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REAL TIME EVALUATION

HURRICANE ETA AND IOTA RESPONSE OPERATION  
IN GUATEMALA, HONDURAS AND NICARAGUA  
DECEMBER 2020 – JUNE 2021

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Final evaluation report

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## Acronyms and abbreviations

ARO	Americas Regional Office (IFRC)
CEA	Community Engagement and Accountability
C-19	COVID-19 (Coronavirus)
DREF	Disaster Response Emergency Fund
EMT	Evaluation Management Team
EPoA	Emergency Plan of Action
ERU	Emergency Response Unit
FGD	Focus Group Discussion
GRC	Guatemala Red Cross
HRC	Honduras Red Cross
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies
KII	Key Informant Interviews
NRC	Nicaragua Red Cross
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Participating National Societies
PSS	Psychosocial Support Services
NS	National Society (Host)
RCRC	Red Cross Red Crescent
RCV	Red Cross Volunteer
RTE	Real Time Evaluation
TOR	Terms of Reference

## EXECUTIVE SUMMARY

The International Federation of Red Cross and Red Crescent Societies (IFRC) has provided a timely, relevant and effective response to the Eta and Iota Regional emergency operations. The context was particularly demanding for a number of reasons: a COVID (C-19) pandemic that affected all countries and required important resources, other emergencies including the assistance to migrants' caravans, efforts to curb the endemic vector-borne diseases, the launching of 7 Disaster Relief Emergency Fund (DREF) appeals in the region to assist countries affected by Eta and Iota, and politically sensitive environments (e.g. presidential elections in Nicaragua in 2021). IFRC launched one Regional Emergency Appeal with three different EPOAs (one per country). The three countries covered by the Real Time Evaluation (RTE) and their respective Emergency Plan of Action (Honduras, Nicaragua and Guatemala) therefore had to cope with many challenges in providing the emergency response.

Furthermore, the disaster coincided with the presidential elections in the United States, which drew attention away from the visibility of the disaster after the passage of hurricane Eta. When Iota struck a few days after the passage of Eta, it provided another opportunity to draw the attention to the disaster situation in the affected countries. Originally, the response to the Regional Appeal was struggling because of low visibility, planning for the end of the year holidays, and a globally increasing demand for humanitarian assistance worldwide making resource mobilisation more difficult under the C-19 pandemic.

Each National Society clearly led the response in their respective country and established the priorities and conditions under which the IFRC would support the regional appeal. Yet the form in which the IFRC supported the regional efforts varied from country to country in line with the requirements of the NS leadership, the number of available resources and the extent of the damages. The geographical areas affected by the disaster ranged from remote and hardly accessible rural areas to urban areas, with a mix of typologies in each country. Furthermore, the priorities established by each NS meant that the IFRC was expected to provide its support along those lines. One of the three countries, representing the largest number of affected population and the largest budget requirements, Honduras, also benefitted from the deployment of no less than six Emergency Response Units (ERUs).

This is the first time during the pandemic that such a large-scale disaster response was launched worldwide, and all actors had to redouble coordination and communication efforts to ensure the success of the three plans of action for the Eta/Iota operations.

Globally, the Regional Appeal was a success in terms of the relevance of the interventions provided under the response by each NS with the support of the IFRC. Evidence from key informant interviews (KII) Focus Group Discussions (FGD) and surveys show that the response was timely, relevant and effective, and covered gaps in assistance that the IFRC network was better placed to provide. Despite the complex

operating conditions, volunteers showed their quality and commitment and dedication, although many were also affected by the disaster.

The evaluation methodology was ground-breaking as it focused on data collection from affected communities and volunteers in the three countries covered by the RTE. Substantial data and information were therefore received through remote data collection tools and FGD, thereby showing that despite C-19 travel limitations it is possible to obtain primary data.

The engagement with the affected communities remains relevant today, but there needs to be a revision of the regional appeal in order to better tailor the recovery activities and budgets to the existing opportunities and capacities. It also proved more difficult to obtain resources for non-emergency activities, suggesting that the IFRC should start engaging different funding partners for its recovery activities.

IFRC rightly planned a phased transition from emergency to recovery, as shown by the planning scenario under the regional appeal of 18 months, which is a timeframe largely superior to that of an emergency response only.

However, it must review its Regional Emergency Appeal and each country's EPOA in recovery to best address the outstanding community needs where it has a comparative advantage to do so (first aid, disaster risk reduction, community health including C-19, WASH and hygiene education) while building up the volunteer base that form the backbone of its outreach capacity.

The response in Honduras was made with the NS setting up a "mirror operation" which proved to be a good structure to enhance the NS capacity and knowledge transfer. The "mirror structured" entailed that the IFRC emergency operational structure had a corresponding national counterpart in the NS. This was a model of good practices. Furthermore, Honduran Red Cross (HRC) also strongly advocated for the passage of the International Disaster Response Law (IDRL) law which was instrumental in facilitating the efficiency of the response while generating substantial tax savings. This should be encouraged and replicated in the other countries of the region. In Nicaragua and Guatemala, the number of rapid response personnel deployed was not as significant and no ERUs were deployed, making the use of a mirror structure less relevant. While in Nicaragua the request for support from the NS entailed a limited deployment structure, in Guatemala the IFRC had a stronger presence of international staff. It needs to be stated that Nicaragua had not officially requested international assistance after the Hurricanes Eta/Iota and decided to respond to the emergency through its national structures.

In relation to the C-19 pandemic, the RTE finds the need to harmonize the C-19 protocol amongst the Movement members as it is simply not realistic to have different protocols for different members of the Movement who work in the same operation and with the same communities.

In terms of the assistance provided, all physical, material, and economic support was well received, as were all services provided, in particular Psychosocial Support (PSS).

Water, hygiene, well cleaning, food, kits, cash transfers, health interventions all received high levels of appreciation from the communities. Despite some evident challenges and the fact that resources did not allow to cover all the identified needs, the response was generally timely, relevant and efficient (as also shown in the qualitative feedback from affected communities through the FGDs) in all three countries, while coverage and inclusion issues also surfaced during the feedback from community FGDs.

In conclusion, the majority of the identified priority needs were covered under severe and complex operating conditions, thanks to the dedication and commitment of the volunteers and a strong organisational structure, particularly looking at the size of operations in Honduras. Volunteers showed the same level of commitment and dedication in Guatemala and Nicaragua, although the number of affected communities supported by the NS through their individual EPoA was lower. The multidisciplinary nature of the response was highly relevant, as was its timeliness. The IFRC support was timely and showed good adaptive capacity to the different operational contexts in each country and the different leadership styles. The quality of the IFRC teams was high as reported by the leadership of the NS in Honduras and Guatemala, and facilitated the smooth running of the operations. In Nicaragua, the current team was also praised as bringing constructive support to the NS, but, for several reasons, IFRC did not have a constant presence in the country immediately after Eta/Iota. The regional response was justified, although for the recovery phase a review of the regional appeal should be undertaken to guide funding and future programming of the country's individual EPoA until February 2022, corresponding to the end of the IFRC Regional Emergency Appeal. The three NS have shown their capacity to lead the disaster response although there remain some challenges in streamlining less visible aspects in the field of administration and finance that ultimately affect the operational efficiency of the response, and to define more clearly together with the engagement of the affected communities the actions in this recovery phase.

Specific recommendations are formulated at the end of the report.

## **1. Context for the Real Time Evaluation**

### **1.1. Background**

On November 3, 2020, Hurricane Eta (Category 4) made a landfall along Nicaragua's Caribbean coast with winds of 220 km/h and caused extensive damage in Honduras, Guatemala, Costa Rica, Belize, El Salvador, Panama, Colombia and Jamaica.

Two weeks later, on November 16, Hurricane Iota, a category 5 storm, made landfall in the Colombian archipelago of San Andres, Providencia, and Santa Catalina. It moved along the north-eastern coast of Nicaragua near the town of Haulover with sustained winds near 155 mph (250 km/h). On November 17, Iota weakened to a Tropical Storm, moving into southern Honduras and Guatemala.

Guatemala, Honduras, and Nicaragua, located in the direct path of both hydrometeorological events, were the most affected countries. Over 125 health facilities across all three countries reported infrastructural damage, further reducing the national health systems' capacities already overstretched by the COVID-19 pandemic. Several reports on reduced access to drinking water, loss of adequate sanitation, and power outages were received.

Hurricanes Eta and Iota have affected 6 million people and displaced 590,000 in Honduras, Guatemala, and Nicaragua. Damages to agricultural assets and roads have caused livelihood and market disruptions. The hurricanes hit Central America during the peak of the agricultural labour season, when poor and very poor households earn most of their annual income. At the time that the IFRC Regional Emergency Appeal was launched, some 216,000 hectares of crops were damaged in Honduras alone. 3.5 million people across Guatemala, Honduras, El Salvador, and Nicaragua were estimated to be facing crisis (IPC Phase 3) levels of food insecurity, with an expected peak of 4 million in August 2021. The hurricanes have aggravated the socioeconomic impacts of COVID-19 in the region and pre-existing vulnerabilities linked to chronic violence and poverty, which have driven migration in the past.

The IFRC quickly responded to support affected National Societies in the region through the approval of 7 DREFs for a total of more than CHF 2.4M and a Regional Emergency Appeal was launched on 8th of November (CHF 20M) and then further revised on 21st of December (CHF 22m) to assist 15,000 families (75,000 people) affected by the hurricanes in Honduras, Guatemala and Nicaragua. More than 50 rapid response personnel were deployed to support the operation on site or remotely and WASH (M15/M20/M40); Health; IT-Tel and Log Emergency Response Units (ERUs) were mobilized to Honduras. This represents the most important deployments of surge resources to an operation in the context of COVID-19. The COVID-19 outbreak has created unprecedented challenges for the operation and specific measures were needed to ensure proper duty of care and safety of all personnel and volunteers.

## **2. Purpose of the Real Time Evaluation**

The IFRC is conducting this RTE because of its commitment to the people being assisted and to assess the relevance, efficiency, and coherence of the evolving response.

It is understood that the RTE is essentially formative in nature, with the goal of contributing to the strengthening of the response over the short and medium term, and providing lessons for future responses.

### **2.1. Evaluation criteria and questions**

According to the TOR, the evaluation revolves around three key evaluation criteria:

## 1) Relevance, 2) Effectiveness, 3) Coherence<sup>1</sup>

In the context of this RTE, the criterion of relevance was essentially addressing the question of whether the response was and remains suited to the needs of the affected population. It also entailed an analysis on the degree of interaction and communication with affected communities (community engagement and participation). The second criterion of effectiveness is targeting the timeliness and adequacy of the multisectoral response from the IFRC in terms of achieving results. The key question was to obtain evidence about the main results from a qualitative perspective, taking into consideration the views of the affected communities, the volunteers who were involved in the operations, and the different stakeholders interviewed through the evaluation process (KII). The evaluation tried to identify the main elements of success and analyse how the response to this first large-scale emergency under COVID-19 restrictions was affected by the pandemic, and analysed if and what risk management strategies were used during the response. Finally, it also looked at the opportunities and challenges of the operation. The third criterion, coherence, was related to an analysis of complementarity between the different Movement actors, both in terms of coordination and communication, but also with the external actors and national coordination structures, to ensure the response was mainstreamed also with external actors.

### 2.2. Period covered by the evaluation

The scope for the evaluation covers the initial response from the moment when the appeal was launched on 8 November 2020 until the moment of the RTE (June - July 2021).

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<sup>1</sup> Each of these terms is defined in the IFRC as follows: ““Relevance focuses on the extent to which an intervention is suited to the priorities of the target group, (i.e., local population and donor). It also considers other approaches that may have been better suited to address the identified needs. The validity of design is an important element of relevance. This refers to the logic and coherence of the design of the intervention, (i.e., project or programme), and that its planned (or modified) objectives remain valid and appropriate to the overall goal/s.

Effectiveness measures the extent to which an intervention has or is likely to achieve its intended, immediate results. It is based upon an intervention’s objectives and related indicators, typically stated in a logical framework. However, the assessment of effectiveness should not be limited to whether an intervention has achieved its objectives, but also to identify the major reasons and key lessons to inform further implementation or future interventions.

Coherence refers to policy coherence, ensuring that relevant policies (i.e., humanitarian, security, trade, military, and development) are consistent, and take adequate account of humanitarian and human-rights considerations. While it is closely related to coordination, coherence focuses on the extent to which policies of different concerned actors in the intervention context were complementary or contradictory, whereas coordination focuses more on operational issues. Given that IFRC interventions are often implemented through various partnerships with governments, other international organizations and agencies, and within the Movement itself, coherence is an important criterion to consider separately, especially for upholding the Fundamental Principles of Impartiality, Neutrality, Independence, and Unity.”

### 2.3. Focus on IFRC support

In line with the nature of an RTE and the guidance note for RTE, the primary audience for an RTE is the IFRC staff implementing and managing the emergency response at different levels, including the field and national, regional and global offices. As such, it is clear that the objective was not to evaluate the performance of the National Societies, but to take stock of the results of the response from the IFRC to NS and the wider Movement perspective and instil lessons from the success and challenges encountered.

### 3. Evaluation methodology and process

In addition to complying to the IFRC evaluation standards and RTE guide, this evaluation followed the “Utilization-focused evaluation” approach described by Michael Quinn Patton in the book of the same name, which remains a reference for evaluators. Given the situation with the COVID-19 pandemic and in order to curtail risk exposure, the RTE was being undertaken through remote means, and without field visits from the evaluation team in the three countries covered by the response and the appeal. Considering this constraint, the RTE team supplemented the gaps by ensuring a thorough and robust data collection methodology that provided illustrative evidence (but not statistically representative) from the key stakeholder groups. The RTE used a mixed-methods approach, but was essentially qualitative. Concerted efforts to obtain stakeholder perception in a structured and coherent manner were undertaken in line with the sampling strategy described hereunder. As a formative evaluation, the RTE was also set on identifying good practices and providing actionable and concrete recommendations that may support the current and future similar responses. The four main data sources were:

- 1) Desk analysis of the documentation shared by the IFRC concerning the operation, which was used to inform the inception report.
- 2) Key Informant Interviews as per the lists provided by the EMT. These are semi-structured interviews of up to 60 minutes with the primary stakeholders. The total **number of KII held was 57**, of which 23 in Honduras, 9 in Nicaragua, 5 in Guatemala, 12 in Panama and 8 in Geneva. The lists of interviewees are included as annex.
- 3) Focus Group Discussions (FGD) were carried out by the RTE Team with groups of RC Volunteers in the four countries using remote connection devices as follow:
  - a) Honduras: 4 FGD with a total of 33 participants
  - b) Guatemala: 2 FGD with a total of 16 participants
  - c) Nicaragua: 2 FGD with a total of 10 participants
- 4) Individual survey questionnaires were administered to obtain quantitative information amongst the Red Cross Volunteers who participated in the FGD. A total of 39 surveys were received for Honduras, 13 for Guatemala, and 5 for Nicaragua, bringing

the total number of CRV responses to 57 for all three countries. This report includes a survey results section to present the results.

5) Focus Group Discussion (FGD) carried out by the teams of each National Society with members of the affected communities. The FGDs were recorded with informed and due consent of the participants and recordings shared with the ETR team in order to provide additional qualitative evidence. A total of 12 FGD in four communities (including gender disaggregated FGD) were undertaken in Honduras, 4 FGD in two communities were undertaken in Guatemala, and 2 FGD in two communities were undertaken in Nicaragua. This brings the total number of FGDs in the three countries to 18 FGD and represents more than 45 hours of recording.

6) Individual surveys administered by the teams of each National Society with the participants of the FGD at community level. 118 survey responses were collected from Honduras, but the data is not disaggregated, and 52 responses were collected from Guatemala from 4 communities (with 22 male and 30 female respondents) and 21 responses collected from Nicaragua from 2 communities (11 male and 10 female respondents). This brings the total number of responses from affected community members to 191 across the three countries. However, the RTE has some concerns about how the surveys were administered in some cases, and regarding the literacy level of the communities, so it is not used as a primary source to inform the findings.

#### *Coding, analysis and interpretation*

The RTE team has reviewed its KII notes, coding and data in order to provide an analysis and interpretation of the results obtained. Results of the FGDs and of the surveys are incorporated as annexes. Feedback from affected communities (qualitative through FGD and quantitative through survey results) were used to triangulate findings from the KII undertaken, the FGD and survey with volunteers, and the documentary analysis. The contents of this draft RTE report includes therefore feedback from the six different types of data collection methods as mentioned above. This is also the first time that remotely-led evaluations in IFRC apply such a thorough data collection methodology.

#### 3.1. Sampling strategy

In the end, each NS established the number of communities to which they could have access to in order to hold FGD and carry out surveys. This was based on the capacity and logistical means of each NS and yielded the following results:

1. Honduras – Four different communities interviewed through FGD, in each community three separate FGD undertaken: women only, men only, community leaders – a total of 12 FGD (recordings capture these discussions), as well as 118 individual surveys (not gender disaggregated)
2. Guatemala – two different communities interviewed through FGD, four FGD held – 52 individual surveys (from 4 communities, 20 men and 32 women)
3. Nicaragua – two different communities interviewed through FGD, two FGD held – 21 individual surveys (from 2 communities + 1 person, 11 men and 10 women).

While the samples from communities are not statistically representative, they bring a wealth of information that allows to triangulate the internal perception of the response within the Movement with that of the affected communities.

### 3.2. Evaluation limitations

The composition of the evaluation fluctuated during the process. Originally three persons were supposed to be involved, in the end the team was composed of two persons only.

NS leaderships were not involved in the planning of the evaluation process and the evaluation team only engaged with NS leadership at the end of the data collection phase.

The RTE had to receive clearance in order to undertake KII in Nicaragua and Guatemala from the NS leadership before they could take place. This explains the large difference in the number of KII carried out in Honduras (23 KII) and in Nicaragua and Guatemala (9 and 5 KII respectively).

Limited experience in remotely led evaluations from the IFRC means the planning of the evaluation was affected through delays and lack of engagement of key stakeholders.

The repository of information and Information Management system within the IFRC is not user-friendly for external evaluators, who must find the relevant information across a mass of documents that are needed for operations but not for an evaluation.

### 3.3. Documentary review

Documents were made available on MS Teams for the Evaluation Team. The information was reviewed and used to prepare the inception report.

### 3.4. Evaluation team

The team was slowly gathered and counted with two members:

**Christian Bugnion de Moreta:** Christian Bugnion de Moreta is an external consultant who has 26 years of evaluation experience and 113 evaluations completed. He was the RTE Team lead. He is responsible for the oversight of the evaluation methodology and process, and is the primary author of this evaluation report.

**Mariano Alejandro Alfonsi:** Mariano is a team member from the Argentinian Red Cross with vast experience in disaster management and emergency operations. He has conducted a number of interviews (KII) as well as FGD, and is responsible for the quantitative data collection from surveys from the volunteers and the community respondents.

## 4. Evaluation Findings

The evaluation findings are structured in line with the evaluation criteria and the Key Evaluation Questions as defined in the inception report. Unless these are specifically attributed to a country or a specific limitation is made in the report, the findings apply to the three countries (Honduras, Nicaragua, Guatemala). Where such findings are differentiated between the three countries that participated in the regional appeal, an explanation for the difference is also provided.

### 4.1. Relevance

KEQ 1.1 Is the assistance provided responding to the needs of the target population? What are the main challenges and opportunities?

Conclusive evidence from the different stakeholders consulted during the evaluation process and the communities themselves confirm the response was highly relevant to the needs of the affected communities. The response was quick, and the volunteers were the first ones to be on the scene after the disaster in all three countries. This gained the NS high mark and recognition from other actors but, most importantly, also access and open arms from the affected communities, some of which felt they were getting little support. The immediate emergency response was good across the three affected countries despite challenging operational contexts and local conditions. Initial responses included evacuations, first aid, emergency food and non-food assistance, cash transfers, and developed into a multisectoral assistance covering both tangible and non-tangible services and assistance as the immediate emergency needs subsided and recovery activities were introduced.

The main challenges were the COVID-19 pandemic and the migration caravans across the three countries with the objective of reaching the United States. These two phenomena were taking place before Eta and Iota struck the region, and therefore the emergency response was a heavy burden in addition to the ongoing response from all three NS to the C-19 pandemic and the migrants' caravans. While migrant caravans exacerbated the risk of C-19 contamination, the pandemic itself posed a major challenge for NS operations, including the security measures that needed to be taken to ensure the duty of care of all RC personnel.

K.E.Q. 1.2. Are the different delivery and feedback mechanisms implemented throughout the operation (including any relevant innovations developed and incorporated) appropriate for the communities?

The regional Emergency Appeal that was developed in response to the disaster covers an 18-month period and incorporates elements that were not seen in other IFRC evaluations a few years earlier. In particular, the Community Engagement and Accountability (CEA) approach is described in the EPoA as well as Protection, Gender

and Inclusion (PGI), which are two relatively recent conceptual approaches used to ensure that some key programming principles are used in operational responses to the fullest. However, CEA is a relatively new concept and is still work in progress for a majority of the countries in Central America. IFRC has yet to establish CEA champions and some elements of the CEA approach are being adopted and slowly implemented in the process of fully integrating CEA into regular operations. In the regional response, the three affected countries showed different levels of buy-in into the CEA concept.

In Guatemala, two CEA reports were produced in the communities of Izabal and Alta Verapaz, providing interesting information and some views of the communities' expectations. Furthermore, FGD with volunteers showed that CEA was considered an important operational requirement and is still being implemented in the ongoing operations of the Guatemalan Red Cross (GRC).

In Nicaragua, there was no official CEA report produced for the response and the CEA is not used as a tool to generate information such as was done in Guatemala. It is also necessary to point out that no foreign delegate was deployed to Nicaragua and therefore the NS didn't have onsite technical support to implement such a process.

In Honduras, there was an opportunity to engage in CEA with a delegate specifically sent for this purpose from mid-February to mid-April 2021, but the mission failed to generate sufficient interest from the NS and the IFRC to ensure her replacement, so it was not given the same level of priority as other aspects of the response.

That said, all three NS have shown a certain level of accountability towards the affected population. While not having a structured mechanism to undertake CEA, this does not mean that communities have not been consulted or informed about the response of the Red Cross. FGD indicate that such processes did take place, albeit not under a structured mechanism. More importantly, in the currently recovery phase, CEA processes should be mainstreamed into every type of action undertaken by the NS, as a way of ensuring that communities are followed and supported in time during the recovery phase until the EPOA is fully completed in 2022. However, this requires specific funding allocations to maintain the partnerships with communities alive and CEA should be seen as a monitoring mechanism to inform decision making rather than its more limited use as a communication tool.

## 4.2. Effectiveness

K.E.Q 2.1. What are the main elements of success and/or challenges<sup>2</sup> in terms of quality and timely humanitarian services from the different levels?

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<sup>2</sup> Additional information was received from the America Regional Office from people who were not interviewed but contributed important information on the draft evaluation report. Regarding the constraints, three essential elements were mentioned: 1) the high level of conditionality of funds received, with very short implementation periods from three to six months, which limited the

All three countries showed the quality of their volunteers, and in each country positive stories were obtained both from the volunteers themselves, which showed their level of sacrifice and commitment to the humanitarian ideals and in respect of the fundamental principles in order to assist the affected population. Numerous testimonies recorded from the FGD with communities that confirm that, in all three countries :

1) Volunteers were among the first (and in certain communities almost the only ones) to provide a range of services to the population with key support in a number of areas. Initially with search and rescue activities and evacuations, the response later included WASH support, humanitarian aid distributions including food and NFIs, cleaning and disinfection of contaminated water wells. Cash transfers were provided to alleviate the suffering of those who had not only lost their homes, but their livelihoods. In the health sector, attention was given to hygiene promotion and other aspects such as vector control (dengue, malaria) and community health education. The provision of specialised services such as psychosocial assistance was specifically mentioned as a critical service given not only to adults but also to children.

2) NS were able to make specific contributions according to the needs and resources of the operations in each country. This showed their capacity, knowledge and experience. The perceived high value of the activities and services by the communities remained high as activities rolled-out of the emergency phase into recovery phase. In fact, many see the NS as the only player to remain engaged with the communities after the emergency phase has subsided.

3) Linked to the ability to gain the trust and access to the communities through the response mentioned in point 1) above, the NS in all three countries gained a high reputation amongst the governmental authorities and the international actors, but also within the assisted communities themselves. While some communities have a high level of violence, the security of the volunteers was ensured during the operations, and no serious security incidents were reported.

4) The resources were not sufficient to cover all the needs in all countries, with specific exceptions in certain sectors (e.g., WASH in Honduras), but all the activities, services and material supported provided to the communities was appreciated and largely met their immediate needs.

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flexibility in the use of funds in meeting the identified needs, and required high efforts from the staff to negotiate with donors and with the HNS which were requiring more funds. 2) long negotiation with donors and very short presentation time for the proposals, many which had to be specifically tailored to the donor's request and prepared in very few days (specific examples are provided such as funding from DG ECHO, the proposal of which was a good example of coordination with HNS as funds were made available to HNS in Guatemala, Honduras and Nicaragua in the first response. 3) limited staff at PRD ARO required the support of other department staff for the emergency response. Another comment also points out to a high contribution of 1.1 million CHF but which had to be spend in six months, thereby placing pressure in the allocation of funds and another funding allocation which had to be spent in twelve months (when the appeal was for 18 months).

This shows that the capacity and commitment of the volunteers is the most essential factor in the provision of emergency response and humanitarian aid.

Honduras showed an open desire for a full collaboration with the IFRC. In order to adjust to the large number of Rapid Response Personnel deployed by the IFRC and to avoid disruption of the NS, a “mirror operation” was set up, which means that each IFRC delegate had a counterpart in the NS that could benefit from the technical skills and knowledge of the delegate. This proved extremely valuable and is seen by the RTE as a good operational tool approach that could be replicated to other situations. From the perspective of the IFRC, it was hard pressed to add to the existing list of priorities under C-19 and the 7 regional DREF (of which three were for Nicaragua, Honduras and Guatemala) in order to adjust to the needs of this additional emergency. Regardless, IFRC did its best to support all the NS in the response to the disaster, using different mechanisms to assist the manner in which, in each country, the NS leadership wanted to run the operations. Therefore, IFRC showed good flexibility in the way it provided support to the different countries.

In Guatemala, while having a lower level of needs according to the EPoA targets, the support provided was given a very high level of appreciation from the GRC Leadership, although it did feel as if the support was little compared to the contextual challenges (C-19, migration caravans, etc.) already affecting the countries and already drawing heavily on the resources of the NS. GRC leadership indicated their challenge to maintain the regular level of revenues through their national programmes in such a challenging context with a sharp drop compared to previous years (up to 60%), hence making funding mobilisation a key factor to support the response.

In Nicaragua, the response was entirely internal and no international assistance through the deployment of delegates in the country was considered necessary. As such, the IFRC was not able to deploy delegates as planned because a) It did not have the necessary legal documentation ; therefore, the IFRC in-country staff were the only ones engaging at field level and b) it was also the wish of the NS to run the operations on its own. There were some unfulfilled expectations that Water and Sanitation ERU equipment would be deployed in Nicaragua for the NS. In the end, water potability plants were deployed instead. The IFRC finally succeeded in having an operation manager dedicated to the operation to reflect the in-country situation, through a local staff and not a delegate.

**The IFRC and all three NS have shown a good response and operational capacity, working in a very complex and constraining context and under difficult conditions.**

The major challenge at all levels was the C-19 pandemic. This affected the entire structure of the response as this is the first disaster response of such a magnitude undertaken under C-19 restrictions and limitations worldwide. This means that all actors had to adapt to the new rules, and it was not business as usual.

While the response was regional and covered seven countries, with 3 countries (Nicaragua, Guatemala, Honduras) under the Regional Appeal but another 4 countries also having benefitted from DREF from the same disaster, it needs to be clearly stated that leadership of National Societies in the response took very different forms in the

different countries of the regional appeal. At the same time, the affected areas in each country represented a variety of situations, ranging from extremely isolated and hard to reach areas in Nicaragua, to rural and semi-urban areas in Guatemala, and a more urban environment in Honduras with a focus on the Valle de Sula. While the same appeal covered the three countries, each country had therefore a different approach to how the IFRC could support the NS leadership in spearheading the response, but also in what the added value of the IFRC support for each NS was, which contributed to the tailored response to each EPoA.

Given the differences in NS leadership, size and types of operations, locations and conditions of affected areas, what worked for one country did not necessarily apply to the other.

The second challenge is that the initial estimates of affected population varied highly from an initial global needs estimate and the scale of the response was also very different in each country, as shown in the table hereunder:

*Table 1 Estimated affected population and NS response per country under the Regional Appeal*

<b>Country</b>	<b>Affected population</b>	<b>NS target (families)</b>	<b>Appeal amount (millions of CHF)</b>
Guatemala	2,415,858	2,000	3
Nicaragua	3,000,000	12,000	5
Honduras	4,044,608	20,000	12
<i>Total</i>	<i>9,500,000</i>	<i>34,000</i>	<i>20</i>

While Nicaragua was the country where the Hurricanes landed, and did most damage, because of the low density of population living in the RAAN, less people were thought to have been affected than in the 4<sup>th</sup> Region of Honduras, which includes the Valle de Sula, a more densely populated lowlands area prone to flooding.

Another major challenge was linked to logistics, as each country's affected areas proved challenging to reach either because the existing infrastructure is scant and waterways are almost more commonly used than roads (coastal areas of RAAN), requiring the proper equipment to reach out to the affected communities, or because the flooding linked to the hurricanes impeded access during the first few days until the waters receded (Honduras and some parts of Guatemala).

In any case, a major limitation were the protocols applied to the C-19 situation: for example, that only 3 persons were allowed per vehicle, something that was clearly not realistic for NS in emergency response situations with medical evacuations and search and rescue operations at the onset of the response. Logistical means were therefore a key challenge as they were generally insufficient to cope with the extent of the needs, so RC teams did what they could with the means they had, but were not able to cover

all identified needs and could not gain access to all affected communities from the start of the response.

K.E.Q. 2.2. How do NS and the IFRC address the different threats faced (C-19, dengue, migration)? How did the threats affect the delivery of assistance?

The main challenge was the different protocols used by the different Movement actors in relation to C-19 and their threat to operational efficiency.

KII confirmed that the different components of the Movement use different protocols in reference to the C-19 situation, including the International Committee of the Red Cross (ICRC), the IFRC, Participating National Society (PNS) and the NS. This caused some confusion given that the protocols should be harmonized across the different actors involved in the operation response, using the least common denominator – and not the largest common denominator. If protocols restrain the operational capacity, for example by limiting at three the number of persons in a vehicle, the added effort to compensate this lower efficiency may not necessarily be worth the risk. In terms of risk management, from the community perspective, it is clear that the closer one is to the communities, the less the C-19 measures seem to be properly applied. Most communities have limited awareness of C-19 prevention measure, or don't believe in C-19, or have alternative mechanisms to address the pandemic, so the use of masks, the washing of hands, the physical distancing and use of disinfectant are generally in contrast with the communities' own risk management (or absence thereof). When faced with the need to respond to an emergency situation, it is not realistic to expect that the most conservative risk management protocols will be followed, because it virtually annuls the operational response capacity. This entails reviewing the balance between operational and running costs versus a "non-COVID context" and funding constraints (earmarking). IFRC indicated that, for instance, the number of vehicles required were 60% more, and logistical limitations were also echoed during NS interviews.

The other threats (such as migration caravans, dengue, etc.) are already part of the complex operating system for the NS so the regional response is an additional layer in its role to support the vulnerable populations affected by the different risks in the country.

While different and innovative approaches were used to limit the risk exposure (e.g., giving time slots for humanitarian distributions to specific groups in order to limit the number of population assembled in one spot), they did not always succeed (people showed up outside of their time slot anyway...). But it shows that the NS were mindful of finding safer and alternative sources of engaging with the population.

It is, however, not realistic to expect the application of international protocols in the context of an emergency response in communities which have no risk mitigation strategy. This vets the need for a harmonization of the C-19 protocols amongst the Movement actors.

Similarly, in shelters were people found temporary accommodation which were supported by the RC, the application of C-19 measures amongst the affected population was not assured.

A connected issue raised during the interviews is the special *social fund* that was requested to be set up to support the volunteers who do not have specific insurance. While NS are backing the process, it appears that IFRC has not agreed to the creation of such a fund, and this is one negative aspect in the relationship between the IFRC network actors.

### 2.3 How did the operation affect NS's auxiliary role?

The NS have certainly evolved in their operational capacities since Hurricane Mitch struck in 1998. The capacity to support the disaster response showed enhanced response capacity and better coordination than in the past. In all three countries the NS were firmly leading the Movement response to the disaster. Governmental authorities confirmed in all countries the high strategic value they give to the NS and their good and quick operational response capacity (much faster than official channels). At the same time, the NS have been closely involved in the coordination both at the government level and also, where such coordination structures were applied, with international actors through the United Nations cluster system.

The RTE does not have the means to appraise more in-depth whether and to what extent the principles of the Movement may have been put at risk by the role of the NS in its auxiliary role. Anecdotal evidence only indicates that issues of coverage may have been an issue in some cases, as people moved from non-assisted communities to NS-supported communities to obtain support. However, from an operational perspective, all authorities contacted gave very high marks to the NS not only because of their operational capacity, but also in their willingness to support the coordination needs and at times providing key technical inputs into complex situations requiring a solution. Examples are the design of the 72 EDAN damage assessments in virtual format that allowed the authorities in Honduras to carry out a widespread survey. In terms of reputational risks, the RTE did not identify any specific risks, rather it found that the NS have a higher reputation and profile today than they used to in the past, and in part because of their capacity to respond in an already complex situation to the best of their ability. A possible exception is covered under point 3.4 hereunder.

From the KII information obtained from non-Movement sources, collaboration, coordination and support with the authorities at national, regional and local level was seen as strong.

### 2.4. What is the impact of duty and care and national restrictions on the deployment of NS and IFRC personnel and ERU mobilisation in a COVID 19 environment ?

IFRC used different levels of deployment in the three countries. Honduras was by far the largest deployment of RC delegates, because of the six ERUs that were also deployed

there. In Nicaragua the NS preferred not to deploy any delegates, and the IFRC was constrained because it lacked the necessary documentation to deploy delegates, and in Guatemala a limited number of delegates were deployed. IFRC used a mixed deployment method as some delegates were working virtually and others were physically present in the country. Obviously working remotely is an added challenge, particularly when working across different time zones.

IFRC showed a very conscientious management of the RC staff in Honduras. Teams were split into “smaller operational units” – or bubbles of people living together but not physically in contact with other team members. In this way and by dividing the team into smaller units sharing a common accommodation, the C-19 risk was lessened. This proved to be a wise approach as the plane that was chartered with the ERUs and RC staff showed some people with positive PCR test results which obliged to quarantine a part of the team for two weeks, thereby lessening the effectiveness of the ERU deployment (as the quarantine lasted for 14 days and the initial contract of the ERU was for one month for the first rotation). As a lesson learnt, subsequent rotations were for two-month deployments). Nonetheless, the management of the duty and care in Honduras was a model and was praised by various key informants as a very clever and adequate management which certainly contributed to avoiding the spread of C-19 contagion given its very strict containment measures. While this proved also mentally difficult for some of the deployed staff that could not enjoy regular weekends and had to avoid any social gatherings, it showed adaptive management capacity of the operations in Honduras.

The RTE did not leverage any specific information regarding the IFRC personnel deployed to Guatemala in relation to the C-19 risk management.

From the perspective of the NS, all applied the C-19 protocols in their work at the RC delegation and branches, as well as in the support they provided to the ERUs. The main challenge for duty of care was more when engaging with the communities which did not apply similar protocols and in some cases did not have any specific protocols.

Interviews indicate that while in all three countries inevitably some of the volunteers did become infected with the C-19 virus, most cases were reported as not severe during KII and one FGD. Anecdotal evidence suggests that the number of NS staff that lost their lives as a result of the C-19 was not very high and not directly related to operations to respond to Eta and Iota, but rather from different types of activities that seemed to yield a higher level of risk (such as medical and para-medical services). The information from the KII in the three countries suggest that no volunteer or NS staff lost their lives as a result of C-19 infection while working on the EPoA response, although it is unclear to the RTE whether each NS was keeping a clear register regarding C-19 incidences.

2.5 What are the opportunities and challenges faced by RC volunteers and how were they supported to better carry out their tasks?

The major challenge for volunteers was the C-19 situation and logistical limitations (access constraints to remote locations and flooding of affected areas). In all three countries a number of volunteers were also directed affected by the disaster, but despite of this, FGD held with volunteers showed that they continued with their commitment to provide support to the affected communities despite of their own vulnerabilities. In some cases, volunteers had to sleep in the NS office as their homes were flooded. Another challenge is that because of the flooding, not all volunteers had adequate equipment at the onset (boots and change of clothing) and there was limited protective personal equipment (PPE) available in the early stages. A lesson would be to pre-position some emergency response stocks, PPE and equipment for volunteers in the area where the hurricane is expected to land. Another limitation was linked to the limited logistical means available, and the fact that some communities were only accessible by waterways and not by road (for example in Nicaragua's North Atlantic Autonomous Region (RAAN)). While FGDs showed intense emotional distress and the very difficult conditions for all volunteers operating during the emergency response in all three countries, it is clear to the RTE team that the largest asset for the RC is by far the quality of its volunteers. Volunteers were the first to be reaching the affected communities, sometimes the only ones, sometimes alongside the fire department (bomberos) and military (search and rescue operations, airlifts in Honduras through the agreement activated with Airbus for flight hours, etc). The level of preparation and training of volunteers allowed them to operate in extreme conditions, despite the fact that their emotional status was also affected. A very important aspect of the training and support provided was the stress management and PSS (psychosocial support) that allowed them to operate despite being themselves affected by the disaster. It is heartening to see such commitment and engagement in this context, and the volunteers should be further supported in their PSS skills especially in view of the current hurricane season which may yet require their services in the event of future disasters.

The main operational challenge for the volunteers in addition to the above was how to apply the COVID protocols in the affected communities. The eight FGD with volunteers in the three countries showed that communities do not use similar risk management strategies as the RC. While volunteers were able to keep mostly to the C-19 protocol in the RC branches, this was not possible when reaching out to the affected communities. Each community has its own views regarding C-19, ranging from a disbelief in the existence of the virus to local plants to treat those who are contaminated. Anecdotal evidence from FGD with communities suggest that the NS played a role in awareness raising and communication about C-19 protocols and prevention measures amongst the communities. In the three countries examples of preventive behaviour (hand washing, use of sanitizer, wearing masks) were shared. It is not known however whether this led to a wider behaviour change amongst the affected communities and if all apply the messages received from the NS. However, by and large, communities did not follow COVID protocols and therefore issues such as the wearing of masks or physical distancing were not respected. Even though the volunteers in the various countries attempted to find innovative solutions to avoid excessive concentration of people (such as setting up limited hours for a targeted distribution to limited groups), it did not succeed as the communities were not respecting their time slots. Furthermore, in the

shelters where the affected population took refuge, it was very difficult to ensure proper application of the protocols, particularly given the limited opportunity to keep physical distancing. One constraint for the affected communities in shelters was that most families were separated, as normally the head of household would stay on their plot, while the rest of the family moved to safer grounds and shelters. The disaster caused a large number of separated families, and, in Honduras at least, the ICRC provided support to the volunteers in order to re-establish family links and tracing the people who were separated by the disaster.

The volunteers further proved their value through their multidisciplinary capabilities and skills. Different types of volunteers were deployed at different times from the onset of the disaster. Initially focusing on search and rescue and first aid, the type of support quickly expanded to cover distribution of humanitarian assistance, cash transfers, WASH activities, PSS (psychosocial support). In various locations the contamination of water sources was a key priority, and the disinfection and cleaning of water wells proved to be a very valuable intervention for the affected communities.

There is an opportunity to consolidate the already strong volunteer base of the National Society in these three countries. FGD showed that some NS branches had been relatively recently established (e.g., Puerto Barrios in Guatemala 5 years ago) and this showed the importance of investing in a good network of branches staffed with capable volunteers. However, this requires funding and the budget from emergency appeals is not readily available to consolidate the volunteer structure in the country beyond the emergency phase, so additional sources of funding are required. While in a disaster the RC becomes a pull factor, attracting new volunteers and a renewed interest in its operational capacities and its useful services, maintaining a pool of trained volunteers to continue a longer partnership with the affected communities based on their post-emergency needs is not an easy endeavour, and is obviously limited by the available resources. A recommendation would be to include in the EPoA a provision to maintain a pool of trained volunteers with specific skillset to support the communities over the recovery phase (dealing with issues such as community health, PSS, sanitation and hygiene, vector control, etc.)

#### 2.6 How were risk management strategies used throughout the operation?

Interviews during the data collection process showed that risks management was essentially understood as relating to the C-19 pandemic. Discussions on the preliminary findings of the evaluation with the EMT indicated that they were specific “risk management initiatives” that were supposed to be applied in the operation. However, the ETR did not engage into these discussions with any specific local stakeholders, beyond the fact that the C-19 pandemic has led to the IFRC developing the concept of “Business Continuity Plan”, or BCP, which is something that did not exist in the past in the IFRC. Nonetheless, the discussions on the BCP were held with IFRC Geneva and not with the IFRC or NS in the countries of operations. It is seen however as an indispensable tool in light of growing uncertainties in operational settings and is likely to be of interest

and use for the NS as well, as the BCP entails a clearer identification of potential risks and the mitigation measures.

### 2.7 How did the COVID-19 situation affect the manner in which response was provided?<sup>3</sup>

The C-19 pandemic has challenged the way in which IFRC does business. First and foremost, this operation used a hybrid model of deployment, which included both the physical presence of some delegates while others were deployed “virtually”, e.g., working remotely from their home-base with the people in the country. This of course entailed additional challenges, as the personal relationships that are established by sharing an office or an operational location creates specific ties amongst the people involved. Therefore, it was reportedly more difficult to establish trust and ensure smooth communication from the onset for those deployed virtually. On the other hand, given the duty of care and the risk management system for C-19 that was established in Honduras, where the six ERUs were deployed, it was also clear that even those who were physically present in the country were more isolated and had fewer physical contacts with their colleagues than in pre-COVID deployments. Relative isolation and limited contacts were also a feature in Guatemala and Nicaragua. In Honduras, staff rotations based on limited access to the office were first used, and then access to the office was based on a percentage of the office space capacity (similar to what was done in IFRC Geneva and ARO), thereby ensuring at least that the social distance and lesser concentration of people led to a lower risk of infection. Obviously all actors used remote communications through applications and the internet as a means to communicate without physical contact, something that is becoming widespread in all countries and situations. The C-19 pandemic also obliges actors to be more resourceful in the use of the digital technology available, but offers opportunities as well: one interview indicated that a remote deployment was able to obtain important information for an assessment through videoconferencing with communities at field level. Similarly, this RTE has been able to hold a total of eight remotely conducted FGDs with volunteers in all three countries.

Regarding the deployment response of the IFRC in Honduras, most of the feedback regarding the hybrid model is positive. There are some associated savings through remote deployments that should not be underestimated, particularly when operations have difficulties in obtaining the required amount of funding, as was the case in the early days of the response to Eta and Iota.

The issue is to determine the adequate “model” representing the balance between those positions that have an added value in being field based, while virtual deployments could be used for the type of support that doesn’t necessarily required the geographical

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<sup>3</sup> Additional information was provided by the ARO, stating that the hurricanes occurred almost at the end of the year when donors had already assigned the majority of their resources, and there were initially few funds available. The HNS of Nicaragua, Honduras and Guatemala are reported to have done a very good job in mobilising resources for the emergency response. It has been an example of good coordination and support between the focal points in charge of resource mobilisation in the SN and the PRD ARO manager and colleagues in the Secretariat.

presence of the person. But this should be decided together with the NS and on a case by case basis as each context is different and the response and the deployment have to be both targeted to fill the needs of the NS. Evidence shows that not all of the delegates deployed had been done in response to the request of the NS and in some cases IFRC took it upon itself to field specific profiles. It is normal for IFRC to take the lead on suggesting profiles that are specifically needed, but these should in any case also be endorsed by the NS to reflect a shared and agreed commitment to the specific area of competency of the delegate. The fact that Honduras developed the *mirror operation* does not mean that all of the deployed personnel were an answer to the NS' requests.

#### 4.3. Coherence

The RTE indicated as part of the limitations of the evaluation scope that the geographical coverage of the operations, which were decided by each NS in line with its discussion with the national authorities and coordinating bodies, would not be subject to scrutiny by the RTE. In other words, it was taken for granted that the NS were actually operating where they should be, in the most affected communities. Evidence from the FGD showed that this assumption was only partially true, as some communities which were not clearly identified as target remained in some cases as secondary priorities. A reported coping strategy, for those who had lost everything and were receiving no support, was to move to a community where the NS was operating in order to benefit from their support, even though they were not prior community residents. This is obviously understandable in the context of widespread destruction and the loss of all productive income sources (livestock and agricultural production), so the support through the cash transfers was a much-needed way to alleviate the suffering in a quick and cost-effective manner. Nonetheless, considering the limited resources available for the operation, it would still be important in future RTEs to appraise the actual geographical coverage of the operations. While several efforts to appraise the damages were carried out in the three countries, the initial response was foremost informed by visual appraisals but lacked a more evidence-based assessment regarding the extent to which communities were affected in the different regions. The balance between scaling the geographical coverage to reflect the resources availability and capacity of the NS to intervene should be further assessed. Generally, while community feedback was appreciative of the important support provided by the NS it is also evident that the needs of the affected populations went much beyond that which the NS could offer. This raises challenges for the recovery phase, particularly as the communities should consider developing a priority plan to guide the dwindling assistance provided by the various actors that remain engaged with the affected communities, first and foremost the NS under their individual EPOA.

#### 3.1 What are the opportunities and challenges of the Federation-wide approach undertaken in this operation?

The Federation-wide approach is understood differently according to the different stakeholders. While KII in Geneva has a more in-depth understanding of the Federation-wide approach, it was also recognised that it has not been fully rolled out in a comprehensive manner to all the IFRC network. As a result, while in theory the Federation-wide approach is supposed to encompass all the collective efforts of the Federation network (IFRC, NS and PNS), it is not clear that all stakeholders, and in particular individual NS, see the added-value of the process. In the case of the Eta and Iota response, it is essentially a Federation-wide **reporting** approach, which indicates the collective delivery of the Federation actors (funds obtained and delivery), and the results (in terms of the number of people reached). However, other interviews also indicated that there is no clear understanding on the “how to” undertake the Federation-wide approach and its practical implication. While an internal guidance has been developed<sup>4</sup>, it remains work in progress and is not complete if it stands to be a practical tool to use in operations. It is also difficult to provide updated financial figures in a short timeframe, as information collected during the KII indicates that it requires at least six weeks to be able to provide concrete consolidated financial figures.

From the RTE’s perspective, the Federation-wide approach holds important potential in terms of communicating the collective efforts of the Federation, and therefore allow to show greater collective impact. However, such an approach may entail structural changes in the way NS administration and financial procedures are undertaken, so it does require a phased transition and a good roll-out strategy if the NS are to endorse this approach. The benefits in theory are evident, but the practical demands of such an approach require further efforts and ready-made practical instruments that can be directly applied by its users. Not all NS are necessarily interested in this kind of approach, so more advocacy and a clearer terminology are warranted if all Federation members are expected to support a Federation-wide approach.

### 3.2 How does the Movement engage with the external actors in supporting this operation?<sup>5</sup>

Most of the information regarding the Movement was obtained in Honduras where interviews with all Movement members including the ICRC were held. No such interviews took place in Nicaragua or Guatemala as the RTE interview agenda had to be approved by the NS’s respective DG, and therefore for these two countries the engagement is more regarding the IFRC network than the Movement as a whole.

In all three countries the NS had the lead role in engaging with the external actors that supported the response operation. This applied to both the national coordination

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<sup>4</sup> Guidance for Federation-wide planning, monitoring and reporting on international emergency operations, Draft Internal 1.0. January 2021

<sup>5</sup> Additional information was provided by the ARO, regarding the large efforts deployed both at the regional level and in Geneva in order to obtain funding for the emergency operation, through both bilateral meetings and efforts with diplomatic missions.

bodies/structures at national and sub-national level (down to engagement with local authorities) and the international response (application of the UN cluster system). However, in Honduras, the work of the ICRC complemented well the response efforts by offering support to services not given out by others – most importantly re-establishment of family ties as many of the affected population became separated as a result of the disaster. Tracing of missing or lost family members was an additional service that proved valuable in the disaster context, particularly given the fact that many of the people in shelters were only a part of the family, having lost contact with other members. Specific areas of support also went to MHPSS (mental health and psychosocial support) and in some cases forensics. However, the service provision was carried out by the volunteers, so the NS was in fact in charge of operationalising the support in the context of the C-19 pandemic.

Interviews with external actors showed that the HRC was a systemic and trusted and reliable partner, that participated in all the coordination structures on behalf of the Movement. In the other two countries (Guatemala and Nicaragua), feedback from the national coordination structures also placed a high-value on the response and coordination capacity of the NS, pointing out clearly their operational capacity as their key added-value (e.g., outreach, access, service delivery, distributions, etc). All NS received high recognition from national coordinating bodies on both the commitment to support the response in a coordinated manner and in the operational capacity of the NS, often quicker and cheaper than that of the government.

Another key achievement in Honduras was the strong advocacy by the HRC which led to the passage by the Parliament of the IDRL law. This proved critical in order to increase cost-effectiveness, as thousands of tax dollars were waved, and allowed for a faster and more efficient international response. It would greatly facilitate matters if a similar law could be passed in other countries to enhance efficiency and cost-effectiveness of the international support operations.

### 3.3 How do Movement actors coordinate in this operation and what is their collective impact?<sup>6</sup>

As indicated above, only in Honduras did the RTE have information about the ICRC. However, there was clearly a good internal coordination between the NS, PNS and the IFRC as major needs were addressed jointly (for example with the deployment of the 6 ERUs) and generally good coordination was ensured through the NS. By setting up the “mirror operation” in Honduras, the NS had the ability and capacity to engage with the Movement actors in a constructive manner and generally the coordination was good. There were some difficulties related to the C-19 situation and some language communication issues amongst the members of the ERU teams. However, overall, the

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<sup>6</sup> Additional information is provided by the ARO stating how the resource mobilisation strategy was rolled out and shared with all departments of the ARO and the relevant colleagues in Geneva. Specific examples of efforts to mobilise, coordinate and inform about fundings resources, inclusive of the HNS, were provided and showed the strong efforts deployed, including the support from the PNS Advisory Group.

level of coordination in this complex operation was deemed to be good amongst Movement actors, especially considering the size of the response in Honduras (number of RC delegates and levels of expenditures).

This *mirror operation* in Honduras was a good capacity development exercise for the NS and it was widely recognised by all Movement actors as a key strategic decision that allowed the NS to shoulder the complex response with success.

It was more difficult to identify Movement coordination in the other two countries. In Guatemala, anecdotal evidence showed that the ICRC is not seen as part of the collective coordination efforts, while in Nicaragua, in the absence of international deployment to the country, the NS was on the frontline of the response and had *de facto* the Movement coordination role.

### 3.4 Is the leadership of the NS's in certain sectors affecting their role in the national and international humanitarian coordination system?

The NS were already facing a number of difficulties in addition to their regular programme. Most evidently, the C-19 pandemic has affected the response capacity and all NS have had to procure Personal Protective Equipment (PPE) which proved to be quite a challenge for the IFRC logistical hub in Panama. Another challenge all three NS were facing is the migration flows, with migrant caravans of thousands of people crossing the region towards the US border and having to provide support to migrants in the context of C-19. Finally, dengue and malaria are endemic in most of the areas affected by the disaster, so ongoing efforts were already being undertaken to curtail the spread of the vector-borne diseases.

So, the response to Eta and Iota came to further stress the capacities of the NS to respond to a number of ongoing emergencies and priority actions. The size and scope of the response challenged all NS, and with the support of the IFRC the response has been largely timely and effective in all three countries.

Contrary to earlier evaluations undertaken by the same RTE TL in other disaster situations, the three NS in the Eta and Iota response showed to be firmly the ones leading the response for the Movement. The fact that they had specific experience and capacities in sectors such as WASH, health, PSS, was a definite advantage for the national and international actors as the capacities and skills of the NS came to support the overall coordination efforts. While the context and political situation is different from one country to another, in Honduras there was no indication that the role of the NS and their leadership in assisting the affected communities had any visible negative effects. In fact, the surveys and discussions with volunteers show that the RC fundamental principles were almost always systematically applied in their activities (Q. 4 of the survey report) in Honduras. Other KII did not show any substantial risk regarding the role of the HRC, and its leadership as regards the national authorities and

international coordinating bodies<sup>7</sup>. If anything, the HCR seems to have gained even greater recognition and acceptance of its mission to assist people in need through the response, but also through its ongoing support to the other existing emergencies. When compared to the response given in the aftermath of Mitch 22 years ago, there is a clear capacity development difference in the way all three National Societies have been able to respond and carry out operations under the Eta and Iota regional appeal, showing more prepared and mature NS are now able to assume operational leadership of the response.

The RTE was not able to appraise in detail how the leadership of the NS influenced its role with the international coordination system in Nicaragua because the response has been addressed as a national response, unlike for Honduras and Guatemala which required an international response. This indicates that each country's NS leadership had different approaches in how the IFRC support was to be given.

Three different leadership styles were therefore present in the response: a more open and collaborative partnership with the IFRC through the "mirror operation" approach in which all delegates from the IFRC had a corresponding NS counterpart, in a recognised brilliant approach to NS capacity development and learning. In Guatemala, both the size of the response and the fact that no ERUs were deployed means the operations ran a different course, with a reportedly good appraisal of the support received from the IFRC (90% of which was positive according to the GRC leadership).

In Nicaragua, since the response did not entail the deployment of international Rapid Response staff on the ground, support was provided primarily through funding to the NS and some remotely driven technical support when and where needed, while two local staff managed the IFRC office. NRC leadership clearly stated that they were firmly in charge of the response and the role of the IFRC and PNS were subsidiary and based on support to the NS. Also, the upcoming presidential elections in Nicaragua mean that the country's current context is highly politicised.

### Interpretation of the findings

This RTE has obtained a large amount of information through the different data collection methodologies used and described under point 3. above.

This section presents the interpretation of the findings by the RTE team according to the different perspectives under which the evaluation was undertaken:

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<sup>7</sup> The only possible exception is the use of the flight hours through the Airbus agreement. As the airport from which air services were undertaken was under military control, it was found afterwards that the majority of the flight hours had been used not by the RC, who did benefit from the air operations to a certain extent, but foremost by the military for humanitarian operations. This information is not triangulated and reportedly caused a major incident between the HCR leadership and the military. However, the flight manifest only showed the detail of the flight hours at the end of the agreement, so it was only known with hindsight that the military had used most of the flight time for their humanitarian operations. There is a lesson to be learnt here.

- a) From the perspective of the IFRC
- b) From the perspective of the NS
- c) From the perspective of the volunteers
- d) From the perspective of the communities

*a) From an IFRC perspective*

**The regional response from the IFRC was relevant, effective and timely.** The regional response came after a series of ongoing smaller disasters in the region, and with already strained capacities to answer the needs of the C-19 situation in all affected countries. Both the IFRC and the NS were equally challenged by Eta and Iota. By itself responding to Eta and Iota alone would not have been so challenging, despite the magnitude of the disaster. **All Federation network partners had the experience, capacity, skills and knowledge to provide an adequate response.** What exacerbated and complicated further the response was 1) the existence of the C-19 pandemic, the management of which required additional efforts and time, 2) the support to people in the migration caravans taking place at regular intervals, 3) the endemic situation of vector-borne diseases, and 4) the existence of seven regional DREF to immediately respond to Eta and Iota more widely in the region (including the three DREF for Guatemala, Honduras and Nicaragua).

The structure of the response in the three countries was tailored by both the available resources and the specific requests of each NS, with significant differences in how each NS decided to lead the response in their country. The lesson is that even though the appeal was a regional one, the individual countries' response under the leadership of each NS varied widely from one country to the other. **IFRC showed adaptive capacity to support each country to the measure of the NS's request and to the extent that its resources allowed,** considering the difficulty of attracting funding response to the disaster in its immediate aftermath (US elections, upcoming end of the year holidays).

The structure deployed by the IFRC in Honduras and Guatemala, and the support given to Nicaragua, is therefore a reflection in the diversity of approaches to the response.

While the regional appeal shows a certain consistency in the involvement of the NS and of the Federation in all three countries, the manner in which it is operationalised was different. The heaviest structure was established in Honduras, country where a large part of the resources and the six ERUs were placed. **Thanks to the NS's initiative to create a "mirror operation" in the HCR, the NS was able to fully take advantage of not only the financial but also technical support of the IFRC.** The IFRC developed a mixed model of deployment, with some delegates physically placed in -country, while others were working remotely. This model of response should be analysed as a number of studies and consultancies have taken place in the past 12 months and a specific reflection of the strengths and weakness of the mixed model should be undertaken, because it is likely to be a reference for future responses, given its lower financial implications. The IFRC is therefore not starting this analysis from scratch. This RTE is not able to define the perfect balance between physical and virtual deployment. Likely this

will be on a case-by-case basis according to the needs and the desire of the NS leading the operations. But in a competitive humanitarian aid environment exacerbated by the C-19 pandemic, the future of the IFRC is likely shifting towards innovative and lighter responses than full physical deployments.

**A specific recognition of the risk management for the C-19 pandemic from the IFRC in Honduras is made**, as it was the country with the highest number of delegates deployed and was able to minimise substantially the C-19 risks of contamination among the teams given the C-19 procedures and the creation of small independent operational units that did not come in contact with the other units (based on those sharing accommodation).

Another point which was raised several times during interviews was the difficulty to receive non-conditional funding, and many donors expected a higher absorption capacity within the emergency phase than was realistic, thereby also potentially endangering the reputational risks of the NS. While this is not in the scope of the RTE, it was a key constraining element – as without proper funding the response could not take place – and one in which NS may not be fully cognisant of all the intricacies and the efforts the IFRC had to make to ensure the appeal response would receive the necessary funds. **At a higher level, it raises the issue of advocating with donors for the respect of the World Humanitarian Summit undertakings, themselves a reflection of the former Good Humanitarian Donorship Initiative which looked at good practices in humanitarian aid. This report wants to point out that substantial efforts were placed in addressing donors needs and requirements, and that despite having prepared a regional appeal document and three EPoAs, a number of donors still requested to have a specific proposal submitted in order to fund the IFRC network<sup>8</sup>.**

On the issue of the effectiveness, there is always a trade-off between a rapid and efficient response and an effective and calibrated response. In the deployment of the six ERUs, there was no previous FACT mission to provide the necessary data to dimension the ERUs to the exact needs. While their deployment undoubtedly enhanced the effectiveness of the response operations and thousands of people benefitted directly from its services in health, water and sanitation, hygiene, there needs to be a reflection on the trade-off between having ERUs early-on to start as soon as possible, versus receiving ERUs that are tailored and dimensioned to respond to the specific needs of the situation in the country.

**The staff of the IFRC has been praised by the NS and partners, often mentioned as very strong, professional and committed teams.** An advantage is that a number of management positions were filled by individuals who had previous experience in

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<sup>8</sup> Additional information was provided by two reviewers, on the difficulty, time and efforts necessary to finally obtain sizeable contributions from USAID BHA, but with a certain level of burnout from the PRD staff, although the posting of a response delegate for AmCross was key in the obtaining these funds. US\$ 3 million were received in total, and pledges were increased twice, thanks to the efforts and good communication that was established. Another comment also shows the complexity and difficulty of obtaining the funds from a wide range of donors. While this aspect was not so visible, it is clear to the RTE team on the basis of the KII that resource mobilisation for this operation was a highly challenging endeavour.

working with the NS, and this made things considerably easier than having to start from scratch.

**On the other hand, some negative comments were also received regarding the lack of cultural sensitivity and language skills of some of the members of the ERU teams,** thereby suggesting the needs to include in the pre-deployment brief to the delegates specific cultural and behavioural norms of the country to allow the international staff to better blend in the sociocultural context of the country. The lack of adequate language skills was also mentioned in some cases, although this can be solved through hiring interpretation services (as was actually done in some cases through the recruitment of volunteers ).

The relationship between the Geneva, ARO and field operations showed a rather good level of communication and collaboration. Despite a strained humanitarian aid response system addressing the C-19 pandemic, the response was timely, relevant and effective.

**One of the lessons is that C-19 protocols need to be harmonized amongst Movement actors as the current multiplicity of protocols diminish the efficacy and effectiveness of the operation response.**

**IFRC has done a good job in supporting the NS according to their own request and within the scope of its possibilities, resources and funds.** However, future disaster responses must look at where the major value of the IFRC lies. There is a recognised and clear added-value to engage the IFRC network in emergency response, but its added-value in the recovery phase has to be better established, funded, and linked to the NS's own longer-term capacity development efforts.

In Honduras, the mirror operation was able to greatly develop the capacity of the NS in all sorts of technical skills and abilities, while the same level of knowledge transfer did not necessarily occur in the other two countries, given different deployment models as requested by the NS leadership.

A major finding for this RTE is that **the three NS actually have the operational capacities to address disaster response on their own.** After years of support and coaching, of practical experience in disaster management and response, as indicated by some of the IFRC KII, the most obvious value addition for the NS is not necessarily directly related to its operational capacity. Praised by the national coordinating authorities in all three countries as the key strength of the NS, operations were largely successful.

**Where the value-added of the IFRC may be more needed in the future is in the less visible, but equally critical aspects, of administrative, logistical and financial management.** KII indicated sometimes overlap between the different administrative systems, and a certain level of resentment from NS regarding local purchases and the delegation of authority for purchases. Clearly at the onset of an emergency the IFRC logistics cannot know the products available on the national market. However, it could also be envisaged to have the NS do an assessment *before* the disaster strikes to inform about the potential of local suppliers. There are clearly vested interests in the contracting of suppliers, but at the end of the day, the criteria of timeliness, quality,

availability and costs should be informing the decision. Complex administrative processes of the IFRC are not all known by the NS, and IFRC is equally not aware of all the complex international administrative and financial processes of the NS, which vary from country to country. For future operations, IFRC should reflect whether the **core team** for deployment should include more people with specific competencies in the administrative, logistics and financial sectors, which are ultimately the ones that enable an efficient response to take place.

Furthermore, as discussed under the Federation wide approach under point 3.1., IFRC has been gradually including new concepts to its operational framework. In addition to the Federation-Wide Approach, CEA and PGI appear in the regional appeal with separate sections for each. Yet they do not have a specific roll-out strategy, or supporting tools to allow for their coherent operationalisation. Another lesson for the IFRC is that new concept and approaches cannot merely be theoretical, but need to be grounded on operational realities, supported by adequate funding and practical instruments to ensure application. Neither CEA nor PGI do have such mechanisms, and therefore they remain again largely interpretation-based, as no concrete model is provided to the NS.

The personal view of the RTE is that CEA is much more than a communication tool: it should be a planning and management decision-making tool for engaging with communities, and therefore directly influence operational decision-making through an iterative partnership process during the period of engagement (in this case under the individual EPoAs and for the full 18-month duration). It represents the commitment and partnership between the NS and the affected communities.

PGI is an extremely broad and conceptual approach reminiscent of United Nations terminologies (as is CEA) that suffers from similar weaknesses as CEA. If it is a cross-cutting approach then mechanisms to integrate it into each sector of operation should be planned. If it is a programming category, then resources should be allocated to it. And if it is an aspirational objective, then it should be addressed as such.

Both CEA and PGI are in practice being undertaken by the NS in all three countries through diverse entry points but not as a structured operational approach to all activities and programmes. If IFRC wants to change this, it will require time, efforts and resources.

**In relation to the Regional Appeal and the three EPoA, the IFRC has provided a good operational response. The major challenge is now for the remaining programming period to review the Regional Plan of Action and make sensible and needs-driven community interventions during the recovery phase through a close partnership with the affected communities.** Movement members are necessarily constrained as they do not have a development mandate. Yet there are plenty of services needed that should still be provided over the remaining programming period. Essential entry points for the EPoA are a closer engagement with communities to inform them about possible services and assistance (e.g., community health surveillance, vector-borne disease control, health and hygiene training, PSS, disaster response and mitigation training, risk maps) while continuing assistance through cash transfers for the most vulnerable who have lost all their assets during the disaster (housing, livelihoods, etc). Obviously the IFRC

should not get involved into infrastructures as there is no comparative advantage in doing so and no existing expertise. It is the responsibility of the different governments to ensure basic service provision to its citizens and develop the necessary infrastructure. Yet in the post emergency context, most actors are quick to leave the communities, while basic vulnerabilities remain unaddressed (income depletion, loss of assets). **So IFRC should as much as possible and in agreement with the NS steer its rehabilitation assistance to cash transfers**, but also developing a solid volunteer base in the affected communities for health and disaster-related response capacity, while investing into proper training and equipment in more isolated locations in each country (small pre-positioning stocks for initial 48 hours).

*b) From the NS perspective*

NS are the only Movement members who are permanently in the country to support the needs of the vulnerable populations. As such, disasters and other emergencies disrupt their traditional activities (national programmes) but also offer a chance to strengthen their volunteer base, which is the heart of the Movement response capacity. In the recovery phase, there should be a clear plan to see how the affected NS branches and volunteers from the communities can be further supported to provide the key services mentioned in the paragraph above.

It is also important to note that **NS structures are highly centralised in Guatemala and Nicaragua, with a certain level of decentralisation in Honduras**. Centralised decision-making for operations which are happening at the other end of the country in areas of difficult access are a major constraint. If in Honduras, the most decentralised management structure for the response, there was a delegation of authority for operations to be run from San Pedro Sula, the administrative and financial decisions were still taken in Tegucigalpa. **NS leadership should review the delegation of authority to their branches/delegations in the regions when such disasters occur, to facilitate the efficiency of the response, and consider a level of decentralisation as a procedure to enhance efficient and effective management of the response.**

Generally, the support received from the IFRC in the regional response was appreciated by the HRC and GRC, while being more criticized in Nicaragua. **All NS were clearly leading the response operation and their leadership was not questioned.** But each country has a different model of leadership, and the decision-making structure remains highly vertical, which makes the NS tributary of leadership decisions, regardless of its technical response capacity. It would be advisable for NS leadership to consider reviewing delegation of authority for operations occurring far from the capital and in areas of difficult access, in order to streamline responsibilities and enhance response capacity.

As mentioned earlier, operational capacity is no longer an issue for the NS. All three countries have shown capacity to respond to Eta and Iota to the best of their means and resources. Rather, **NS should discuss in which areas the IFRC support is giving them an added value, particularly looking at the three areas of finance, administration and logistics.**

Finally, there has been no regional (e.g., between the three countries) dissemination of the good practices identified in each of the countries. While each country has a different operational context and its own leadership, it would be very valuable to have a regional workshop to exchange experiences amongst peers between the three countries of what worked and why, what didn't work and why (ideally for the 7 DREF countries). There is a very large amount of learning that stems from this operation, and it should not be forgotten, but built upon to continue providing the NS with the strengthened capacity to address the needs of the affected population. In particular, the recordings from communities under this RTE could be used as example to share some aspects of the positive engagement of the NS and also highlight some of the risks and challenges.

On a side note, an earlier engagement of the RTE TL with the leadership of the NS would have allowed a better understanding of the approach used under this RTE and could have led to a more utilisation-focused process with less constraints imposed for interviews in Guatemala and Nicaragua. All three NS presidents were interviewed during the second and third week of July 2021 which was the extended (twice) cut-off date for data collection, while the first interviews had started in early June 2021.

#### *c) From the perspective of the Volunteers*

Possibly the most interesting insights from the evaluation were gathered from the eight FGDs conducted with volunteers in the four countries, which allowed to capture their views and feelings about the response operation. It was also the most emotionally charged, as many of the volunteers themselves were affected by the disaster, but had the courage to share their experience and emotions with the RTE team. The perspectives hereafter reflect both the FGD contents, and the 57 individual surveys filled by the volunteers (Honduras 39, Guatemala 13, Nicaragua 5).

The first aspect is that across the three countries **all volunteers showed a level of commitment and willingness to assist the affected population in very difficult circumstances, immediately after the disaster** and with limited resources, and sometimes inadequate personal equipment (including boots) to wade in the mud and remove debris to open access to and assist in cleaning the communities.

Even before providing emergency assistance, the first challenge for volunteers was to gain access to the communities. Although NS actions expanded in line with the receding water line in flooded communities and as more resources were deployed and more logistical means became available, access proved difficult to a number of affected communities.

**Nonetheless, many volunteers were also affected by the disaster, and only in one of the three countries they were directly supported by their national society on priority basis (Nicaragua), whereas in Honduras and Guatemala it appeared that the volunteers were not given the same priority support as the people of the affected communities.**

Another important finding is that the **volunteers found they had been mostly adequately trained to bring timely and effective response to the affected communities** (by respectively 79,5%, 69,2% and 60% of respondents in Honduras, Guatemala and Nicaragua). Anecdotal evidence also indicates that further training in immediate emergency response provision (first aid, search and rescue, PSS) could further benefit the NS volunteer base.

The large majority of volunteers also indicated that the necessary personal protection material had been received before heading out to the communities (by respectively 72%, 69% and 100% of respondents in Honduras, Guatemala and Nicaragua). **However, in some cases the amount of PPE available seems to have been initially insufficient and a recommendation to pre-position higher stocks was made by one NS branch.**

**Volunteers also endeavoured to apply the C-19 protocols and physical distancing and contacts to the best of their possibility.** However, it seems there are differences across the different communities and between the countries. In Honduras the application of C-19 protocols seemed to be less of a difficulty, as reported by 87% of respondents, as did Nicaragua with 100% of high responses, while **30,8% of respondents in Guatemala only indicated low or medium possibility of application, thereby showing the challenges of responding to the emergency through operational activities in the community alongside community members while maintaining the NS C-19 protocols.**

Another interesting finding was how much the volunteers were able to apply the **fundamental principles of the Red Cross in their activities in the communities.** Both Honduras and Nicaragua indicated a 100% positive response (rating of 4 or 5), while Guatemala provided a high 69,2% response. This relates to the application of the fundamental principles of the Red Cross, and not to the RCRC principles and rules for humanitarian assistance.<sup>9</sup>

Generally, **the response provided by the volunteers met the needs of the affected communities** (92% and 100% in Honduras and Nicaragua) but in Guatemala 23% of respondents provided a low rating. This may be caused by the fact that according to FGD with communities, it would appear that the needs were determined by COCODE and not the GRC itself, which was providing the assistance as identified by COCODE. While this information is not triangulated, it could however indicate why only 61.5% of respondents provided a high rating to this question.

**In terms of how much the communities were appreciating the response operations, again Honduras and Nicaragua provided the highest marks (100%), while in Guatemala the same 23% of low ratings were provided.** If the previous point about the identification of needs is correct, this could be linked to the fact that the needs assessment may not have been carried out by the GRC itself and therefore that there was a disconnect between communities' needs and expectations.

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<sup>9</sup> The latter was part of the original questions in the ToR but was dropped as indicated in the inception report given the absence of any monitoring mechanism

**From the perspective of operational coordination with the local authorities, Honduras and Nicaragua confirmed a very high level of coordination (94.9% and 100% respectively), and in Guatemala 61.5% gave a high rating to local coordination.**

**Regarding whether the resources and means used by the NS to provide the response was adequate, both Honduras and Nicaragua provided a high rating (97.4% of positive responses and 100% respectively), versus only 53.8% of volunteers in Guatemala (and 23% providing a low rating). This could be interpreted as an indication that the emergency response needs were to some extent exceeding the capacity of the resources engaged to address the situation.**

Other key findings from the FGD with volunteers showed that **what the NS was providing was not only material assistance, but it was also love, care and understanding.** Another interesting comment made by one volunteer is that it is important to see the perspective of the communities and their feelings, beyond the assistance that they are being provided with.

**Training to volunteers should be a regular on-going activity because of the high value of the knowledge and skills provided to the volunteers.** These are of course useful for the communities but also for their own families and for the volunteers' personal knowledge and use.

**The NS was also mentioned to be the only authorised actor to work in complex and violent communities in which other actors did not have access.** Because the institution (NS) and the volunteer's work were respected, the NS always received the guarantee from affected communities that the work of the NS would be respected.

**Volunteers also expressed their pride and high personal satisfaction despite demanding operational conditions. It was a reward in itself to see the people in communities smile again and give thanks for the provision of the assistance and to "feel welcome" in the communities.**

Generally, the multidisciplinary response proved a good approach to the disaster. Among the most important types of assistance, aspects such as PSS to adults and children, cash transfers, well cleaning and disinfection, community health care, were recurrently mentioned in the FGD.

#### *d) From the perspective of the communities*

The NS undertook FGD with a total of eight communities (four in Honduras, two in Guatemala and in Nicaragua). Additionally, a total of 192 surveys of community respondents were provided. However, the survey results shed some doubts on the level of understanding and the methodology administered for the survey. There are some inconsistencies across the questionnaires and also the level of literacy of the respondents did not always allow them to understand the question properly. Some anecdotal evidence is provided from the surveys, but they are not methodologically reliable (in some cases groups giving a consistent five rating across all questions and

limited levels of literacy amongst community members) and the RTE was not involved in the administration of these survey. Therefore, this section is mostly about the qualitative FGD undertaken by the NS in the sample communities across the four countries.

The qualitative data is taken from 2 communities from each country, in order to maintain a similar sample size across the three countries.

In Honduras, the two communities were Campo Amapa and Lupo Viejo (6 FGD recorded in total). In Guatemala, the two communities were Izabal – Buenos Aires -Tenedores and Izabel – El Eden- Nueva Vida (4 FGD recorded in total). The second community recording (Nueva Vida) was of poor quality and during a storm, yielding very limited information. In Nicaragua the two communities were Wasla (rural community along the Rio Coco) and El Muelle (Puerto Cabezas) (2 FGD in total, the first one in Miskito and translated)

**Community feedback generally showed a high level of appreciation for the support of the “Red Cross.”** While communities generally do not know what to expect from the RC, **all the different types of support provided were welcomed and fully used.** In all communities the support provided answered directly to the needs of the communities, but often there were not enough resources to support everyone affected (Wasla, El Muelle) or the community which was not on the priority list (Campo Amapa).

**The National Society was systematically the quickest actor to be deployed to the affected communities in all of the countries.** At times this was coupled with support from locally based organisations and churches. In Honduras, air rescue operations and medical evacuations were also highly appreciated. All the support provided by the RC was considered as highly valuable and important.

**Food aid and water were key aspects of the assistance, while cash transfers and kits to rebuild the houses were also highly appreciated** (Honduras and Guatemala). Needs were identified through different means: in Honduras through community surveys, in Guatemala through the WhatsApp application with COCODE (local coordination authorities) and in Nicaragua limited coordination appeared to take place and needs were only partially covered based on priority given to the most vulnerable (in El Muelle, sector 3).

**Water well disinfection and cleaning were a commonly praised feature of RC assistance, along with the very highly necessary PSS to adults and children.** All communities recognised the good attitude and positive approach of the volunteers. Another important support was in the health sector and in vector-borne disease control (fumigations), as well as in hygiene and sanitation.

FGDs with community show that the NS did apply the C-19 protocol to the best of their abilities and also gave numerous trainings on the protective measures to the communities, including the use of masks, physical distancing, hand washing, disinfection, low concentration of people, and avoiding direct contact.

A number of communities suggested the provision of a boat to the community to avoid isolation during flooding when the bridges could not be used. Cash transfer was deemed

very useful in Honduras in order to regain a minimum level of stability. In most communities, people had lost all productive assets and were very heavily traumatized.

**Some issues were raised about delegating the authority to receive assistance in Guatemala to a next of kin approved by COCODE in order not to oblige the beneficiary to be present at each distribution, and in some cases it was difficult to include those who left the community seeking for the safety of shelters.**

**While the National Society was clearly not able to cover all of the needs, the multidisciplinary assistance and support they provided was gladly received by the communities, although coverage disparities were also evident. Praise was given to the RC for having performed even under C-19 pandemic and in opening the roads and clearing the rubbles from the affected communities in order to support the people in need. Despite some limitations, the work provided was valuable to the communities.**

## 5. Good practices and lessons learnt

### Good practices identified

- Timely assistance and cash transfers contribute to the moral dignity of the affected population and supports their psychological recovery. Many had lost all their assets (homes, sources of income, animals, agricultural plots) and were destitute, so cash transfers were essentially the most adequate manner to provide critical support.
- Some non-visible support, such as training and education, particularly also the PSS, is considered just as important and useful to the population as the more concrete assistance (food and non-food distributions).
- Timely response and good multidisciplinary capacity of the Federation network led to a general recognition in all three countries from the coordinating authorities of the National Society's capacity and of its strategic value as auxiliary to the public authorities given its good organisational and operational capacity
- Volunteers are again shown to be the essential factor of the successful outreach and operational capacity of the National Society. Consolidation of volunteer membership and expansion to include affected communities would be hugely valuable to the affected communities

### Lessons Learnt

- Communities should be assisted to have an evacuation plan and risk map of the communities prepared ahead of future disasters, and training on how to act during disasters
- Applying C-19 protocols was particularly challenging for volunteers working at field level in the affected communities. There is a need to harmonize the protocols amongst the Movement actors.
- Including the community in the identification of the response, participatory decision making and good communications towards the communities about the RC actions is a key factor of success to allow the National Societies to work alongside and with the support of the affected communities, also ensuring a partnership for the recovery

phase and having contributed to the acceptance and respect of the RC by the communities

- Volunteers affected by the disaster should be assisted and supported as part of the affected population on priority basis with emotional support, to guarantee their well-being. It is important to promote care for those who care.

## 6. Conclusions

The regional response to the Eta and Iota has taken place under very demanding conditions. The challenge of ensuring adequate support to an operation covering three different countries, each with a different context, a large level of needs, in the context of the C-19 pandemic, is an achievement in itself. In addition, the disaster struck at a time when resources from NS were also mobilised not only to address the C-19 pandemic, but other challenges such as the number of migrants crossing the countries towards the US in the recurrent migration caravans, the endemic challenges of vector-borne diseases (dengue, malaria, etc.) in the region, and in addition the launching of an initial 7 DREF to address the wider regional response.

Under these demanding conditions, the IFRC was able to support each NS in different manners which mostly reflected the type of support requested by the NS leadership. In Honduras the setting up of the “mirror operation” was a key factor that contributed to enhance the HRC response capacity and was recognised as a very good strategic initiative. The deployment of six ERUS also enhanced the capacity to assist the affected population, although the lack of a FACT mission means that not all ERU were fully tailored to the existing needs. Advocacy by the HRC led to the passage of the IDRL which further increased the efficiency of the response while lowering the costs. The mixed model of deployment (physical and virtual) was useful for Honduras and, despite its challenges, should be further analysed as a possible model for future operations, being mindful of the balance between those positions that require a physical presence and those that do not. Despite the problem of C-19 contamination from the chartered planes with the ERUs, the C-19 management plan by the IFRC in Honduras was highly effective in minimising the risk and allowing the teams to perform their functions. In Guatemala the NS had to provide its building for those RCV who had not place to sleep. Assistance was also carried out by team of RC staff, and substantial relief was provided to the affected communities. In Nicaragua, despite having a more critical position towards the IFRC, the NS was able to provide support to the affected areas of the country within their means and abilities.

The quality of the IFRC staff was recognised as very high, in one case even talking of a “dream team” being deployed in country. The experience of the IFRC staff was key in being able to support adequately the NS, and many had personal contacts with NS management from previous operations.

Overall, the IFRC and the NS showed they were up to the task at hand in the provision of the response operations. Some challenges remain in the recovery phase to allocate the limited financial resources in the best possible manner to address the uncovered

needs of the communities. The three NS clearly have the knowledge and capacity to undertake response operations, although access and logistics were also major constraints.

The current shift to recovery programming should be strategically reviewed with the NS to ensure its alignment and coherence.

From the perspective of the external actors, the RC was seen as a reliable, quick, efficient and cost-effective strategic partner for the coordinating authorities and the reputation of the NS certainly benefitted from their engagement in the response operation.

## 7. Recommendations

Operational recommendations to the IFRC:

- 1) Review the regional emergency appeal and individual EPoA and adjust the budgets to the concerted activities to be undertaken in the recovery phase until February 2022
- 2) Continue to fund-raise for recovery actions from non-traditional donors as uncovered needs remain
- 3) Consolidate the capacity of volunteers, if possible, to include also their extension at branch level to cover affected communities
- 4) Analyse and define the strengths and weakness of the mixed deployment model for future operations (physical and virtual)
- 5) Harmonize the C-19 protocols in collaboration with Movement actors
- 6) Continue to provide cash transfer support as an effective mitigation measure to minimise the vulnerability of the most affected and enhance their resilience as quickly as possible
- 7) Conceptually try to integrate in the recovery activities under the EPoA elements from the national programmes (e.g., such as community health, first aid, hygiene education)
- 8) Continue efforts to provide PSS and support community resilience through adequate training and preparation in disaster risks reduction for the next hurricane season
- 9) Review and address grievances from NS to avoid challenges in future collaboration

Operational recommendations to the NS:

- 1) Engage through regular CEA processes with the affected communities to review the priority needs that should be addressed during the recovery phase
- 2) Review the contents of the recovery strategic plan for affected communities in line with priority activities and funds required (jointly with the IFRC) until the end of the regional appeal and EPoA to ensure a complete recovery operation
- 3) Ensure involvement of the NS leadership early on in the process before the next IFRC evaluation as a partner in the definition of the methodology to maximise use and applicability

- 4) Consolidate the volunteer membership and if possible extend it at the branch level to also encompass service to the affected communities
- 5) Review the coverage of the assistance provided to avoid gaps in communities or in the targeting of beneficiaries
- 6) Considering alternative mechanisms to the physical presence of the beneficiary at distribution points (Guatemala) and allow family members to receive the support
- 7) Review logistical capacity and possible pre-disaster local stocks of PPE and other key equipment and materials are available
- 8) Ensure that all affected volunteers by the disaster are given priority assistance in line with their needs by their respective NS

Strategic recommendations:

Strategic recommendations to the IFRC

- 1) Review how to engage and communicate with donors in relation to conditionality of funds provided to allow greater flexibility in the use of funds (looking back at the commitments under the Good Humanitarian Donorship and the World Humanitarian Summit);
- 2) Review the engagement process with the NS leadership before the disaster happens, and agree earlier on the type of support to be provided
- 3) Develop practical guidance, tools and instruments to ensure that the Federation-wide approach is clearly and unambiguously defined and understood in the IFRC Network
- 4) Develop further roll-out materials to operationalize the CEA and PGI approaches with the corresponding funding allocation so that they are not subject to interpretation through the use of a clear terminology
- 5) Invest more in the evaluation processes and show greater flexibility to ensure a full evaluation team from the start of the planned evaluation, as well as better preparation of the EMT to support remotely led evaluations.

Strategic recommendations to the NS

- 1) Ensure clear expectations towards the IFRC are made from the start in the form and manner in which support will be provided to the response
- 2) Address any past problems that are likely to curtail the collaboration during the disaster response
- 3) Link national programmes to recovery activities in the affected communities in order to integrate as much as possible the different activities of the various sectors

## Annex 1: Terms of Reference



TORRTEEetalotaFINA  
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## Annex 2: Instructions and tools for field data collection



comunidades GF y encuestas.pdf



voluntarios Cruz Roja GF y encuesta.ı

## Annex 3: List of KII interviews held and of focus groups



StakeholderList.pdf

## Annex 4: Inception report



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## Annex 5: Volunteers individual survey results



annex volunteer  
survey results.pdf