

**HONDURAS  
UNDERFUNDED EMERGENCIES  
ROUND I  
DROUGHT  
2020**

**20-UF-HND-40782**

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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.

14 April 2021

The after-action review (AAR) was conducted on 14 April 2021.

Even though the emergency caused by COVID-19 has been affecting the country since March 2020, both the agencies and the implementing partners agreed to carry out the AAR. The review was conducted in two phases: a shared survey with all the participants and a virtual workshop with the participation of FAO, UNICEF, WFP, PAHO-WHO, IOM, the Office of Resident Coordinator (OCR), the NGOs South in Action, Adventist Development and Relief Agency International (ADRA), Pespirenses Development Association (ADEPES), Pure Water for the World, Plan International Honduras, Honduran Red Cross and the Directorate for Children, Youth and Family (DINAF). During the implementation period, virtual meetings were organized with the UN agencies and the implementing partners to identify difficulties, challenges, and share solutions.

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:

Honduras has been struck by multiple crises at a time. In 2020, tropical storms Eta and Iota, within less than two weeks from each other had devastating effects on the country adding new layers of complexity to the already fragile situation caused by the impacts of the ongoing Covid-19 pandemic.

Before the pandemic and the tropical storms, the country was already undergoing severe droughts, critical food insecurity, a dengue epidemic, social and political challenges, and increasing returning migrant flows from people displaced from their hometowns by violence and poverty.

The Dry Corridor is an area of recurrent drought due to climatic variability, especially in the last decade increasing the climate-driven migration in areas where livelihood systems are increasingly compromised by their impacts.

The prioritized strategic response provided in the dry corridor with the support of CERF ensured the provision of child protective services to returned migrant children, internally displaced children, and child victims of violence and their families in a special context such as the pandemic in 2020, which exacerbated the economic crisis, internal displacements, and migration. The response covered the most urgent humanitarian needs. In addition, despite the multiple emergencies that occurred in Honduras during 2020, thanks to CERF, UNICEF and partners were able to increase the levels of resilience of children and their families through psychological first aid activities. The added value in the dry corridor allowed a scale up of humanitarian response that was coordinated with the actors that were already present in the area.

FAO, IOM, PAHO-WHO, UNICEF, and WFP with their implementing partners carried out a prioritization strategy that focused on 19 municipalities in four departments to preserve the lives of approximately 37,750 individuals, providing food assistance for more than 35,000 people, basic emergency livelihood assistance to restore crops and livestock production to more than 22,500 rural households, health services to almost 87,500 people and benefiting almost 38,000 persons with safe access to WASH and protection services.

CERF-funded interventions in the Dry Corridor complemented the assistance provided by the Humanitarian Country Team to the most vulnerable households affected by drought, dengue, and Covid-19, facilitating relief while strengthening emergency response capabilities.

### CERF's Added Value:

UN's agencies and NGOs partners worked in a coordinated way to achieve the results and reached the beneficiaries in a fast way. The knowledge and commitment of the NGOs and their previous presence in the selected municipalities were fundamental to achieve the results in a context challenged for Covid-19 with restriction of movement applied by the Government and local authorities.

The ongoing operation of WFP and their previous experience allowed an immediate start of the operations funded by the CERF in coordination with cooperating partners and local counterparts (such as municipal authorities, CODEMs and CODELs).

A tangible added value in humanitarian response was the integration of the different actors promoted by PAHO-WHO, allowing a better understanding of the role of local health authorities in the organization and defining response actions, while also allowing for the adequate focus on the most vulnerable populations.

CERF funds allowed FAO and its partners to deliver assistance to affected families during a very critical time for drought and a pandemic crisis- when food reserves were depleted or had seriously diminished.

Through UFE CERF Window, for example the "reintegration model" was promoted by the Directorate for Children, Adolescents and Family ("Dirección de la Niñez, Adolescencia y Familia" - DINAF) with the support of UNICEF to provide child protective services and immediate humanitarian support to hundreds of children and their families who took the migration route because of violence or natural disasters. CERF ensured the continuity of this reintegration model, along with the humanitarian response that was provided in the at-risk and expulsion communities. The case management system allows for an easier and immediate identification of children in need and ensures their referral to humanitarian response services both at local level and in coordination with regional service

providers such as DINAF, justice and social protection services (such as Ciudad Mujer, temporary shelters, the national Vida Mejor program). UNICEF and its partners were able to timely implement immediate and critical lifesaving climate resilient WASH services in support to food and nutritional security. The WASH activities also included Dengue and COVID-19 prevention, improving coordination among humanitarian sectors and partners. This multisectoral approach in humanitarian response increases the resilience towards adverse effects such as drought for the most vulnerable families affected by food insecurity, strengthening their capacities, as evidenced by WASH behavioural change and dropping diarrhoea rates as per beneficiaries' perceptions.

The project has 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 and roundtables, workshops, etc.

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.

WFP managed to mobilize additional resources to assist the families affected by drought through the government of Honduras and international cooperation.

IOM conducted a Displacement Tracking Matrix (DTM) producing a Baseline Assessment Report and 19 Multi-Sectorial Location Assessment reports in 19 municipalities prioritized by the CERF UFE in the Dry Corridor of Honduras to provide information on the conditions of vulnerability of the affected population due to the drought, identify the links of the humanitarian crisis with migration and protection needs to ensure effective humanitarian information management to support needs analysis, response, monitoring and identification of access gaps and limitations.

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

Yes

Partially

No

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

Yes

Partially

No

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

Yes

Partially

No

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

Yes

Partially

No

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

The provision of food assistance, basic emergency livelihood assistance, health, and emergency WASH services was implemented according to the Emergencies and Disabilities initiative conceptual framework. This framework is a strategic plan for the inclusion, protection, and attention of people with disabilities in the preparation and response to emergencies and disasters. Projects addressed the needs, priorities and capacities of each household member including youth and people with disabilities, developing dedicated material and spaces to address people with disabilities.

Women were considered as equal and productive partners in agriculture sub-sectors, to improve family nutrition, living standards and rebuild livelihoods. This food security and safe access to water projects considered the needs of men, women and youth in the targeted municipalities to ensure an equitable access to agricultural inputs and services.

Under the WASH sector, support for women and girls, including tackling gender-based violence, reproductive health and empowerment: Because of women and girls' reproductive role within the household, women face challenges regarding time invested to collect water, which hinders them from enrolling in economical or academic activities contributing to their development. CERF could help advance collective efforts by supporting the scale up of climate resilient WASH solutions at household level for the most disadvantaged families as rainwater harvesting systems and training in healthy climate resilient WASH systems. CERF provided the opportunity to ease women from this burden by improving local WASH systems, supporting safe access to water within household premises.

Regarding 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. CERF could also support scaling up successful models for climate resilient WASH 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 under drought. CERF also provided the opportunity to reduce the current gap of WASH in schools in Honduras.

Under Child Protection included the support for women and girls, including the fight against gender-based violence, reproductive health and empowerment.

Many returned migrants families in the Dry Corridor represent single-parent households headed by women. Key reasons for migrating include seeking improved economic opportunities, family reunification, but also, and alarmingly, fleeing violence and gender-based violence. This is why the support for women and girls, including the identification, prevention and responses to survivors of violence against children and gender-based violence, was prioritized as a humanitarian area. In addition, the reintegration and community-based psychological first aid program had as a priority criterion women and single mothers with girls or boys.

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.]

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

<b>Total amount required for the humanitarian response</b>	<b>27,000,000</b>
CERF	5,000,038
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	17,203,107
<b>Total funding received for the humanitarian response (by source above)</b>	<b>22,203,145</b>

<sup>1</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 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
FAO	20-UF-FAO-010	Food Security - Agriculture	899,999
IOM	20-UF-IOM-007	Protection - Protection	100,000
UNICEF	20-UF-CEF-017	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	837,526
UNICEF	20-UF-CEF-017	Protection - Child Protection	412,513
WFP	20-UF-WFP-012	Food Security - Food Assistance	2,050,000
WHO	20-UF-WHO-011	Health - Health	700,000
<b>Total</b>			<b>5,000,038</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>3,955,254</b>
Funds sub-granted to government partners*	48,430
Funds sub-granted to international NGO partners*	569,729
Funds sub-granted to national NGO partners*	311,953
Funds sub-granted to Red Cross/Red Crescent partners*	114,671
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,044,784</b>
<b>Total</b>	<b>5,000,038</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:

Honduras is facing a range of issues that negatively impact on the humanitarian situation, including a rise in violent conflict and deterioration in human rights, political and social conflict, population migration, a dengue epidemic and severe drought. Climate-driven migration occurs in areas where livelihood systems have been negatively impacted, particularly in the south and western regions known as the 'dry corridor' the so-called 'dry corridor' (an area of land of 1,600km long by 100-400km wide that stretches from the state of Chiapas in Mexico, all the way to western Panama and populated by 90% of the region's inhabitants).

Gender-based and violence against children are of significant concern, with a national survey on Violence Against children finding 44% of girls and 37% of boys reporting being victims of physical, sexual or emotional violence.

The Dengue epidemic has affected Honduras since the fall of 2018, with the total number of 112,708 cases of dengue reported throughout the country, of which 24,644 (22%) had been reported in the priorities Health Regions (Choluteca, el Paraíso, Francisco Morazán, and Valle).

The COVID pandemic and Tropical Storms Eta and Iota have further exacerbated the already dire socioeconomic situation. Partners have reported increased violence against children and domestic violence through prolonged stay-at-home measures<sup>2</sup>. Eta/Iota increased the isolation of several communities due to landslides and flooding, complicating the access for humanitarian actors, as well as the access for vulnerable populations to basic and humanitarian services. In addition, those emergencies have caused population displacement, loss of income, and as such exacerbated violence. By 2020, according to data provided by the Observatory of Violence against Women, from March 15, when a curfew was established in the country until December 31, 229 violent deaths of women were registered (278 violent deaths of women in Honduras during 2020 according to the media). In addition to the humanitarian crisis that the country is experiencing, multiple migrant caravans have been reactivated with a high presence of unaccompanied children and families with children under 12 years of age.

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

In 2019 Honduras received 5 million in funding, from CERF (UFE Round 1). This CERF allocation complemented the response actions in strengthening local capacities to reduce extreme exposure to climate change and natural hazards. CERF funding allowed to target existing gaps in food, livelihoods, WASH and health sectors, and complement the Government's action plan to respond to severe droughts in the dry corridor.

Humanitarian aid delivery included food assistance to a total of 35,000 people in 17 municipalities on 3 departments who were highly affected by drought according to the IPC (November 2019). These families were affected by food insecurity due to the ongoing prolonged dry spell and the disruption of coping mechanisms occurred do the cumulative effect of five consecutive years of drought. This contribution complemented the government response plan to drought to assist the most vulnerable households affected by it and facilitate their relief and early recovery while strengthening institutional emergency response capacities.

Through the food security project, technical assistance and emergency supplies was provided to 4,500 households in the targeted 18 municipalities, the most vulnerable to drought and included 185 communities in the Dry Corridor. The project targeted people with the distribution of fertilizers, a variety vegetables seeds, basic grains seeds, 1,000 micro irrigation systems for back-yard gardens, as well as

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2 UNFPA (2020) <https://honduras.unfpa.org/es/news/es-prioridad-asegurar-la-continuidad-de-los-servicios-de-atenci%C3%B3n-victimas-de-violencia-durante>

the installation of 33 geomembrane water-harvesters with a capacity to irrigate 2.64 hectares thus being able to intensify crop production quickly. Furthermore, a total of 147 grain storage silos were delivered in 21 communities. Of these, a total of 42 grain storage silos were each filled with 828 kilos of red beans and 105 with maize. In 10 of these communities, a communal shelling machine was installed to provide shelling services to all beneficiaries in that community as an alternative to reduce the time spent by families shelling maize by hand.

The health project was able to develop strategic interventions in 18 municipalities in 4 prioritized departments, thus reducing to zero the number of deaths associated with the Dengue epidemic between March and December 2021 in the area of influence. In addition, 81 facilities of the first level of health care and 4 referral hospitals were provided with biomedical equipment and clinical support tools; 188 health professionals (including doctors and nurses) were trained and certified in the clinical management of dengue; at least 450 health volunteers were identified, trained, and provided with work tools; and at least 1,024 people were trained and directly involved in risk communication and social mobilization actions.

A total of 51,620 people was benefited directly through the CERF funds, with WASH and child protection activities, including psychosocial support, water provision, communication messages and violence prevention training in self-protection measures in communities and shelters among others.

IOM conducted a Displacement Tracking Matrix (DTM) producing a Baseline Assessment Report and 19 Multi-Sectorial Location Assessment reports in 19 municipalities prioritized by the CERF UFE in the Dry Corridor of Honduras. The information produced was systematized, shared, and disseminated among humanitarian actors.

### **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 and reached more than 87,448 people severely affected.

In case of WFP's food assistance project, the CERF contribution complemented government transfers to assist the most vulnerable households affected by drought 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 to 35,000 people.

FAO through the food security project achieved and exceeded the objectives through the effort of the NGOs, in collaboration with local governments, the other participating system agencies (WFP and UNICEF), the participating communities and families reaching 22,500 people.

Beneficiaries of the Child Protection component were identified in coordination with DINAF, which tracks all returned and deported migrant children through an online case management database with the support of UNICEF.

The methodologies for identifying people in need used by our partners made it possible to avoid duplication of counting, since in the case of DINAF, all of them will be registered in the SISMO platform for case management. On the other hand, the DINAF coordinates directly with the Honduran Red Cross (CRH) to refer cases and manages an internal information management system updated in each activity by the volunteers with names, identity of the people reached, reviewed by the monitoring and evaluation (M&E) officer. Finally Plan International created an online platform coordinated with the DINAF for an adequate case management system using tablets and the kobo tool, also to avoid double-counting of beneficiaries. The total direct beneficiaries reached were 13,643 people (including 2,729 girls and 2,865 boys) from whom 63 children were directly assisted with reintegration services.

In the WASH sector UNICEF and partners identified its beneficiaries in coordination with WFP based on their database of families under food and nutritional insecurity. WFPs undertook assessments using community based-targeting methodologies conducted by municipalities and validated by community committees, local municipal authorities and community leaders prior to project implementation. UNICEF prioritized families with the greatest quantity of children under five years old, which are the most vulnerable to water-borne diseases; 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 subtracting beneficiaries who were reached both through improvement of community water systems and water purification filters, from the reported figures under indicator 1 for WASH. The WASH sector reach 37,977 direct beneficiaries.

A total of 87,448 people received direct medical attention during the execution of the health project, leaving an installed capacity in these facilities to potentially benefit a total of 819,041 people assigned to these Integrated Health Service Delivery Networks.]

### **People Indirectly Reached:**

The food security project lead by FAO indirectly supported 927 households (approximately 4,635 people) as a result of the delivery of shelling machines that were installed to provide shelling services to all beneficiaries in 10 different communities as an alternative to reduce the time spent by families shelling maize by hand. In addition, 420 households (approximately 2,100 people) will be indirectly benefiting from the provision and installation of 21 communal grain banks in the department of Francisco Morazán.

An estimated of 6,514 persons were Indirect beneficiaries of the WASH project lead by UNICEF 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 the 171 communities of 15 target municipalities. Throw-out the Protection sector the family members of the 63 children assisted with reintegration services were indirect beneficiaries of CERF, adding up to a total of 189 indirect beneficiaries. In addition, 2,325 family members of the children who received community-based psychosocial support were indirectly benefitted through strategies aimed at improving relations and communication within the home. Additionally, an estimated 4,000 men, women, girls and boys in the 13 communities where local protection structures were strengthened benefitted indirectly from violence against children and gender-based violence prevention strategies and actions implemented by community leaders.

The food assistance project's indirect beneficiaries were composed by individuals who didn't receive Commodity Vouchers from WFP but benefited from asset creation, capacity building provided to NGO's and local governments, strengthening of local markets and improvement of living conditions. According to WFP's experience, a standard multiplier to estimate the indirect beneficiaries is 1.3 of the direct beneficiaries, concluding that in addition to 35,000 direct beneficiaries, at least 45,500 were benefited from this operation.

As part of the implementation of the health project, actions were taken to strengthen and expand the diagnostic and patient management capacity throughout the network of prioritized facilities. As mentioned in this report, the number of facilities in the first and second level of health care in the same prioritized area were increased, aiming that the work of this project will indirectly benefit at least 819,041 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 - Agriculture	5,850	3,600	6,525	6,525	<b>22,500</b>	5,735	5,962	5,513	6,112	<b>23,322</b>
Food Security - Food Assistance	8,750	6,300	10,150	9,800	<b>35,000</b>	8,750	6,300	10,150	9,800	<b>35,000</b>
Health	20,600	21,682	14,948	15,489	<b>72,719</b>	16,692	34,028	12,086	24,642	<b>87,448</b>
Protection - Child Protection	11,668	7,779	9,932	6,621	<b>36,000</b>	4,229	3,820	2,729	2,865	<b>13,643</b>
Water, Sanitation and Hygiene	2,020	1,122	4,140	4,160	<b>11,622</b>	10,306	9,373	9,183	9,115	<b>37,977</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\***

<b>Category</b>	<b>Planned</b>	<b>Reached</b>
Refugees	0	0
Returnees	650	818
Internally displaced people	0	0
Host communities	36,020	50,802
Other affected people	36,049	35,828
<b>Total</b>	<b>72,719</b>	<b>87,448</b>

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

<b>Sex &amp; Age</b>	<b>Table 6: Total Number of People Directly Assisted with CERF Funding*</b>		<b>Number of people with disabilities (PwD) out of the total</b>	
	<b>Planned</b>	<b>Reached</b>	<b>Planned</b>	<b>Reached</b>
Women	20,600	16,692	302	855
Men	21,682	34,028	202	902
Girls	14,948	12,086	1,040	1,506
Boys	15,489	24,642	696	1,536
<b>Total</b>	<b>72,719</b>	<b>87,448</b>	<b>2,240</b>	<b>4,799</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 20-UF-FAO-010

1. Project Information			
Agency:	FAO	Country:	Honduras
Sector/cluster:	Food Security - Agriculture	CERF project code:	OSRO/HON/001/CHA
Project title:	Assistance to vulnerable livelihoods in the drought-affected areas of the Dry Corridor		
Start date:	12/03/2020	End date:	31/03/2021
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\$ 8,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 899,999</b>
	<b>Amount received from CERF:</b>		<b>US\$ 899,999</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 172,318</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 51,342
	National NGOs		US\$ 120,976
Red Cross/Crescent Organisation		US\$ 0	

#### 2. Project Results Summary/Overall Performance

Through this CERF Underfunded grant, FAO and its partners ADEPES, ADRA and Sur en Acción assisted 4,500 households in the targeted 18 municipalities within the departments of Choluteca, Francisco Morazán and El Paraíso. These municipalities were the most vulnerable to drought and included 185 communities in the Dry Corridor. The project targeted 22,500 people with the distribution of fertilizers, a variety vegetables seeds, basic grains seeds, 1,000 micro irrigation systems for back-yard gardens, as well as the installation of 33 geomembrane water-harvesters with a capacity to irrigate 2.64 hectares thus being able to intensify crop production quickly. Furthermore, a total of 147 grain storage silos were delivered in 21 communities. Of these, a total of 42 grain storage silos were each filled with 828 kilos of red beans and 105 with maize. In 10 of these communities, a communal shelling machine was installed to provide shelling services to all beneficiaries in that community as an alternative to reduce the time spent by families shelling maize by hand.

The project supported 22,500 people, but experienced delays in achieving all the results due to the passage of two Tropical Storms, Eta and Iota, which occurred in November 2021 within an interval of twelve days of each other. These storms caused over 80% losses in the cultivation of beans during this period, which coincided with the second planting season (*Postrera*). To off-set this situation, 45% of the families were supported with agriculture planting inputs (seeds and fertilizers) for this *Postrera* cycle. In some limited cases, it was possible to increase the amount of seed distributed to households when they also were supported with the installation of micro-irrigation systems. The rest of the results were achieved as planned.

### 3. Changes and Amendments

It should be noted that in the month that the project was approved (March 2021) the COVID19 pandemic was declared in the country. The initial effect was that the government through the National Risk Management System (SINAGER by is Spanish acronym) issued an absolute curfew on 16 March 2021 throughout the entire national territory. This total curfew was extended through October of the same year. Consequently, the United Nations instructed its personnel to carry out all of its work from home - Teleworking. In addition, these restrictions hindered the procurement processes and if that were not enough, suppliers took much longer than usual to respond with quotes and to make field deliveries. Given the contagious situation at the field level, local governments made the decision to prevent the passage of field missions, including those of the project-implementing partners. Implementing partners had to make advance arrangements to guarantee entry to one or more municipalities, thus delaying implementation of project activities. This limited the initial project socialization meetings, coordination with local authorities and trainings sessions. As a result of the events caused by the Tropical Storms in the first half of November, FAO requested and was granted a three-month no-cost extension, allowing a scheduled and ordered closure of the project by 31 March 2021.

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

Sector/cluster	Food Security – Agriculture									
Category	Planned					Reached				
	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	5,850	3,600	6,525	6,525	22,500	5,697	5,928	5,513	6,112	23,250
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5,850</b>	<b>3,600</b>	<b>6,525</b>	<b>6,525</b>	<b>22,500</b>	<b>5,735</b>	<b>5,962</b>	<b>5,513</b>	<b>6,112</b>	<b>23,322</b>
<b>People with disabilities (PwD) out of the total</b>										
	9	6	10	10	35	38	34	0	0	72

\* 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 Project indirectly supported approximately 927 households (approximately 4,635 people) as a result of the delivery of shelling machines that were installed to provide shelling services to all beneficiaries in 10 different communities as an alternative to reduce the time spent by families shelling maize by hand. In addition, 420 households (approximately 2,100 people) will be indirectly benefiting from the provision and installation of 21 communal grain banks in the department of Francisco Morazán.

## 6. CERF Results Framework

<b>Project objective</b>	To prevent the further deterioration of living conditions in rural areas by re-establishing food production capacity as quickly as possible.			
<b>Output 1</b>	Basic emergency livelihood assistance to the most vulnerable and food insecure families affected by drought is provided.			
<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>	Food Security - Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	% of families that receive basic-grain seeds, and assorted vegetable seeds and fertilizers	100% (3,400 households)	100% of the families receive basic grain seeds, a variety of vegetables seeds and fertilizers	Implementing partner progress reports, delivery certificates from <i>Postera</i> 2020 and first harvest season of 2021.
Indicator 1.2	% of families with sustainable family gardens disaggregated by household	100% (1,100 households)	91% of the targeted families (1,000) have established home gardens	Implementing partner progress reports and project end report, photographs and material delivery sheets
Indicator 1.3	% of families have been trained in good agricultural practices for the adequate management of their livelihoods (backyard gardens, and crops)	100% (4,500 households)	100% of the targeted households were trained in good agricultural practices	Implementing partner progress reports, training report, photos of training events and technical assistance
Indicator 1.4	No. of families that have access to water harvesting infrastructure (micro irrigation kits)	1,100	1,000 households have access to water-harvesting infrastructure and training in micro irrigation	Implementing Partner progress and final reports, delivery certificates by municipality, photographs, equipment purchase orders and invoices
<b>Explanation of output and indicators variance:</b>		Indicator 1.2 and Indicator 1.4, the amount of home gardens was reduced in 9% considering the water limitation for the establishment of micro irrigation systems with a capacity of 100m <sup>2</sup> were given for each home garden		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Training and technical assistance to heads of family	ADRA, ADEPES and Sur en Acción		
Activity 1.2	Procurement of basic-grain seeds, vegetable seeds and other propagation materials (i.e. fertilizers)	FAO		

Activity 1.3	Distribution of basic-grain seeds, vegetable seeds and other propagation materials (i.e. fertilizers)	ADRA, ADEPES and Sur en Acción
Activity 1.4	Procurement of micro irrigation equipment and systems	FAO
Activity 1.5	Distribution and building of micro irrigation equipment and systems and water harvest	ADRA, ADEPES, Sur en Acción and leaders and corporations
Activity 1.6	Procurement of grain-storage bins	FAO
Activity 1.7	Distribution of grain-storage bins	Suppliers, ADRA, ADEPES and Sur en Acción
Activity 1.8	Diffusion and implementation of Good Agricultural Practices	ADRA, ADEPES, Sur en Acción and community leaders
Activity 1.9	Coordination and complementarity with the WFP, UNICEF, IOM, & PAHO/WHO activities involved in emergency response including beneficiary identification and targeting methodology, coordination of implementing activities and provision of beneficiary trainings through local NGOs and municipal governments and M&E	FAO, ADRA, ADEPES and Sur en Acción

**Output 2** NGOs and local governments have technical and methodological capabilities to provide emergency assistance.

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

<b>Sector/cluster</b>	Food Security - Agriculture			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of Good Agricultural Practices (GAP) promoted and implemented to reduce risk and increase resilience in the face of drought and with a gender approach.	10	10 Good Agricultural Practices were promoted and implemented at community level	Training records, pictures and progress and final reports per partner
Indicator 2.2	Percentage of households that implement GAP promoted and implemented in the framework of the project for risk reduction and resilience in the face of drought.	70% (3,150 households)	82% of the households implement GAP (3,690)	Progress and final reports
Indicator 2.3	Number of municipalities that implement local ordinances in favor of good environmental practices.	14	100% 18 municipalities/ towns	Municipal Declarations and proceedings of "No Quema" – no burning
<b>Explanation of output and indicators variance:</b>		<p>In Indicator 2.2 and Indicator 2.3, the amount of households were increased due to the training as well as the attitude change with GAP.</p> <p>In Indicator 2.3 the local government are cognizant of the use of GAP and issuance of local ordinances to improve the sustainable use of natural resources.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Elaboration of Letter of Agreement with NGOs	FAO		
Activity 2.2	Technicians from local NGOs, partner agencies and local governments trained in targeting project beneficiaries and in the comprehension of the gender approach and methodology.	FAO along with the support of the partners ADRA, ADEPES and Sur en Acción		



Activity 2.3	Basic technical training on emergency response, livelihood saving actions and GAP provided to NGOs and local governments technical teams.	ADRA, ADEPES and Sur en Acción
Activity 2.4	Good environmental practices training to community leaders.	ADRA, ADEPES and Sur en Acción

## 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>3</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>4</sup>:

The design of the project was based on WFP's household characterization and food-insecurity and poverty assessments in the targeting of beneficiaries. This information was cross-referenced with the Government's Technical Unit of Food and Nutritional Security (UTSAN) food insecurity analysis in 13 departments of Honduras and the information obtained from the Integrated Phase Classification (IPC) analysis for acute food insecurity estimates. This information was used to narrow and focus the project area intervention. Community leaders were then involved as well as municipal corporations on the development of final project activities and interventions. Local authorities appointed local liaisons to coordinate targeting and project design issues. Training events were offered to community technical leaders and capacity building session were then replicated with targeted families. In addition, for the delivery of supplies, materials and equipment, delivery sheets were used with the corresponding signature of each participating family, the municipal mayor's as well as with the technicians assigned to the municipality. It should also be noted that information on cost of the input, material or equipment that was distributed to each family once in the community was also clearly reflected in these forms.

### b. AAP Feedback and Complaint Mechanisms:

From the beginning of project implementation and in order to avoid any potential conflicts, the project was socialized with the municipal mayors, liaisons and field technicians. The latter were given a workshop on the harmonization of technologies, methodologies, formats and other instruments that would guarantee a synchronized execution of the project from the point of view of feedback policies, methodologies and action strategies. Progress and final reports contained sections related to the difficulties found and the solutions applied. When solutions to problems were not possible, issues were raised to a level, such as the case of losses in crops due to hurricanes or in some cases the need to modify some lines in the budget to which the pertinent answers and adjustments were given to project management.

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

[All FAO personnel are required to take an online course / certification on PSEA; likewise, a plan for the "roll-out" has been developed according to the UNS Plan that was developed at country level. At the beginning of 2021 a workshop for all FAO HON personnel to socialize the plan and how to implement it was initiated, not only within our agency but also with our implementing partners and with the communities with whom we work with. Coordination between all implementing partners and local municipal offices was at all times maintained with good reciprocity. Local municipal offices and their technical teams developed an accountability and feedback system allowing beneficiaries at community level to express any misgivings including sexual exploitation and abuse]

<sup>3</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>4</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](#).

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

The project activities did not exclude anyone, that is why there are several initiatives and activities in which women are considered above all, these included the specific targeting of production aspects in the form of back-yard gardens for single mothers/headed households. They were usually supported with inputs such as fertilizers, seeds, training, as well as facilitating spaces to participate in a self-management structure. Such is the case of grain banks as a mechanism that provides intermediation service at the communal level in which decision-making in most cases is taken by women who are not only members but are also natural leaders and very good administrators of the resources that were provided (grains, silos, sheller machines). Is important to mention other activities such as the improvements of warehouses that in some of the cases the municipal corporations supported in addition to the project, were specifically targeted to women.

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

In two communities of Apasilagua, two people with some disability were identified, therefore in one of the cases (in the community of Las Posas II) the mother, who works as the head of the household, was supported; and in the community of Los Amates' a community leader was assign to share his knowledge at the community level and monitor the support that was transferred from the project to people identified as with disabilities.

**f. Protection:**

Fill in

**g. Education:**

The project supported the strengthening of capacities of the beneficiaries with practices, technologies and methodologies that allow them to face climate variability with sustainable and resilient production systems. FAO promoted the proper use of fertilizers, planting distances, stubble management, integrated crop management, seed selection, design and establishment of family gardens, biointensive beds, organic fertilizers, garden management, mini-irrigation systems. Training was provided in the operation of grain banks in aspects of management, regulation and entries and balances as a mechanism to stabilize food security at the community level.

Regarding the prevention of COVID-19, it coordinated with PAHO / WHO to train the implementing partners and they, at the same time, trained the population of the municipalities who served as trainer on the issues of biosecurity and provision of PPE inputs, especially masks and gel for an approximate amount of USD 3,486. Undoubtedly, this contributed to prevention infections during training meetings, delivery of materials and educational tours and technical assistance.

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

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

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	0

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.

This mechanism is not practiced by FAO, the materials, equipment and goods are given instead of the cash.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Life experience of Mr. Aquileo Sánchez, Beneficiary of the CERF project in Honduras Dry Corridor	<a href="https://twitter.com/FAOHonduras/status/1384201737515376643?s=20">https://twitter.com/FAOHonduras/status/1384201737515376643?s=20</a>
Life experience of Mr. José Aníbal Vásquez, Beneficiary of the CERF project in Honduras Dry Corridor	<a href="https://twitter.com/FAOHonduras/status/1384266196418064386?s=20">https://twitter.com/FAOHonduras/status/1384266196418064386?s=20</a>

## 3.2 Project Report 20-UF-IOM-007

1. Project Information			
Agency:	IOM	Country:	Honduras
Sector/cluster:	Protection	CERF project code:	20-UF-IOM-007
Project title:	Tracking and Monitoring Affected populations by drought and violence in Honduras		
Start date:	18/03/2020	End date:	17/03/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 800,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 100,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

Between August 2020 and March 2021, IOM conducted a Displacement Tracking Matrix (DTM) producing a Baseline Assessment Report and 19 Multi-Sectorial Location Assessment reports in 19 municipalities prioritized by the CERF UFE in the Dry Corridor of Honduras with the objective of providing information on the conditions of vulnerability of the affected population due to the drought, identify the links of the humanitarian crisis with migration and protection needs to ensure effective humanitarian information management to support needs analysis, response, monitoring and identification of access gaps and limitations.

To prepare the Baseline Assessment Report and the Multi-Sectorial Location Assessment Reports, IOM carried out a desk review and data analysis based on secondary sources such as studies conducted in the Dry Corridor area of Honduras, as well as databases of institutions such as the National Institute of Statistics (INE); the National Center for Social Sector Information (CENISS); and International organizations such as the World Food Programme and the Food and Agriculture Organization of the United Nations (FAO).

Additionally, IOM designed and conducted the application of surveys to key informants in coordination with the implementing Agencies of the United Nations System implementing CERF UFE funds and their partner organizations. Through the computer-assisted telephone surveys (CATI) methodology, IOM interviewed 60 key informants from institutions and service provider organizations in the Dry Corridor of Honduras in the 19 municipalities prioritized by the project.

To complete the planned activities and outputs, IOM developed and applied Household Surveys. Three municipalities prioritized by the CERF project and with high migratory flows were selected: Perspire (Choluteca); San Lorenzo (Valley); and El Corpus (Choluteca). In total, more than 30 enumerators, supervisors, drivers, and IOM staff were deployed in the field from January 19 to 24, 2021 to cover 713 households in 12 communities affected by the drought in Honduras during 2020.

In March 2021, the information produced was systematized, shared, and disseminated among human rights actors and especially protection organizations.

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

The implementation of the project was affected by the COVID19 pandemic. In March 2021, the Government of Honduras declared a health emergency and adopted measures to prevent its spread in the country such as a curfew, mobility and assembly restrictions, as well as the closure of cities and borders. Due to these restrictions, the project suffered severe delays in the start of its implementation.

Given the prolongation of the health crisis and the uncertainty about the persistence of the restriction measures ordered by the government. As well as the precaution of not putting any IOM staff or other people at risk of contagion. IOM requested a three-month NCE from the CERF secretariat in October 2020. The request was approved by the CERF secretariat on December 3. Additionally, a reprogramming and redeployment of budget was requested by IOM in October 2020 to modified activities and adopt hybrid forms of project implementation (remote-face-to-face) in the prioritized municipalities, as well as guaranteeing adequate IT equipment and personal protective equipment (PPE). This request was also approved by the CERF secretariat on December 3.

This NCE and reprogramming and redeployment requested, allowed the implementation of the activities and the delivery of the outputs.

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

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	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	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* 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

Since IOM did not provide direct humanitarian assistance for the drought emergency with CERF UFE funds for the Dry Corridor of Honduras, no information is provided related on people indirectly targeted by the project.

## 6. CERF Results Framework

<b>Project objective</b>	Ensure effective humanitarian information management to support needs analysis, response, monitoring and identification of access gaps and limitations.				
<b>Output 1</b>	Data on displaced population and their humanitarian needs is available and disseminated to relevant stakeholders, enabling timely and effective humanitarian response				
<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>	Protection - Protection				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	# of DTM Baseline Assessment Reports	1	1	DTM Baseline Assessment Report: "Vulnerability and Drought in the Dry Corridor of Honduras"	
Indicator 1.2	# of Multi-Sectoral Location Assessment Reports	10	19	Multi-Sectoral Location Assessment Reports	
Indicator 1.3	# of products shared with relevant GVB and other protection actors	2	2	DTM Baseline Assessment Report: "Vulnerability and Drought in the Dry Corridor of Honduras"  DTM Household Survey: "Vulnerability and Drought in the Dry Corridor of Honduras".  Teleconference for the presentation of results and attendance list.	
<b>Explanation of output and indicators variance:</b>		The adoption of the virtual modality made it possible to cover more municipalities than those planned in Output 1.2 and to deliver more Multi-Sectoral Assessment Reports.			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Pre-Operations (methodology, hiring of enumerators, coordination with relevant authorities and humanitarian partners, etc.)	IOM			
Activity 1.2	Training of enumerators	IOM			
Activity 1.3	Data Collection in the affected communities to identify needs of affected populations	IOM			

Activity 1.4	Process and analysis of data, prepare information products and socialize with humanitarian actors and related institutions	IOM
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## 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.**

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

Despite that IOM during the implementation of the project did not provide direct assistance to the population affected by the drought. Through the reports produced by the DTM, the needs of the affected population were considered through surveys of key informants and household surveys of the municipalities of the Dry Corridor. These needs are reflected in the reports produced and were shared with relevant protection and humanitarian actors to be addressed.

### b. AAP Feedback and Complaint Mechanisms

For the design of the data collection instruments and the methodology used to produce the DTM reports, IOM conducted two validation and discussion sessions with the United Nations System Agencies that implement CERF UFE funds in the dry corridor and their associated organizations present in the fields. Their inputs were considered to develop the final data collection instruments.

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

The staff involved in the preparation of the DTM reports and the personnel hired for the application of virtual and field surveys were trained in PSEA, as well as the handling of data and the principles of confidentiality and data protection.

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

The DTM reports reflect profiles in a situation of vulnerability in the context of the drought emergency, which include women and girls and their protection needs. This information was shared with GBV protection and humanitarian actors to be addressed.

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

For the DTM exercise, no indicators related to PwD were considered.

### f. Protection:

During the DTM exercise conducted by IOM in this project, profiles in situations of vulnerability due to the drought and their protection needs were identified, as well as the links of this emergency with violence and irregular migration. This information was shared with relevant protection actors.

<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](#).

<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:

During the DTM exercises conducted by IOM, the Household Surveys included questions related to the access and educational levels of the population affected by the drought in the Dry Corridor. This information was reflected in the reports produced and shared with relevant humanitarian actors.

## 8. Cash and Voucher Assistance (CVA)

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

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.

The CVA was not considered by IOM due to the objective of the project and the activities and products delivered. Furthermore, the resources assigned to IOM did not make it possible to deliver direct assistance to the affected population that includes CVA interventions.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Socialization of the findings of the DTM reports related to "Vulnerability and Drought in the Dry Corridor".	<a href="https://www.facebook.com/OIMHonduras/posts/1563371157200633">https://www.facebook.com/OIMHonduras/posts/1563371157200633</a>

### 3.3 Project Report 20-UF-CEF-017

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Honduras
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Protection - Child Protection	<b>CERF project code:</b>	20-UF-CEF-017
<b>Project title:</b>	Humanitarian WASH and Protection response to communities affected by drought in the Dry Corridor in Honduras.		
<b>Start date:</b>	02/04/2020	<b>End date:</b>	31/12/2020
<b>Project revisions:</b>	No-cost extension <input checked="" 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\$ 1,700,000</b>	
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 10,880</b>	
	<b>Amount received from CERF:</b>	<b>US\$ 1,250,039</b>	
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 828,821</b>	
	Government Partners	Protection: US\$ 48,430	
	International NGOs	WASH: US\$ 505,467	
	National NGOs	Protection: US\$ 160, 251	
Red Cross/Crescent Organisation	Protection: US\$ 114,672		

### 2. Project Results Summary/Overall Performance

WASH: Through this CERF grant, UNICEF and its partners provided 4,800 household filters including spare parts for 1 year for 23,105 people, and rainwater harvesting systems plus school filters with spare parts for one year for 5,442 people (of which 4,955 are children) at 80 schools. Both activities were coupled with training on use, operation and maintenance of filters and tanks, accompanied by healthy WASH habits training and risk communication messages including Dengue and Covid-19 prevention. Also, 36 community wells / water sources were improved, coupled with training and implementation safe water management practices for 11,563 persons (including 2,132 also receiving a household filter). From April to December 2020, the project supported WASH humanitarian assistance for 37,978 people affected by drought in 15 municipalities of the Dry Corridor in Honduras, that over the past six years (2014-2020) have faced dry spells with cumulative effects further exacerbated by El Niño conditions (2014/2015)<sup>7</sup>, and more recently, due to economic impacts related to COVID-19 lockdown and devastating effects of ETA / IOTA tropical storms that hit Honduras in late 2020, impacting some of the target municipalities in El Paraiso department. Some of the people benefitted from several wash activities. The total number of direct beneficiaries is taking this into account, and no double counting has been undertaken (1 person benefitting from different WASH activities = 1 beneficiarie).

Protection: Through this CERF UFE grant, UNICEF and its partners provided safe reintegration processes to 63 children and their families in southern Honduras, which was accompanied by trainings for parents in childcare and prevention of COVID-19, home visits,

<sup>7</sup> In 132 drought-affected municipalities, 246 microwatersheds are identified as vulnerable due to drought water shortages. Socioeconomic analysis of the sector impact of the droughts of 2014 in Central America. Global Water Partnership Central America. 2014.

socioeconomic studies, among others. Additionally, 755 returnees (from which 746 children) received direct psychosocial support and psychological first aid. Capacities were strengthened at the local level of leaders of community-based organizations, to provide a rapid response in child protection, with representation of 225 leaders from the 26 communities, in prevention of cases of violence against children, and 13 child protection structures were integrated. A total of 12,600 people (3,212 families – 41% children) benefited from the provision of emergency mental health and psychosocial awareness campaigns.

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

WASH:

Variations in quantity and disaggregation are due to actual composition of target families and actual enrolment rates of target schools. Targets were initially calculated with an average of 4.2 persons per family and average disaggregated enrolment school rates per municipality as per official data from the MoE, based on initial quantitative targets for 4,800 families for delivery of filters, 80 schools, and 36 community water systems. A request to adjust a small amount within 'Staffing and Other Personal costs' was presented to the CERF Secretariat, who duly informed that a formal redeployment of funds was not necessary. Risk WASH communication strategies were complemented with key lifesaving messages for COVID-19 prevention. Savings through local in kind contributions, and savings in travel and staff lines allowed UNICEF and its partners to reach all 36 target community wells/water systems with production and implementation of Water Safety Plans, beyond the initially planned 32.

Protection: Due to the Covid-19 pandemic, it was possible to train a greater number of community-based leaders since some of the training processes were carried out virtually and this allowed reaching a greater number of people while at the same time reducing costs related to mobilizations.

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

Sector/cluster	Protection – Child Protection									
Category	Planned					Reached				
	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	49	23	365	381	818
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	4,180	3,797	2,364	2,484	12,825
Other affected people	7,779	11,668	6,621	9,932	36,000	0	0	0	0	0
<b>Total</b>	<b>7,779</b>	<b>11,668</b>	<b>6,621</b>	<b>9,932</b>	<b>36,000</b>	<b>4,229</b>	<b>3,820</b>	<b>2,729</b>	<b>2,865</b>	<b>13,643</b>
<b>People with disabilities (PwD) out of the total</b>										
	202	302	696	1,040	2,240	267	243	962	958	2,430
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	0	0	0	0	0
Returnees	150	200	160	140	650	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	10,306	9,373	9,183	9,115	37,977
Other affected people	972	200	4,000	4,000	10,972	0	0	0	0	0
<b>Total</b>	<b>1,122</b>	<b>2,200</b>	<b>4,160</b>	<b>4,140</b>	<b>11,622</b>	<b>10,306</b>	<b>9,373</b>	<b>9,183</b>	<b>9,115</b>	<b>37,977</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

Note: UNICEF WASH: Disabilities numbers were calculated based on official 2013 information available per type of disability and per municipality.

\* 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

**WASH** : Indirect beneficiaries constitute inhabitants of target communities benefited from risk communication messages delivered through local radio stations and social media, disseminated through text messages, and posted at community buildings as health centres, convenience stores and community halls in the 171 communities at 15 target municipalities.

**Child Protection UNICEF**: The CP activities benefitted indirectly the family members of the 63 children assisted with reintegration services, adding up to a total of 189 indirect beneficiaries. In addition, 2,325 family members of the children who received community-based psychosocial support were indirectly benefitted through strategies aimed at improving relations and communication within the home. Additionally, an estimated 4,000 men, women, girls and boys in the 13 communities where local protection structures were strengthened benefitted indirectly from violence against children and gender-based violence prevention strategies and actions implemented by community leaders.

Total: 6,514 persons.

## 6. CERF Results Framework

<b>Project objective</b>	Humanitarian response for safe access to WASH and Protection services for communities affected by drought and migration-related violence.			
<b>Output 1</b>	Improved access to safe water sources and practices for families, including safe practices for dengue prevention in schools.			
<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 - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# and % people with access to safe water	30,887 pp/7,354 families (100% of target population)	32,536 pp / 7,545 families] through delivery of filters and improvement of water wells/systems (indicators 1.1 and 1.2)	Monthly monitoring progress reports from implementing partners, reports from external supervisor
Indicator 1.2	% of focus groups/community group interviews at schools /learning programmes where messages were understood and received positively	28,800 pp (80%) of target population	37,977 PP (100%) of target population through risk communication messages on WASH healthy habits, dengue and COVID-19 prevention. (all indicators)	Initial and final baseline on healthy wash behaviours
Indicator 1.3	# and/or % of children in school/learning programmes with access to 3 litres of water per child per day (for drinking and handwashing)	5,133 children (100%) of target children in schools	4,955 children and 487 parents and teachers , for a total of 5,442 members of the educational community (100% of enrolled children in target schools)], through installation of Rain	Monthly monitoring progress reports from implementing partners, reports from external supervisor

			Water Harvesting Systems, delivery of school filters and training on WASH healthy habits, dengue and COVID-19 prevention (indicator 1.3)	
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**Explanation of output and indicators variance:** Variations among target to achieved beneficiaries for WASH is due to the demographics of target geographical areas, composition of target families with the most precarious access to water, and enrolment rates of target schools. These targets were initially calculated with an average of 4.2 persons per target family and average disaggregated enrolment school rates per municipality as per official data from the Ministry of Education. During project implementation, target families and schools were participatory selected, and current numbers for beneficiaries were reached based on initial targets of 4,800 families for delivery of filters, 80 schools, and 36 community water systems. Disaggregation data shows the demographic composition of families, however, women participation rate during WASH training sessions was registered form 60-70% across target communities.

Activities	Description	Implemented by
Activity 1.1	Community organisation, initial baseline and Delivery of 4800 family filters (plus spare parts for 1 year) to ensure water quality, for families lacking access to safe water network systems	Implementing partners ADRA and Pure Water for the World. Family filters delivered by implementing partners and procured by UNICEF.
Activity 1.2	Installation of 80 Rain Water Harvesting systems + delivery of filters in schools plus spare parts for 1 year	Implementing partners ADRA and Pure Water for the World. Water tanks and school filters delivered by implementing partners and procured by UNICEF
Activity 1.3	Water quality testing and improvement of 36 community of wells/water storage facilities for safe access to water	Implementing partners ADRA and Pure Water for the World
Activity 1.4	Training and in positive WASH behaviours and O&M of WASH facilities, and delivery of key lifesaving WASH messages, including dengue prevention, at household level in schools, and for local Water Boards (to produce Water Safety Plans), and exit baseline.	Implementing partners ADRA and Pure Water for the World

**Output 2** Improved access to Protection services for families affected by violence and migration, including children in schools.

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

<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	# of CBOs members working to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV	20 CBO members	225 CBO members	Monthly monitoring progress reports from implementing partners

Indicator 2.2	# and % children affected by migration enrolled in psycho-social activities	40% of officially registered migrants in target municipalities (aprox. 650)	683 children/ 49 women/ 23 men	Monthly monitoring progress reports from implementing partners
= 746	Indicator 2.3	# of families or children reached through response and reintegration programmes and services.	60 families or 60 children (depending on the age of the children)	63 children.
				Monthly monitoring progress reports from implementing partners

**Explanation of output and indicators variance:**

Although no change or amendment was made to the original project, it is important to note that during 2020, the declaration of the Pandemic by Covid-19 closed national borders, significantly reducing the number of returned migrant children during the first months of the year, compared to the previous ones. However, all those who were returned were mandatorily quarantined for 15 days in temporary government shelters, which allowed us to provide direct psycho-emotional support to returned children throughout the country, and bring personalized reintegration process through workers of DINAF and Honduras Red Cross.

Additionally, due the Covid-19 pandemic it was possible to train a greater number of community-based leaders since most of the training processes were carried out virtually and this allowed reaching a greater number of people.

Activities	Description	Implemented by
Activity 2.1	DINAF's Returned Migrant Reintegration Program: 1. Recruitment and training of case managers (social workers) based in the regional offices of DINAF and the Belén Center for Migrant Children and Families to be based in the target municipalities' area. 2. Preliminary examination in Belén Center to identify protection cases, and referral to social workers in the regional office closest to the child / family3. Continuous advisory, case management and referrals to local and state services (education, medical care, employment for parents, accommodation for the deceased, food stamps)4. Continuous monitoring of cases of reintegration in the electronic platform linked to Belén Center -CENISS (Centro de Información del Sector Social), to track progress based on established criteria for successful reintegration	DINAF
Activity 2.2	First aid assistance for emotional recovery: Honduran Red Cross (HRC): 1. Training of HRC (Honduran Red Cross) regional managers for monitoring actions in communities (1-week training for the national team in Tegucigalpa, delivered / coached by experts from UNICEF, Direccion de Niñez, Adolescencia y Familia (DINAF), The international Migrations Organisation (IOM), MSF and IRCF2. Recruitment and training of HRC volunteers (including professional volunteers), for the implementation of emotional recovery actions in communities (1 week of training in each region)3. Community work to provide emotional recovery first aid services in classrooms of prioritized schools and communities, focusing on girls, returnee migrant children, displaced by violence, and in at-risk situations, through the application of playful methodology seeking	Honduras Red Cross

	improvement in 9 socioemotional indicators, by HRC community volunteers.4. Identification and reference of cases of child victims to specialized mental health services, and follow-up to ensure they reach a minimum of 4 sessions	
Activity 2.3	Plan International Honduras: Community-based leaders and organizations have developed their capacities, mechanisms and tools to promote social changes, reduce violence and protect children with a gender-transforming approach.1. Promote collaboration with CBO leaders for the construction of integrated care routes for children victim of violence from the local to the municipal level.2. Purchase of tablets for CBOs to monitor cases of attention to children who have suffered violations of their rights.3. Local data generation - case tracking cards 1. Migration, 2. Violence, 3. Education4. 100% OBC members trained with the methodological package on children"s rights, gender, violence prevention, citizen participation, advocacy.	Plan International Honduras

## 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>8</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>9</sup>:

WASH: Target families were firstly selected from listings from WFP, adding basic access to WASH criteria, along local governments and local emergency committees, including schools selected from the Ministry of Education database on lack of access to water. The project was presented and consulted for specific outcomes to local governments, emergency committees, water boards, community boards and parents/teachers' associations. External supervision visits holding consultations with beneficiaries on basic principles on accountability to affected population provided satisfactory results as per supervision reports.

Protection: The selection of children and families to benefit from the reintegration process was based on the interview at the time of their entry into the country, which allowed them to participate in the process. In addition, the implementing partners socialized the different projects at the community level and with local authorities. Due to the pandemic, communities closed their borders and it was essential to involve all groups to achieve implementation. Due to direct communication with the authorities and excellent coordination with DINAF and community structures, a triple response to the various emergencies was achieved from the framework of SIGADENAH. Local governments coordinated the convocation in communities and the transportation of people.

<sup>8</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>9</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](#).



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

WASH: Although a specific complaint mechanism was not implemented, participatory principles for accountability of affected population were implemented throughout the project, which was also monitored through external supervision visits to the project, recording positive statements from beneficiaries in all supervision reports regarding their opportunities to pose questions or complaints during the implementation of the project.

Protection: The DINAF integrators, during the process of reintegration into families and communities, followed up through phone calls and home visits.

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

WASH and Protection: 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 positive statements from beneficiaries in all supervision reports regarding issues related to PSEA.

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

WASH: 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.

Child Protection: Gender equality and empowerment and protection of women and girls is a priority for UNICEF and its partners. In particular, the empowerment of community women leaders was intentionally supported. They were mainly trained to handle cases of different types of violence, they were trained in the identification and referral of cases to the relevant service-providing institutions. And they supported the identification of people in need affected by multiple emergencies.

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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 graphic videos with subtitles were disseminated through text messages to reach the hearing impaired.

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**f. Protection:**

The project proposal incorporated the protection component. Implementing partners during the project monitored cases of sexual violence affecting especially children and women and coordinated with humanitarian actors to provide alert systems. The CERF assignment allowed for the appointment of dedicated child protection officials within the DINAF National Child Protection Agency to provide direct and vital protection assistance in these traditionally underserved areas. The funding also enabled UNICEF and its partners to provide community-based mental health and psychosocial support to girls, boys and women affected by drought, violence and displacement; and to establish child protection coordination structures at the local level by training and equipping both community leaders and municipal officials with tools to identify, report, and track / monitor the provision of services in cases of violence and gender-based violence against children. The 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)

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**g. Education:**

WASH: In order to support the precarious situation of access to water in schools at national level, specific activities were implemented to provide a safe space in schools regarding safe access to water, by improving water storage capacity at schools with an option to collect and safely store rain water, and by provision of purification filters for drinking water. All these activities were coupled with training on use, operation and maintenance, Dengue and COVID-19 prevention.

Protection: Given that the pandemic closed schools and many children were left without education, the implementing partners provided messages and mental health campaigns to prevent violence during the confinement, promote psychological first aid messages and develop educational activities in the safe spaces provided.

## 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.

N/A

## 9. Visibility of CERF-funded Activities

Title	Weblink
Community articpation	<a href="#">Testimonio Cunaire, Texiguat</a>
37 thousand people benefit from water, sanitation and hygiene in communities affected by drought in the Honduran Dry Corridor	<a href="#">CERF Sequía 2020</a>
Participation of women in water boards	<a href="#">Testimonio San Isidro, El Corpus</a>

### 3.4 Project Report 20-UF-WFP-012

#### 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-UF-WFP-012
<b>Project title:</b>	Honduras Humanitarian Response to Drought		
<b>Start date:</b>	30/03/2020	<b>End date:</b>	31/12/2020
<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\$ 13,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 1,500,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 2,050,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 43,645</b>
	Government Partners	US\$ 0
	International NGOs	US\$ 12,919
	National NGOs	US\$ 30,726
Red Cross/Crescent Organisation	US\$ 0	

#### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partners achieved the goal to provide food assistance to a total of 35,000 people in 17 municipalities on 4 provinces (Choluteca, Valle, Francisco Morazán and El Paraíso) who were highly affected by drought according to the IPC (November 2019). These families were affected by food insecurity due to the ongoing prolonged dry spell and the disruption of coping mechanisms occurred do the cumulative effect of five consecutive years of drought. This contribution complemented the government response plan to drought to assist the most vulnerable households affected by it and facilitate their relief and early recovery while strengthening institutional emergency response capacities.

The first round of assistance was done on June 2020, amid the COVID-19 pandemic, reaching 7,186 household which received a nutritional package of food and complemented with hygiene items to improve health conditions at household level and reduce the propagation of the virus. The second round was done in September and the third and final round in October 2020.

#### 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.

#### 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	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	8,750	6,300	10,150	9,800	35,000	8,750	6,300	10,150	9,800	35,000
<b>Total</b>	<b>8,750</b>	<b>6,300</b>	<b>10,150</b>	<b>9,800</b>	<b>35,000</b>	<b>8,750</b>	<b>6,300</b>	<b>10,150</b>	<b>9,800</b>	<b>35,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	420	360	450	386	1,616	420	360	450	386	1,616

\* 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 were composed by individuals who didn't receive Commodity Vouchers from WFP but benefited from asset creation, capacity building provided to NGO's and local governments, strengthening of local markets and improvement of living conditions. According to WFP's experience, a standard multiplier to estimate the indirect beneficiaries is 1.3 of the direct beneficiaries, concluding that in addition to 35,000 direct beneficiaries, at least 45,500 were benefited from this operation.

## 6. CERF Results Framework

<b>Project objective</b>	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.
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**Output 1** Community-based targeting and local planning Food Security

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

<b>Sector/cluster</b>	Food Security - Food Assistance			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households effectively identified using community based targeting methodologies	7,000 households	7,000 households	WFP
Indicator 1.2	Number of NGOs trained on community-based targeting, enhance early recovery and rebuild livelihoods, improving food security and nutrition.	4 NGO's	3 NGO'S	WFP

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

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 35,000 of the most vulnerable families using community-based targeting methodologies	Municipal and local committees

**Output 2** Cash transferred

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

<b>Sector/cluster</b>	Food Security - Food Assistance			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Total amount of cash transferred to targeted beneficiaries,	US\$ 1,575,000.00	\$1,575,000.000	WFP

	disaggregated by sex, beneficiary category, as percent of planned.			
Indicator 2.2	Number of women, men, boys and girls receiving cash-based transfers, as percent of planned.	35,000 people ( 7,000 Households)	35,000 (7,000 households)	WFP
Indicator 2.3	Number of NGOs participating in cash-based transfer programmes	4 NGO's	3 NGO'S	WFP
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Revise /update agreements between WFP and Financial Services Providers	WFP		
Activity 2.2	Beneficiaries List updated and send to financial services providers	WFP		
Activity 2.3	Cash transferring to 35,000 targeted families	Commodity vouchers delivered through supermarket La Colonia		

<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			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	At least one baseline conducted	One baseline established	One baseline established	WFP
Indicator 3.2	At least two process monitoring conducted	Two process monitoring conducted	Two process monitoring conducted	WFP
Indicator 3.3	At least one Post Distribution Monitoring conducted	One Post distribution monitoring conducted	One Post distribution monitoring conducted	WFP
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Baseline survey report	WFP		
Activity 3.2	Mid-term Report	WFP		
Activity 3.3	Final Report	WFP		

## 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>10</sup> often lacking appropriate

<sup>10</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](#).

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>11</sup>:**

Based on the market analysis conducted in the targeted area, WFP provided commodity vouchers to ensure access to specialized nutritious foods for the most vulnerable populations affected by the recurring drought emergency and food insecurity in the Dry Corridor. The most vulnerable groups included households with fragile livelihood and low income, including landless or small farmholders, households lead by women with a high number of members, especially young and older.

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

A beneficiary complaint and feedback mechanism was implemented to ensure compliance with WFP's commitment to accountability to assisted populations. This mechanism (CFM) has set procedures and process to enable affected people voice complaints and provide feedback in a safe and dignified manner. It was complemented with beneficiary outreach monitoring (BOM) to gather beneficiary perceptions on targeting effectiveness, age or gender violence, quality of the assistance, organization of distribution sites and the use of the feedback mechanism and WFP's follow up.

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

Preventing sexual exploitation and abuse is a moral imperative for WFP, and as such, it is mainstreamed throughout the organization and its operations, and incorporated into our legal framework.

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

This assistance was provided considering international protection standards related to gender-based violence, children trafficking, sexual exploitation and children work. Women, adolescents, children and older adults were prioritized in the assistance through community-based targeting criteria.

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

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	Yes, CVA is a component of the CERF project	35,000

<sup>11</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](#).

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

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Activity 2.3	35,000	\$1,575,000.000	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

<b>Title</b>	<b>Weblink</b>
Food Assistance	<a href="https://twitter.com/WFP_es/status/1305854142771060736">https://twitter.com/WFP_es/status/1305854142771060736</a>



### 3.5 Project Report 20-UF-WHO-011

1. Project Information			
Agency:	WHO	Country:	Honduras
Sector/cluster:	Health	CERF project code:	20-UF-WHO-011
Project title:	Prevent Dengue' deaths in prioritized Health Regions in Honduras.		
Start date:	19/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 3,500,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 777,192</b>
	<b>Amount received from CERF:</b>		<b>US\$ 700,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through the CERF Project, PAHO/WHO was able to develop strategic interventions in 18 municipalities in 4 prioritized departments (Choluteca, El Paraiso, Francisco Morazán, and Valle), thus reducing to zero the number of deaths associated with the Dengue epidemic between March and December 2021 in the area of influence. Among the most relevant actions, worth highlighting the positioning of telehealth in the country as an alternative to respond to the health needs of the population, generating 206 effective inter-consultations between the first and second level of care during this implementation. In addition, 81 facilities of the first level of health care and 4 referral hospitals were provided with biomedical equipment and clinical support tools; 188 health professionals (including doctors and nurses) were trained and certified in the clinical management of dengue; at least 450 health volunteers were identified, trained, and provided with work tools; and at least 1,024 people were trained and directly involved in risk communication and social mobilization actions.

By reducing the gaps in biomedical equipment in 81 primary health care facilities and 4 referral hospitals, a total of 87,448 people received direct medical attention during the execution of the project, leaving an installed capacity in these facilities to potentially benefit a total of 819,041 people assigned to these Integrated Health Service Delivery Networks.

It should be noted that, together with the different key stakeholders with whom the project's technical team worked, 260 community interventions were carried out in the area of influence, involving at least 1,024 people in community work, including health volunteers, community leaders, and the general population of the beneficiary municipalities. In addition, it was possible to equip and implement health situation rooms for epidemiological analysis and evidence-based decision making in the project's regions, training the Health Surveillance Unit teams to use the system developed and generate information to improve the regional authority's health response.

Also, during the implementation of the project, the priority health regions were strengthened with equipment and material for vector control, including an increase in the availability of fogging machines and the delivery of material for the development of community actions.

### 3. Changes and Amendments

Immediately upon initiating the implementation of the project in the midst of the COVID-19 pandemic, the team identified the need to redirect funds to the acquisition of biomedical equipment and the development of training programs, to be able to address the dengue epidemic in an appropriate way, it was necessary to approach the risks of the pandemic at the same time as implementing the project. The request of fund reallocation was made by PAHO/WHO on May 19, 2020 and approved by the CERF Secretariat on July 15, 2020.

Also, the number of Health Facilities initially identified for the project was increased from 49 to 81 in the case of Primary Level of Care and from 3 to 4 in the case of referral hospitals. In the first case, it became evident that the information from the Ministry of Health did not include many health facilities that were providing health services in the same municipalities. In the case of hospitals, the number was increased to guarantee the possibility of an adequate management of patients following the patient referral logic described in the original proposal.

Of the proposed indicators, the "number of effective inter-consultations..." was not met by the date of the end of the project, reaching 206 of the 500 initially planned. This situation was directly related to the worldwide disruption of supply chains caused by COVID-19 that delayed the delivery of the equipment. However, the inter-consultations have been established as part of the regular services as needed.

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

Sector/cluster	Health - Health									
Category	Planned					Reached				
	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	20,600	21,682	14,948	15,489	72,719	16,692	34,028	12,086	24,642	87,448
<b>Total</b>	<b>20,600</b>	<b>21,682</b>	<b>14,948</b>	<b>15,489</b>	<b>72,719</b>	<b>16,692</b>	<b>34,028</b>	<b>12,086</b>	<b>24,642</b>	<b>87,448</b>
<b>People with disabilities (PwD) out of the total</b>										
	159	167	115	119	560	130	265	94	192	681

\* 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

As part of the implementation of this project, actions were taken to strengthen and expand the diagnostic and patient management capacity throughout the network of prioritized facilities. As mentioned in this report, the number of facilities in the first and second level of health care in the same prioritized area were increased, aiming that the work of this project will indirectly benefit at least 819,041 people.

## 6. CERF Results Framework

<b>Project objective</b>	To prevent the deaths due to Dengue in 19 municipalities in the Health Regions of Choluteca, El Paraíso, Francisco Morazán, and Valle during 2020.				
<b>Output 1</b>	7 Integrated Health Services Delivery Networks will be strengthening their response capacity, mainly, life-saving interventions.				
<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 - Health				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	Number of Health Regions assessed in their response capacity to management Dengue epidemics, and with response plan implemented.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán, and Valle.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán, and Valle	Delivery record, contractual services, lists of participants in technical and strategic meetings	
Indicator 1.2	Percentage of referral hospitals improving their time attention standards for Dengue' patients.	3 referral hospitals: Choluteca, San Lorenzo, and Hospital Escuela Universitario	4 referral hospitals: Choluteca, San Lorenzo, Gabriela Alvarado, and Hospital Escuela	Response time report	
Indicator 1.3	Number of effective inter-consultations using innovative technologies between primary health care facilities and referral hospitals	Between 500 and 1000 effective inter-consultations	204 effective inter-consultations	Telehealth final report	
<b>Explanation of output and indicators variance:</b>		<p>The number of hospitals intervened was increased following the patient referral logic described in the original proposal.</p> <p>The "number of effective inter-consultations..." was not meet on a timely manner due to the worldwide disruption of supply chains caused by COVID-19 that delayed the delivery of the equipment.</p>			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Assessment of the response capacity to management Dengue epidemics. Include Primary Care Facilities, referral Hospitals, organizations structure of Health Region and social actors.	Recipient agency			
Activity 1.2	Organize the flow attention and continuous of care of Dengue' patients in the different hospital environments. Implement time control in the attention process, from triage to hospitalization room.	Recipient agency			

Activity 1.3	Implementing National Referral and Response System guidelines in 7 networks. It implies promoting continuous of care system between the Primary Care Health Facilities and referral Hospitals.	Recipient agency
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**Output 2** 47 Primary Care Facilities supported in their response capacity to ensure equitable and quick access in the management of Dengue cases in order to prevent Dengue deaths.

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

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Primary Care Health Facilities with availability of clinical support material.	27 Facilities from Choluteca, 11 Facilities from El Paraíso and 7 Facilities from Francisco Morazán.	46 facilities in Choluteca, 15 in El Paraíso, and 20 in Francisco Morazán.	Delivery record
Indicator 2.2	Number of Primary Care Health Facilities with availability of diagnosis equipment.	27 Facilities from Choluteca, 11 Facilities from El Paraíso and 7 Facilities from Francisco Morazán.	46 facilities in Choluteca, 15 in El Paraíso, and 20 in Francisco Morazán.	Delivery record
Indicator 2.3	Number of health personnel assigned to prioritized health facilities, trained for adequate diagnosis and clinical management of dengue cases.	90 health professionals trained.	124 health care professionals trained	Dengue clinical management training registration record.

**Explanation of output and indicators variance:** The number of Health Facilities originally planned for intervention was increased from 49 to 81 in the case of the Primary Care Level because the official information from the Ministry of Health did not include many health facilities that carry out health services in the same prioritized municipalities. The increase in the number of health professionals trained is proportional to the increment in the number of health facilities.

Activities	Description	Implemented by
Activity 2.1	Provide clinical support material to prioritized health facilities (attention flows, severity classification, reference tables on vital signs and average blood pressure and guidelines for clinical management of dengue).	Recipient agency
Activity 2.2	Provide diagnosis equipment to prioritized health facilities (pediatric and adult sphygmomanometers, stethoscopes, pulse oximeters and thermometers).	Recipient agency
Activity 2.3	Development training sessions for trainers for adequate diagnosis and clinical management of dengue by the following health professionals: doctors, graduates nurses and nursing assistants.	Recipient agency

**Output 3** 3 referral hospitals will improve access to emergency and hospitalization to be able to attend patients who present criteria of Dengue severity preventing deaths.

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

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of referral hospitals organize the flow attention and continuous of care of Dengue' patients.	3 referral hospitals: Choloteca, San Lorenzo and Hospital Escuela in Tegucigalpa.	4 referral hospitals: Choloteca, San Lorenzo, Gabriela Alvarado, and Hospital Escuela Universitario	Response time report.
Indicator 3.2	Number of referral hospitals with diagnosis and therapeutic equipment operating in the attention areas of Dengue' patients.	3 referral hospitals: Choloteca, San Lorenzo and Hospital Escuela in Tegucigalpa.	4 referral hospitals: Choloteca, San Lorenzo, Gabriela Alvarado and, Hospital Escuela Universitario	Delivery record
Indicator 3.3	Number of health professionals assigned to the prioritized hospitals, trained for diagnosis and clinical management of Dengue with warning signs and severe dengue cases.	50 health professionals trained.	98 health professionals trained	participant list of training sessions

**Explanation of output and indicators variance:** The number of hospitals was increased following the patient referral logic described in the original proposal. The rise in the number of health professionals trained is proportional to the rise in the number of hospitals.

Activities	Description	Implemented by
Activity 3.1	Organize flow attention and personnel distribution according to adequate diagnosis and timely treatment of Dengue' cases.	Recipient agency
Activity 3.2	Provide diagnosis and therapeutic equipment to prioritized hospitals: portable oxygen tanks, droppers, infusion pumps, monitors, portable ultrasound and lactimeters (as tools for the hemodynamic approach of Dengue' patients).	Recipient agency
Activity 3.3	Development training sessions for trainers for diagnosis and clinical management of dengue with warning signs and severe dengue among doctors specializing in Internal Medicine, Pediatrics and Gynecology and Obstetrics.	Recipient agency

**Output 4** Functional epidemiological alert system in 4 Health Regions allowing an appropriate health response and an adequate execution of strategic activities for vector control.

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

**Sector/cluster** Health - Health

Indicators	Description	Target	Achieved	Source of verification
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Indicator 4.1	Number of Health Regions with Epi Situation Rooms implemented and functioning.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán and Valle.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán, and Valle.	Delivery record of situation room's equipment; pictures of situation rooms functioning; Epi Situation reports.
Indicator 4.2	Number of municipalities with stratified maps for Dengue vector control.	8 municipalities from Choluteca, 5 from El Paraíso and 5 from Francisco Morazán.	8 municipalities in Choluteca, 5 in El Paraíso, and 5 in Francisco Morazán.	Epidemiological reports that include stratified maps for Dengue situation; participant list of training sessions
Indicator 4.3	Number Health Regions with availability of equipment and supplies for timely and effective vector control.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán and Valle.	4 Health Regions: Choluteca, El Paraíso, Francisco Morazán, and Valle.	Delivery record

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

Activities	Description	Implemented by
Activity 4.1	Enabling Epi Situation Rooms using an online tool for analysis and data presentation (Tableau). Generate local bulletins for Dengue situation. Training health professional for adequate analysis and properly community work prioritization.	Recipient agency
Activity 4.2	Training local Health Technicians for make local risk stratified maps for Dengue. To organize effective interventions plan based on the stratified map. Involve the different local actors in the community interventions for Dengue vector control.	Recipient agency
Activity 4.3	To secure the availability of equipment and supplies for vector throughout repairing or acquisition (Thermospray, LECO Machine, Megaphone).	Recipient agency

**Output 5** 18 intersectoral bodies at municipality level will be organized and functional establish for integrated local approach.

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

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of local health personnel trained for develop community actions together with social key local actors.	10 Health Technicians from Choluteca, 6 from El Paraíso and 6 from Francisco Morazán.	58 Health Technicians in Choluteca, 16 in El Paraíso, and 56 in Francisco Morazán.	Participant list of training sessions, final report on health personnel training
Indicator 5.2	Number of community interventions supported by intersectoral bodies.	100 community interventions	260 community interventions	Final report on community interventions
Indicator 5.3	Percentage of Primary Health Care Facilities applying strategies for risk communication and using promotional products and special	27 Facilities from Choluteca, 11 Facilities from El Paraíso and 7 Facilities from Francisco Morazán.	46 facilities in Choluteca, 15 in El Paraíso, and 20 in Francisco Morazán.	Delivery record, final report on risk communication that include samples of materials and pictures.

	tools designed for dengue prevention.		
<b>Explanation of output and indicators variance:</b>		The number of Health Facilities initially targeted was increased from 49 to 81 in the case of the Primary Care Level. The rise in the number of Health Technicians and community interventions is proportional to the rise in the number of health facilities.	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>	
Activity 5.1	Develop training sessions for strengthen the capabilities of local health personnel for effective risk communications, social mobilization and low early detection of suspects cases.	Recipient agency	
Activity 5.2	Planning and developing community activities in selected locations. The follow interventions will prioritize: community cleaning days (D-days), preventive activities in schools and workspaces, community sessions for prevent Dengue, etc.	Recipient agency	
Activity 5.3	Design, reproduction and distribution promotional products and special tools for community use.	Recipient agency	

## 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>12</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>13</sup>:

The initial phase of project implementation consisted in presenting the scope of the actions to be executed in each Health Region and each beneficiary municipality. At this initial stage, doubts were cleared up, additional needs were identified with the participating authorities, and the best alternatives for population participation were taken.

The project's field team promoted periodic meetings of the intersectoral boards at the municipal level and the inclusion of health volunteers in community-based activities as a strategy to enhance discussion and participation of the beneficiary population in the fulfillment of the project's indicators.

In the final phase of implementation, accountability meetings were held in each beneficiary municipality, seeking to promote the participation of municipal authorities, civil society, organizations working in the field, and the population in general. Twelve meetings were held at the municipal level and two at the Health Region level.

<sup>12</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>13</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](#).



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

The Project had a community-based work structure, including 3 field coordinators at the regional level and 18 health promoters (1 per municipality) who had a work group of 25 volunteers each. This integrated communication network, was the means through which most of the proposals for adjustments to the project's work plan or the identification of alternatives to complement the project's actions were obtained.

In addition, the activation and monitoring of the intersectoral boards, allowed for regular meetings with representatives of organized groups, community leaders, and municipal authorities, from whom constant feedback and suggestions were received on the project implementation process.

Furthermore, the coordination and direct work with the health teams, at all levels, provided the opportunities for constant feedback on the implementation of the project, allowing to make periodic adjustments to the work methodology and the strategies to ensure the fulfilment of the project without community and health workers dissatisfaction.

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

PAHO/WHO is an international public health agency dedicated to improving the health and quality of life of the people of the Americas, is committed to providing a workplace where all persons working for the organization are treated with dignity and respect and are able to perform their duties in an environment that is free from all forms of harassment. PAHO's policy promotes civility in the workplace to preserve the health and productivity of workers; a harassment-free work environment in which staff at all levels avoid behaviour that may create an atmosphere of hostility or intimidation; support for persons subject to harassment; and due process for all concerned.

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

PAHO/WHO seeks to establish a work dynamic marked by gender equity, both among the work team and the direct beneficiaries of the project. Specifically, during implementation, 75% (2) of the field coordinators, 58% (263) of the members of the network of health volunteers and 77% (144) of the health professionals trained were women.

In addition, as part of PAHO/WHO's management actions in Honduras, an obstetric ultrasound was delivered to the Maternal and Child Health Service in Reitoca, Francisco Morazán. This action benefited pregnant women in the 5 beneficiary municipalities of this Health Region, improving their health care conditions and reducing the risk of maternal mortality.

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

The objective of the project was to strengthen the Integrated Health Services Delivery Network to improve responsiveness at the local level, expand access to quality care, and provide effective diagnostic and treatment resources for the entire population. As a result, a total of 682 PwD received medical attention during the implementation of the project, and it is expected that PwD seeking health care in the more than 81 strengthened health facilities will continue to receive effective and quality care.

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**f. Protection:**

No integrated protection outcomes were documented by the project.

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**g. Education:**

Within the framework of the strategies for strengthening the capacities of health personnel and the population in general, 1,024 people were trained directly in the prioritized municipalities. These included health promoters, health volunteers and people directly involved in community health activities.

In addition, 188 health professionals working in the first and the second level health facilities were trained and certified to enhance their clinical management of the diseases prioritized by the project: dengue and COVID-19.

## 8. Cash and Voucher Assistance (CVA)

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

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.

No CVA was considered because the focus of the project was to strengthen the response capacity of the Integrated Health Services Networks with special focus in their primary care facilities and referral hospitals to save lives.

## 9. Visibility of CERF-funded Activities

Title	Weblink
With the CERF project, we generated a community reorganization that eliminated cases of dengue fever.	<a href="https://www.paho.org/es/historias/con-proyecto-cerf-generamos-reorganizacion-comunitaria-que-logro-eliminar-casos-dengue">https://www.paho.org/es/historias/con-proyecto-cerf-generamos-reorganizacion-comunitaria-que-logro-eliminar-casos-dengue</a>
The CERF project provided us with knowledge and equipment to better serve the population.	<a href="https://www.paho.org/es/historias/proyecto-cerf-nos-doto-conocimiento-equipo-para-mejor-atencion-poblacion-0">https://www.paho.org/es/historias/proyecto-cerf-nos-doto-conocimiento-equipo-para-mejor-atencion-poblacion-0</a>
Telehealth becomes a reality for Alubarén and Curarén	<a href="https://www.paho.org/es/noticias/4-8-2020-telesalud-comienza-ser-realidad-para-alubaren-curaren">https://www.paho.org/es/noticias/4-8-2020-telesalud-comienza-ser-realidad-para-alubaren-curaren</a>

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
20-UF-WFP-012	Food Assistance	WFP	NNGO	\$14,121
20-UF-WFP-012	Food Assistance	WFP	INGO	\$12,919
20-UF-WFP-012	Food Assistance	WFP	NNGO	\$16,605
20-UF-FAO-010	Agriculture	FAO	INGO	\$51,342
20-UF-FAO-010	Agriculture	FAO	NNGO	\$60,124
20-UF-FAO-010	Agriculture	FAO	NNGO	\$60,852
20-UF-CEF-017	Water, Sanitation and Hygiene	UNICEF	INGO	\$386,888
20-UF-CEF-017	Water, Sanitation and Hygiene	UNICEF	INGO	\$118,580
20-UF-CEF-017	Child Protection	UNICEF	GOV	\$48,430
20-UF-CEF-017	Child Protection	UNICEF	RedC	\$114,671
20-UF-CEF-017	Child Protection	UNICEF	INGO	\$160,251
20-UF-WFP-012	Food Assistance	WFP	NNGO	\$14,121
20-UF-WFP-012	Food Assistance	WFP	INGO	\$12,919
20-UF-WFP-012	Food Assistance	WFP	NNGO	\$16,605
20-UF-FAO-010	Agriculture	FAO	INGO	\$51,342
20-UF-FAO-010	Agriculture	FAO	NNGO	\$60,124