Rapid Response Fund

Approval

Project Code **RRF 01/2026**

Project Name **Cambodia–Thailand Border Dispute: Rapid Assistance for Displaced Families in Safe Centres (Banteay Meanchey)**

The ACT Secretariat has approved the use of **USD 150,000** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep *(one month after approval)*	15-Feb-26
Final Reports (narrative and financial)	15-Jul-26
Audit Report *(for projects >USD50,000)*	15-Aug-26

For further information please contact:

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Approved By the RRF Manager

Claire Finas

Rapid Response Fund

Project Proposal

Do you have an EPRP	YES
When was the last update?	9 Jan 2026
Do you have a Needs Assessment for this response?	HRF-Joint Rapid Assessment on 24 Dec 2025

Please submit this form to the Humanitarian Coordinators in your region	Date submitted to ACT Secretariat
	12.1.2026

Section 1 Project Data

Project Information

Project Name	Cambodia–Thailand Border Dispute: Rapid Assistance for Displaced Families in Banteay Meanchey province
Project Code	*01/2026*
Country Forum	ACT Cambodia Forum
ACT Requesting Member *(if there are more than one member, please use ALT+<Enter> to add another member)*	Lutheran Hope Cambodia Organization (LHCO)
Name of person leading the project	Mrs. THAY Bone
Job Title	Executive Director
Email	bone.thay@lhco.org.kh
Location(s) of project (city / province)	Banteay Meanchey Province – selected Safe Centres in border-affected districts (to be confirmed with Provincial Committee for Disaster Management (PCDM)
Project start date (dd/mm/yyyy)	15.01.2026
Project end date (dd/mm/yyyy)	15.05.2026

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	Member 1 *(please write the name of your organisation)*		Member 2 *(please write the name of your organisation)*		Member 3 *(please write the name of your organisation)*	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers	1400	1400				
Food						
Health						
Household items	1400	1400				
Livelihood						
Psychosocial	1400	1400				
Shelter	500	500				
WASH	1400	1400				

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 *(extend rows 43, 44 and 45 if more space is needed)*

• 07 Dec 2025: renewed Cambodia–Thailand border dispute led to rapid internal displacement in border provinces.
Commitment 1: While many families have returned, a significant caseload remains in Safe Centres; some households cannot safely return because they have lost access to homes/land located in disputed/occupied border areas. Taking into account the equity principle, Banteay Meanchey has been identified as the most vulnerable location as displaced families are concentrated in Safe Centres and may face prolonged displacement, protection risks, and limited access to basic household items and cash to meet urgent needs.
• Rapid Response Fund support is required to provide immediate life-saving assistance in Safe Centres, prioritising households with no viable return option and other vulnerable families with critical needs.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

Commitment 1 & 2: Safe Centres face pressure on basic living conditions: inadequate bedding and household items, limited privacy and lighting, and challenges maintaining hygiene. RRF funding is needed to rapidly fill critical gaps in Banteay Meanchey Safe Centres. Government and partners are responding, and HRF 5W indicates ongoing assistance in multiple sectors; however, coverage is not uniform across Safe Centres and households, and some groups remain unreached. Multipurpose Cash Assistance (MPCA), essential Non-Food Items (NFIs), WASH and Shelter kits have been identified as the priority needs. Critically, households unable to return have exhausted savings and often lack regular income, increasing the risk of negative coping (debt, reduced food/medicine, child protection risks). The most at-risk households (especially those unable to return due to loss of access to homes/land near the border) require rapid, targeted support to meet basic needs.
Commitment 1 & 2: Protection risks are heightened in crowded settings, including Gender-Based Violence (GBV)/Protection of Sextual Exploitation and Abuse (PSEA) risks, exclusion of persons with disabilities, and limited confidential referral pathways.
Commitment 2: Avoiding duplication through verification and 5W alignment. Apply the technical stardard introduced by HRF Cash Trasfer Technical Working Group following the Minimum Expenditure Basket & the coordinated response plan (the recent update of USD 100/household has been introduced). Consultation with the HRF joint Rapid Asessment and Response Plan to inform the vulnerability of the selected affected population.
Commitment 3: Markets remain functional, but many displaced households have limited purchasing power. MPCA would contribute to restoring the local economy while it covers food, medicine, transport of the affected households and other essentials while NFIs, WASH related items and Shelter kits address immediate living-condition gaps and dignified needs.
Commitment 2 & 4: Application of transparent selection criteria (Poor 1 & 2, and vulnerable households; households who lost property; households with elderly, people with disabilities and many children; ...)

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.

Commitment 9: LHCO has limited flexible emergency funding available and can cover only small start-up costs. The ACT RRF is therefore critical to enable LHCO to provide rapid, targeted life-saving assistance through MPCA and the provision of essential NFIs, WASH and Shelter kits, while coordinating with PCDM/HRF and aligning with the 5W to avoid duplication. LHCO will also use the RRF as leverage to seek additional funding from other donors and partners to extend coverage if displacement continues or needs increase. Financial management standards and procedures are applied to ensure transparent and accountable use of funds.

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 and the length of time needed to respond. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

Commitment 1,2,4:

Planned caseload and approach (6 months, rapid front-loading in first 4–8 weeks):

• Multipurpose Cash Assistance (MPCA): one-off transfer of USD 100 to 700 vulnerable households in Banteay Meanchey Safe Centres, prioritising Poor 1 &2 households who are unable to return due to loss of access to homes/land near the border.

• Essential NFI package and WASH related items: the package will be for 700 households to improve immediate living conditions in Safe Centres (bedding and basic household items; and, where gaps exist, basic hygiene and water containers; plus basic solar lighting).

• Shelter kits: the facilities will be for 250 households to improve living conditions (plastic sheeting and ropes)

• Protection mainstreaming and dignity support: integrate safe distribution practices; include 700 dignity kits for women/girls as part of NFIs where needed and share referral information.

A combined MPCA + NFI, WASH and Shelter response has been selected because families in the Safe Centres have urgent, mixed needs and limited resources. MPCA lets households quickly cover their top priorities (food, medicine, transport, basic services), while NFIs, WASH and Shelter kits would address immediate gaps in living conditions that cash alone may not solve fast in crowded sites (bedding, hygiene items, water containers, and basic lighting, plastic sheeting, ropes, ...). This package is the quickest way to protect dignity and reduce health and protection risks for the most vulnerable households, especially those who cannot return home.

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.*

Commitment 2:

• Within 24 hours of approval, LHCO will activate its emergency response team in Banteay Meanchey and convene coordination with PCDM and Safe Centre managers.

• Beneficiary verification and targeting will use the latest Safe Centre registers and rapid verification; initial lists will be finalised within 5–7 days.

• Cash will be delivered through WING Bank/cash-out points where feasible, with controlled cash-out alternatives where digital is not possible; first transfers within 10–14 days.

• NFIs, WASH related items and Shelter kits will be procured locally where possible using procurement framework procedures; first distributions within 2–3 weeks.

• Phased delivery and rapid retargeting within Banteay Meanchey will continue for up to 6 months based on updated registers and changing needs.

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*

Commitment 6:

• Government coordination: NCDM/PCDM and Safe Centre managers for access, targeting, approvals and harmonised standards.

• Humanitarian coordination: HRF sector working groups; align to HRF 5W mapping and share LHCO coverage to avoid duplication.

• ACT coordination: coordinate with ACT Cambodia Forum members on geographic focus, transfer values and

4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? 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	

Do you have a procurement policy? What factors did you consider when you made this decision?

Commitment 3 &9: Yes, LHCO has a procurement policy and segregation of duties to ensure the accountable use of funds and support local resources and economy. Key factors considered: speed and availability in local markets; quality/standards (Sphere/CHS); value for money; supplier capacity and ethics; transport/access constraints; and risk mitigation (anti-fraud, PSEA, data protection).

2.3 Description of Target Population

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

Commitment 1 & 9: Targeting 700 households will be done using the latest verified PCDM/HRF Safe Centre registers in Banteay Meanchey. Priority will be given to: (1) Poor I & 2 households unable to return because they have lost access to homes/land near the border; and (2) other households with life-saving vulnerability criteria (female-headed households, older persons, persons with disabilities, pregnant/lactating women, households with young children, and households with no income). Verification will include exclusion checks to reduce duplication with other MPCA/NFI/WASH & Shelter providers where data is available. Sex, age and disability disaggregation will be captured at registration and reported monthly. The selection of the most vulnerable beneficiaries will be the critical step to ensure that funds are used for the intended purpose.

3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

Commitment 4: Participation and feedback: community/site committees (with women's representation) will support information sharing and safe distribution planning. LHCO will conduct short consultations before and after distributions to mitigrate risks and promote ethical standards. A complaints and response mechanism (helpdesks + hotline/Telegram + suggestion boxes) will be publicised in Khmer, with confidential channels for sensitive protection issues and referrals to specialised services.

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.*

ability to meet priority needs (food, medicine, transport and other essentials).

• 700 households receive essential NFIs, WASH and Shelter kits that improve immediate living conditions in Safe Centres (bedding, basic household items and hygiene/water containers where gaps exist).
• Priority assistance reaches Poor I &2 households unable to return due to loss of access to homes/land near the border, alongside other life-saving vulnerability cases.
• A functioning Complaint and Response Mechanism (CRM) is in place; community members know how to raise feedback/complaints and receive responses in a timely manner.
• Coordination and reporting are aligned with PCDM/HRF 5W and ACT visibility requirements.

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

• Access/security changes in border areas: mitigate through close coordination with authorities and Safe Centre managers, flexible scheduling and contingency planning.
• Rapid movements (returns/new displacement) and register changes: mitigate via phased delivery, frequent list updates and clear retargeting criteria.
• Market/supply constraints and price volatility: mitigate via multiple suppliers, early procurement, and cash modality where appropriate.
• Protection risks (crowding, GBV/PSEA, exclusion): mitigate via protection mainstreaming, safe distribution arrangements, privacy measures and confidential referral pathways.
• Fraud/data risks in cash delivery: mitigate via Standard Operating Procedure (SOP), verification, segregation of duties, reconciliation and data protection practices.

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?

Monitoring will include distribution monitoring, beneficiary verification checks, post-distribution monitoring (PDM) for cash and in-kind, and periodic output tracking against targets. Tools: registration lists, signed distribution sheets, digital records where possible, spot checks, and short satisfaction surveys. Learning will be captured through after-action reviews and shared with ACT Forum/HRF coordination.

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.*

Yes, LHCO has a Code of Conduct and safeguarding measures. All staff/volunteers sign the CoC and receive briefing on PSEA, safe behaviour, and reporting. Information on PSEA and complaints channels will be shared with communities during distributions.

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

Accountability will be ensured through: transparent selection criteria; public information on entitlements; accessible feedback channels (hotline/Telegram, helpdesks, suggestion boxes); timely response and referral for sensitive cases; inclusion measures for persons with disabilities; and regular coordination with local authorities and partners. Data will be handled confidentially and in line with LHCO policies.

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Rapid Response Fund

Consolidated Budget and Financial Report

Project Code 01/2026

Project Name for Displaced Families in Safe Centres (Banteay Meanchey)

Budget Exchange rate (local currency to 1 USD) 1.0000

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: http://www.floatrates.com/historical-exchange-

			Approved Budget	
			Lutheran Hope Cambodia Organization	Total Budget
1	**Total Project Staff Costs**		**5,552**	**5,552**
2	**Project Activities**		**113,790**	**113,790**
2.1	Cash/Vouchers		71,050	**71,050**
2.2	Food/Nutrition		-	**-**
2.3	Household items		18,900	**18,900**
2.4	Water, Sanitation, and Hygiene (WASH)		7,590	**7,590**
2.5	Shelter		11,000	**11,000**
2.6	Disaster Risk Reduction (Max 10% of the budget)		-	**-**
2.7	Mental Health and Psychosocial Support		5,250	**5,250**
2.8			-	**-**
2.9			-	**-**
2.10			-	**-**
3	**Project Implementation**		**2,886**	**2,886**
4	**Quality and Accountability**		**11,936**	**11,936**
5	**Logistics**		**2,200**	**2,200**
6	**Assets and Equipment**		**-**	**-**
Direct Costs			**136,364**	**136,364**
Overhead Costs			**13,636**	**13,636**
Total Budget			**150,000**	**150,000**