

**HONDURAS  
RAPID RESPONSE  
HURRICANES IOTA & ETA  
2020**

**20-RR-HND-45959**

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Resident/Humanitarian Coordinator

# PART I – ALLOCATION OVERVIEW

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## Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated.

[15042021]

[The after-action review (AAR) was conducted on 15 April 2021 with the participation of the Humanitarian Country Team to reflect and analyse the humanitarian response due to Covid-19 and tropical storms Eta and Iota and identify learnings in the different phases of the project's implementation within the framework of the Flash Appeal. National and international NGOs, the Government, and UN agencies members of 8 clusters and 4 areas of responsibilities participated in the exercise. More than 60 participants provided their recommendation related to operational capacity and preparedness, mobilization and response including coordination, information management, financial support, and advocacy as well as other aspects like gender, protection, people with disabilities, ethnicity, wellbeing, and security among other.]

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes  No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes  No

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

[2020 was a challenging year for the world and especially for Honduras that was stroked by multiple crises at a time. The country was closed from March to October due to COVID-19 and just when it was managing the impact of the pandemic, two tropical storms less than two weeks apart caused devastating impacts that further aggravate the multidimensional crisis that Honduras has been facing for several years.

Tropical storms Eta and Iota caused great destruction in some areas of the country, especially in the departments of Cortés, Santa Bárbara, Gracias a Dios, Yoro, and Colón, affecting more than 4.5 million people.

Given the context of multiple emergencies, the CERF allocation was essential to deliver immediate humanitarian assistance to address urgent needs in Food Security, WASH, and Health.

UNICEF and partners reached 36,812 people with safe access to water, 26,861 people with critical hygiene supplies and facilities, and 367,916 people in the geographical area of attention of 29 HCF with WASH improvements.

Through this CERF grant, WFP and its partners provided food assistance to a total of 71,295 people in the departments of Atlántida, Colón, Gracias a Dios, and Yoro.

Through the Health Emergency Response Project, PAHO-WHO and its partners rehabilitated access to health services in 17 municipalities of 5 health regions of the most affected departments (Atlántida, Colón, Cortés, Gracias God, and Yoro). Additionally, essential services of 11 health centres were re-established, benefiting more than a million people.

The Humanitarian Country Team (EHP) complemented the Government's response efforts in a coordinated manner and launched an international flash appeal to respond to the emergency, reaching more than two million people and raising more than 70 percent of the required funds<sup>1</sup>. CERF-funded interventions complemented the assistance provided by the HCT to the most vulnerable households affected by floods and Covid-19, facilitating relief while strengthening emergency response capabilities.]

### CERF's Added Value:

[UN's agencies, the Government, and NGOs worked in a coordinated way to achieve the results and reached the beneficiaries in a timely manner.

Through CERF, UNICEF and its partners were able to timely implement and provide immediate and critical lifesaving WASH services and supplies as a first response to vulnerable population affected by Eta and Iota. This rapid response, added to the component of hygiene promotion was key in minimizing their exposure to COVID-19, waterborne diseases, and Dengue.

WFP and its partners were able to start the operations funded by the CERF with first round of assistance done in March 2021, reaching 4,670 households in the provinces of Atlántida, Colón, and Yoro. Food distributions continued the month of April where 4,929 households were assisted in the provinces of Atlántida, Colón and Gracias a Dios. The final round was done in May, reaching 4,660 households in Atlántida, Yoro and Gracias a Dios, being a total of 14,259 assisted households.

CERF funds contributed to the rehabilitation and operations of laboratory services in 5 regional public health laboratories through the procurement of equipment, reagents, and supplies, thus helping to increase and scale-up epidemiological surveillance capacity in the affected communities, benefitting a total of benefitting 330,485 individuals

The Local Coordination Team and the Inter Cluster Coordination Group in the Sula Valley were fundamental to achieve the results in a context challenged for Covid-19 and access constraints. The projects have substantially contributed to improve coordination at all levels: among UN agencies, local NGOs, Government, local authorities, and other stakeholders at community level.

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<sup>1</sup> Financial Tracking Service – Honduras Flash Appeal 2020-2021 <https://fts.unocha.org/appeals/1045/summary>

Coordination meetings were carried out in a virtual format due to Covid-19 with the agency's focal points and the cooperation partners at national level and in the field, to report advances but also have as a space to share challenges, good practices, and ways to address difficulties as a team.

By having access to CERF funds, the HCT was able to quickly respond to the humanitarian needs. USAID and other donors<sup>2</sup> mobilize additional resources through the flash appeal to assist the affected families. WFP was able to mobilize resources through the government of Honduras.]

#### Did CERF funds lead to a **fast delivery of assistance to people in need?**

Yes

Partially

No

[The knowledge and commitment of the NGOs and their previous presence in the prioritized municipalities were fundamental to achieve the results in the required period of implementation.

The most affected population quickly gained access to water by water trucking for drinking and personal use at shelters and homes, and also re-gained access to critical hygiene supplies for implementation of healthy WASH habits, within a week of the awarding of the grant.

The ongoing operation of WFP and their previous experience allowed, and immediate start of the operations funded by the CERF in coordination with cooperating partners and local counterparts (such as municipal authorities, Municipal Emergency Committee - CODEMs and Local emergency committee - CODELs), given the already existing platform of food assistance in place.

PAHO was able to timely restore the operational capacity of 11 health establishments to continue delivery essential health services to 168,000 individuals located in the areas of influence of those facilities.]

#### Did CERF funds help respond to **time-critical needs?**

Yes

Partially

No

[The timely WASH humanitarian response supported the prevention of COVID-19 spreading in crowded shelters, by providing water and key supplies for handwashing. In general, the rapid response played a key role in avoiding water borne diseases, which are common in those contexts.

CERF funds allowed WFP and its partners to deliver assistance to affected families during a very critical time when food reserves were depleted or had seriously diminished due to Covid-19 pandemic.

PAHO implemented critical response interventions to quickly restore access to essential health services to maintain healthcare delivery in 17 municipalities of 5 health of the most affected regions.]

#### Did CERF **improve coordination amongst the humanitarian community?**

Yes

Partially

No

[The organization of two Local Coordination Teams (ELC) in the departments of Cortes and Santa Barbara where most of the humanitarian needs were identified, the Inter Cluster Coordination Group (ICCG), and 8 active clusters and areas of responsibilities improved a coordinated response to the humanitarian situation in the country, in complementarity with the government at national and local level.

The projects have substantially contributed to improve coordination at all levels: among UN agencies, local NGOs, Government, local authorities, and other stakeholders at community level. To work within the CERF framework has fostered positive coordination and information exchange dynamics such as periodic meetings.

The WASH Cluster led by UNICEF continuously monitored intersectoral needs and gaps, supporting best use of resources and avoiding duplication.

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<sup>2</sup> Financial Tracking Service – Honduras Flash Appeal 2020-2021 <https://fts.unocha.org/appeals/1045/summary>

Multisectoral field monitoring visits lead by the Resident Coordinator were also conducted during the period of the CERF implementation to communicate with the beneficiary communities and promote accountability on the implementation of the projects.]

### Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

[CERF resources and activities motivated Community and municipal contributions, as well as mobilizing inter-sector resources to provide an integral response.

The Governments of United States of America, Germany, Switzerland, Japan, France, Denmark, The European Commission and Swiss Solidarity were among the donors that provided significant support by funding more than 70 percent of the resources requested in the Flash Appeal, enabling humanitarian actors to assist more than 2 million people (54 percent women and 47 percent men)<sup>3</sup>.

### Considerations of the ERC's Underfunded Priority Areas<sup>4</sup>:

[The provision of food assistance, health, and emergency WASH services was implemented according to the Emergencies and Disabilities initiative conceptual framework. The Projects addressed the needs, priorities and capacities of each household member including youth and people with disabilities.

The support for women and girls, including tackling gender-based violence, reproductive health and empowerment: Women face more challenges during an emergency taking into account their roles in the households. Among those the time invested to collect water, hinders them from enrolling in economical or academic activities contributing to their development. This activity also increases their vulnerability in shelters when WASH services are not within the premises, properly lit and designed for disaggregated gender use. CERF provided the opportunity to ease women from this burden reducing their exposure to violence and increasing their resilience by providing key lifesaving WASH supplies, improving WASH facilities in shelters, and reducing time to fetch water by installing household water tanks.

Education in protracted crises: The sector of WASH in schools faces huge challenges, as MoE records show a deficit of almost 30% of schools nationwide lacking access to safe services before ETA and Iota. CERF supported the scaling up of successful models for climate resilient WASH infrastructure through rainwater harvesting systems in schools, in connection to local water utilities training for production and implementation of safe water plans, to ensure continuous access even in emergencies. CERF also provided the opportunity to reduce the current gap of WASH in schools in Honduras, through improvements to WASH infrastructure in schools functioning as shelters

More funding is seen as urgently needed for programs targeting people with disabilities. Being one of the areas with the greatest challenge because there is a lack of data on persons with disabilities, and very weak technical capacity around intervention and especially the identification of families with people with disabilities due to the high levels of stigmatization.]

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<sup>3</sup> Financial Tracking Service – Honduras Flash Appeal 2020-2021 <https://fts.unocha.org/appeals/1045/summary>

<sup>4</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>69,200,000</b>
CERF	3,901,926
Country-Based Pooled Fund (if applicable)	[0]
Other (bilateral/multilateral)	[59,198,074]
<b>Total funding received for the humanitarian response (by source above)</b>	<b>[63,100,000]</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
<b>UNICEF</b>	20-RR-CEF-063	Water, Sanitation and Hygiene	1,300,000
<b>WFP</b>	20-RR-WFP-050	Food Security - Food Assistance	1,300,000
<b>WHO</b>	20-RR-WHO-039	Health	1,301,926
<b>Total</b>			<b>3,901,926</b>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>[2,435,772.88]</b>
Funds sub-granted to government partners*	[220,091.12]
Funds sub-granted to international NGO partners*	[805,790.00]
Funds sub-granted to national NGO partners*	[17,100.00]
Funds sub-granted to Red Cross/Red Crescent partners*	[423,172.00]
<b>Total funds transferred to implementing partners (IP)*</b>	<b>[1,466,153.12]</b>
<b>Total</b>	<b>3,901,926</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

Between 1 and 8 November, Hurricane Eta drenched Honduras with heavy rain, triggering countrywide floods which caused catastrophic damage and loss of human life. On 4 November, the Government declared a State of Emergency and issued a countrywide red alert. Landslides and major floods have affected 20,860 houses, forcing 43,930 people (8,988 families) to go to 440 shelters. As of 12 November, there were 62 confirmed deaths and an estimated 2,933,541 people (564,634 families) affected across the country. On 17 November, Hurricane Iota hit Honduras, and led to additional humanitarian needs. On 20 November, the UN country team launched a Flash Appeal targeting 450,000 people and requesting \$69.2m.

### Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 14 November initially allocated \$3 million from CERF's rapid response window for life-saving humanitarian action. This amount was increased to \$3.9 million following Hurricane Iota. This funding will enable 3 UN agencies (UNICEF, WFP and WHO) and partners to provide life-saving assistance to 171,600 people, including 72,000 women, 46,800 men, 52,800 children, and 5,700 people with disabilities in the food security, health, and water sanitation and hygiene sectors.

### People Directly Reached:

[The projects accomplished their objectives in terms of planned beneficiaries and in terms of outputs, impact, and results. All planned counterparts and partners supported all projects and actions. The number of beneficiaries was increased in almost all projects and one of them maintained as planned, reaching more than one million people severely affected.

In the WASH sector, UNICEF and partners identified target beneficiaries in coordination with local governments, municipal and local emergency committees and through monitoring data of the WASH Cluster led by UNICEF, supported by community and household rapid needs assessments. UNICEF prioritized families with the greatest quantity of children under five years old, which are the most vulnerable to water-borne diseases; families with water access through the most unsafe water sources, as superficial water sources/wells/ community taps; lowest household and livelihood income and households headed by women. Double counting of beneficiaries within WASH humanitarian assistance has been explicitly avoided by registering beneficiaries with multiple deliveries only once, and by separate registers for each indicator. Due to the early closure of shelters, UNICEF shifted its focus from shelters to communities, reaching a higher number of beneficiaries due to the inclusion of activities as minor repairs to community WASH systems, and replication of healthy WASH habits awareness activities, leading to reaching more families.

In case of WFP's food assistance project, the CERF contribution complemented government transfers to assist the most vulnerable households affected by floods and facilitate their relief and early recovery while strengthening institutional emergency response capacities. This contribution allowed to quickly respond in the most critical moment to provide food assistance more than 71,295 people.

PAHO implemented critical response interventions to restore access to essential health services to maintain healthcare delivery in 17 municipalities of 5 health regions of the most affected (Atlántida, Colón, Cortés, Gracias God and Yoro). PAHO was able to restore the operational capacity of 11 health establishments to continue delivery essential health services to 168,000 individuals located in the areas of influence of those facilities. This included support to the operational continuity of essential health programs such as immunization programs through the purchase of vital supplies and equipment to recover the cold chain that was lost in 5 damaged health facilities, benefitting 29,050 persons; the procurement of medicines and medical supplies to health facilities in affected areas; the mobilizations of international and national medical teams, which benefitted over 10,663 people who received outpatient care, as well as the delivery of sexual and reproductive health (SRH) kits and habilitation of 4 mobile units for SRH care benefitting more than 16,000 women of childbearing age. In addition, CERF funds contributed to the rehabilitation and operations of laboratory services in 5 regional public health laboratories through the procurement of equipment, reagents, and supplies, thus helping to increase and scale-up epidemiological surveillance capacity in the affected communities, benefitting a total of benefiting 330,485 individuals.

## **People Indirectly Reached:**

[WASH UNICEF indirect beneficiaries constitute inhabitants of target communities who benefited from risk communication messages delivered through local radio stations and social media, disseminated through text messages, and posted at community buildings such as health centres, convenience stores and community halls in 49 communities in 7 target municipalities.

The group of indirect beneficiaries is composed by individuals who didn't receive commodity vouchers from WFP but benefited from the nutritional messages, capacity building provided to NGOs and local governments, strengthening of local markets and improvement of living conditions. According with WFP experience a standard multiplier to estimate the indirect beneficiaries is 1.3 of the direct beneficiaries. Therefore, in addition to 71,295 direct beneficiaries, at least 21,388 people will benefit from this operation.

Indirect beneficiaries of this health project included the individuals living in the area of influence of the rehabilitated health facilities and in the municipalities where water and sanitation, communication campaigns and clean-up operations were implemented. Among the 5 departments targeted by this project, an approximate total of 1,846,562 people benefited indirectly (Beneficiaries by department; Atlántida 349,121, Cortés 807,865, Colón 182,107, Gracias a Dios 84,314 and Yoro 423,155 people.)



**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster\***

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	17,900	12,888	20,764	20,048	71,600	[18,535]	[11,409]	[21,006]	[20,345]	<b>[71,295]</b>
Health	54,120	33,880	5,880	6,120	100,000	[388,295]	[280,934]	[129,086]	[203,210]	<b>[1,001,525]</b>
Water, Sanitation and Hygiene	7,750	7,750	4,750	4,750	25,000	[9,921]	[9,280]	[8,968]	[8,643]	<b>[36,812]</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	171,600	[1,001,525]
<b>Total</b>	<b>171,600</b>	<b>[1,001,525]</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	72,020	[388,295]	1,636	[853]
Men	46,768	[280,934]	1,782	[567]
Girls	26,644	[129,086]	1,140	[1,671]
Boys	26,168	[203,210]	1,161	[1,122]
<b>Total</b>	<b>171,600</b>	<b>[1,001,525]</b>	<b>5,719</b>	<b>[4,213]</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 20-RR-CEF-063

1. Project Information			
Agency:	UNICEF	Country:	Honduras
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-063
Project title:	Emergency response to provide life-saving access to basic WASH services and assist vulnerable children and families impacted by Hurricanes ETA and IOTA in Honduras.		
Start date:	11/12/2020	End date:	10/06/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 14,500,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 2,500,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,300,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$</b>
	Government Partners		US\$
	International NGOs		US\$ [785,275]
National NGOs		US\$	
Red Cross/Crescent Organisation		US\$ [423,172]	

### 2. Project Results Summary/Overall Performance

Through this grant, UNICEF and its partners delivered 3.9 million litres of water for 7566 people; performed cleaning, disinfection, water quality analysis, minor repairs and chlorine provision of 32 boreholes and community water systems, including training of local water boards on safe water management for 11787 people; provided 4973 safe water containers for household use for 21,098 people; 248 water storage tanks for household use for 1156 people; 2866 family hygiene kits for 13082 people; 167 'returning home' toolkits for 691 people; 925 hygiene kits for children; 4188 training and monitoring sessions on WASH healthy habits for 18684 people; 786 household filters for 3872 people; 1133 jerrycans for 3714 people; 3322 aquatabs for 8274 people; 16 water storage tanks, 11 chlorine dosifiers, 10 handwashing facilities, 19 hygiene kits, 10 minor WASH repairs at 29 health care facilities (HCF); installation of a solar pump for a community water supply system for 300 people; 45 toilet repair kits for 190 people; 78 septic tank repair kits for 78 people; 78 latrine repair kits for 335 people; 147 household laundry facilities (pila) for 463 people; community cleaning campaigns in 8 communities reaching 2391 people and 7 community water storage tanks reaching 1170 people.

UNICEF and partners reached 36,813 people with safe access to water, 26,861 people with critical hygiene supplies and facilities, and 367,916 people in the geographical area of attention of 29 HCF with WASH improvements.

**Kindly note that persons receiving more than one of the inputs described above is only counted once for each indicator, to avoid double counting.**

The project was implemented in La Ceiba, Atlántida; Tocoa, Colon; El Progreso, Yoro; Puerto Lempira, Gracias a Dios; and in La Lima, San Pedro Sula and Choloma in Cortes; between December 2020 and June 2021. Through CERF, UNICEF and its partners supported the most vulnerable populations affected by tropical storms ETA and IOTA with safe access to WASH services. Safe WASH services are crucial for the wellbeing and survival of affected populations, especially for women who are in charge of fetching water for household use, and for children under five years old, who are the most vulnerable to water borne diseases. The WASH response included minor repairs to restore local WASH networks, and risk communication materials. After the aftermath of Tropical Storms Eta and Iota, a total of 3426 communities registered damages of WASH systems nationwide. By January 2021, only 1459 of those communities were receiving humanitarian support., of which 49 were supported through this CERF Funding.

### **3. Changes and Amendments**

Due to early closure of shelters by late December and early January, affected families started returning to their homes that were still in a very poor shape, which led to focus also on community water systems that needed minor repairs to improve safe access to water. This new focus on communities and shelters, led to an increase of targets which exceeded the planned targets. Those beneficiaries were also supported by healthy WASH habits training and promotion, to ensure an integrated approach.

A close monitoring by the WASH cluster led by UNICEF, indicated the need to focus on Health Care facilities (HCFs) that did not receive any support. 6 out of 29 HCFs were identified in 4 new nearby municipalities within the targeted departments: San Manuel, Potrerillos and Pimienta in Cortes and Sonaguera in Colon, with a geographical area of attention covering population living in target municipalities, whereas not implying a modification in the original plan.

Given the dimension of humanitarian needs in the communities under attention, UNICEF successfully pooled resources from different sources for cost effectiveness, minimizing operational costs and maximizing direct benefits to affected populations. 73% of all beneficiaries reached in La Ceiba, Atlántida by UNICEF and partners, account for CERF resources.

The actual number of people with disabilities reached is lower than planned due to the specific characteristics of target communities, since the number in the original plan was estimated by national averages.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	7,750	7,750	4,750	4,750	25,000					
<b>Total</b>	<b>7,750</b>	<b>7,750</b>	<b>4,750</b>	<b>4,750</b>	<b>25,000</b>	<b>9921</b>	<b>9280</b>	<b>8968</b>	<b>8643</b>	<b>36812</b>
<b>People with disabilities (PwD) out of the total</b>										
	491	657	212	218	1,578	121	116	113	125	495

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

UNICEF indirect beneficiaries constitute inhabitants of target communities who benefited from risk communication messages delivered through local radio stations, social media, tv local stations, and posted at community buildings such as health centres, convenience stores and community halls in the 8 communities in Puerto Lempira, 7 communities in La Ceiba, 6 communities in Tocoa, 17 communities in El Progreso, 3 communities in La Lima, 4 communities in Choloma and 4 communities in San Pedro Sula, for a total of 49 communities in 7 target municipalities. In addition, as specified in chapter 3, unhabitants from the 4 new Municipalities of San Manuel, Potrerillos, Pimienta and Sonaguera were indirectly benefitted with the repair of WASH infrastructure in 6 HCFs.

## 6. CERF Results Framework

<b>Project objective</b>	To Provide emergency life-saving access to basic WASH services to vulnerable children and families impacted by Hurricanes ETA and IOTA in Honduras.				
<b>Output 1</b>	Access to WASH in in shelters, surrounding homes and Health Care Facilities of the prioritized communities is improved				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Sector/cluster</b>	Water, Sanitation and Hygiene				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	# people accessing a sufficient quantity of safe water for drinking and personal hygiene	25,000	36,812	Monthly reports from partners including Lists of beneficiaries with signatures External supervision reports Monitoring visits from UNICEF staff	
Indicator 1.2	# people reached with critical WASH supplies (including hygiene items) and services	25,000	26,861	Monthly reports from partners including Lists of beneficiaries with signatures  External supervision reports Monitoring visits from UNICEF staff	
Indicator 1.3	# population under geographical influence of Health Care Facilities with improved access to WASH services	250,000	367,916	Monthly reports from partners External supervision reports Monitoring visits from UNICEF staff Official records from the MoH on target geographical areas and population of HFCs.	
<b>Explanation of output and indicators variance:</b>		Due to early closure of shelters by late December and early January, affected families started returning to their homes that were still in a very poor shape, which led to focus also on community water systems that needed minor repairs			

		to improve safe access to water. Including this focus on communities and shelters, led to having targets met and exceeded, reaching more beneficiaries than expected through community water systems, that were also supported by healthy WASH habits training and promotion, to ensure an integrated approach. More beneficiaries were reached through inclusion of additional HCFs, to avoid duplication on humanitarian assistance by active actors focusing on HCFs. The number of beneficiaries reached for indicator 1 is higher than the number of beneficiaries reached for indicator 2 due to the inclusion of minor repairs to community water systems that needed minor repairs to improve safe access to water. Not all families reached through this minor improvement reporting to Indicator No.1 were prioritised for activities reporting to Indicator No.2 as hygiene kits or training in positive WASH habits, which is why both indicators are not equal.
Activities	Description	Implemented by
Activity 1.1	Improvement on access to water in shelters and surrounding homes: installation of water storage tanks in shelters (incl. chlorination), support to the local water utility with biosecurity equipment and chlorination of strategic water points, provision of water storage means for families, water-trucking.	ADRA, GOAL, Cruz Roja Hondureña
Activity 1.2	Improvement on access to critical WASH supplies and services in shelters and surrounding homes: improvements to handwashing facilities and minor fixes to the water and sanitation facilities within the shelter, signalling of toilets to promote sex-disaggregated use in shelters, delivery of hygiene kits for families in and outside of shelters, including items for MHM, delivery and monitoring of key hygiene messages for behaviour change including risk communication messages for prevention of COVID-19, disinfection kit for shelters.	ADRA, GOAL, Cruz Roja Hondureña
Activity 1.3	Improvement on access to WASH services in HCF: Installation of water storage tanks (incl. chlorination), water-trucking if needed, quick fixes to the internal network of the HCF to improve water supply, supplies for disinfection, promotion of hygiene through risk communication pieces.	ADRA, GOAL, Cruz Roja Hondureña

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>5</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

<sup>5</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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**a. Accountability to Affected People (AAP) <sup>6</sup>:**

Communities and families were chosen through participatory processes involving local governments and emergency committees, multi-sector emergency Boards, community emergency committees, community boards, water boards and local leaders, in addition to WASH selection criteria: a) single mothers with children as heads of households b) families accessing water through the most precarious sources c) families with elder members or members with disabilities d) families experiencing economic hardship. The specific WASH supplies and services for each family and community were defined through needs assessments at household and community levels. AAP was monitored through external supervision, assessing evidence-based advocacy, community participation, strengthening local capacities, coordination, two way communication, complaints, and PSEA, showing positive results (beneficiaries stated their continuous inclusion and participation in coordination and decision making processes, satisfaction with goods and services delivered, constant two way communication, available spaces for complaints and timely response from UNICEF and partners, zero incidence of sexual exploitation or abuse, strengthening of local capacities, and good community participation) as per interviews and focal groups held on a monthly basis through external supervision from a qualified technical supervisor hired by UNICEF for strategic monitoring, feedback and supervision.

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**b. AAP Feedback and Complaint Mechanisms:**

UNICEF and partners implemented feedback and complaint mechanisms, making available email addresses and telephone numbers where beneficiaries could report complaints. Through monthly focus groups and interviews with key stakeholders and community members from the target population implemented by an external supervisor appointed by UNICEF, close follow up of suggestions and further needs beyond needs assessments was implemented, leading to strengthening specific components of the intervention, as providing more water safe containers for household use.

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**c. Prevention of Sexual Exploitation and Abuse (PSEA):**

All UNICEF implementing partners are requested to subscribe an agreement regarding implementation of PSEA principles during implementation of the humanitarian response and are required to undergo specific training in order to ensure these principles are upheld. Also, participatory principals for accountability of affected population were implemented throughout the project, which was also monitored through external supervision visits to the project, recording zero incidence of sexual exploitation or abuse cases.

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**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Given the importance of the role of women in water related activities for household use, a 60-70% participation rate of women as decision makers and trainees was achieved in each community, through actively engaging female members of selected families to participate in decision making processes regarding specific aspects of the WASH humanitarian response, training sessions for healthy WASH habits and training sessions for local water boards.

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**e. People with disabilities (PwD):**

Audio risk communication media messages were disseminated among target communities to reach vision impaired inhabitants, and the selection criteria for beneficiaries included prioritizing families with members experiencing disabilities.

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**f. Protection:**

During the implementation of activities, partners monitored cases of sexual violence and abuse through the APP approach, to alert the Protection system as needed. There were no incidences registered during this period. WASH activities have strengthened the safety and security of water access to address gender disparities in water (safe water at home/community/school levels / gender sensitive sanitation infrastructure / light in sanitation infrastructure among others)

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<sup>6</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



### g. Education:

In order to support the precarious situation of access to water in schools at national level, specific activities were implemented to restore WASH facilities at schools that functioned as shelters, that registered great damages due to its over use as crowded shelters with affected population transitioning to homes. These activities were coupled with training on use, operation and maintenance of WASH facilities, Dengue and COVID-19 prevention.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF Honduras Apoyo UNCERF	<a href="https://www.facebook.com/unicefhonduras/posts/4147816071943935">https://www.facebook.com/unicefhonduras/posts/4147816071943935</a>
La respuesta frente a las emergencias: COVID-19 y Tormentas ETA y IOTA	<a href="https://www.unicef.org/honduras/historias/la-respuesta-frente-las-emergencias-covid-19-y-tormentas-eta-y-iota">https://www.unicef.org/honduras/historias/la-respuesta-frente-las-emergencias-covid-19-y-tormentas-eta-y-iota</a>
Con el apoyo de UNCERF, se realiza en Barrio Prieta, Tocoa, Colon, la limpieza y desinfección de pozos para familias afectadas por ETA y IOTA	<a href="https://m.facebook.com/story.php?story_fbid=10161059294017995&amp;id=653972994">https://m.facebook.com/story.php?story_fbid=10161059294017995&amp;id=653972994</a>

### 3.2 Project Report 20-RR-WFP-050

1. Project Information			
<b>Agency:</b>	WFP	<b>Country:</b>	Honduras
<b>Sector/cluster:</b>	Food Security - Food Assistance	<b>CERF project code:</b>	20-RR-WFP-050
<b>Project title:</b>	Honduras Humanitarian Response to food insecure people affected by ETA and IOTA		
<b>Start date:</b>	15/12/2020	<b>End date:</b>	14/06/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 22,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 50,000,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,300,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 37,615</b>
	Government Partners		US\$ -
	International NGOs		US\$ 20,515
	National NGOs		US\$ 17,100
Red Cross/Crescent Organisation		US\$ -	

### 2. Project Results Summary/Overall Performance

Amid the COVID-19 pandemic, Hurricanes Eta and Iota ushered intense rains that brought devastation across Honduras, further affecting some of the most vulnerable provinces. In this triple emergency, the food security sector was negatively impacted and the already deteriorated situation of households, mainly in food consumption and crop losses, was further exacerbated.

Through this CERF UFE grant, WFP and its partners achieved the goal to provide food assistance to a total of 71,295 people in the provinces of Atlántida, Colón, Gracias a Dios and Yoro, provinces that took the brunt of the damages and collectively accounted for just over 2 million people affected by Hurricanes Eta and Iota.

The first round of assistance was done in March 2021, reaching 4,670 households in the provinces of Atlántida, Colón, and Yoro. Food distributions continued the month of April where 4,929 households were assisted in the provinces of Atlántida, Colón and Gracias a Dios. The final round was done in May, reaching 4,660 households in Atlántida, Yoro and Gracias a Dios, being a total of 14,259 assisted households.

### **3. Changes and Amendments**

Due to confinement measure and restriction on mobilization applied because of COVID-19, WFP adapted the assistance mechanism changing CASH to Commodity Voucher, allowing beneficiaries to receive the food assistance as close as possible to their home, avoiding unnecessary mobilization to urban areas where financial service providers are established. According to monitoring finding this action was well received by targeted households.

Initially 71,600 people were targeted for project implementation, however at the time of reserving the funds, the rate had change for which the number of families to be benefited had to be recalculated, leaving it to a total of 71,295 people.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	17,900	12,888	20,764	20,048	71,600	18,535	11,409	21,006	20,345	71,295
<b>Total</b>	<b>17,900</b>	<b>12,888</b>	<b>20,764</b>	<b>20,048</b>	<b>71,600</b>	<b>18,535</b>	<b>11,409</b>	<b>21,006</b>	<b>20,345</b>	<b>71,295</b>
<b>People with disabilities (PwD) out of the total</b>										
	795	650	858	858	3,161	272	106	1461	914	2,753

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The group of indirect beneficiaries is composed by individuals who didn't receive commodity vouchers from WFP but will benefit from the nutritional messages, capacity building provided to NGOs and local governments, strengthening of local markets and improvement of living conditions. According with WFP experience a standard multiplier to estimate the indirect beneficiaries is 1.3 of the direct beneficiaries. Therefore, in addition to 71,295 direct beneficiaries, at least 21,388 people will benefit from this operation.

## 6. CERF Results Framework

**Project objective** Targeted households affected by rapid- and slow-onset disasters have access to food year-round (Strategic Development Goal target 2.1). Targeted populations receive assistance to meet their basic food needs following a shock, including the provision of specialized nutritious foods.

**Output 1** Community-based targeting and local planning

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households effectively identified using community-based targeting methodologies	14,320	14,259	WFP
Indicator 1.2	% of identified NGOs trained on community-based targeting, enhance early recovery and rebuild livelihoods, improving food security and nutrition.	100%	100%	WFP

**Explanation of output and indicators variance:** Initially 14,320 households were targeted for project implementation, however at the time of reserving the funds, the rate had change for which the number of families to be benefited had to be recalculated, leaving it to a total of 14,259 households.

Activities	Description	Implemented by
Activity 1.1	Training of NGOs on community based-targeting methodologies and local planning	WFP
Activity 1.2	Training of municipal and local committees on community based-targeting methodologies and local planning	NGO's
Activity 1.3	Targeting 12,120 of the most vulnerable families using community-based targeting methodologies	Municipal and local committees

**Output 2** Food Assistance delivery

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Total amount of cash transferred to targeted beneficiaries, disaggregated by sex, beneficiary category, as percent of planned.	1,074,000	0	
Indicator 2.2	Number of women, men, boys and girls receiving cash-based transfers	71,600	71,295	WFP
<b>Explanation of output and indicators variance:</b>		Initially 71,600 were targeted for project implementation, however at the time of reserving the funds, the rate had change for which the number of families to be benefited had to be recalculated, leaving it to a total of 71,295 households.		

Activities	Description	Implemented by
Activity 2.1	Revise /update agreements between WFP and Services Providers	WFP
Activity 2.2	Beneficiaries List updated and send to financial services providers	NGO's
Activity 2.3	Deliver Food Assistance	Municipal and local committees

<b>Output 3</b>	Monitoring			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Food Consumption Score (FCS). At least 88% of targeted households met acceptable FCS	88%	96%	WFP
Indicator 3.2	Coping Strategy Index. At least 70% of targeted households are not applying emergency coping strategy	70%	0%	WFP
<b>Explanation of output and indicators variance:</b>		Monitoring was conducted as a follow-up for the assistance. All households were using at least one coping strategy due to the COVID-19 pandemic, in a way that allows them to meet their food needs. From the study, the most used stress coping mechanisms were to reduce the consumption of the most preferred foods and borrow money to buy food and spend saving.		
Activities	Description	Implemented by		
Activity 3.1	Baseline survey report	WFP		
Activity 3.2	Post distribution monitoring	WFP		
Activity 3.3	Final Report	WFP, implementing partners and supermarket La Colonia		

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>7</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

#### **a. Accountability to Affected People (AAP)<sup>8</sup>:**

WFP's first accountability is to food insecure people who should and must be the primary actors in their own survival and protection. AAP is about engaging affected people in the processes and decisions that affect their lives, by ensuring there is an ongoing, two-way communication and dialogue throughout all stages of the project cycle. WFP provided accurate, timely and accessible information to affected people about programmes and operations, ensuring this information was clearly understandable, irrespective of the age, gender or other characteristics of affected people, such as literacy level, access to technology and aural/visual impairments.

#### **b. AAP Feedback and Complaint Mechanisms:**

During the distributions, WFP's monitors distributed and explained the existence and the operation of the Complaint and Feedback Mechanism (CFM) to all the beneficiaries, teaching them the best way and time to file complaints.

The complaints and feedbacks made by beneficiaries are made through a free telephone line and a Review Committee oversees responding and closing the cycle of complaints immediately with the cases that merit it. In the most delicate cases, the Review Committee carefully monitors the case until it's solved. Likewise, a regular monitoring and evaluation of the CFM is carried out with the aim of strengthening good practices and improving areas that need it.

#### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

WFP has a zero-tolerance policy for Sexual Exploitation and Abuse. While COVID-19 has particularly impacted women and girls, creating even greater risks of sexual violence, WFP's commitment to preventing SEA has not waived. Communication between WFP staff, partners, local authorities, and community leaders has been essential to ensure that projects will reach the targeted populations and reduce protection issues. The project ensured that all beneficiaries had access to key information including selection criteria, interventions aimed at reducing safety-related problems at distribution points and other related information. The Complaints and Feedback Mechanism (CFM) enabled people to voice complaints and provide feedback in a safe and dignified manner through mobile hotline and suggestion boxes. The CFM included a Beneficiary Outreach Monitoring (BOM) system to gather beneficiary perceptions on effectiveness, identify age and gender, gender violence, and rate the quality of the assistance.

#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Food assistance was provided privileging human rights and international protection standards related to gender-based violence, children trafficking, sexual exploitation, and children work. WFP ensured that all women and men that were beneficiaries were engaged in a discussion about objectives, targeting rationale and other criteria for the assistance and that both women and men participated in activities so as to avoid any backlash that could lead to violence against women in the home. Beneficiaries were instructed about WFP's code of conduct and commitments to PSEA principles and procedures, ensuring that all people understand that assistance is free and not subject to any type of conditionality (e.g. financial contributions, sexual favours). Beneficiaries were also notified about the existing Complaint and Feedback Mechanism.

#### **e. People with disabilities (PwD):**

<sup>7</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>8</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The project did not focus specifically on people with disabilities, but disability was considered as part of a larger vulnerability-based beneficiary selection criteria. Some vulnerable households that were selected were comprised of disable members.

**f. Protection:**

The communication between all actors participating in this project (WFP's staff, partners, local authorities, and community leaders) was essential to ensure the reach of targeted populations and reduce protection issues. Beneficiaries had access to key information including selection criteria, interventions aimed at reducing safety-related problems at distribution points and other related information

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Due to COVID-19 pandemic and to avoid putting our beneficiaries at risk, CVA mechanism was change to food assistance through the modality of Commodity Vouchers (food rations) delivered as close as possible to their home.

- a. Programming of the CERF 2021, 14,259 Families were attended by a delivery which was a complement to the three (3) planned deliveries
- b. Each bag weighs approximately 120.00 pounds.
- c. 14,259 bags were delivered x 120 = 1,711,080 pounds = 776.13 Metric Tons

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
WFP Español on Twitter: "¡La asistencia alimentaria sigue llegando a la región miskita en Honduras! ¡HN Seguimos apoyando a las personas en situación de vulnerabilidad y afectadas por las emergencias."	<a href="https://twitter.com/WFP_es/status/1356240941691129857?s=20">https://twitter.com/WFP_es/status/1356240941691129857?s=20</a>



### 3.3 Project Report 20-RR-WHO-039

1. Project Information			
Agency:	WHO	Country:	Honduras
Sector/cluster:	Health	CERF project code:	20-RR-WHO-039
Project title:	Health emergency response to Hurricanes Eta and Iota in Honduras		
Start date:	09/11/2020	End date:	08/05/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total, requirement for agency's sector response to current emergency:</b>		<b>US\$ 8,124,500</b>
	<b>Total, funding received for agency's sector response to current emergency:</b>		<b>US\$ 150,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,301,926</b>
	<b>Total, CERF funds sub-granted to implementing partners:</b>		<b>US\$ 220,091.12</b>
	Government Partners		US\$ 220,091.12
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

With this CERF Rapid response allocation, PAHO implemented critical response interventions to restore access to essential health services to maintain healthcare delivery in 17 municipalities of 5 health regions of the most affected (Atlántida, Colón, Cortés, Gracias God and Yoro) by Hurricanes Eta and Iota in Honduras. With this contribution from CERF, PAHO was able to restore the operational capacity of 11 health establishments to continue delivery essential health services to 168,000 individuals located in the areas of influence of those facilities. This included support to the operational continuity of essential health programs such as immunization programs through the purchase of vital supplies and equipment to recover the cold chain that was lost in 5 damaged health facilities, benefitting 29,050 persons; the procurement of medicines and medical supplies to health facilities in affected areas; the mobilizations of international and national medical teams, which benefitted over 10,663 people who received outpatient care, as well as the delivery of sexual and reproductive health (SRH) kits and habilitation of 4 mobile units for SRH care benefitting more than 16,000 women of childbearing age. In addition, CERF funds contributed to the rehabilitation and operations of laboratory services in 5 regional public health laboratories through the procurement of equipment, reagents, and supplies, thus helping to increase and scale-up epidemiological surveillance capacity in the affected communities, benefitting a total of benefiting 330,485 individuals.

The CERF allocation was also instrumental in supporting interventions to reduce and mitigate increased risks of water-borne and vector-borne diseases in the post-hurricanes environment, through the purchase and delivery of hygiene and biosafety kits, supplies for the storage and treatment of safe water, vector control supplies and equipment, including the delivery of mosquito nets as well as the implementation of cleaning interventions and risk communication campaigns in affected communities and shelters.

In order to carry out these activities, 3 satellite offices were set up in the affected departments and 5 comprehensive teams each made up of 1 epidemiologist, 1 doctor, 1 Environmental Health Technician, 1 Promoter, 1 nursing graduate were deployed to each of the prioritized health regions, to support response operations in the areas of infection prevention and control, water and sanitation,

epidemiological surveillance, vector control, sexual reproductive health, mental health, health promotion and first aid delivery. These interventions contributed to the reduction of morbidity and mortality in the affected municipalities intervened and directly benefitted a total of 1,001,525 people.

### **3. Changes and Amendments**

During the implementation of this project, PAHO/WHO was faced with a series of external challenges, including: shortage of equipment and supplies due to high global demand, delays in shipment due to cargo flight restrictions and prolonged closure of main ports and airports as a result of damages from the tropical storms, access restrictions due to impracticable roads as a result of mud and floods as well as COVID-19 mobility restrictions, limited number of companies available and/or with technical and operational capacity to carry out rehabilitation works in healthcare facilities, etc. To palliate these risk factors and ensure the successful implementation of the vital interventions considered under this action, a no-cost extension was request to the CERF and grated to PAHO. No programmatic or budgetary change were introduced.

The extension grant by the CERF allowed for critical additional time to complete the vital interventions contemplated under this project and to over-achieve by supporting recovery of operational capacity in a total of 11 health services (in lieu of 10), the deployment and operational support to 38 health brigades (instead of 20) and the distribution of SRH to benefitted more than ten times the originally anticipates beneficiaries.

The CERF project was initially planned to reach 100,000 direct beneficiaries. This figure was considerably exceeded due to additional, funding, equipment and supplies that complemented what was being covered by the project. This includes equipment to store drinking water, thousands of tablets to chlorinate water in homes, containers to store and treat drinking water, in addition to the mobilization of the 6 international Emergency Medical Teams that as part of the response and in coordination with the project. These teams expanded the reach of the beneficiaries as they installed water treatment plants, provided permanent care, mobile ambulatory care brigades, diagnostic tests, delivered supplies, food, and medicine.

Another element that made it possible to increase the number of beneficiaries was the provision of laboratory equipment, supplies and reagents with which 5 laboratory services were enabled in communities where they had been lost or damaged.

Additionally, and through the deployment of comprehensive teams and more than 177 volunteer collaborators coordinated and mobilized through the project, the scope of the beneficiaries and the impact of risk communication and social mobilization interventions increased.

As for the population attended by month, week or day in the health services intervened both in the first and in the second level of care, there are no data at that level of disaggregation and the number of beneficiaries was calculated based on the population of the area of influence of each of the health care centers that benefited from its strengthening or restoration.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	54,120	33,880	5,880	6,120	100,000	388,295	280,934	129,086	203,210	1,001,525
<b>Total</b>	<b>54,120</b>	<b>33,880</b>	<b>5,880</b>	<b>6,120</b>	<b>100,000</b>	<b>388,295</b>	<b>280,934</b>	<b>129,086</b>	<b>203,210</b>	<b>1,001,525</b>

##### People with disabilities (PwD) out of the total

The count of those inhabitants who personally received some input, service or information that leads to improving the state of post-storm health services was assessed. For this, they are obtained from the following activities or deliveries:

Educational talks of collaborators or integral team, delivery of kits (IARH, SSR, Food, Hygiene), delivery of mosquito nets, medical brigades, increase of knowledge and strengthening of skills to human resources, and collaborators; raising vector indexes, cleaning operations, mental health interventions.

In addition, the deliveries of medical equipment, supplies and supplies to health establishments.

It is important to mention that many donations were received that contributed to increase the number of beneficiaries.

	350	475	70	85	980	460	345	97	83	985
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\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

Indirect beneficiaries of this project include the individuals living in the area of influence of the rehabilitated health facilities and in the municipalities where water and sanitation, communication campaigns and clean-up operations were implemented. Among the 5 departments targeted by this project, an approximate total of 1,846,562 people benefited indirectly (Beneficiaries by department; Atlántida 349,121, Cortés 807,865, Colón 182,107, Gracias a Dios 84,314 and Yoro 423,155 people).

## 6. CERF Results Framework

<b>Project objective</b>	Ensure continuity and availability of life-saving health services to prevent disproportionate mortality and morbidity among vulnerable populations in targeted municipalities affected by Hurricanes Eta and Iota in Honduras.			
<b>Output 1</b>	Vulnerable individuals and affected community members in need of health care have uninterrupted access to life-saving health services, including communicable and non-communicable diseases care, prenatal and postnatal care, mental health, sexual and reproductive health, with a multicultural approach			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of health facilities with restored capacity to pre-disaster level	10	11	Report of the rehabilitation of works that includes certificates of delivery and photographic record.
Indicator 1.2	Number of medical brigades successfully delivering life-saving healthcare services to affected communities	20	38	Displacement report of medical personnel that includes certificates of delivery and photographs of the donations, care carried out in the brigades.
<b>Explanation of output and indicators variance:</b>		18 more brigades were developed than those planned by means of the displacement of national and international teams (EMT), in addition to those carried out in an inter-agency manner through the partners of the health cluster.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Implement rapid basic repairs to damaged health facilities to restore operational functionality of essential services	PAHO/WHO		
Activity 1.2	Procurement of essential medicines, health supplies and equipment to health centers located in affected areas to restore service availability	PAHO/WHO		
Activity 1.3	Distribution of essential medicines, health supplies and equipment to health centers located in affected areas to restore service availability	PAHO/WHO		
Activity 1.4	Procurement of equipment and supplies to restore the cold chain in at least 5 damaged health facilities	PAHO/WHO		

Activity 1.5	Distribution of equipment and supplies to restore the cold chain in at least 5 damaged health facilities	PAHO/WHO
Activity 1.6	Procurement of PPEs, health emergencies supplies and equipment to health centers and medical brigades located in affected areas	PAHO/WHO
Activity 1.7	Distribution of PPEs, health emergencies supplies and equipment to health centers and medical brigades located in affected areas	PAHO/WHO
Activity 1.8	Implement rapid refresher course on mental health first aid to health personnel and medical brigades, in order to make the mental healthcare service available to affected communities	PAHO/WHO
Activity 1.9	Support the deployment of Health personnel and medical brigades to provide essential Health services to the population in affected communities and shelters.	PAHO/WHO

**Output 2** Individuals hosted in temporary shelters and living in affected communities are protected against acute risks of infectious diseases, through timely detection and control of outbreaks and increased risk communication efforts.

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Percentage of active shelters and affected communities where epidemiological surveillance has been restored (target: 20% of communities and/or active shelters)	20%	20%	Epidemiological reports presented by the integral teams of the 5 health regions
Indicator 2.2	Percentage of public Health events of high importance that are notified to the local health authorities in less than 72 hours	100%	100%	Epidemiological reports presented by the integral teams of the 5 health regions

**Explanation of output and indicators variance:** N/A

Activities	Description	Implemented by
Activity 2.1	Rapid refresher course to frontline health personnel on infection prevention and control, outbreak detection and control, and clinical management of infectious diseases in shelters and communities	PAHO/WHO
Activity 2.2	Procurement of laboratory diagnostic tests, medical supplies and essential equipment for the implementation of surveillance actions in shelters and communities	PAHO/WHO
Activity 2.3	Distribution of laboratory diagnostic tests, medical supplies and essential equipment for the implementation of surveillance actions in shelters and communities	PAHO/WHO
Activity 2.4	Procurement of laboratory supplies and reagents for the surveillance of epidemic-prone diseases	PAHO/WHO
Activity 2.5	Distribution of laboratory supplies and reagents for the surveillance of epidemic-prone diseases	PAHO/WHO

Activity 2.6	Implement targeted health education campaigns in active shelters and affected communities to address life-threatening conditions related to communicable diseases such as COVID-19 and endemic diseases	PAHO/WHO
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<b>Output 3</b>	Women, adolescents and girls, including afro Honduran population, have access to essential sexual and reproductive health services and supplies including Emergency Obstetric Care (EmONC) and safe deliveries, Family planning, Sexually Transmitted Infections (STIs), Clinical Management of Rape (CMR) services, in the most affected department by the ETA-IOTA Storms.
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of targeted health facilities supplied with IARH kits, equipment and other SRH supplies and PPE	9	17	PAHO / WHO CERF Project Report
Indicator 3.2	Number of women in reproductive age receiving SRH services and SRH lifesaving information on SRH promotion services, SRH prevention measures and care including measures to prevent and control the infection (PCI) Covid-19	10,000	146,000	PAHO / WHO CERF Project Report

<b>Explanation of output and indicators variance:</b>	[Greater coverage was achieved in terms of care for pregnant women by working with teams from the health secretariat and cluster partners, in shelters, communities and health establishments. In addition, support was received from the headquarters with different donations of hygiene kits and prenatal vitamins among other supplies distributed to women of childbearing age.]
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Activities	Description	Implemented by
Activity 3.1	Procurement distribution of IARH kits (1A – 2 A-B - 4 – 7 – 8) and other SRH equipment and supplies to selected health and PHC facilities	PAHO/WHO, in coordination with UNFPA
Activity 3.2	Distribution of IARH kits (1A – 2 A-B - 4 – 7 – 8) and other SRH equipment and supplies to selected health and PHC facilities	PAHO/WHO, in coordination with UNFPA
Activity 3.3	Equip SRH mobile teams of first line responders	PAHO/WHO, in coordination with UNFPA
Activity 3.4	Delivery of modern contraceptives (long-term and short term) contraception to the health/protection teams and public hospitals	PAHO/WHO, in coordination with UNFPA
Activity 3.5	Disseminate lifesaving SRH information and SRH key messages with an ethnic perspective including IPC measures for Covid-19	PAHO/WHO in coordination with UNFPA

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>9</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>10</sup>:

For the rendering of accounts to the affected and benefited population, public workshops were held to deliver works and donations, with the participation of mayors, community leaders and the general population. In addition, publications were made on the social networks of the secretary of health and the official PAHO website of all the rehabilitation works and donations of equipment, medicines, supplies and all the activities carried out within the framework of the response.

### b. AAP Feedback and Complaint Mechanisms:

PAHO / WHO implemented social audit mechanisms, to be able to know the complaints or recommendations of the general population during the project execution period. For this, interviews were conducted documenting the testimonies of people affected or benefited in shelters, communities and health establishments of the municipalities prioritized by the project, thus allowing to know the impact or effectiveness of the project interventions.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

PAHO / WHO permanently supports the members of the Health Cluster who manage the Protection and Shelters component, strengthening or implementing prevention and risk reduction measures in shelters. Existing reporting channels were strengthened, and health personnel and volunteers were trained on how to provide psychosocial care in crisis and self-care.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project aimed to reduce excessive and preventable morbidity and mortality in areas severely impacted by Hurricanes Eta and Iota by strengthening the continuity and care delivery capacity of essential health services, including sexual reproductive health (SRH) services through the procurement of equipment and supplies in the most affected areas for the most affected population of reproductive age, with special emphasis on women, adolescents, young people and pregnant women, including Afro-descendants. Therefore, PAHO / WHO in collaboration with UNFPA implemented actions in the department of Cortés, strengthening 4 health facilities that provide obstetric services: 3 hospitals (Mario Catarino Rivas and Leonardo Martínez Valenzuela in San Pedro Sula), 1 maternal safety clinic social clinic (Maternal and Child Peripheral Clinic) in the municipality of Villanueva and a Hospital in Puerto Cortés (Puerto Cortés).

<sup>9</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>10</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

#### e. People with disabilities (PwD):

This project contributed to improving access to medical care to the affected population, with an emphasis on guaranteeing renewed access to the most vulnerable groups by age, gender and health conditions, including people with disabilities. The medical brigades deployed with the support of this project served the most affected communities by providing life-saving medical care, with special emphasis on vulnerable groups, including people with disabilities, who would otherwise suffer drastically reduced access to necessary care.

#### f. Protection:

This project provided protection to life and the right to health of the affected population by restoring access to life-saving health services. Access to health services, including sexual and reproductive health and mental health, also allowed vulnerable groups to have channels to guarantee the protection of their basic rights. PAHO / WHO is committed to integrating human rights and protection into health care programs by considering the underlying determinants of health as part of a comprehensive approach to health and human rights.

#### g. Education:

The project included quick review actions aimed at updating knowledge and practices in health personnel in order to meet the needs in mental health, SRH, public health surveillance, and health emergency management. Moreover, it provided information and health education to the affected communities to reduce disproportionate morbidity and mortality, as well as the prevention of diseases associated with environmental risks, hygiene and sanitation conditions. Based on the above mentioned, more than 600 health personnel and volunteers on the front line were trained through knowledge update days.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.
		US\$ [insert amount]	Choose an item.	Choose an item.



## 9. Visibility of CERF-funded Activities

Title	Weblink
[Testimonio beneficiarios]	<a href="https://fb.watch/5uxjm0Dfvg/">https://fb.watch/5uxjm0Dfvg/</a>
[Testimonio beneficiarios]	<a href="https://fb.watch/5uxlsHg2Eg/">https://fb.watch/5uxlsHg2Eg/</a>
[Testimonio beneficiarios]	<a href="https://www.facebook.com/157522440950103/posts/3753550184680626/?d=n">https://www.facebook.com/157522440950103/posts/3753550184680626/?d=n</a>
[Testimonio beneficiarios]	<a href="https://fb.watch/5uxBd2AmuK/">https://fb.watch/5uxBd2AmuK/</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

<b>CERF Project Code</b>	<b>CERF Sector</b>	<b>Agency</b>	<b>Implementing Partner Type</b>	<b>CERF Funds Transferred to Partner in USD</b>
20-RR-WHO-039	Health	WHO	GOV	220,091.12