

Annex 4 – ACT Church of Sweden Projects with DCA and Christian Aid

1. SIDA Proposal Christian Aid Component (Zimbabwe)

Financial summary

Funds remaining on the frame agreement before this application in SEK SEK 15 742 857		Amount applied for in SEK SEK 4 764 475	
Own contribution n/a	Other donors n/a		Total project budget in SEK SEK 4 764 475

Project title and summary

Project title Emergency response to Cyclone Idai in Zimbabwe		Country and geographical area Zimbabwe - Chimanimani, Chipinge, Buhera, Bikita and Mutare	
Onset of disaster (if applicable) 2019-03-15	Date of application 2019-03-27	Project start date 2019-03-28	Project end date 2019-09-28
<p>Project Summary</p> <p>On March 2015, Zimbabwe was hit by Tropical Cyclone Idai weather system. Since then flooding caused by the Cyclone continues to cause destruction in Zimbabwe, and although rains have begun to dissipate in Manicaland and Masvingo provinces the aftermath of the Cyclone continues to impose challenges in the provinces. A total of 250 000 people have been affected by the Cyclone in Zimbabwe, including 120 000 children. At least 259 deaths and 500 injuries have been reported, and figures are expected to increase. Affected people are in dire need for shelter, WASH and community based psychosocial support efforts to meet basic survival needs and regain a sense of control of their situation, as well as resume important community functions that help mitigate negative psychosocial effects of the Cyclone.</p> <p>Church of Sweden (CoS), through its implementing partner Christian Aid (CA) plans to respond to the situation through (1) access to WASH services to meet basic survival needs, (2) enabling access to safe and dignified shelter, and (3) strengthen family, community and social structures to promote psychosocial well-being in a crisis situation.</p> <p>All proposed activities and actions will be coordinated with broader EU, UN, ACT Alliance and other coordination measures on the effects of Cyclone Idai in Zimbabwe and the region.</p>			
Number of direct beneficiaries 10 000 individuals		Number of indirect beneficiaries 20 000 individuals	

Beneficiary Group	
<input checked="" type="checkbox"/> Children <input checked="" type="checkbox"/> Elderly <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> IDPs, Refugees, Returnees <input checked="" type="checkbox"/> Multi <input type="checkbox"/> Non-specified	
Response modality	
<input checked="" type="checkbox"/> In-kind <input type="checkbox"/> Service provision <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Vouchers <input type="checkbox"/> Mix (add amount/percentage of each modality)	

Sector/Cluster summary

Sector/Cluster	Budget (if possible break down budget of each chosen)
<input type="checkbox"/> CCM (Camp coordination)	
<input type="checkbox"/> EDU (Education)	
<input checked="" type="checkbox"/> SHL (Emergency shelter and NFI)	1 700 000
<input type="checkbox"/> FSC (Food security)	
<input type="checkbox"/> LOG (Logistics)	
<input type="checkbox"/> TEL (Emergency telecommunications)	
<input type="checkbox"/> HEA (Health)	
<input type="checkbox"/> NUT (Nutrition)	
<input checked="" type="checkbox"/> WSH (WASH)	2 500 000
<input checked="" type="checkbox"/> PRO (Protection)	400 000
<input type="checkbox"/> PRO-GBV (Protection - Gender Based Violence)	
<input type="checkbox"/> PRO-CPN (Child protection)	
<input type="checkbox"/> PRO-MIN (Mine action)	
<input type="checkbox"/> PRO-HLP (Protection-Housing, land and	
<input type="checkbox"/> Not specified (Basic Needs/Cross Sector/Multipurpose Programme Design: disaggregated by cash, vouchers, and other aid modalities)	

Project Description

<p>Description of the proposed response (including a brief analysis of the problem with reference to relevant appeals and needs assessments as well as a justification and description of the proposed response, including objective and expected results.</p> <p>On March 2015, Zimbabwe was hit by Tropical Cyclone Idai. A total of 250 000 people have been reported to have been affected by the cyclone, 130 000 female, 120 000 males (out of the total, 120 000 are children). However, an accurate assessment of the number of people impacted and displaced is still difficult to establish at this point, as many district wards remain inaccessible. As the heavy rains subside, the full extent of the cyclone's impact and response required will become clearer in the coming period of time.</p> <p>At least 259 deaths and over 500 injuries have been reported, mainly in Chimanimani, and 217 people are reportedly still missing. These figures are expected to continue to rise as the full extent of the damage and loss of life becomes known. At least 5 000 homes have been destroyed in Chimanimani, Mutasa, Mutare, Chipinge, Buhera, Chikomba, Gutu and Bikita districts. In Chimanimani alone, eight bridges have been destroyed with Nyahodi bridge badly damaged making Chimanimani town inaccessible. In Buhera, the Marowanyati dam has overflowed and many families are displaced. People living along the Mwerahari River have been advised to be on</p>

high alert. Furthermore, the Tongagora refugee camp has been affected by flooding, and 49 households have been relocated within the camp.

The displaced families have lost all their belongings including their shelter, livestock and crops on the farms. In the camps where the displaced households have sought shelter, families are in dire need of food, water, sanitation and hygiene items and information, including sanitary ware for women and girls. The interventions by external actors are limited leaving the displaced population in need. Meeting these needs will save lives, ensure dignity and promote early recovery for the displaced persons.

In order to address to the above situation and meet the needs of the affected population, Church of Sweden through its implementing partner plans to respond as below.

The overall objective of the project is to alleviate human suffering and increase dignity in Cyclone Idai affected communities in Zimbabwe. For that, the project objective of this proposed intervention is to contribute to enhance the capacity of affected populations in Chimanimani, Chipinge, Buhera, Bikita and Mutare rural in Zimbabwe to meet their basic survival needs. To meet this objective, the following results are expected:

- 1.Target population has access to water, hygiene and sanitation services to meet their basic survival needs
- 2.Targeted population has access to safe and dignified shelter
- 3.Strengthened family, community and social structures promote the psychosocial well-being and development of all their members

The expected results can be summarized as the target population having access to food and non-food items to meet their basic survival need, access to dignified and safe shelter and capacity to cope through integrated psychosocial support.

The proposed project will focus on the following sectors and related activities:

Shelter: The main needs that have become apparent from the preliminary analysis of data and information from the affected areas indicates the need for shelters to house the affected population whose houses have been destroyed, submerged or partially destroyed making them uninhabitable and dangerous. It is estimated to date that 16 000 households (80 000 individuals) fall under this category and the project therefore proposes to respond to the needs of 1000 of these households (5000 individuals) in Chimanimani, Chipinge, Buhera, Mutare Rural and Bikita. The project will distribute shelter repair kits to enable them to put a roof over their head as an immediate intervention and then in the medium term support these households to build their own shelter. This is in line with the project goal focus of inclusion of the target population in responding to the crisis and taking an active part in meeting basic survival needs. In summary, the project targets to contribute to the rebuilding of 1000 damaged houses through the provision of shelter repair kits and support in the rebuilding process.

WASH: Access to clean water for human consumption is a challenge as most of the water points have been inundated by flood water. There is an increase in the risk of water borne disease outbreaks due to low sanitation coverage. Therefore the project is focusing on reducing the spread of communicable diseases through distribution of WASH kits. It is proposed that supply of water storage facilities be availed in the form of plastic jerry cans and 20 Litre buckets. Together with this, water treatment chemicals will be distributed either as aquatabs or waterguard, and a bar of green soap will be distributed to each household. Furthermore, as a medium term activity, the project will rehabilitate water sources for easy access to water for household use.

As a result of the Cyclone, households have lost their income sources, meaning that they cannot purchase their basic needs and the assessment has showed that there is a need to improve access to proper hygiene. Therefore, the project is proposing provision of dignity kits (sanitary wear) to 5 500 women and girls, recognizing and responding to the specific needs of women and girls in crisis settings.

Psychosocial support: The mental health and psychosocial well-being of affected people was affected as the Cyclone had huge emotional impacts. The project thus proposes to enhance the capacities of communities to cope through psychosocial support by working with existing community leaders and supplemented by staff trained on psychosocial support. This will improve health and psychosocial well-being of affected communities. Efforts will be done to ensure inclusion of communities in all stages of the project from planning to evaluation. Community referral pathways will be established to support local efforts. Furthermore, Church of Sweden is prepared to deploy one or two of its psychosocial roster members to support community leaders and staff in developing capacity to mentor and coach, and mainstream community based psychosocial support (CBPS) into the project. CoS deployments guide partners on the how of CBPS, i.e. psychosocial aspects of assessments, mainstreaming CBPS into different sector of emergency response such as WASH etc., and on developing action plans. Through using the format of staggered deployments (in a 6 months project such as this, that means 2 deployments), partners get support in the field as well as are offered remote support between the deployments.

Justification for response modality (why is the selected aid modality or combination the most feasible and appropriate option available compared to other options? If CASH and/or vouchers are the chosen modality, indicate whether any conditionality applies, explain further below and justify why this is the preferred option).

CA prefer cash transfers as a modality when possible and suitable. However, in this specific emergency situation where access to phones, networks, markets etc is currently extremely limited/unknown, in kind contribution will be utilised together with vouchers (where there is access to market). CA plans to use this approach of mixed methods adjusting to the local context.

When vouchers are used a list of approved items will be established as well as approved suppliers. Identified recipients will provide valid identification, however if that is not possible, for example due to loss of documentation, the community leadership can confirm the identity of the person/ persons to make sure needs are met.

Description of the organisation's comparative advantages and added value in the specific context.

In the Cyclone Idai crisis, Church of Sweden (CoS) has a comparative advantage and an added value, both in itself and in working with Christian Aid as implementing partner. Church of Sweden has long standing development cooperation work experience in Zimbabwe (including having a liaison officer in place in Harare, who is involved also in supporting this project), knows the context well, and has also been involved in humanitarian interventions, the latest being drought response in 2016. Furthermore, CoS has extensive experience in humanitarian response in the region.

Christian Aid (CA) has responded and intervened in several humanitarian disasters in Zimbabwe, among them Cholera of 2008, Tokwe- Mukosi of 2014-2015 and El Niño of 2016. Together with this, CA is implementing several social protection and resilience building projects in Zimbabwe. Resilience building is CA's flagship in all humanitarian interventions. Although this proposed project does not explicitly include resilience, CA's experience and focus on this topic will strengthen the response. CA has several humanitarian advisers, with both regional and national coverage present in Zimbabwe and who are available to assist. Being a certified Core Humanitarian Standard organization, CA can assure upholding the humanitarian imperative and safeguarding the vulnerable.

As members of the ACT Alliance, CA's and CoS capability to respond is increased by pooling several strengths and capacities. Local and international NGOs which subscribe to ACT Alliance values based in Zimbabwe are working to address the stated challenges. CoS and CA's membership in the ACT Alliance means that the two are members of a world wide network of churches and church related humanitarian and development organizations. Understanding faith related aspects of the context and crisis improves the response's emphasis on different types of needs in a crisis setting. In many crises, churches are one of the first institutions to respond. Recognizing the vital support provided by faith institutions (e.g. dignified burials, counselling and psychosocial support, a safe place) is one of CoS and CA's comparative advantages in this emergency.

Furthermore, CoS has the added value of its expertise in Community-Based Psychosocial Support (CBPS) in humanitarian settings, both as targeted activities and as a mainstreamed approach. For this project, CoS is prepared to deploy one or two of its CBPS roster members to Zimbabwe to support the mainstreaming of CBPS and community based efforts in the project.

Description of coordination with relevant actors, including information on cluster/sector coordination, coordinated needs assessment and response planning.

All above proposed actions will be part of the broader EU and UN coordinated measures on the effects of Cyclone Idai, and Christian Aid will attend meetings with relevant actors. As mentioned, both CA and CoS are part of the ACT Alliance, a global organization with other members also responding to the crisis and will attend meetings and give and get updates. CA will also attend coordination meetings to be held by Heads of Agencies in Zimbabwe. Furthermore, CA and CoS will have monthly update meetings. Church on Sweden will participate in global coordination calls within the ACT Alliance to follow the events and relief actions intensely.

When it comes to food and food security, updated information (20190326) from the Food Security Cluster and WFP indicates that the food needs will be met by WFP as well as other agents. Urgent food distributions would be relevant but as the access to these areas requires helicopter it is not feasible for this project. This project will therefore not focus on food distribution or cash transfers. Still, CA follows the food security status closely and continues to coordinate efforts with relevant clusters and organizations.

Description of relevant cross-cutting issues, including, but not limited to, gender equality, conflict sensitivity, protection and environment.

As implementing partner, CA will use its Gender and Inclusion Sensitive Programming policies to ensure equity and equality on all benefiting individuals. Positive discrimination will be employed, if a household has a woman and man as parents, preference will be to register the women (70/30 women to men ratio is idealised). The programming is gender focused as much as possible; for example by addressing needs such as sanitary towels and diapers. The project will go a step further in embracing diversity in all committees created; distribution and monitoring committees, to ensure equitable representation.

The program will be environmentally conscious, to reduce effects environmental degradation. Focus will be on waste disposal, and recycling of products from the donations. Every distribution will be supported with 3Rs (reduce, reuse and recycle) messages on supplied contents, where possible, only bio degradable materials are used.

CA ascribes to doing no harm. Potential harms and deviders, that can make the intervention retrogressive, are identified in the beginning of the intervention. The modalities of implimentation, goods distributed and inclusion and exclusion potentials are weighed against these. CA will employ safeguarding and CRM policies to ensure appropriate refferals, feedback and accountability. As such the initial assesments and focus group discussions informed the project design, with the needs of the communities put in the center. A committed mobile line and email will be dedicated to complains and feedback. This is augmented with a suggestion box at every meeting, distribution or office points.

Monitoring, audit and evaluation

Description of how the project will be monitored, audited and evaluated.

On the ground, the project will be guided by a comprehensive monitoring and evaluation framework. CA as the lead implementor will develop tools for monitoring and the actual monitoring in the field will be done both by CA in collaboration with the collaborating organsiations. Coordinating meetings will be held monthly and at the end of the project an evaluation will be done to see if set objectives have been met. Church of Sweden will be in close

contact with Christian Aid throughout the project, and CA will provide regular updates to CoS on activities and progress.

On-going collection of data on specific indicators will be done by community members along with CA's implementing partners to determine the extent of achievement of planned results and whether these results are corresponding to the expected results in the project's intervention theory. Post-distribution monitoring will be conducted through site visits, observation of the distribution process and discussions with beneficiaries and stakeholders so as to monitor the timelines, adequacy and efficiency of the food and NFI kits distribution process, to detect related shortcomings and constraints and to ensure that kits actually reaches the intended beneficiaries. Progress reports will be produced during the implementation period and an end of project report will be submitted after the project has ended, according to RRM agreement conditions. Faith leaders and other community leaders will record any needs coming out of the community to inform interventions. Behavioural practices will be monitored as well as the reduction in communicable diseases. Progress reports will be shared with CoS, and any deviances will also be communicated in time with responsible CoS officer.

The project will be externally audited after project completion and a final audited report will be submitted no later than 3 months after the end of the project.

Apart from what has been mentioned above, Church of Sweden will monitor the implementation of this project through close and regular email and Skype contact with Christian Aid staff in the field. Furthermore, CoS will possibly deploy one or two of its psychosocial roster members to the field, to support Christian Aid staff on community based psychosocial support and link CoS head office to project implementation on the ground. The project will be part of CoS auditing routines. Audit requirements are also included in CoS agreement with all partners.

Lastly, CoS liaison officer based in Harare will be facilitating the monitoring of the project through contact with CA in Zimbabwe.

SIDA Proposal DanChurchAid Component (Mozambique)

Financial summary

Funds remaining on the frame agreement before this application in SEK SEK 15 742 857		Amount applied for in SEK SEK 4 764 447	
Own contribution n/a	Other donors SEK 470 000		Total project budget in SEK SEK 5 234 447

Project title and summary

Project title Humanitarian response to Cyclone Idai in Mozambique		Country and geographical area Mozambique, Manica province	
Onset of disaster (if applicable) 2019-03-14	Date of application 2019-03-27	Project start date 2019-03-28	Project end date 2019-09-30
<p>Project Summary</p> <p>On March 14, Cyclone Idai made landfall in Mozambique, bringing with it massive rains and strong winds which resulted in destruction of infrastructure, livelihoods, roads and cutting out over 600 000 persons from essential services. The death toll is above 400 and Mozambican officials have warned that it will continue to rise as time passes, and the threat of cholera outbreak and Malaria due to water management difficulties could result in more deaths with each passing day. There are several provinces that have been affected, including Beira and Manica. The attention has mainly been focused on Beira due to the extremity of the cyclone's impact. Manica however has also been devastated with several lives lost, injured and many left destitute. This project aims to provide emergency lifesaving WASH, shelter, psychosocial support and social therapy to Cyclone Idai affected households and deliver their immediate relief needs in the Manica Province of Mozambique. Focusing on WASH, shelter and strengthening community based psychosocial well-being, the project targets 17 500 individuals with lifesaving support.</p>			
Number of direct beneficiaries 3200 Households (17 500 individuals)		Number of indirect beneficiaries 25 000 individuals	
<p>Beneficiary Group</p> <p><input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> IDPs, Refugees, Returnees <input checked="" type="checkbox"/> Multi <input type="checkbox"/> Non-specified</p>			
<p>Response modality</p> <p><input checked="" type="checkbox"/> In-kind <input type="checkbox"/> Service provision <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Vouchers <input type="checkbox"/> Mix (add amount/percentage of each modality)</p>			

Sector/Cluster summary

Sector/Cluster	Budget (if possible, break down budget of each chosen)
<input type="checkbox"/> CCM (Camp coordination)	

<input type="checkbox"/> EDU (Education)	
<input checked="" type="checkbox"/> SHL (Emergency shelter and NFI)	SEK 2 556 000
<input type="checkbox"/> FSC (Food security)	
<input type="checkbox"/> LOG (Logistics)	
<input type="checkbox"/> TEL (Emergency telecommunications)	
<input type="checkbox"/> HEA (Health)	
<input type="checkbox"/> NUT (Nutrition)	
<input checked="" type="checkbox"/> WSH (WASH)	SEK 56 900
<input checked="" type="checkbox"/> PRO (Protection)	
<input type="checkbox"/> PRO-GBV (Protection - Gender Based Violence)	
<input type="checkbox"/> PRO-CPN (Child protection)	
<input type="checkbox"/> PRO-MIN (Mine action)	
<input type="checkbox"/> PRO-HLP (Protection-Housing, land and	
<input type="checkbox"/> Not specified (Basic Needs/Cross Sector/Multipurpose Programme Design: disaggregated by cash, vouchers, and other aid	

Project Description

Description of the proposed response (including a brief analysis of the problem with reference to relevant appeals and needs assessments as well as a justification and description of the proposed response, including objective and expected results.

Cyclone Idai made landfall in Mozambique on the 14th of March 2019 bringing with it massive rains and strong winds which resulted in destruction of infrastructure, livelihoods, roads and cutting out over 600 000 persons from essential services. At an early stage, DanChurchAid (DCA) conducted a desk Rapid Needs Assessment drawing from official government of Mozambique figures and UNOCHA daily flash updates and key informant and partner interviews.

According to UNOCHA updates the death toll has risen to over 417 from 242 recorded on the 20th of March 2019. Mozambican officials have warned that the death toll continues to rise as time passes, and the threat of cholera outbreak and Malaria due to water management difficulties could result in more deaths with each passing day. There are several provinces that have been affected, including Beira and Manica. The attention has mainly been focused on Beira due to the extremity of the cyclone's impact. Manica however has also been devastated with several lives lost, injured and many left destitute. The destruction of several bridges in Sussudenga means that it is difficult to access some areas from within Mozambique from Chimoio, leaving several areas like Dombe inaccessible where thousands have not been reached except through some limited helicopter access. This region can however be accessed through a cross border operation from Zimbabwe through Chipinge. With the global focus being on Manicaland Chimanimani area (Zimbabwe) and Beira (Mozambique), several lives remain at risk if an intervention is not activated through Zimbabwe side to hard reached areas in Mozambique. Nearly 129,000 people are already sheltering in 143 collective sites across Sofala (more than 97,600 people), Manica (more than 14,800 people); Zambezia (more than 9,600 people); and Tete (more than 6,800 people), leaving responders overwhelmed, with more people still needing rescuing .

The humanitarian situation is complex and multi-faceted and by far outstripping the Mozambican government's capacity to respond timely and adequately to the crisis. As a result, the Mozambican government has formally made an international appeal for assistance. The crisis disproportionately affects children, women, the disabled, the sick, men and the elderly in the province of Manica. In the absence of formal assessments and verifications the gender, age and disability aggregates are still to be ascertained.

The main goal of the intervention is to reach the most affected and vulnerable population with basic lifesaving support essential for their survival, as well as mitigating post cyclone effects such as disease outbreaks.

The overall goal to which this project aims to contribute is to to alleviate suffering, increase dignity, and strengthen community and social structures in Cyclone Idai affected Mozambique.

The project objective is to provide emergency lifesaving WASH, shelter, psychosocial support and social therapy to Cyclone Idai affected households and deliver their immediate relief needs in the Manica Province of Mozambique.

The project goal will be fulfilled through the following expected results:

1. Improved access to WASH NFIs and services, and increased access to hygiene information for affected people
2. Affected households have dignified and safe emergency shelters and NFIs
4. Community based Psycho-social structures, information sharing and social therapy are strengthened

WASH: the devastating effects of the cyclone has damaged key infrastructure such as water works, boreholes, sewage reticulation, household toilets and pit latrines. The massive quantities of water sweeping across the communities has also contaminated reliable water sources leaving the affected communities vulnerable to water borne diseases such as cholera. The Government of Mozambique has already identified cases of cholera outbreak which poses great risk to the already incapacitates communities Within this project, basic WASH services will be provided that include:

1. Distribution of water containers for potable drinking water
2. Distribution of household's kits which include water purifiers
3. Undertake basic sanitation and hygiene promotion sessions at designated sites for displaced people and at 20 transition sites/ camps in Manica and in affected communities

Shelter; initial estimates from UNOCHA put the number of households destroyed partially or completely at over 17 400 houses. Many more houses have been flooded. The intervention will support ongoing efforts to provide adequate safe and primary level shelter while supporting rebuilding efforts. Specific activities will include,

1. Procure and distribute homestead rehabilitation materials

2. Distribute essential materials such as tarpaulins and tents for temporal shelter.

Psycho-Social Support; The communities affected by the cyclone have experienced unimaginable stress ranging from the shock of sudden loss of livelihood and shelter, loss of relatives (some of whom have not yet been found) and in some extreme circumstance children have shared same space with dead people for over 24 hours before rescue. The amount of psychosocial support needed is great and implementing partners, especially religious organisations, have an additional role to play in providing psychosocial support to affected people, and rebuilding vital community structures. The psychosocial support efforts will be led in partnership with the local community, contextualized to their local traditions and beliefs but informed by research and experience. DCA will collaborate with partners to establish psychosocial support services which will take a multi-pronged approach and be integrated into the all community services rather than establish a separate stand-alone service. In the short term, trained specialists are going to lead flash training of community and church leaders who will proceed to assist the affected families. The psychosocial services will plug into the existing community level supports such as religious groups, women's groups, emergency food and shelter supports etc so that it connects with and resonates with the local people.

Justification for response modality (why is the selected aid modality or combination the most feasible and appropriate option available compared to other options? If CASH and/or vouchers are the chosen modality, indicate whether any conditionality applies, explain further below and justify why this is the preferred option).

The project is going to be implemented utilising two models; procurement and distribution of NFI and the voucher model.

The voucher model is going to be used where markets are functional and can deliver requisite relief materials and goods. This is the most preferred modality given that it provides the beneficiaries choices, nurture restoration of dignity and destigmatizes the beneficiaries. As far as can be possible, the project will endeavour to take this route as informed by the project advance team that is in the ground assessing the context.

NFIs are going to be procured and distributed to beneficiaries in cases where the markets are not functional and the intended commodities are not available. This is going to be done to ensure targeted beneficiaries receive immediate support. To ensure that dignity is restored and distribution of NFIs is not stigmatizing, the project will endeavour to limit the number of times beneficiaries are called to receive their entitlements.

Description of the organisation's comparative advantages and added value in the specific context.

As a part of the ACT alliance, Church of Sweden (CoS) and DanChurchAid (DCA) have a long standing relationship and are/have been cooperating around responses in a number of current

emergencies for example Syria, Zimbabwe and Cox Bazar, in the latter CoS is supporting DCA with funding and expertise within Psychosocial support.

This project will be managed from DCAs office in Harare/Zimbabwe where a full team of humanitarian experts have been working with emergency response for a number of years with funding from Danida, ECHO, WFP etc. In addition DCA head office in Copenhagen has sent extra humanitarian specialists to support the operation, and its 22 emergency staff based in Copenhagen are supporting continually. DCA will work cross-border from Zimbabwe bringing in staff and supplies as this is the best supply route to access north-western Mozambique. DCA has previously in Mozambique responded to similar flood situations and have good understanding of the context and current situation in Mozambique.

In the Cyclone Idai crisis, CoS has a comparative advantage and an added value, both in itself and in working with DCA as implementing partner. As members of the ACT Alliance, DCA's and CoS capability to respond is increased by pooling several strengths and capacities. CoS and DCA's membership in the ACT Alliance means that the two are members of a world wide network of churches and church related humanitarian and development organizations. Understanding faith related aspects of the context and crisis improves the response's emphasis on different types of needs in a crisis setting. In many crises, churches are one of the first institutions to respond. Recognizing the vital support provided by faith institutions (e.g. dignified burials, counselling and psychosocial support, a safe place) is one of CoS and DCA's comparative advantages in this emergency.

Furthermore, CoS has the added value of its expertise in Community-Based Psychosocial Support (CBPS) in humanitarian settings, both as targeted activities and as a mainstreamed approach. For this project, CoS is prepared to deploy one or two of its CBPS roster members to Mozambique to support the mainstreaming of CBPS and community based efforts in the project.

Coordination

Description of coordination with relevant actors, including information on cluster/sector coordination, coordinated needs assessment and response planning.

One of the immediate challenges to providing timely and adequate humanitarian response in difficult circumstances is the lack of information gathering, processing and sharing of systems that provide realtime information feeds. Response efforts run the risk of being disproportionate, haphazard and ineffective. DCA aims to develop a digital information management system that will form a crucial part of the humanitarian response by all partners. The platform which is currently being developed and expected to be running by the 1st of April 2019 make use of and integrate existing messaging platforms, Geodatabase technology and webservice to provide actionable information in realtime. This system will also be critical to support relief efforts and will be part of the sustainability and exit as it will later on become part of Mozambique emergency response systems.

Furthermore, DCA's intervention is informed by the UNOCHA Rapid Assessment Updates and the Mozambique National Institute for Disaster Management (INGC). DCA intends to plug into existing efforts underway in Manica provinces with a specific focus on providing decent and safe shelter, provision of clean and safe drinking water, ameliorate and prevent the spread of cholera through providing containers for portable drinking water, sanitation and hygiene emergency amenities. The rationale behind Community Based Psychosocial Support (CBPS) will be integrated in all these activities. This means emphasizing the involvement of affected people in rebuilding community structures and co-contributing to psychosocial wellbeing in midst of a chaotic situation. DCA will work with the communities to monitor protection needs and reduce risks and will work collaboratively and in partnership with specific actors in the sectors as set out by UNOCHA and WFP. WFP has been designated as the point of entry for Manica province humanitarian response and DCA will coordinate efforts accordingly.

Cross-cutting issues

Description of relevant cross-cutting issues, including, but not limited to, gender equality, conflict sensitivity, protection and environment.

By their very nature, humanitarian crises accentuate vulnerabilities. Therefore, human rights, HIV/AIDS and gender-based violence are key cross cutting issues that DCA will mainstream in their work. In responding to the needs, DCA will put into practice gender, age and disability consideration, to ensure that no one is left behind in the response.

Do no harm: Do no harm and conflict sensitivity approaches will be taken into consideration in the response planning and applied to mitigate negative effects of the project, avoid community tensions and to capitalise on opportunities to support protection and positive community relations

Gender equality: DCA will ensure equal participation of men, women, girls and boys in all stages of the project (disaggregated by age and gender). This entails oversight of adequate representation in forums, trainings and GBV prevention initiatives. DCA understands the different needs of women, girls, boys and men; access to services and resources is also different for each group. The proposed activities will not put the community members at risk but rather play a role in protection and preserving the dignity of the affected populations. DCA will engage in local advocacy activities to ensure and increase the acceptance of women's participation and to ensure women's safe access to services and local markets.

Human rights, participation and democracy: Community participation is one of DCA's key operating principles and the organisation regards this as intrinsic to good programming. DCA will ensure there is proper participation of rights holders through engagement in needs assessment, project design and monitoring. DCA will ensure that principles of beneficiary accountability under the Core Humanitarian Standard (CHS) framework are integrated into the project, including information sharing, participation and handling complaints during the project cycle.

Environmental issues: In all project locations, DCA makes sure that environmental protection aspects are considered and prioritized in planning and implementation.

Protection: Providing emergency assistance to those affected by flooding is a first step towards long-term protection and rehabilitation. To meet these and other needs, DCA will mainstream protection throughout the response. DCA will ensure the complete package of support is given to the targeted beneficiaries to mitigate negative coping strategies, such as prostitution, taking loans or selling productive assets and resources. Building on its Prevention of Sexual Exploitation and Abuse (PSEA) policy, DCA will ensure all staff and partners are trained in this to mitigate sexual abuse of victims of the disaster by employees and project volunteers. To ensure that women and children do not face further harm because of the project, DCA will work closely with the broader community. DCA will take care not to add further burden to women as caretakers of households or other beneficiaries (for example through cash for work). DCA will engage in awareness sessions with the communities, particularly to advocate for women's and children's rights as well as to create awareness of new risks, such as trafficking, which may arise because of the disaster. DCA and partners will explore informal partnerships with protection actors to ensure access to referral mechanisms for affected populations.

Monitoring, audit and evaluation

Description of how the project will be monitored, audited and evaluated.

DCA has a comprehensive monitoring framework which is multi-layered. Monitoring activities are informed by information needs of the project and transparency and accountability form the guiding principles. DCA will also emphasis participatory methodologies. A rapid needs assessment will be carried out by staff members in collaboration with other partners and community volunteers. The process will be followed by a presentation of DCA's envisaged intervention to cluster partners and affected populations. The will be used to engage community members in ongoing participation in assessment and the monitoring of the services delivered. Engagement with cluster members will help to minimize duplication of essential services in one area while other areas are underserved.

DCA will design data collection tools for key phases of the implementation. Regular monitoring and data collections exercised starting with weekly statistics on displaced people, and affected households. Registers will be used for distribution of all items this will be supported by scheduled focus group discussions and joint monitoring and regular meetings with key stakeholders and with local community members. An end of emergency survey will be carried out to give information on early recovery needs and propositions.

A final narrative project report, financial report and project audit report will be submitted to CoS in due time after project end. CoS and DCA will be in close contact throughout the project, and DCA will provide regular updates to CoS on activities and progress.

Apart from what has been mentioned above, Church of Sweden will monitor the implementation of this project through close and regular email and Skype contact with DCA staff in the field. Furthermore, CoS will possibly deploy one or two of its psychosocial roster members to the field, to support DCA staff on community based psychosocial support and link CoS head office to project implementation on the ground. The project will be part of CoS auditing routines. Audit

requirements are also included in CoS agreement with all partners. Lastly, CoS liaison officer based in Harare will be facilitating the monitoring of the project through contact with DCA in the field.

Feedback and complaints mechanism: Sensitive complaints are immediately referred to the CHS focal point or DCA HQ global complaints mechanism. To ensure confidentiality, the complaints electronically forwarded are only opened by two designated members of staff at DCA HQ. The complainant will receive an e-mail confirming receipt of the complaint. The person opening the complaint will then forward the complaint for processing. Depending on if the complaint is classified as sensitive or operational complaint a Complaints Handling Committee (CHC) is established. CHC looks at prevention, redress and information. It consists of relevant members of DCA management and the process will be kept within a small group and kept confidential.

Sustainability

Description of exit strategy, including information on how the project will be phased out following the completion of the implementation period, national/local ownership as well as linkages with development cooperation, if applicable.

DCA programming is imbedded in local structures and the organisation is working collaboratively with identified key structures and actors within the affected communities and plug into their efforts bring technical and financial assistance. The interventions thrive to build on existing local efforts as well as to secure local buy-in. What is more the DCA approach emphasises development of local capacities and local agency. Working with church and community leaders to provide social therapy and psychosocial support is a strategy aimed guaranteeing sustainability and psychosocial resilience. Working with partners and government players will also ensure continued administration of skills gain during the life of the project.

Attachments

Is a detailed logical framework attached?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is a detailed budget attached?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>