

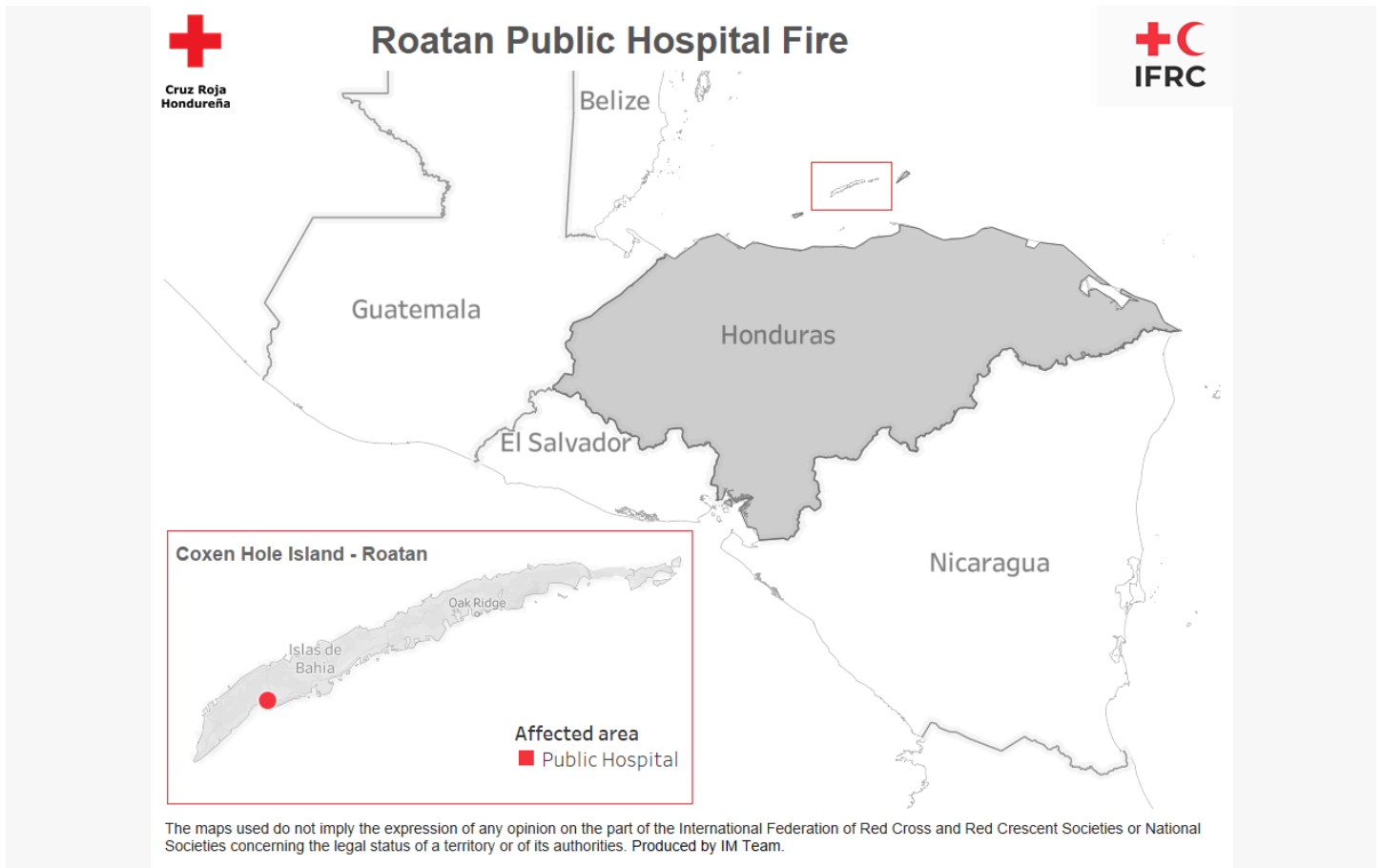


Deployment of the Health Response Technical Unit. August 2024. Source: HRC

Appeal: <b>MDRHN022</b>	Total DREF Allocation: <b>CHF 336,394</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Fire</b>
Glide Number: <b>-</b>	People Affected: <b>55,571 people</b>	People Targeted: <b>33,000 people</b>	People Assisted: <b>52,000 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>07-05-2024</b>	Operational End Date: <b>30-11-2024</b>	Total Operating Timeframe: <b>6 months</b>
Targeted Regions: <b>Islas de La Bahia</b>			

*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*

# Description of the Event



Area affected and prioritized by this IFRC DREF. Source: IFRC

## Date of event

20-04-2024

## What happened, where and when?

On 20 April 2024, a devastating fire destroyed the public hospital in Roatán, 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 scale of the emergency exceeded the local response capacity, on 26 April, the Honduran Red Cross received a formal request for support from the Government, specifically from the Departmental Health Region of Islas de la Bahía.

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 Roatán and activated a crisis committee to address the situation (2). Additionally, an urgent call was made to strengthen collaboration between state entities, local authorities, and organizations such as the Honduran Red Cross, which were present in the country. This joint effort aimed to overcome the emergency and restore the health and well-being of the affected community.



Educational session about safe water consumption. September 2024. Source: HRC



Fumigation campaign. October 2024. Source: HRC



Meeting with community local authorities. June 2024. 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 Roatan 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 Roatan 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 caused by the fire, the Honduran Red Cross took strategic measures to support the immediate medical and basic service needs in the aftermath of the incident. This response was carried out in coordination with the Ministry of Health (SESAL) and in alignment with the organization's auxiliary role to public authorities, aiming to reduce the impact on the affected population.

Source Information

Source Name	Source Link
1. Declaration of sanitary emergency in Roatan	<a href="https://www.salud.gob.hn/sshome/#open-modalp1">https://www.salud.gob.hn/sshome/#open-modalp1</a>
2. Estimated losses after the fire in the Roatan hospital	<a href="https://www.elheraldo.hn/honduras/incendio-hospital-roatan-dejo-perdidas-14-millones-lempiras-insumos-medicamentos-MC18838602">https://www.elheraldo.hn/honduras/incendio-hospital-roatan-dejo-perdidas-14-millones-lempiras-insumos-medicamentos-MC18838602</a>

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	Through the IFRC Central America Country Cluster Delegation, the emergency was monitored in close coordination with the Honduran Red Cross. In addition, the Cluster
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	technical team provided support in the development of the application for this IFRC - DREF.
<b>Participating National Societies</b>	The Spanish Red Cross 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 was provided through the Programmatic Alliance (ECHO-PP).

## ICRC Actions Related To The Current Event

The ICRC has a presence in the country; however, it did not take part in any of the actions related to this IFRC-DREF.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	No
<b>National authorities</b>	<p>During the emergency response, the Ministry of Health (SESAL), in coordination with the Permanent Contingency Committee (COPECO) and the Honduran Navy, transported 30 tons of humanitarian aid to Roatán, including essential medical supplies.</p> <p>In addition, the Ministry of Health (SESAL) conducted epidemiological surveillance to detect and control potential health risks to the population. At the same time, it continued to coordinate the transfer of critically ill patients to other health centers in the country.</p>
<b>UN or other actors</b>	The Humanitarian Network, through its Health Cluster, provided follow-up and coordinated 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) were deployed to Roatán to gather information and conduct a detailed needs analysis.

**Are there major coordination mechanism in place?**

The Ministry of Health (SESAL) activated a crisis committee to provide a timely and effective response and to ensure the continuity of health care on the island. The committee, led by the Deputy Minister of Regulation, included the participation of various state institutions such as the Honduran Armed Forces, the Permanent Contingency Committee (COPECO), the Roatán Mayor's Office, and regional health authorities. In addition, the Honduran Red Cross, the Pan American Health Organization (PAHO), the Honduran Medical Association, and various private hospitals were also involved, thus expanding the scope and capacity to respond to the emergency.

## Needs (Gaps) Identified



Following the fire at the only public hospital in Roatán, urgent health needs worsened, mainly affecting the capacity for emergency medical care and access to basic health services. This incident led to overcrowding in other temporary facilities, extended waiting times, and disproportionately impacted vulnerable populations such as children, the elderly, pregnant and lactating women, and people with chronic illnesses. Although private medical care remained available on the island, it was 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 were identified. These included 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, the analysis highlighted the need to enhance health promotion and disease prevention efforts, particularly for acute respiratory infections, diarrheal diseases, and vector-borne illnesses, as well as to strengthen community health committees.

With emergency services disrupted following the fire, it was anticipated that the identified needs would intensify. The already





overstretched capacities of the Ministry of Health (SESAL), with staff working 12-hour shifts and focusing on cleaning, maintenance of temporary facilities, and logistical processes, further exacerbated the situation. This risked additional disruption to community health services and to ongoing vector control and hygiene promotion activities.



## Water, Sanitation And Hygiene

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

In addition, waste management presented a significant challenge in the island's communities, exacerbated by insufficient garbage collection and the lack of information and mechanisms regarding recycling and proper waste disposal. This situation contributed to health and environmental problems that needed to be urgently addressed.

On the other hand, numerous households still used latrines located within residential plots, which underscored the need to improve sanitation services to provide greater comfort and reduce the risks of contamination. These deficiencies required 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 Roatán, Protection, Gender, and Inclusion (PGI) needs were brought to the forefront. According to Roatán's Municipal Development Plan 2020–2025, approximately 7% of the population between the ages of 1 and 18 had a disability, which underscored the importance of ensuring accessibility and adapted services during the emergency response.

In addition, it was essential to provide differentiated care that considered the specific needs of women, girls, boys, and other vulnerable groups. This implied 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 was necessary to implement measures that guaranteed the safety and well-being of these groups, avoided discrimination, and promoted an inclusive response that respected 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) generated divided opinions at the local level, mainly due to the perception that the UTR-S would provide hospitalization services. This situation highlighted the need to establish effective communication channels that not only reinforced the role of the National Society in the emergency, but also clarified the types of services provided by the UTR-S.

In addition, it was essential to implement mechanisms for consultation, participation, and follow-up that allowed for the precise identification and understanding of the most pressing needs of the population, including necessary adaptations to local health practices.

These mechanisms included not only health personnel but also representatives from other local sectors. This approach ensured that the emergency response was comprehensive and respectful of the cultural and social particularities of the community. Adopting this approach improved the effectiveness of interventions and strengthened community acceptance and collaboration throughout all phases of the process, from planning to implementation and evaluation of response actions.

# Operational Strategy

## Overall objective of the operation

This IFRC DREF allocation aimed 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 Roatán, Bay Islands, over a six-month period.



At the close of the operation, a total of 52,000 people were reached. It is estimated that approximately 33,000 were reached directly, while around 19,000 people were reached indirectly, mainly through communication campaigns.

## Operation strategy rationale

The Honduran Red Cross, in coordination with national and local authorities, identified various needs, mainly in the health and Water, Sanitation, and Hygiene (WASH) sectors, prioritizing the most recurrent ones to help meet the demand for services that had previously been provided by the public hospital in Roatán. To make efficient use of private hospitals and to prevent overcrowding while the new hospital was being built, initial clinical assessment, first aid, and minor trauma management services were established.

In this context, the Honduran Red Cross mobilized the Technical Health Response Unit (UTR-S), designed and equipped to deliver these services, in addition to enabling the implementation of health promotion, hygiene, and sanitation activities. The UTR-S operated as a complement to the private hospitals and the four existing outpatient health facilities on the island, strengthening the capacity of pre-hospital services. It also contributed to dengue prevention efforts, aiming to avoid hospital overcrowding and reduce mortality caused by severe complications of the disease and limited access to medical services.

Through this IFRC DREF, the National Society 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 Ministry of Health (SESAL) and the Municipal Mayor's Office.

### STRENGTHENING OF THE NATIONAL SOCIETY:

- Hiring of two people specifically for the operation: a 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 ensured a comprehensive and coordinated response to the emergency, maximizing the effectiveness of interventions and the positive impact on the affected population.



# Targeting Strategy

## Who was targeted by this operation?

This operation prioritized direct assistance to the people and families of the municipality of Roatán, in the department of Islas de la Bahía, where the public hospital fire had occurred. The selection of this area was based on needs assessments generated following the hospital fire and on epidemiological reports from the Ministry of Health (SESAL). Additionally, the health emergency declared by SESAL, which had requested the collaboration of all relevant stakeholders, including the Honduran Red Cross, was taken into account.

## Explain the selection criteria for the targeted population

The target population was specifically defined in the area affected by the public hospital fire in the municipality of Roatán, in the department of Islas de la Bahía. In addition, communities within the municipality that, according to the epidemiological bulletins of the Ministry of Health (SESAL), were considered priority areas for disease prevention and health promotion were also included.

## Total Assisted Population

Assisted Women	16,202	Rural	44%
Assisted Girls (under 18)	10,399	Urban	56%
Assisted Men	15,000	People with disabilities (estimated)	7%
Assisted Boys (under 18)	10,399		
Total Assisted Population	52,000		
Total Targeted Population	33,000		

## Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
Cyclonic season approaching	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.



Limited capacity in health promotion, epidemiological surveillance and late detection of outbreaks and hygiene promotion	a) Conduct awareness and education campaigns in vulnerable communities. b) Use context-appropriate media to disseminate preventive messages.
High logistics and transportation costs due to the island location	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.
<p><b>Please indicate any security and safety concerns for this operation:</b></p> <p>No were reported security incidents or widespread violence in the area. In recent years, the department of Islas de la Bahía had recorded the lowest crime and homicide rates in the country. However, the National Society continued to monitor the context and any criminal incidents that might have arisen. In addition, all volunteers and personnel involved in the operation had received adequate training and equipment to ensure their safety and security.</p>	
Has the child safeguarding risk analysis assessment been completed?	Yes

## Implementation



**Budget:** CHF 196,467  
**Targeted Persons:** 33,000  
**Assisted Persons:** 52,000  
**Targeted Male:** 25,200  
**Targeted Female:** 26,800

### Indicators

Title	Target	Actual
Number of people attended for initial clinical assessment, emergencies and pre-hospital services in the RTU-S.	3,000	4,304
Number of households implementing vector control measures.	250	440
Number of people reached through information and education campaigns.	30,000	52,000
Number of community health committees formed.	5	6
Number of volunteers trained in community health and epidemic control.	50	34

### Narrative description of achievements

The Honduran Red Cross, in close coordination with the Roatán Municipality, the Bay Islands Health Region, and the Honduran Naval Force, successfully deployed the Technical Health Response Unit (UTR-S). This deployment was made possible thanks to the logistical and operational support of these institutions, which provided a strategic location for its installation, transportation, and security throughout the operation.

With the UTR-S in place, medical service modules were activated, allowing Roatán Hospital staff to continue delivering essential health services. During the first two weeks, the UTR-S operated as a triage area for emergencies, with extended hours from 6:00 a.m. to 9:00 p.m.





For the following three weeks, it provided outpatient consultations from 7:00 a.m. to 7:00 p.m. Later, at the request of the Health Region, the UTR-S was repurposed as a Comprehensive Health Center (CIS) for two months, concluding its operations in early August 2024.

During this period, the Honduran Red Cross provided additional medical, nursing, and pharmacy staff, while advocating with health authorities to hire sufficient personnel for extended shifts. It also supported the search for a permanent location to ensure service continuity after the UTR-S withdrawal.

Through these efforts, the operation successfully reached 4,304 people, exceeding the initial target by providing medical care, patient transfers to specialized centers, and vaccination services. The UTR-S became a key temporary referral center on the island. Additionally, complementary supplies such as tents, chairs, lighting equipment, among others were procured, and sanitary services were rented to ensure adequate operating conditions.

In response to the increase in dengue cases in Roatán, the Honduran Red Cross, in coordination with the Bay Islands Health Region, carried out community health activities in six prioritized communities: El Ticket, Balfate, Alden Westen, Los Fuertes, Policarpo Galindo, and El Bight.

These communities benefited from comprehensive vector control activities, including larval index surveys, fumigation, BTI application in water storage containers, community clean-up campaigns, and awareness sessions. Health fairs were also organized to address the most prevalent diseases in the area.

These efforts reached 440 households (2,098 people), surpassing initial targets thanks to the identification of additional families in collaboration with health authorities. Moreover, six Community Health and Surveillance Committees were established and trained, equipping them with knowledge on vector monitoring and basic prevention actions to sustain efforts beyond the operation's closure.

In addition, a bilingual radio campaign in Spanish and English was implemented, delivering key messages on dengue prevention, its symptoms, and available referral pathways. This campaign indirectly reached 52,000 people across the island, exceeding the initial target, as the inclusion of English allowed the messages to reach a broader audience.

Finally, a specialized training process was conducted for volunteers, focusing on community health, epidemic control—particularly dengue—and the latest community engagement methodologies. Although 34 volunteers participated, fewer than initially planned, they represented the only active local volunteer base and demonstrated strong commitment throughout the operation.

## Lessons Learnt

- The experience showed that joint efforts between local authorities, the health sector, the armed forces, and the Honduran Red Cross enabled a more efficient response with greater reach to the affected population.
- The installation and operation of the UTR-S allowed for immediate health service delivery while permanent facilities were being restored, demonstrating its value as a temporary solution in emergency contexts.
- The establishment of Health Committees and engagement with local volunteers helped build community capacity to continue monitoring and prevention efforts after the operation ended.
- The experience highlighted the importance of integrating specific mental health and psychosocial support actions from the early stages of the response, taking into account the collective stress caused by the loss of the hospital, limited access to basic services, and the island's geographic isolation, all of which affected both health personnel and the general population.

## Challenges

- The mobilization and maintenance of the UTR-S presented significant logistical challenges, particularly on an island with limited transportation options and technical resources.
- Despite the reach of the radio campaign, there was a need to diversify communication channels to better reach sectors with limited access to radio, such as youth.



## Water, Sanitation And Hygiene

**Budget:** CHF 96,340

**Targeted Persons:** 5,000

**Assisted Persons:** 7,346

**Targeted Male:** 2,331

**Targeted Female:** 5,015



## Indicators

Title	Target	Actual
Number of people reached with hygiene promotion workshops.	5,000	7,346
Number of families receiving hygiene kits.	1,000	1,200
Number of families receiving cleaning kits.	1,000	1,200
Number of communities where water quality analysis is performed.	10	10

## Narrative description of achievements

The Honduran Red Cross successfully implemented comprehensive community health promotion campaigns in all targeted communities. These activities included educational sessions focused on personal, family, and community hygiene, emphasizing low-cost preventive practices such as proper handwashing, the safe consumption of water using filters, and maintaining healthy environments. These efforts were designed to reduce the incidence of preventable diseases without relying solely on medical or pharmaceutical interventions. Thanks to strong community engagement and additional funding from the German Red Cross for the purchase of water filters, the operation reached 7,346 people, significantly exceeding the initial target.

Additionally, 1,200 household cleaning and personal hygiene kits were distributed to participating families, surpassing planned targets through an efficient procurement strategy that allowed for the purchase of 200 extra kits without compromising product quality. This distribution not only supported the immediate adoption of healthy practices but also strengthened family capacities to prevent diseases related to poor hygiene and contaminated water, such as dengue, malaria, and gastrointestinal illnesses.

As a complementary action, technical water sampling was conducted in 10 communities, preceded by training sessions for Water Management Boards, which committed to taking corrective actions if risks were identified. The results showed that most water sources were safe for human consumption, although some presented potential bacteriological contamination. These findings were formally shared with community and health authorities for follow-up and mitigation.

## Lessons Learnt

- Involving Water Management Boards in the process strengthened their leadership in local water governance and informed decision-making.
- Educational sessions, supported by the distribution of essential supplies, facilitated the immediate adoption of healthier habits in households.

## Challenges

- While initial participation was strong, sustained engagement strategies are needed to keep communities involved over time.
- Although results were delivered to local authorities, stronger follow-up systems are needed to ensure effective implementation of water safety measures.



## Protection, Gender And Inclusion

**Budget:** CHF 6,177

**Targeted Persons:** 50

**Assisted Persons:** 28

**Targeted Male:** 10

**Targeted Female:** 18

## Indicators

Title	Target	Actual
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Number of volunteers trained/updated in the application of Protection, Gender and Inclusion (PGI) minimum standards in emergencies.	50	28
Number of partnerships established with local authorities for SGBV prevention and response.	1	4
Percentage of monthly reports that include data disaggregated by sex, age and disability.	100	100

## Narrative description of achievements

As part of the operation strategic actions, a specialized workshop on Protection, Gender, and Inclusion (PGI) in emergency contexts was conducted with the participation of 28 people, including volunteers and representatives from key state institutions such as the Fire Department, the Ministry of Health (SESAL), the Inter-Institutional Commission Against Commercial Sexual Exploitation and Trafficking in Persons (CICESCT), and the National Human Rights Commission (CONADEH). Although the full number of expected participants was not reached due to scheduling conflicts, the workshop significantly strengthened both the technical team's capacities and inter-institutional collaboration.

The workshop applied a case-based methodology, allowing for context-specific reflection and learning relevant to the island's reality. Beyond knowledge transfer on the prevention and response to sexual and gender-based violence (SGBV), the space enhanced coordination with participating institutions, resulting in agreements for joint action and response mechanisms in future protection-related situations.

The workshop also raised awareness among the technical team and volunteers on the importance of collecting and reporting sex, age, and disability-disaggregated data, as a key element for informed decision-making and ensuring that all actions are inclusive and evidence-based.

## Lessons Learnt

- The coordination achieved during the workshop facilitated agreements for joint action in preventing and responding to gender-based violence.
- Raising awareness on the importance of using sex, age, and disability data promotes better decision-making and more targeted actions.

## Challenges

- A single workshop is not enough to ensure sustained and in-depth understanding of the PGI approach.
- While inter-institutional agreements were achieved, there is a need to operationalize them for sustained implementation.



## Community Engagement And Accountability

**Budget:** CHF 6,390

**Targeted Persons:** 100

**Assisted Persons:** 100

**Targeted Male:** 37

**Targeted Female:** 63

## Indicators

Title	Target	Actual
Percentage of people surveyed to measure satisfaction after implementation of activities and delivery of humanitarian assistance.	10	10
Percentage of people in the communities using available feedback mechanisms.	10	10

Number of meetings with community representatives to evaluate the implementation of the operation.	6	6
Number of coordination meetings with authorities of the Ministry of Health and the Municipal Mayor's Office.	6	6

## Narrative description of achievements

As part of its commitment to community accountability, the Honduran Red Cross implemented a feedback and consultation process by conducting a perception survey with a representative sample (330 people) to 10% of the total population reached by the operation. This survey was carried out in the communities of Los Fuertes, Bella Vista, Alden Webster, Policarpo Galindo, Balfate, and El Ticket in Roatán, with the aim of assessing the satisfaction levels of affected people regarding the relevance, quality, and effectiveness of the humanitarian actions implemented under the IFRC-DREF.

In addition to measuring overall satisfaction, the survey allowed for the identification of areas for improvement and the collection of valuable recommendations to optimize future humanitarian responses, ensuring that actions become increasingly relevant and community-centered. For example, some respondents expressed the need for clearer information from the beginning about the types of services provided by the Technical Health Response Unit (UTR-S), as there was a widespread perception that hospitalization services would be offered, which led to confusion and misaligned expectations.

Respondents also emphasized the importance of including psychosocial support sessions, as many families reported high levels of stress and anxiety due to the loss of the island's only public hospital.

To complement this process, feedback boxes were installed in all prioritized communities, allowing people to freely and anonymously share their opinions and concerns. The National Society monitored the use of these mechanisms, ensuring that at least 10% of participants interacted with the feedback tools during the activities.

Throughout the operation, six coordination meetings were held with community representatives and local authorities, including the Ministry of Health (SESAL) and the Municipality, to share progress updates, validate actions, and make necessary operational adjustments—thus strengthening transparency and collaborative decision-making.

At the close of the operation, a community accountability event was held, featuring an interactive photo exhibition that chronologically presented the implementation of each activity—from the deployment of the UTR-S to health fairs, clean-up campaigns, distribution of hygiene kits and water filters, vector control activities, and the establishment of community health committees. At each station, a facilitator provided explanations to promote community understanding and dialogue. The event brought together over 100 participants, including community leaders, health authorities, municipal representatives, and naval officials, successfully closing the operation with transparency and community engagement.

## Lessons Learnt

- Ongoing engagement with community leaders and local authorities enhanced the adaptability of actions to the local context.
- Interactive activities facilitate community understanding and dialogue.

The photo exhibition methodology effectively communicated achievements in an accessible and participatory way.

## Challenges

- Although the use of feedback boxes was promoted, participation may have been limited, highlighting the need to diversify these channels to increase engagement from a broader segment of the population.
- The consultation covered only 10% of the reached population, suggesting an opportunity to expand the reach in future operations.



**Secretariat Services**

**Budget:** CHF 13,845

**Targeted Persons:** 0

**Assisted Persons:** 0

**Targeted Male:** 0

**Targeted Female:** 0





## Indicators

Title	Target	Actual
Number of field monitoring visits performed.	3	2

## Narrative description of achievements

As part of its technical support, the Central America Country Cluster Delegation (CCD) provided strategic and ongoing assistance to the Honduran Red Cross through regular virtual meetings and two field visits. Although three visits had originally been planned, the strategy was adjusted to two key moments to optimize resources and avoid overburdening the National Society, while maintaining the quality of the support provided.

The first visit, conducted at the start of the operation, was particularly strategic, as it allowed the team not only to gain a deeper understanding of the field context but also to strengthen administrative, financial, and accountability capacities through targeted meetings with the technical team. This visit included the participation of the Disaster Risk Management Coordinator, the Senior Planning, Monitoring, Evaluation and Reporting (PMER) Officer, and the Health Assistant, providing comprehensive support across several key areas.

The second visit focused on the technical closure of the operation, led by the Senior PMER Officer, who facilitated the Lessons Learned Workshop, creating a space for reflection and the systematization of key achievements, lessons learned, and challenges identified throughout the implementation. This visit also included the participation of the Finance Officer, based in Honduras, which helped strengthen the administrative and financial analysis during the operation's closure.

## Lessons Learnt

- Regular meetings allowed for real-time problem-solving and adjustment of actions based on identified needs.
- Technical sessions with the team enhanced the National Society's capacity to manage resources and ensure accountability.

## Challenges

- Coordinating the agendas of all involved actors in a single visit required significant coordination efforts.



## National Society Strengthening

**Budget:** CHF 17,175

**Targeted Persons:** 50

**Assisted Persons:** 50

**Targeted Male:** 30

**Targeted Female:** 20

## Indicators

Title	Target	Actual
Number of volunteers carrying out community actions in the field, duly identified.	50	50
Number of lessons learned workshops developed.	1	1
Hiring of staff for the operation	3	3



## Narrative description of achievements

As part of the IFRC-DREF implementation, the Honduran Red Cross successfully mobilized and ensured the active participation of at least 50 volunteers, who rotated based on their availability. All volunteers were properly equipped with visibility and personal protection kits, including t-shirts, caps, sunscreen, insect repellent, among others, significantly contributing to their safety and well-being in the field.

To ensure operational efficiency and effective coordination, the National Society hired three key positions: a general coordinator, a field technician, and an administrative technician, who led the activities and ensured the achievement of the operation objective.

Given that the local delegation in Roatán had a limited number of active volunteers at the start, it was necessary to mobilize personnel and volunteers from other departments. Considering the high logistical costs associated with frequent travel to and from the island, the team optimized the budget by renting a house for the duration of the operation, providing a safe and adequate space for deployed personnel. Additionally, an exclusive vehicle was rented for the operation, ensuring transportation for the team, as well as the delivery of supplies and materials for distributions and the UTR-S operations.

At the end of the operation, the National Society organized a Lessons Learned Workshop, facilitated by the PMER Senior Officer from the IFRC Country Cluster Delegation for Central America. This workshop included not only the operational team and volunteers but also representatives from other technical areas of the National Society's headquarters, enabling a deeper reflection not only on the operation's achievements and challenges but also on institutional administrative and financial processes, strengthening preparedness for future emergency responses.

## Lessons Learnt

- Renting a house and an exclusive vehicle ensured uninterrupted activities without additional costs, improving overall operational management.
- Providing personal protection and visibility kits enhanced volunteer safety, motivation, and performance during the response.
- The involvement of various technical departments in the Lessons Learned Workshop strengthened capacities beyond the operational team.

## Challenges

- Despite achieving multisectoral participation, some key actors were unable to attend due to scheduling conflicts, limiting the scope of the analysis.



# Financial Report

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DREF Operation

FINAL FINANCIAL REPORT

MDRHN022 - Honduras - Fire

Operating Timeframe: 07 may 2024 to 30 nov 2024

I. Summary

Opening Balance	0
Funds & Other Income	336.394
DREF Response Pillar	336.394
Expenditure	-281.999
Closing Balance	54.395

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	148.185	140.980	7.205
PO05 - Water, Sanitation & Hygiene	118.058	99.694	18.364
PO06 - Protection, Gender and Inclusion	6.637	7.185	-548
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	20.531		20.531
PO10 - Community Engagement and Accountability	5.554	4.073	1.481
PO11 - Environmental Sustainability			0
Planned Operations Total	298.965	251.932	47.033
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	13.000	5.299	7.701
EA03 - National Society Strengthening	24.429	24.769	-340
Enabling Approaches Total	37.429	30.067	7.361
Grand Total	336.394	281.999	54.395

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[Click here for the complete financial report](#)

## Please explain variances (if any)

A total of CHF 336,394 was allocated from the Disaster Response Emergency Fund (DREF) for the implementation of this operation. By the end of the operation, total expenditures amounted to CHF 281,999. The unspent balance of CHF 54,395 will be returned to the DREF.

The most notable variances between the budgeted and actual expenditures were observed in the Health and WASH (Water, Sanitation and Hygiene) lines. The initial plan included the procurement of medical equipment and supplies for the Technical Health Response Unit (UTR-S); however, not all items could be purchased due to the administrative procurement procedures required, which would have caused significant delays.

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Additionally, a considerable cost saving was achieved in the procurement of personal hygiene and cleaning kits, as a supplier was identified who offered better prices while maintaining the required quality standards.





# Contact Information

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