<table>
<thead>
<tr>
<th>Appeal:</th>
<th>Country:</th>
<th>Hazard:</th>
<th>Type of DREF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDRHN 022</td>
<td>Honduras</td>
<td>Fire</td>
<td>Response</td>
</tr>
</tbody>
</table>

- Crisis Category: Yellow
- Event Onset: Sudden
- DREF Allocation: CHF 336,394

- Glide Number: -
- People Affected: 55,571 people
- People Targeted: 33,000 people

<table>
<thead>
<tr>
<th>Operation Start Date:</th>
<th>Operation Timeframe:</th>
<th>Operation End Date:</th>
<th>DREF Published:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2024-05-07</td>
<td>6 months</td>
<td>30-11-2024</td>
<td>08-05-2024</td>
</tr>
</tbody>
</table>

- Targeted Areas: Islas de La Bahia

Fire at the public hospital in Roatan. Source: La Prensa Grafica
Description of the Event

Date of event

2024-04-20

What happened, where and when?

On April 20, 2024, a devastating fire destroyed the public hospital in Roatan, located in Coxen Hole, Bay Islands, 56 kilometers off the Atlantic coast of Honduras. The building, mainly made of wood, was completely consumed by the flames, resulting in losses estimated by the Ministry of Health (Sesal) at 14 million Lempiras (approximately 500,000 CHF) in supplies and medicines (1). Since the emergency caused by the fire exceeded the local response capacity, on April 26th, the Honduran Red Cross received a formal request for support from the Government, specifically from the Departmental Health Region of Islas de la Bahia.

All patients were evacuated in time and transferred to private medical centers on the island. The most critical cases were supported by the Air Force and transferred to national hospitals in Tegucigalpa and San Pedro Sula.

In response to the catastrophe, on the same day of the incident, the Health Secretariat (SESAL) declared a health emergency in Roatan and activated a crisis committee to address the situation (2). In addition, an urgent call has been made to strengthen collaboration between state entities, local authorities, and organizations such as the Honduran Red Cross, which are present in the country. This joint effort aims to overcome the emergency and restore the health and well-being of the affected community.
Honduran Red Cross staff tours the hospital facilities, 21 April 2024. Source: HRC

Honduran Red Cross the assembly of the Technical Health Response Unit (ERU) begins at the “Julio Galindo” stadium in Islas De La Bahía, with the joint support of FFAAHN. Source: HRC

Scope and Scale

The department of Islas de la Bahía, composed of four municipalities, has a total population of 82,738 inhabitants. Of these, approximately 55,571 reside in the municipality of Roatan, distributed in 63 neighborhoods and villages, according to the Roatán Municipal Development Plan 2020-2025. In Roatán, some 5,300 homes, mostly made of wood, house 67% of the department’s population. The health infrastructure in Roatán includes a Comprehensive Health Center (CIS) and four Primary Health Care Units (UAPS). These healthcare centers, situated in distant regions, are not in proximity to the previously located hospital, which presents a challenge in their capacity to serve the entire population. Following the fire incident, these facilities were overwhelmed, leading to prolonged wait times for medical assistance. Additionally, they faced difficulties in supplying the necessary services.

The Roatan Hospital, before being destroyed by fire, functioned as a basic hospital with emergency services, pediatrics, gynecology, internal medicine, orthopedics and surgery, attending between 80 and 120 patients daily and with 40 beds capacity. With the loss of the hospital, the island has been left without emergency, surgical, delivery and inpatient care services. Although primary care services continue to operate in two public health facilities, the remaining private hospital services are financially inaccessible to most residents.

Because Roatan is an island, residents must now rely on air or sea transport to access medical care, with La Ceiba Hospital being the closest facility. However, transportation costs are a significant barrier for many, further complicating access to essential medical services. Faced with this emergency situation generated by the fire, the Honduran Red Cross is taking strategic measures to support the immediate needs for medical care and basic services required in the aftermath of the incident. This is being done in coordination with the Ministry of Health (Sesa) and in compliance with its auxiliary role to the public authorities, seeking to minimize the impact on the affected population.

Source Information

<table>
<thead>
<tr>
<th>Source Name</th>
<th>Source Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Declaration of sanitary emergency in Roatan</td>
<td><a href="https://www.salud.gob.hn/sshome/#open-modalp1">https://www.salud.gob.hn/sshome/#open-modalp1</a></td>
</tr>
</tbody>
</table>

Previous Operations

<table>
<thead>
<tr>
<th>Has a similar event affected the same area(s) in the last 3 years?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did it affect the same population group?</td>
<td>-</td>
</tr>
<tr>
<td>Did the National Society respond?</td>
<td>-</td>
</tr>
<tr>
<td>Did the National Society request funding form DREF for that</td>
<td>-</td>
</tr>
</tbody>
</table>
Lessons learned:

In 2021, the Honduran Red Cross implemented an IFRC DREF (MDRHNO15) following a structural fire on the island of Guanaja, Bay Islands. Valuable lessons learned from this operation are being considered in the planning of this new IFRC DREF application. These lessons include:

- The importance of training community volunteers to work with technical teams, ensuring that assistance is provided in an organized and transparent manner to the people/families most in need.
- Streamlining supplier payment procedures and prioritizing emergency operations procedures.
- Collaboration with local institutions, including the Ministry of Health, the municipality, and other organizations, is fundamental to achieving the operation’s objectives, highlighting the leadership of the Honduran Red Cross in all processes.
- The importance of including mental health campaigns in future operations to reduce suspicion towards health facilities was also recognized.

Another relevant lesson learned is the acquisition of the Technical Unit for Health Response (UTR-S) during the Eta and Iota Emergency Appeal between 2020 and 2022, which will now be used as a center to develop most of the actions proposed in this DREF. This demonstrates that equipment acquired by the National Society in previous operations can be reused in future interventions, making the necessary adaptations or replacements due to wear and tear from use or storage. This practice not only optimizes resources, but also speeds up the response in emergency situations by taking advantage of pre-existing infrastructure and equipment.

Current National Society Actions

Start date of National Society actions

2024-04-20

**Health**

The branch of the Honduran Red Cross responded to the emergency by transferring patients evacuated from the public hospital in Roatan.

To address the health crisis generated by the hospital fire, the Honduran Red Cross has deployed the Technical Health Response Unit (UTR-S) to Roatan. This unit specializes in providing comprehensive health care, including first aid and psychosocial support, to the affected populations. This unit was created during the Eta-Iota response operation in 2020 as a Clinical Emergency Response Unit with the capacity to assist 100-120 outpatients daily.

**Water, Sanitation And Hygiene**

The National Society is planning to deploy a WaSH team to the area, following a request from the Ministry of Health (SESAL) to strengthen water, sanitation, and hygiene capacities at the institutional and community level. This measure responds to the limited availability of resources and capacities of SESAL in the Bay Islands department to address these critical needs.

**Protection, Gender And Inclusion**

The National Society has a Protection, Gender and Inclusion (PGI) focal point at the national level that provides comprehensive technical support, covering all areas and extending to volunteers and staff deployed in the affected area. In addition, the National Society ensures that the needs of vulnerable populations are visible and considered in needs assessments and coordination meetings.

**Community Engagement And Accountability**

The National Society has a Community Engagement and Accountability (CEA) focal point at the national level, which provides comprehensive technical support to all areas, including volunteers and staff deployed in the affected area. Currently, the National Society has begun to establish dialogues through bilateral meetings with community...
The objective of these meetings is to facilitate the identification of affected people in need of assistance and to disseminate the role of the Honduran Red Cross in response to the emergency.

**Coordination**

The National Society team deployed has conducted field visits in close coordination with local government entities, including the Ministry of Health (SESAL), the Permanent Contingency Committee (COPECO), as well as the Air and Naval Forces. Municipal authorities and the governor's office have also played a crucial role in emergency management.

During these visits, the team conducted a rapid assessment of the affected area and interviewed the local population, maintaining direct communication with field personnel from other governmental organizations.

In addition, the team has coordinated with the Honduran Navy to facilitate the transfer of the National Society's Emergency Health Response Unit (ERU) to Roatan, ensuring an effective and organized response to the emergency.

**National Society Readiness**

The Honduran Red Cross has developed extensive experience in disaster, emergency and crisis preparedness, including health scenarios. At the national level, it has extended training programs that have strengthened capacities in various specialized areas, such as vector control and health. This specialized human talent is fundamental to strengthening the health response technical unit, which will play a crucial role in the execution of the actions proposed in this IFRC DREF.

**Assessment**

The National Society has deployed an assessment team to the affected area, which is gathering information on the needs and gaps identified, mainly in the Health and WASH sectors. This team is holding ongoing meetings with various authorities, including municipal representatives, the Ministry of Health (SESAL) and the Permanent Contingency Committee (COPECO), among others, to ensure a coordinated and effective response.

**Activation Of Contingency Plans**

The branch of the Honduran Red Cross in the Bay Islands activated its contingency plan immediately after the incident. The team quickly mobilized to the affected area to support evacuation efforts and provide pre-hospital support to firefighters intervening in the emergency.

**National Society EOC**

The Departmental Council of the Honduran Red Cross immediately activated the Strategic Monitoring Center and, in turn, the National Emergency Operations Center (EOC). This made it possible to implement the national response plan and establish the crisis table in charge of directing operations and managing the health emergency declared by the Ministry of Health (SESAL), thus fulfilling the auxiliary role mandate.

**IFRC Network Actions Related To The Current Event**

**Secretariat**

Through the IFRC Central America Cluster, the emergency is being monitored in close coordination with the Honduran Red Cross. In addition, the technical team of the Cluster has provided support in the formulation of the application for this IFRC DREF.

**Participating National Societies**

The Spanish Red Cross has provided initial financial support to cover part of the costs related to the deployment of personnel and volunteers in the affected area. This financial support has been provided through the Programmatic Alliance.

**Other Actors Actions Related To The Current Event**

**Government has requested international assistance**

No

**National authorities**

During the emergency response, the Ministry of Health (Sesal), in coordination with the Permanent Contingency Committee (COPECO) and the Honduran Navy, has transported 30 tons of humanitarian aid to Roatan, including essential medical supplies.
In addition, Sesal is carrying out epidemiological surveillance to detect and control possible health risks to the population. At the same time, it continues to coordinate the transfer of critically ill patients to other health centers in the country.

UN or other actors

The Humanitarian Network, through its Health Cluster, is providing follow-up and coordinating meetings with the Ministry of Health (Sesal) to assess the needs on the ground after the fire. In addition, members of the Pan American Health Organization (PAHO) are in Roatan to gather information and conduct a detailed needs analysis.

Are there major coordination mechanism in place?

The Ministry of Health (Sesal) has activated a crisis committee to provide a timely and effective response to ensure continuity of health care on the island. The committee, led by the deputy minister of regulation, includes the participation of various state institutions such as the Honduran Armed Forces, the Permanent Contingency Committee (COPECO), the Mayor’s Office of Roatan and regional health chiefs. In addition, the Honduran Red Cross, the Pan American Health Organization (PAHO), the Honduran Medical Association and various private hospitals have also been involved, thus expanding the scope and capacity to respond to the emergency.

Needs (Gaps) Identified

Health

Following the fire at the only public hospital in Roatan, urgent health needs have worsened, mainly affecting emergency medical care capacity and access to basic health services. This incident has led to overcrowding in other temporary spaces, extending waiting times and especially affecting vulnerable populations such as children, the elderly, pregnant and lactating women, people with chronic illnesses, etc.

Private medical care on the island, although available, is inaccessible to the majority due to its high cost.

Based on interviews with key stakeholders and a multidisciplinary analysis conducted locally by the Honduran Red Cross, multiple needs have been identified. These include the provision of first aid and immediate psychological support, improvements in basic sanitation, and the strengthening of medical assistance for groups with chronic conditions and disabilities. In addition, it emphasizes the need to enhance health promotion and prevention of diseases such as acute respiratory, diarrheal, and vector-borne illnesses, as well as strengthening community health committees.

With emergency services disrupted following the fire, it is anticipated that the above needs will be further intensified. The overstretched capacities of the Ministry of Health (Sesal), with staff working 12-hour shifts and focused on cleaning and maintenance of temporary spaces and logistical processes, have exacerbated the situation, which could lead to further disruption of community health services and vector control and hygiene promotion activities.

Water, Sanitation And Hygiene

In the aftermath of the public hospital fire, Bay Islands Regional Health has identified multiple critical needs in the WASH (water, sanitation and hygiene) sector. These include water quality improvement, water source assessment and repair, water system testing and inspection, vector control, and dose calibration of chlorination systems. It is essential to strengthen the capacities of the Ministry of Health (SESAL) personnel on the island to effectively manage these tasks.

In addition, waste management presents a significant challenge in the island’s communities, exacerbated by insufficient garbage collection and lack of information and mechanisms on recycling and proper waste disposal. This situation contributes to health and environmental problems that need to be urgently addressed.

On the other hand, there are still numerous households that use latrines located inside the lots, which underscores the need to improve sanitation services to provide greater comfort and reduce the risks of contamination. These deficiencies require an integrated intervention to ensure a healthy and safe environment for all island residents.

Protection, Gender And Inclusion

During the emergency caused by the fire at the public hospital in Roatan, Protection, Gender and Inclusion needs have been highlighted. According to Roatan’s municipal development plan 2020-2025, approximately 7% of the population between 1 and 18 years of age has a
disability, which underscores the importance of ensuring accessibility and adapted services during the emergency response. In addition, it is essential to provide differentiated care that considers the specific needs of women, girls, boys and other vulnerable groups. This implies not only ensuring protection against gender-based violence and abuse, but also facilitating access to basic services such as safe transportation, medical care, and psychosocial support. In particular, it is necessary to implement measures that guarantee the safety and well-being of these groups, avoiding discrimination and promoting an inclusive response that respects the diversity and individual needs of the population affected by the fire.

Community Engagement And Accountability

Despite widespread support from the community and local authorities for the initiatives of the Honduran Red Cross, the installation of the Technical Health Response Unit (UTR-S) has generated divided opinions at the local level, mainly due to the idea that the UTR-S was going to provide hospitalization services. This situation highlights the need to establish effective communication channels that not only reinforce the role of the National Society in the emergency, but also clarify the types of services provided by the UTR-S. In addition, it is essential to implement mechanisms for consultation, participation, and follow-up that allow for the precise identification and understanding of the most pressing needs of the population, including adaptations to local health practices.

These mechanisms must include not only health personnel but also representatives from other local sectors. This will ensure that the emergency response is comprehensive and respectful of the context and the cultural and social particularities of the community. Adopting this approach will improve the effectiveness of interventions and strengthen community acceptance and collaboration in all phases of the process, from planning to implementation and evaluation of response actions.

Any identified gaps/limitations in the assessment

So far, the Honduran Red Cross has not faced any difficulties in identifying needs, thanks to the efficient coordination it has maintained since the beginning of the fire. The National Society has been actively involved in various coordination and decision-making spaces, facilitating an integrated approach with both the affected population and key institutions, such as the Ministry of Health (Sesal).

Operational Strategy

Overall objective of the operation

This IFRC DREF allocation aims to support the immediate needs of 33,000 people (6,600 families) in the areas of health, water, sanitation, and hygiene (WASH) affected by the public hospital fire in the municipality of Roatan, Bay Islands, over six months.

This objective will be achieved through specific actions that the Honduran Red Cross has planned in priority areas, which will be developed through the Technical Health Response Unit (UTR-S). In addition, the Community Engagement and Accountability (CEA) and Protection, Gender, and Inclusion (PGI) approaches will be applied in a cross-cutting manner.

Operation strategy rationale

The Honduran Red Cross, in coordination with national and local authorities, has identified various needs, mainly in the health and Water, Sanitation and Hygiene (WASH) sectors, prioritizing those most recurrent to contribute to the demand for services previously provided by the public hospital in Roatan. In order to make efficient use of the private hospitals and avoid overcrowding while the new hospital is being built, initial clinical assessment, first aid, and minor trauma management services will be established.

In this context, the Honduran Red Cross has mobilized the Technical Health Response Unit (UTR-S), designed and equipped to offer these services, in addition to allowing the development of health promotion, hygiene and sanitation activities. The UTR-S will function as a complement to the private hospitals and the four existing outpatient facilities on the island, strengthening the capacity of pre-hospital services. It will also contribute to the prevention of dengue cases to avoid hospital overload and mortality due to severe complications of the disease and poor access to medical services.

Through this IFRC DREF, the National Society has proposed to implement the following strategic actions:

HEALTH:
- Dissemination of key messages through informative and educational campaigns in various digital media on health, Water, Sanitation and Hygiene (WASH), protection and community participation. The topics presented in the section on the needs of each sector will be used as a basis, but other topics will also be included according to emerging needs, as well as the requirements of the Ministry of Health (Sesal) and community representatives.
- Organization of health committees to promote epidemiological surveillance at the community level. The plan is to work on all actions in
an integrated manner to achieve a greater impact.

- Training and updating of active volunteers on community health and epidemic control issues.
- Equipment and maintenance of the Technical Health Response Unit (UTR-S) (purchase of supplies such as lamps, purchase or repair of awnings, plastic chairs and tables, ventilators and some disposable medical supplies commonly used in the UTR).

WATER, SANITATION AND HYGIENE (WASH):
- Development of health and hygiene promotion days on the prevention and control of communicable diseases, arboviruses, diarrhea and other outbreaks that may arise.
- Distribution of hygiene and cleaning kits. These have been specifically designed to support the prevention of diseases, especially those transmitted by vectors, a prevalent problem in the affected area. This preventive measure is essential to mitigate the risk of contagion, protect community health, and avoid overcrowding of local health services.
- Analysis of water quality in the communities.

PROTECTION, GENDER AND INCLUSION (PGI):
- Training/updating processes for volunteers in the application of the minimum standards of Protection, Gender and Inclusion in emergencies.
- Generation of partnerships with local entities for the prevention and response to sexual and gender-based violence in emergency contexts.
- Disaggregation of data by sex, age and disability to generate operational reports for a more detailed monitoring of groups in vulnerable situations.

COMMUNITY, ENGAGEMENT AND ACCOUNTABILITY (CEA):
- Implementation of post-activity satisfaction surveys and delivery of humanitarian assistance.
- Installation and promotion of the use of CEA feedback mechanisms.
- Meetings with community representatives to evaluate the implementation of the operation.
- Coordination meetings with authorities of the Secretariat of Health (Sesal) and the Municipal Mayor’s Office.

STRENGTHENING OF THE NATIONAL SOCIETY:
- Hiring of two people specifically for the operation: an IFRC DREF technician and an administrative assistant.
- Payment of housing rent for volunteers and staff, since many of them do not reside in the area of intervention and face significant challenges in terms of daily travel, both due to distance and security issues and costs.
- Mobilization expenses.
- Vehicle rental and fuel expenses.
- Development of lessons learned to strengthen the National Society’s response system.

This strategy ensures a comprehensive and coordinated response to the emergency, maximizing the effectiveness of interventions and the positive impact on the affected people.

**Targeting Strategy**

**Who will be targeted through this operation?**

This operation has prioritized direct attention to the people and families of the municipality of Roatan, in the department of Islas de la Bahía, where the public hospital fire occurred. The selection of this area was based on reports of needs generated by the hospital fire and epidemiological reports from the Ministry of Health (SESAL, by its acronym in Spanish). In addition, the health emergency declared by SESAL, which has requested the collaboration of all stakeholders, including the Honduran Red Cross, was taken into account.

**Explain the selection criteria for the targeted population**

The target population has been specifically defined in the area affected by the public hospital fire in the municipality of Roatan, in the department of Islas de la Bahía. In addition, communities within the municipality that, according to the epidemiological bulletins of the Secretariat of Health (Sesal), are considered priority areas for disease prevention and health promotion are included.

**Total Targeted Population**
Women | 9,900 | Rural | 44%
Girls (under 18) | 6,600 | Urban | 56%
Men | 9,900 | People with disabilities (estimated) | 7%
Boys (under 18) | 6,600
Total targeted population | 33,000

**Risk and Security Considerations**

Please indicate about potential operation risk for this operations and mitigation actions

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation action</th>
</tr>
</thead>
<tbody>
<tr>
<td>High logistics and transportation costs due to the island location</td>
<td>a) Implement agreements with service and material suppliers to obtain preferential prices and ensure a continuous flow of essential resources without incurring cost overruns during an emergency.</td>
</tr>
<tr>
<td>Cyclonic season approaching</td>
<td>a) Conduct constant monitoring of the evolution of the probable formation of meteorological phenomena. b) Develop an operation plan that contemplates measures and actions in the event of a possible tropical storm.</td>
</tr>
<tr>
<td>Limited capacity in health promotion, epidemiological surveillance</td>
<td>a) Conduct awareness and education campaigns in vulnerable communities. b) Use context-appropriate media to disseminate preventive messages.</td>
</tr>
<tr>
<td>and late detection of outbreaks and hygiene promotion</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any security and safety concerns for this operation

No security incidents or widespread violence have been reported in the area. In recent years, the Department of Bay Islands has recorded the lowest crime and homicide rates in the country. However, the National Society will continue to continuously monitor the context and any criminal incidents that may arise. In addition, all volunteers and personnel involved in the operations will receive adequate training and equipment to ensure their safety and security.

Has the child safeguarding risk analysis assessment been completed?  
No

**Planned Intervention**

**Health**

**Budget:** CHF 196,467  
**Targeted Persons:** 33,000  
**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people attended for initial clinical assessment, emergencies and pre-hospital services in the RTU-S.</td>
<td>3,000</td>
</tr>
<tr>
<td>Number of households implementing vector control measures.</td>
<td>250</td>
</tr>
<tr>
<td>Number of people reached through information and education campaigns.</td>
<td>30,000</td>
</tr>
<tr>
<td>Number of community health committees formed.</td>
<td>5</td>
</tr>
</tbody>
</table>
Number of volunteers trained in community health and epidemic control. | 50

**Priority Actions**

- Pre-hospital care for people with minor injuries and outpatient care.
- Support the multidisciplinary teams of the Secretariat of Health (Sesal) in-home visits for vector control.
- Dissemination of key messages through informative and educational campaigns through various digital media on issues related to health, WASH, protection and community participation.
- Organization of health committees.
- Training and updating of volunteers active in the operation on community health and epidemic control issues.
- Equipment and maintenance of the Technical Health Response Unit (UTR-S) (purchase of supplies such as lamps, purchase or repair of awnings, plastic chairs and tables, ventilators and some disposable medical supplies commonly used in the UTR).

### Water, Sanitation And Hygiene

**Budget:** CHF 96,340  
**Targeted Persons:** 5,000

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of people reached with hygiene promotion workshops.</td>
<td>5,000</td>
</tr>
<tr>
<td>Number of families receiving hygiene kits.</td>
<td>1,000</td>
</tr>
<tr>
<td>Number of families receiving cleaning kits.</td>
<td>1,000</td>
</tr>
<tr>
<td>Number of communities where water quality analysis is performed.</td>
<td>10</td>
</tr>
</tbody>
</table>

**Priority Actions**

- Development of health and hygiene promotion days on the prevention and control of communicable diseases, arbovirosis, diarrhea and other outbreaks that may arise.
- Distribution of family hygiene kits.
- Distribution of family cleaning kits for water tanks or containers.
- Water quality analysis in communities.

### Protection, Gender And Inclusion

**Budget:** CHF 6,177  
**Targeted Persons:** 50

**Indicators**

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of volunteers trained/updated in the application of Protection, Gender and Inclusion (PGI) minimum standards in emergencies.</td>
<td>50</td>
</tr>
<tr>
<td>Number of partnerships established with local authorities for SGBV prevention and response.</td>
<td>1</td>
</tr>
<tr>
<td>Percentage of monthly reports that include data disaggregated by sex, age and disability.</td>
<td>100</td>
</tr>
</tbody>
</table>

**Priority Actions**

- Training/updating processes for volunteers in the application of the minimum standards for Protection, Gender and Inclusion (PGI) in emergencies.
- Generate collaborations with local entities (organizations, governmental body, etc.) for the prevention and response to sexual and gender-based violence.
- Disaggregation of data by sex, age and disability to generate operational reports.
Community Engagement And Accountability

Budget: CHF 6,390  
Targeted Persons: 100

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of people surveyed to measure satisfaction after implementation of activities and delivery of humanitarian assistance.</td>
<td>10</td>
</tr>
<tr>
<td>Percentage of people in the communities using available feedback mechanisms.</td>
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</tr>
<tr>
<td>Number of meetings with community representatives to evaluate the implementation of the operation.</td>
<td>6</td>
</tr>
<tr>
<td>Number of coordination meetings with authorities of the Ministry of Health and the Municipal Mayor’s Office.</td>
<td>6</td>
</tr>
</tbody>
</table>

Priority Actions

- Implementation of satisfaction surveys after the implementation of activities and delivery of humanitarian assistance.
- Installation and promotion of the use of CEA feedback mechanisms.
- Meetings with community representatives to evaluate the implementation of the operation.
- Coordination meetings with authorities of the Health Secretariat (Sesal) and the Municipal Mayor’s Office.

Secretariat Services

Budget: CHF 13,845  
Targeted Persons: -

Indicators

<table>
<thead>
<tr>
<th>Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of field monitoring visits performed.</td>
<td>3</td>
</tr>
</tbody>
</table>

Priority Actions

- Translation costs
- Costs of sending documentation of the operation
- Financial costs
- Field monitoring visits

National Society Strengthening

Budget: CHF 17,175  
Targeted Persons: 50

Indicators

<table>
<thead>
<tr>
<th>Title</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Number of volunteers carrying out community actions in the field, duly identified.</td>
<td>50</td>
</tr>
<tr>
<td>Number of lessons learned workshops developed.</td>
<td>1</td>
</tr>
<tr>
<td>Hiring of staff for the operation</td>
<td>3</td>
</tr>
</tbody>
</table>

Priority Actions
• Acquisition and distribution of visibility elements for volunteers active in the operation.
• Hiring of three people specifically for the operation: 1 IFRC DREF coordinator, 1 IFRC DREF technician, and 1 administrative assistant.
• Payment of housing rent for volunteers and staff.
• Mobilization expenses.
• Vehicle rental and fuel expenses.
• Development of lessons learned workshop.

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

There will be 50 active volunteers to support the assembly and disassembly of the Technical Health Response Unit (UTR-S), as well as the execution of planned actions in the prioritized sectors. These volunteers have experience in community health and Water, Sanitation and Hygiene.

In addition, to ensure that the actions are implemented on time and with the required quality, a DREF coordinator and a technician will be hired. The coordinator will supervise and direct the execution of the operation, coordinating teams and resources, manage communication between the different stakeholders, as well as solving problems and making strategic decisions. The technician, on the other hand, will focus on a more operational follow-up, directly monitoring the implementation of the action plan, and supervising volunteers and technical managers to ensure that the technical specifications are correctly applied in each of the planned actions. Also ensure that deadlines and quality standards are met. In addition, an administrative assistant will provide support to the team and ensure that accountabilities are carried out in accordance with the established guidelines.

To strengthen operational capacity, the mobilization of an evaluation team and the operations coordinator from the National Society's headquarters, when required, has been planned.

In addition, we have considered renting a space to ensure that both staff and volunteers have an adequate place to stay, taking into account the distances to reach the island.

If there is procurement, will it be done by National Society or IFRC?

The Honduran Red Cross has a procurement structure for goods and services with clearly defined procedures that are compatible with the IFRC system. In addition, the National Society has a large and secure warehouse for the safekeeping of supplies. The purchases contemplated in the Action Plan are made locally, always based on the capabilities of local suppliers.

In relation to this IFRC DREF, procurement will follow standard IFRC procedures and adhere to Sphere standards for the procurement of household items. Medical supplies and equipment needed for the Health Response Technical Unit (HRTU-S) will be procured directly by the IFRC to ensure efficiency and compliance with required quality standards.

How will this operation be monitored?

The National Society's Monitoring, Evaluation and Reporting Unit (UMER, by its initials in Spanish) will be responsible for the supervision and follow-up of the actions, and will carry out at least two field verification visits: one during the implementation of the operation and one at the end, to measure indicators, results, outputs and activities. In addition, the staff will be responsible for conducting post-distribution satisfaction surveys and developing a lessons learned workshop at the end of the operation.

In parallel, the National Society will hold regular follow-up meetings with the IFRC Central America Cluster technical team. These meetings will allow for real-time monitoring and efficiently address any requests or issues that may arise during the implementation of the operation.

Please briefly explain the National Societies communication strategy for this operation

The Communication Unit will be responsible for covering and disseminating the main actions of the operation, and developing digital content for distribution through institutional media, such as social networks, internal newsletters and audiovisual material.

The Unit will also work in conjunction with the IFRC DREF technical team, as well as with the Community Engagement and Accountability (CEA) to ensure that messages, accountabilities and all information under the IFRC DREF reach all people in a timely and relevant manner.
## DREF OPERATION

**MDRHN022 - Honduran Red Cross**  
**Honduras: Hospital fire**

### Operating Budget

<table>
<thead>
<tr>
<th>Planned Operations</th>
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<td>Shelter and Basic Household Items</td>
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<td>Livelihoods</td>
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<td>Multi-purpose Cash</td>
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<td>Water, Sanitation &amp; Hygiene</td>
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<td>Protection, Gender and Inclusion</td>
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<td>Education</td>
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<td>Migration</td>
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<td>Risk Reduction, Climate Adaptation and Recovery</td>
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<td>Environmental Sustainability</td>
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<th>Enabling Approaches</th>
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<td>Coordination and Partnerships</td>
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<td>Secretariat Services</td>
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<tr>
<td>National Society Strengthening</td>
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**TOTAL BUDGET**  
336,394

*all amounts in Swiss Francs (CHF)*

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Click here to download the budget file
Contact Information

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

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[Click here for the reference]