ACT Alliance Appeal

Global Response to the COVID-19 Pandemic – ACT201

Sub-Appeal – ACT201-CRB

COVID-19 Response in the Caribbean Region

Balance Requested: USD 749,683

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Project Summary Sheet		
Project Title	COVID-19 response in the Caribbean Region	
Project ID	ACT201-CRB	
Location	Caribbean: Cuba, Haiti, Dominican Republic	
Project Period	Start Date June 15, 2020 End Date June 14, 2021 No. of months: 12	
Requesting Forum	Cuba, Dominican Republic, Haiti. Lead: Haiti Forum ☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)	
Requesting members	Cuban Council of Churches (CIC) Servicio Social de Iglesias Dominicanas (SSID) Christian Aid Church World Service (CWS) Norwegian Church Aid (NCA) Service Chrétien d'Haïti (SCH)	
Contact	Name	Elina Ceballos (Cuba), José Alcántara García (Dominican Republic), Margot de Greef (Haiti)
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Local partners	**CWS**: Association des Groupes Evangéliques d'Haïti pour la Prédication du Monde et le Développement d'une Nouvelle Génération (AGEHPMDNG), Groupe de Recherche et d'Appui pour le Développement Agroécologique Innovateur Durable (GRADAID), Koperativ Espwa pou Demen (KED). Christian Aid: SJM/Solidarite Fwontalye and Haiti Survie (HS) in Haiti, Movimiento de Mujeres Dominico Haitianas (MUDHA) in the Dominican Republic. NCA: SCH, Christian Aid and CWS. SCH: Direct implementation, establishment of a committee of religious and community leaders and authorities in each community. CIC: Local government, churches, Ministry of Health. SSID: Network of local communities (including the neighbourhood committee of each community, a network of community leaders and local emergency committees), network of Protestant churches, National Evangelical University, Social Plan of the Presidency, Christian Aid.	

Thematic Area(s)			
X	Public Health	☐	Shelter and household items
☐	Community Engagement	X	Food Security
☐	Preparedness and Prevention	X	MHPSS and CBPS
X	WASH	X	Gender
☐	Livelihood	☐	Engagement with Faith and Religious leaders and institutions
☐	Education	☐	Advocacy

	☐ Other: _____
Project Outcome(s)	Outcome 1: Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement. Outcome 2: Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.
Project Objectives	1. Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality in the targeted communities of the three Caribbean countries through awareness raising and production/use of personal protective equipment as well as installation of handwashing stations. 2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods in the targeted communities of the three Caribbean countries through assistance in food security and psychosocial support. 3. Advocate for protection of vulnerable groups such as migrants, women, people with disabilities and the elderly in the three Caribbean countries.
Target Recipients	

Profile							
☐	Refugees	☐	IDPs	☐	host population	☐	Returnees
☐	Non-displaced affected population						

No. of households (based on average HH size): 12,245
SCH: 970 households (4,850 persons).
NCA: 3,000 households (15,000 persons).
Christian Aid: 5,530 persons, 475 households, 100 institutions.
CWS: 3,880 persons and 1,275 households (6,375 persons), for a total of 10,255 persons.
CIC: 1,110 households (5,550 persons) and 1,500 health care workers, for a total of 7,050 persons.
SSID: 3,533 households (17,727 persons).

	Households	**Persons**	**Health workers**	**Institutions**
SCH	970	4850		
NCA	3000	15000		
CA	1581	7905		100
CWS	2051	10255		
CIC	1110	5550	1500	
SSID	3533	17727		
Total	***12,245***	***61,287***	***1500***	***100***

Sex and Age Disaggregated Data:
CIC:

Sex and Age								
	0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
Male	90	180	330	810	1130	300	200	70

Female	112	235	390	1060	1390	350	273	130

SSID:

Sex and Age							
0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
Male	1005	1214	1575	3842	674	431	70	38
Female	1007	1217	1578	3845	678	436	77	40

NCA:

Sex and Age							
0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+
Male	3025		1297	865	865	649	649
Female	3150		1350	900	900	675	675

Project Budget (USD)	$ 749,683

Reporting Schedule

Type of Report	Due date
Situation report	Monthly for the first 3 months due to the changing situation, after this period it will be re-assessed.
Final narrative and financial report (60 days after the ending date)	September 2021
Audit report (90 days after the ending date)	October 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 ACT201, and subsequent allocations will be made based on the approved Sub-Appeals. For status of pledges/contributions, please refer to the spreadsheet accessible through this link http://reports.actalliance.org/, Appeal Code ACT201.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@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:

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

BACKGROUND

Context and Needs

The COVID-19 epidemic started in the Dominican Republic (DR) before it started in Haiti, and the numbers of cases are higher there than in Haiti (17,285 versus 2,124 on June 1, according to Johns Hopkins University). Many Haitians are returning to Haiti from the DR, all along the border at multiple crossings, many of them with symptoms of COVID-19. Despite the border officially closing, from 17 March to 17 May 2020, IOM observed 132,801 movements of people from the DR to Haiti, potentially carriers of the coronavirus.

The first case was registered in the Dominican Republic on March 1 and in Haiti on March 19. In both countries, we imported. It took two months for widespread community transmission to start in Haiti, with numbers starting to climb exponentially on May 15. Testing has been very limited in Haiti.
The first cases of coronavirus were registered in Cuba on March 11, also imported. As of June 1, 2,083 cases had been registered in Cuba. At the same time, all three countries are also fighting against influenza, dengue, zika and chikungunya.

The WHO is supporting the Haitian Ministry of Health (MSPP) to formulate a response strategy, which took a long time to elaborate, led by an independent commission. Little emphasis was placed on tracing contacts and treating the confirmed and suspected cases adequately, since the government lacks the authority to enforce quarantines or even stay-at-home orders. Stay-at-home is also made difficult by the fact that the majority of people live on a day by day basis. Therefore, public markets are full of vendors and buyers every day. Urban public buses and trucks as well as motorcycle taxis are running full of passengers in crowded streets, although the number of passengers has been limited, according to government order. In addition, as a result of the underlying political instability and the spread of beliefs that the disease will not affect Haitians or it simply does not really exist, political led demonstrations continue. All of that increases the risk of spreading the disease at community level.

The only concrete action that has been done in Haiti in terms of preparation is an order of protective materials from China, the first shipment of which arrived mid-May. Hospitals have a very low capacity to receive and treat COVID-19 patients. The international community, including UN-OCHA, are frustrated by the slow progress and are raising the alarm now as the cases rise and health centres are overwhelmed. Health care centres have the experience from the country lockdown during Fall 2019. where roads were blocked and there was a shortage of fuel, so it was difficult for hospitals to get their needed supplies of fuel to operate their generators and also of medicines and other materials, challenging the cold chain. Moreover, as of January 2020, there has been an increase in kidnappings and insecurity, leading the United States Travel-State Department to increase Haiti to level 4, the highest level of insecurity: Do not travel.

The COVID-19 crisis also has detrimental effects on maternal and reproductive health in Haiti. One of the best equipped hospitals in the country in terms of Reproductive Health Services, Saint Damien Hospital (Nos Petits Frères et Soeurs) closed its maternity department because of the increased vulnerability of pregnant women related to COVID-19. Being one of the most affordable health centres in the country in terms of Reproductive Health Care with a capacity of 40 hospital beds for pregnant women, the closure of this service is a catastrophe for those women looking for obstetrics care in the metropolitan area. Even more so given the high population of women of reproductive age (6,296,351 according to IHSI 2015). Reportedly, the Haitian Ministry of Health was warned in advance of this looming decision mostly taken because the physical structure of the hospital does not allow for the adequate isolation of pregnant women presenting symptoms of COVID-19, while providing quality reproductive health care to both COVID-19 affected women

and to those not displaying these symptoms. This considerably worsens the health of women and girls.

Cuba has a public health system centrally managed by the government that is connected with all those participating in the national response. Cuba has been able to maintain the epidemic within a model of rapid contention and slow growth (scenario 1 of the global human response plan). In fact, Cuba has sent doctors to countries around the world (including the Dominican Republic and Haiti) to assist in the response to coronavirus, given their expertise in the medical area. Through this joint appeal, Haiti and the Dominican Republic can build upon the support that Cuba can offer in the health sector. At the same time, Cuba faces huge challenges due to the embargo, resulting in limited imports, as well as restrictions in technology.
In all three countries there is a lack of protective equipment for health care workers, while the Dominican Republic and Haiti also face a lack of health care workers. There is a need for more community hospitals with capacity to test for coronavirus in order to ensure better treatment and follow-up of patients. The Dominican Republic currently has the highest number of cases registered among the three countries. Informal workers and migrants (mostly from Haiti) are especially vulnerable, since they live by the day and depend on daily income to be able to put food on the table and provide for their families.

The arrival of coronavirus amidst of a political crisis in Haiti has aggravated the pre-existing food crisis and came at a time following a 2.5-month long country lockdown, meaning that families had already used up their reserves and hospitals were already in a difficult situation, lacking supplies. Moreover, insecurity has been on the rise since January, especially related to kidnappings, including a doctor of the Bernard Mevs hospital.

The economy of all three Caribbean countries is in crisis. In the case of Cuba, the situation is aggravated by the embargo of the United States. The current administration of the US keeps increasing sanction, also using media campaign. As a result, even in the months before COVID-19, food products and fuel became scarce. Now with the arrival of COVID-19, the economy is affected through the closure of borders and hence the **loss of tourism**, which is the main source of income for both Cuba and the Dominican Republic. Imports are also affected, specifically food and raw materials that are needed for production. Employment has been affected, although in Cuba the government is partly taking care of salaries. Those not working for the government have lost their employment or seen a reduction in their income, while payments for social security have to continue. This situation is similar in all three countries, where many people have lost employment with closure of hotels or enterprises, leading to poverty, scarcity and food insecurity. In the case of the Dominican Republic, exports are also affected, which immediately impacts Haiti, depending for a great part on imports from the Dominican Republic.

In Haiti, government has promised a one-time payment of 3,000 gourdes to vulnerable families. At an exchange rate of 105 gourdes for 1 dollar, this can hardly by a family food for one week. In the Dominican Republic, government measures are not sufficient either to respond to the daily needs of a family. This means that many parents have to go out every day anyway to try to put food on the table, also because many live by the day, even if the government asks people to stay at home. It is a choice between running the risk of getting ill and going hungry. Working remotely is complicated in Cuba by a lack of access to internet and technology in general. Every year a significant number of young people graduate in computer science from universities. They could contribute to the development of this area in Cuba, with an innovative and creative spirit. However, many of these young people emigrate.
The three Caribbean countries part of this appeal are all vulnerable to drought and hurricanes, while facing human rights issues and fragile economies. In the current Caribbean context, a decrease in the economy is expected, a continuous deterioration of income of the population, increase in

informal employment and precarious conditions, affecting the most vulnerable sectors such as the availability of food and access to personal hygiene items. Climate change impacts such as drought, salinisation of soil, deforestation, increase in temperature and increase in the sea level, as well as recurrent meteorological events also present a negative influence in the current emergency situation and limit the capacity to respond for the most vulnerable.

In **the Dominican Republic**, there has been a government ordered quarantine, a situation previously unknown in the country. This confinement, combined with the bombarding of information related to increases in registered cases and deaths, has led to feelings of anxiety, insecurity and depression. The same goes for Cuba and Haiti. In the Dominican Republic, an estimated 655,000 contracts have been suspended, according to the Ministry of Employment. Loss of employment has both an economic impact and an emotional impact.

With regard to climate change, the Dominican Republic is one of the most affected countries of the world. One of the direct effects of climate change is the increase of the sea level, which aggravates erosion of beaches and represents a threat for the coastal areas, causing erosion, flooding and saline infiltration. Inadequate agricultural practices, extensive animal breeding, tree cutting and extraction of materials for construction also worsen the environmental fragility of the country and the island. These phenomena bring with them negative economic impacts that increase vulnerability.
Haitian organisations have noticed that raising awareness for responsible behaviour towards climate change adaptation is not easy. Poor and hungry people think of money and food more often than of theoretical concepts, due to the lack of choices to provide for a living. This situation is worsened because of the job loss produced by the COVID-19 context. Therefore, the reiteration of the same idea with different wording and new examples accompanied with concrete support contribute to slowly changing people's understanding and mindsets.

Raising awareness on climate change is not a complete job if no solution is proposed for adaptation and/or resilience. That is the reason activities such as awareness raising and promotion of local food production are included in the response to make people understand both COVID-19 and climate change impact and help them create/manage self-initiatives to generate income.

In Latin America and the Caribbean, Haiti is placed 1st, the Dominican Republic 5th and Cuba 14th out of 33 countries in terms of climate change vulnerability. Every day the exposition to natural phenomena increases. These risks, together with the COVID-19 pandemic, constitute a latent threat to physical and mental health, the economy, water, material assets, quality of life, poverty and development. Moreover, hurricane season started on June 1 and will last until November 30. Forecasts predict that it will be an above-average active season, implying a significant risk of further damage and impact on already vulnerable countries.

The approach is based on knowledge of the pre-existing vulnerabilities and risk factors. This knowledge is gathered through community presence. ACT members have a long history in the communities where they work. These communities provide feedback and input regarding their needs, resources and risks. Overall vulnerability depends on level of exposure (densely populated areas, hotspots), pre-existing conditions including malnutrition, and structural vulnerabilities especially lack of access to clean water and health care. The highest risk population include the elderly, those with pre-existing illnesses and also those vulnerable because of malnutrition, which affects their resistance to COVID-19 due to a weak immune system.. These groups will therefore be targeted specifically throughout the targeted areas. Partners have provided input regarding needs in their respective communities. Needs have also been analysed during meetings of OCHA and the food security cluster in Haiti, which are attended by ACT members. For example, the Northwest of Haiti has been emphasised as a priority area by the food security cluster, based on existing gaps of required interventions.

A highly significant risk factor is famine, aggravated by climate-change-induced droughts. The impacts of COVID-19 are starting to be felt in the middle of the hungry season (the end of the dry season/beginning of spring before crops have started). A prolonged period of drought meant that planting season (which was supposed to take place between February-April) had to be postponed in all three countries. Food insecurity is always the worst in the Northwest department of Haiti, which is one of the target areas, along with the impacted border areas. In the Dominican Republic as well, farmers could not plant in March and April due to a lack of water (rain), which has a negative impact on family income as well as agricultural production. Even though the Dominican government allowed transportation of agricultural products to cities to be able to supply the population with food products, markets were closed, impacting revenue of both farmers and merchants. In Cuba, March has been the driest month since 1961, impacting agricultural production. Given increasing restrictions from the US, imports are limited, leading to recurring scarcities of basic products.

In terms of disease hotspots, the border regions are included, especially the main border crossings which are also important commercial centres where public markets take place several times a week. The virus prevalence is centred in the capital of Port-au-Prince, which is easily accessible from the border. Dense urban areas are the most vulnerable to the rapid spread of the virus. The case numbers in the populous West department are far ahead of the other departments, and the West department also touches the border with the Dominican Republic. It will be important to try to contain the virus at the border and in Port-au-Prince as much as possible.

Live-saving work is also very important, with an emphasis on access to protective equipment and public health commodities. This is coordinated by the Ministry of Public Health. Work to support WASH is at the intersection of prevention and lifesaving. Access to clean water and sanitation are essential for public health and to prevent diseases. However, frequent handwashing is difficult to realise when families do not have access to water or soap. Within the identified 'hotspots,' there is a great need for Personal Protective Equipment (PPEs), food support, and access to hygiene. Populations with poor access to hygiene, especially water and soap for handwashing, are also very vulnerable. COVID-19 is a slow-onset disaster so there are some continuous interventions focusing on community awareness, preparedness, and prevention in vulnerable, targeted communities.

All three countries have a mostly patriarchal culture, with decision-making power mostly centralised in the hands of men. Women and girls are often marginalised in Haiti, and the appeal aims to increase women's leadership in the response in a transversal way, working with local partners who prioritise gender equality and women's participation and empowerment. There is also a risk of higher prevalence of gender-based violence under the current circumstances. There are extremely high levels of taboo around LGBTI in Haiti, to the extent that it is nearly impossible to identify and work with LGBTI individuals as such in the communities.

Similarly, **Cuba** has a patriarchal culture, with the load of the care for the house and the family resting on women's shoulders. In times of quarantine household situations can become more difficult, especially since several generations usually live together in a single house, exacerbating the risk of gender-based violence.

In the **Dominican Republic**, the participation and inclusion of women is increasing. SSID works with an integral focus on the development of persons and promotes the egalitarian participation within families and communities independent of their conditions. In the majority of the communities there is a bigger participation of women and SSID works to increase their participation in decision-making. SSID also promotes non-violence related to gender and non-violence in general, seeking protection of the most vulnerable such as is the case of women, children and LGBTI, amongst others.
ACT Haiti members work in consultation with local NGO and CBO partners who are the primary contacts with the local communities. The partners have done the needs assessment and program

planning with the communities. Thanks to this, there is an opportunity to support entrepreneurs dedicated to production of protective clothing and masks, to strengthen their livelihoods while at the same time protecting families and health care workers. Farmers will also be supported to encourage food production at accessible prices. Moreover, opportunities **for virtual spaces of exchanges** will be created to multiply and share best practices in the region.

SSID has as a support for its work the leadership of the communities and its network of churches and para-ecclesial organisations with whom SSID coordinates all its work, especially giving relevance to own initiatives, plans and experiences of the community. For the implementation of the assistance they start with the promotion of the project, its contents, scope and methodology amongst the leaders representing the communities and their local structures, which include leaders of different sectors of the population; women, men, youth and children. The same is done with mayors, councillors and other local authorities, as well as church leaders.

For the selection of beneficiary families, the main responsibility lies with the local actors who have the best knowledge of the situation, especially of the community members. ACT members monitor whether the criteria and procedures are respected. For the work related to the psychosocial component, SSID uses communication through virtual networks that is available and affordable for the community population, although in smaller coverage. In the latter case, telephone calls are more relevant due to limitations in internet connectivity.

Capacity to respond

Christian Aid has prioritised a task force at an early stage of the pandemic to frame its global response to minimise the risk of COVID-19 spread to communities. Specifically; Mitigate the poverty and social impacts and Modify existing humanitarian and development programs to address the needs of the poorest. In this way, contribute to Minimise the COVID-19 spread to communities and mitigate social shocks (**Mitigate, Modify, Minimise**).

Church World Service (CWS) has worked in Haiti since 1954, through partnerships with national and local organisations, associations and cooperatives. The geographic focus of CWS has been in the Northwest, where food security issues and children's rights are being addressed as part of ongoing programs. CWS also has extensive experience in emergency response, including repair and reconstruction of houses and schools and seed distributions.

NCA's global strategy prioritises WASH as a key component, and they are a recognised global leader in humanitarian WASH. NCA has worked in Haiti and the DR since the 1990s, including a long partnership with SSID, and collaboration with Christian Aid on binational issues. NCA works in a joint office with Diakonie Katastrophenhilfe (DKH) and Lutheran World Federation (LWF) in Haiti, giving its staff added expertise in disaster response and management and human rights-based approaches. NCA has implemented 500k-1M of WASH projects annually in Haiti since 2011.

Service Chretien d'Haïti (SCH) was created in 1954 to contribute to the harmonious development of the Haitian people by participating in the construction of an integrated and self-sustaining society on economic, social, spiritual and moral levels. SCH provides support to vulnerable people regardless of their religion, race, social conditions or political affiliations. SCH has been the lead implementing partner of the ACT Joint Program on Climate Change and Disaster Risk Reduction since 2011. As part of earlier ACT appeals, SCH has supported integration of people with disabilities in churches, education and livelihoods.

SSID has several decades of experience in management of crises, natural and humanitarian disasters at the local, national and regional level. They have a good and respectful collaboration with

government institutions, churches and faith-based communities. SSID has previously received rapid response funds and intervenes in both the Dominican Republic and Haiti. Since the start of coronavirus, SSID has facilitated distribution of food products in collaboration with the government, with the specific responsibility to distribute food to churches. All 50,000 food distributions for protestant churches are administered through the warehouse of SSID in Santo Domingo. SSID will also receive in-kind support from Food for the Poor.

The Cuban Council of Churches (CIC) was founded in 1941. CIC has an integral multi-risk focus, which helps to create bases for community resilience. Their response strategy is founded in a model of an inclusive and transformative church. As a basic tool for its methodologies, CIC applies the Sphere standards. Since 2001, CIC has responded to several hurricanes with ACT Alliance, most recently in 2017 to hurricane Irma, as well as the subtropical storm Albert and a tornado in Havana.

ACT members have funding from other sources to support the COVID-19 response, and these actions will be harmonised to the response. For example, NCA has accessed funding from the Norwegian Ministry of Foreign Affairs (NMFA) for COVID-19 prevention work in the Grand Sud, which has already started. LWF will work on prevention in the border Foret des Pins region with internal funding. Other organisations such as DKH and Christian Aid have worked on adapting their existing grants to allow their targeted communities to respond to the COVID-19 situation. CWS is supporting its partners in the Northwest with a small grant to assist families with handwashing possibilities, amongst others. There is, therefore, the potential to leverage other funds to fight COVID-19 in Haiti, managed in a coherent way.

SSID has been distributing food rations to vulnerable families since March, with the support of the Social Plan of the Presidency of the Republic as an in-kind support. SSID also signed an agreement with Food for the Poor for other kinds of products that can contribute to increase its support to the target population. CIC is currently implementing a COVID-19 response with RRF, as is SCH. From the warehouses in Havana, materials that were in stock have been distributed to a laboratory for regional diagnoses, as well as supplies for nursing homes, with the elderly being the most vulnerable population related to COVID-19. Services to offer purified water to the population have been monitored to prevent gatherings of groups, at the same time encouraging this vital service to continue.

The ACT Haiti Forum has coordinated major ACT Appeals after the Haiti Earthquake of 2010 and Hurricane Matthew of 2016, which included interventions in the sectors proposed, except for the provision of personal protective equipment (PPE) which is a new aspect to the COVID-19 emergency but does not entail extra expertise as it is primarily a supply-chain, logistical issue that the forum has dealt with previously. Moreover, since the appeal includes local production of protective materials in Cuba, CIC will be able to offer advice or support related to the quality of product to be used for different target groups (specifically, health workers versus general public).

There has been significant learning from previous experiences with ACT appeals, detailed in external evaluations, which have gone into the forum's joint EPRP. Coordination with the Government of Haiti through the Ministry of Planning (MPCE) will be very important to ensure smooth implementation and also importation of materials, as needed.

For several decades, SSID has developed multiple interventions in response to emergencies, with funding from ACT Alliance and other donors. In fact, SSID was founded as an organisation because of an emergency situation the Dominican Republic suffered due to an embargo imposed as a sanction by the Organisation of American States (OAS) to the dictatorship of president Rafael Leónidas Trujillo in the early sixties, and also in response to a major drought suffered during these same years.

SSID was founded as an initiative of leaders of protestant churches to channel support to alleviate existing needs at the time. Since then, SSID has always been responding to emergencies in the Dominican Republic and other countries. In the case of Haiti, after the 2010 earthquake SSID was one of the pioneers supporting from the Dominican Republic, immediately developing logistical support to help ACT members, thanks to its capacities, experience, relations with the government, with businesses and other sectors. Since 2010, SSID has been present in Haiti and has also received funding through the ACT Haiti forum and from other ACT members.

Since the 90s, CIC has had a committee of emergencies in its structure, formed with other ecumenical organisations in Cuba. This committee was activated on March 13, 2020 to respond to COVID-19. A group of reference was formed, consisting of specialists of the health program, to permanently monitor the situation, to communicate scientific and technical instructions, to identify possible strategies of intervention, and to advise regarding the elaboration of awareness raising materials for the prevention of coronavirus (instructive and audio-visuals). CIC contacted the Cuban authorities, specifically the health sector, sent an official declaration and established alliances with other organisations to identify needs and to prepare a response strategy. The work in the central offices has been reorganised, adapting to working remotely, and directions were given to diaconal initiatives and measures taken related to meeting spaces in churches.

As a member of the ACT Haiti forum, Act Church of Sweden is happy to provide technical assistance from a distance and to provide material as well as online resources within the field of Community Based Psychosocial Support (CBPS). Through the support of CBPS-thematic advisors and resources, already translated into French and Spanish, partners can access information and receive the support they need to be able to step up their work within this field. Church of Sweden has previously trained local staff in staff care and psychosocial first aid, with the main aim to ensure staff mental and physical health during a disaster, providing them with the tools to find a balance in the difficult work they do.

As part of the core team working on survival community-led response (SCLR), Act Church of Sweden has supported local partners throughout 2018 and 2019 with workshops, co-facilitation of the methodology and funding for partners to implement cash grants. Church of Sweden will continue to work on the strengthening of capacities and to provide technical and expert assistance whenever needed.

SCH, SSID and CIC work in close collaboration with churches and faith-based actors. They are involved in beneficiary selection and serve as the network through which activities are implemented. CIC is promoting the production of masks by local churches.

RESPONSE STRATEGY

The current proposal has been elaborated based on the elements of relevance and appropriateness, efficiency, effectiveness, ACT Alliance presence and capacity, and impact. At the time of writing this proposal, the epicentre of the COVID-19 pandemic is in Latin America and the Caribbean.
The number of coronavirus cases is on the rise in Haiti. One area of risk is the border area. Even though borders are closed, the gates are opened from time to time at the four official border crossings and many Haitian migrants return to Haiti from the Dominican Republic (without a control from Haitian Public Health authorities), since their activities have stopped, their work permits have been revoked and they are not eligible for Dominican government support. In addition, people continue to cross the border at the many informal crossings, where no control is available whatsoever.

Haiti has been in a political crisis since 2018, escalating in a 2.5-month long country lockdown lasting from September to November 2019, during which families used up the few reserves they had. Moreover, in October 2019 an Integrated food security Phase Classification identified the Northwest and Cité Soleil as being in an emergency situation (phase 4), while the rest of the country was in a crisis situation (phase 3). This situation was expected to worsen during the early half of 2020. In fact, the food security situation has been aggravated even more due to the arrival of COVID-19. Since borders are closed and transportation is restricted, supplies are limited, and products are getting scarce. Prices keep increasing and the national currency (Gourde) keeps depreciating, leading to reduced purchasing power. The Lower Northwest is therefore facing extremely difficult circumstances. A prolonged period of drought means that farmers were unable to plant in February and March and they have had to consume part of their seeds reserved for planting. The lack of rain also means that water is scarce and being prioritised for cooking and showering. Frequent handwashing is therefore a major challenge. Access to basic products such as soap is also lacking. The Northwest has received an influx of people from the Dominican Republic and from the cities. With schools closed and most activities stopped, people have returned home (to the Northwest, amongst others), adding another pressure to the already limited availability of food and health care. Those suffering from food insecurity and malnutrition have less resistance and are more vulnerable to diseases, including coronavirus.

Although the media report every day on the evolution of COVID-19, not everyone has access to radio and television. A lack of trust in the Haitian government also means that people are reluctant to believe information shared by the government about the arrival and spread of coronavirus. At the same time, there is a stigma related to coronavirus, meaning that those suspected or confirmed of having coronavirus are at risk of suffering social harassment.

Women and girls in Haiti enjoy socio-economic privilege to a very limited extent, and they comprise almost 53% of the total population, according to IFES statistics (International Foundation for Electoral Systems). They are almost absent in sustainable development initiatives in their communities. This situation is even more critical for those women and girls from hard-to-reach areas like Anse-à-Pitres, Cornillon/Grand-Bois, municipalities in the North East and the West Department. They have little room to play a level of influence in the design of the COVID-19 preparation and response plan. On the other hand, they tend to be victims of the further weakening of dysfunctional health systems through underfunding and overwhelming of facilities and services, especially the social and reproductive health sector. They are also more vulnerable to an increase in unintended pregnancies, malnutrition as well as sexual abuse and gender-based violence.

The proposed interventions will all take place in areas and with partners that ACT members are already accustomed to working with. This facilitates follow-up, as ACT members have ongoing programs and relations with the partners and communities where the interventions will take place. Most ACT members in Haiti are also members of the national network CLIO (Cadre de Liaison Inter-Organisations; a coordination network of national and international NGOs). Since the start of COVID-19 in Haiti, OCHA has been organising information sessions, first on a weekly basis and currently on a bi-weekly basis. These coordination mechanisms allow the ACT members to consult and coordinate interventions with others. Specifically, the Ministry of Health is responsible for all interventions related to health care. ACT members and partners have used materials/brochures published by Civil Protection for awareness raising, as well as radio spots prepared by the Ministry of Health.

The ACT Haiti forum has previously participated in appeals after hurricane Matthew (2016) and following the 2010 earthquake. Members have an existing presence and track record of experience and knowledge of the communities where they work. Different members have different areas of expertise. While ACT Haiti members are accustomed to coordinating their efforts, **this is the first**

time that the ACT Caribbean forum is submitting a proposal as a regional forum rather than independently as the forums of Cuba, the Dominican Republic and Haiti. This allows the members to draw upon each other's expertise, since all countries are facing similar threats from COVID-19. It also strengthens collaboration as a Caribbean forum.

All three ACT forums (Cuba, Dominican Republic and Haiti) have updated EPRP and/or contingency plans. While members work with organisations representing all levels of society, faith actors and churches are specifically included. SCH will involve local faith actors in the selection of beneficiaries and in all aspects of the implementation of activities, especially to assure that the right persons receive the support.

SCH will build upon its presence in the target area of Ganthier and Fond Parisien through a collaboration with a credit union (Fonkoze) that SCH has worked with in a previous project involving cash and vouchers to provide direct financial assistance to selected families. As done before, SCH administration will prepare the vouchers that the field staff will distribute to the beneficiaries enabling them to receive the money from the credit union. Vouchers bear the beneficiary ID. Target areas and population/groups are close to the border on the main road used by many Haitians who are returning from the Dominican Republic. The cash is meant to be used to enable activities to provide for a living. The two targeted communities are poor, although they are located on fertile land, but scarcity of water impedes agricultural progress. SCH will also train religious leaders and provide them with tools and information to help reduce stigma and disprove rumours and incorrect beliefs related to coronavirus. The proposed interventions build upon the RRF, which include awareness raising, hygiene and food security in Croix-des-Bouquets.

Christian Aid will be conducting WASH, food security and health actions in Anse-à-Pitres, Ouanaminthe, Damas and Fort Liberté, including awareness raising to counter negative and stigmatising beliefs around COVID-19, promotion of women leadership throughout the response, for instance in the installation of handwashing points, elaboration of awareness raising messages, conditional cash distribution for crops, and advocacy for the continuity of sexual and reproductive health services.

NCA will build upon their WASH experience by installing strategically located community handwashing stations in the Ganthier/Fonds Parisien border area (West department). They will also make available soap, chlorine, masks and sanitiser.

CWS will work with partners in the communes of Baie-de-Henne, Jean Rabel and Môle Saint Nicolas (Northwest) to facilitate handwashing and promote local production of soap and sanitiser, while continuing to raise awareness about the causes, risks and effects of COVID-19. An education campaign will also focus on reduction of stigma related to COVID-19 and the proper use of traditional medicine. At the same time, CWS will assist farmers with seeds and/or food distributions to combat hunger and food insecurity. The focus will be on short-cycle crops that are more resistant to drought, given the impacts of climate change. CWS will also look for opportunities to support hospitals in the Northwest in an effort to enable them to continue to provide regular health care, for example by facilitating thermometers to reduce the risk of COVID-19 patients from entering the hospitals not assigned for treatment of coronavirus.

The Cuban Council of Churches (CIC) targets people who are losing their income, such as daily workers, small-scale agricultural producers, petty traders and similar groups in the informal sector who cannot access their workplace, land, or markets due to COVID-19 mobility restrictions. CIC also focuses on families of those affected without economic compensation measures and single-headed households or large families where the breadwinner is affected. This will be done in close collaboration with churches. The focus of the interventions of CIC will be in Havana, given the ease

with which coronavirus can spread in urban areas. CIC has already started implementing rapid response funds with ACT Alliance to support isolation centres and is supporting nursing homes with CARE, in both cases focusing on the sectors of health, WASH and food security. The main challenge is the ability to make international purchases, due to the embargo of the United States, combined with local scarcity.

SSID will provide psychosocial support, training on appropriate hygiene practices, and agricultural support as well as food distributions to persons impacted by COVID-19 in five provinces in the Dominican Republic. SSID knows the five provinces included in the response well, and also the communities that will benefit directly, thanks to experience in programs on education, health, sustainable agriculture, rights and justice as well as psychosocial support in these communities. SSID has good relations with the community and the religious leaders, as well as with local authorities. Moreover, SSID has representatives living in these communities who have participated previously in emergency response.

Impact

Contain the spread of the COVID-19 pandemic and decrease morbidity and mortality, decrease the deterioration of human assets and rights, social cohesion and livelihoods, through a coordinated response of ACT Caribbean forum members, while advocating for protection of vulnerable groups such as migrants, women, people with disabilities and the elderly.

This proposal is a Caribbean effort, taking into account similarities between the three countries involved (such as natural hazards), while also paying attention to the aspects differentiating the countries. It addresses COVID-19 in a wider context of continuing climate change and adheres to the localisation agenda of ACT Alliance by emphasising the role of national ACT members (CIC, SSID and SCH) as well as local implementing partners (Christian Aid, NCA and CWS).

Outcomes

Outcome 1: Reduce morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.
The Cuban Council of Churches will assist women entrepreneurs in production of protective materials. All members will continue to raise awareness on COVID-19.
Outcome 2: Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.
NCA, SCH, Christian Aid and CWS will promote handwashing techniques and facilitate handwashing stations. CIC and Christian Aid will train women promotors of safety and hygiene and CIC will create capacities of health centres for hygiene promotion. SSID, Christian Aid, NCA and CWS are planning on distributing soap, sanitiser and other hygiene supplies. Christian Aid and SCH will assist families with food security through cash or vouchers, while CIC, SSID, Christian Aid and CWS will do so by distributing seeds and/or food rations. CIC and SSID will also facilitate access to animals. SSID and Church of Sweden will focus on psychosocial support and SCH will mobilise churches to reduce stigma surrounding coronavirus. Christian Aid will promote access to health care for non-COVID-19 related health issues, especially for women and girls, and raise awareness to combat gender-based violence.
From Cuba a hub, a virtual space, will be created for resilience and the multi-climate challenges and threats. This will be a physical and virtual space to share knowledge and practices to systematise experiences across the Caribbean with a focus on climate justice and inclusion.

Outputs

Baseline data have been taken from national statistical offices in Cuba, the Dominican Republic and Haiti, as well as from databases available by partners.

Outcome 1:
Public health
Output 1: Commodities: Medical supplies and equipment (drugs/essential medicines as per WHO guidance), sanitizers, protective gowns, masks, boots, infrared thermometers, gloves, testing machines like Portable Rapid RT- PCR Machines should be made available to reduce the delays in diagnosis and treatment especially in the Global South countries that lack testing facilities.
Activities:

a) Coordinate with Ministry of Public Health. (All)
b) Provide thermometers to hospitals assigned for non-COVID-19 treatment. (CWS 100 persons)
c) Empower women entrepreneurs for the sustainable local production of personal protective equipment. (CIC 1,500 persons)

Output 2: Awareness-Raising: Information and education materials in **local languages** specifically designed to offer public health education on prevention, early identification and available treatment options within their respective communities.
Activities:

a) Distribute/post flyers and banners in strategic positions, such as markets, using information materials from Civil Protection. (SSID 5,000 persons, CWS 720 persons)
b) Share radio spots of Ministry of Health. (SSID 10,000 persons, CWS 900 persons, Christian Aid 5,500 persons)
c) Door-to-door awareness raising using portable radios, megaphones, sound trucks etc. within communities (respecting minimum distance). (CWS 1,800 persons, SSID 3,000 persons)
d) Support for Haitian migrants leaving the Dominican Republic to guarantee their human rights and share information in Creole about COVID-19 as well as materials for their hygiene and protection. (SSID 200 persons)

Outcome 2:
WASH
Output 1: People and communities affected by COVID-19 demonstrate improved hand hygiene practices.
Activities:

a) Promoting appropriate handwashing techniques. (NCA 15,000 persons, Christian Aid 5,000 persons)
b) Explanations on how to make handwashing stations. (NCA 15,000 persons, CWS 150 persons, Christian Aid 5,000 persons)
c) Create capacities in health centres (and civil society institutions) for the promotion of hygiene and biosecurity. (CIC 100 households)
d) Train women as promoters - water actors with the potential to create a network of Caribbean women ("Water with Gender in the Caribbean") - of safety and hygiene, installers of water systems (generally only men are in that role). (CIC 550 households, Christian Aid 30 women)

Output 2: Provision of in-kind health and hygiene items.
Activities:

a) Purchase and distribution of soap, sanitiser, water purification tablets, chlorine, face masks, buckets, etc. (SSID 500 families, Christian Aid 150 families, CWS 300 families)
b) Promotion of local production of soap and sanitiser. (CWS 75 persons, Christian Aid 30 women)

Output 3: People and communities affected by the crisis have improved access to safe, appropriate and adequate WASH services enabling affected people to practice good hygienic behaviour at individual and collective levels.
Activities

a) Installation of hand-washing stations. (Christian Aid at 2 markets at the border for 100,000 persons, NCA 20,000 persons, CWS 360 persons)

Food security
Output 1: People with limited food supply and access will be able to meet their nutritional needs.
Activities:

a) Purchase and distribute seeds. (CWS 600 families, SSID 150 families, Christian Aid 205 households of whom 150 women)
b) Conditional cash transfer for crops and labour in Anse-à-Pitres, Damas, Ganthier and Fond Parisien. (Christian Aid 55 households, SCH 225 households)
c) Short cycle crop production with agroecological practices (bees, small livestock and aquaculture, fish farming, Caribbean Sea Network, breeders of Caribbean fish and fishermen). (CIC 360 households)
d) Purchase and distribute chickens and pigs for animal breeding. (SSID 150 families)
e) Offer technical assistance to farming families. (SSID 300 families)

Output 2: Provision of food for people with limited mobility or access to food, particularly sick persons, persons with disabilities, and the elderly.
Activities:

a) Purchase and distribute food rations, possibly using vouchers or cash. (SSID 150 families, CWS 150 families, Christian Aid 120 families of whom 55 women and 25 people with disabilities/illnesses)

Psychosocial support
Output 1: Community members have increased access to information about COVID-19 and basic psychosocial support, as well as information on where to seek more specialised support.
Activities:

a) Design a campaign of information, education and communication about the psychological effects of COVID-19 and share them through radio, television and social media. (SSID 15,000 persons, Christian Aid 500 persons per month for 11 months)
b) Train volunteers/representatives of associations as multipliers in basic psychological support. (SSID 75 volunteers)
c) Monthly community meetings (in groups) for psychosocial support. (CIC 100 households)

Output 2: Improved psychosocial wellbeing and decreased distress among target populations directly and indirectly affected by the COVID-19 pandemic.
Activities:

a) Contract 2 psychologists for the duration of one year. (SSID 500 persons)
b) Map situations of violence, anxiety and depression generated by COVID-19 through questionnaires. (SSID 5 provinces)
c) Pre- and post-evaluation of people trained, using a questionnaire, to measure their level of learning with regard to knowledge, behaviour and practices related to health crisis situations. (SSID 500 persons)

Output 3: Decreased effects of social stigma related to COVID-19 among target populations directly and indirectly affected by the COVID-19 pandemic.
Activities:

a) Mobilise religious leaders, churches and other communities of faith regarding myths surrounding coronavirus and social stigma. (SCH 24 leaders)

Gender
Output 1: Ensure women and girls having limited or no access to healthcare will be referred to or will have access to healthcare facilities including psycho-social support.

a) Mapping of centres offering special services in 16 municipalities and 5 departments. (Christian Aid)
b) Advocacy for the continuity of sexual and reproductive health care at two levels: by the ACT Caribbean Regional Forum through a joint paper position and through partners locally. (Christian Aid 80 hospitals/local authorities)
c) Awareness raising activities focusing on violence against women and girls in the COVID-19 context against stigma, incorrect beliefs, and violations of women's rights. (Christian Aid 3,200 persons)
d) Distribution of safe toolkit to organisations working to combat Gender-Based Violence, Intimate Partner Violence, and Sexual Exploitation and Abuse during the COVID-19 outbreak. (Christian Aid 20 organisations)

Exit strategy

Improved hygiene practices will protect families not only against coronavirus but also against other waterborne diseases. Psychosocial support will help families to adopt mental coping strategies not just related to COVID-19 but to any traumatic circumstances. Seed distributions will form a rotating fund allowing farmers in future planting seasons to access quality seeds. Handwashing station will remain available in the communities after the end of the project. Since the activities will take place in areas where implementing members have regular and ongoing programs, follow-up will be able to continue in the future, even after the end of the project.

PROJECT MANAGEMENT

Implementation Approach

The novel coronavirus and COVID-19 have distinctions in the Small Island States of the Caribbean upon which it is necessary to act in a very particular way, in order to reduce morbidity and mortality, prepare for future health emergency events and guarantee access to humanitarian assistance with a multisectoral approach. Whilst the context in Cuba, Haiti and the Dominican Republic can be different in certain respects (access to health care for example), there are also similarities, such as the vulnerability to environmental hazards and intersecting inequalities. As explained before, the COVID-19 pandemic exerts pressure on health and economic systems.

A systematic approach is developed that involves the three national forums organised in the Caribbean, which respond to their local needs and contribute to strengthening response capacities as a sub-regional forum of ACT.

Hence, the following strategy is proposed.

Awareness and advocacy: The intention is to create advocacy spaces with the Ministries of Public Health and governments so that they recognise **the urgency of civil society participation in a response based on rights** (health, inclusion, decent employment, among others) and the need to act quickly. This includes accessibility to carrying out diagnostic tests, protective equipment, healthcare and the dissemination of reliable and context-specific information, through campaigns and information materials.

Capacity building: The implementation of this appeal as a Caribbean forum will construct knowledge spaces, which promote safe practices and appropriate technologies, related to the topics prioritised in this proposal, such as biosecurity, hygiene promotion, access to safe water, food security, and psychosocial support, all taking into account the specific needs of men, women, girls and boys.

Implementation of initiatives: The aim is to reduce vulnerabilities and achieve sustainable effects, with resistant and innovative initiatives at the local level that achieve a multiplier effect at the level

of the Caribbean region and that transcend community spaces to possibly become regional practices through the recovery of livelihoods, the creation of friendly spaces for the recovery of post-crisis mental health care, cash transfers, specific humanitarian assistance, among others, prioritising participation of women and creating opportunities. The focus on systematic actions guarantees sustainability and in terms of innovation the conditions of response to a future crisis can be created, organising procedures that transverse health as the human right in examples such as the installation of water purification systems, handwashing stations, food production spaces, etc.

Creation of networks and development of alliances: Virtual spaces for the exchange of experiences are stimulated, the identification of best practices and "virtual benchmarks", the hub space in which knowledge and experiences are shared in a virtual way, bringing together the knowledge, skills and practices developed at different times of this strategy. The initiatives developed allow the empowerment of women's groups that share technical options for local solutions in terms of food production, protection materials, psychosocial recovery, and provision of safe water.

All these stages of the strategy are not sequential but touch upon points of focus of the system so that all will be taken into account for good awareness raising and advocacy, capacity building, creation of networks and alliances with other civil society actors, government institutions, and the participation of religious leaders at the regional, national, and local levels.

Each forum country will coordinate with regional offices of Public Health, National Institute of Drinking Water and Sanitation, Civil Protection and the Ministry of Agriculture regarding the handwashing stations, provision of water for human consumption and distribution of seeds and for agricultural initiatives. In the Dominican Republic, the community promoters (part of the local emergency committees, including members from municipality, civil protection, police, etc.) will help identify suspected COVID-19 cases and take them to hospitals or the closest health care centre, as identified by the Ministry of Public Health.

For provision of food rations in Haiti, guidelines from the National Coordination of Food Security are followed. The food basket consists of 6 basic products (rice, wheat, corn, beans, sugar and oil) representing 1,870 kilocalories per person per day. The cost of this food basket in March was 1,960 HTG per person per month, or 9,800 HTG for a family of five. **This represents a 4% increase compared to February 2020 and a 25% increase compared to March 2019**. When considering a daily consumption of 2,100 kilocalories as recommended by Sphere, a five-person household would need 11,006 gourdes per month.

This is the first time the sub-regional ACT forum is putting together three countries in the region to apply for an appeal. This is a specific situation as it affects the Caribbean in a similar way and there is a potential for complementarity. For instance, Cuba is offering their expertise in health by conducting webinars to build capacities in the health sector with a regional regard for prevention, diagnosis and assistance in emerging and re-emerging infectious diseases, which can cause health crises.

For the cash distribution, the Cash Learning Partnership framework will be used. A security analysis to minimise risks and to explore the most appropriate modality will be carried out. Distribution dates will be announced discreetly to recipients only. Should cash in an envelope be the most suitable alternative, then the delivery of cash will be handled with care, limiting a maximum number of deliveries per agent and per day within the project timeframe.

SSID will provide coupons rather than cash, to reduce the risks of coronavirus. Their food ration support consists of complementary basic food products for vulnerable families, such as rice, beans, sugar, wheat flour, corn flour, pasta, oil, canned fish, dried fish-herring, and milk. Christian Aid offers cash support for the purchase of seeds.

CWS follows the calculations of the National Coordination of Food Security and has therefore budgeted 11,000 gourdes per family for a food ration of a month, which will partly be provided in-kind and partly cash (rice, wheat, corn, beans, sugar, oil and relevant spices). Beneficiaries will be selected among the most vulnerable, including elderly and people with disabilities, pre-existing medical conditions or suffering from malnutrition.

Distribution of seeds will focus on short-cycle crops, such as lima beans, peanuts, sorghum, sweet potatoes and different kinds of vegetables.
Trainings will be offered in person, if possible. If this will still not be possible, a virtual alternative will be facilitated.

Implementation Arrangements

The members participating in the appeal have selected the Haiti Forum to lead the application and the coordination of the actions. All members have also identified human resources needed to ensure an effective implementation with the capacity to foster interaction among all three countries. Moreover, they have also agreed to contract one consultant to support in reporting, monitoring, evaluation and learning; more specifically this person will assist in the compilation and elaboration of reports.

ACT Haiti forum members participate in coordination meetings of the food security cluster, OCHA, and the national network CLIO, amongst others. Several members work in partnerships. All partnerships will have signed agreements.

SCH will implement activities directly and establish a committee of religious and community leaders and authorities in each community. These committees will work with SCH local staff based in the communities.

Church World service will work in partnership with two associations and one cooperative, all three based in the Northwest. In the commune of Jean Rabel, CWS will work with Association des Groupes Evangéliques d'Haïti pour la Prédication du Monde et le Développement d'une Nouvelle Génération (AGEHPMDNG), in the commune of Môle Saint Nicolas with Groupe de Recherche et d'Appui pour le Développement Agroécologique Innovateur Durable (GRADAID), and in the commune of Baie-de-Henne with Koperativ Espwa pou Demen (KED). All three are existing partners, with a good reputation in their respective communities.

Christian Aid will partner in Haiti with SJM/Solidarite Fwontalye in Anse-à-Pitres and Ouanaminthe; Haiti Survie in Fort-Liberté, Derac, Dumas, Garde Salime, Saillant and Acul Samedi; and in the Dominican Republic with MUDHA (Movimiento de Mujeres Dominico Haitianas) in Pedernales and Anse-à-Pitres to deliver WASH, food security and public health services to help communities and families cope better with the COVID-19 situation. Christian Aid counts on a ready-to-go team in Ouanaminthe to scale up the proposed interventions and go beyond awareness and cash distribution. Connections have been made with the municipalities in Anse-à-Pitres and Ouanaminthe for the installation of hand-washing points and the management of solid waste. An 11-month contract has also been agreed with a local radio station to run awareness messages targeting 500 women and girls, men and boys a month.

NCA will partner with SCH, Christian Aid and CWS to install handwashing stations at strategic positions.

CIC will partner with the Ministry of Public Health, other relevant government authorities and churches.

SSID will be the only implementing partner in the Dominican Republic. No funds from external sources will be used. SSID will partner with a network of local communities, including the neighbourhood committee of each community (which is the organisational structure officially recognised in the country), a network of community leaders and local emergency committees. SSID will also work with the network of Protestant churches, the National Evangelical University (especially in terms of psychosocial support), the Social Plan of the Presidency (distribution of food rations), and Christian Aid (in Pedernales). SSID will contract two psychologists with experience in managing epidemics. They will accompany SSID staff in the target communities, so that beneficiary families receive information on techniques to change behaviour in hygiene and health, with an emphasis on handwashing and training in first steps of community-based psychosocial support. This will enable families to build towards their own emotional healing of the negative impact of the pandemic and to get involved in the recovery of those around them. With regard to the food security component, SSID has qualified and experienced staff to accompany beneficiary families in the

establishment of sustainable agricultural initiatives, such as kitchen gardens and community gardens. SSID will sign an agreement with the National Evangelical University (UNEV) to increase the link with tele-psychological assistance, so that it can reach the full population of Santo Domingo. To this end, SSID will provide an updated guide, adapted to the psychological effects of COVID-19, in order to contribute to the reduction of episodes of anxiety and depression connected to the terror caused by the pandemic.

The following activities will be conducted to foster the regional approach:
1. Collaboration with **specialised Cuban personnel**, according to previously identified needs, in actions of primary health care (prevention), diagnosis, paediatrics and internal medicine.
2. **Support Haitian public health** in putting together kits for diagnosis (diagnostic tests), medical assistance (for critically ill patients), purchase of personal protective equipment according to levels of exposure to SARS-CoV-2, purchase of disinfectant solutions, personal and institutional hygiene items.
3. Editing of materials according to the identified needs; such as instructions on biosecurity, indications of prevention and risk perception, **infographics with data** on the epidemic in the Caribbean region, taking into account the weaknesses and strengths in the response with a focus on management of risks and taking into account the multi-threats of the Caribbean.
CIC will contribute to the proposal in the following roles and responsibilities:

- Coordinate as ACT member the implementation in Cuba, jointly with the other members of the Caribbean forum.
- Create a hub to facilitate interaction between ACT members in the Caribbean, that will facilitate sharing of capacities and experiences resulting from this regional proposal for the emergency related to COVID-19.
- Develop a technological platform that helps to align knowledge to face the challenges presented by climate change, identifying and acting upon multi-threats, with the participation of experts, which allows the improvement of capacities of response as ACT members in small island states of the Caribbean and contributes to an interdependency of the ACT members in the Caribbean.
- Contribute capacities in the health sector with a **regional regard for prevention**, diagnosis and assistance in emerging and re-emerging infectious diseases, which can cause health crises.
- **Create spaces** of awareness raising, advocacy, development of capacities and implementation, that respond to the locally identified needs related to COVID-19 and organise bases for new emergencies as a consequence of the effects of climate change and the multi-threats related to islands.

The Cuban Council of Churches will carry out the activities through its provincial and local structure, in coordination with churches and authorities of public health and local government. CIC works jointly with the Ministry of Health and the Provincial Department of Public Health of Havana, to achieve a coordinated response at the municipal level. Agreements will be established with entrepreneurs in different sectors for production and distribution (to households and health care workers). Complaint mechanisms will be taken into account, as well as ethics and relations declared in the Code of Conduct (to be signed by all involved) and staff protection.
CIC will coordinate with other organisations of civil society (CARE, Bread for the World, United Servants Abroad) as well as churches that are carrying out activities in response to the emergency caused by COVID-19. CIC will look for alliances with the private sector in the target area. The plan is to collaborate with a network of leaders of different religions present in Cuba, which will facilitate reflections on climate change and human rights.
Government measures to control the spread of coronavirus in each country, such as partial confinement, curfew and the prohibition of social gatherings of more than 5 or 10 people, make supervision challenging. ACT forum members will keep participating in virtual meetings with OCHA and UN actors to create synergy in the general response by aligning with government regulations.

Project Consolidated Budget

	Appeal Total	Norwegian Church Aid	Service Chrétien d'Haiti	Church World Service	Christian Aid	Servicio Social de Iglesias Dominicanas	Consejo de Iglesias de Cuba
Direct Costs	**682,341**	**49,544**	**47,510**	**111,108**	**100,436**	**207,594**	**166,150**
1 Project Staff	**134,381**	**15,834**	**4,800**	**14,400**	**44,301**	**47,846**	**7,200**
1.1 Appeal Lead	15,000	0	-	-	15,000	-	0
1.2 International Staff	-	-	-	-	-	-	0
1.3 National Staff	119,381	15,834	4,800	14,400	29,301	47,846	7200
2 Project Activities	**402,117**	**32,710**	**38,500**	**84,485**	**39,286**	**117,236**	**89,900**
2.1 Public Health	34,172	-	-	7,910	1,762	-	24500
2.2 Community Engagement	-	-	-	-	-	-	0
2.3 Preparedness and Prevention	-	-	-	-	-	-	0
2.4 WASH	107,796	32,710	-	15,075	11,143	27,469	21400
2.5 Livelihood	-	-	-	-	-	-	0
2.6 Education	-	-	-	-	-	-	0
2.7 Shelter and Household items	-	-	-	-	-	-	0
2.8 Food Security	219,429	-	38,500	61,500	22,183	59,246	38000
2.9 MHPSS and Community Psycho-social	36,521	-	-	-	-	30,521	6000
2.10 Gender	4,198	-	-	-	4,198	-	0
2.11 Engagement with Faith Leaders	-	-	-	-	-	-	0
2.12 Advocacy	-	-	-	-	-	-	0
3 Project Implementation	**13,497**	**-**	**-**	**1,223**	**4,817**	**898**	**6,500**
3.1 Forum Coordination	8,728	-	-	720	3,008	-	5000
3.2 Capacity Development	4,769	-	-	563	1,809	898	1500
4 Quality and Accountability	**54,591**	**1,000**	**3,610**	**5,000**	**6,736**	**17,045**	21200
5 Logistics	**35,947**	**-**	**600**	**5,940**	**2,332**	**24,076**	3000
6 Assets and Equipment	**41,808**	**-**	**-**	**-**	**2,965**	**494**	38350
Indirect Costs	**45,506**	**-**	**2,490**	**900**	**14,429**	**11,607**	**16,080**
Staff Salaries	24,695	-	1,980	-	10,182	10,853	1680
Office Operations	20,811	-	510	900	4,247	754	14400
Total Expenditure	**727,847**	**49,544**	**50,000**	**112,008**	**114,866**	**219,200**	**182,230**
ICF (3%)	21,835	1,486	1,500	3,360	3,446	6,576	5,467
Total Expenditure + ICF	**749,683**	**51,030**	**51,500**	**115,368**	**118,311**	**225,776**	**187,697**

Project Monitoring, Evaluation and Learning

Since most activities will be implemented by existing partners, there is already a relationship of trust and good communication, although sometimes limited phone and internet signal complicates proper communication. Local partners have staff on the field who are present on a daily basis for monitoring. Once possible, ACT member staff will also travel to the respective areas of intervention for monitoring and training (at least once a month). Partners will submit narrative and financial reports to ACT members and follow relevant procurement and financial procedures. Moreover, photo and video material will be highly valued for communication purposes. Beneficiaries will be informed about the scope of the activities and selection criteria.

Given the volatile and uncertain circumstances, if needed, adjustments will be made to implementation strategies, just as members have had to adapt their implementation strategy since the onset of COVID-19.

The final report will include a section on lessons learned and good practices, to help guide future interventions. During monthly ACT meetings, other members will be informed about the progress of activities. Those members that are present in other countries outside of the Caribbean, will also exchange with their counterparts elsewhere for a truly global response and learning.

In the Dominican Republic, the technical team of SSID will function as a management committee and realise the follow-up of the response from the early start of activities. The management team of SSID will be informed monthly during regular meetings about the level of progress and achievement of objectives. The response and funds will be managed through the regular **administrative, financial and bookkeeping system** of SSID. This system includes written procedures and systems as well as codes of conduct. Purchases will be done in accordance with the financial

manuals. The transfer of funds to the location of implementation requires prior approval based on a budget. The program manager will be the focal point of the response. This person will receive periodic reports of the provincial coordinators to elaborate narrative and financial reports regarding the progress of proposed objectives. These reports will be evaluated by the management team of SSID for their submission to donors. The beneficiaries will be informed about the achievement of the response through local coordinators and local leaders of each community.

Christian Aid will build on its previous experiences with early warning programs in border communities for mass communications related to risk and disaster prevention. Christian Aid will target the most vulnerable and disaggregate them by gender and area. Respondents will be asked simple questions to obtain their consent to participate in the awareness raising campaign and will also contribute to monitoring surveys to gather feedback on the disseminated messages and program approaches. Christian Aid will conduct post-distribution monitoring assessments (via telephone) to measure the impact of the cash for crops intervention. For the activities under the responsibility of SJM and Haiti Survie, a **community feedback system** will be set up in order to monitor, address and answer information gaps, questions, misconceptions and rumours within communities. Specific attention will be paid to the accessibility of the feedback system.

Church World Service signs agreements with its partners and offers support in elaboration of narrative and financial proposals and reports, as well as tools to gather baseline data. CWS prepares monthly reports for internal use and requires quarterly reports from partners. Communication pieces will be prepared in collaboration with communication staff located at headquarters.

SCH will call upon religious and community leaders, local authorities, and young people to set up a survival community-led response (SCLR) committee with a team of young volunteers in Ganthier and Fonds Parisien to participate in the management of the appeal, as it has already created one in Croix-des-Bouquets that will be involved in the management of the Rapid Response Funds. That strategy will strengthen local organisations, leaders, and authorities, while bringing relief to families.

At CIC, progress of activities and results will be observed through monthly follow-up with monitoring visits organised by a team of specialists in each sector. Situation reports will be prepared and sent every month by the implementing team (monitoring specialist and communications). The opinions of beneficiaries and other stakeholders will be taken into account through face-to-face interviews on a continuous basis. Any relevant adjustments will be made based on feedback from staff, meetings with beneficiaries and stakeholders, situation reports and field visits. Systematisation of follow-up allows for identification of lessons learned and recommendations for adjustments. The planning, monitoring and evaluation guidelines of ACT Alliance will be taken into account. A monitoring matrix will be created to serve as a guide for the specialists who will follow up with each sector.

Best practices and lessons learned will be identified and shared with all parties involved. Throughout implementation, testimonies will be gathered. If necessary, a mid-term review or rapid evaluation might be done halfway through implementation. At the end of the project a satisfaction questionnaire will be held to value the relevancy of the proposal from planning through implementation. The information obtained through the monitoring matrices and other tools used to collect information will be shared with the community to continue to improve practices. Members of the Sphere, inclusive development and psychosocial support networks will participate in the implementation of activities.

A consultant will be hired to assist with compiling of reports of all members and country forums. This person will be on staff of Christian Aid, given the lead role of the Haiti forum. At the end of the project, an external audit will be done (jointly).

Safety and Security plans

June 1 will mark the start of the next hurricane season, which is expected to be an above average active season. This entails a risk for all three countries. Similarly, all three are dealing with periods

of drought that are getting longer, while periods of rainy season are changing, as a result of climate change. All three countries are also based on fault lines, entailing the risk of earthquakes.
Aside from coronavirus, there are risks of other infectious diseases, as well as medical risks in general, especially in those countries with a limited health care system (mostly Haiti).
Cuba is still facing an embargo, complicating trade and travel with other countries. Limited access to technology, including internet, is a challenge especially when dependent on working remotely and virtual meetings.
Haiti has been in a political crisis since 2018 and has seen a worsening food crisis since late 2019. Civil unrest repeatedly involves demonstrations, with roadblocks making transportation impossible. Corruption is another major issue. Moreover, in Haiti there has been an increase in kidnappings since January, combined with other crime, including armed robbery of passengers of public and private transportation.
ACT members have access to security advisors, both in-country and at headquarters. All are well aware that good intentions can sometimes be harmful. This is one of the reasons members are very careful with food distributions, since they can increase dependency and discourage agricultural production. At the same time, there are situations that require and justify an emergency intervention such as food distributions. 'Do no harm' is at the forefront of all interventions, also as part of the Sphere guidelines. All three countries have personnel trained in the Sphere handbook.
Specifically related to COVID-19, ACT members make available protective materials for their staff, including face masks. Moreover, guidelines ordered by the government are respected, such as those related to the maximum number of people that can gather, curfews, minimum distance between people, etc.
Christian Aid will **conduct a security analysis** to minimise the risk related to cash distribution and to explore the most appropriate modality. Distribution dates will be announced discreetly to recipients only. Should cash in envelope be the most suitable method, then the delivery of cash will be handled with care, limiting a maximum number of deliveries per agent and per day within the project timeframe.
Social distancing requirements will be respected during all "face to face" disseminations. Awareness raising will be conducted with sound trucks and megaphones which will provide information at safe distance and gatherings will not be required and will be strongly discouraged. Media chosen to deliver these messages are deliberate in their effort to reduce all risk to these populations while ensuring them access to protective information.
CIC has policies in place to support staff to improve their skills and competencies, and for the security and the wellbeing of staff. According to the Global Peace Index, the state of peace in Cuba is rated as medium. The security environment in Cuba is relatively stable. There is risk of traffic accidents due to long road journeys, vehicles in precarious conditions, absence of replacement parts, tires in poor condition and roads in poor condition. This risk is reduced by establishing norms for security and protection of response implementers and training in risk identification.

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.

X Yes ☐ No

Code of Conduct

All staff has the responsibility to value and promote the highest ethical and professional standards in their work, as established in the Code of Conduct. To ensure compliance, each organisation shares a copy of the document with all staff when signing their employment contracts. If any staff member has not signed the Code of Conduct, he/she will be required to do so. At the start of the program, the Code of Conduct will be discussed in meetings or capacity building activities of program staff, volunteers and leaders so that they have knowledge about key aspects and the commitment each

and every one9 has with regard to the target population and other staff. A follow-up tool will be used to allow monitoring of any violation that might occur and application of sanctions, in accordance with the Code of Conduct. **A complaint mechanism** will be used so that people who might suffer from violations of their rights can present complaints to the organisation carrying out the program. To this end, a meeting/workshop will be held with the community or another relevant activity at the start of the program. Any complaint of violation will be treated at the necessary levels. First of all, within the program and the community, and if needed by authorities of the justice system.

Leaders that are committed to maintaining the Code of Conduct will allow for empowerment without proselytising or corruption. This is the basis for achieving practices based on a culture of peace and dialogue, facilitating recovery amidst wide cultural diversity that promotes community resilience and facilitates psychosocial and spiritual intervention, creating community networks and making the church a space of trust that facilitates change and recovery.

The ACT Code of Conduct will be a mandatory document to be signed by requesting and implementing partners, their staff, consultants, and community leaders. The beneficiaries will also be oriented in the main values of the Code of Conduct with special focus on prevention of (sexual) exploitation and abuse. Accordingly, complaints mechanisms will be in place in order to prevent any violations of the Code of Conduct. There are mechanisms for complaints and accountability according to Core Humanitarian Standard on Quality and Accountability that will be promoted both within all organisations involved and externally.

Posters and informational brochures and sharing in social media will be used to increase awareness of the Code of Conduct. Several members have an institutional Code of Conduct in addition to the ACT Code of Conduct.

In the context of COVID-19 and due to occasional and sometimes persistent electricity shortages, and restriction of mobility, the communication with local partners can be difficult if any violations of the Code of Conduct appears. However, phone calls remain the most effective way of communication up to now.

Safeguarding

All those involved in the program will be informed about how to act with community members, especially with children and adolescents. Criminal background checks will be requested, as well as a signature and understanding of the Child Safeguarding Policy and adherence to relevant laws and protocols in each country. That is to say, the Law 136-03, Code of Protection and Guarantees of the Rights of Children and Adolescents of the Dominican Republic, Code of Children and Youth in Cuba, Law against Abuse, Violence and Inhumane Treatment of Children in Haiti.

The psychologists contracted by SSID will train the staff and technical team involved in the program to identify and prevent child abuse. Staff will sign the terms, conditions and requirements of collaboration as well as the Child Safeguarding Policy. The protocol will be revised regularly as part of the monitoring done during the implementation of the program. Christian Aid has conducted a safeguarding program in 2019 for all its local partners and uses one direct phone line to make sure that allegations are being handled with confidentiality. Most of the local partners have a safeguarding focal point to operationalise the safeguarding policy.

From the first month on, the response will share a form of complaints and suggestions with beneficiaries and partners, through WhatsApp and email, where one can share opinions or suggestions related to the activities as well as proposed improvements for a better and bigger impact. If possible, a suggestions box will be installed. Each month meetings will be held, online or in person, with small groups to respond to the complaints and suggestions and inform them about any actions taken. People will also be informed if a suggestion cannot be applied, either because it is outside the scope of the response, or because it is outside of the control of the ACT forum. All suggestions, complaints and opinions, as well as responses of the forum, will be included in periodic narrative reports. A committee will be created with the power of decision-making, to investigate

and resolve the complaints arising as a result of program implementation. This committee will be known to the community and beneficiaries, as well as the functions they will have.
In addition to the ACT safeguarding policy, several members have their own child safeguarding policy (including CWS and CIC) and protection mechanisms that will be strictly followed by all implementing partners to prevent any abuse in relation to a child. All partners are strongly committed to: a) not to allow use of child labour, b) ensure child safety and wellbeing, c) integrate child friendly approaches into the activities.

Conflict sensitivity / do no harm

There will be coordination with local institutions, associations and community groups to ensure that levels of bias, harm and conflict will be minimal. Any infractions of the protocol can lead to suspension or termination of any type of collaboration. On a case-by-case basis it will be decided whether the case needs to be reported to authorities (police, justice), in accordance with the law.
From the start, training meetings will be held with staff, key partners and beneficiaries, to inform them about activities proposed to give a response to the families most affected that have not been reached by the social assistance plans of the government or other organisations. Activities of the response will be punctual and complementary. These meetings will be held online or in small groups.
Beneficiaries will be consulted for suggestions, to encourage participation in decision-making related to the distribution of seeds and any other type of help that contributes to the food security of the persons at high risk. In each component, there will be an emphasis on meetings of information and communication, so that community members feel they are taken into account in decision-making and participate and vote to prioritise the families who have most needs, and those living in poverty.
Selection criteria will be identified, which go a long way in helping to reduce potential conflict and jealousy. These criteria will be shared with community members to make sure that beneficiaries are selected based on vulnerability and need, and not based on contacts or friendships. Seeds and animals that are distributed will form a rotating fund, meaning that more and more people will be reached in the future. The perspective of a higher future number of beneficiaries will also help reduce conflict and jealousy. Beneficiaries for food rations/cash transfers will be selected amongst the most vulnerable groups, including the elderly, people with disabilities or illnesses, as well as those suffering from malnutrition. They might also include families with a high number of children.
As some of the influential/potential stakeholders, like local government representatives and community leaders, will be involved with the project implementation, there will always be a risk of internal conflict. To minimise this risk, the local project implementation team will consult with the stakeholders early on and respect the opinions of the community and carry out necessary verifications. Moreover, regarding maintaining quality of work, the implementing partners will set a minimum standard for each item/activity and share this with the community level, so that people can judge whether the work meets the minimum standard or not. The project team will not give any false promises or commitments to the community and staff will try their best to avoid raising expectations that cannot be fulfilled. Humanitarian aid will be distributed according to needs and there will be no discrimination of persons.
ACT members have a pr eference for sustainable approaches such as distribution of seeds rather than food, also in an effort to prevent doing unintended harm, such as disrupting agricultural production and markets. However, in emergency situations sometimes distribution of seeds is not enough. Therefore, distribution of seeds will in this case be combined with food distributions, so that families have enough to eat to get them through the next couples of months until the next harvest.

Complaints mechanism and feedback

A committee will be formed to manage complaints, to solve the complaints arising as a result of the activities. This committee should receive, transmit and solve complaints, giving a response within 15 workdays after having received the complaint.
The committee and its responsibilities should be known by the community and beneficiaries. The following mechanisms will be applied: 1) People present their complaints to the committee. 2) The committee confirms receipt to the person sharing the complaint. 3) Filling out a form with fundamental information, that can be used for systematisation. 4) Respond clearly, quickly and satisfactory. 5) Give follow-up until a solution has been found. People have the right to remain informed and to be listened to, to which end there will be procedures of consultation and spaces of participation and resolution of problems, which can be virtual spaces, WhatsApp and other.
When violations are in the category corresponding to the justice system, the relevant authorities will be involved for the formal follow-up. The local committee will follow up for a final solution, so that eventually there is no disagreement about the case between participating actors executing the humanitarian response.
Caribbean forum members will promote a humanitarian response **based on communication, participation and feedback of people affected by this crisis**, related to their level of satisfaction with the quality and effectiveness of the assistance received, paying particular attention to gender, age and diversity of those giving feedback.
A complaints-handling process for communities and people affected by crisis will be in place and documented, to contribute to protection from abuse by any staff. Beneficiaries are fully aware of the expected behaviour of humanitarian staff, including organisational commitments related to the prevention of sexual exploitation and abuse.

Communication and visibility

Each country forum and its members will have the obligation to comply with the mandate of visibility. Each member will present its reports in accordance with a schedule established for the appeal and will communicate through relevant media to visualise the work realised.
It is a commitment of the participating members to ensure the logo of ACT Alliance will be applied in terms of communication and visibility, taking into account the following measures: 1) Talk about the program through different communication media. B) Keep a social network in which summaries of activities will be presented. C) Creation and presentation of photos, videos and text that show activities. D) Write and present success stories. E) Assistance at events and conferences related to topics relevant to the program. F) Maintain contact with colleagues and relevant organisations/stakeholders. G) Generate alliances that are beneficial for the program.
In relation to communication, spaces of dialogue will be created, to consolidate key actors and tables of dialogue, present workplans to different sectors of the community, virtual sharing, establishing links of solidarity, photographic and audio-visual archives of activities, radio broadcasts, etc.
The ACT Caribbean forum will be responsible to watch over adequate communication between participating member organisations throughout the duration. In all printed documents and publications, the logo of ACT Alliance will be used.
The general public will be informed trough a campaign of information, education and communication using Facebook, Instagram, WhatsApp as well as radio and television broadcasts at the provincial and national level.
The main objectives of CIC are to create a testimonial narrative that raises awareness of donors and gains their understanding of the emergency caused by SARS COV2 in Cuba; increase visibility of the various sectors of the response of ACT Alliance; create and promote messages that call other organisations to join the efforts of ACT Alliance, through the testimonies of what is being done as part of the response, and share necessary information with partners, coordination groups and other relevant actors through appropriate communication channels.

Annex *1 – Summary Table*

	Cuban Council of Churches (CIC)	Servicio Social de Iglesias Dominicanas (SSID)	Christian Aid
Start Date	June 15, 2020	June 15, 2020	June 15, 2020
End Date	June 15, 2021	June 15, 2021	June 15, 2021
Project Period	12 months	12 months	12 months
Response Locations	A municipality of Havana City (the epicentre of COVID-19 in Cuba)	5 intervention areas near the border: Dajabón; San Juan-Elías Piña; Barahona-Independencia-Pedernales; Monte Plata; San Pedro-Hato Mayor and Santo Domingo	Haiti : in Anse-à-Pitres and Ouanaminthe, Fort Liberté, Derac, Dumas, Garde Salime, Saillant and Acul Samedi Dominican Republic: Pedernales and Dajabón
Sectors of response	X Public Health / ☐ Shelter and household items ☐ Community Engagement / X Food Security ☐ Preparedness and Prevention / X MHPSS and Community Psycho-social X WASH / ☐ Gender ☐ Livelihood / ☐ Engagement with Faith and Religious leaders and institutions ☐ Education / ☐ Advocacy	X Public Health / ☐ Shelter and household items ☐ Community Engagement / X Food Security ☐ Preparedness and Prevention / X MHPSS and Community Psycho-social X WASH / ☐ Gender ☐ Livelihood / ☐ Engagement with Faith and Religious leaders and institutions ☐ Education / ☐ Advocacy	X Public Health / ☐ Shelter and household items ☐ Community Engagement / X Food Security ☐ Preparedness and Prevention / ☐ MHPSS and Community Psycho-social X WASH / X Gender ☐ Livelihood / ☐ Engagement with Faith and Religious leaders and institutions ☐ Education / ☐ Advocacy
Targeted Recipients (per sector)	Public health: 1,500 recipients WASH: 3,250 recipients Food security: 1,800 recipients MHPSS and Community Psycho-social: 500 recipients	WASH: 2,510 recipients Food security: 2,250 recipients MHPSS and Community Psycho-social: 15,000 recipients	Public Health: 5,500 (3,000 women, 2,500 men) WASH: 30 women, 150 households, 100,000 people (public handwashing points) Food security: 325 households Gender: 80 hospitals/local authorities, 20 organisations.

Requested budget (USD)	US$ 187,697	US$ 225,776	US$ 118,311

	Church World Service (CWS)	Norwegian Church Aid (NCA)	Service Chrétien d'Haïti (SCH)
Start Date	June 15, 2020	July 1, 2020	July 1, 2020
End Date	June 15, 2021	December 31, 2020	September 30, 2020
Project Period	12 months	6 months	3 months
Response Locations	Communes of Baie-de-Henne, Jean Rabel, Môle Saint Nicolas, Northwest Haiti	Ganthier & Fond-Parisien (2 communes near the border with the Dominican Republic)	Ganthier & Fond-Parisien (2 communes near the border with the Dominican Republic)
Sectors of response	X Public Health; ☐ Shelter and household items ☐ Community Engagement; X Food Security ☐ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social X WASH; ☐ Gender ☐ Livelihood; ☐ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy	☐ Public Health; ☐ Shelter and household items ☐ Community Engagement; ☐ Food Security ☐ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social X WASH; ☐ Gender ☐ Livelihood; ☐ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy	☐ Public Health; ☐ Shelter and household items ☐ Community Engagement; X Food Security ☐ Preparedness and Prevention; ☐ MHPSS and Community Psycho-social X WASH; ☐ Gender ☐ Livelihood; ☐ Engagement with Faith and Religious leaders and institutions ☐ Education; ☐ Advocacy
Targeted Recipients (per sector)	Health: 3,520 persons WASH: 525 families (2,625 persons), 360 persons Food security: 750 families (3,750 persons)	WASH: 3,000 households (15,000 persons)	Food security: 220 households (1,760 people; 900 women, 860 men) WASH (with NCA): 6,000 people
Requested budget (USD)	US$ 115,368	US$ 51,030	US$ 51,500

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: HURRICANE
Threat 2: DROUGHT
Threat 3: INFECTIOUS DISEASES
Threat 4: KIDNAPPING
Threat 5: MEDICAL RISK
Threat 6: CRIME
Threat 7: EARTHQUAKE
Threat 8: CIVIL UNREST
Threat 9: CORRUPTION
Threat 10: FINANCIAL RISK

Impact / *Probability*	**Negligible**	**Minor**	**Moderate**	**Severe**	**Critical**
Very likely	Low	Medium	High **MEDICAL RISK**	Very high	Very high
Likely	Low	Medium	High **CIVIL UNREST** **FINANCIAL RISK**	High **DROUGHT**	Very high
Moderately likely	Very low	Low	Medium **INFECTIOUS DISEASES** **KIDNAPPING** **CRIME**	High **HURRICANE** **CORRUPTION**	High
Unlikely	Very low	Low	Low	Medium	Medium **EARTHQUAKE**
Very unlikely	Very low	Very low	Very low	Low	Low