

## Emergency Plan of Action Honduras: Population Movement

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| <b>DREF Operation n°</b>  | <b>MDRHN014</b>   |   |  |
| <b>Date of issue:</b>   | 29 July 2021  | <b>Expected timeframe:</b>              | 3 months                                       |
|   |   | <b>Expected end date:</b>               | 31 October 2021                                |
| <b>IFRC Category allocated to the of the disaster or crisis:</b> Yellow   |   |   |  |
| <b>DREF allocated:</b> 65,214 Swiss francs (CHF)  |   |   |  |
| <b>Total number of people affected:</b>   | Estimated 12,000 people   | <b>Number of people to be assisted:</b> | Estimated 5,000 people                         |
| <b>Provinces affected:</b>  | Occidental Region: Copán y Lempira<br>North occidental Region: Cortés, Santa Bárbara and Yoro | <b>Provinces targeted:</b>              | Copan, Lempira, Cortés, Santa Barbara and Yoro |
| <b>Operating National Society presence:</b> Honduran Red Cross' (HRC) organizational structure is divided into four regions, along with a Management Group at the national level and 4,700 volunteers. The National Society is represented in 52 municipalities across the country through its network of branches.   |   |   |  |
| <b>Red Cross Red Crescent Movement partners actively involved in the operation:</b> International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC).   |   |   |  |
| <b>Other partner organizations actively involved in the operation:</b> Catholic Church, Child Protection Officers (OPI), Directorate of Children, Adolescents and Family (DINAF), Ministry of Foreign Affairs and International Cooperation (SRECI), National Human Rights Commissioner of Honduras (CONADEH) and the National Migration Institute (INM).<br>In previous caravans, HRC identified the Mennonite Church Social Action Commission (CAS Menonita), Norwegian Refugee Council (NRC) and International Organization for Migration (IOM). |   |   |  |

## A. Situation analysis

### Description of the situation

Through coordination platforms and several reports in unofficial media and communication from the Guatemalan Institute of Migration<sup>1</sup>, the Honduran Red Cross (HRC) has received reports of a new caravan of Honduran migrants expected to leave for Guatemala heading towards Mexico and the United States at the end of July (between 25-31). The new caravan is composed mainly of Hondurans and migrants from other Central American countries, South America, Haiti and Cuba, many of whom are already temporarily settled



Honduras Red Cross volunteers providing services in the main bus station in San Pedro Sula, July 2021. Source: Honduras Red Cross.

<sup>1</sup> [EFE Americas.](#)

in southern Honduras, currently living complex situations that drive them to take the migratory route.<sup>2</sup>

Previous experiences with caravans have shown that this mobilization could integrate family units, including children and adolescents (NNA). NNA exposed to harsh conditions can face several vulnerabilities. Several circumstances may affect the health and safety of migrants, such as the rainy season, the health crisis due to the COVID-19 pandemic, and the risks inherent to the migratory route. Although the number of people in the caravan is unpredictable, social networks indicate a minimum of 12,000 Honduran migrants and 2,000 in transit. As has happened in previous caravans - especially the one in January 2021 with 7,500 people - it is expected that there will be an early return from Guatemala due to the government's provisions. According to the National Migration Institute, the first caravan of January 2021 had a return rate of 1,802 people (30%) on the first day, of which 1,279 are adults and 523 minors. Of these, 51 were traveling alone. It is assumed that the caravan scheduled for the end of July advances. An almost immediate return of more than 6,000 people could be expected (an estimated 50%), either a voluntary return or through deportation processes. This will require the Honduran Red Cross (HRC) to be prepared to provide similar care to those of the departure. For that purpose, the NS is designing a care plan based on the return scenario.

As in previous cases, the border crossing points that will be used are unknown, so an alert has been given to the borders of Agua Caliente (Ocotepeque), El Florido (Copán Ruinas), and Corinto (Cortés). Without ruling out the possibility of using the so-called "blind spots", which refer to other border areas that are not officially identified and are difficult to access for the National Society.

Due to this, HRC has alerted the Councils (branches) located on these three routes: San Pedro Sula, Choloma, Puerto Cortes, and Omoa en route to the Integrated Border Point (IBP) of Corinto; Quimistan La Entrada and Santa Rosa de Copán near the Agua Caliente IBP; adding to these last ones the Council of Copán Ruinas, in the IBP of El Florido, this alert is made, because the previous caravans did not leave through the border point used by the first ones (Agua Caliente), and the decision is taken at the moment of departure; one of the previous caravans used three integrated border posts: Aguas Calientes, El Florido and Corinto, and they also used blind spots. In addition to alerting, it is necessary to strengthen the teams that participate in the Humanitarian Service Points (HSP) to provide integral services to the different needs that could arise in this new scenario.

More than six months after the impact of Hurricane Eta and Iota, the affected Honduran population continues to be vulnerable, as evidenced by the damage to the road, educational, agro-industrial, and housing infrastructure, as well as livelihoods, circumstances that limit access to goods and services that contribute to maintaining a decent standard of living for this excluded population, as well as to having safety equipment that reduces the risk of infection by COVID-19 and allow them to maintain personal and family biosecurity measures. This has increased significantly for returnees from previous caravans.

The preparation of the countries on the route to attend this potential caravan is necessary for the reception of migrants and for the application of the related national policies and laws that conclude in return, as officially indicated by the Guatemalan state, which will act by the legislation in force, promoting a regular, orderly, and safe migration.

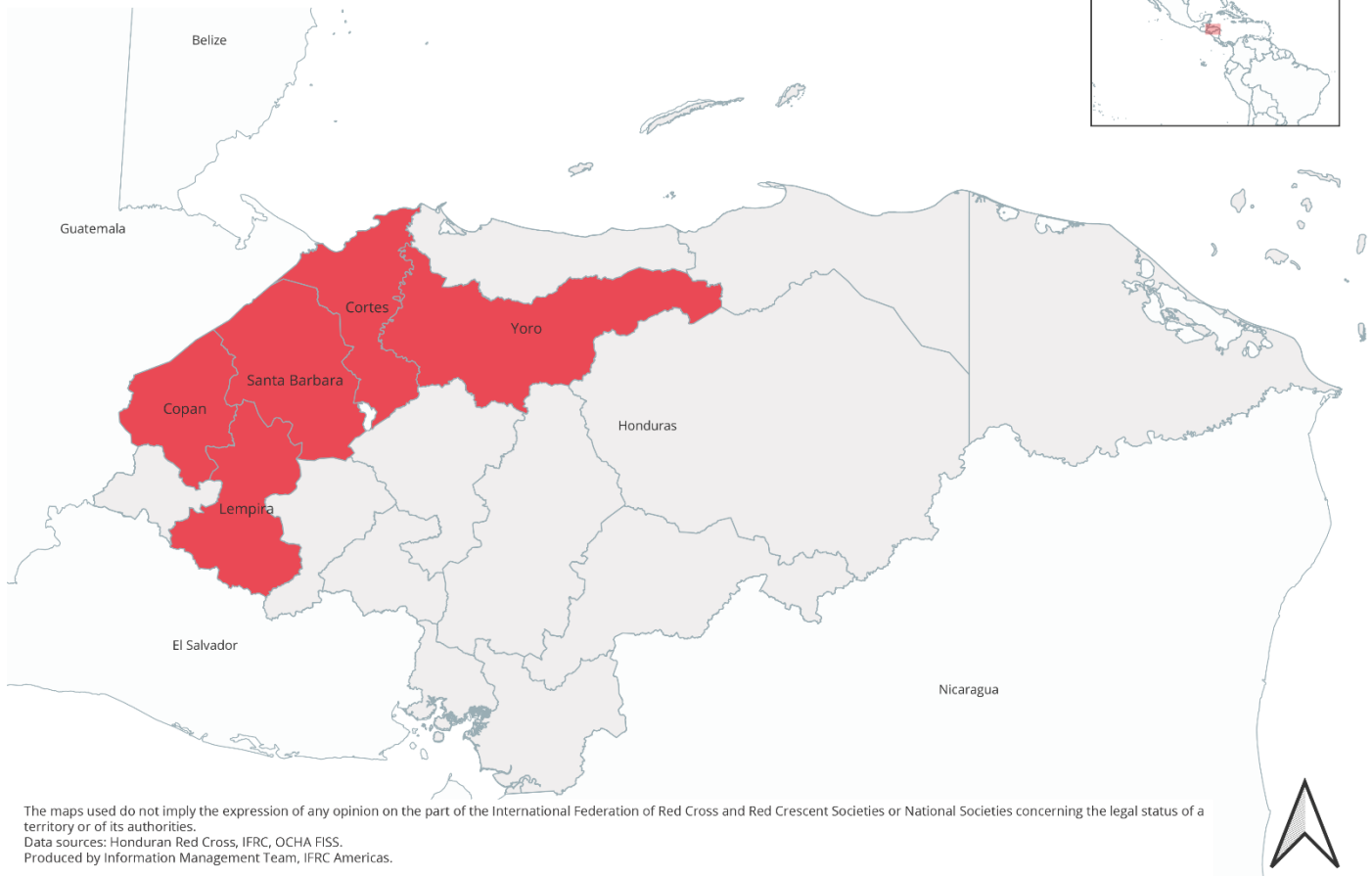
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<sup>2</sup>[Press release from the Guatemalan Institute of Migration. July 23rd, 2021](#)



## Honduras: Population Movement

Affected provinces - Locations of identified migrant caravans  
Produced on 27-July-2021



## Triggers

### Honduras/Guatemala

#### *Trigger one, readiness activities*

There is a significant indication from Honduran and Guatemalan media that there will be population movement from Honduras to Guatemala, known as migrant caravan, scheduled to leave on 30 July 2021. Some official sources, such as the Guatemalan Migration Institute, have provided information about the possibility of this population movement.

Phase one readiness activities could include:

- Ongoing surveillance and monitoring of the evolving situation
- Prepositioning of hygiene kits
- Training for volunteers on migration and Humanitarian Service Points, including protection key messages
- Prepositioning of first aid kits
- Prepositioning of PPE kits for migrants<sup>3</sup>
- Prepositioning of Children's Psychosocial Support kits and materials

<sup>3</sup> These PPE kits for migrants include only masks and antibacterial gel.

- Activation of the branches in San Pedro Sula, Choloma, Puerto Cortés, Omoa, Quimistán, La Entrada, Santa Rosa de Copán y Copán Ruinas
- Establishing framework agreements with goods/service provider (food and water, HHIs, hygiene/menstrual hygiene, logistics and supply chain)
- Volunteers' mobilizations for rapid assessments along the migratory route and in border areas
- Team deployment specializing in RFL
- Repositioning of volunteer visibility, PPE to prevent COVID-19

## Honduras

### *Trigger two, response activities*

Honduras is already experiencing population movement, and as has happened in previous caravans, the persons leave from multiple areas of Honduras. In general, they are concentrated in the north region leaving for Guatemala heading toward Mexico and the United States. This stage is limited to mostly Honduras and extracontinental migrant families, young men, and children. La Gran Central Metropolitana's meeting point is San Pedro Sula (bus station), where HRC has set up a Humanitarian services point. Guatemalan authorities have deployed military personnel to the borders with Honduras.

A potential trigger could be the number of people gathered on the Gran Central Metropolitana waiting to leave to the Guatemala border. The number of people could be between 1,000 to 5,000.

Phase two response activities could include:

- Ongoing monitoring and surveillance of population movement on the route to Guatemala border
- Identification and derivation of vulnerable groups such as unaccompanied and separated minors
- Work together with the ICRC for registration of migrants with protection needs, rights monitoring at the beginning of the migratory route
- Provision of food and water, hygiene/menstrual hygiene kits
- First aid assistance and psychosocial support
- Information and advice for irregular migrants, key messages about COVID-19 prevention, immigration requirements to cross the border
- Restoring family links
- Provision of transportation (from border to the Gran Terminal to the Guatemala borders (for volunteers))
- Insurance and per diems for volunteers

### **Evidence of trigger two (data source):**

- Monitoring and field evaluation
- Media information
- INM Information and data
- Information from Guatemala Red Cross

## **Summary of the current response**

### **Overview of Operating National Society Response Action**

Eight branches were activated in the north and west of the country (San Pedro Sula, Choloma, Puerto Cortés, Omoa, Quimistán, La Entrada, Santa Rosa de Copán, and Copán Ruinas) to identify movements of people intending to migrate on highways and at border points. In addition, the San Pedro Sula branch periodically travels to the

Gran Central Metropolitana de San Pedro Sula (Main bus station) to monitor the meeting point defined for all caravans.

Constant communication is maintained between the headquarters and the vice presidency of HRC of Region 1<sup>4</sup>, to know about the regional context and the situation of the migrant population in transit, both those entering and those stranded in the city of Choluteca and the east of the country, given the alert of incorporation into the caravan of Hondurans.

The conditions of the pre-positioned Restoring Family Links (RFL) kits (backpack with cell phones and accessories, phone cards, and forms) have been prepared according to the possible routes that the caravan will take, and specialized RFL personnel have been activated through the regional vice presidencies of HRC.

Before the departure and previous experiences of the caravan, an HSP has been located at the Gran Terminal Metropolitana de San Pedro Sula, and according to the possible departure routes, once the movement of migrants begins, Omoa, La Entrada, Copán Ruinas, and Ocotepeque will be activated.

A detailed inventory of supplies ready for distribution was identified: 500 personal hygiene kits for adults and 150 for children under two years of age, and information material currently available to the Honduran Red Cross. Suppliers were alerted if it is necessary to have more of these supplies to guarantee a quick purchase (including supplies for first aid kits).

Pre-positioned equipment, acquired in previous phases of the Monarch Butterfly project<sup>5</sup>, is available to locate an HSP once the caravan's exit route(s) is identified and is located at the Gran Terminal Metropolitana. The current Monarch Butterfly programme (or IFRC Americas Migration Programme) provides a regional surveillance system to promote cross-border cooperation and provide care for migrants (in addition to Restoring of Family Links), where the National Societies work with communities with high rates of forced internal displacement due to violence and high migration rates. In addition, staff from the Monarch Butterfly project in the southern zone are in constant communication with organizations, institutions, and civil society to monitor the possibility of extra-continental migrants seeking to join the caravan from this zone. The project staff in the northern zone is on alert to assist in the possible response.

Through the Health Unit, available personnel is being identified to collaborate in the HSPs with health actions and psychosocial support for people with vulnerabilities, using the Guidance Guide for Mental Health and Psychosocial Support (MHPSS) <sup>6</sup>actions for migrant population, which contains recommendations for approaches to populations in transit. In addition, the acquisition of psychosocial support kits for children and adolescents has been considered, including playful and informative material on hygiene promotion and COVID-19 prevention.

With the support of the Honduran Red Cross COVID-19 Single Response Plan, the following biosafety supplies were identified as available on loan:

- Complete Personal Protection Kit for 100 members of the Honduran Red Cross who will provide the institutional response to the crisis.
- Biosafety kit (surgical mask and anti-bacterial gel) for 10,000 migrants.
- Disinfection material for cleaning work equipment, ambulances and vehicles, anti-bacterial gel.

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<sup>4</sup> East and Northeast regions.

<sup>5</sup> Monarch Butterfly project

<sup>6</sup> Guide developed during 2020 through the Monarch Butterfly Project.

The National Society has information, education, and communication (IEC) material with protection, biosecurity, hygiene promotion messages specific to mobility for children and adults, culturally adapted in limited stock, and the rapid reproduction of such material for distribution during the intervention is estimated.

The two HRC protection officers linked to the Protection Office of the Center for Attention to Returned Migrants (CAMR) in Omoa are prepared to mobilize to the border to identify protection cases during the return and make the corresponding referrals; as well as for the rapid training of the volunteer staff that will be linked to the attention in the caravan.

### **Overview of Red Cross Red Crescent Movement Actions in country**

The IFRC Delegation for Central America has been coordinating and exchanging information on an ongoing basis with the Honduran Red Cross, the Guatemalan Red Cross, the International Committee of the Red Cross, and participating National Societies as providing technical support to the National Society.

The binational communication mechanism between the Honduran Red Cross-Guatemalan Red Cross and the IFRC has been activated through the migration referent of the Delegation for Central America, where ICRC's regional office is invited to participate. With the support of the Regional Office of the Americas, the Central American Delegation has maintained constant monitoring of the flows in coordination with the National Societies and a continuous exchange of information and technical support for early preparation for this possible population movement situation.

The Central American Delegation of the IFRC has informed the Salvadoran Red Cross about the possibility of this massive population movement in case it needs to coordinate actions like on previous occasions if people of Salvadoran nationality join these caravans or use Salvadoran routes as a migratory corridor to access Guatemala.

The IFRC Central America Delegation, through its migration and social inclusion coordinator, constantly monitors and coordinates with the National Society the migration flows. The IFRC brings technical advice on the National Society action plans on migration and population movements scenario exercises with the National Society, coordinating with the ICRC through its Mission office and the sub-delegation office in San Pedro Sula. In previous population movements, the IFRC and ICRC have also provided financial support to cover the humanitarian assistance needs of migrants.

The HRC-IFRC migration working group in Honduras has been activated, starting with coordination and information exchange meetings, and is responsible for advising the National Society on movements and actions related to populations on the move.

In coordination with the Spanish Red Cross (SpRC) of a four-year regional intervention funded by AECID, the HRC is implementing long-term actions to restore the migrant and IDP rights affected by other violent situations. The SpRC is not currently part of the National Society's population movement response action plan but is active to work bilaterally if necessary.

### **Overview of other actors' actions in country**

The National Migration Institute (INM) renewed an agreement with the Honduran Red Cross, through which actions are coordinated to strengthen capacities and the access of the National Society to assist migrants in transit. These actions reflect the collaborative work of the HRC and its auxiliary role, working hand in hand with the INM to provide quality humanitarian assistance to vulnerable people in mobility. Currently, the INM is carrying out its normal activities with irregular migrants and is preparing for the return of migrants who would integrate the caravan (as on other occasions). In anticipation of the increase in the number of migrants in transit, an agreement

has been reached with the Catholic Church in Guayabillas, El Paraíso, which provides lodging spaces for five days for the migrant population before continuing the migratory route. Under the Central American Free Mobility Agreement CA-4, Hondurans who are part of the caravan and comply with the conditions for leaving Honduras and entering Guatemala (including biosecurity) will be authorized to leave the country.

The Secretariat of Foreign Affairs and International Cooperation (SRECI) is monitoring the situation and alerting Consulates to assist Honduran populations along the migratory route. On the other hand, under the HRC-SRECI Agreement, the CAMR Omoa protection teams will be activated to assist returnees in need of protection.

The offices of the National Commissioner for Human Rights of Honduras (CONADEH) are activated to provide protection assistance through specialized personnel, both in the accompaniment during mobility in the national territory (relief) and the identification and response to protection cases.

The Directorate of Children, Adolescents and Family (DINAF) maintain the Child Protection Officers (OPI) at the borders of Agua Caliente, El Florido, and Corinto, and in the case of caravans, are alerted and periodically report changes in the migratory context. For the protection of unaccompanied or separated children, they evaluate conditions based on the child's best interests.

During previous caravans, HRC identified the Mennonite Church Social Action Commission (CAS Mennonite), Norwegian Refugee Council (NRC), International Organization for Migration (IOM), with whom it has coordinated and developed joint activities. It is known that the planned caravan will be activated with:

- Mennonite CAS: follow up of the caravan, information gathering, attention to needs, especially with water and humanitarian aid. In addition, staff located in Omoa and Copán send periodic reports on conditions and needs.
- NRC: will support, guide, and provide information to the people in the caravans. It has delivered hygiene kits to the San José migrant homes (Ocotepeque and Esquipulas) and the INM.
- IOM: initially monitors the evolution of the caravan and will provide care during the return to Honduras. HRC is currently negotiating with IOM the donation of snacks, which are delivered on departure and return.

## **Needs analysis, targeting, scenario planning and risk assessment**

### **Needs analysis**

The main risk that this operation is aiming to mitigate are:

- Health risk arising from lack of medical attention and exposure (including COVID-19).
- Mental health risks
- Health risks arising from dehydration and lack of food

Based on those identified risks, the following needs are being anticipated based on the assumptions and experiences of previous caravans and the actions carried out through different projects and programs.

**Health:** First aid services, pre-hospital transfers, and psychosocial support are the main actions. Two types of the population are expected to be assisted: 1) Hondurans who have decided to enter the migratory route due to living conditions, violence, and discrimination prevailing in the country. Included with the dangers of mobilisation can be hydration, nutrition, and a high level of stress. 2) Extra-regional and extra-continental migrants may join the caravan to advance quickly on their migratory path. It is expected that this population will enter Honduras with dehydration, foot injuries, skin rashes, sunstroke, gastrointestinal diseases, in addition to primary diseases that are not attended to due to the lack of access to health services. All these conditions make it likely that the pre-positioning actions will require focusing on specific activities for the health of this population.

The report - [Confined and Excluded? Why access to essential services for migrants is critical to our response and recovery from COVID-19](#) - is based on research conducted in all regions by the newly established Red Cross Red Crescent Global Migration Lab, hosted by the Australian Red Cross and supported by the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC). The report shows that while the closures and other measures were designed to control the spread of COVID-19, they inadvertently increased the suffering of migrants in many contexts. The research found that even in situations where migrants had been included in COVID-19 policies, their actual ability to access essential services was often limited. For example, migrants have been unable to access COVID-19 testing or treatment in some countries because they do not have a national identity or social security number. This is also likely to affect access to COVID-19 vaccines, even if eligibility exists in law. In other situations, migrants reported that they were hesitant to consult a doctor, seek treatment or, more recently, enrol in COVID-19 vaccination for fear of revealing private information that could be shared with immigration authorities to arrest, detain, or deport them. In some countries, the requirement that migrants must register online for COVID-19 vaccination also contributes to exclusion due to some migrants' limited internet access or digital literacy and language barriers.

First aid services will be activated and provided by volunteers from the National Society, who will integrate the HSP. In addition to taking blood pressure and other basic signs, this service will include differentiated attention to the needs reported, including cures and pre-hospital transfer in case of requiring specialized health care.

Given the short time of stay, especially in the rest areas, necessary supplies will be provided to attend to emotional health in a differentiated manner among adults, children, and adolescents. Personnel linked to the National Society's Mental Health and Psychosocial Support (SMAPS) program will travel with the teams that make up the HSPs.

In addition, protection equipment (PPE) will be provided to promote biosecurity, both for HRC personnel and the migrant population. The items include masks, 250 ml antibacterial gel for distribution among the migrants, gel, gloves, protective gowns for first aid personnel, and ammonium and chlorine to disinfect equipment and ambulances.

**WASH:** Water is one of the significant needs of communities in mobility, especially safe water to avoid health problems, such as stomach diseases. Following the new standards of the National Society and considering biosafety conditions, it is planned to distribute bottled water (500 ml) that is easy to handle and reusable and includes information related to key hygiene promotion messages, adapted to the cultural aspects of the population involved. Also, the distribution of hygiene kits will consider a differentiated approach for men, women, and children.

**Protection, Gender and Inclusion:** Children and adolescents are one of the most vulnerable groups due to the context of mass mobilizations, according to information from the National Migration Institute, in the last caravan of January 2021, 523 minors returned to the country, and of these, 51 were traveling alone. Not all children in the caravans travel alone. Many are separated children accompanied by neighbors or acquaintances, which increases their risks and protection needs. In recent mobilizations, pregnant women traveling alone have been identified and breastfeeding children, who have distinct needs that become more evident in the context of mobilization. Extracontinental migrants joining the mass mobilization present formal and informal barriers to accessing services, which are different from those of Honduran migrants. That will be considered for the planning of actions. Language and cultural needs will be identified, and transit restrictions through Honduras and access to Guatemala will be considered.

**Restoring Family Links (RFL):** HRC will address the needs of Honduran migrants and migrants from other countries that will be part of the caravan and maintain communication with their families with RFL services and actions combined with the Family Links Network of the National Societies in the region.



The services will be defined according to the identified needs and local capacity, using the specialized human resource of NIT-RFL trained personnel, which will guide the facilitation of telephone calls, connectivity, battery charging for devices. Also, collection of Red Cross Messages in one way and the delivery of self-care messages for the prevention of separation and disappearance of migrants and their families.

The pre-positioning of RFL Kits in the branches was identified as a priority that will effectively deliver services. According to the event's evolution, the opening of the field office is planned for the current emergency.

## Targeting

The Honduran Red Cross provides its services based on fundamental principles, and in the case of caravans, the response is provided to all people who are in mobility, regardless of their nationality, however, it is sometimes necessary to prioritize some groups that make up the caravans such as:

- Pregnant or nursing persons
- People with disabilities
- Older adults
- Children and unaccompanied minors
- Members of the LGBTIQ+ community
- Single-parent families
- People with chronic illnesses
- Persons that do not speak Spanish

## Estimated disaggregated data for population targeted.

| Category                       | Estimated % of target group <sup>7</sup> | % female | % male |
|--------------------------------|--|----------|--------|
| Young Children (under 5 years) | 2%                                       | 50%      | 50%    |
| Children (5-17yrs)             | 10%                                      | 60%      | 40%    |
| Adults (18-49 yrs)             | 80%                                      | 40%      | 60%    |
| Elderly (>50 yrs)              | 6%                                       | 33%      | 67%    |
| People with disabilities       | 2%                                       | 50%      | 50%    |

## Scenario planning

| Scenario  | Humanitarian consequence   | Potential Response  |
|---|--|---|
| Scenario 1: Between 500 to 5,000 people gather in the Great Metropolitan Center | Lack of sanitation conditions.<br>Lack of access to food and water for human consumption.<br>Overcrowded conditions. | Coordination between the NSs of Guatemala and Honduras to meet needs. |

<sup>7</sup> Estimated numbers based on registration information from previous caravans.

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| <p>towards the border with Guatemala.</p>   | <p>High security risks for groups in vulnerable situations (children and adolescents, LGBTIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with disabilities, among others).<br/>No access to physical, mental/emotional health.<br/>Biosecurity risks.<br/>Exposure to climatic conditions causes illness and death.</p>  | <p>Coordination with ICRC, IFRC, and external actors present in the area.<br/>Needs assessment.<br/>Harmonized services of the two NS.<br/>Mental health and PSS.<br/>First aid and pre-hospital transfer.<br/>Food and snacks.<br/>Hydration and hygiene promotion education.<br/>Distribution of hygiene kits differentiated by age and gender.<br/>Identification and referral of protection cases.<br/>Restoring of Family Links.<br/>Community Engagement and Accountability and feedback.<br/>Humanitarian diplomacy to improve conditions.</p>   |
| <p>Scenario 2: More than 5,000 people gather at the Gran Terminal Metropolitana to leave for the border with Guatemala.</p> | <p>Acts of violence.<br/>Physical injuries.<br/>No access to communication.<br/>Detentions.<br/>Separation from family and increased risk to children and especially vulnerable populations.<br/>Deaths of migrants due to generalized violence.<br/>No access to physical, mental/emotional health.<br/>Biosecurity risks.<br/>No access to vaccines.<br/>Exposure to climatic conditions causes illness and death.<br/>The high number of people leaving in groups of 500 people to the border with Guatemala causes the Honduran authorities to stop the population movements. At the same time, Guatemala closes the borders, which triggers tension, thousands of people remain at the borders, and many are exposed to violent situations.<br/>High security risks for groups in vulnerable situations (children and adolescents, LGTBIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with incapacities, among others).</p> | <p>Coordination between the NS of Guatemala and Honduras to meet needs.<br/>Coordination with ICRC, IFRC, and external actors present in the area.<br/>Needs assessment.<br/>Homologated services of the two NS.<br/>Mental health and PSS<br/>First aid and pre-hospital transfer.<br/>Food and snacks.<br/>Hydration and hygiene promotion education.<br/>Distribution of hygiene kits differentiated by age and gender.<br/>Identification and referral of protection cases.<br/>Restoring contact between family members.<br/>Community Engagement and Accountability and feedback.<br/>Humanitarian diplomacy to improve conditions.</p> |

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| <p>Scenario 3: More than 12,000 Hondurans and other nationalities gather in the large Central Metropolitan and leave for Guatemala.</p> | <p>Cultural barriers (language, food, customs)<br/> Detention<br/> No facilities to continue the trip.<br/> Interpersonal Violence and xenophobia.<br/> Robbery, extortion, and similar crimes.<br/> No access to physical, mental/emotional health.<br/> Biosecurity risks.<br/> No access to vaccines.<br/> Exposure to weather conditions causing illness and death.<br/> In addition to the multiple families of Hondurans who continue to leave in groups of 500 to 600 people towards the border with Guatemala, migrants of other nationalities in transit through Honduras join this mobilization, the high number of people increases people's vulnerabilities, access to services is null, people have many needs, many of the groups have advanced.<br/> High security risks for groups in vulnerable situations (children and adolescents, LGTBIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with discapacities, among others).</p> | <p>Coordination between the NS of Guatemala and Honduras to meet needs.<br/> Coordination with ICRC, IFRC, and external actors present in the area.<br/> Needs assessment.<br/> Homologated services of the two NS.<br/> Mental health and PSS<br/> First aid and pre-hospital transfer.<br/> Food and snacks.<br/> Hydration and hygiene promotion education.<br/> Distribution of hygiene kits differentiated by age and gender.<br/> Identification and referral of protection cases.<br/> Re-establishment of Family Links.<br/> Community Engagement and Accountability and feedback.<br/> Humanitarian diplomacy to improve conditions.</p> |
| <p>Scenario 4: Immediate voluntary and forced mass return from Guatemala to Honduras</p>  | <p>The closure of the Guatemalan border by authorities and the difficult access through the fulfillment of migratory requirements make people begin to return to Honduras, both in a controlled manner by the Ministry of Foreign Affairs and voluntarily. This means that the return of migrants from the border with Guatemala by various routes, plus the fatigue of the long walks and the stay at the border, generate that the conditions of migrants in both physical and emotional health are more acute. Likewise, people who have left due to violence have specific protection needs when returning to the country. Many of the returns are made voluntarily at night through unofficial areas, which increases the vulnerabilities and risks of people.<br/> High security risks for groups in vulnerable situations (children and</p>  | <p>Mental health and PSS.<br/> First aid and pre-hospital transfer service.<br/> Food and snacks.<br/> Hydration and hygiene promotion education.<br/> Identification and referral of protection cases.<br/> Re-establishment of Family Links.<br/> Key messages and press release.</p>   |

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|  | adolescents, LGBTIQ, women, pregnant women, indigenous people, migrants from outside the continent, older adults, people with disabilities, among others). |  |
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## Operation Risk Assessment

### 2021 Hurricane and rainy Season:

The tropical cyclone season for the Atlantic basin officially started on 1 June and on 15 May in the Pacific, and both conclude on 30 November 2021. Two to five tropical cyclones are expected for the season in the central Pacific hurricane region. These numbers include tropical depressions, named storms, and hurricanes. A near-normal season has four or five tropical cyclones.

### COVID-19 Pandemic

This DREF operation and its operational strategy considers the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. According to information from the World Health Organization (WHO)<sup>8</sup>, as of 25 July, Honduras reported a cumulative of 284,187 positive cases of COVID-19. As of 23 July, the Honduran government has managed to immunize 12.44%<sup>9</sup> of its population with at least one dose of vaccine against COVID-19.

National Society responses to COVID-19 are supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision, while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office, in coordination with global and regional partners. This means that the National Society will ensure, even as it responds to the current dengue outbreak, COVID-19 prevention measures are adhered to, in line with regional plan of action and its national COVID-19 country plan.

IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The National Society will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Society volunteers and staff. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

### Increased return flow

Based on previous experience, returns cause a risk to the population due to the emotional impact on their communities. The demand for services in return increases, which may put the operation at risk, due to the level of the response capacity needed and the difficulties mentioned in the scenarios.

### Social, political and economic context:

According to CEPAL's economic balance of Central America in 2020<sup>10</sup>, in Honduras it is expected that, because of the negative effects of Hurricanes Eta and Iota on the national productive apparatus, the deficit of the central administration would be above 4.0%. Honduras also registers high levels of violence with more than 38

<sup>8</sup> [WHO](#). Covid Explorer.

<sup>9</sup> [Our World in Data](#). Coronavirus (COVID-19) Vaccinations. 23 July 2021.

<sup>10</sup> [CEPAL](#): Preliminary Overview of the Economies of Central America and the Dominican Republic 2020 and Prospects 2021. February 2021

homicides per 100,000 inhabitants (2018). However, this rate has decreased in recent years, from a peak of 83 homicides per 100,000 inhabitants in 2011.

## B. Operational strategy

### Overall Operational objective:

Preposition the technical, logistical, and personnel inputs necessary to deliver humanitarian aid and services in response to the needs of the population on the move (Hondurans, extra-regional, and extra-continental) incorporated into the migrant caravan convened for July 2021.

- Response preparedness planning results from the three programmatic areas of the National Society, and the follow-up will maintain the same integration model.
- The National Society activates the Regional Technical Offices (RTO) of Regions 1 and 3. Region 1 to follow up on the possible entry of extra-regional or extra-continental migrants with the possibility of joining the Honduran caravan, with the branches of Choluteca, El Paraíso, and Danlí located in the cities of the same name. Region 3 activates the branches of San Pedro Sula, Choloma, Puerto Cortés, Omoa, Quimistan La Entrada, Santa Rosa de Copán and Copán Ruinas. Teams were mobilized to monitor the current flow of migrants at a meeting point and integrated border points with Guatemala, such as Corinto and Copán.
- The needs identified in 2018, 2019, 2020, and 2021 Caravans are considered, which show the increasing participation of family units, and therefore, a greater number of women, children under 18 years, and adolescents.
- The National Council and the Regional Technical Office of Region 3 coordinate the monitoring and attention to the needs of national and international non-governmental organizations.
- Under the Agreement with the Ministry of Foreign Affairs and International Cooperation, the National Society coordinates the reception of the migrant population that returns voluntarily and will be cared for in dignified conditions through the CAMR Omoa.

The development of preparedness and response activities will be carried out by 125 volunteers who will be activated on a rotating basis, belonging to the branches of Region 3, where the caravan starts and transits, and Region 1, as it is the area of entry of extra-regional and extra-continental migrants. The program management, the three program area managers, the three project officers, and program assistants will participate in specific actions and the monitoring and evaluation unit, logistics, and procurement personnel.

According to the level of impact of the emergency, the need for mobilization of specialized teams such as relief, health and PSS, RFL and Water and Sanitation will be evaluated. Standard administrative and procurement procedures established and approved by the IFRC will be applied for the procurement process.

Pre-identified information material will be pre-positioned and distributed to migrants and the community in general, including self-care and key messages in several languages (Portuguese, French, Creole). Pre-positioning technological communication equipment for the field team and actions for reestablishing and maintaining contact between family members will be necessary.

### Preparedness activities focused on protection

A rapid refresher day is planned for HRC personnel, including topics such as the Minimum Protection Approach. Given the conditions of the planned mobility, it is expected to address needs in this area in the Greater Metropolitan Center of San Pedro Sula and, upon return, the mobilization of HRC protection officers assigned to CAMR Omoa. Protection actions are carried out jointly with the ICRC, and referrals will be coordinated with the

usual partners. In anticipation of the likelihood that extra-regional and extra-continental migrants will join the caravan, key messages will be collected in various languages (Portuguese, French, Creole), created in the framework of previous interventions to ensure that people of other nationalities have access to information in their languages.

### **Planning, monitoring, evaluation, and reporting (PMER)**

HRC has a Monitoring, Evaluation, and Reporting Unit (UMER) responsible for the planning, monitoring, evaluation, and reporting (PMER) process. A monitoring and evaluation plan will be designed to identify and track the main outcome indicators. During the planning phase; the plan includes information on how to review and evaluate the project, indicates the assumptions on which the achievement of project objectives depends, the expected relationship between activities and outputs and indicators (the logical framework), and provides well-defined conceptual measures, along with baseline data, monitoring matrix, and evaluations.

Monitoring will be carried out, and follow-up meetings will be held to review progress made on the activity plan and strategy implementation, all of which will inform joint decision-making to improve project implementation.

### **Logistics**

The National Society has a structure for the procurement of goods and services with procedures, which are compatible with those of the IFRC system for the most part, and a large and secure warehouse to store any supplies that the response may require. All procurement for the action plan is done in-country according to the capabilities of the suppliers.

### **Communications**

The National Society has a Communications department that will cover project actions and provide information to the media on the emergency and Red Cross actions through the following activities:

Internal communications:

- Bulletins and operation reports (printed and digital).
- Development of dissemination materials (brochures, flyers, posters, etc.).

External communications:

- Publication of press releases.
- Preparation of dissemination materials (brochures, flyers, posters, etc.).
- The Communications Department will maintain a close relationship and exchange information with International Federation staff.

As in previous caravans, through communication and coordination with the Guatemalan Red Cross and IFRC, joint press releases are created as a joint Movement.

### **Security**

The National Society applies the Safer Access Manual and security procedures detailing the security measures to be followed by personnel.

For this operation and given the migratory context, strict measures will be taken to ensure that personnel involved in the operation always wears the emblem while performing actions and the Personal Protection Equipment according to the COVID-19 context. Volunteers and staff will be provided with protective equipment and insurance for their humanitarian work.

## C. Detailed Operational Plan



### Health

**People targeted: 5,000 people**

Male: 2,600

Female: 2,400

**Requirements (CHF): 18,757**

**Needs analysis:** First aid services, pre-hospital transfers, and psychosocial support is the primary demand in this type of context. Given the short time of stay, especially in the rest areas they may have during this trip, the necessary inputs will be provided to attend to emotional health differently among adults, children, and adolescents. Personnel linked to the NSs SMAPS program will travel with the teams that make up the HSPs.

In addition, sufficient supplies will be provided to promote biosecurity, both for HRC personnel and the migrant population. The supplies include masks, 250ml antibacterial gel for distribution among the migrants, masks, gel, gloves, protective gowns for first aid personnel, and ammonium and chlorine for the disinfection of equipment and ambulances.

**Risk analysis:** The main risk in this sector is the increase in cases of COVID-19 and the mobility restrictions that may arise for the provision of services.

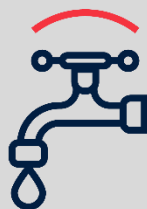
**Population to be assisted:** 5,000 people, mainly the population in the migratory route, and requiring HRC services, based on the criteria mentioned in Section B.

**Programme standards/benchmarks:** The HRC will use the parameters of PAHO, the World Health Organization (WHO), and the Honduran Ministry of Health as a reference for its health actions.

|                       |   |  |   |   |   |   |   |   |   |   |    |    |    |
|-----------------------|---|--|---|---|---|---|---|---|---|---|----|----|----|
| P&B<br>Output<br>Code | <b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>          | <i># of people reached by NS with services to reduce relevant health risk factors. Target: 5,000</i>                       |   |   |   |   |   |   |   |   |    |    |    |
|                       | <b>Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b> | <i># of personal protection kits (surgical mask, antibacterial gel) delivered to the migrant population. Target: 5,000</i> |   |   |   |   |   |   |   |   |    |    |    |
|                       | Activities planned<br>Week  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |

|                       |  |  |   |   |   |   |   |   |   |   |    |    |    |    |
|-----------------------|--|--|---|---|---|---|---|---|---|---|----|----|----|----|
| AP022                 | Preposition 5,000 personal protection kits (10 surgical masks, 1 antibacterial gel) for people in mobility and 80 PPE personal kits for volunteers who require it in the branches of the Honduran Red Cross. |  |   |   |   |   |   |   |   |   |    |    |    |    |
| P&B<br>Output<br>Code | <b>Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment</b>  | # of people assisted with first aid (segregated by sex, age). Target: 2,000                                  |   |   |   |   |   |   |   |   |    |    |    |    |
|                       | <b>Health Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.</b>  | Activities planned<br>Week   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9  | 10 | 11 | 12 |
| AP022                 | Emergency transfers to primary health care services for people affected by social violence and/or consequences of the mobilization.  |  |   |   |   |   |   |   |   |   |    |    |    |    |
| AP022                 | Preparation and shipment of supplies for first aid care to 2,000 people in vulnerable situations due to the massive mobilization of people.  |  |   |   |   |   |   |   |   |   |    |    |    |    |
| AP022                 | Prepositioning of supply of oral rehydration serums for affected people.   |  |   |   |   |   |   |   |   |   |    |    |    |    |
| AP022                 | Prepositioning of educational material with key messages for disease prevention and health care.   |  |   |   |   |   |   |   |   |   |    |    |    |    |
|                       | <b>Health outcome 3: Psychosocial impacts of the emergency are reduced</b>   | # of people reached with psychosocial support services (disaggregated by sex, age). Target: To be confirmed. |   |   |   |   |   |   |   |   |    |    |    |    |
|                       | <b>Health output 3.1: Psychosocial support provided to the target population, as well as to volunteers and staff</b>   | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |    |
| AP023                 | Preparation and inputs to provide basic psychological support to vulnerable populations in mobility and volunteers.  |  |   |   |   |   |   |   |   |   |    |    |    |    |
| AP023                 | Preparation of inputs to provide psychoeducation (key messages for self-care and mental health).   |  |   |   |   |   |   |   |   |   |    |    |    |    |
| AP023                 | Preparation of play and self-care kits for children and adolescents. <i>Implemented with NS funds.</i>   |  |   |   |   |   |   |   |   |   |    |    |    |    |





## Water, sanitation and hygiene

**People targeted: 3,500 people**

Male: 1,890

Female: 1,610

**Requirements (CHF): 6,970**

**Needs analysis:** Water is one of the greatest needs of communities in mobility, especially safe water that avoids causing health problems, such as dehydration, stomach diseases. Following the new standards of the National Society, and taking into account biosafety conditions, it is planned to distribute bottled water (500 ml) that is easy to handle and reusable and includes information linked to key messages for hygiene promotion, adapted to cultural aspects of the population involved. In addition, the delivery of differentiated hygiene kits for men, women and children, taking into account the gender approach.

**Risk analysis:** The main risk in this sector is the increase of COVID-19 cases and the mobility restrictions that may arise for the provision of services.

**Population to be assisted:** 3,500 people, mainly the population in the migratory route that requires the HRC services, based on the criteria mentioned in Section B.

**Programme standards/benchmarks:** The proposed WASH activities follow the National standards of Honduras and Sphere standards regarding water distribution.

| P&B Output Code | WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population    | # of prepositioned items in the prioritized HRC branches. Target: 3,500                 |   |   |   |   |   |   |   |   |   |    |    |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|----|----|----|
|                 |   | Activities planned Week   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP026           | Prepositioning of bottles of safe water for human consumption for 3,500 vulnerable people during mass mobilization of people.                         |   |   |   |   |   |   |   |   |   |   |    |    |    |
| P&B Output Code | WASH Output 1.5: Hygiene-related goods (NFIs) which meet Sphere standards and training on how to use those goods is provided to the target population | # of hygiene kits for adults prepositioned in the prioritized HRC Councils. Target: 600 |   |   |   |   |   |   |   |   |   |    |    |    |
|                 |   | Activities planned Week   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP030           | Prepositioning of 450 hygiene kits for personal care for adults.  |   |   |   |   |   |   |   |   |   |   |    |    |    |
| AP030           | Prepositioning of 150 hygiene kits for NNA  |   |   |   |   |   |   |   |   |   |   |    |    |    |

| P&B Output Code | WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.                        | # of key messages pre-positioned in the prioritized HRC branches.<br>Target: pending |   |   |   |   |   |   |   |   |   |    |    |    |
|-----------------|--|--|---|---|---|---|---|---|---|---|---|----|----|----|
|                 |  | Activities planned Week  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP030           | Prepositioning of key hygiene promotion message materials for populations linked to the RFL and protection messages. |  |   |   |   |   |   |   |   |   |   |    |    |    |



## Migration

**People targeted: TBD**

Male: TBD

Female: TBD

**Requirements (CHF): 29,655**

**Needs analysis:** HRC will address the needs of Hondurans and other migrants who will be part of the caravan and maintain communication with their families with RFL services and actions combined with the Family Links Network of National Societies in the region.

**Risk analysis:** The main risk in this sector is the increase of COVID-19 cases and the mobility restrictions that may arise for the provision of services.

**Population to be assisted:** Number of people to be confirmed, mainly the people in the migratory route that require the services of the HRC, based on the criteria mentioned in Section B.

| P&B Output Code | Migration Output 1.3: "Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster" | # of RFL response teams mobilized to prioritized HRC branches and humanitarian service points. Target: 5 Branches |   |   |   |   |   |   |   |   |   |    |    |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|----|----|----|
|                 |   | Activities planned Week   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|                 |   |   |   |   |   |   |   |   |   |   |   |    |    |    |

|       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| AP083 | Mobilization of the RFL teams and kits to the areas identified as meeting, departure and return points for the people in the caravan.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP083 | Installation of the teams in tents with visibility.  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP083 | RFL needs assessment (available means of communication, family members).   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP083 | Prepositioning of 15 portable battery charging equipment to offer charging service to migrants in transit.   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| AP083 | Prepositioning of key messages for the prevention of separation and disappearance of people, as well other protection messages (COVID-19, general Information for the route, psychosocial support messages, protection messages, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Strategies for Implementation

Requirements (CHF): 9,832

|                       |   |   |   |   |   |   |   |   |   |   |    |    |    |  |
|-----------------------|---|---|---|---|---|---|---|---|---|---|----|----|----|--|
| P&B<br>Output<br>Code | <b>S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform</b> | # of HRC personnel with individual PPE. Target: 125 |   |   |   |   |   |   |   |   |    |    |    |  |
|                       | <b>Output S1.1.4: National Societies have effective and motivated volunteers who are protected</b>  |   |   |   |   |   |   |   |   |   |    |    |    |  |
|                       | Activities planned<br>Week  | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |  |
| AP040                 | Mobilization of volunteers and staff with the provision of Personal Protective Equipment for 125, to assist vulnerable groups during the mobilization. <sup>11</sup>  |   |   |   |   |   |   |   |   |   |    |    |    |  |

<sup>11</sup> In the budget, the EPP is contemplated in AP022

|                       |  |   |   |   |   |   |   |   |   |   |    |    |    |
|-----------------------|--|---|---|---|---|---|---|---|---|---|----|----|----|
| AP040                 | Provide complete briefings on volunteers' roles and the risks they face.                                   |   |   |   |   |   |   |   |   |   |    |    |    |
| P&B<br>Output<br>Code | <b>Outcome S2.1: Effective and coordinated international disaster response is ensured</b>                  | <i>IFRC provide assistance to the NS during the 3 months of the operation</i> |   |   |   |   |   |   |   |   |    |    |    |
|                       | <b>Output S2.1.4: Supply chain and fleet services meet recognized quality and accountability standards</b> | <i># Lesson learned workshop<br/>Target: 1 lesson learned</i>                 |   |   |   |   |   |   |   |   |    |    |    |
|                       | Activities planned<br>Weeks  | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| AP046                 | Technical support to the National Society from the IFRC  |   |   |   |   |   |   |   |   |   |    |    |    |
| AP046                 | Virtual Lesson Learned workshop  |   |   |   |   |   |   |   |   |   |    |    |    |
| AP046                 | IFRC monitoring visits   |   |   |   |   |   |   |   |   |   |    |    |    |

## Budget

See Annex.

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## How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world

# DREF OPERATION

## MDRHN014 - HONDURAS: POPULATION MOVEMENT

29/07/2021

### Budget by Resource

| Budget Group                                | Budget        |
|---|---------------|
| Water, Sanitation & Hygiene                 | 6,545         |
| Medical & First Aid                         | 11,458        |
| Teaching Materials                          | 12,154        |
| Other Supplies & Services                   | 960           |
| <b>Relief items, Construction, Supplies</b> | <b>31,117</b> |
| Transport & Vehicles Costs                  | 5,654         |
| <b>Logistics, Transport &amp; Storage</b>   | <b>5,654</b>  |
| Volunteers                                  | 15,000        |
| <b>Personnel</b>                            | <b>15,000</b> |
| Travel                                      | 1,500         |
| Information & Public Relations              | 1,000         |
| Office Costs                                | 3,200         |
| Communications                              | 3,259         |
| Financial Charges                           | 504           |
| <b>General Expenditure</b>                  | <b>9,463</b>  |
| DIRECT COSTS                                | 61,234        |
| INDIRECT COSTS                              | 3,980         |
| <b>TOTAL BUDGET</b>                         | <b>65,214</b> |

### Budget by Area of Intervention

|              |  |               |
|--------------|--|---------------|
| AOF1         | Disaster Risk Reduction                        |               |
| AOF2         | Shelter  |               |
| AOF3         | Livelihoods and Basic Needs                    |               |
| AOF4         | Health   | 18,757        |
| AOF5         | Water, Sanitation and Hygiene                  | 6,970         |
| AOF6         | Protection, Gender and Inclusion               |               |
| AOF7         | Migration                                      | 29,655        |
| SFI1         | Strengthen National Societies                  | 6,211         |
| SFI2         | Effective International Disaster Management    | 3,621         |
| SFI3         | Influence others as leading strategic partners |               |
| SFI4         | Ensure a strong IFRC                           |               |
| <b>TOTAL</b> |  | <b>65,214</b> |

