



Rapid Response Fund

ACT Secretariat Approval

Project Code 13/2022

Project Name Emergency response to natural disaster caused by rainy season in Honduras

The ACT Secretariat has approved the use of **USD150,000** from its Global Rapid Response Fund (GRRF21) and would be grateful to receive contributions to wholly or partially replenish this payment.

For further information please contact:

National Forum Convenor

ACT Regional Representative

ACT Humanitarian Programme Officer

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A handwritten signature in black ink, appearing to read 'Cyra'.

Cyra Michelle Bullecer

Global Humanitarian Operations Manager

ACT Alliance Secretariat

Project Proposal

Emergency Prepared and Response Plan

EPRP last updated	July 2022
Do you have a Contingency Plan for this response?	no
EPRP link on the online platform (or attach hard copy with proposal)	Yes

Please submit this form to the Regional Humanitarian Programme Officer in your region with a copy to the Regional Representative

Date submitted to ACT Secretariat

7/10/2022

Section 1 Project Data

Project Information

Project Name	Emergency response to natural disaster caused by floods in Honduras
Project Code	13/2022
Country Forum	Honduras
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	CASM
Name of person leading the project	Nelson Garcia Lobo
Job Title	Director Ejecutivo de CASM
Email	direccion@casm.hn casm@casm.hn
Tel no./Whatsapp/Skype	(+504) 999 502 56
Location(s) of project (city / province)	Cortes, Yoro, Santa Barbara, Copán, Choluteca y Valle, in Honduras
Project start date (dd/mm/yyyy)	15/Oct/22
Project end date (dd/mm/yyyy)	15/Jan/23

Which sectors your response activities most relate to
(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	CASM	
	Male	Female
Cash/ Vouchers	2919	4377
Camp Management		
Education		
Food/Nutrition		
Health		
Household items /Articulos para el hogar		
Livelihood		
Psychosocial	300	400
Shelter		
Wash	2919	4377

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (maximum 5 bullet points)

- The current emergency in Honduras is caused by two weather phenomena: the rainy season (which starts in July and lasts until October-November each year) and La Niña, which is expected to last until February 2023.
- Since July, several yellow alerts have been issued by COPECO (Secretary of State in the Offices of Risk Management), which led to the issuance of the national declaration of a state of emergency on the 24th of September.
- The heavy rains caused overflows of rivers, landslides, mudslides, and floods, which subsequently brought the destruction of homes, losses in crops and livestock, confinement of several communities, and severe damage to the road network (primary, secondary, and tertiary).
- So far, 14 departments have been affected: Santa Bárbara, Copán, Cortes, Yoro, Francisco Morazán, Colón, Lempira, Ocotepeque, Comayagua, La Paz, Intibuca, Valle, Choluteca, and El Paraíso.
- According to official data released by COPECO and SINAGER (Governing Body of the National Risk Management System), 73,094 people were affected, 16,254 people evacuated, 144 shelters have been enabled (in 7 departments), 9,403 people sheltered, and 742 affected communities in the national territory.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help (maximum 5 bullet points)

- According to the needs assessment conducted by CODEM, COPCO, IFRC, and the Humanitarian Network, and information gathered by the ACT Forum Honduras during field visits, affected families have urgent needs for food, shelter, first aid, psychosocial support, water and sanitation, and the provision and restoration of livelihoods.
- Impact in terms of housing varies from family to family: some are in temporary shelters, families' and friends' homes, and shelters, while others are forced to seek shelter in public spaces.
- Food insecurity and loss of livelihoods: Acute impact on the livelihood groups, especially the agricultural sector (loss of crops and livestock). Many of the affected families have changed their diets and resorted to negative coping strategies such as selling agricultural products at a very low cost. On the other hand, availability, and access to food and essential commodities have been compromised due to the severe damage to the road network.
- WASH: Due to the deterioration of the sewage and excreta disposal systems could lead to the spread of water-borne diseases, the proliferation of vectors, acute respiratory infections (ARI), as well as injuries and mental health problems, such as the detriment of their nutritional situation.
- Protection crisis: increased insecurity, gender-based violence, and femicides. Increased human trafficking, and exploitation. Psycho-social impact related to the loss of personal belonging and livelihoods.
- Furthermore, local governments lack capacity in terms of equipment, logistics, financial resource, and technical expertise to enable them to provide a proper humanitarian response.
- The most impacted departments are Santa Barbara, Copan, Yoro, Cortes, Choluteca, and Valle, with 38,044 affected people/9,511 families.

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis. (maximum 3 bullet points)

CASM and the member organizations of the ACT Forum Honduras may have access to use funds from some development projects that are being implemented in the affected areas and that are financed by European or US non-governmental cooperation organizations, with whom emergency allocation can be negotiated; however, they are small amounts well below the amount of this RRF, and with these funds, it is only possible to cover a small population and for very urgent things.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

The project seeks to provide assistance to 1,824 affected families through the following actions which was based on consultations with the affected population:

- Delivery of multipurpose cash transfers.
- Delivery of hygiene and biosecurity kits, considering that families need to protect themselves from COVID-19 and other communicable diseases.
- Psychosocial support will be provided to families in temporary shelters, based on a psychosocial assessment that will provide input for the development of the group and individual sessions to be delivered.

CASM has existing programmes in the most affected locations where this response will be implemented, which enables them to identify the affected population's humanitarian needs in a timely manner.

CASM is organized by 3 regions: North, West, and Center-South, in which the RRF will be developed; in each region, there is a lead organization as follows: OCDIH, ASONOG, and ADEPES respectively. CASM will lead and provide coordination, implementation guidance, and finance management, as well as supervision and monitoring.

For effective implementation, actions and, families targeting and prioritization will be carried out in strategic coordination with the local governments, SINAGER, COPECO, CODEM, and, CODELS.

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

For the implementation of this project, there are already significant advances with which it is intended to begin with an immediate meeting, in the first week with the key actors of each territory of intervention to proceed with the targeting of communities, prioritization of families, delivery of humanitarian assistance and proceed with psychosocial support whose initial diagnosis will be developed in parallel with the delivery, following up according to the identified needs.

The project will be implemented for three (3) months.

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs.*

CASM as the organization that leads the RRF has its main offices in San Pedro Sula Cortes, from where response actions will be coordinated and coordination will be established with its regional offices the leaders of each of the Forums of the north (OCDIH), west (ASONOG) and south (ADEPES), those who are active members of the ACT Honduras Forum and are present in the municipalities where there is a greater affectation and will also have the logistics and human talent necessary to address the emergency.

Likewise, CASM and the leaders of the Regional Forums are part of the Humanitarian Network in Honduras with which it has been established and will continue to establish coordination of actions to be implemented in the territories of intervention of the partner organizations of the ACT Honduras Forum, with the aim of providing quality humanitarian assistance and avoiding duplication of efforts.

It also coordinates with state institutions responsible for responding to emergencies such as SINAGER, COPECO, and CODED (Departmental Emergency Committee), as well as at the local level with CODEMs and CODELS.

Likewise, strategic coordination actions are developed with SINAGER structures (COPECO, CodeM Municipal Emergency Committees, CODELS Local Emergency Committees) for the selection of communities and prioritization of families, in the same way, in the work as member institutions of the forum, the knowledge of these structures on emergency response and humanitarian assistance has been strengthened in accordance with the SPHERE standards."

4. CHS Commitment 3, 9. How are you planning to procure your goods or services? (This includes cash transfer methodologies) Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for small businesses.*

Locally or within the affected areas	x	Nationally	x	Regionally or neighbouring countries		Internationally	
<p>Do you have a procurement policy? What factors did you consider when you made this decision?</p> <p>CASM has a Manual of Administrative Procedures that guides financial management at the institutional level, with internal regulations and other guidelines on human talent management processes, such as personnel selection, development, and performance evaluation. As an institutional standard, as established in the Statutes and Procedures, external audits by a company with international recognition are carried out every six months (from January to June and from July to December) every year. CASM will create a separate account for the management and administration of these funds.</p> <p>CASM will receive the donor's funds and distribute them as appropriate to each regional forum's lead organization.</p> <p>At the same time, it will be distributed among its partner organizations, which will be accountable according to the procedures already established in other processes.</p> <p>For purchases and acquisitions, the manual establishes the procedures for purchases and acquisitions for which quotations are made and the respective analyses, with the participation of a special committee for this purpose in these decisions. Purchases and service contracts will be done locally since it is considered that the required inputs are found, and likewise it is necessary to boost the local economy, provided that the necessary financial requirements are met. Only if the inputs are not found at the local level will purchases be made at the national level.</p> <p>Concerning the cash transfer, three modalities are considered: 1. one with cash delivery through cooperatives or other actors providing financial services in areas where it is accessible; 2. for places where financial services are not possible or accessible, bonds will be exchanged with shops and supermarkets in the area, respecting the rights of the population to decide the inputs they will buy according to their need. 3. If the affected population is isolated and does not have access to any financial services and supermarket services delivery of aid packages will be decided together with the affected communities where local practice and culture will be considered.</p>							

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the beneficiary numbers for this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

Data of the affected population have been collected from local government units of each municipality, where 1824 families were selected, considering that a family has an average of 4 people will be benefiting a total of 7296 people, of the municipalities that presented the highest number of affected population by a declaration of emergency of each municipality and the EDAN prepared by the CODEM.

Beneficiaries targeting will be conducted following the criteria below:

- Priority will be given in the first instance to the people most affected.
- Priority will be given to single mothers with minor children.
- Families of scarce resources, with elderly people.
- Families with people with disabilities or basic illnesses.
- Lactating and pregnant women.
- Families of indigenous people.

Affected families to be reached are located in:

- Region Norte, departments of Cortes and Yoro, municipalities of Potrerillos, San Antonio, and Progreso: 946 families (2,272 women and 1,515 men).
- Region Occidente, departments of Copan and Santa Barbara, municipalities of Cabañas, Santa Rosa, Chinda, Trinidad, Arada, Zacapa, Santa Barbara: 495 families (1,186 women and 792 men).
- Region Sur, departments of Valle and Choluteca, municipalities of Alianza, Concepción de Maria: 383 families (919 women and 612 men).

2. CHS Commitment 1, 2, 3, 4. Which vulnerable groups are you specifically targeting? What makes them vulnerable? *Please explain.*

The project will draw particular attention to the most vulnerable groups among the affected population: women, girls, boys, the elderly, people with disabilities, and indigenous peoples. Since they live in high-risk areas such as riverbanks, and slopes and with scarce economic resources to face the impacts of these crisis situations.

At the moment, some protection risks for the most vulnerable groups have been identified. As many families are being in temporary shelters, these not always will be aligned with CHS and Sphere Standards, which potentially increases protection risk for women, children, and the elderly. On the other hand, those families that are unable to be in a shelter and are forced to be in an informal shelter on the street, women, girls, and children are highly vulnerable to resort to negative coping mechanisms such as begging and migration. Some families, mostly the ones located in rural areas, start their few assets to survive. This is absolutely concerning as, in these scenarios, children, mostly girls, are very vulnerable to sexual and labor exploitation.

Elderly people and people with basic illnesses are affected and are often the least affected when these types of events occur, placing them in a role of exclusion and abandonment.

3. CHS Commitment 4. Explain how the target population has been/is involved in the design of the proposed intervention *(maximum 5 bullet points)*

CASM and its implementing members have been working in this area with other projects. Data was collected from the local government units, CODEM and CODEL at the community and municipal level while interviews and visits were conducted to the affected communities. Information was collected on what the affected families currently receive, recording the damages caused by each family and reporting in the database of state organizations to seek alternative solutions to the problem immediately.

2.4 Expected Results

1. What will this project's success look like based on your time frame? Please write your activities milestones including dates.

The main focus of humanitarian action is to alleviate people's suffering by providing humanitarian support through evidence-based intervention strategies such as:

- a. Cash delivery: cash transfer has been one of the most successful modalities in times of emergency, as affected families have plenty of autonomy to manage the given amount of money to satisfy their most pressing needs.
- b. Hygiene and biosecurity kits distribution: affected families will receive personal hygiene and biosecurity supplies to protect themselves from COVID-19 and other communicable diseases. These kits contain soap, toothbrushes, toothpaste, wet wipes, sanitary towels, masks, and alcohol, among other inputs.
- c. In any emergency, especially when families lose their livelihoods, there is depression, anguish, pain, and despair; therefore it is important to accompany people; the evidence can be seen in-situ when the teams visit the shelters and you can see the broken faces of people who see their future truncated by the losses caused by these phenomena.

The project proposes the following results:

Objective:

Accompanying households affected by heavy rains, supplying their basic needs in the North, South, and West of the Honduran territory, under a focus of action without harm throughout the humanitarian process.

Output 1: 1,824 households, made of 4377 women and 2,919 men, have received multipurpose cash transfers.

Output 2: Delivery of biosecurity and hygiene supplies to 1,824 households of these 4377 women and 2,919 men.

Output 3: 700 people from shelters and homes have been accompanied by playful and occupational therapies, under the APBC method, overcoming the traumas experienced during storms and river floods.

Activities/milestones:

Sector	Activity Planned	Planned Date
Cash/ Vouchers	Socialization meeting of the intervention of the RRF with the Local Government, CODEM and CODEL	Week 1
	Training of essential humanitarian standards (project staff and CODEM)	Week 1
	Targeting of the communities to intervene with the Local Government, CODEM and CODEL	Week 1
	Baseline survey, review and prioritization of beneficiary families	Week 1
	Identification in each area of the mechanism available for the delivery of humanitarian assistance (bank transfer, delivery of checks, TigoMoney, redeemable voucher, or food ration)	Week 1
	Implementation of Humanitarian Assistance	Week 3
	Realization of PDM (post distribution monitoring)	Week 4
	Communication and visibility: elaboration of life stories	Week 3
	Presentation of psychosocial assessment main findings with the CODEM.	Week 7
	Preparation of final report	Month 3
Psychosocial support	Psychosocial diagnosis to beneficiary families	Week 3
	Personal or group therapy meetings	Week 5
	Psychosocial accompaniment day (activity for children, occupational therapy for adults)	Week 6
	Final report of psychosocial accompaniment	Month 3
WASH	Selection of hygiene and biosecurity kit supplies	Week 1
	Delivery of hygiene and biosecurity kit	Week 3

2. Describe the risks to a successful project and how you are managing them.	
Problems and risks	Mitigation Measures
Political proselytism: Partisan political activists would like to carry out some kind of proselytizing propaganda and condition humanitarian assistance for sympathizers and followers.	It will be verified that the CODEM is integrated by various CSOs and states, in addition to integrating the Citizen Commissions of Transparency and Municipal Commissioner to integrate the selection committee, which will guarantee that the targeting of communities and prioritization of families is carried out in the most transparent way possible; so that Humanitarian Assistance is provided without any political, religious, racial, age bias or any other aspect of discrimination.
"Insecurity and stress: Vulnerability in shelters creates stress for families and humanitarian teams. The demand for needs exceeds the capacity to respond and this can lead to disruptions in aid deliveries."	It will coordinate with COPECO and the municipal and community leaders (CODEM, s and CODEL, s) that will accompany the deliveries and support the targeting of the most affected families. Some actions, such as the rehabilitation of road accesses, will be activities of community benefit. During group attendance, talks will be given for psychosocial support.
Citizen insecurity: Due to the lack of employment, food crisis, and lack of access to basic services, in the most affected territories, beneficiary families may run the risk of being victims of common crime	Effective coordination will be established with community leaders, auxiliary mayors, CODEM and the entities in charge of national security so that the beneficiary families are not at risk when humanitarian assistance is not at risk.
Difficulty of access to communities: Some areas are difficult to access and risky for the delivery of humanitarian aid.	It will coordinate with COPECO and the CODEMs for the distribution of assistance in an organized manner
Increase in COVID19 infections: Although the numbers of contagions have decreased, the agglomerations of people and the lack of measures on the part of families can increase infections.	A basic biosecurity protocol will be implemented (physical distancing, avoiding crowding, and scheduled deliveries in small groups of people). Have a medicine cabinet of basic medicines (first aid). Coordination will be carried out with health actors at the local level.
Shortage of supplies and price increases in the products to be purchased for the response	Purchasing options will be sought with local suppliers and in bulk with suppliers of greater capacity, trying to favor the local economy..

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?
<p>CASM as project lead, will be developing the project monitoring plan in order to ensure that the benefit is reaching the affected people and that the information is documented in the best way; in this regard, it shall use the following mechanisms:</p> <ol style="list-style-type: none"> 1. Meetings with the forum teams to learn from them how the actions are being documented 2. A tool will be designed to register beneficiaries by sex and age, which will contribute to the status report. 3. At least one field visit will be made with local organizations in the middle of the project to hold meetings with the beneficiary population to learn details related to their satisfaction, complaints, or concerns related to the project. 4. All deliveries and talks will be documented with photographs <p>The lessons learned will be collected in each of the meetings with the team and the population that allows them to be managed in the best way.</p>

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one .*

CASM has a Code of Conduct that its staff, volunteers, Board of Directors, and Consultants must comply with and for that, they must sign a commitment, as well as the organizations that make up the ACT Honduras Forum, also have a code of conduct which is signed by each collaborator. These Codes incorporate aspects related to respect for the rights of the population, non-discrimination, prevention of sexual abuse, abuse of power, harassment, fraud, and corruption, as well as the management of information, transparency, and good behavior of the technical team. Likewise, there are other protection policies such as Child Protection, protection of vulnerable adults; Transparency and Conflict of Interest policies, and a volunteer policy and program that guides how it should be to work with volunteers who actively participate in the attention of the emergency.

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

CASM has a Procedure for the Management of Complaints, Suggestions, and Congratulations where mechanisms are established through which the population can express their concerns and feedback, these mechanisms are the complaint boxes both in the offices and the mobile ones in the different actions that are developed with the population, there is a special email account that is quejas@casm.hn and provision of telephone numbers for the dialogue between the CASM staff responsible for the project and the executing organizations with the beneficiary population.

A communication and visibility strategy will be established that will include aspects such as the aid will be duly identified with the logo of CASM, executing organizations and the ACT Alliance, photos, reports, and final report. In all the meetings and working days related to the project, mention will be made of the organizations that are part of the Act Alianza Honduras Forum and the donor agencies.

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Rapid Response Fund

Financial Budget and Report

Project Code

13/2022

Project Name

Emergency response to natural disaster caused by rainy season in Honduras

Budget Exchange rate (1 USD to local currency)

0.040239

Please use exchange rate from this site:

http://www.floatrates.com/historical-exchange-rates.html?currency_date=202

Description		Type of Unit	No. of Units	Unit Cost	Budget	
				local currency	HNL	USD
DIRECT COSTS						
1	PROJECT STAFF					
1.2.1.	Humanitarian Facilitator	Months	3	28,962	86,886	3,496
1.2.2.	Support staff (3 volunteers)	Months	3	25,500	76,500	3,078
TOTAL PROJECT STAFF					163,386	6,574
2	PROJECT ACTIVITIES					
2.1.	Cash/Vouchers				2,553,600	102,754
2.1.1.	Cash transfer (purchase of food and other essential supplies)	Cash	1,824	1,400	2,553,600	102,754
2.8.	Psychosocial				126,000	5,070
2.8.1.	Psychosocial accompaniment in temporary shelters and spaces where help is delivered	Events	18	7,000	126,000	5,070
2.10	WASH				729,600	29,358
2.10.1	Hygiene and biosafety kit	Kit	1,824	400	729,600	29,358
TOTAL PROJECT ACTIVITIES					3,409,200	137,183
3	PROJECT IMPLEMENTATION					
3.1	Forum Coordination				11,400	459
3.1.1	Coordination meetings (including inception, etc)				-	-
3.1.2	Travel and Accommodation	visits	3	3,800	11,400	459
3.1.3	External coordination				-	-
TOTAL PROJECT IMPLEMENTATION					11,400	459
4	QUALITY AND ACCOUNTABILITY					
4.4	Communication and visibility	Banner	3	2,000	6,000	241
4.5	Monitoring & evaluation	Months	3	6,100	18,300	736
4.6	Audit	Lump sum	1	17,500	17,500	704
TOTAL QUALITY AND ACCOUNTABILITY					41,800	1,682
5	LOGISTICS					
5.1.2	Vehicle Rental	Months	2	3,400	6,800	274
5.1.3	Fuel	Months	3	21,000	63,000	2,535
5.3.3	Salaries / wages for drivers	Months	2	2,000	4,000	161
TOTAL LOGISTICS					73,800	2,970
TOTAL DIRECT COST					3,699,586	148,868
INDIRECT COSTS: PERSONNEL, ADMINISTRATION & SUPPORT						
	Bank cost	Months	2	590	1,181	48
	Translations	Document	2	4,000	8,000	322
	Staff salaries - Cost shared				9,181	369
	Office Utilities	Months	3	3,000	9,000	362
	Phone and internet charges	Months	3	3,320	9,960	401

Office Operations				18,960	763
TOTAL INDIRECT COST: PERSONNEL, ADMIN. & SUPPORT				28,141	1,132
Percentage of Indirect Costs against Total Budget				1%	1%
Total Budget				3,727,727	150,000