CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

HONDURAS
UNDERFUNDED EMERGENCIES
ROUND I
ECONOMIC DISRUPTION
2022

22-UF-HND-51277

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	05/30/2023

OCHA organized an After-Action Review (AAR) on 30 May to discuss CERF's overall results and impact, figures on people reached and the added value of CERF-funded assistance. A survey was conducted before the AAR to gather individual perspectives. Some 15 organizations participated in the events, including UN agencies (FAO, PAHO-WHO, UNHCR, UNICEF, UNFPA, UNICEF, RCO), and national and international NGOs and Government representing the implementing partners (Secretariat of Health, Doctors of the World, National AIDS Forum and, ChildFund among others).

During the implementation period, UN agencies participated in the Inter Cluster Coordination Group (ICCG) regularly to identify difficulties, challenges, and share advances.

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:

During 2021, Honduras continues to face increasing multidimensional and overlapping risks in a context of extreme fragility, due to political and social conflicts exacerbated by the COVID-19 pandemic, the effects of climate change, forced displacement and migration which have claimed lives and livelihoods affecting an estimated 2.8 million people across the country.

Given the context of a multiple crises, the CERF allocation was critical to provide life-saving response to approximately 221,000 people and have had significant impact in the lives of women, men, children, and persons with disabilities in food insecurity, ensuring access to health and protection services in affected communities, including mental health. As humanitarian needs continued to grow, and health and social protection systems ware further strained, CERF funds helped improved the protection environment while also prevented worsened health conditions. For the timely identification, referral, care of protection cases, as well as with awareness actions to prevent and reduce risks of violence, and to increase resilience of girls and boys.

Through this allocation the UN agencies, partners and wider Humanitarian Country Team reinforced presence in seven key departments where it was necessary to deliver immediate humanitarian assistance in support of ongoing response efforts to address urgent needs in Food Security and Livelihoods, Health, and Protection (including gender-based violence and child protection) but the response to date has been limited due to the lack of funding.
Moreover, CERF contributed to enhance humanitarian coordination at local level, mobilize additional resources and complement efforts of other humanitarian actors, scaling up humanitarian assistance. The focus has been on gender equality, disability inclusion and youth empowerment, tying protection with resilience and leaving no one behind which are essential to the implementation of the humanitarian development nexus in Honduras.

CERF's Added Value:

The response in most affected territories were carried out by local organizations, faith-based institutions, local governments and humanitarian partners already operating in those territories. CERF funded projects served as core operational interventions to better organize, and coordinate lifesaving response focused on food security, health, and protection. The CERF funding allowed humanitarian actors to reach communities in regions where local response capacities were completely depleted.
The coordination with local and national authorities was critical, as it resulted in a strengthening of installed capacities, especially in terms of prevention and mitigation of the risk of new disasters.

The active participation of the Local Coordination Teams (LCT) of Santa Barbara and Sula Valley allowed for the precise targeting of areas with the greatest needs and the definition of the assistance strategy guided the implementation of the projects. As such, activities such as the availability of basic foodstuffs, health brigades and protection services have promoted community knowledge. The strengthening of GBV response services including case management, psychosocial support, clinical rape care, access to health with an emphasis on sexual and reproductive health and mental health and protection, prioritizing immediate response services and protection of women and girls, bringing these services closer through strategies that include mobile response services, remote care, safe spaces for GBV survivors and improving access to information by communities and service providers.
The inter-sectoral articulation was key, resulting in the allocation of funds to maximise the logistical capacities of the partners involved and avoid duplication of efforts.

Through LCT OCHA were able to use CERF funded projects as pillars for humanitarian coordination. Quick rehabilitation of damaged health centres was crucial to avoid outbreaks and extra impacts.

Extra funding from USAID/BHA and other donors permitted the response to cover extra territories and needs in the affected area. UN's agencies and NGOs partners worked in a coordinated way to achieve the results and reached the beneficiaries in a timely way. The

knowledge and commitment of the NGOs and their previous presence in the selected municipalities were fundamental to achieve the results.

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

Yes ☒	Partially ☐	No ☐

The assistance funded by CERF enhanced the identification of the UN Agencies capacities to deliver humanitarian aid within the strategy defined by the Humanitarian Country Team and the articulation with local organizations. Emergency health services, provision food and nutritional services and protection for children, women and men were timely delivered. CERF funds allowed to systematically leverage response on these sectors.

Did CERF funds help respond to time-critical needs?

Yes ☒	Partially ☐	No ☐

CERF allocation covered the most urgent and critical needs identified in the HNO. For the coordination of the response, an articulated humanitarian strategy was developed to complement the Government's efforts to provide life-saving assistance and benefit the communities located in hard-to-reach areas.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒	Partially ☐	No ☐

The requested CERF allocation reinforced the UN and wider Humanitarian Country Team presence in seven key departments where it was necessary to deliver immediate humanitarian assistance and address urgent needs given that the response was limited due to the lack of funding and capacities. OCHA set up LCT in the most affected territories, that was key to better coordinate efforts from several humanitarian actors, not only HCT members, but also external organizations. The UN Agencies were continuously accompanied by OCHA and its role in information management and coordination with local and national institutions for the prioritization of communities and activities, avoiding possibilities of duplication. The articulation amongst the UN Agencies allowed for a greater impact in the prioritized areas, for example, UNICEF, UNFPA and PAHO delivered health assistance improving communities access to these services through, making them more resilient to future emergencies.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒	Partially ☐	No ☐

CERF funds promoted the mobilization of additional resources, making it possible to expand the response and generate greater operational presence in the communities. For instance, more than US$67 million were mobilized through the 2022 Humanitarian Response Plan facilitated by OCHA. CERF and USAID/BHA funding leveraged operations started by humanitarian actors with their own funding. Along the operation, OCHA's 345W platform allowed to focus and maximize mobilization of key resources.

Considerations of the ERC's Underfunded Priority Areas[1]:

The CERF funding allowed to significantly increase the number of beneficiaries in underserved areas. The interventions allowed the identification of specific needs of girls, boys and women, as well as GBV victims, LGBTIQ+ and youth. Gender and age were among the prioritized selection criteria already at the planning and targeting stage of this response.

Particularly, the projects considered preferential access to services (e.g., care and health services) for the provision for women of different ages. Likewise, efforts were joined with other organisations with response capacities - such as UN Women - to ensure the inclusion of gender mainstreaming and the delivery of dignity kits. Regarding the accessibility for people with disabilities, spaces were especially conditioned, namely with the provision of high places in the shelters, the construction of designed toilets, and the conduct of extra-mural sensitization activities on sanitation and health. In addition, the project sought to strengthen the installed capacity of the affected communities through awareness-raising activities on education on issues such as GBV, the identification of leadership within the communities and risk mitigation mechanisms.

During the implementation of the project, priority was given to communities at risk in terms of protection as well as their conditions of vulnerability due to their ages, gender and disability. The protection mainstreaming was incorporated through the identification of particular risks for different population groups, the regular discussion of activities to be implemented with institutions and communities, and the prioritisation of the most vulnerable during the implementation of the project.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**78,900,000**
CERF	4,994,779
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	62,003,521
Total funding received for the humanitarian response (by source above)	**66,998,300**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-UF-FAO-007	Food Security - Agriculture	1,494,650
UNFPA	22-UF-FPA-008	Protection - Gender-Based Violence	749,978
UNHCR	22-UF-HCR-005	Protection	1,000,000
UNICEF	22-UF-CEF-014	Protection - Child Protection	750,151
WHO	22-UF-WHO-008	Health	1,000,000
Total			**4,994,779**

[1] 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 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

Total funds implemented directly by UN agencies including procurement of relief goods	**2,953,539**
Funds sub-granted to government partners*	71,625
Funds sub-granted to international NGO partners*	1,223,418
Funds sub-granted to national NGO partners*	746,197
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,041,240**
Total	**4,994,779**

* 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 faces multidimensional risks in protection, health, and food security. These risks have been exacerbated by the COVID-19 pandemic, Hurricanes Eta and Iota which struck in late 2020, displacement, and migration - leading to a deterioration of the humanitarian situation. Vulnerable populations such as women, boys and girls, informal workers, migrants, indigenous and Afro-descendant people as well as people with disabilities are among the most affected. Three aspects stand out: gender-based violence, hunger and an overstretched health system. During 2020 and 2021, violence against women and girls increased dramatically. Twenty per cent of children are stunted amidst rising food insecurity, and an estimated 278,000 children need urgent humanitarian assistance. Furthermore, some 49 per cent of the population, mostly women, live in poverty and the public health system is overstretched, with limited capacity to manage COVID-19 and a comprehensive vaccination campaign.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated $5 million on 21 December 2021 from its Underfunded Emergencies window for humanitarian assistance. The CERF allocation responds to the three humanitarian priorities identified above, focusing on food security, protection and health care. The CERF allocation reinforces the UN's and wider Humanitarian Country Team's presence in seven key departments where the response has been limited due to a lack of funding but where urgent humanitarian needs in food security, health and protection exist. CERF funds help improve the protection environment specifically for women, children and adolescents while preventing catastrophic food-insecurity and worsened health conditions in the targeted areas. In the context of a dramatic increase in violence against women and girls a CERF-funded GBV response will prioritize immediate response services and protection of women and girls, bringing these services closer to affected people through strategies that include mobile response services, remote care, and safe spaces for GBV survivors. CERF-funded activities link up with existing actions being taken in the priority clusters identified, reinforcing complementarity and the cost-efficient use of funds. In addition, CERF funds better position the UN system to receive additional donor funding, including for the Humanitarian Response Plan, and strengthen buy-in from the new government, led by Honduras' first female president Xiomara Castro, and local actors, thus facilitating a more coherent and coordinated response to the humanitarian needs in Honduras. The CERF allocation supports life-saving activities for a total of 118,800 people across the Food Security, Health, and Protection (Child Protection and GBV) sectors, with another 100,000 people seeking attention in health care facilities, with projects by FAO, PAHO-WHO, UNHCR, UNICEF and UNFPA.

People Directly Reached:

For a detailed analysis of the number of people directly reached, all agencies reported their figures by municipality, population type, gender, and age. An estimated of 221,000 people were reached with the CERF allocation. Double counting was avoided by crossing databases of geographic areas and comparing benefited individuals by municipality.

All the sectors exceeded the number of people directly assisted. Results of people reached by each sector are as follows: 21,000 people with food assistance; 209,199 people with health interventions; 3,966 people with protection interventions, 29,497 with child protection and 12,578 with GBV interventions.

People Indirectly Reached:

The 5 projects reported an estimated more than 120,000 individuals, including, among others, population in the communities covered by the 12 rehabilitated health care centres and medical brigades, and receiving information related to gender based violence and reproductive sexual health. The communities also benefited of awareness campaigns, community leaders and teachers have been strengthened so that they can provide mental health services, psychological first aid and techniques to strengthen resilience, as well as identification and referral routes for cases of child victims of violence. The families also benefitted of safe space, information, and a protective environment. The food security project indirectly benefited neighbouring households and communities that can access surplus fresh food and can be benefited through grain banks.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Agriculture	9,400	2,000	4,200	4,400	**20,000**	9,650	2,250	4,450	4,650	**21,000**
Health	28,600	26,400	23,400	21,600	**100,000**	65,097	58,855	42,793	42,454	**209,199**
Protection	1,000	1,170	640	625	**3,435**	1,155	1,351	739	722	**3,967**
Protection - Child Protection	2,500	500	6,000	6,000	**15,000**	4,838	678	13,156	10,825	**29,497**
Protection - Gender-Based Violence	7,821	79	4,017	83	**12,000**	9,399	329	2,779	71	**12,578**

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	2,000	3,035
Internally displaced people	1,000	2,856
Host communities	7,500	8,106
Other affected people	108,300	262,243
Total	**118,800**	**276,240**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	33,990	90,138	1,778	593
Men	27,290	63,463	666	681
Girls	29,660	63,917	1,848	203
Boys	27,860	58,722	1,458	200
Total	**118,800**	**276,240**	**5,750**	**1,677**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-FAO-007

1. Project information			
Agency:	FAO	**Country:**	Honduras
Brightness sector/**c:**	Food security - Agriculture	**CERF project code:**	22-UF-FAO-007
Project title:	Strengthening food and nutrition security and livelihoods of smallholder households headed by women.		
Start:	10/03/2022	**End of:**	09/03/2023
Project forecasts:	Tension at no cost ☐	Use of funds ☐	Programming ☐

Funding

Total needs for the agency's sector response to the current emergency:	**US$ 12.000.000**
Total funding received for the agency's sector response to the current emergency:	**1.494.650 US$**
Amount received from the Central Emergency Response Fund:	**1.494.650 US$**
Total Fund funds sub-awarded to implementing partners:	**US$ 166,000**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 166,000
Red Cross and Red Crescent Organization	US$ 0

2. Summary of project results/overall performance

Through this CERF Underfunded grant, FAO and its partners Comision de Accion Social Menonita (CASM), Organización Cristiana de Desarrollo (OCDIH) and Mancomunidad Trinacional Rio Lempa (MTRL) the agricultural livelihoods of 4,400 households in 16 municipalities in critical and high category of people in need (PIN) of the SAN Cluster in the departments of Santa Barbara were strengthened. Copán and Ocotepeque. **The project was directed in four productive components:**

A. 1000 households in poultry production by delivering 10 hens and 1 rooster, feeder and drinker.
B. 2644 households in agricultural production through the delivery of: 1qq 12-24-12 fertilizers, 25 lbs ofbean emilla and 1 liter of foliar fertilizer.
C. 3161 households in agricultural production of which **2090** established family gardens through access to; 10oz of vegetable seed and micro irrigation of 100 m2. **260** established community irrigation through irrigation installation of 1100 liters and **811** established water filters to be able to recycle water for irrigation.

D. 1050 households with access to basic grains through the distribution of 105 silos and 134 quintals of corn and 756 of beans for the installation of 21 grain banks.

In all components, the programmed goal was exceeded. But it is important to highlight some key points in livelihoods.

- ✓ Availability of basic grams, beans: 5-6 quintals per supported area (2,000 m2), the average bean consumption per household ranges from 20 to 30 pounds and in corn between 100 to 150 pounds per month.
- ✓ Poultry production increased from 1.3 eggs to 3.6 eggs per week per bird, ensuring the consumption of at least one egg per day per household member or the possibility of marketing surpluses.
- ✓ Vegetable gardens are generating at least 80l bs of food per cycle contributing significantly to the diet and nutrition of households.
- ✓ Each grain bank assists between 35 to 50 households having an availability of corn and bean grains for two to three months per household.
- ✓ Established irrigation systems with a capacity to irrigate up to 27 hectares

3. Changes and amendments

The project did not have amendments in the Letters of Agreement; however, it did have some limitations and challenges:

1. The national emergency due to heavy rains affected productive infrastructure such as bridges, homes, crop areas, forcing the beneficiaries to focus on recovery, protection of their lives. At least for five weeks the trainings, demonstrations of installation of technologies were stopped.
   RESPONSE ACTION: The provision of food aid to families and the number of grain banks in those municipalities and communities was expanded.
2. The accumulated rainfall in the agricultural cycle of late, generated saturation of the soils causing the loss of nutrients creating conditions for the presence of fungal and bacterial diseases affecting the development and nutrition of the crops.
   RESPONSE ACTION: Wait for the soils to stabilize and support with fertilizers to recover the the crops, as well as technical training of agroforestry systems and organic fertilizers and pest prevention.
3. The hoarding of productive inputs such as fertilizers and seeds delayed the acquisition time since suppliers did not present complete technical-economic proposals, lengthening purchasing processes and delivery times.
   RESPONSE ACTION: Time is extended and imported offers of inputs are received.
4. Coffee farming is an important livelihood during the months of November to February and commits the beneficiaries to this activity, limiting the development of capacity building activities, demonstrations and delivery of productive inputs.
   RESPONSE ACTION: Adaptations were made to the schedules and dates of training, demonstrations and deliveries in order to develop the planning of the training plan.

4. Number of persons receiving direct assistance with Fund funding*

Sector/clustre	Food security - Agriculture									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Repatriated	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other people affected	9,400	2,000	4,200	4,400	**20,000**	9,650	2,250	4,450	4,650	**21,000**
Total	**9,400**	**2,000**	**4,200**	**4,400**	**20,000**	**9,650**	**2,250**	**4,450**	**4,650**	**21,000**
Persons with disabilities (PWDs) of thetotal										
	0	0	0	0	**0**	0	0	0	0	**0**

* The figures represent the best estimates of people receiving direct support through Fund funding. Breakdown by sex and age represents women and men ≥18, girls and boys <18.

5. People indirectly targeted by the project

The Project provided indirect support to some 4,000 households (approximately 21,000 people) benefiting neighboring households and communities that can access surplus fresh food that is being marketed by supported households.
Through grain banks the project benefited 1,050 households (approximately 5250 persons) was then made available as an emergency supply for households to use during the "lean season" the period between January and March that falls just before the harvest, when food supply often runs low. All vulnerable community households, including those who are not members of the grain bank, are eligible to take a grain loan from the bank during this period.

6. CERF Results Framework

Project orbjective	Contribute to the improvement of food and nutrition security by strengthening livelihoods through inputs and/or productive assets and training and productive extension services for female-headed households
Outcome 1	Female-headed households were supported with inputs and/or productive assets (basic grain seeds, vegetable seeds, micro-irrigation systems and small animal species)

Was the planned output changed through a rescheduling after the application stage? Yes N☐ or☐

Sector/clustre	Food security - Agriculture			
Indicators	**Description**	**White**	**Accomplished**	**Source of the verification**
Indicator 1.1	Number of female heads of household receiving seed kits (maize, bean and vegetable seeds) and basic garden facilities	1,000	2600	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 1.2	Number of women heads of household receiving inputs and installation of micro-irrigation systems	1,000	2090	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 1.3	Number of female heads of household receiving minor species and materials for the construction of chicken coops	1,000	1000	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 1.4	Number of women heads of household receiving fertilizer to activate their agricultural production	1,000	2644	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders

Indicator 1.5	Ag.1 Number of persons receiving agricultural inputs (items/packages/kits)	2,200	4,900	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 1.6	Ag.3 Number of people receiving inputs for livestock (animal feed/live animals/kits/packages)	5,000	5,000	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 1.7	Ag.4 Number of animals distributed	11,000	11,000	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Explanation of the variance of products and indicators:		All indicators were surpassed except indicators 1.3 and 1.7 in relation to the livestock component. Indicators increased in relation to indicator 1.6. 5,000 households immunized their chickens and were also trained in integrated poultry management to reduce the risk of the impact of recurrent diseases.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement, distribution and delivery of agricultural input kits in accordance with FAO standards. Kits per household include:Corn seed: 40 kgs. Bean seed: 14 kgs. Foliar fertilizer: 1 literUrea: 1 qqVegetable seeds: 545 grams/hhFlock of birds (10 hens + 1 rooster): 1/hh sub-lens	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)
Activity 1.2	Installation or rehabilitation of rainwater harvesting systems for micro-irrigation	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)
Activity 1.3	Provision of hens and roosters, as well as materials for the construction of chicken coops.	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)

Outcome 2	Technical assistance and capacity building, including refresher courses/trainings, is implemented on agricultural diversification, soil conservation practices, sustainable agriculture, climate change, value-added in agricultural products, and food and nutrition education for female-headed households
Was the planned output changed through a rescheduling after the application stage?	Yes ☐ No☐
Sector/cluster	Food security - Agriculture

Indicators	Description	White	Accomplished	Source ofthe verification
Indicator 2.1	Number of women heads of household trained	4,000	4200	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Indicator 2.2	Ag.6 Number of persons trained in agricultural skills, practices and/or technologies	20,000	21,000	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Explanation of the variance of products and indicators:		The indicators had an increase in the target, due to the participatory methodologies promoted, the technicians developed trainings, practical demonstrations, teaching-learning meetings. children of the mothers who attended the workshops were attended with a psychosocial approach in the community with the support of the technical team of the local partner.		

Activities	Description	Implemented by
Activity 2.1	Coordination with key actors for the implementation of the learning mechanism of the Farmer Field Schools	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)
Activity 2.2	Training selected female-headed households on the sustainable restoration of agricultural production, the use and implementation of good agricultural practices, the protection, conservation and storage of water for productive purposes	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)
Activity 2.3	Technical assistance to participating mothers through farmer field schools and project assistance visits	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)
Activity 2.4	Technical assistance to community-based organizations in recovery and protection of livelihoods and productive assets, and mitigation of risks due to climate impacts	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)

Outcome 3	Community grain banks organized in different communities in the target municipalities
Was the planned output changed through a rescheduling after the application stage?	Yes N☐ or☐
Sector/clustre	Food security - Agriculture

Indicators	Description	White	Accomplished	Source of the verification
Indicator 3.1	Number of municipal grain banks organized.	10	21	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs

				Tenders
Explanation of the variance of products and indicators:		The indicators increased due to the fact that during the Emergency for the 2022 cyclonic season, the support of grain banks was increased in order to provide grains for consumption to the most affected vulnerable households.		

Activities	**Description**	**Implemented by**
Activity 3.1	Coordination with key actors for the implementation of community grain banks	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)

Outcome 4	Community water reservoirs established in different communities of the target municipalities			
Was the planned output changed through a rescheduling after the application stage?		Yes N☐	or☐	
Sector/clustre	Food security - Agriculture			
Indicators	**Description**	**White**	**Accomplished**	**Source ofthe verification**
Indicator 4.1	WS.15 Number of communal water points (e.g. wells, wells, water taps, systems) constructed and/or rehabilitated	220	260	Letters of Agreement CdA Partner Reports Delivery Minutes Photographs Tenders
Explanation of the variance of products and indicators:		The increase in community water reservoirs arose for the demand of vulnerable households in need of access to water for irrigation.		

Activities	**Description**	**Implemented by**
Activity 4.1	Coordination with key actors for the establishment of water reservoirs	Comision de Accion Social Menonita (CASM) Mancomunidad Trinacional Rio Lempa (MTRL) Organización Cristiana de Desarrollo (OCDIH)

7. Effective scheduling

CERF expects partners to integrate and give due consideration to cross-cutting issues such as accountability to affected persons (AAPs), protection from sexual exploitation and abuse (PSEA), persons with disabilities (PWD), centrality of protection, as well as gender and age. In addition, the Emergency Relief Coordinator has identified four underfunded priority areas that often lack due consideration and visibility: women and girls, persons with disabilities, education and protection. [2]**The following section shows how cross-cutting issues and the four underfunded ERC priority areas have been addressed through project activities and should highlight the impact achieved wherever possible.**

[2] These areas include: supporting women and girls, including combating gender-based violence, sexual and reproductive health and empowerment; programmes for persons with disabilities; education in protracted crises; and other aspects of protection. The Council recommended that greater attention be given to these four areas to ensure that resident/HC coordinators and United Nations country teams and United Nations country teams and staff assistance teams prioritize vital needs for inclusion in Central Emergency Response Fund requests. While the Fund is still needed-Based on the IEC, the ERC will seek in-country teams to prioritize integrated projects and activities that systematically and effectively address these four historically underfunded areas. See questions and answers on the four ERC priority areas here.

a. Liability to Affected Persons (AAP):[3]

The design of the project was based on the prioritization carried out by the Food and Nutrition Security Cluster, municipalities were prioritized in high and critical category of departments in Phase 3 (Crisis). According to the IPC protocol, households require urgent actions to avoid consumption gaps and deterioration of livelihoods. The CERF response focused on agricultural livelihood recovery to strengthen the productive capacity of subsistence farmers in the late 2022 season and food assistance to those households identified in emergency in need of immediate assistance to meet this need.

The validation of project activities and interventions was socialized with community leaders and municipal corporations, and a baseline survey was conducted to select the most vulnerable households. Initial training was also provided on key issues such as gender and leadership.

b. AAP Feedback and Grievance Mechanisms:

From the beginning of the project, key stakeholders were socialized with the objectives and scope of the project. They also received training in agricultural technologies, training methodologies, formats and other tools, and a schedule of regular meetings was scheduled throughout the project cycle. The technical team monitored risks; such as crop losses due to the 2022 hurricane season. Communicating specific needs such as the new identification of affected households and municipalities. In addition, local partners activated their reporting mechanisms, which provided a broader picture of the impact of the 2022 hurricane season.

c. Prevention of sexual exploitation and abuse (PSEAS):

All FAO staff must complete an online course/certification. The project technical team received a gender training workshop by the FAO gender specialist. Coordination with implementing partners and municipal women's offices was always carried out with good reciprocity. The local municipal offices and their technical teams developed an accountability and feedback system that allowed beneficiaries at the community level to express any complaints or denunciations; institutional policies, the code of conduct and the complaint management process were socialized in the socialization and registration of families.
FAO has in place its protocols to receive, investigate and resolve Sexual explotation and abuse complaints

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

During the identification of beneficiaries in the baseline survey, specific vulnerabilities of single mothers headed households were identified. The main follow-up factor was to establish schedules and psychosocial spaces for their children facilitating their participation the training processes and increment their participation in leadership structures. It is important to mention that all activities were always accompanied by the Municipal women's office.
In the initial phase of the project, gender and leadership training workshops were organized for implementing partners, who learned basic elements for addressing gender equality and gender-based violence (GBV).

e. People with disabilities (PWD):

The project prioritized the most vulnerable women (single mothers, women with children under 5 years of age, pregnant women), the elderly and people with disabilities. The interventions have been carried out with the accompaniment of the municipal women´s Office, who have also supported the inclusion of women with disabilities and support them in protection and providing safe spaces in the key spaces of the project as distribution points, giving priority in the schedules and days prioritizing them providing logistic support by local governments so that they had a differentiated dignified treatment.

[3] AAP and PSEA are part and plot of the commitments of the Inter-Agency Standing Committee and therefore bindingoCompliance for all United Nations agencies and partners. Agencies do not necessarily need to establish a new AAP and PEAS mechanisms for CERF projects if they work they are already in place. For more information, please See the IASC AAP Commitments.

f. Protection:

Local partners socialized child protection policies, code of conduct, protection of the rights of women and ethnic populations. A survey of the base line was carried out through the KOBO application (guaranteeing data protection) that served to evaluate the vulnerability, risks and ethnic population, protection status of each family in addition the families have been sensitized to implement environmentally friendly practices, and permits to take testimonies, videos or photographs.

g. Education:

FAO promoted through its trainings, school farms, and recommendations good practices, technologies and methodologies to better address climate variability with sustainable and resilient production systems, through the proper use of fertilizers, planting distances, stubble management, integrated crop management, seed selection, design and establishment of home gardens, organic fertilizers, orchard management, irrigation systems and and provided training in the operation of grain banks, actions that promote food security at the community level and as elements of transversal education; irrigation management, nutrition education, climate change and gender. Through the implementing partners and with the women's office, methodologies such as the "YO SI PUEDO" and "ALFASAN" programs were promoted, with the common objective of promoting literacy from a SAN approach and food education.

8. Cash Assistance and Coupons (CVA)

Use of cash assistance and coupons (CVA)?

Planned	**Accomplished**	**Total number of persons receiving cash assistance:**
No	Choose an item.	0

If **not,** please describe why stroke was not considered. Whenever possible, HCV should be considered as a default response option, and multipurpose cash (MPC) should be used whenever possible.

If **yes**, briefly note how LCA is being used, highlighting the use of CPM, and whether any links to existing social protection systems have been explored.

N/A

Parameters of the CVA modality used:

Specified CVA activity (incl. activity # of the previous results framework)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A				

9. Visibility of CERF-funded activities

Title	Web link
CERF project socialization	https://twitter.com/FAOHonduras/status/1537506879735320584?s=20
Field visit with Resident Coordinator	https://twitter.com/FAOHonduras/status/1595572062952751106?s=20
Delivery of poultry inputs	FAO HONDURAS on Twitter: "Desde @FAOHonduras con apoyo de #CASM se beneficia a 1000 familias de #SantaBárbara, #Copán y #Ocotepeque con la entrega de materiales

	para construcción de gallineros con comedero y bebedero, gallinas criollas mejoradas de postura, gallos y alimento concentrado. https://t.co/z8Ec5mil2X" / Twitter
Short histories videos of beneficiaries in:	1. Home gardens 2. Farmer History 3. Grey water filters 4. Grain Bank 5. Hens breeding

3.2 Project Report 22-UF-FPA-008

1. Project Information

Agency:	UNFPA	**Country:**	Honduras
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	22-UF-FPA-008
Project title:	To provide lifesaving multisectoral response services for GBV survivors, including clinical management of rape, health and psychosocial support and case management.		
Start date:	09/03/2022	**End date:**	08/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,800,000**
Total funding received for agency's sector response to current emergency: .	**US$ 126,160**
Amount received from CERF:	**US$ 749,978**
Total CERF funds sub-granted to implementing partners:	**US$ 368,909**
Government Partners	
International NGOs	US$155,869
National NGOs	US$ 213,040
Red Cross/Crescent Organisation	0

2. Project Results Summary/Overall Performance

Through this grant from CERF UFE, UNFPA and its partners (FOROSIDA and Doctors of the World) provided care services in Safe Spaces for Women and Girls, 3,496 psychosocial support services were provided, 1,625 case management, 669 people received a method contraception, of which 60% opted for a long-term contraceptive method (IUD or subdermal implant), in addition, messages that save lives were delivered; 278 health service providers were trained in topics of the Minimum Services Package (Family Planning, Clinical Management of Sexual Violence, STI Management, Post Obstetric Event Contraception); and sensitized 203 Humanitarian Actors on key GBV concepts

The project assisted a total of 12,578 and made it possible to provide GBV services to survivors of violence from vulnerable communities. The prioritized municipalities of the following departments:

- Cortés: San Pedro Sula, La Lima, Omoa (Corinto), Villanueva, Choloma, Puerto Cortés
- Atlántida: Tela, Ceiba
- Yoro: El Progreso, Yoro
- Santa Bárbara: Santa Bárbara
- Choluteca

Other municipalities that, according to identification of the need for a GBV response, such as Trojes and Danlí in the department of El Paraíso, municipalities in emergency due to high migratory flows.

The implementation period was from April 2022 to March 2023

3. Changes and Amendments

From the design of the project, it was considered that the country faced a migratory problem, it received many migrants returned by land from Guatemala and by air from Mexico; Therefore, the goal of the project was proposed to serve at least 2,500 returned migrants with GBV needs, psychosocial support and delivery of life-saving information, especially to people from vulnerable communities with high rates of violence. However, during implementation, it was identified that the number of returnees decreased, managing to serve only 2,134 people (85% of the goal).

Subsequently, and considering that in the design of the project some municipalities were considered that, according to the identification of needs, could be attended to in GBV emergencies, some missions were deployed to attend migrants in transit in the municipalities of Trojes and Danlí in the department of El Paraíso.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	1,683	17	784	16	**2,500**	1,378	75	681	0	**2,134**
Internally displaced people	1,010	10	470	10	**1,500**	1,030	119	235	23	**1,407**
Host communities	4,455	45	2,450	50	**7,000**	6,252	70	1,782	2	**8,106**
Other affected people	673	7	313	7	**1,000**	739	65	81	46	**931**
Total	**7,821**	**79**	**4,017**	**83**	**12,000**	**9,399**	**329**	**2,779**	**71**	**12,578**
People with disabilities (PwD) out of the total										
	202	2	94	2	**300**	148	27	0	0	**175**

* 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

An average of 4,000 people were indirect beneficiaries by receiving information related to GBV and SRH issues; also people who were involved in recreational activities related to promoting the prevention of GBV in vulnerable communities of the prioritized municipalities.

6. CERF Results Framework

Project objective	Ensuring access to safe, confidential, and appropriate comprehensive services for gender-based violence (GBV) survivors, who have been affected by emergencies, in affected areas that lack specialized life-saving services, including migrant women and girls from Afro-descendant and indigenous communities.
Output 1	Provision of accessible, confidential, survivor-centered services to address GBV in line with the Inter-Agency Standards for GBV in Emergency Programming, establishment of safe entry points for case management and psychosocial support services, including safe spaces for women and girls, remote services, mobile teams during emergencies, for migrant and displaced women and girls.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number Of GBV survivors (disaggregated by age, sex, ethnic origin, disability condition, human mobility situation) who completed a feedback surveys, who are satisfied with the Case Management services (90% target)	3600	4643	Satisfaction surveys carried out by both implementing partners
Indicator 1.2	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	6000	10337	Service lists for the Safe Spaces for Women and Girls managed by the implementing partner FOROSIDA
Indicator 1.3	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	6000	9045	GBV service care lists and SRH service care records (family planning counseling, method provision, and sexual violence cases)
Indicator 1.4	Cash.1a Number of people receiving multi-purpose CASH	400	521	Cash delivery receipt
Indicator 1.5	Cash.1b Total value of multi-purpose cash distributed in USD	40,000	27,160.49	Cash delivery receipt
Explanation of output and indicators variance:		The amount of cash assistance was reduced from the beginning of the implementation phase considering that some adjustments were made regarding the amount of cash assistance per beneficiary (the amounts were lower based on the assistance needs identified in the municipalities of Valle de Sula)		
Activities	**Description**		**Implemented by**	

Activity 1.1	Deployment of GBV specialists to provide immediate technical support on GBV Case Management and WGSS implementation, to organizations providing GBV services.	UNFPA
Activity 1.2	Provide psychological care for GBV survivors (face to face) within the WGSS and remotely (by phone, virtual, social network)	FOROSIDA implementing partner
Activity 1.3	Provide Case Management services for GBV survivors, face to face within the WGSS and remotely (through telephone line, WhatsApp and other forms of virtuality)	FOROSIDA implementing partner
Activity 1.4	Provide CASH assistance to women at risk and with urgent economical needs to be refer to other specialized GBV services	FOROSIDA implementing partner
Activity 1.5	Development of group psychosocial activities with women and girls in situations of migration and forced displacement due to violence and at risk of GBV	FOROSIDA implementing partner
Activity 1.6	Offering face-to-face and remote SRH services, incorporated in the MISP for GBV survivors, including clinical management of rape, ensuring access to contraceptive methods, treatment for STIs and providing dignity kits	Doctors of the World implementing partner
Activity 1.7	Implementing mobiles WGSS for women and girls in situations of human mobility, and in communities with difficult access or rural and remote areas with high rates of violence.	FOROSIDA implementing partner
Activity 1.8	Implementing a fixed WGSS fixed to promote protection and access to services for women and girls at risk of GBV and survivors of GBV	FOROSIDA implementing partner

Output 2	Strengthen or set up prevention and Risk mitigation strategies, mechanisms, and initiatives in support community-based interventions in line with IASC principles and guidelines, including life-saving protection information
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	PP.1a Number of protection referral pathways established and regularly updated (for GBV)	8	8	Care routes prepared and disseminated within the framework of the project in partnership with organizations that work in health, justice and protection and civil society organizations
Indicator 2.2	Number of people accessing protection referral pathways (for GBV)	800	1625	Attention lists
Indicator 2.3	# of people surveyed within the community who have received key	4500	4550	Attention lists

	messages on GBV and accessed life-saving information (disaggregated by age, gender, ethnicity, human mobility status, disability)			
Indicator 2.4	# of women leaders and other women in the community who safely accessed life-saving information on GBV and are aware of existing referral and protection mechanisms for survivors	600	521	Consolidated records of information delivery in Safe Spaces, mobile brigades and border points
Explanation of output and indicators variance:		● The number of people who accessed referral routes was doubled because 8 GBV care routes were created within the framework of the project, likewise 2 GBV care routes created previously by the GBV subcluster were used. ● In relation to the number of women leaders who accessed information that saves lives and learned about GBV care and referral mechanisms, 87% was covered, however there are already human resources established in communities that are sensitized and with knowledge about referral and care mechanisms in cases of GBV.		

Activities	**Description**	**Implemented by**
Activity 2.1	Develop a mapping of areas and risk factors, within Afro-descendant and indigenous communities, that contribute to GBV during the emergency to establish immediate protection mechanisms and risk mitigation strategies with a multisectoral approach.	UNFPA and implementing partners FOROSIDA and Doctors of the World
Activity 2.2	Prepare and update a mapping of GBV services that includes specialized services with a focus on service provision for GBV survivors with disabilities and LGBTIQ+ people	Implementing partners FOROSIDA and Doctors of the World
Activity 2.3	Develop, update, and disseminate referral pathways for GBV survivors	FOROSIDA implementing partner
Activity 2.4	Build and disseminate a safe information strategy for women and girls at risk of GBV and survivors of GBV that includes elements of community art (theater, murals, music), carried out with women"s organizations/networks and other community actors, and containing messages about services available to GBV survivors, safe access to services, referral pathways, prevention, mitigation, and response to GBV within the community.	UNFPA and Doctors of the World implementing partner
Activity 2.5	Design and disseminate life-saving information and key messages on GBV with an intersectional approach (sexual orientation, gender identity, indigenous people, Afro-descendants, people with disabilities) emphasizing GBV in emergencies, available GBV response services (including emergency health response for SV) and risk mitigation within the community	UNFPA and implementing partners FOROSIDA and Doctors of the World

Output 3	GBV response teams, first line health responders and communities enhance its capacity to respond to the needs of GBV survivors during emergencies, by providing psychological first aid and safely referring them to accessible and confidential, survivor centered life-saving services

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# of professionals who know and ethically implement the care strategy for survivors of GBV in situations of forced displacement and migration	100	124	Registry of socialization of care strategy in GBV according to ethical criteria.
Indicator 3.2	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health	100	104	Registry of health service providers trained in the minimum package of SRH services
Indicator 3.3	# of people within community response teams/groups who know basic GBV concepts, how to make safe referrals to health facilities and mitigate GBV risks within the community	200	203	List of GBV basic concepts socialization sessions
Explanation of output and indicators variance:		The CERF project allowed affected communities to leave installed capacity of institutional and voluntary human resources in GBV and essential SRH services		

Activities	**Description**	**Implemented by**
Activity 3.1	Create, socialize, and implement a multisectoral and inter-institutional risk mitigation and response strategy for GBV survivors, with a focus on migrants and in transit, women and girls (extra continental and Honduran), and forcibly displaced women and girls	UNFPA and Implementing partners FOROSIDA and Doctors of the World
Activity 3.2	Technically support health care providers, including nurses, to improve GBV response capacity in emergencies and provide quality care to GBV survivors in the clinical management of rape, intimate partner violence, safe referrals, according to the Minimum Interagency Standards, PSIM, Standard of attention to the adolescent population, Provision of contraception during emergencies.	UNFPA
Activity 3.3	Provide immediate technical support to community health teams (midwifes, volunteers, community leaders) in responding to GBV in emergencies, emphasizing a survivor-centered approach, safe and confidential referrals, GBV risk mitigation, and Psychological First Aid, in line with Minimum Interagency Standards, Pocket Guide, IASC Guidelines	UNFPA
Activity 3.4	Procurement and distribution of IARH kit 3 and kit 9 Implemented	UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] 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) [5]:

Desde el diseño del proyecto se realizaron algunas reuniones de coordinación con diferentes instituciones presentes en las comunidades afectadas entrevistando personas en necesidad, líderes comunitarios, autoridades locales y actores humanitarios presentes en la zona; se realizaron consultas a través de grupos focales para identificar necesidades en VBG y acciones de respuesta ya realizadas en la zona para cubrir las brechas identificadas. El UNFPA ha realizado trabajo humanitario desde el año 2020, por lo que ya se tenían identificados actores claves de los municipios de Cortés, Yoro y Atlántida.

En los departamentos de Santa Bárbara, Choluteca y El Paraíso se inició un trabajo previo para identificar necesidades desde las reuniones nacionales de coordinación del interclúster, previo al trabajo realizado en campo (grupos focales, entrevistas de campo y reuniones con autoridades).

b. AAP Feedback and Complaint Mechanisms:

A través de las encuestas de satisfacción de usuarias se identificaron algunas situaciones que hubo que mejorar según la implementación:

•**Tiempo de espera:** Hubo quejas de tiempo de espera en los servicios de atención debido a que en el diseño inicial de la implementación se estableció un flujo de atención donde se iniciaba el proceso de atención desde una charla grupal, posteriormente se hacía la derivación a los servicios de SSR o VBG. Después del análisis de varias encuestas de satisfacción se cambió la dinámica del flujograma de atención facilitando prontitud de atención según las necesidades de atención requeridas.

•**Medidas de privacidad y confidencialidad:** Después de realizar análisis de las primeras atenciones en terreno, se identificó la necesidad de promocionar los servicios de atención en VBG mediante medios masivos, pero a la vez de manera individualizada (mensajes a grupos de whatsapp) para evitar poner en riesgo a beneficiarias que tenían un riesgo manifiesto de violencia. Asimismo, se diseñaron espacios confidenciales y seguros para brindar atenciones individualizadas aún en comunidades donde el espacio físico era temporal (carpas con biombos separadas entre espacios de atención).

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

Awareness days on PEAS were held from the beginning of the implementation with both implementing partners, also in the communities through awareness talks and at the level of delivery of printed information, brochures were delivered explaining measures to identify cases of abuse and the derivation from them.

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

[4] 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.

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

The project made it possible to socialize the importance of guaranteeing access to essential GBV services for anyone, including vulnerable groups, including attention to these groups: people with disabilities (175), people of African descent (418), LGTBIQ+ population (19), indigenous people (192).

e. People with disabilities (PwD):

The project managed to provide 175 services to people with disabilities; access to essential services increased both in GBV (case management including cash assistance, psychosocial support and recreational activities in safe spaces), as well as access to essential SRH services such as long-term contraceptive methods in mobile brigades, including care derived from health facilities that regularly do not provide these essential services

f. Protection:

Integrative protection measures were established within the framework of the humanitarian response, including health, justice and protection components. People who were identified with protection risks that even put their own lives at risk were managed confidentially and were guaranteed essential services both with the management of humanitarian actors (case management with cash assistance, psychosocial support, and referral to health and justice services) as well as links to the State institutions (Public Ministry, referral hospitals and municipal women's offices.

g. Education:

In general, the aspects related to education focused on:

- Strengthening the capacities of women leaders of the communities that promote positive changes in their communities

Delivery of lifesaving information and explanation of the GBV services available and the mechanism for accessing said services in the context of emergencies and on a regular basis in vulnerable municipalities

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	521

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.

ELIGIBILITY CRITERIA FOR PEOPLE RECEIVING CVA:

- Contributes, responds, reduces the risk of GBV and supports recovery.
- The person has few or no existing support networks
- The person has limited access and control over financial resources.
- The person has limited ability to mobilize resources

SITUATIONS THAT WERE CONSIDERED IN CVA

- The person is in imminent danger to their safety and life.
- The person needs to attend to immediate needs for food, health and support for legal efforts.
- Women's sexual and reproductive health care, especially those with health conditions at risk.
- Women heads of household who, because of their precarious economic situation, are at risk of suffering GBV.

- Require urgent and immediate health care and services, including the purchase of medications, laboratory tests, among others, if they are related to addressing your health situation.
- Access (via referral with case management) to the different institutional services; to get out and/or recover from the GBV situation.

*In relation to exploring links with institutional (state) protection mechanisms; It has been considered to manage support in future interventions (CERF 2023) with the Secretary of State for Development and Social Inclusion (SEDESOL).

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.4 Provide CASH assistance to women at risk and with urgent economical needs to be refer to other specialized GBV	521	US$ 27,160.49	Gender-Based Violence Subcluster	Unrestricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
Humanitarian newsletter generated by the OCHA Honduras office	

3.3 Project Report 22-UF-HCR-005

1. Project Information

Agency:	UNHCR	**Country:**	Honduras
Sector/cluster:	Protection	**CERF project code:**	22-UF-HCR-005
Project title:	Strengthening the response to existing protection needs and forced displacement causes		
Start date:	15/01/2022	**End date:**	14/01/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 31,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 12,500**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$** 833,864
Government Partners	US$
International NGOs	**US$** 833,864
National NGOs	US$
Red Cross/Crescent Organisation	US$

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its partners provided protection services to a total of 3,966 persons, with 4 protection pathways being strengthened with different focus: an institutional, an INGO, a local governmental focusing on IDPs and a child protection pathway. The strategies were focused on critical attention provided to displaced population in which a shelter was refurbished and equipped benefitting 478 with shelter services and different NGOs provided mental health support services to 1096 persons. Due to multidimensional needs of the population that need to be supported in a timely and individual manner Cash and Voucher Assistance was provided in two modalities of multipurpose cash for basic needs and sector specific cash transfers in which legal and food support was prioritized benefitting a total 1,400 persons.

The project assisted people from Tegucigalpa, San Pedro Sula, Villa Nueva, Choloma, La Lima, Choluteca and Ocotepeque which are areas that present higher numbers of IDPs and people in Mixed Movements with aggravating factors such as violence. The project was executed in a period of 12 months which presented high amounts of people than expected and the aftermath of the COVID-19 pandemic and hurricanes Eta and Iota, in a period that eliminated the movement restrictions.

3. Changes and Amendments

No changes or amendments were made to this project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	210	290	110	170	**780**	242	335	127	196	**900**
Internally displaced people	450	205	390	210	**1,255**	520	237	450	242	**1,449**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	340	675	140	245	**1,400**	393	779	162	283	**1,617**
Total	**1,000**	**1,170**	**640**	**625**	**3,435**	**1,155**	**1,351**	**739**	**721**	**3,966**
People with disabilities (PwD) out of the total										
	50	50	50	50	**200**	58	68	37	36	**199**

* 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 indirect beneficiaries of this intervention are 16,000 considering the families benefitted of direct attention who receive a safe space, information, and a protective environment. Additionally, the pathways established create an expansion of service delivery capacity and a more efficient and targeted intervention.

6. CERF Results Framework

Project objective	Internally displaced persons and at risk of displacement facing risks against their life, security, freedom and personal integrity, as well as asylum-seekers, refugees and persons with protection needs in mixed movements, count with improved response routes and are provided with complementary humanitarian assistance to address their protection risks and needs.
Output 1	Complementary protection and assistance response, addresses protection needs

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

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.9 Number of people provided with mental health and/or psycho-social support services	770	1096	List of beneficiaries
Indicator 1.2	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated	4	4	Partnership agreements
Indicator 1.3	PP.1b Number of people accessing protection referral mechanisms and/or pathways	3485	3966	List of beneficiaries
Explanation of output and indicators variance:		The increased flows of people in mixed movements with needs or referrals to protection mechanisms and support services were the reason for a higher number of beneficiaries that planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Facilitation of an active protection humanitarian and referrals to access basic services	UNHCR and Médicos del Mundo
Activity 1.2	Timely identification of protection needs to safeguard integrity and life, including women, children and young people	UNHCR and Médicos del Mundo

Output 2	Persons with protection needs in mixed movements access the territory under improved and enhanced reception conditions, with safety and dignity

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

Sector/cluster	Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 2.1	# of PoC benefitting from supported settlement services and infrastructures	300	478	List of beneficiaries of the shelter
Indicator 2.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers (purposes)	240	240	Progres and NRC distribution system
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	3,751	3,751	Financial reports and verification
Indicator 2.4	Cash.1a Number of people benefitting from multi-purpose cash	1200	1200	Progres and NRC distribution system
Indicator 2.5	Cash.1b Total value of multi-purpose cash distributed in USD	360,000	360,000	Financial reports and verification
Explanation of output and indicators variance:		The planned indicators were reached as expected, however for the settlement services and infrastructures the achieved result was 159% due to the growth of the population of mixed flows.		

Activities	**Description**	**Implemented by**
Activity 2.1	Improvements on response capacities of mixed movements and asylum-seekers, identify and provide guidance in border areas and Reception Centres	NRC
Activity 2.2	Provide assistance to access legal advice, ensuring women's security, safety and dignity.	NRC
Activity 2.3	Provide temporary temporal accommodation and food assistance to highly vulnerable persons in transit, with particular attention to women, girls and LGBTIQ+ people.	NRC
Activity 2.4	Activity 2.4 Provide multi-purpose cash	NRC

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[6] 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)[7]:

For Cash and Voucher Assistance a post-distribution monitoring (PDM) surveys are systematically applied that provide information on the relevance of the assistance, their use and the impact of the assistance reducing the identified risks. The information provides feedback to

[6] 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.

[7] 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.

adjust the activities and strategies, the correct communication channels, the value of the assistance and the change of needs. The PDM involved 172 persons as a representative sample (51% female and 49% male) with age ranges represented as follows: 50% between 18 to 35 years old, 48% between 36 to 59 years old, and 2% between 60 years old or older that represent the ages and genders that receive such assistance.

b. AAP Feedback and Complaint Mechanisms:

UNHCR's partners Medicos del Mundo y Norwegian Refugee Council have a complaint receipt mechanism and an attention protocol in which the affected population participate actively in creating the intervention plan for each case. The organizations provide guidance, orientation and specialized services for displaced population while providing them with information to ensure they can take the best decisions for their displacement. The mechanisms of the partners have different modalities: Medicos del Mundo has a KoBo formulary and the Norwegian Refugee Council a suggestion box that is in the early stage of implementation, however in 2022 received 136 communications from acknowledgements, requests for information and complaints.

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

UNHCR since 2021 has a Prevention of Sexual Exploitation and Abuse evaluation mandatory for the implementing partners of the operation. In 2022 an improvement plan for each organization was devised and each recommendation followed up including workshops delivered directly by UNHCR. During these spaces the institutional mechanisms that UNHCR has, are informed to the Implementing Partners. The mechanisms have different channels and include plans for service providers and referrals, a plan to review case reporting and follow up, ensuring confidentiality for the victims. Globally UNHCR has an Inspect General Office and an e-mail available for complaints to ensure an independent investigation can be performed.

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

The project considers women and girls as being more vulnerable in displacement and recognizes gender-based violence as one of the factors of displacement. The attention for physical and mental health show that women are more affected and vulnerable with more than 60% of the attentions to women and specifically 68% of the psychological attentions provided to women. As Honduras has a substantial internal displacement situation and is the mixed movements routes the design of the interventions have a gender-based perspective in which the vulnerability of women is taking into account for access to services and CVA.

e. People with disabilities (PwD):

UNHCR in Honduras works along organizations of persons with disabilities to ensure its national strategy encourages participation and communication with them. The Age, Gender and Diversity policy includes the registration and identification of vulnerabilities and conditions to ensure that attention is flexible and includes a comprehensive response. In this project an emphasis of People with Disabilities was applied in the shelter adequations to ensure that the space and the attention provided in it are accessible to all the population. CVA is provided with a scorecard that includes vulnerabilities of each case to ensure that critical needs are addressed, in which gender and disabilities are criteria considered for providing the support.

f. Protection:

This project was planned with the information result of an IDP profiling exercise, border monitoring exercises and assessments in which immediate assistance through Cash Bash Interventions and Basic Needs was prioritized. Honduras had suffered the consequences of the COVID 19 pandemic and the Hurricanes Eta and Iota increasing the vulnerability of the country with high indexes of poverty, violence, and human mobility. The funds from CERF allowed UNHCR to expand the attention to more population and profiles and to work along with partners and governments in stablishing local coordination and pathways of attention.

g. Education:

Not applicable

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	1440

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.

Cash assistance is provided to cover basic needs in critical cases and is calculated to include food, deposit for rent, rent, transportation, moving costs and basic items, depending on the family composition for the amount provided. The intervention and calculation were based on the vulnerabilities of IPDs and refugees and the specific context. Additionally, a specific cash based assistance is provided for people in need of food vouchers and legal assistance and fees. As a result of this intervention being for emergency cases it provides the flexibility and effective response, empowering the beneficiaries to decide on their priorities based on the situation. The CVA compliments the assistance provided by NRC and UNHCR with health attention, legal assistance and orientation, referral to specialized institutions and other services provided directly.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 2.4 Provide multi-purpose cash	1,200	US$ 360,000	Protection	Unrestricted
Activity 2.2 Provide assistance to access legal advice, ensuring women's security, safety and dignity.	240	US$ 3,751	Protection	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.4 Project Report 22-UF-CEF-014

1. Project Information

Agency:	UNICEF	**Country:**	Honduras
Sector/cluster:	Protection - Child Protection	**CERF project code:**	22-UF-CEF-014
Project title:	Children and adolescents who are victims or at risk of violence, including armed violence and GBV, receive protection services and strengthen their resilience		
Start date:	10/03/2022	**End date:**	09/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,500,000**
Total funding received for agency's sector response to current emergency: .	**US$ 1,745,325**[8]
Amount received from CERF:	**US$ 750,151**
Total CERF funds sub-granted to implementing partners:	**US$ 600,843**
Government Partners	US$ 00.00
International NGOs	US$ 233,685.49
National NGOs	US$ 367,157.15
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

A total of 29,497 children, adolescents and their families who are victims or at risk of violence, including armed and gender-based violence, received protection services and mental health services to strengthen their resilience in Tegucigalpa and San Pedro Sula, Honduras, between March 2022 and March 2023.

Through this CERF UFE grant, UNICEF and its partners provided non-specialized community-level mental health and psychosocial support to 11,714 people through child-friendly spaces and targeted interventions in homes, schools or community centers, taking into account the IASC Guidelines' pyramid of intervention for mental health and psychosocial support in emergencies.

In addition, 17,783 people were reached in the communities of San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) and Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco) with awareness and community mobilization

[8] Based on the FTS for this sector in 2022, which includes this CERF contribution.

activities developing messages of prevention and response to gender-based violence, such as workshops, fairs, tournaments, arts and sports.

Through the hiring of mobile teams of professionals, we intervened in communities to install safe and friendly spaces in schools, where we developed methodologies aimed at strengthening the resilience of children and adolescents.

As an entry point to identify needs for the provision of other intersectoral services, the installation of safe and friendly spaces allowed the identification of those cases of child victims of violence to be referred to health, justice and special protection services.

The mobile teams hired by the implementing partners focused on the provision of mental health care, especially through psychological first aid, circles of support and identification and care of children at risk or survivors of violence, providing psychosocial accompaniment. Other professionals were dedicated to the development of activities in Child Friendly Safe Spaces for the emotional recovery of children and adolescents, as well as the provision of positive parenting messages to fathers, mothers and other caregivers.

In addition, 100 frontline workers and members of organizations were trained to strengthen their skills in gender-sensitive screening, first aid, referral and support for child and adolescent survivors/at-risk of all forms of violence, including gender-based violence.

Each community carried out a mapping of the social, health, judicial and protection services available in the communities, which are provided by organizations and institutions to support children and adolescents who are victims/at risk of violence, including gender-based violence.

3. Changes and Amendments

No changes or amendments were made during the implementation of the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	2,500	500	6,000	6,000	**15,000**	4,838	678	13,156	10,825	**29,497**
Total	**2,500**	**500**	**6,000**	**6,000**	**15,000**	**4,838**	**678**	**13,156**	**10,825**	**29,497**
People with disabilities (PwD) out of the total										
	300	150	1,050	750	**2,250**	5	1	13	11	**30**[9]

[9] Please refer to question 7.e for a justification as to why this figure could not be reached.

* 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

At least 20,000 more people benefited indirectly from the project's activities, through awareness campaigns and information that is still being circulated through social networks and in the communities.
In addition, the capacities of community leaders and teachers have been strengthened so that they can provide mental health services, psychological first aid and techniques to strengthen resilience, as well as identification and referral routes for cases of child victims of violence. Each social leader or teacher has reached at least 30 people, making a total of 3,000 people reached indirectly through this service.

6. CERF Results Framework

Project objective	To provide girls, boys and adolescents' victims of violence and at risk of violence including armed violence, GBV, abuse, exploitation with access to protection, mental health, and psycho-emotional and gender-responsive services to address urgent needs based on age, gender and diversity and strengthening resilience to enable children and their families to protect themselves from any kind of violence, abuse and exploitation.
Output 1	Girls, boys and adolescents who are victims or at risk of violence, including armed violence and gender-based violence, in the selected communities have access to protective, mental health and psycho-emotional services, and strengthen their resilience to protect themselves from any type of violence, abuse and exploitation.

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

Sector/cluster	Protection - Child Protection			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces	3,000	5,063	Attendance list and registers of safe and friendly spaces. Photographs.
Indicator 1.2	H.9 Number of people provided with mental health and psycho-social support services	6,000	6,651	Recruitment of multidisciplinary technical teams. Register of persons provided with mental health care.
Indicator 1.3	# women, girls and boys accessing GBV risk mitigation, prevention or response interventions	6,000	17,783	Communication campaign. Photographs of community fairs and key messages disseminated.
Indicator 1.4	# children and adults who have access to safe, accessible, child and gender-sensitive channel to report SEA	6,000	10,804	Community mailbox. Campaign for socialization of the telephone number to report PSEA.
Indicator 1.5	# girls, women, boys and men sharing their concerns and asking questions/clarifications to address their needs through established and gender-responsive feedback mechanisms	6,000	7,101	Community mailbox

* 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.

Indicator 1.6	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use"	80	82.12%	Attendance lists of the socialization days of the project.
Explanation of output and indicators variance:		In some cases, we exceeded the target, as in the case of the number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions, since we were able to carry out a massive communication campaign at the community level. Social networks were used, posters were pasted, during all interventions key messages were replicated. More people outside the community were reached with the messages of prevention, mitigation and response to gender-based violence. A high number of families, especially where the single mother was the family leader, came forward to seek mental health and psychosocial support services.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of gender-sensitive MHPSS within the community, provided by mobile teams of psychologists and social workers, including services aimed at strengthening resilience through emotional recovery in safe spaces	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.2	Implementation of safe and child-friendly spaces to strengthen the resilience and protective factors of girls, boys and adolescents, as well as timely detection and referral of indications of violence against children for their protection.	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.3	Conducting awareness-raising and community mobilization activities, such as workshops, fairs, tournaments, arts and sports, to strengthen protective factors, promote gender equality and increase the capacity to detect and refer situations of violence, GBV, sexual exploitation and abuse.	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.4	Carry out a mapping exercise of the social, health, judicial and protection services available in the communities, which are provided by organisations and institutions to support children and adolescents who are victims/at-risk ofviolence, including GBV. Existing reference models will be used for this mapping, including qualitative criteria on the provision of services, such as their availability, accessibility, quality, gender sensitivity, adaptability, acceptability, among others.	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.5	Training of front-line workers and members of organisations to strengthen their skills in the detection, first aid, referral and gender-responsive support to children and adolescent survivors/at risk of all forms of violence, including GBV. UNICEF will provide technical assistance (through workshops) and follow-up on the provision of essential services in accordance with the case management methodology, differentiated by vulnerability, gender, and risk profiles of children and adolescents.	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.6	Strengthening of community mechanisms for the detection and timely referral of children and adolescents	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo,

* 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.

	who are victims or at risk of violence, including SGBV, through workshops, networking and local adaptation of protection guidelines.	Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.7	Reinforcing reporting mechanisms for sexual exploitation and abuse, through gender-responsive communication strategies; safe reporting channels and referral to confidential and accessible essential services.	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).
Activity 1.8	Monitoring of interventions	ChildFund and FUNADEH among the most violent communities in San Pedro Sula (San Isidro, Palermo, Suyapa, Brisas del Valle, 7 de Abril) Tegucigalpa (Nueva Suyapa, Los Pinos, Vista Hermosa, and San Francisco).

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[10] 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)[11]:

The people affected by the crisis participated in the identification of intervention spaces, supported the identification of the most affected families. The implementing partners, prior to and during the implementation of the activities, socialized through the existing community coordination mechanisms, the schools on the objectives and scope of the activities. These socialization meetings allowed adaptations to be made regarding the time-of-service delivery and suitable places where safe and friendly spaces could be set up. This also permitted the identification of priority profiles at greater risk of exposure to violence.
In addition, the members of the community were provided with information on local safety and security risks, because the communities of intervention have high rates of violence, and thanks to this, the adjustments were made to Implement activities without being affected by security concerns.

b. AAP Feedback and Complaint Mechanisms:

The feedback or complaint mechanisms implemented were meetings where partners invited community members to participate.
In addition, mailboxes were installed to allow community members to express their opinions in a confidential and accessible form.
The information received in the mailboxes was collected by the project coordinators of the implementing partners. The information allowed for better tailoring of interventions and in other cases personal feedback and thanks were received.

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

[10] 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.

[11] 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.

* 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.

UNICEF partners receive mandatory training on prevention of sexual exploitation and abuse, including those staff hired for the project. By way of standard practice, all communities have been socialized with the reporting mechanisms, which are confidential, accessible and allow for adequate follow-up.

UNICEF has set up a telephone number to receive calls from beneficiaries. These communication channels were printed and made visible, included in the shirts of the mobile teams and placed in public places. In addition, from the beginning of the project, information sessions on the subject were given. Child-friendly tools were created, such as stories and cartoons, to help children understand possible actions of abuse and sexual exploitation and how to report this in a way accessible to them.

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

A gender approach was included throughout the project and in all activities and women and girls were particularly engaged throughout the actvities. As a result, 61% of all beneficiaries are female. We were able to reach this figure through a community communication campaign with key messages on the protection of women and girls. The forms of violence against women and girls were articulated in the key messages and dedicated sessions to ensure understanding.
The communication campaign included community activities such as fairs, tournaments, which as a central theme was the promotion and protection of the rights of women and girls.

e. People with disabilities (PwD):

The professionals from the mobile teams worked hard to identify cases of children with disabilities in the community. During visits to schools, community centers and health centers, they asked where children with disabilities lived, since families often hide these children and do not allow them to access these services. A total of 30 boys and girls were identified. Safe and friendly spaces were installed in accessible places considering inclusion and special accompaniment was provided to families to strengthen their ability and understanding of the protection needs of their children.

f. Protection:

The interventions focused on the protection of all children and adolescents and their families who received mental health services and psychosocial support in line with humanitarian standards and protection principles. The entire intervention was based on the protection of the affected people by providing direct services that are not present in the communities and connecting victims with specialized national services. All interventions were aimed at identifying high-risk cases to prevent and save lives. In addition, local actors were trained so that they are capable of providing primary protection actions.

g. Education:

Humanitarian actors worked directly with educational centers bylinking educational activities with safe and friendly spaces and with schools for parents. During the activities carried out in safe and friendly spaces, minimum skills were strengthened for children according to their age and development, to reinforce knowledge and abilities that are taught in schools. Many children identified were out of school and the social workers work to insert them into the formal education system

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

* 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.

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 project did not consider giving transfer CVA through CERF funds because the provision of mental health services failed to collect the information needed to do the analysis required for CVA. The mental health services provided were provided in the community and due to the high levels of violence, in this first stage of the project, the project wanted to reach the largest population with the services provided. Additionally, the funding was not high enough to be able to allocate a percentage to AVC. The partner has no experience in AVC.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A				

9. Visibility of CERF-funded Activities

Title	**Weblink**
GBV risk mitigation, prevention or response interventions	Facebook
GBV risk mitigation, prevention or response interventions	Facebook
GBV risk mitigation, prevention or response interventions	Facebook
GBV risk mitigation, prevention or response interventions	Facebook

* 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.

3.5 Project Report 22-UF-WHO-008

1. Project Information

Agency:	WHO	**Country:**	Honduras
Sector/cluster:	Health	**CERF project code:**	22-UF-WHO-008
Project title:	Response to unattended health needs in vulnerable municipalities of multiple affectations in Honduras.		
Start date:	14/03/2022	**End date:**	13/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 5,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 71,625**
Government Partners	US$ 71,625
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

With the CERF project, PAHO/WHO, the Health Cluster partners and the Ministry of Health as the main counterpart were able to implement critical response interventions to restore access to essential health services to maintain the provision of health care in 16 municipalities in 4 of the most affected health regions (Atlántida, Cortés, Santa Barbara and Yoro) by hurricanes Eta and Iota and other meteorological phenomena in Honduras. With this CERF contribution, the operational capacity of 12 health facilities was restored to continue providing essential health services to 65,888 people located in the areas of influence of these facilities. In addition, access to laboratory diagnostic services was provided to more than 20,000 people. We facilitated the training and mobilization of 96 volunteer collaborators who carried out interventions in more than 30,000 homes, educational centers and shelters, developing health promotion and prevention actions, educational talks, BTI application, destruction of breeding sites, canine vaccination, and vaccination promotion.

A total of 13,862 children under 5 years of age who did not have complete vaccination schedules were identified and referred to health services or, in some cases, the deployment of mobile teams was coordinated to attend this population. A total of 33,304 women of childbearing age were identified and provided with information on SRH, the different family planning methods and their availability in the nearest health facilities. On the other hand, 360 people with mental health problems without receiving treatment or care were identified and referred to health services, and 50,902 people were provided with mental health information during home visits or in educational centers and shelters.

The response capacity of more than 700 health resources was improved by updating knowledge on critical issues such as SRH, management of obstetric and neonatal emergencies, mental health, epidemiological surveillance and information systems, and disease

* 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.

prevention. More than 10 maternal mortality surveillance committees were activated, 37 medical brigades were sent to remote communities and shelters where more than 7,000 people were attended, including 1,273 people with disabilities.
The project assisted a total of 209,199 people and reduced morbidity and mortality in the prioritized and most vulnerable departments during the COVID-19 and MPOX pandemics, the sustained Dengue epidemic, the cyclonic season in which more than 100 shelters were opened, and under a complex social and political scenario.

3. Changes and Amendments

During the implementation of this project, PAHO/WHO faced a series of external challenges, including shortages of some equipment and supplies, delays in shipments due to customs restrictions or delays, access restrictions due to damage to roads as a result of the impact of various tropical storms, and at other times due to blockades or social demonstrations.

On the other hand, the impact of the meteorological phenomena delayed the rehabilitation activities of health facilities and generated considerable flooding that forced the opening of more than 100 shelters, so the response to this vulnerable population was prioritized through the strengthening of health services in these areas, and the displacement of mobile brigades.

Another factor that delayed some processes or activities was the change of national and regional authorities in the health secretariat.

Similarly, the technical and financial execution of the CERF grant was achieved in its entirety, making it possible to complete the vital interventions contemplated in this project and to achieve even more by supporting the recovery of operational capacity in a total of 12 health services (instead of 10), the deployment and operational support to 37 health brigades (instead of 15), the mobilization of 96 volunteer collaborators that made it possible to intervene in more than 30,000 homes, educational centers and shelters, benefiting 143,727 people (instead of the planned 60,000), of which more than 50,000 people were provided with basic support and information on mental health (instead of the planned 10,000), and the distribution of medical and laboratory equipment and supplies, benefiting a larger population than planned.

* 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.

Sector/cluster	Health									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	28,600	26,400	23,400	21,600	**100,000**	65,097	58,855	42,793	42,454	**209,199**
Total	**28,600**	**26,400**	**23,400**	**21,600**	**100,000**	**65,097**	**58,855**	**42,793**	**42,454**	**209,199**
People with disabilities (PwD) out of the total										
	286	264	234	216	**1,000**	382	585	153	153	**1,273**

* 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.

4. People Indirectly Targeted by the Project

The indirect beneficiaries were a total of 102,179 people considering those who benefited collaterally from the project activities; through risk communication, social mobilization, health promotion and disease prevention actions to save lives. On the other hand, during the visits of the teams of volunteer collaborators and the health secretary, a comprehensive approach was made to each house, educational center or shelter, where not only the person who attended the visit was benefited, but also their entire family.

Also included are the people who have indirectly benefited from the epidemiological surveillance activities and the reestablishment of information systems that made it possible to obtain timely epidemiological alerts at the local level, for the early detection of cases and the control of outbreaks or infections, indirectly benefiting at least 9% of the total population of the 16 prioritized municipalities (the total population of the 16 municipalities is 900,000 inhabitants, 52% women, 48% men). In addition, activities will be carried out to support the logistics, provision and storage of equipment and supplies that will benefit the population in the area of influence of the first and second level of care facilities intervened by the project].

5. CERF Results Framework

Project objective	Ensure continuity and availability of life-saving health services to prevent disproportionate mortality and morbidity among populations in situation of vulnerability in targeted municipalities cumulating multiple affectation from Hurricanes Eta and Iota, COVID-19 and dengue outbreaks in 4 prioritized departments in Honduras.
Output 1	50,000 women, men and children have continued access to safe, quality, gender-sensitive and culturally appropriate essential health services.

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.7 Number of functional health facilities supported (health facilities with restored capacity to pre-disaster level.)	10	[12]	[Report of the rehabilitation of works that includes certificates of delivery and photographic record.]
Indicator 1.2	H.7 Number of functional health facilities supported (with basic equipment for emergency care; maternal, obstetric, neonatal, and paediatric care and PPEs)	7	[15]	[Technical team reports, interviews, delivery certificates and photographic record].
Indicator 1.3	Number of medical brigades successfully delivering life-saving healthcare services to affected communities.	15	[37]	[[Medical personnel movement report including data and photographs of the care provided in the brigades].
Indicator 1.4	H.8 Number of primary healthcare consultations provided. Target: At least 2,000 primary healthcare consultations provided.	2,000	[7,294]	[Displacement report of medical personnel that includes certificates of delivery and photographs of the donations, care carried out in the brigades.]

Explanation of output and indicators variance:	[22 more health brigades were deployed than planned, providing us with 5,294 primary health care services above the target. We also managed to rehabilitate 2 more health facilities than planned (including the maternal and child Atima obstetric management area that had caught fire) and 1 situation room that had been affected and disabled].

Activities	**Description**	**Implemented by**
Activity 1.1	Implementation of rapid basic repairs to damaged/unsanitary health facilities to restore operational functionality of essential services.	PAHO/WHO
Activity 1.2	Procurement and distribution of essential health supplies and equipment to health centers located in affected areas to restore service availability and scale-up care delivery capacity.	PAHO/WHO
Activity 1.3	Procurement and distribution of PPEs, health emergency supplies and equipment to health centers and medical brigades located in areas of multiple affectation.	PAHO/WHO
Activity 1.4	Purchase and distribution of health supplies and equipment for maternal and childcare and sexual reproductive health with cultural relevance.	PAHO/WHO
Activity 1.5	Development and reproduction of information, education, and communication material on maternal and childcare and sexual reproductive health with cultural relevance.	PAHO/WHO-Ministry of Health
Activity 1.6	Implementation of 8 refresher courses for health personnel to improve skills in maternal and neonatal care, respectful childbirth, emergency obstetric care and SRH, GBV with a gender approach, and interculturality.	PAHO/WHO-Ministry of Health
Activity 1.7	Deployment of health personnel and medical brigades to provide essential health services to the population in local communities in situation of vulnerability.	PAHO/WHO-Ministry of Health-COPECO
Activity 1.8	Monitoring and follow-up visits to the municipalities and health regions prioritized by the project (8 visits).	PAHO/WHO

Output 2	100,000 members of vulnerable communities are better protected from risks of disease outbreaks through improved timely detection and control of infectious hazards and increased risk communication around communicable health threats.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of health establishments or health regions in the affected areas where epidemiological surveillance has been reestablished.	10	85	The information is online in the epidemiological surveillance system of the Ministry of Health (PAHO/WHO developed an application for epidemiological surveillance "alert response" that includes a

				module for Harm Assessment and Needs Analysis).
Indicator 2.2	Number of health regions in the affected areas where epidemiological surveillance has been reestablished.	4	4	The information is available online in the epidemiological surveillance system of the Ministry of Health (PAHO/WHO developed an application for epidemiological surveillance "alert response" that was applied in the 4 prioritized regions and includes a module for Damage Assessment and Needs Analysis).
Indicator 2.3	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours.Target: At least 50%.	50	50	The information is available online in the epidemiological surveillance system of the Ministry of Health (PAHO/WHO developed an application for epidemiological surveillance "alert response" that was applied in the 4 prioritized regions and includes a module for Damage Assessment and Needs Analysis). In addition, it was possible to maintain the alert response system for regular epidemiological surveillance.
Indicator 2.4	CC.1 Number of implementing partner staff receiving training to support programme implementation (frontline aid workers trained on epi surveillance, outbreak detection and control and infectious hazards management.)	100	664	Technical reports, attendance lists and photographic records.
Indicator 2.5	Number of community members sensitized around risks of disease outbreak and protective measures.	10,000	63,158	Reports submitted by the integrated teams of the 4 health regions.
Explanation of output and indicators variance:		The number of health facilities that ensure epidemiological surveillance was surpassed by implementing a digital alert and response platform, allowing the number of planned facilities to increase from 10 to 85. In addition, the work of the volunteer collaborators, together with the project teams and the Ministry of Health, allowed us to exceed the planned number of 53,000 members of		

	the community who were sensitized through visits to homes, shelters and educational centers.

Activities	Description	Implemented by
Activity 2.1	Purchase and/or repair of equipment and supplies for vector control.	PAHO/WHO-Ministry of Health
Activity 2.2	Purchase of computer equipment for situation rooms and epidemiological/clinical surveillance at the local level, including surveillance of maternal mortality from preventable causes (including COVID-19).	PAHO/WHO
Activity 2.3	Development of an app for field epidemiological surveillance.	PAHO/WHO-Ministry of Health
Activity 2.4	Rolling-out of rapid refresher sessions for frontline health personnel on community alert and response in selected municipalities.	PAHO/WHO-Ministry of Health
Activity 2.5	Rolling-out of rapid refresher sessions for frontline health personnel and volunteers on epidemiological surveillance, vector control, and outbreak detection, management and control, including life-threatening conditions related to communicable diseases such as COVID-19 and endemic diseases.	PAHO/WHO-Ministry of Health
Activity 2.6	Procurement of laboratory supplies and equipment (reagents, diagnostic tests, sampling kits, etc.) for the surveillance and detection of infectious threats in the most affected communities.	PAHO/WHO
Activity 2.7	Procurement and distribution of IEC materials and communication equipment to support risk communication interventions at community level.	PAHO/WHO-Ministry of Health-Community leaders
Activity 2.8	Support for the mobilization of integrated health teams and volunteers to most at-risk municipalities/communities.	PAHO/WHO-Ministry of Health
Activity 2.9	Monitoring and follow-up visits to the municipalities and health regions prioritized by the project (8 visits).	PAHO/WHO

Output 3	Mental health assistance streamlined and scaled-up to protect frontline workers and vulnerable population in municipalities faced with multi-affectation.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CC.1 implementing partner staff receiving training to support programme implementation ((psychosocial and mental health assistance and self-care strategies.)	100	[395]	[Technical team reports, interviews, delivery certificates and photographic record].
Indicator 3.2	Number of community members who receive information on mental health and psychosocial support.	10,000	50,902	Technical team reports, interviews, delivery

				certificates and photographic record.

Explanation of output and indicators variance:	Fifteen refresher training sessions were held on psychological first aid and self-care for front-line personnel and community volunteers. These community volunteers and health personnel who were trained and mobilized by the project were provided with educational material and information on mental health, which made it possible to provide information on this topic to 50,902 people during visits to homes, educational centers and shelters (40,902 people more than planned).

Activities	Description	Implemented by
Activity 3.1	Rapid refresher sessions on first psychosocial aid, mental health assistance and self-care for health personnel and medical brigades, to support the provision of mental health services to affected communities.	PAHO/WHO-Ministry of Health
Activity 3.2	Development and implementation of a communication plan around mental health and self-care, including reproduction and dissemination of IEC materials.	PAHO/WHO-Ministry of Health
Activity 3.3	Purchase and distribution of supplies and equipment for frontline workers to carry out psychosocial first aid and self-care activities.	PAHO/WHO-Ministry of Health
Activity 3.4	Monitoring and follow-up visits to the municipalities and health regions prioritized by the project (12 visits).	PAHO/WHO

6. 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[12] 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)[13]:

For the accountability to the affected and benefited population, community leaders and local authorities participated at all times in the delivery of works and donations, with the participation of these members of the community. In addition, all the rehabilitation works and donations of equipment, medicines, supplies and all the activities carried out within the framework of the response were published on the social networks of the health secretariat and on PAHO's official web page.

b. AAP Feedback and Complaint Mechanisms:

[12] 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.

[13] 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.

[A social audit mechanism was implemented in the target communities and health centers to evaluate the impact of the interventions and obtain anonymous feedback on the positive and negative experiences of project implementation, through the application of an online satisfaction survey, which included a sample of 170 people, including direct and indirect beneficiaries.
In addition, different interviews were conducted to capture the opinion of local authorities, health personnel and the population in the area of influence.

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

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

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

The objective of this project was to reduce excessive and preventable morbidity and mortality in areas severely impacted by different meteorological phenomena or neglected for different reasons, by strengthening the continuity and capacity of essential health services, including emergency maternal, obstetric, neonatal, and pediatric care and sexual and reproductive health (SRH) services. The project improved the response and care capacity of 15 health facilities (5 first level, 6 hospitals and 4 maternal and child clinics) by acquiring equipment and supplies in the most affected areas for the most affected population of reproductive age, with special emphasis on women, adolescents, young people and pregnant women, including those of African descent.
The project included a component to update the knowledge of health personnel in the application of new guidelines and the swearing in of maternal mortality surveillance and response committees, as well as training in the management of obstetric and neonatal complications. By improving the skills of health personnel, the capacity to identify and adequately address obstetric emergencies has been strengthened, thus reducing the risks for pregnant women and contributing to the reduction of maternal complications and deaths.

It is important to mention that the project kept the gender issue permanently present in all interventions, and within the framework of the project, a Virtual Forum on Gender and Health in Emergency Situations was held with the participation of more than 160 people.

e. People with disabilities (PwD):

This project contributed to improving access to medical care for the affected population, with emphasis on guaranteeing renewed access to the most vulnerable groups by age, sex and health conditions, including people with disabilities. The project was able to deploy more than 96 volunteer collaborators who, together with teams from the Ministry of Health, went to communities, educational centers, homes and shelters to identify people with disabilities who were unable to attend health services and, upon locating them, coordinated the deployment of medical brigades to ensure the care of this vulnerable population.

The project also included interventions in nursing homes and care centers for people with disabilities in the regions prioritized by the project. Based on the above, 1,273 people with disabilities (585 men, 382 women, 153 boys and 153 girls) were cared for.
On the other hand, the rehabilitation of health facilities included friendly elements for the access of people with disabilities, such as the installation of ramps, handrails and other elements that had been affected and made it difficult for people with disabilities to enter and move around inside the facilities.

f. Protection:

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

g. Education:

The project included rapid review actions aimed at updating the knowledge and practices of health personnel to meet needs in mental health, SRH, maternal mortality reduction, public health surveillance, and health emergency management. In addition, it provided information and health education to the population in the affected communities to reduce disproportionate morbidity and mortality, as well as the prevention of diseases associated with environmental risks and hygiene and sanitation conditions. Based on the above, more than 1,160 health personnel and frontline volunteers were trained through refresher days and more than 100,000 thousand people received prevention and health promotion messages or talks.

7. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction
N/A				

8. Visibility of CERF-funded Activities

Title	Weblink
Links to the publications of all the activities carried out within the framework of the CERF project	Reporte mensajes proyecto CERF

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-UF-FAO-007	Agriculture	FAO	NNGO	$ 52,000
22-UF-FAO-007	Agriculture	FAO	NNGO	$ 62,000
22-UF-FAO-007	Agriculture	FAO	NNGO	$ 52,000
22-UF-FPA-008	Gender-Based Violence	UNFPA	NNGO	$ 213,040
22-UF-FPA-008	Gender-Based Violence	UNFPA	INGO	$ 155,869
22-UF-HCR-005	Protection	UNHCR	INGO	$ 249,535
22-UF-HCR-005	Protection	UNHCR	INGO	$ 584,329
22-UF-CEF-014	Child Protection	UNICEF	INGO	$ 233,685
22-UF-CEF-014	Child Protection	UNICEF	NNGO	$ 367,157
22-UF-WHO-008	Health	WHO	GOV	$ 71,625