disaster risk management is well defined and recognised.</i>		
Priority actions:	<ol style="list-style-type: none"> 1. <i>Per diem</i> for volunteers, field monitoring and follow-up visits. 2. PPE for volunteers. 3. Solidarity fund for volunteers. 4. Development of a Humanitarian Diplomacy policy for HRC. 5. Recruitment of one IM tech, one PGI expert, one WASH expert, one MHPSS expert, one financial manager, one financial assistant, one driver, one general coordinator, one translator and one HR specialist. 6. Purchase of computers, printers, desks, chairs. 7. Lessons learned workshop. 8. Fuel and vehicle maintenance. 9. Visibility for volunteers. 10. Rent an office suite. 11. Purchase of two generators. 12. Fitting out and office furniture. 13. Stationery and field office supplies. 14. Communications equipment. 15. Internet and public services. 16. Bank costs. 		

Risk management

Risk	Likelihood	Impact	Mitigating actions
1. Change in national policies on migration (increase in entry fine)	Medium	High	<ul style="list-style-type: none"> • Greater incidence of humanitarian diplomacy between HRC and IFRC-ARO. • Adjustment of response in coordination with HRC and IFRC-ARO.
2. Change in dynamics (routes used and numbers of migrants)	Medium	Medium	<ul style="list-style-type: none"> • Adjustment of the strategy according to situation analysis and publication of an update done in a coordinated manner between HRC and IFRC-ARO. • Analysis of the situation to strengthen logistics, assess the operational strategy. • HRC requests and manages financing support through activation of PNSs.
3. Adverse weather events	Low	Low	<ul style="list-style-type: none"> • HRC Disaster and Response Department develops Rapid assessment of damage. • Adjustment of services according to needs assessment.
4. Increased insecurity, theft, robbery, extortion, high service charges. Due to greater cash circulating in the area.	Medium	Medium	<ul style="list-style-type: none"> • Greater humanitarian diplomacy between HRC and IFRC-ARO. • Adjustment of strategy according to situation analysis and publication of an update.

Quality and accountability

Federation-wide monitoring and reporting are planned and will ensure coordination across all countries and Federation partners, with a harmonised list of indicators regularly collected and reported to represent a complete picture of IFRC network solidarity and response efforts. National Societies will disaggregate data as much as possible to reflect the diverse needs of the different groups.

Please refer to the regional operational strategy for more details.

FUNDING REQUIREMENT



OPERATING STRATEGY

MDR43008 – Honduran Red Cross Mexico and Central American Migration Crisis Emergency Appeal

FUNDING REQUIREMENTS

(CHF)

Planned Operations	2,646,000
Shelter and Basic Household Items	86,000
Livelihoods	132,000
Multi-purpose Cash	175,000
Health	521,000
Water, Sanitation & Hygiene	721,000
Protection, Gender and Inclusion	231,000
Community Engagement and Accountability	32,000
Migration	748,000
Enabling Approaches	354,000
National Society Strengthening	354,000

TOTAL FUNDING REQUIREMENTS 3,000,000

All amounts in Swiss Francs (CHF).

Contact information

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

At the Honduran Red Cross

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- **General Director:** Alexei Castro; alexei.castro@cruzroja.org.hn

At the IFRC Americas Region

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- **Operations, Evolving Crises and Disasters Manager:** Maria Martha Tuna; maria.tuna@ifrc.org
- **Communications Manager:** Susana Arroyo, susana.arroyo@ifrc.org
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At the IFRC Geneva Headquarters:

- **DREF Senior Officer:** Eszter Matyeka; email: eszter.matyeka@ifrc.org
- **Operations Coordination focal point:** Karla Morizzo (acting); email: karla.morizzo@ifrc.org □

For IFRC Resource Mobilization and Pledges support:

- **Head of Partnerships and Resource Development:** Mei Lin León (acting), meilin.leon@ifrc.org

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator:** Mauricio Bustamante, mauricio.bustamante@ifrc.org

Reference



Click here for:

- [Link to the Emergency Appeal and updates](#)