DREF Final Report

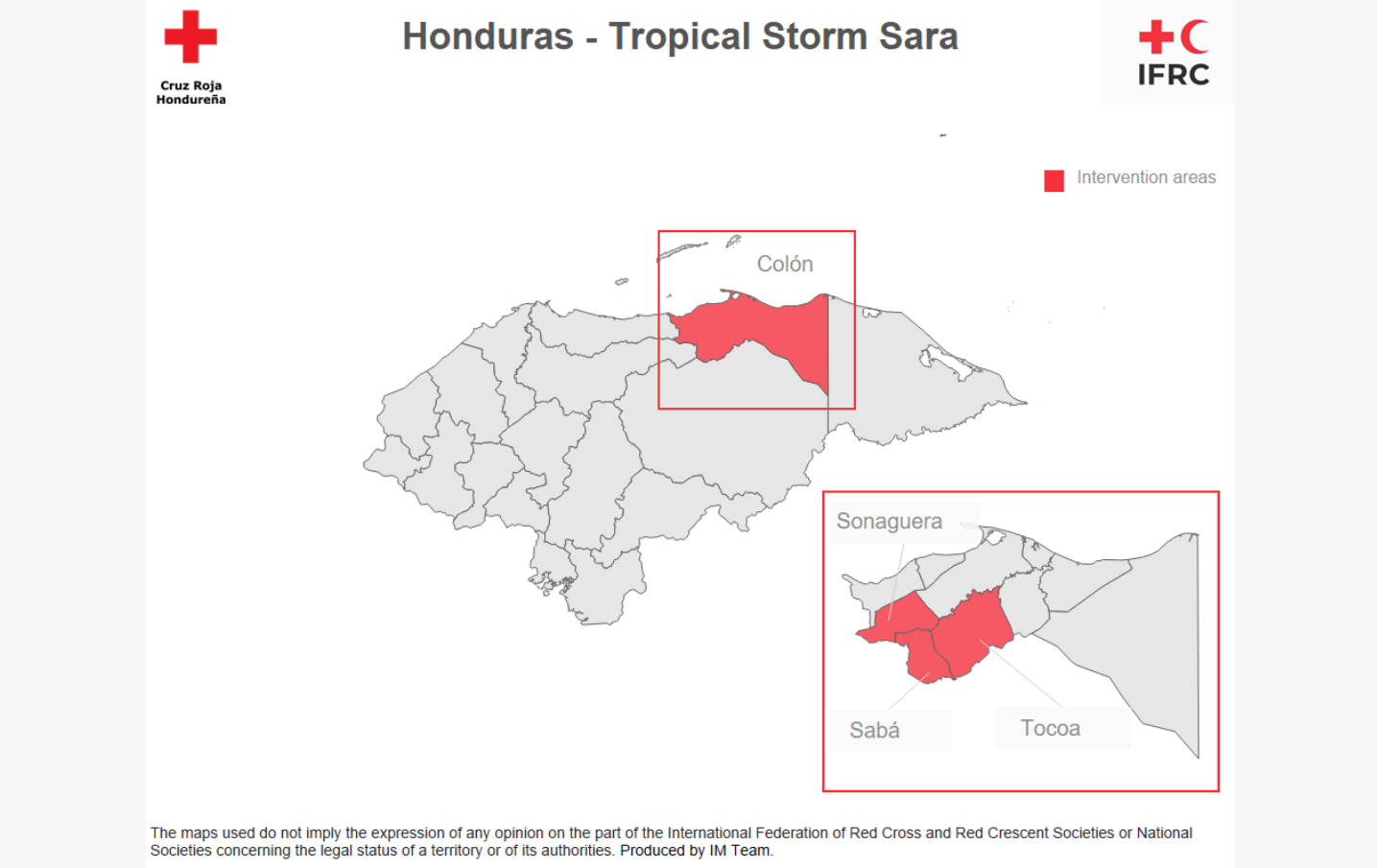
Honduras: Floods

Workshop on chemical, physical & bacteriological water analysis. Dec 2024. HRC

Appeal: **MDRHN024**	Total DREF Allocation: **CHF 472,837**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: **-**	People Affected: **213,104 people**	People Targeted: **6,000 people**	People Assisted: **7,540 people**
Event Onset: **Sudden**	Operation Start Date: **26-11-2024**	Operational End Date: **31-05-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Colon**

Description of the Event



Areas to be targeted with this IFRC-DREF. Source: IFRC

Date of event

15-11-2024

What happened, where and when?

Tropical Storm Sara began as a low-pressure system in the western Caribbean around November 11, 2024. From its formation, it was monitored by the National Hurricane Center (NHC), which had warned of its potential development due to favorable conditions in the region, such as high humidity and warm sea surface temperatures. On November 14, the system organized and reached tropical storm status, receiving the name "Sara." That same day, it made landfall near Cabo de Gracias a Dios, on the border between Honduras and Nicaragua.

In this context, on November 14, the Honduran Red Cross activated its Early Action Protocol (EAP) for floods associated with tropical storms, after both activation criteria had been met.

The first criterion had been met with the forecast from the National Hurricane Center (NOAA), which indicated a 50–60% probability that the Tropical Depression would develop into Tropical Storm “Sara.” This forecast was confirmed on November 14 at 11:50 a.m., when the system intensified into a Tropical Storm with maximum sustained winds of 35 knots.

The second criterion had been triggered by the forecast from the GLoFAS (Global Flood Awareness System), which showed return periods exceeding 10 years and flooding probabilities above 50% in the areas of Aguan, Patuca, and Ulua. According to the EAP intervention map, the municipalities most likely to be affected were Tocoa, La Lima, San Manuel, Pimienta, and Saba. Among these, the National Society prioritized the municipality of Tocoa for the implementation of early actions (1).

On November 15, the Government of Honduras declared a 30-day state of emergency for the areas affected by the storm, following recommendations from the Permanent Contingency Committee (COPECO) (2). According to projections from the National Center for Atmospheric, Oceanographic, and Seismic Studies of Honduras (CENAOS), Sara was expected to continue moving slowly along the

northern coast of the Colón department before accelerating toward Belize. Along its path, a significant rise in the levels of the Patuca, Sico, Aguán, and Lean rivers was anticipated, with impacts expected through November 18.

On November 17, CENAOS reported that the storm was located 145 kilometers northwest of Roatán, moving northwest at a speed of 7 km/h. Although it had begun to weaken, with maximum winds of 65 km/h, the intense rains associated with Sara caused accumulations comparable to those experienced during Hurricanes Eta and Iota in 2020. The heavy rains pushed reservoirs to their limits and caused flooding in various regions. Additionally, Sara had drawn moisture from the Pacific Ocean, intensifying rainfall in El Salvador and southern Honduras, while Guatemala also reported significant damage (3).

As part of the national emergency declaration, on November 17, COPECO extended the Red Alert to the departments of Islas de la Bahía, Atlántida, Colón, Gracias a Dios, Yoro, Cortés, Choluteca, and Valle. It also declared a Yellow Alert for Olancho, Santa Bárbara, Francisco Morazán, and El Paraíso, leaving the rest of the country under a Green Alert. As Sara advanced toward Belize, rains continued to cause damage in the region, although the storm gradually began to dissipate (4).

On November 20, COPECO released a national impact report revealing that the storm had affected 213,104 people and left 53,472 affected persons with specific needs. Sara, the eighteenth storm of the active 2024 Atlantic hurricane season, reflected the trend of a year marked by warmer sea surface temperatures in the Caribbean and the Gulf of Mexico, which had contributed to the formation of 17 to 25 named storms, as predicted. Sara added to a series of recent extreme events, including the impact of Tropical Storm Rafael in Cuba in early November, Hurricane Oscar in late October, and two recent earthquakes in the region, which further increased the vulnerability of affected communities.

Water storage tanks distributed. May 2025. Source: HRC

Health Committees strengthened. May 2025. Source: HRC

Family hygiene kits distributed. Jan 2025. Source: HRC

Scope and Scale

Although Tropical Storm Sara dissipated shortly after forming in the Caribbean in 2024, its lingering effects had a profound and widespread impact across Central America. The storm drew significant moisture from the Pacific Ocean, intensifying rainfall particularly in El Salvador, southern Honduras, and parts of Guatemala. These rains persisted well beyond the storm's dissipation, keeping the region in a state of heightened vulnerability. Saturated soils led to a sustained risk of landslides, posing ongoing threats to already-affected communities.

In Honduras, the storm's impact was especially severe. According to the national report issued by the Permanent Contingency Commission (COPECO) as of November 20, Sara affected 17 of the country's 18 departments and 85 of its 298 municipalities. An estimated 213,104 people were affected, with 53,472 requiring targeted humanitarian assistance. By that date, 16,084 individuals had been evacuated, and 10,128 remained in 129 active shelters. Housing damage was extensive, with 4,440 homes reported damaged and 427 completely destroyed. The human toll included six confirmed deaths, four injured, five wounded, one missing, and 7,682 people rescued.

The damage to critical infrastructure was extensive. Nationally, 31 bridges were damaged and 11 destroyed, along with 59 damaged roads, five destroyed, 82 affected streets, and 42 destroyed. At least 2,458 communities remained cut off. Regarding basic services, 976 water supply systems were damaged, with 83 destroyed, significantly affecting access to potable water. Additionally, 50 health centers and four educational facilities were reported damaged. Electrical services and sanitation systems also suffered significant disruptions.

Beyond material damages, affected individuals faced profound challenges that impacted their well-being and hindered recovery. Agricultural and fishing communities experienced severe losses to their livelihoods, with destroyed crops, lost tools, and disrupted markets, exacerbating food insecurity. Limited access to food and basic resources posed both an immediate and long-term threat to families.

On a psychosocial level, the stress and trauma caused by the loss of loved ones, material possessions, and forced displacement increased vulnerability, particularly among children, women, and the elderly.

Source Information

Source Name	Source Link
1. IFRC - Activation of the EAP for Floods Associated with Tropical Storms	https://adore.ifrc.org/Download.aspx?FileId=840322
2. Secretariat of the Presidency - Declaration of Emergency	https://www.sep.gob.hn/_files/ugd/ce1f7a_d949bf45964b432ebe561edce2e38273.pdf
3. COPECO - Newsletter November 17	https://x.com/copecogob/status/1858122689463910648
4. COPECO - Alert Map	https://x.com/copecogob/status/1858210699559764078

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No

IFRC Network Actions Related To The Current Event

Secretariat	The Honduran Red Cross maintained constant communication with the IFRC through its Central America Country Cluster Delegation team. From the earliest hours of the emergency, the team provided technical support, which was essential for the formulation of the IFRC-DREF proposal. The National Society also maintained this collaboration during the implementation of the operation, ensuring effective monitoring through regular meetings that evaluated progress, adjusted strategies, and secured the achievement of the established objectives.
Participating National Societies	The Swiss Red Cross contributed 100,000 Swiss francs to support emergency response efforts in the Marcovia area in southern Honduras. This contribution strengthened the National Society capacity to respond effectively to the flood emergency.

ICRC Actions Related To The Current Event

The National Society did not foresee receiving support from the ICRC for the planning or implementation of this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	On November 15, the government declared a state of emergency for the departments affected by Tropical Storm Sara and began developing a national response plan to address the storm's impacts. As part of the response, the National Risk Management System (SINAGER) remained

	active, coordinated efforts across agencies, and requested international assistance to support relief operations. This centralized approach ensured that resources and actions were effectively managed to meet the needs of the affected population. The Ministry of Foreign Affairs reached out to international cooperation offices, provided updates on the situation, outlined urgent needs for food, water, and non-food items (NFI), and facilitated international offers of support through the activated International Humanitarian Aid Coordination Center (CCAHI). In addition, the Honduran Civil Aviation Agency (AHAC) reopened key airports in Roatán, La Ceiba, San Pedro Sula, and Tegucigalpa, restoring vital transportation links to facilitate the delivery of humanitarian aid and the movement of emergency personnel.
UN or other actors	Coordination meetings were held through the humanitarian network following the activation of sectoral clusters on November 15. These efforts aimed to streamline response actions, enhance collaboration among stakeholders, and ensure that assistance reached the most affected populations efficiently.

Are there major coordination mechanism in place?

The Honduran Red Cross actively participated in the coordination table for the Sula Valley, ensuring its involvement in regional response efforts. Additionally, its local branches were integrated into local coordination spaces to guarantee a well-coordinated and effective response.

The National Society also played an active role in several key clusters, including Shelter, Protection, Health, Food Security, the Cash Transfer Working Group, and the Anticipatory Actions group, contributing to a comprehensive and collaborative approach to addressing the needs of affected communities.

Needs (Gaps) Identified

Livelihoods And Basic Needs

The Honduran Red Cross identified that Tropical Storm Sara had caused severe and widespread damage to the main livelihoods of affected individuals, exacerbating the economic vulnerability of impacted communities. Among the most affected sectors was agriculture, where essential crops were destroyed by flooding, impacting both producers and agricultural workers who depended on these activities for their daily sustenance. Similarly, fishing was severely disrupted due to the contamination of water bodies and the loss of equipment such as nets and boats. Local small businesses, which served as a critical source of income for many families, also suffered interruptions due to infrastructure damage, loss of inventory, and decreased demand. In both urban and rural areas, informal employment, another fundamental source of livelihood, collapsed as a result of the paralysis of economic activities following the disaster.

In response to this situation, the National Society identified the urgent need to implement Cash and Voucher Assistance (CVA), an intervention that allowed affected individuals to freely decide how to allocate resources, whether for food, repairs, agricultural inputs, or any other immediate needs. This approach not only ensured that families could prioritize their own needs but also helped safeguard the dignity of individuals by providing them with autonomy and control over how to address the challenges arising from the emergency.

Health

The needs and gaps in the health sector, identified by the Honduran Red Cross following the impact of Tropical Storm Sara, revealed multiple challenges that affected both the impacted communities and the response teams. A priority issue was the high risk of communicable diseases such as acute diarrhea, leptospirosis, dengue, and malaria, which had been exacerbated by water contamination and the proliferation of vectors in flooded areas. This epidemiological context posed a significant threat to public health.

The lack of essential resources, such as first aid kits, limited the communities' ability to respond to immediate health emergencies, leaving the population vulnerable to critical situations. Additionally, weak community health organization was identified, as the absence of organized and trained community health and surveillance committees hindered the ability to monitor health risks and prevent disease outbreaks sustainably.

Another significant gap lay in health education, where communities displayed limited knowledge about essential preventive practices, such as safe water management and hygiene promotion. This educational gap exacerbated epidemiological risks and underscored the need for interventions to strengthen healthy practices in the affected areas.

Similarly, emotional and psychosocial impacts emerged as a cross-cutting issue. Evacuated individuals faced high levels of stress and anxiety due to the loss of their homes and uncertainty, while volunteers and employees of the National Society managing the emergency also experienced significant emotional strain, highlighting the urgent need for mental health support for these groups.

Finally, there was a lack of adequate care for people with chronic illnesses, such as hypertension and diabetes, in shelters. These individuals lacked regular medical follow-up, which increased the risk of severe complications in an already resource-constrained health context.

Water, Sanitation And Hygiene

The Honduran Red Cross identified that the interruption of safe water supply exposed communities to consuming contaminated water, increasing the risk of diseases such as diarrhea, cholera, and hepatitis. There was a significant lack of adequate containers for safe water storage, which heightened the vulnerability to unsafe water consumption. The lack of basic hygiene supplies, such as personal care and household cleaning products, worsened sanitary conditions and made it difficult to maintain proper hygiene practices.

Additionally, communities lacked the capacity and tools to assess the chemical and bacteriological quality of water, which hindered the timely identification of contamination risks. The proliferation of vector breeding sites in flooded areas represented another critical gap, increasing the risk of diseases such as dengue and malaria, while the deterioration of sanitation infrastructure complicated proper waste management and personal hygiene, particularly menstrual hygiene for women and girls.

Protection, Gender And Inclusion

The Honduran Red Cross identified needs related to PGI following Tropical Storm Sara, which disproportionately affected the most vulnerable groups, such as women, girls, boys, older adults, people with disabilities, and indigenous communities. Among the primary needs was the strengthening of awareness and knowledge among National Society staff and volunteers regarding minimum PGI standards in emergency contexts, which hindered the ability to deliver responses that addressed the specific needs of these groups. Additionally, there was a clear need to ensure commitment to key policies, such as the Prevention of and Response to Sexual Exploitation and Abuse (PSEA) policy, both within communities and among humanitarian actors.

Another significant gap was the limited availability of accessible, rights-focused information for affected communities, which restricted their ability to make informed decisions about their protection and well-being. Furthermore, there was a lack of a comprehensive mapping of actors and community services with a protection focus, which hindered effective coordination and collaboration to address the most urgent needs.

Community Engagement And Accountability

The Honduran Red Cross identified significant gaps related to CEA following Tropical Storm Sara. Among the main needs detected was the lack of structured spaces that allowed communities to effectively express their needs, opinions, and feedback, which limited their active participation in the planning and implementation of the humanitarian response. There was also a lack of clear and accessible communication regarding the actions carried out or to be carried out by the National Society, which created uncertainty among communities about the interventions.

Additionally, communities lacked functional and understandable mechanisms for submitting complaints, suggestions, or feedback in real time, which affected the ability to adjust responses according to their priorities. There was also a need for greater inclusion of key actors, such as local authorities, community leaders, and local organizations, in decision-making processes. Moreover, the affected population lacked opportunities to participate in the planning of activities, weakening their sense of ownership and the sustainability of the interventions. Finally, there were insufficient tools to evaluate the communities' perception and satisfaction with the assistance received, which limited the ability to continuously improve the actions undertaken.

Operational Strategy

Overall objective of the operation

This IFRC DREF allocation aimed to support 6,000 people (1,200 families) affected by Tropical Storm Sara in Honduras through actions focused on Cash and Voucher Assistance (CVA), health, water, sanitation, and hygiene (WASH), protection, gender, and inclusion (PGI), and community engagement and accountability (CEA), in the most affected communities in the municipalities of Tocoa, Sonaguera, and Saba in the department of Colón over a 6-month period.

By the end of the operation, 7,540 people (1,508 families) were reached through the implementation of the planned actions.

Operation strategy rationale

The Honduran Red Cross developed a comprehensive strategy to address the basic needs of populations most affected by Tropical Storm Sara. This approach was informed by data collected in coordination with the Emergency Operations Center (COE) of the National Risk Management System (SINAGER), ensuring a well-targeted and effective response.

As part of this strategy, and with resources from the IFRC-DREF, the National Society aimed to directly reach 6,000 people (1,200 families) in the hardest-hit communities within the three prioritized municipalities. This estimate was based on the identification of an average of 1,200 families in the target areas.

To ensure the most effective use of resources and maximize the impact on those most in need, the National Society conducted a rapid multisectoral assessment at the start of the operation. This assessment enabled the precise identification of the most affected families and supported the design of tailored interventions that addressed their specific needs.

The strategy prioritized several sectors.

In multipurpose cash, the National Society sought to support the recovery of affected families through the Cash and Voucher Assistance (CVA) program, focusing on meeting basic needs and fostering economic reactivation at both family and community levels. Families in the most vulnerable situations were prioritized, particularly those whose livelihoods had been severely impacted. Local market analyses were carried out to ensure interventions were adapted to the socioeconomic context. Two transfers of L 9,000.00 (approximately USD 350.00) were made, spaced two and a half months apart, and financial education workshops were conducted to strengthen capacities for sustainable livelihood recovery. Collaboration with the Tocoa Chamber of Commerce and Industry integrated the Market Systems Transformation (MST) methodology, offering tools to improve participation in value chains and adopt sustainable practices.

In health, the National Society prioritized capacity building and health promotion. Volunteers were trained in the Community-Based Health and First Aid (CBHFA) methodology, workshops were delivered to Health and Surveillance Committees, and Community Health Committees were formed and equipped with first aid kits. Community health promotion campaigns emphasized disease prevention, while psychosocial support sessions were provided to volunteers and staff.

In water, sanitation, and hygiene (WASH), the response ensured access to safe water, sanitation, and hygiene practices. Differentiated hygiene kits, cleaning supplies, and water storage containers were distributed alongside training. Vector control activities such as fumigation and the elimination of breeding sites were implemented, and water quality analysis kits were delivered to enhance local monitoring. These actions prioritized vulnerable households, including those in shelters, with children under five, pregnant women, people with disabilities, and the elderly.

In protection, gender, and inclusion (PGI), actions ensured equitable access to services for vulnerable groups. Volunteers received training on PGI standards, and the Prevention of and Response to Sexual Exploitation and Abuse (PSEA) policy was disseminated. Rights-based communication campaigns and mapping of local protection actors strengthened inclusive and sustainable interventions.

In community engagement and accountability (CEA), rapid community analyses were carried out, and mechanisms such as surveys, focus groups, and household visits were used to gather feedback. Suggestion boxes, phone lines, and email channels allowed real-time community input. Community accountability sessions were held, and satisfaction surveys monitored the quality of the response.

Finally, in National Society strengthening, the strategy enhanced technical and administrative capacities. Strategic staff were hired, visibility and safety measures for staff and volunteers were ensured, and monitoring visits were carried out by the National Society's headquarters, including the Monitoring, Evaluation, and Reporting Unit (UMER). A lessons-learned workshop concluded the operation.

Regular meetings with the IFRC Central America Country Cluster Delegation supported monitoring through virtual and field visits. The Honduran Red Cross activated its Early Action Protocol (EAP) for Floods on November 14, 2024, when flooding began, peaking on

November 15. In this phase, efforts focused on the communities of Prieta, Chiripa Colón, and urban areas of Sabá and Tocoa. Under the Programmatic Partnership (ECHO-PP), by November 19, the National Society distributed 507 multipurpose rechargeable cards, 1,986 water purification filters, and 2,000 family hygiene kits in targeted communities and shelters.

The IFRC-DREF complemented these actions in Tocoa and Sabá, extending coverage to additional areas not reached by the EAP or the ECHO Programmatic Partnership. The National Society maintained detailed records to prevent duplication, ensuring that interventions were directed to new areas or complemented previous efforts. Where activities overlapped geographically, complementary actions were implemented to maximize impact. This approach ensured efficient coordination, avoided redundancies, optimized resources, and effectively addressed the needs of the affected communities.

Targeting Strategy

Who was targeted by this operation?

The Honduran Red Cross, leveraging data from national alert maps and impact reports issued by the Permanent Contingency Commission (COPECO), as well as internal impact analyses conducted by the National Society, identified the target population for this IFRC-DREF operation. The intervention focused on individuals residing in high-risk areas under red alert who had been relocated to temporary shelters for safety, as well as those affected who remained in their homes or with relatives/friends but had experienced partial or total damage to their houses in seven communities within the municipalities of Tocoa, Sonaguera, and Saba in the department of Colón.

Explain the selection criteria for the targeted population

The Honduran Red Cross applied the following technical selection criteria to ensure an effective and targeted response:

Geographic Location: Individuals and families resided in areas identified as vulnerable or high-risk, based on alerts issued by the Permanent Contingency Commission (COPECO).

Socioeconomic Conditions: Households with limited economic capacity to respond to the emergency were prioritized, especially those lacking access to basic resources or support mechanisms.

Vulnerable Groups: Priority was given to groups with heightened vulnerability, including but not limited to female-headed households, persons with disabilities, children and elderly individuals, indigenous populations, and other vulnerable or at-risk groups.

The identification of affected communities and families was guided by:

Preliminary Information: Data provided by the National Emergency Operations Center (COE), managed by COPECO, which pinpointed affected areas.

Data Cross-Referencing: Integration of COE data with assessments conducted by Honduran Red Cross branches in the affected zones.

Emergency Needs Assessments: Direct evaluations conducted in the field that identified immediate needs and prioritized response efforts.

This approach ensured that resources were allocated to those most in need while preventing duplication of efforts with other humanitarian organizations active in the response.

Total Assisted Population

Assisted Women	2,413	Rural	70%
Assisted Girls (under 18)	1,357	Urban	30%
Assisted Men	2,413	People with disabilities (estimated)	3%
Assisted Boys (under 18)	1,357		
Total Assisted Population	7,540		
Total Targeted Population	6,000		

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
Insecurity during resource distribution	- Collaborate with local authorities to ensure protection in distribution areas and shelters. - Train personnel in personal security protocols and conflict management. - Plan and clearly communicate distribution processes to minimize tensions and avoid overcrowding.
Damaged telecommunications infrastructure	- Use alternative communication devices, such as radios, in areas with limited coverage. - Establish control points and hold regular meetings to consolidate information and coordinate activities. - Implement a daily reporting system to keep teams informed.
Collapsed or flooded roads and bridges	- Identify alternative routes in coordination with local authorities and SINAGER. - Set up distribution points close to isolated communities to reduce long travel distances.
Continued heavy rains	- Continuously monitor weather conditions and adjust activities accordingly. - Implement safety protocols for staff and volunteers, including temporary suspension of activities if necessary.

	- Provide protective gear, such as raincoats and boots, for field staff.
Shortage of essential supplies	- Establish agreements with local or regional suppliers to ensure a constant supply. - Prioritize distribution in the most affected areas based on assessments. - Coordinate with other humanitarian actors to avoid duplication of efforts and optimize resources.
Physical and emotional exhaustion of staff	- Implement work shifts to ensure adequate rest periods. - Provide psychosocial support, including decompression sessions and access to counseling. - Regularly monitor the team's health status and encourage open communication about well-being.

Please indicate any security and safety concerns for this operation:

The territory where the IFRC-DREF was implemented was recognized as one of the routes used for arms and drug trafficking, which resulted in the presence of organized groups in the area. This dynamic led to an increase in violence in certain sectors.

However, the Honduran Red Cross enjoyed a high level of acceptance, credibility, and access in these areas. To ensure the safety and effectiveness of the entire operation, the National Society strengthened its security protocols and provided constant monitoring of its staff and volunteers, prioritizing the enhancement of their capacities in context analysis, security management, and operational communication. This approach ensured that personnel were prepared to operate in complex and sensitive environments while upholding the principles of neutrality and impartiality at all times.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Implementation

Multi Purpose Cash

Budget: CHF 175,255
Targeted Persons: 1,000
Assisted Persons: 1,285
Targeted Male: 630
Targeted Female: 655

Indicators

Title	Target	Actual
Number of families reached through the CVA program, including their participation in financial education workshops.	200	257

Narrative description of achievements

Promoting the economic recovery of communities following the impact of Tropical Storm Sara represented one of the greatest challenges of the operation, particularly due to the significant loss of raw materials, supplies, and basic production tools. These losses directly affected the ability of local livelihoods to recover and further limited access to economic refinancing through both formal mechanisms such as banks and informal ones such as daily lenders, thereby exacerbating the economic vulnerability of entrepreneurs in the affected areas.

In this context, the Honduran Red Cross prioritized a strategic intervention focused on livelihood recovery, coordinating efforts with key

local actors. Engagements were established with the Chambers of Commerce of Tocoa, Sabá, and Sonaguera with the aim of sharing information about the DREF operation and exploring institutional synergies to strengthen the capacities of entrepreneurs. Although collaboration agreements were signed with these chambers, the expected impact at the municipal level was not fully achieved, mainly due to time constraints in implementation and the limited operational capacity of local institutions.

At the same time, with the support of volunteers, technical teams, and community leaders, a participatory process was conducted to identify entrepreneurial initiatives within the communities. Initially, 200 productive ventures were registered, primarily including corner stores, small-scale farmers, mototaxi services, barbershops, tortilla vendors, food and clothing sales, juice stalls, motorcycle repair workshops, and the production of goods such as preserved roses and traditional beverages. Based on an analysis of selection criteria, a training process was designed for the entrepreneurs, focusing on basic financial management and business plan development, with the goal of promoting the long-term sustainability of their initiatives. Thanks to budget reallocation and operational efficiency, the coverage was expanded to include 57 additional entrepreneurs, reaching a total of 257 businesses and benefiting approximately 1,285 people.

The humanitarian assistance was delivered through the Cash and Voucher Assistance (CVA) program, using rechargeable cards as the financial mechanism. Each entrepreneur received a total of L18,000.00, disbursed in two equal installments of 50%. A 15-day interval was maintained between disbursements to allow for follow-up and to ensure proper use of the funds, with personalized guidance provided in case of challenges. This process was supported by the Honduran Red Cross' Integrated Project, which assisted in the distribution of the cards and offered hands-on support for cash withdrawal at ATMs. Additionally, a "step-by-step" instructional guide was distributed to ensure full understanding of the process by the recipients.

Following the completion of the assistance distribution, a post-distribution satisfaction survey was conducted with all beneficiaries. The results indicated a high level of understanding regarding the program's objectives, the logic behind the intervention, and the added value of the capacity-building sessions. However, it was noted that greater clarity was needed in the communication of selection criteria—both for the direct beneficiaries and the broader community—to avoid misunderstandings or misperceptions regarding the process.

Lessons Learnt

• Coordination with local actors such as Chambers of Commerce requires not only institutional willingness but also robust follow-up strategies to ensure that signed agreements translate into concrete actions.
• Personalized technical support during the cash withdrawal process significantly strengthens trust in the CVA program and minimizes implementation errors.
• The inclusion of training content focused on the sustainability of livelihoods—such as business planning and basic financial management—enhanced the perceived added value of the support received and contributed to strengthening local economic resilience.

Challenges

• The limited operational capacity of local institutions to fulfill the commitments outlined in the signed agreements, which diminished the potential impact of institutional coordination.
• The short timeframe between the selection of targeted individuals and the delivery of assistance created logistical challenges in ensuring effective and timely communication with the broader community regarding the program's criteria and procedures.

Health

Budget: CHF 44,963
Targeted Persons: 1,000
Assisted Persons: 1,121
Targeted Male: 549
Targeted Female: 572

Indicators

Title	Target	Actual
Number of people trained at the community level in Community First Aid (CFA) and prevention of communicable diseases (Dengue, Malaria, etc.).	50	93

Number of people reached through community-level health promotion campaigns.	1,000	1,037
Number of Community Health and Surveillance Committees established, operational, and equipped with first aid kits.	7	7
Number of volunteers and staff trained in Community Health and First Aid (SPAC) and participating in Mental Health sessions.	50	84

Narrative description of achievements

The Honduran Red Cross carried out training processes on Community Health and First Aid and the prevention of communicable diseases such as dengue, malaria, and paludism, through close coordination between its delegations in Sonaguera and Tocoa and the Ministry of Health (SESAL). This collaboration allowed each institution to address the topics from their area of expertise and technical knowledge, successfully training 93 members from the seven Community Health Committees of La Cuaca, Cayo Campo, La Pradera, Orica, Ceibita Nerones, La Monroy, and Cuyulapa. As a result of this training, the committees increased their interest and capacity to support their communities, providing basic care such as wound cleaning and referrals for professional medical attention when needed.

The community health campaigns were carried out with the support of multiple strategic partners, each contributing according to their institutional mandate:

-The National Commissioner for Human Rights (CONADEH) facilitated sessions on violence reporting mechanisms, distributed informational materials, provided legal advice, and assisted in community-level referrals.

-The Inter-Institutional Commission Against Commercial Sexual Exploitation and Trafficking in Persons (CICESCT) conducted educational sessions for students and teachers, promoting early detection of unusual behaviors and sharing protection pathways.

-SESAL led the planning and implementation of the health campaigns, offering medical care, pre-clinical consultations, pharmaceutical services, health counseling, and vaccinations.

-The Ministry of Education (SEDUC) supported the use of school infrastructure (warehouses, classrooms, courts, and yards) and facilitated student and teacher participation in recreational and educational activities.

-The Evangelical Christian University Nuevo Milenio (UCENM), through its Psychology Department, collaborated on mental health and psychosocial support (MHPSS) activities targeting children, adolescents, and young people (CAY), as well as teachers.

-Nursing schools, coordinated by local health centers, helped strengthen community health actions.

-The Honduran Red Cross, through its local branches, supported planning, pre-clinical care, institutional promotion, dissemination of feedback mechanisms, and logistics.

-Community Health Committees were involved in all phases: planning, logistical coordination, support for people with disabilities and the elderly, and overall supervision of the campaigns.

These health campaigns were well received by the communities and implemented with an integrated approach, ensuring access to basic services and reaching a total of 1,037 individuals. Simultaneously, the structure of the seven Community Health Committees was strengthened, with significant participation from women and an intentional promotion of intergenerational engagement. This encouraged collective leadership and youth involvement. The committees were officially recognized by SESAL through the submission of rosters and member databases, and were equipped with basic first aid kits.

Additionally, building on lessons learned from previous operations, the distribution of strategic supplies not originally included in the DREF proposal—such as megaphones and visibility materials (vests and T-shirts)—was proposed and approved by both SESAL and the Health Committees. These supplies are to be used exclusively for community benefit activities, reinforcing a sense of ownership, commitment to shared values, and adherence to community objectives. The committees have also autonomously supported local health facilities by assisting in malaria case monitoring, providing basic wound care, and accompanying community members in health-related matters.

In parallel, 44 active Honduran Red Cross volunteers involved in the operation received CHFA training. Representatives from each Community Health Committee also participated, with the objective of strengthening skills and enabling knowledge replication at the

community level. This training was conducted in coordination with the "Resilience Project El Paraíso."

Recognizing the importance of psychosocial well-being for field teams, two mental health sessions were organized for staff and volunteers from the Tocoa and Sonaguera delegations, reaching 24 participants. These sessions included relaxation activities, recreational exercises, and team-building dynamics, facilitated by professional volunteers from the Sonaguera delegation. Additionally, a Mental Health Workshop was conducted for 16 volunteers from the Sonaguera, Tocoa, and Trujillo branches. The session was led by two psychologists from Region III of the National Society and coordinated through the Honduran Red Cross psychologist network. Practical tools and techniques were applied, four emotionally distressed volunteers were assisted during the workshop, and follow-up care was planned accordingly.

It is important to highlight that the initial targets for people to be reached in the health sector were exceeded, primarily due to the high level of interest and active participation shown by community members. This engagement was further strengthened by the collaborative efforts of partner organizations, whose support played a key role in expanding outreach and increasing attendance at activities.

Lessons Learnt

• Multi-institutional coordination in the health campaigns proved essential for achieving a comprehensive approach. By aligning mandates and resources, the operation enhanced efficiency and increased community acceptance.
• The provision of non-planned materials, such as megaphones and visibility items (vests and t-shirts), significantly strengthened the commitment of Community Health Committees. These tools improved their operational capacity and visibility during community activities.
• The active involvement of youth in Community Health Committees contributed to generational renewal, diversified leadership structures, and enhanced community engagement through fresh, dynamic participation.

Challenges

• The geographic dispersion of targeted communities extended travel times and increased logistical complexity, demanding more rigorous coordination to ensure equitable and timely coverage across all locations.

Water, Sanitation And Hygiene

Budget: CHF 168,766
Targeted Persons: 6,000
Assisted Persons: 7,540
Targeted Male: 3,695
Targeted Female: 3,845

Indicators

Title	Target	Actual
Number of families receiving differentiated family hygiene kits, household cleaning kits, and benefiting from vector control activities.	1,200	1,508
Number of families receiving safe water and storage containers, along with guidance on proper usage.	200	228
Number of people trained in the water quality analysis workshop.	25	25
Number of communities provided with basic water quality analysis kits.	7	7

Narrative description of achievements

As part of the response actions following Tropical Storm Sara, the Honduran Red Cross implemented a series of interventions in the Water, Sanitation, and Hygiene (WASH) sector aimed at improving the living conditions of affected communities. These actions focused on ensuring access to essential hygiene and cleaning supplies, securing safe water for human consumption, preventing vector-borne

diseases, and strengthening community capacities in public health. Through a participatory approach, the intervention succeeded in coordinating efforts with community stakeholders, local structures, and government entities, enabling a more efficient response tailored to the real needs of the territory.

The Honduran Red Cross initially planned to purchase and distribute 1,200 differentiated hygiene kits (including shampoo, body soap, toilet paper, toothpaste and toothbrushes, menstrual hygiene supplies, razors, among others), along with household cleaning supplies (such as bleach, powdered detergent, brooms, etc.). However, after coordinating with community leaders and conducting a population census in each community, 1,508 families (approximately 7,540 individuals) were identified as needing these supplies. As a result, the kits were distributed in seven communities — La Cuaca, Cayo Campo, La Pradera, Orica, Ceibita Nerones, La Monroy, and Cuyulapa — ensuring that the distribution matched the actual on-the-ground needs.

The field team reported its findings to the Disaster Risk Management Department of the National Society, emphasizing the need to expand assistance to reach all identified families. The active and effective participation of the Health Committees was key to the success of the distribution activities, as they supported the organization, coordination, and registration processes.

In the area of environmental health, 22 vector control campaigns were carried out through coordinated planning with the Ministry of Health (SESAL) and the Community Health Committees. These included initial larval index surveys, BTI application, clean-up operations, fumigation, and follow-up larval index assessments. The committees promoted these activities through loudspeaker announcements and posters, supported by health technicians. Clean-up campaigns were organized in Orica and Cuyulapa with the participation of local farming groups and municipal governments; in Cuyulapa, residents provided a truck to transport waste to the incinerator. In the remaining communities, support came from local municipal governments and drivers. The committees were also trained in the use of thermal foggers, with the operation supported by the purchase of two fogging machines to ensure continued availability throughout the intervention.

Regarding water security, 228 families received access to safe water. For two months, the WASH team operated a 5,000-liter water tanker in communities with limited water access — Orica, La Monroy, Ceibita Nerones, and Cayo Campo — unlike other communities with household or community wells. Distribution was coordinated with the Sonaguera and Tocoa branches and the Community Health Committees. Water collection points were organized so families could bring their own containers, and volunteers assisted elderly or mobility-impaired individuals.

Initially, 100 water storage tanks were planned for distribution; however, thanks to a budget reallocation, 140 tanks were ultimately delivered, expanding the program's reach. Beneficiaries were identified through direct observation and consensus with the Health Committees during larval index surveys and BTI application. Proper use of the tanks was promoted through community information sessions, trainings, and follow-up visits by the Monitoring, Evaluation, and Reporting Unit, which also recommended including training on water purification methods.

In addition, a workshop on water quality analysis — chemical, physical, and bacteriological — was conducted with 25 participants, including members of local water boards, Health Committees, community councils, Local Emergency Committees (CODEL), and health technicians, facilitated by the National Society's WASH focal point. During the workshop, water samples were collected from La Pradera (urban) and Orica (rural), revealing fecal contamination, which poses a health risk. SESAL committed to providing technical follow-up, while the communities were equipped with 7 basic water analysis kits to enable them to conduct autonomous water testing.

Lessons Learnt

• The importance of adjusting the distribution of relief items based on actual demographic data, which ensured that all identified families were included.
• Involving Community Health Committees in the logistics and planning of distributions not only improved immediate operational efficiency but also strengthened local governance structures, laying the groundwork for more resilient and self-organized community response mechanisms in the long term. This inclusive approach fosters local ownership, enhances trust between institutions and communities, and creates a foundation for sustained public health preparedness and crisis coordination beyond the current operation.

Challenges

• The logistical planning and coordination required to mobilize large equipment (such as the water tanker) to remote or hard-to-reach communities, which demanded advanced management and flexibility.
• Optimizing the distribution of water storage tanks, conducting effective post-distribution follow-up, and providing technical support to each household required adaptable operations and sufficient resources for continuous monitoring, representing a critical area to address in future interventions.

Protection, Gender And Inclusion

Budget: CHF 19,394
Targeted Persons: 325
Assisted Persons: 132
Targeted Male: 65
Targeted Female: 67

Indicators

Title	Target	Actual
Number of people participating in community communication campaigns with a rights-based approach.	300	88
Number of key stakeholders and community services identified through participatory mapping.	10	18
Number of volunteers and staff participating in workshops and socialization sessions related to PGI, including the PEAS policy and Protection routes.	25	26

Narrative description of achievements

As part of efforts to strengthen the humanitarian response with a focus on protection, access to rights, and inter-institutional coordination, the Honduran Red Cross carried out strategic engagement activities with various local and institutional actors in the department of Colón. This coordination involved key institutions such as the National Police of Honduras, the National Human Rights Commissioner (CONADEH), the Inter-Institutional Commission against Commercial Sexual Exploitation and Trafficking in Persons (CICECST), and the Chamber of Commerce and Industry of Tegucigalpa (CCIT), among others. The central objective was the joint development of an intersectoral work plan, with activities aligned to the mandate and expertise of each entity, focusing on ensuring access to fundamental rights in highly vulnerable communities.

Based on municipal statistical data and prioritization criteria regarding needs in education, comprehensive health, safety, employment, and inclusive community spaces, two target communities were selected. These communities were characterized by high population density and limited socioeconomic conditions. A series of activities were systematically implemented, including information sessions on protection pathways, educational talks on human trafficking, cyberbullying and cyberharassment prevention, job fairs, cooking workshops as a livelihood strategy, and human rights awareness days. Through these actions, 88 individuals were reached—a figure lower than initially planned—mainly due to the scheduling constraints of participating institutions, which often conflicted with the daily routines of community members, many of whom were engaged in work or domestic responsibilities during the proposed activity times.

Complementing these efforts, the National Society carried out a mapping and territorial coordination process aimed at avoiding duplication of efforts and optimizing the use of logistical and human resources. Coordination was achieved with 18 local and municipal stakeholders, including government institutions, civil society organizations, business associations, and community structures such as health committees, water boards, and local councils. It is important to highlight that coordination was established with more organizations than originally planned, thanks to the availability and interest expressed by various actors in engaging in joint action, which helped expand the reach and strengthen the overall response. The outreach and engagement process was conducted through Municipal Councils, acknowledging the contribution of each actor and promoting a collaborative approach that enabled broader territorial coverage and strategic alignment of efforts. Stakeholders included, among others, CAYGSOL, the Chambers of Commerce of Tocoa and Sonaguera, CICECST, the Ministries of Health (SESAL) and Education (SEDUC), the National Fire Department, the municipal governments of Tocoa and Sonaguera, local universities such as UCEMN, and various community organizations.

To further build institutional capacities on protection, gender, and inclusion, a specialized training workshop was conducted with the participation of 26 individuals, including volunteers from the Honduran Red Cross and representatives from CICECST, SESAL, and UCEM. The activity was facilitated by the Protection Management Unit of the National Society, with support from the CEA focal point. The workshop included dissemination of the institutional complaints and feedback mechanism, as well as the distribution and promotion of the Policy on the Prevention of Sexual Exploitation and Abuse (PSEA). Since this policy was not yet widely known among institutional staff, it was distributed in printed format to all participants to encourage access, visibility, and integration into the municipal councils'

agendas. During the session, there was significant interest from participants in learning about existing protection pathways, as a knowledge gap was identified regarding the roles and responsibilities of the institutions comprising the comprehensive protection system. The workshop contributed to building a clearer understanding of shared responsibilities and improving timely case referrals.

Lessons Learnt

• The importance of establishing strong operational partnerships with local and institutional actors from the early stages of project design and implementation proved to be critical. This strategy not only enhanced the legitimacy of the intervention among communities but also helped bridge existing service delivery gaps, optimize available resources, and strengthen the institutional ecosystem within the target areas.
• Inter-institutional training spaces—such as workshops on protection, gender, and inclusion—were found to improve the technical knowledge of involved personnel while also fostering mutual recognition among stakeholders. This contributed to stronger collaboration and laid a solid foundation for more coordinated and sustainable humanitarian responses in the future.

Challenges

• Difficulty in efficiently coordinating schedules among participating institutions, many of which faced operational limitations or time constraints. This challenge affected community participation in key activities and reduced the overall reach in some targeted areas.

Community Engagement And Accountability

Budget: CHF 9,373
Targeted Persons: 120
Assisted Persons: 165
Targeted Male: 81
Targeted Female: 84

Indicators

Title	Target	Actual
Number of people participating in community meetings for the development of the DREF work plan.	20	55
Number of feedback mechanisms implemented and operational in the communities.	7	7
Number of satisfaction surveys conducted and analyzed.	100	120

Narrative description of achievements

During the implementation of the operation, the Honduran Red Cross prioritized, as a cross-cutting approach, the active, informed, and meaningful participation of communities as a fundamental pillar to ensure the relevance, ownership, and sustainability of the actions. In this context, participatory planning sessions were conducted, involving 55 individuals, including representatives of formal community structures and unaffiliated community members, reflecting a high level of commitment and collective interest. Notably, this number exceeded the initially planned target due to the spontaneous demand for greater involvement by local residents, serving as a clear indicator of trust and community motivation towards the process.

The methodology used to develop the community work plans was adapted to local socio-cultural dynamics, recognizing community autonomy as essential to their own development. Although many of the identified needs were related to infrastructure—such as paving, well maintenance, improvements to water systems, and housing conditions—it was agreed that these demands would be addressed through autonomous community management mechanisms. Simultaneously, the DREF operation focused on delivering strategic and complementary actions aligned with its humanitarian objectives and immediate impact scope, particularly around access to safe water, health promotion, vector control, distribution of hygiene kits, and strengthening of community capacities.

The operation was implemented in seven communities: La Cuaca, Cayo Campo, La Pradera, Ceibita, Nerones, La Monroy, and Cuyulapa.

In each of these, basic community feedback mechanisms were established, designed to be accessible and adapted to different levels of connectivity, literacy, and community organization. The mechanisms activated included suggestion boxes placed in strategic locations, phone and WhatsApp lines, as well as QR codes linked to digital forms. These channels remained available throughout the main operational activities, such as health promotion campaigns, hygiene kit distribution, vector control activities, community training sessions, and the delivery of the Multipurpose Cash Transfer Program (MPC).

To ensure effective use of these mechanisms, active community engagement was promoted. Trained volunteers explained the purpose and functioning of the boxes and digital forms, while also ensuring access for people with disabilities, older adults, and others requiring special assistance. The content collected was reviewed confidentially by staff from the National Society's local branch, in order to avoid bias and preserve the integrity of the opinions shared. Additionally, community health committees played a key role in disseminating informational materials and raising awareness about the feedback mechanisms, ensuring local ownership.

As part of the accountability and continuous improvement component, a total of 120 satisfaction surveys were conducted with individuals from the seven communities. This represents a significant increase compared to the original target, enabled by favorable field conditions and the leadership of the CEA focal point, in coordination with volunteers from the Sonaguera and Tocoa branches. Prior to the rollout, an induction session was held with volunteer and operational teams to align key messages, reinforce ethical considerations, and define a culturally sensitive and respectful approach to engaging consulted individuals.

The results reflected a high level of satisfaction with the assistance received, particularly regarding access to safe water for drinking and food preparation, the availability of hygiene supplies for personal and family use, and the humane and respectful support provided by the Honduran Red Cross volunteers. Respondents also positively highlighted the involvement of community structures—especially the health committees—in both the planning and execution of the activities. As an area for improvement, the need to expedite logistical processes in future interventions was identified, particularly in remote communities, to ensure that all people receive assistance simultaneously and without delays.

Lessons Learnt

• The importance of enabling multiple feedback channels specifically designed according to the technological, social, and cultural context of each community.
This strategy increased participants' trust and strengthened process transparency, enabling effective two-way communication between communities and the operational team.
• The early training of volunteers on community engagement, protection and inclusion approaches, and ethics in information management had a positive impact on the quality of implementation. This resulted in a more sensitive, professional, and better-received approach by participants, leading to higher reported levels of satisfaction.

Challenges

• Ensuring equitable and timely delivery of resources to hard-to-reach communities remains a key operational challenge. Temporary delays in supply distribution and activity implementation were reported, highlighting the need to strengthen logistical planning and coordination to guarantee simultaneous assistance across all target areas.

Secretariat Services

Budget: CHF 11,636
Targeted Persons: 0
Assisted Persons: 0
Targeted Male: 0
Targeted Female: 0

Indicators

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

Narrative description of achievements

As part of the ongoing technical support provided to the Honduran Red Cross, the IFRC Country Cluster Delegation for Central America conducted a joint field monitoring visit. The mission included the participation of the Disaster Management Coordinator, the Senior Officer for Planning, Monitoring, Evaluation and Reporting (PMER), and the Health Assistant. Although initially separate sectoral visits had been planned, it was decided to consolidate efforts into a single joint mission, in line with lessons learned from previous emergency operations. These lessons highlighted the operational and strategic advantages of integrated missions. This decision allowed for a more efficient use of human and logistical resources, reduced duplication, and most importantly, enabled a broader, more coordinated and complementary perspective on the progress of the operation.

Following the monitoring visit, the National Society requested in-person support to facilitate a lessons learned workshop. The Senior PMER Officer led the process to ensure objectivity in the collection and analysis of information, while also ensuring continuity with methodologies used in previous operations. This workshop took an intersectoral approach and included the participation of the Health Assistant, the Finance Officer, and a technical representative from the Canadian Red Cross, who was temporarily supporting the Country Cluster Delegation as part of regional preparedness efforts in Central America.

This activity created a valuable space for structured reflection on the key achievements, challenges, and areas for improvement identified throughout the operation. It also contributed to strengthening a culture of continuous learning within the National Society, promoting the use of evidence to inform future decision-making and enhance accountability across all levels of implementation.

Lessons Learnt

• Joint monitoring visits involving different technical areas of the IFRC and the National Society support a more holistic understanding of the operational context, enhance cross-sector coordination, and significantly optimize the use of available resources.

Challenges

• No challenge was identified.

National Society Strengthening

Budget: CHF 43,450
Targeted Persons: 50
Assisted Persons: 52
Targeted Male: 30
Targeted Female: 22

Indicators

Title	Target	Actual
Number of volunteers and staff who receive uniforms.	50	52
Number of individuals hired specifically for the operation.	6	6
Number of lessons-learned workshops conducted.	1	1

Narrative description of achievements

As part of the efforts to ensure the safety and visibility of active volunteers, the Honduran Red Cross procured a total of 52 complete uniforms — including pants, shirt, vest, long-sleeved t-shirt, and cap — for volunteers from the Tocoa and Sonaguera branches who actively participated in the implementation of the operation. The uniform request was based on databases provided by the presidents of both branches, thereby ensuring a transparent distribution aligned with actual needs. During implementation, two additional volunteers joined the community actions, prompting the acquisition of two extra uniforms to ensure they were properly equipped.

As part of the operation's closing phase, a lessons learned workshop was held, led by the IFRC Senior PMER Officer, with broad cross-

sectoral participation. Attendees included representatives from various support units of the National Society, such as the Project Management Unit, Procurement Unit, Logistics Department, Monitoring, Evaluation and Reporting Unit (PMER), the focal point for the Cash and Voucher Assistance (CVA) Program, the Protection Department, the Community Engagement and Accountability (CEA) focal point, IFRC technical staff based in Honduras, the administrative representative, the Regional Vice President of the National Society, project teams, and volunteers. The methodology used was interactive and focused on critical analysis, providing a space for discussion that enabled the review of indicator achievements, field-level challenges, identified best practices, and areas for improvement. This exercise was particularly valuable in integrating the support areas, fostering a shared understanding of operational and administrative processes in line with improvements implemented from previous experiences.

Additionally, to ensure the timely and quality implementation of planned activities, the National Society hired 6 staff members with clearly defined roles: a DREF Coordinator responsible for the technical and strategic management of the operation; a Field Administrative Assistant tasked with overseeing and correcting financial processes at the field level; a Central Office Administrative Assistant responsible for budget monitoring, procurement, and supplier payments; two Field Technicians focused on the direct implementation of community activities in the intervention areas; and a driver with a logistics focus, in charge of supporting staff mobilization and field logistics operations.

Lessons Learnt

• The inclusion of support departments in analysis spaces such as lessons learned workshops enhances understanding of the full operational cycle, improves interdepartmental coordination, and contributes to more efficient and coherent management in future operations.

Challenges

• Identification of suitable physical spaces to hold the lessons learned workshop, taking into account safety, accessibility, and logistical conditions. This highlighted the importance of having pre-identified and secured venues to ensure that key activities such as this are conducted in appropriate environments that foster participation, confidentiality, and high-quality outcomes.

Financial Report

Selected Parameters			
Reporting Timeframe	2024/11-2025/8	Operation	MDRHN024
Budget Timeframe	2024/11-2025/5	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 29/Sep/2025

All figures are in Swiss Francs (CHF)

MDRHN024 - Honduras - Floods

Operating Timeframe: 26 nov 2024 to 31 may 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**472.837**
DREF Response Pillar	472.837
Expenditure	**-464.011**
Closing Balance	**8.826**

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	180.255	191.974	**-11.719**
PO04 - Health	49.441	52.655	**-3.214**
PO05 - Water, Sanitation & Hygiene	151.949	161.826	**-9.877**
PO06 - Protection, Gender and Inclusion	7.901	3.214	**4.687**
PO07 - Education			**0**
PO08 - Migration			**0**
PO09 - Risk Reduction, Climate Adaptation and Recovery	28.858		**28.858**
PO10 - Community Engagement and Accountability	3.449	3.673	**-224**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**421.853**	**413.342**	**8.511**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	10.926	8.011	**2.915**
EA03 - National Society Strengthening	40.054	42.659	**-2.605**
Enabling Approaches Total	**50.980**	**50.670**	**311**
Grand Total	**472.833**	**464.011**	**8.822**

IFRC

[Click here for the complete financial report]

Please explain variances (if any)

A total of CHF 472,837 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 464,011. The unspent balance of CHF 8,822 will be returned to the DREF. The main variations between the planned budget and actual expenditures were primarily due to efficiencies achieved in the procurement processes.

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Click here for reference