

ACT Alliance

Global Response to the COVID-19 Pandemic – ACT201

Sub-Appeal - ACT 201-CAM

Central America COVID-19 Regional Response

Budget Requested: USD 936,103

actalliance

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Project Title	Central America COVID-19, Regional Response																														
Project ID	ACT 201-CAM																														
Location	Central América / Nicaragua, Honduras, El Salvador and Guatemala																														
Project Period	Start Date	15 November 2020																													
	End Date	14 September 2021																													
	No. of months	10																													
Requesting Forum	ACT Guatemala Forum. <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)																														
Requesting members	Foro ACT Nicaragua Foro ACT Honduras Foro ACT El Salvador Foro ACT Guatemala																														
Contact	Name	Judith Castañeda / Luis Sarpec																													
	Email	jcastaneda@cedepca.org / LSarpec@cedepca.org																													
	Other means of contact (WhatsApp, Skype ID)	WhatsApp: +502 5709 9912 / +502 4180 5243 Skype ID: Judith.cedepca / LSarpec																													
Local partners	<p>Nicaragua: IGLESIA LUTERANA FE Y ESPERANZA-ILFE; CENTRO INTERECLESIAL DE ESTUDIO TEOLOGICOS Y SOCIALES- CIEETS; CONSEJO DE IGLESIAS EVANGELICAS PROALIZANZA DENOMINACIONAL-CEPAD; SERVICIO MUNDIAL-FEDERACION LUTERANA MUNDIAL-PROGRAMA NICARAGUA.</p> <p>Honduras: OCIDH, ASONOG, CASM CDH, ADEPES, ADEPZA, Vecinos Honduras, Fundacion Simite.</p> <p>El Salvador: SLS, ALFALIT, ORMUSA, CBC, FESPAD, UNES, ULS.</p> <p>Guatemala: Centro Evangélico de Estudios Pastorales en Centroamérica -CEDEPCA-; Fundación EcuMénica Guatemalteca Esperanza y Fraternidad -ESFRA-</p>																														
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Project Outcome(s)	<ol style="list-style-type: none"> 1. Ensure inclusive and safe access to humanitarian assistance, by strengthening livelihoods and promoting alternatives to water and basic sanitation (Water, Sanitation and Hygiene). 2. Vulnerable population affected by COVID19, mainly women and girls, have improved conditions of vulnerability through Community-Based Psychosocial support (CPSA) and awareness about gender-based violence in its different manifestations. 																																																																																																					
Project Objectives	<ol style="list-style-type: none"> 1. Reduce the impact of Covid-19 on vulnerable populations and groups in Central America through the provision of skills and resources for the recovery of their livelihoods, Development of new productive initiatives for water, sanitation, and basic hygiene. 2. To promote and facilitate community-based psychosocial care and protection strategies. 3. To promote initiatives against violence and the practices of gender, economic, political, and cultural inequality due to the Covid-19 pandemic. 4. To strengthen the coordination and cooperation between the Central America ACT Alliance forums through the exchange of knowledge and strategies of the different Communities of Practice and member organizations. 																																																																																																					
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Reporting Schedule

Type of Report	Due date
Situation report	15 January 2021 <i>First SitRep due</i>
Final narrative and financial report (60 days after the ending date)	15 November 2021
Audit report (90 days after the ending date)	15 December 2021

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal, and subsequent allocations will be made through proposal submissions assessed using the defined criteria. Detailed narrative documents and budgets of approved proposals will be communicated to donors of the Appeal. For status of pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>, Appeal Code ACT201.

Please inform the Head of Humanitarian Affairs, Alwynn Javier (Alwynn.Javier@actalliance.org) and Regional Representative, Carlos Rauda (Carlos.Rauda@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:**Latin America and the Caribbean**

ACT Regional Representative, Carlos Rauda (Carlos.Rauda@actalliance.org)
Humanitarian Programme Officer, Sonia Judith Hernandez (Sonia.Hernandez@actalliance.org)

Visit the ACT COVID-19 webpage: <https://actalliance.org/covid-19>

Alwynn JAVIER

Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

I. BACKGROUND

I.1 Context and Needs

In Central America, the general outlook derived from the Pandemic is discouraging. The countries have begun a process of reopening. According to the health ministries of each country except Nicaragua, the contagion rates do not show reduction, at the same time that people are ceasing to protect themselves and / or do not have enough resources to invest in their protection.

In Guatemala, El Salvador, Honduras and Nicaragua with a population of approximately 50 million people show around 200,000 confirmed cases, China with a population of 1.4 billion, that is 28 times more, registers approximately 92,000 confirmed cases of coronavirus.

Another information that concerns in our countries is the mortality rate, while in China it is 3.2 per 1,000 inhabitants, in Guatemala it is 24.54, Honduras 18.82, and El Salvador 13.21.

With the reopening measures in these countries and without biosafety measures and with the poor health systems , contagion levels could be increasing at the end of the current year and the beginning of 2021.

Additionally, the countries of the northern triangle permanently face the phenomenon of massive migration and high rates of deportations from the United States (USA), currently the mobilization is taking place in the form of caravans leaving Honduras to the north, being this population is a highly vulnerable group to the impacts of COVID19, but at the same time a vector of mobility and contagion of the virus. The first case of coronavirus in the region was registered in Honduras on March 11, followed by Guatemala on March 13, and El Salvador and Nicaragua on March 18. As a result of this situation, and taking the recommendations of the World Health Organization (WHO), governments implemented a series of measurements aimed at containing the spread of the virus in the region, such as: restriction of interdepartmental mobility, travel ban for recreation, limitation of mobility for the elderly, pregnant or with chronic diseases and children, suspension of public transportation in urban and interdepartmental centers and the closure of educational centers and production and trade companies. Air, land and sea borders were closed, only nationals and the diplomatic corps were allowed to enter, who had to go through a mandatory quarantine period, in each country the impact in economic, social, physical and mental health terms have been negative for families at all levels: urban, peri-urban and rural.

Nicaragua has been the country with the most relaxed measures around the pandemic.; no mandatory quarantine or curfew, schools and public events continued their activities.

In each country there are different scenarios generated by COVID-19, as of September 28, 2020

	Reported Cases	Recovered Cases	Deaths
Nicaragua¹	4,065	3,804	149
Honduras²	75,109	26,374	2,289
Salvador³	28,809	23,317	831

¹ <https://juventudpresidente.com.ni/covid19-nicaragua/>

² <http://www.salud.gob.hn/site/>

³ <https://covid19.gob.sv/>

Guatemala ⁴	90,263	79,067	3,234
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Source:

https://news.google.com/covid19/map?hl=es419&mid=%2Fm%2F0345_&gl=US&ceid=US%3Aes-419

Guatemala, El Salvador, Honduras and Nicaragua, in general terms, present heterogeneous conditions in their indicators of food and nutritional security, perceiving disparities in the indices of human development, undernourishment, purchasing power, and malnutrition, also several climatic events have negatively impacted the agricultural production, exacerbating food and nutritional insecurity in recent years.

Currently, the region faces an economic crisis due to the loss of thousands of jobs related to the closure of micro and medium-sized companies. In El Salvador, at the end of May and beginning of June, the context was aggravated by damage caused by tropical storms Amanda and Cristobal, which considerably affected causing deaths, disappearances and destruction of homes and crops.

Main areas affected during the pandemic:

- **Health Area:** with the pandemic other recurrent and chronic diseases of the population are neglected. There are great deficiencies in infrastructure and financial and human resources: low budget, deteriorated overcrowded hospitals. The facilities have been insufficient for the level of demand and depend largely of equipment and supplies importation. In 2018, the date of the latest available data, the Northern Central American Countries (NCA) were among the 9 countries with the lowest number of hospital beds per 1,000 people in the world, Guatemala ranking last⁵.

In our communities, the lack of necessary infrastructure, lack of access to basic services, does not allow conditions to prevent contagious diseases, normally people do not make safe and continuous use of personal and/or family protection measures, or there are not enough resources for this provision, generating difficulties to comply with biosafety measures by not being able to buy supplies for personal hygiene such as hand sanitizer, gloves and face masks as a prevention mechanism.

The lack of safe and good quality water affects the possibility of healthy hygienic practices, and countries such as El Salvador, Honduras, Guatemala, and organizations of civil society movements struggle to enforce the human right to access water. In rural communities in Central America, the water issue is more complex and in many regions such as the Central American dry corridor (Western of Nicaragua, Southern of Honduras, Northern of El Salvador and Central area of Guatemala), wells depends on rain to recover their water table, water's quality is an issue.

Mental Health Diseases: The population of various communities need **objective information and guidance** about COVID-19 to take protective measures and reduce stress, fear, uncertainty and other normal reactions to unexpected events that threaten psychological well-being. At the beginning of the pandemic, many myths were created, uncertainty and mistrust among neighbors increased. Many people have lost a family member or have been infected, the processes of recovery and grief in this context of a pandemic are not easily accepted and psychosocial support is required for emotional rehabilitation and reintegration into daily life. With the closure of schools and children at home, learning delays are generated, customary

⁴ <https://tablerocovid.mspas.gob.gt/>

⁵ https://repositorio.cepal.org/bitstream/handle/11362/45337/4/S2000264_es.pdf

family activities are broken, and in large families overcrowding causes higher levels of stress and anxiety that directly affect the quality of life.

Jobs: A loss of 3 million jobs is estimated due to the impact of various productive sectors such as tourism, exports, unemployment in industry and commerce.⁶

It is estimated that in the four countries between 60 and 80% of employment is informal due to the lack of opportunities and the fragility of the families' livelihoods, this informal work condition means that these people do not have the opportunity of any social protection and has not benefited from the limited economic growth that has characterized the region in recent years. On the contrary, real per capita income decreased for the most vulnerable sectors. According to the Global Knowledge Partnership on Migration and Development (KNOMAD), in 2019 remittances represent 21 percent of GDP in El Salvador, 13.1 percent in Guatemala, and 22 percent in Honduras.⁷

- **Food Security :** Due to restricted mobility, many producers have been affected by the loss of their crops and have not been able to place their products in traditional markets, besides the low purchasing power. People depend on the daily income generated by their sales or services; therefore, they are unable to go out to work, they do not have access to money, and they face difficulties in buying food for their families.

Food insecurity is a critical area since, according to data collected up to February 2020 by the United Nations Office for the Coordination of Humanitarian Affairs, some 600,000 people were food insecure in El Salvador, the majority in rural areas. This figure reached 3.2 million in Guatemala, while 962,000 people were acutely and severely food insecure in Honduras (the equivalent of 18 percent of the population). In rural areas, especially families that depend on agricultural and livestock activities have seen their livelihoods affected by limited access to resources. Undoubtedly, the food security of these families will be more affected.

- **Gender Based Violence (GBV):** Cases of violence against women have increased. Available evidence about other epidemic outbreaks and health emergencies show that vulnerability and risk for women and girls increase in these types of scenarios, and the outbreak and the global pandemic of COVID-19 added to the confinement measures, are not an exception. This issue has led to a significant increase in the number of GBV cases, including cases of sexual violence. In a region characterized by some of the highest rates of GBV, women are even more vulnerable in the pandemic context, given the limited access to basic services such as medical care, drinking water, legal services, psychosocial care, among others. A determining element is gender-based violence for economic reasons, leaving women more vulnerable and without access to resources.

Needs Analysis :

Using the virtual tools on different platforms, a damage and needs assessment process was carried out, through consultations and interviews with partner organizations of the ACT national forums, religious leadership and community leadership, in addition to the information provided in various coordination teams national teams such as Humanitarian Team of each country, national water tables, national tables for disaster risk management and Fund of International Solidarity Cooperation Organizations-FOCIS for El Salvador, table of migrants and refugees for Nicaragua

⁶ BBC report with information from ILO-UN <https://www.bbc.com/mundo/noticias-america-latina-52220090#:~:text=El%20documento%20prev%C3%A9%20que%20la,redducci%C3%B3n%20temporal%20de%20as%20horas.>

⁷ <https://www.knomad.org/data/remittances>

and Honduras, the needs were identified of water, sanitation and hygiene, psychosocial support, improvement of livelihoods and intervention to confront gender-based violence.

In the regional context, the main needs that this appeal directly addresses are:

1) **Shortages and demand for personal hygiene and biosafety products, as an alternative to avoid contagion:** Provide items such as face masks, gel, soap, detergent, since the products have high cost, additionally families with high economic vulnerability cannot acquire the material of hygiene and biosafety that the government decrees mandatory and / or they must prioritize investing between purchasing some food or prevention materials for biosecurity.

2) **People's wellbeing and target a decrease in stigma, discrimination and gender based violence:** Providing relevant and timely emotional care will help in emotional recovery and improve people's resilience to face the epidemic.

3) **Strengthening and recovery of quality of life:** unemployed population, with difficulties in accessing food, due to losses in agricultural production and reduced sales of the informal economy, generated by the pandemic and aggravated by climatic variation and the Amanda Storm and Cristóbal.

4) **Increase in Gender-based Violence:** Sensitization of people to the increase in violence in families during the pandemic.

In summary, the impact of the pandemic in Central America has gone beyond health, it is affecting all areas: material, social, cultural, psychological, emotional, spiritual, and cognitive.

The urgency of addressing these issues in the region, especially in the most vulnerable communities, is obvious; otherwise, a critical scenario of famine, worsening sanitary conditions, major mental health problems and further impoverishment of the population is expected.

It is urgent to propose a short-term strategy to care for the most vulnerable families, those in conditions of moderate and extreme poverty in the countries.

1.1 Capacity to respond

ACT Forum in Nicaragua, Honduras, Guatemala, and El Salvador

The current capacities of the forums in Central America for the articulated response in the context of COVID-19 is determined by the following aspects:

- ***There is a national forum in each country:*** In the current context and other contexts before the pandemic, ACT-Alliance Humanitarian Aid has been developing processes at the local and regional level to improve the quality of the response in the population served, reflecting on lessons learned after emergencies, ACT Alliance and its members decided to initiate a consultation process for the configuration of structures in local and regional forums in Central America, as of 2001 the conditions were in place and local forums were created in the five countries.
- ***There is previous experience and political will in each forum for articulated and coordinated work as a region:*** Extensive experience has been accumulated in responding to different emergencies, such as drought, tropical storms, earthquakes, eruptions, socio-political conflicts where the systematic violation of the human rights of organized civil society has been threatened with persecution and even assassinations. Experience in humanitarian assistance has been developed for more than two decades, including capacity building for technical teams, leaders, and different actors. The forums have developed experience in processes of promotion

and consolidation in different areas of disaster response in a comprehensive manner. Member organizations have experience, working relationships and implementation and monitoring methodologies with the communities involved. There is a tradition of working with community workers of health, environment, climate change, migration, articulations with local actors, local and central governments.

In the **public health** area, capacities have been developed for coordination and support in health prevention, in cases of health emergencies such as addressing epidemics such as dengue, Zika and social emergencies such as the increase in the population deported from the United States in recent years and the emergency in 2014 of unaccompanied migrant minors, support for defenders of criminalized territory and low personal risk for their advocacy work.

In the **Psychosocial/Protection** area: Forums have developed continuous training processes to accompany affected people and communities in mental health. This is how communities of practice have emerged. Community-based psychosocial care, which is currently led from the CA region, and the Gender Justice COP, which are represented in each country, as well as starting the Disaster Risk Reduction Community of Practice, mainly made up of the last team formed by ACT as ToT in SPHERE. These structures serve as endorsement and support to ensure that humanitarian workers specialize in these areas to provide quality care and response.

The Community of Practice of Psychosocial Support based in the community has trained 76 people in the region in the Community Based Psychosocial Support (APBC for its acronym in Spanish) methodology, the connection of coordination, support and follow-up will continue in the implementation of this Appeal and beyond in anticipation of the realization of a sub-regional community for Central America.

The forums' members in the region have accompanied families to face different risks, including climatic, economic, social, and political. These phenomena affect available livelihoods population. The strategies developed have helped to create conditions of economic, social and climate empowerment through innovation and recovery of livelihoods, to mitigate these effects and achieve their sustainability. This proposal rescues these experiences in order to take the best practices and achieve results with the families participating in this area.

The livelihood component is considered a area of expertise in the CA forums, since most of the organizations participating in this appeal have the approach to livelihoods embedded in their development programs / projects.

- **Forums have plans of Emergency Response:** The Central American forums have been constantly reviewing the response plans and exploring mechanisms to provide a quality response, the region's forums have adhered to the nine principles of the humanitarian standard of quality and accountability. All forums in the region have updated, or are in process of updating, Emergency Preparedness and Response plans that contain different response protocols depending on the addressed emergency.

Therefore, the forums constantly specialize in programmatic areas that lead to improving the quality of life, resilience in the most socially, economically and environmentally vulnerable communities, permanent actions are carried out to reduce the effects of climate change, migration, Justice of gender, community-based psychosocial care.

- **Integration in humanitarian coordination teams and spaces in each country:** National forums are part of the Humanitarian Teams in each country, Municipal Committees of Civil Protection, Intercommunal Committees, territorial water and risk tables, health cluster, mental health, protection and migration subgroups, in which they share experiences and synergies in different fields of humanitarian assistance that allow guaranteeing mechanisms for coordination,

communication and effective response, complying with high humanitarian standards, avoiding duplication of efforts. Additionally, the region has close relations with the CEPREDENAC office.

- ***Advocacy experience in public policies at national level:*** The forums and their members in each country have accumulated experiences and developed skills for multilevel and multisectoral advocacy on issues such as human rights and protection of defenders, access to water, migration, food security, etc., which together make synergy to improve the living conditions of the most affected populations. These national capacities may be transferred to regional actions, mainly on central issues for advocacy in the context of the Northern Triangle, such as migration, corruption in the context of emergencies, and addressing gender-based violence.
- ***Knowledge Management:*** Central American forums have been in a continuous process of training in humanitarian standards, Sphere, the Essential Humanitarian Standard (CHS), code of conduct, code of good practices and good psychosocial practices, safeguarding children, relevant aspects of equity, and gender and have adhered to the humanitarian policies and protocols implemented by the ACT Alliance in humanitarian action.

II. RESPONSE STRATEGY

The project will be executed by ACT members, grouped in each national forum, with a historical presence in the different target communities. The members involved in this response, in each country, will be responsible for implementing the set of activities that have been proposed, and this process will be guided by a specific **Operative Plan** of each national Forum, which will be included in the **Regional Operative Plan**, whose monitoring will be under the responsibility of the National Coordinators, grouped in the Regional Coordinating Committee.

The Regional Appeal Implementation Strategy is carried out based on a response planning tool (from forums at the regional level), as an integrating mechanism for all sectoral strategies, to promote coherence and interrelation between the forums and combine with the necessary operability to improve management efficiency. At the same time, actions are proposed for monitoring and evaluation, knowledge exchanges to increase coherence during implementation, under the same methodological model of action.

The **sustainability** of the processes will be associated with the regular work that each ACT member develops in their areas of influence in the Central American context, considering a context that has been transformed by the release of restrictive measures. Here, Protective biosafety measures for the communities involved in this project acquire an important relevance, and for the personnel of the organizations that will support the necessary actions.

The response strategy will focus on two key areas of intervention:

- a) Identified vulnerable communities.
- b) Strengthening the capacities of member organizations of forums in the region.

In the first area, the Regional Appeal will focus its actions on vulnerable groups at the level of different Central American contexts, which historically have been on the margins of government responses (women, children, people with disabilities, the elderly, LGBTQ population and agricultural producer families), and that, in the case of the present emergency due to the impacts of Covid-19, they observe the same conditions of marginalization and exclusion. These groups are in geographic areas where ACT members and their local counterparts have historically been present.

The operational part will base its actions on existing relationships with leaders and grassroots organizations in the target communities. Of particular importance will be the design of an operational strategy that prioritizes risk management aspects of contagion, due to the nature of the emergency. In this sense, the modality of virtual coordination will be prioritized and, when

extremely necessary, actions that require mobility of personnel or communities will be accompanied by strict biosafety protocols, with detailed equipment of protection supplies, both for communities and for the project operational staff in each involved country.

The accuracy of the defined care areas, livelihoods, WASH, Community-Based Psychosocial Support -APBC- and Gender, will base their actions on accumulated experiences of member organizations of the forums.

In the case of the promotion of livelihoods and/or the development of new productive entrepreneurship, there is a vast experience of national organizations such as CEDEPCA and ESFRA in Guatemala, ALFALIT, the Lutheran Synod of El Salvador, in Honduras CASM, OCDIH and ADEPES in Honduras and CEPAD, CIEETS and ILFE in Nicaragua. In this area, a small consortium of organizations will be formed that contribute to running of actions that are technically and politically viable and in accordance with the reality of each context. The forums will pay special attention to contribute with seed capital for entrepreneurship initiatives, provision of inputs for the rehabilitation of basic grain crops for subsistence and other diversified crops according to the characteristic of the vocation of soils for diversified crops (vegetables) accompanied by technical assistance, looking for innovative alternatives according to the emergency context, such as in-person counseling with protocols at the family and community level, and in other cases (virtual) remote assistance, always under the principle of biosafety and self-care. It has been considered to work with the modality of cash transfers in the territories where it is available.

Two countries, El Salvador and Honduras will use cash transfer with communities to support some productive actions. The actions will take place in rural and urban areas.

With regards to WASH, there is an accumulated experience of CEDEPCA in Guatemala, which can contribute to a regional leadership on the subject and the definition of regional protocols that allow putting into practice the guidelines established by the ACT Alliance policies, in accordance with the local policies in each one of the countries involved in the Appeal.

On the other side, the APBC Community of Practice, which has shown sustained leadership at the Latin American level, will give its support to the region with the leadership of CEDEPCA, seeking to specify a sub-regional space of that community, which allows, with this experience, put into practice the tools that have been built, and the appropriate protocols for future humanitarian interventions. The Gender Community of Practice in the Central American region is expected to do the same. Capacity strengthening in aspects of communication, organization, access and management of new digital technologies will also be sought; because, in emergencies like the current one, the use of these platforms and technologies becomes extremely important and can contribute to a greater effectiveness of the intervention and to apply more adequate protection and safety measures for the personnel.

Another relevant aspect of the intervention strategy will be the advocacy effort that each forum will make in its work context, both at the level of local and national authorities and, as a whole, the project will also link efforts with regional bodies such as *El Centro de Coordinación para la Prevención de los Desastres en América Central y República Dominicana* (CEPRENAC), and the *Sistema de Integración Centroamericana* (SICA). It will seek to raise awareness and position a topic of humanitarian interest, financial aspects, organizational aspects, coordination and synergies; as well as issues related to standards recognized by the humanitarian community and relevant aspects of transparency and accountability in the context of the health emergency.

In summary, the response will base its implementation not only on the accumulated capacities of each forum in their contexts of intervention, but also on the accumulated experience in the

implementation of previous joint humanitarian actions, which have allowed the solidification of an expertise in different sectors of the humanitarian response and that this allows not only the strengthening of the members of the forums at the regional level, but also serves as the basis for the consolidation of a Central American regional forum with operational capacities and immediate response to a humanitarian crisis.

II.1 Impact

To contribute to diminish the impacts of COVID-19, and the emotional and economic recovery of vulnerable families, through a humanitarian response, coordinated, articulated and with a perspective based on rights and gender from the ACT Alliance forums in 4 Central American countries.

The long-term impact is expected at two levels, mainly:

- 1) That people achieve self-sufficiency to meet your essential needs and enjoy social and economic rights in a sustainable and dignified way.
- 2) Create conditions of emotional resilience, which allows the implementation of coping strategies based on APBC in emergencies.
- 3) Create capacity response at Risk Management at long term, regarding future emergencies. All this will be included in Livelihood activities and environmental actions, not only in this Appeal, also in regular work of organizations in communities.

II.2.1 Outcomes

1. To ensure inclusive and safe access to humanitarian assistance, by strengthening livelihoods and promoting alternatives for water and basic sanitation (Water, sanitation and hygiene).

2. Vulnerable population affected by COVID-19, mainly women and girls, have improved conditions through Community-Based Psychosocial support (APBC), and awareness about gender-based violence in its different manifestations.

II.3.1 Outputs

(Livelihoods)

1.1. At least 2,469 families and vulnerable groups have the necessary resources to reactivate their livelihoods or undertake new productive initiatives that allow them to guarantee a life with dignity.

Activities:

- a) Recovery of livelihoods with the provision of equipment and supplies so that people have new foods, diversify their nutritional diet, and can generate income. (Delivery of seeds for vegetables, basic grain crops, fruit and timber trees, and incorporation of medicinal plants)
- b) Support youth and women with economic funds for productive units (agricultural and entrepreneurs).
- c) Promotion of strategic grain and seed reserves through the leverage of a base capital for the purchase and storage of grains (bank of grains for consumption and seeds, purchase of silos or other infrastructure for storage).
- d) Definition of methodological curriculum for the accompaniment and strengthening of Entrepreneurship in the context of COVID-19 in the Central American region (**led by the Honduras forum**).

- e) Design and implement a training plan on protection of livelihoods, climate resilience, risk management within the framework of an agroecological approach. **(Guatemala)**
- f) Establishment of a platform (e-learning) at the regional level that allows the exchange and management of knowledge on the strengthening of livelihoods at different levels. **(Support from the regional secretariat and the COP DRR of CA and the Caribbean).**

(WASH)

1.2. At least 1,978 families and vulnerable groups have access to safe water and improve their good hygiene and biosafety practices at home.

Activities:

- a) **Provide safe and inclusive access to drinking water, personal protective equipment, hygiene kits, and raise awareness of safe hygiene practices.**
 - Biosecurity kits for productive units and their families
 - Training for production units on biosecurity measures for their families and how to put them into practice for their units.
 - Provision of water filters and replacements to improve the condition of drinking water.
- b) **Design and implementation of an education and awareness campaign focused on the prevention of COVID-19 through the different media.**
 - Meetings with local actors to coordinate the implementation of the campaign
- c) **Implementation of a training plan on WASH at community and family level:** (+management and handling drinking water, sanitation and family hygiene, prevention of contamination, coordination with governing bodies of water, etc.).

(Gender)

2.1. At least 1,485 families, 50% of people who have access to social networks linked to ACT organizations and, and different sectors of communities involved in the Appeal have reliable information that allows them to identify, prevent, report and/or address gender-based violence.

Activities:

- a) **Spread information to reveal, prevent, report or address gender-based violence:**
 - Radio spot about the prevention and reporting gender-based violence
 - Preparation and distribution of informative material on prevention measures and places to report for the eradication of gender-based violence, according to the context of each country.
 - Monthly compilation of statistics on femicides and complaints from women victims of violence during the national emergency, (according to appeal's geographical area)
 - Monthly compilation of the statistics of femicides and complaints of women victims of violence during the national emergency, (according to geographic area of appeal), to strengthen the advocacy work of the Gender COP, connecting with organizations that monitor these issues (UNFPA, UN Women, etc.).
- b) **Implementation of a regional school on Gender-based Violence: Curricular definition in coordination with the Gender COP and invited women's organizations in the countries**
- c) Design of alternative mechanisms for GBV care, connected to Gender Justice COP Plan -ACT AL, including training for community workers about the operation of support mechanisms for women victims of violence.
- d) Training and education for organizational and religious leadership at local levels, oriented to issues of solidarity, stewardship, non-discrimination, etc. (links for the facilitation and replication of messages to parishioners, for example to address GBV)

- e) **Implementation of initiatives for the promotion of the economic empowerment of women, from the feminist economy approach.** (Support with financing/seed funds, using strategies via CASH TRANSFER or other).

(APBC)

2.2. At least 2,790 families and individuals receive psychosocial support to increase their resilient mechanisms to cope with various crises.

Activities:

- a) **Skills development for community-based psychosocial care (CPA) for community leaders, community workers and structures.** (Workshops at forum level and replicas at the community level).
- b) **Emotional assistance to face the psychosocial reactions generated by the pandemic:** Training on techniques for coping with stress, grief management, non-discrimination, and elimination of stigma due to contagion.
- Coordination with groups of Psycho traumatology and teams of Psychologists at local organizations level that are members of each forum.
 - Establishment of a virtual platform by the team of therapists in Psycho Traumatology to provide care for people affected by post trauma stress caused by the effects of COVID-19.
 - Psychological assistance to cases who require it (includes allocation of funds to have virtual or telephone alternatives for at least 4 treatment sessions).
- c) **Development of conferences on self-care, health, and well-being of the population in times of pandemic aimed at leaders and humanitarian aid workers.**
- d) **Establishment of a platform (e-learning) at the regional level that allows the exchange and management of knowledge about APBC and Gender**
- Dissemination of methodological guides for psychological first aid to people affected by emotional crises due to the pandemic.
 - Delivery of educational kits to families for the development of playful games with children and young women.
 - Develop a virtual or radio forum about the effects on health and well-being of the population due to the presence of the pandemic.
- e) **Design and implement a campaign on mental health in times of pandemic and launch it in digital and radio media in Central America.**
- Establish the emphasis and focus of the campaign at regional level.
 - Update national campaign of the Honduras-Diakonia forum “Your emotional health is important” and link it with the regional campaign.

II.4 Exit strategy

The proposed interventions are based on community communication and participation, from the approach of the proposed processes, its implementation, to post-intervention monitoring. Initiatives will be carried out with a particular focus on strengthening resilience and capacity development.

Actions for psychosocial support, resilience and capacity building will have long-term benefits and, of course, will be effective in a recovery phase.

Psychosocial support will create support strategies between communities with a network of local facilitators to face not only the effects of COVID-19 but with any traumatic circumstance.

Participants will be able to adopt permanent hygiene practices that will benefit the health of their communities.

The proposal has a strong component to **promote livelihoods under current conditions**; this component aims to create lasting conditions for families to acquire resources, especially food. The strengthening of livelihoods takes advantage of the local resources that families have such as land, and at the same time this work is inserted in the regular work programs of the implementing organizations which will allow monitoring of the initiatives beyond the appeal period.

The issue of gender-based violence will be addressed along with the COP of Gender Justice, this guarantees the sustainability and continuity of actions, since the COP is a permanent coordination, advocacy, and articulation instance.

The Central American forums will ensure that community members (women, girls, men, and boys) are consulted and encouraged to provide feedback and that they themselves can become agents of change for their communities.

III. PROJECT MANAGEMENT

III.1 Implementation Approach

The proposed approach is participatory: it involves beneficiaries and involved parties in each stage of the project cycle in a comprehensive manner and taking into account the different dimensions of human dignity. It is expected that the project will protect vulnerable groups and communities from contagion in terms of physical and emotional health and, at the same time, provide the tools and conditions necessary for the development of productive activities that promote a life with dignity to the communities served.

This project, due to its regional nature, combines local efforts from each country, but with an integrated vision, which presents several challenges in its approach and in a common understanding of similar contexts. Therefore, there are areas in which this overview will always be present:

1) The integration of a regional Coordinating Committee defined by the project coordinator in each involved country. It will be the body for monitoring/overseeing the actions developed by the Forums; it will set the guidelines for the orientation of local processes and possible regional synergies. It will establish needs in capacity building that guarantee the full implementation of the processes at each country level and will be responsible for the processes of transparency and accountability throughout the entire response.

2) Regional integration of the ACT Alliance Community-Based Psychosocial Support (APBC CoP); It will provide advice and inputs in the intervention, monitoring and evaluation. The participation of the COP APBC in facilitating a methodological approach that integrates psychosocial aspects in the response adds a mental and social dimension to the humanitarian aid provided in the region's Appeal, based on the guiding principles of community-based psychosocial support for ACT Alliance programs.

3) Direct advocacy efforts, based on daily practice in the implementation of the project, towards regional bodies such as CEPREDENAC (*Centro de Coordinación para la Prevención de Desastres en América Central y República Dominicana*) and SICA (*Sistema de Integración Centroamericana*), that includes addressing regional policy initiatives for humanitarian work in Central America (Gender and Security) and actions to sensitize the attention to Migrants and make it visible as a problem or issue for regional advocacy, highlighting the massive deportations in the Northern Triangle. Highlight the lack of clarity of response protocols of Central American governments for returned migrants,

emphasizing the issue of Migrants' Rights and international agreements on this matter, assumed by governments.

4) Support the establishment of a regional capacity building platform based on available/accessible academic resources from the ACT Alliance, for example: APBC, Gender, Sphere, CHS, etc., and other aspects related to communication, PME, access and management of digital technologies, knowledge, updating and appropriation of the policies and guidelines of the ACT Alliance.

5) Promote efforts, based on the ACT Alliance Gender Community of Practice, to position principles and values of equity in the evaluation and running of processes and projects. The effort that will go beyond this Appeal.

6) Finally, as indicated in section II), it is expected that a consolidated **Regional Forum of Central America** that allows to act in an agile and efficient way at the time of an emergency. In addition, it may have the potential to support other emergencies in the Latin American context, if required, with the presence of a **Rapid Response Team, linked to the DRR COP TORs of Latin America and the Caribbean.**

III.2 Implementation Arrangements .

The arrangements and agreements at the regional level for the implementation of the appeal are as follows,

- 1) The four forums participating in this appeal (Guatemala, Honduras, El Salvador and Nicaragua) have appointed the Guatemala Forum, represented by CEDEPCA to present and represent this appeal before the ACT general secretary, CEDEPCA will be responsible for the follow-up and consolidation of products and appeal reports. Through the Regional Coordinating Committee, CEDEPCA will monitor the implementation of processes in each country, as a result of the funds that each Forum will receive proportionally from Geneva. CEDEPCA, in coordination with the Regional Coordinating Committee, will lead the relationship and communication with the regional secretary for PME and support activities, from the ACT regional secretary team, will agree on decisions at the regional level in the implementation of the appeal and will send communications and feedback to the regional office and forums.
- 2) In each country, a national appeal coordinator will be hired. This team of coordinators will be integrated as a regional CA appeal coordination team and will work in a coordinated manner with field technicians and with the national coordination of the forum in their country.
- 3) At each forum level, internal management and appeal management arrangements have been defined:
 - **Guatemala Forum: CEDEPCA** coordinates the ACT Guatemala Forum. It will be the organization in charge of implementing actions at the local level in operational terms of the project, in coordination with ESFRA, local member and counterpart of CEDEPCA. In addition, it will administer the funds assigned to the Guatemala Forum.
 - **Honduras Forum:** The national coordination of the forum is in charge of Christian Aid and Diakonia, the general administration of the forum is done through a national counterpart organization The Christian organization of integral Development of Honduras "OCDIH", from where there is an exclusive account for managing ACT funds, other members in charge of the budget in the Lutheran Federation/South Region), CASM (North and West Region).

- **El Salvador Forum:** The Lutheran Synod is the Coordinating organization of the ACT Forum in El Salvador; the Synod will assume the responsibility of conducting the actions, will establish agreements with the implementing local partners and, in addition, will be in charge of the financial administration of the project.
- **Nicaragua Forum:** Nicaragua Forum: The national coordination of the forum is in charge of ILFE and this will be the coordinating organization of the appeal, the financial administration of the funds and the contractual arrangements between the implementing members at the internal level will be the responsibility of the Lutheran World Federation's world service office.

III.3 Project Consolidated Budget

		Appeal Total	GUATEMALA Forum	NICARAGUA Forum	EL SALVADOR Forum	HONDURAS Forum
Direct Costs		827,890	215,119	219,700	189,557	203,515
1	Project Staff	163,108	58,168	37,965	23,294	43,681
1.1	Appeal Lead	9,101	9,101	-	-	-
1.2	International Staff	-	-	-	-	-
1.3	National Staff	154,007	49,067	37,965	23,294	43,681
2	Project Activities	542,803	140,924	146,594	128,520	126,764
2.1	Public Health	-	-	-	-	-
2.2	Community Engagement	-	-	-	-	-
2.3	Preparedness and Prevention	-	-	-	-	-
2.4	WASH	101,126	41,737	39,792	720	18,877
2.5	Livelihood	241,669	62,000	48,228	41,400	90,041
2.6	Education	-	-	-	-	-
2.7	Shelter and Household items	-	-	-	-	-
2.8	Food Security	-	-	-	-	-
2.9	MHPSS and Community Psycho-social	62,415	8,433	26,317	20,400	7,264
2.10	Gender	137,593	28,753	32,257	66,000	10,582
2.11	Engagement with Faith Leaders	-	-	-	-	-
2.12	Advocacy	-	-	-	-	-

3	Project Implementation	22,466	2,500	9,267	5,863	4,836
3.1.	Forum Coordination	12,022	2,500	7,252	1,368	902
3.2.	Capacity Development	10,444	-	2,014	4,495	3,934
4	Quality and Accountability	36,330	6,133	11,325	9,880	8,992
5	Logistics	52,360	4,320	14,548	18,000	15,492
6	Assets and Equipment	10,823	3,073	-	4,000	3,750
Indirect Costs		80,947	13,907	23,203	28,890	14,948
Staff Salaries		52,834	12,373	17,591	22,050	820
Office Operations		28,114	1,533	5,612	6,840	14,128
Total Expenditure		908,838	229,025	242,903	218,447	218,463
ICF (3%)		27,265	6,871	7,287	6,553	6,554
Total Expenditure + ICF		936,103	235,896	250,190	225,000	225,017

III.4 Project Monitoring, Evaluation and Learning

The Regional Coordinating Committee assumes the commitment of monitoring, evaluation and learning of the Appeal to ensure its regional dimension. Accompanied monitoring between forums will be promoted in person and virtual, through telephone calls, virtual interviews, perception surveys on project satisfaction, involving different actors, community, operational, partners, decision makers and other relevant.

The committee will be formed by the national coordinators responsible for the implementation of the appeal and will be in charge of verifying the design and implementation of the regionally shared PME system, which will include quarterly monitoring, evaluations (intermediate and final) and sessions to rescue lessons learned. Operational, relationship, coordination and PME decisions are under his/her responsibility with a broad consultation approach between the different areas. The committee has the endorsement of the directors of organizations and the coordinators of forums to make these decisions. They must also ensure accompanied monitoring and follow up on compliance with the recommendations.

At a local level, monitoring will be done continuously with two accompaniments per forum when there would be a 25 to 60% of implementation to ensure compliance with goals and products, this process will be led by the appeal coordinator at the level of each country, with the support of the forum coordination. The monitoring will include interviews with the beneficiaries and their feedback on the processes implemented.

Two evaluations will be carried out, an **intermediate at internal and a final (external) level**, with a focus on putting people first to ensure relevance, learning and impact. The learning will be expressed in a final systematization that includes the products of the monitoring and evaluations.

Monitoring will be established as a shared system of recording instruments where actions to achieve the goals and results will be reported. Accompanied monitoring will focus on the relevance and

viability of the system, as well as the actions carried out and if these are adjusted to the current needs of the target population.

For the PME system to be successful, the indicators of the different Sphere and CHS standards will be taken, which ensures a “participatory” project with mechanisms for direct involvement of the beneficiaries, through the optimization of the use of digital/virtual media.

The coordinating committee will rigorously monitor the actions, through inputs such as periodic implementation reports, progress reports, analysis of achievements and results to evaluate the course of the actions every three months and can affirm the established programming or suggest the relevant changes which guarantee the expected results. Members of the ACT Forums, local counterparts and representatives of the communities benefited from the project will be directly involved in this process to ensure a process adjusted to current needs.

Evaluations will seek to measure the impact, effectiveness and sustainability of project interventions. Aspects such as,

- Achievements and reached results that give account of the wellbeing of communities served.
- To establish the efficiency and effectiveness of the project, based on the indicators established in the formulation made by each of the forums in their countries.
- To estimate the sustainability of the actions implemented.
- To identify the main lessons learned during the implementation of the project, which will be considered in future projects.
- To make recommendations, based on weaknesses identified in the design and execution of the different processes implemented by each Forum.

III.5 Safety and Security plans

The Central American region has historically been sensitive in political and social issues, and extremely vulnerable to threats of a natural or anthropogenic nature. In this specific case of the COVID 19 pandemic, the scenario becomes more complex, since a very important health risk component is added, associated with the general risks indicated.

Although in health terms the issue of protection of the teams that will be in the response is prioritized by all forums, through the development and coordination of remote activities, possible exposures to contagion are not ruled out, in the event of unavoidable exits to the countryside. To manage this risk, the Forums in each country will continue to implement strict biosafety protocols and the recommendations of governments will be followed to mitigate the advance of the pandemic.

At the community level in Central America, members of the forums have already carried out awareness campaigns among the population regarding the correct use of biosafety and hygiene measures; These actions will be constant throughout the development of the project and a continuous evaluation of its effectiveness will be made, to make the necessary adjustments.

Faced with the possibility of extreme hydrometeorological/seismic events, the forums will remain on continuous alert and watchful to the implementation of the Emergency Preparedness and Response Plans and protocols in force in each Country Forum. The actions to be implemented will be carried out in coordination with the national entities in charge of responding to emergencies and the Humanitarian Country Teams. In addition, constant monitoring of reliable sources of information will be maintained, such as the specialized centers in hydrometeorology and seismology of each country and other sources such as: The National Hurricane Center and Central Pacific

Hurricane Center (National Oceanic and Atmospheric Administration -NOAA), the U.S. Geological Survey (USGS), The Global Disaster Alert and Coordination System (GDACS), etc.

The risk of food security, very high in the region, will be addressed in the response of the regional Appeal from the identification of the most vulnerable groups and with limited or no access to government programs. In addition, we will try to coordinate actions with the offices of the World Food Program in each country, in the event of needing greater coverage in the distribution of food. It will also be constantly updated and shared information with the Humanitarian Country Teams and the respective Clusters.

There has been a growing impact on people's mental health, and that more and more emotional crises are reported derived from the uncertainty caused by the evolution of the pandemic. In fact, the management of this aspect, and its growth risk is part of the actions that this Appeal will be addressing. With this purpose we will use abundant and available resources of the Latin American and Caribbean Community of Practice (CoP APBC LAC) of the ACT Alliance and other resources related to the specific areas of the Ministries of Public Health of each country to attend the demand for Mental Health services. In this same framework, the ACT staff of each forum will also be assisted with self-care workshops, with the purpose of managing stress and emotional burden derived from the response and the context experienced by the pandemic.

The ACT Alliance Security Policies will always be kept in mind, not only for issues of violence in the region, but also for potential social conflicts or actions of social disorder. In this sense, the implementation of the Security Plans of each Forum at the national level, and the follow-up of guidelines derived from the resources available in the ACT Alliance such as: *Space for Civil Society How to Protect and Expand an Enabling Environment*; *ACT Staff Safety and Security Guidelines*; *Humanitarian Protection Policy for the Act Alliance*, etc.

As an important part of addressing risks, training will be carried out in each country to identify and avoid risks of all kinds related to this response and within the framework of national/regional contexts and, at the same time, additional security measures will be designed. that each Forum considers relevant for prevention and response.

IV. PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

Yes No

IV.1 Code of Conduct

All staff of ACT Alliance members in each country involved in this response know the content and scope of the Code of Conduct and have signed the document as a sign of ethical commitment, not only in the humanitarian response but also in relation to daily work that develops in organizations. In addition, if there is more personnel involved in this response, whether by contract, as volunteers, suppliers, etc., the Code will also be made known to them and they will be made to sign. The ACT Alliance Code of Conduct will be observed at all stages of the term of the project.

During the implementation of the Appeal actions, each Forum, in each country, will organize information sessions for staff and involved parties, seeking to ensure that these principles are well understood and applied during project implementation, in order to protect the beneficiaries.

Each member of the Forum, in each country, has an internal disciplinary regulation connected to the Code of Conduct, which establishes the penalties if any offense is incurred. These penalties will

be applied with "zero" tolerance and this will be reminded on a recurring basis to those involved in the response to this appeal.

It should be noted that the Code of Conduct is aligned with the Complaints System of each member/Forum in the Central American countries, and that this complaint system is binding with the disciplinary regulations that the members have.

For the communication of the Code of Conduct to the communities, specific graphic video material will be designed (short videos, infographics, posters, etc.), which will be distributed digitally and placed on social networks. When relevant and biosafety conditions allow it, printed material related to the contents of the Code will be distributed.

The Regional Coordinating Committee will be responsible for the implementation, monitoring and evaluation of the Code of Conduct and its effect.

IV.2 Safeguarding

All ACT Alliance members and their counterparts involved in this Appeal know and have appropriated the document: ACT Alliance Child Safeguarding Guidance. Staff members have been made to sign this policy and, through their knowledge, are aware of its significance. Therefore, the members involved in this response are sensitive to child protection. The implementation of the proposed activities will have an emphasis on protecting the best interests of children during the term of the project.

There is also full knowledge of the national and international instruments that guarantee the protection of children, and that the ACT Alliance has "zero tolerance" for any violation of the provisions related to that protection.

In the review of child protection policies, emphasis has been placed on the link it has with the Code of Conduct for the prevention of sexual exploitation and abuse. Therefore, in any disciplinary action imposed, this bond will be indissoluble.

In the process of developing response actions, the members of the Forums commit to,

- i) Recognize the inalienable right of the rights of the child.
- ii) Establish a child protection risk control and case management system in priority areas and build on existing mechanisms to record reports and monitor individual cases.
- iii) Identify and train a group of child protection instructors (government actors, NGO staff and community volunteers involved in the response) to monitor child protection, collect data on violations and refer cases of children who have been abused, to appropriate intervention and assistance services.

IV.3 Conflict sensitivity / do no harm

Sensitivity to conflict will be a transversal axis in this proposal, and to put into operation this perspective, the following considerations will be taken in the approach to appeal:

1. Action without harm: The inclusion of action without harm will imply constant reflection, on the part of the subjects of law and the subjects of obligation, on aspects such as the conflicts that arise during the execution of the actions, the implicit ethical messages, the power relations and the empowerment of participants. This approach will be incorporated into the processes of follow-up and monitoring of actions, in order to establish how these

have affected individuals, families and communities in relation to aspects such as identity and the social structure.

2. To address this issue, we will work closely with the leaders of local organizations, training them on issues related to action without harm. At the beginning of the project in each of the geographic areas of intervention, a first approach will be made with them on risk management issues, promoting that the communities are not exposed to physical risks, violence or any other issue that violates their rights.
3. Special emphasis will be placed on the principles of impartiality, neutrality, humanity, responsibility, inclusion, a rights-based work approach, thereby seeking to ensure that all subjects are involved and participate in the actions.
4. The implementing members of this Appeal will seek to ensure that during the implementation process all potential negative effects are addressed in an objective and timely manner, to avoid misunderstandings and damages.

The ACT member forums participating in this regional Appeal, in order to manage or avoid a potential conflict, we commit to:

The ACT member forums participating in this regional Appeal, in order to manage or avoid a potential conflict, we commit to:

- i)* Inquire about the potential damages, losses, negative impacts or unwanted effects, produced by the interventions of the Forums in their work contexts.
- ii)* Always promote spaces for participation, in the conduct of actions, to all subjects of law involved in the project.
- iii)* Study how humanitarian actions themselves and development projects can incur deep damage, particularly in those that have to do with the life project and the mental and moral spheres, keeping special consideration on aspects of biosecurity due to the high risk of contagion during the pandemic.
- iv)* Do not alter the ways of life, customs and beliefs, forms of coexistence, solidarity and relationships between people.
- v)* Identify education needs in the methodology of "action without harm", which can contribute to a good discernment in the management of the term of the project, in order to be clear when choosing about the relevance and correctness of decisions, actions or omissions.
- vi)* Starting from the unquestionable principle that the well-being of subjects of rights is taken care of and not of objects of charity, which will make a huge difference when it comes to acting and making appropriate decisions.
- vii)* Promote proper management of the risks of the job, with the timely identification of these, seeking not to cause avoidable damage.
- viii)* Encourage the "creation" of a culture of reporting mistakes, aimed at improving people's skills, with CHS as a backdrop.
- ix)* Always keep in mind the principle that "no external intervention carried out by different humanitarian or development actors -whether international or national, private or public-, is exempt from doing harm through their actions." In this sense, the ability to "guard" the harmful impact of one's own actions implies a knowledge of the heterogeneity and complexity of the social, political, economic and cultural contexts in which it intervenes.

IV.4 Complaints mechanism and feedback

Each forum participating in this Appeal has a complaint system that will be applied throughout the development of actions. Each complaint mechanism of the forums is designed according to the Core

Humanitarian Standard (CHS), and special emphasis is placed on protection and confidentiality in any complaint presented, mainly those related to sensitive matters.

Members participating in the Appeal will ensure that the interested parties can know the contents of the projects developed and what is being pursued with them. In addition, it will be guaranteed the possibility of submitting complaints about the implementation of activities, the attitude/behavior of the workers in charge of the actions.

Complaints may be submitted through virtual means, by telephone, email or social networks. Its management will be in charge of a suitable committee in each country and at the regional level, which will guarantee responses in appropriate times.

The Regional Coordinating Commission will be responsible for following up and being aware of the complaints presented in each country and guaranteeing that a “fair” solution is found.

The Complaints System will deal with both sensitive and non-sensitive matters and the Regional Coordinating Commission will undertake that every person who presents a complaint/claim to the Regional Coordinating Commission receives confirmation of its receipt and that the incident will be investigated within two weeks following the filing of the complaint.

The channels for the presentation of complaints will be defined in due course by the Regional Coordinating Commission.

IV.5 Communication and visibility

The forums involved in this response will ensure the visibility of the ACT Alliance and Appeal donors, within a framework of transparency.

Messages will be designed and distributed through social networks and other relevant media, highlighting the contribution of the ACT Alliance to this emergency. In this process, all relevant aspects of CHS and the communication and shared brand policies of the ACT Alliance will be taken into account.

The ACT Alliance logo will always be present in response activities, in awareness and training activities and in general in clothing or any equipment that is purchased to implement the project.

Each member organization and each Forum, whenever possible and pertinent, will report on the undertaken actions to subjects of interest and other humanitarian networks, national organizations linked to humanitarian response, Humanitarian Country Teams, and others; highlighting the humanitarian commitment of the ACT Alliance.

Photographic material and graphic video will also be produced, in which the contribution of the ACT Alliance and its partners will be highlighted, launched by different media, including social networks.

V. Annexes Annex 1 – Summary Table

	ACT Nicaragua Forum	ACT Honduras Forum	ACT El Salvador Forum																																																																								
Start Date	November 2020	November 2020	November 2020																																																																								
End Date	October 2021	October 2021	October, 2021																																																																								
Project Period (in months)	12	12	12																																																																								
Response Locations	Departments: Chinandega, Madriz, Matagalpa, Carazo, Managua, RACN, RACS	Departments: Choluteca, Valle, Cortés, Colón, Copán, Lempira and Santa Bárbara.	departments: Ahuachapán, San Salvador, La Paz, La Libertad, San Vicente, Cuscatlán, Chalatenango, Santa Ana, La Unión, San Miguel, Usulutlan, Sonsonate.																																																																								
Sectors of response	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
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Targeted Recipients (per sector)	<ul style="list-style-type: none"> • WASH: 3461 beneficiaries. • Livelihood: 4197 beneficiaries. • Protection and psychosocial care : 1629 beneficiaries. • Gender: 1275 beneficiaries. 	<ul style="list-style-type: none"> • WASH: 500 households, 7 productive units . • Livelihood: 14 enterprises, 80 productive plots, 160 productive units . • Protection and psychosocial care : 5,000 beneficiaries. • Gender: 10 initiatives, 500 beneficiaries. 	<ul style="list-style-type: none"> • Wash: 16 Technicians • Livelihood: 2,080 personas • Protection and psychosocial care: 3,200 personas • Gender: 3,000 personas 																																																																								
Requested budget (USD)	US\$ 250,190.	US\$225,000.	US\$225,000.																																																																								

ACT Guatemala Forum																									
Start Date	September 2020																								
End Date	September 2021																								
Project Period (in months)	12																								
Response Locations	departments: Guatemala, Alta Verapaz, Chimaltenango, Quetzaltenango, Sacatepéquez, Escuintla y San Marcos.																								
Sectors of response	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </tbody> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
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Targeted Recipients (per sector)	<ul style="list-style-type: none"> • WASH: 3461 beneficiaries. • Livelihood: 4197 beneficiaries. • Protection and psychosocial care : 1629 beneficiaries. • Gender: 1275 beneficiaries. 																								
Requested budget (USD)	USD235,875																								

Annex 2 – Security risk assessment

Main threats:

Threat 1: New epidemiological outbreak

Threat 2: Social conflicts / civil disorder.

Threat 3: Hydrometeorological / seismic events.

Threat 4: Food crisis.

Threat 5: Mental health impact: Crisis / stigma.

<i>Impact</i>	Negligible	Minor	Moderate	Severe	Critical
Very likely	Low	Medium	High Hydrometeorological / seismic events.	Very high New epidemiological outbreak	Very high
Likely	Low	Medium	High Mental health impact: Crisis / stigma..	High Food crisis.	Very high
Moderately likely	Very low	Low Social conflicts / civil disorder.	Medium	High	High
Unlikely	Very low	Low	Low	Medium	Medium
Very unlikely	Very low	Very low	Very low	Low	Low