

**ACT Alliance**

**Global Response to the COVID-19  
Pandemic – ACT201**

# Appeal

## ACT201-COD

**Response to COVID-19 Pandemic in DRC.**

**actalliance**

**SECRETARIAT:** 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switzerland  
TEL.: +4122 791 6434 – FAX: +4122 791 6506 – [www.actalliance.org](http://www.actalliance.org)



# Table of contents

## Project Summary Sheet

### BACKGROUND

*Context and needs*  
*Capacity to Respond*

### RESPONSE STRATEGY

*Response Strategy*  
*Impact*  
*Outcomes*  
*Outputs*  
*Exit Strategy*

### PROJECT MANAGEMENT

*Implementation Approach*  
*Implementation Arrangements*  
*Project Consolidated Budget*  
*Project Monitoring, Evaluation, and Learning*  
*Safety and Security Plans*

### PROJECT ACCOUNTABILITY

*Code of Conduct*  
*Safeguarding*  
*Conflict Sensitivity / Do No Harm*  
*Complaint Mechanism and Feedback*  
*Communication and Visibility*

### ANNEXES

Annex 1	Summary Table
Annex 2	Security Risk Assessment

Project Summary Sheet															
Project Title	<b>DRC ACT Forum Response to the COVID-19 Pandemic – ACT 201:</b> Preparedness and response to primary impacts of COVID-19 on IDPs, returnees, hard to reach and vulnerable populations in North Kivu and South Kivu, DRC														
Project ID	ACT 201, (DRC)														
Location	<b>DRC: North Kivu Province</b> , Lubero Territory (Christian Aid (CA) via BOAD); communes of Karisimbi and Nyiragongo (EELCO); <b>and South Kivu Province</b> , Kalonge and Bunyakiri in Kalehe territory (CA via ECC-MERU).														
Project Period	Start Date                      1 September 2020 End Date                          28 February 2021 No. of months                  6 months														
Requesting Forum	<input checked="" type="checkbox"/> ACT DRC FORUM  The ACT Forum officially endorses the submission of this Sub-Appeal														
Requesting members	1. Christian Aid (CA)  4. Evangelical Lutheran Church of Congo (EELCo)														
Contact	<table border="1"> <tr> <td>Name</td> <td>Jolien van Ooijen</td> </tr> <tr> <td>Email</td> <td><a href="mailto:JVanOoijen@christian-aid.org">JVanOoijen@christian-aid.org</a></td> </tr> <tr> <td>Other means of contact (WhatsApp, Skype ID)</td> <td>+243(0)826438796 +243(0)999931900 (WhatsApp)</td> </tr> </table>	Name	Jolien van Ooijen	Email	<a href="mailto:JVanOoijen@christian-aid.org">JVanOoijen@christian-aid.org</a>	Other means of contact (WhatsApp, Skype ID)	+243(0)826438796 +243(0)999931900 (WhatsApp)								
Name	Jolien van Ooijen														
Email	<a href="mailto:JVanOoijen@christian-aid.org">JVanOoijen@christian-aid.org</a>														
Other means of contact (WhatsApp, Skype ID)	+243(0)826438796 +243(0)999931900 (WhatsApp)														
Local partners	<b>Christian Aid- BOAD</b> <b>ECC – MERU</b>														
Thematic Area(s)	<table border="0"> <tr> <td><input type="checkbox"/> Public Health</td> <td><input type="checkbox"/> Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/> Community Engagement</td> <td><input type="checkbox"/> Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/> Preparedness and Prevention</td> <td><input type="checkbox"/> MHPSS and CBPS</td> </tr> <tr> <td><input checked="" type="checkbox"/> WASH</td> <td><input type="checkbox"/> Gender</td> </tr> <tr> <td><input type="checkbox"/> Livelihood</td> <td><input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Advocacy</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Public Health	<input type="checkbox"/> Shelter and household items	<input checked="" type="checkbox"/> Community Engagement	<input type="checkbox"/> Food Security	<input checked="" type="checkbox"/> Preparedness and Prevention	<input type="checkbox"/> MHPSS and CBPS	<input checked="" type="checkbox"/> WASH	<input type="checkbox"/> Gender	<input type="checkbox"/> Livelihood	<input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/> Education	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Public Health	<input type="checkbox"/> Shelter and household items														
<input checked="" type="checkbox"/> Community Engagement	<input type="checkbox"/> Food Security														
<input checked="" type="checkbox"/> Preparedness and Prevention	<input type="checkbox"/> MHPSS and CBPS														
<input checked="" type="checkbox"/> WASH	<input type="checkbox"/> Gender														
<input type="checkbox"/> Livelihood	<input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions														
<input type="checkbox"/> Education	<input type="checkbox"/> Advocacy														
<input type="checkbox"/> Other: _____															
Project Outcome(s)	In alignment with the Global ACT Appeal guidelines <sup>1</sup> the 3 project outcomes as are as follows:														

<sup>1</sup> <https://actalliance.org/wp-content/uploads/2020/03/COVID-19-Global-ACT-Appeal-updated.pdf>

	<p><b>Outcome 1:</b> 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.</p> <p><b>Outcome 2:</b> Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.</p> <p><b>Outcome 3:</b> Religious leaders, churches and other communities of faith mobilized in managing beliefs, attitudes, and social stigma, and ensuring community inclusivity and cohesion.</p>																																																																												
Project Objectives	To prevent the spread of COVID-19 and sustain preparedness and resilience of hard to reach, vulnerable and conflict-affected men, women, boys and girls in host and IDP communities in North and South Kivu Provinces of DRC by the end of February 2021.																																																																												
Target Recipients	<table><tr><th colspan="8">Profile</th></tr><tr><td><input type="checkbox"/></td><td>Refugee</td><td><input checked="" type="checkbox"/></td><td>IDP</td><td><input checked="" type="checkbox"/></td><td>host</td><td><input checked="" type="checkbox"/></td><td>Returnee</td></tr><tr><td></td><td>s</td><td></td><td>s</td><td></td><td>populatio</td><td></td><td>s</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>n</td><td></td><td></td></tr><tr><td><input checked="" type="checkbox"/></td><td colspan="7">Non-displaced affected population</td></tr></table> <p>The <b>intervention targets the poorest</b>, those who rely on their daily income to provide for their daily needs, PWDs, Ethnic minorities, Pregnant and lactating women, Widows and aged women, Vulnerable children, Single parents, Widows, the Elderly, under five, Students who are the most vulnerable in this situation; IDPs living in host families and/or in abandoned households; and faith leaders</p> <p>No. of households (based on average HH size of 6): Total HH = <b>12,304 HH</b></p> <p><b>Sex and Age Disaggregated Data:</b></p> <table><tr><th colspan="9">Sex and Age</th></tr><tr><td></td><td>0-5</td><td>6-12</td><td>13-17</td><td>18-49</td><td>50-59</td><td>60-69</td><td>70-79</td><td>80+</td></tr><tr><td>Male</td><td>937</td><td>1749</td><td>3342</td><td>7042</td><td>7186</td><td>3516</td><td>1707</td><td>1248</td></tr><tr><td>Female</td><td>1530</td><td>2532</td><td>7954</td><td>14725</td><td>11625</td><td>5880</td><td>1767</td><td>1084</td></tr></table>	Profile								<input type="checkbox"/>	Refugee	<input checked="" type="checkbox"/>	IDP	<input checked="" type="checkbox"/>	host	<input checked="" type="checkbox"/>	Returnee		s		s		populatio		s						n			<input checked="" type="checkbox"/>	Non-displaced affected population							Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	937	1749	3342	7042	7186	3516	1707	1248	Female	1530	2532	7954	14725	11625	5880	1767	1084
Profile																																																																													
<input type="checkbox"/>	Refugee	<input checked="" type="checkbox"/>	IDP	<input checked="" type="checkbox"/>	host	<input checked="" type="checkbox"/>	Returnee																																																																						
	s		s		populatio		s																																																																						
					n																																																																								
<input checked="" type="checkbox"/>	Non-displaced affected population																																																																												
Sex and Age																																																																													
	0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+																																																																					
Male	937	1749	3342	7042	7186	3516	1707	1248																																																																					
Female	1530	2532	7954	14725	11625	5880	1767	1084																																																																					
Project Budget (USD)	USD \$ 300,879																																																																												

## Reporting Schedule

Type of Report	Due date
Situation report	Quarterly
Final narrative and financial report (60 days after the ending date)	30 April 2021
Audit report (90 days after the ending date)	31 May 2021

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

### US dollar

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

### Euro

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

### Account Name: ACT Alliance

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

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

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

#### Africa

ACT Regional Representative, Elizabeth Kisiighaimba ([Elizabeth.Zimba@actalliance.org](mailto:Elizabeth.Zimba@actalliance.org))  
Humanitarian Programme Officer, Caroline Njogu ([Caroline.Njogu@actalliance.org](mailto:Caroline.Njogu@actalliance.org))  
ACT DRC Forum Eleanor Bird ([EBird@christian-aid.org](mailto:EBird@christian-aid.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

As at 17 August, the DRC notified 9741 confirmed cases of COVID-19, including 246 deaths, and 8895 people cured. 17 of 26 provinces are now officially affected by the virus; these include the capital Kinshasa, North Kivu and South Kivu Provinces<sup>2</sup>. **North and South Kivu provinces** in the early months of the pandemic were previously known as “low case COVID-19 regions” but are now **in the top five contaminated Provinces of the country**: a recent statement by the President to lift previously severe lockdown measures nationally has resulted in **rapid spread of COVID-19 across the Kivus into the rural villages; with 858 declared cases** (563 for North Kivu and 295 from South Kivu) by August<sup>3</sup>.

The rapid spread of this pandemic carries dire consequences for particularly the most vulnerable conflict affected populations including female headed households in general and those in major urban centres as well as rural villages of the Kivus in particular. **Chronic weaknesses in health services, already strained from Ebola, lack of equipment and under-education**, and even higher levels of sexual gender based violence (SGBV) following lockdown periods are likely to cause much greater devastation on quality of life and mortality rates for the poorest groups in the short, interim and long term. The IDP camps in the Kivus are overcrowded, with continuous movement in and out by military, government and aid organizations, vendors and displaced communities moving around looking for work, food, fuel, or water. Key needs identified relating to this specific action include:

(OUTCOME 1): **Lack of access to basic services such as water and sanitation faced by communities even in normal periods**, especially in North Kivu, which has meant that even those in the communities willing to adopt and practice prevention measures against COVID-19, having already experienced the dangers of Ebola, cannot do so, in a context of increased needs; especially given some of the protective and hygiene measures imply costs to already resource-strained populations. The **Elderly** have been identified as most at risk due to their poor immunity, yet they are least able to access WASH services; **Women and Girls** are primary care givers and risk contracting the virus as they conduct their daily chores including fetching water and washing. There is an increased incidence of household violence due to stress. At community level, there is an increased risk of **SGBV** especially when there is a reduction of people outside.

(OUTCOME 2): The lack of attenuation measures and the imperative to survive has meant **that the lockdown and social distancing measures promoted by authorities (and to great extent the general narrative about COVID-19) are being received negatively** by particularly vulnerable conflict affected communities and not adequately followed. There are reports of clandestine crossing of the borders with Tanzania, Uganda, Rwanda and Burundi in the provinces of North Kivu and South Kivu, respectively. Indeed, despite calls by the UN General Secretary for a global-ceasefire to help contain the spread of the virus, **violence has continued unabated in various parts of the DRC** during 2020 and in particularly across the 2 Provinces targeted by this action: **North Kivu and South Kivu**. Moreover, across both provinces, restrictive measures have negatively impacted the two province’s economies hindering chance of any protective measures being purchased by the most vulnerable conflict affected households. Cross-border transactions were locked down, food security and livelihoods of both rural and urban populations were not set aside.

(OUTCOME 3) Within this context, **ongoing stigma and myths around COVID-19 prevail**, with **many churches and faith leaders not up to date or currently effectively supporting** response with provision of simple clear and correct messaging or ensuring distancing is followed across their congregations; and an urgent need exists to continue to build the capacity of faith leaders to take a more prominent lead in promoting correct COVID-19 sensitisation messaging and actions in order

<sup>2</sup> INRB/Ministere Provinciale de Santé Aout 2020

<sup>3</sup> Ibid

to save lives. It is in light of the above the DRC ACT Alliance Country forum decided to launch an appeal for an integrated response focusing on two of the most currently affected and yet still under resourced COVID-19 affected provinces of North Kivu and South Kivu.

### ***Capacity to respond***

The 4-member DRC ACT Forum submitting this call, comprising of **Christian Aid, ECC-MERU, BOAD and EELCO, have significant years of working experience** and presence across the 2 targeted Provinces of North Kivu and South Kivu in particular on humanitarian, governance and peacebuilding/conflict transformation work, including expertise specifically in **WASH messaging; sensitisation on EVD Ebola and more recently COVID-19; working with faith leaders and traditional leaders** as champions of change and channels to disseminate critical information to communities. They also have wider livelihood activities including significant cash and food distribution ongoing. They are therefore experienced in ensuring that **targeted COVID-19 related activities put forward in this action will, where possible, be also linked to applicants' wider ongoing multi sectoral actions** focussed on supporting affected communities' wider livelihoods needs, thereby deepening impact. Specific capacity to respond is shown in more detail below, per agency:

**CA (Lead):** has over 20 years' experience working in both humanitarian and development across the DRC and more specifically across North and South Kivu, **with very positive verbal and written feedback** from a variety of donors in recent years, including from WFP and Irish Aid for work with conflict affected communities, available on request. CA has a proven experience to work in emergency setting to address Ebola epidemic with a community centred approach. CA has offices both in South and North Kivu, human, finance and logistical resources as well as partners that can be engaged in the response. CA is an active member of WASH, Food Security, Shelter/NFI, protection and GBV clusters and the localisation hub and is committed to deliver assistance through local/national organisations. **In North Kivu**, CA has been operational with BOAD in South Lubero territory since 2013; working directly with BOAD in WASH and Ebola response. **In South Kivu**, CA has been working with ECC-MERU for over a decade and is thus very well placed to engage these 2 agencies as local partners in this response to ensure smooth and efficient delivery. **CA has a clear corporate COVID-19 strategy** response and SOPs developed that fit with the ACT alliance strategy as well as the DRC government COVID-19 response plan. At present CA is running several COVID-19 projects to prevent the COVID-19 spread both in the North and South Kivu provinces, including:

- **In North Kivu**, a USD6million WFP action in Lubero and Masisi territories via BOAD with a focus on COVID-19 compliant food distribution. In Beni CA is providing holistic care for GBV survivors with a sensitisation component and a £250k DEC COVID-19 WASH response.
- **In South Kivu** distribution of hygienic COVID-19 kits in its EUR 4.2million Irish Aid HPP funded Humanitarian and resilience project for conflict affected populations with ECC MERU. With Caritas Bukavu, CA a COVID-19 project in Chulwe village to reduce negative economic impacts.

**CA's partner ECC** has been operating in South Kivu since 1994. ECC has a roster of staff with high capacity and who can leverage their technical expertise in humanitarian response and community livelihoods programming. ECC has implemented many ACT appeals with assistance including: WASH, food security, psycho-social support, nutrition, education. ECC is experienced in peace and reconciliation building social cohesion among different ethnic groups in conflict. Moreover, ECC's long term presence in South Kivu and commitment has guaranteed sustainability of interventions enabling public legitimacy as a credible interlocutor of the community. Since the start of COVID-19; ECC has been following WHO guidelines in recognizing and promoting the role of FBOs and faith leaders in the prevention of and response to outbreak of diseases. ECC led twice the DRC Act Alliance Forum, demonstrating a commendable experience in humanitarian and development programs.

**CA's partner BOAD:** works across North Kivu Province, operational since 2000 after having ceased to serve as an ACT Netherlands field office. Since 2018 BOAD has been implementing over \$498,342 WASH funding from RRF ACT, CA and NCA donors WASH actions to support prevention/containment of EVD (Ebola virus disease) across Beni, Lubero, Kayna and Masisi zones for more than 4,755 households with sensitization, psychological assistance, prevention kits, construction of drinking water sources and latrine blocks. ECC and BOAD are closely connected to a consortium of religious leaders of Catholic, Protestant, Muslim and Evangelical and independent churches well rooted both in Lubero in North Kivu and Kalehe territory in South Kivu where they plan to intervene.

**EELCo (direct ACT applicant):** EELCo has operated in the DRC since 1969 and in North Kivu since 1980 and engages in evangelization by providing spiritual, moral, and physical assistance. As an active ACT Alliance member EELCo has build up significant experience and resources in North Kivu able to be used to efficiently implement this planned action including supporting:

- 1992-1994, 1,000 IDP families from Masisi, Rutshuru and territories with Food and NFI.
- 1994-1997 humanitarian aid kits to the Rwandan refugees funded by LWF and 200 orphans.
- In 2002, assisting those affected during the volcanic eruption in Goma, focussing on gender.
- 2018-2019, emergency WASH humanitarian response on Ebola in North Kivu with LWF.
- Since January 2020, raising awareness of Ebola and COVID-19 in North Kivu in Goma with World Vision to clergy and laity. This will be extended in this proposed action to ensure maximum leverage and impact.

## RESPONSE STRATEGY

The 4 ACT DRC Forum members propose a **streamlined response to this call for proposals** undertaking targeted activities which will **address both response and preparedness** to COVID-19 with a view to reducing the spread and enhancing containment, through improved WASH and hygiene practices, education and behaviour change. Targeted locations for this action include: **North Kivu Province**, Lubero Territory (implemented by CA via BOAD) and Karisimbi et Nyiragongo territories (implemented by EELCo), faced with severe risks of COVID-19 due to fragility of population resilience following the recent EVD epidemic; poor state of WASH facilities as well as ongoing active conflict across the targeted areas; and **South Kivu Province**: Kalehe territory (implemented by CA via ECC); area also at high risk of COVID-19/EVD as it is neighbouring North Kivu; recent conflict incursions; and owing to poor state of WASH facilities.

**Building directly on members' expertise and identification of where gaps remain** in the COVID-19 response, and **directly aligning to the key strategic objectives** within the ACT Alliance Global Response to the COVID-19 Pandemic, key components include: 1), Water, Sanitation and Hygiene (WASH) activities, 2) Provision of effective risk communication and community engagement and 3) enhanced faith leader engagement to promote community led solutions to prevent further spread of COVID-19. **Gender and social inclusion aspects will be cross-cutting** across all 3 outcomes. Livelihood focussed, and cash distribution activities will NOT be undertaken in this call. The decision made by the forum is to not include them but **rather to leverage on CA and other agencies already existing large cash and food programming** being undertaken across the target areas with WFP and Irish Aid support.

The **intervention targets the poorest**, those who rely on their daily income to provide for their daily needs, pregnant women and lactating mothers, young women and men whose schooling have been suspended, PWDs and the older people/ elderly who are the most vulnerable in this situation; and faith leaders. The main objective of this intervention is thus to maintain access to critical services through 1) ensuring access to relevant and appropriate **life-saving WASH interventions and**



**improved hygiene practices and 2) preventing the spread of COVID-19** through early information sharing in different local languages and 3) **through faith leaders' engagement**. Interventions focus on expanding access to safe clean water and soap for basic hand hygiene practices while also **increasing awareness on the COVID-19 symptoms and prevention** through mass campaigns on messages including hand hygiene and social distancing. The intervention will also where appropriate, **enhance timely access to critical GBV prevention services** for vulnerable individuals **through integration of** key GBV prevention messages integrated into prevention messages on COVID-19 which includes safe hand hygiene practices and social distancing, delivered through targeted sensitizations, with specific sessions targeting boys and men.

Activities planned will enable maximum leverage in alignment with already existing interventions: **in North Kivu**, CA has a fully operational office in Goma from which the project will be managed enabling rapid and efficient start up. **In North Kivu** Lubero territory, **CA and BOAD** will aim to directly scale up a recent CA-BOAD EVD WASH action in 2019, funded by CA's own emergency funds to support the fight against EVD, with resources now urgently needed by ACT for an updated expanded COVID-19 response. **EELCO**, operating directly **in North Kivu** Karisimbi et Nyiragongo territory will plan to link its actions directly to its recent World Vision action supporting clergy and laity to play an important role in sensitisation. Faith leaders have thus been directly involved in shaping and designing EELCo's COVID-19 planned response

**In South Kivu** in the targeted locations, COVID-19 sensitisation activities carried out by CA and ECC will **directly align to CA-ECC's existing Irish Aid funded HPP action**, thereby enhancing resilience of those poorest already being targeted with livelihood support. Since ECC is already present in the target area, **faith leaders and community leaders directly involved** in designing and monitoring ongoing interventions with ECC on COVID-19, are excited to be receiving potential further support, and will continue to be fully engaged in all aspects of this action, as key beneficiaries under the accountability framework upheld by all 4 ACT requestees.

## Impact

The overall objective of this project is to **save the lives and safeguard the dignity** of conflict affected vulnerable communities in North and South Kivu by **preventing/containing the spread of COVID-19** through enabling 1) improved access to WASH services; 2) improved risk communication and community engagement and 3) enhanced faith leader engagement in effective messaging and social cohesion; supported by the 4 requesting ACT DRC forum members; thereby enhancing affected communities preparedness and resilience and reducing their vulnerability to mortality and morbidity.

## Outcomes

The package of interventions put forward by the ACT DRC Forum aims to **maximise value for money** by **directly leveraging on** the 4 requesting ACT members' ongoing and recently ended livelihood interventions, including an Ebola WASH prevention action in North Kivu (CA via BOAD); EELCos recent work with faith leaders with World Vision, and an Irish Aid funded resilient livelihoods action in South Kivu (CA via ECC-MERU), to achieve the **following 3 key outcomes** for the marginalised vulnerable populations targeted across North Kivu and South Kivu:

1. **Outcome 1: WASH:** Improved access to appropriate and relevant life-saving WASH and hygiene practices for vulnerable targeted communities to protect themselves. This outcome contributes to outcome 1 of the present appeal because if the target population can access the services which enable them to protect themselves against COVID-19 **making them more resilient**, the morbidity and mortality of this disease will be reduced.

2. **Outcome 2: RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:** Improved effectiveness of COVID-19 risk communication, community engagement and accountability measures for vulnerable populations targeted. This contributes to Global response outcomes 1 and 2, supporting **enhanced protection, rights and social cohesion** as well as reduced morbidity and mortality from the disease
3. **Outcome 3: FAITH LEADER ENGAGEMENT:** Enhanced participation and engagement of faith leaders in communities in delivering evidence based credible information, countering stigma and fake news information and adapting religious practices for COVID-19 prevention. This is directly aligned to the 3rd Outcome of the present ACT appeal offering **an important niche output by the DRC ACT forum** focussed on ensuring religious leaders are mobilised and supported to reach their targeted communities.

## Outputs

### **Outcome 1: WASH:**

This outcome will be **implemented by all ACT agencies** with the technical support of CA to ensure adherence to Sphere standards: CA-BOAD and CA-ECC will focus on WASH hardware installation/rehabilitation in their respective provinces as well as hygiene components and EELCO will focus only on provision of effective hygiene components. In Lubero territory, CA-BOAD will aim, for maximum efficiency, to **deepen impact of a recent CA-BOAD CA funded emergency action** focussed on promoting limited infection control facilities for the EVD epidemic, thereby ensuring the already EVD vulnerable conflict communities are also now fully prepared for COVID-19.

### **OUTPUT 1.1. Access to safe, appropriate, and adequate water supply and sanitation for 18,550 vulnerable targeted conflicted communities in 5 health areas affected by COVID-19**

1.1.1. Identify and construct/rehabilitate **74** water sources in communities/schools/health public areas of North Kivu to provide infection control facilities for personal and individual hygiene. Expected number of people to be targeted and reached according to SPHERE guidelines, by hardware installed/rehabilitated is **18,250** people across 5 health areas (2 areas in North Kivu and 3 areas in South Kivu). Outputs proposed per partner include:

- **CA-BOAD:** Rehabilitation of 63 water taps for hand washing facilities in schools and community locations and the installation of a 200 m2 community feeder water tank across 2 health areas in Lubero territory, North Kivu (targeting **15,750** people (=63 actual water points x 250 people per water point as per SPHERE standards).
- **CA-ECC:** Construction/rehabilitation of 10 water sources across 3 health areas in South Kivu (targeting **2,500** people (=250 people per water source as per SPHERE standards).

1.1.2. Train 74 community WASH committees (totalling 266 people) across 5 health areas on effective operation and maintenance of 74 water systems using all necessary barrier measures including social distancing to prevent the spread of COVID-19. Outputs proposed per partner include:

- **CA-BOAD:** Training of 1 head water committee and 63 sub water committees to support the 64 installations put in place in schools and community locations across 2 health areas in Lubero, North Kivu (total: 64 committees trained targeting **196** people (=3pp x 63 sub-committees=189 people and 7 ppx1 head committee=7pple).
- **CA-ECC:** Training of 10 water committees to support the 10 installations enabled across 3 health areas in South Kivu (total: 10 committees trained targeting **70** people, 10pp/committee).

1.1.3. Provide at least **50** water purification tablets to a total of **300** displaced and returned households and IDPs in Kalonge and Bunyakiri health areas, in South Kivu (CA-ECC output)

**OUTPUT 1.2. Increased minimum handwashing standards enabled for at least 49,508 people across 5 health areas and 2 communes of North and South Kivu.**

**1.2.1.** Develop and disseminate COVID-19 19 infection prevention and hygiene messages through cluster approved Information Education Communication (IEC) materials. **(all agencies)**

**1.2.2.** Train **25** school institutional hygiene brigades and **30** market and church hygiene brigades (totalling **400** people) on operation and hygienic maintenance of water facilities as one of the main ways to prevent further spread of COVID-19. Outputs proposed per partner include:

- **CA-BOAD:** training 25 school institutional hygiene brigades (totalling **250** people across schools across 2 health areas of North Kivu)
- **CA-ECC:** training 30 market and church hygiene brigades (totalling **150** people across 3 health areas of South Kivu)

**1.2.3.** Set up beneficiary protection tents and distribution teams for provision of hand washing kits (including soap and disinfectant gel) to beneficiaries in the targeted sites and at churches, mosques, markets, and schools while respecting the social distancing between individuals to enable **at least 49,508 people to benefit**. Outputs proposed per partner include:

- **EELCO:** Distribution of handwashing kits directly to 987 households across 2 health zones (Karisimbi and Nyiragongo) of North Kivu (=6 pp/hh = total **of 5,922** people)
- **CA-BOAD:** Distribution of handwashing kits across 25 public institutions and community sites across 2 health areas of Lubero in North Kivu (benefitting an estimated **12,500** people)
- **CA-ECC:** Distribution of handwashing kits across 30 public institutions and community sites across 3 health zones of South Kivu (benefitting an estimated **31,086** people)

## **Outcome 2: RISK COMMUNICATION AND COMMUNITY ENGAGEMENT:**

This outcome incorporating the main bulk of programme activities, will be **implemented by all 3 local ACT agencies across their respective target localities** with the technical support of CA; and will focus on promoting effective infection control messaging and community cohesion in line with cluster recommendations in addition to ensuring accountability measures are in place.

**OUTPUT 2.1. People and communities affected by COVID-19 have access to correct, simple consistent messaging regarding public health risks to address myths and stigma, using traditional community structures and media.** This will target a minimum of **12,304** households across all target areas, making a total of **73,824** persons (target: **36,822** BOAD; **5922** EELCO; **31,080** ECC) to encourage good hygienic behaviour and practices at individual and collective levels. Numbers may be higher based on coverage of local radio stations. Outputs planned include:

**2.1.1.** Conduct 2 light knowledge, Attitudes and Practices (KAP) surveys about Infection, Prevention and Control (IPC) measures in each targeted location, **(one per Province)**.

**2.1.2.** Train **16** project staff across all agency teams; **14** community mobilizers (5:BOAD+4:ECC+5:EELCO); and **150** community Health Workers (ECC) on latest public health messaging including on the 5 key aspects of hand washing to prevent further spread of COVID-19.

**2.1.3.** Provision of COVID-19 infection control prevention messaging awareness raising campaigns targeting the populations in all project locations to promote good hygiene and sanitation practices.

This will include a mix of various bespoke messaging platforms by all the 4 ACT forum partners across respective areas including:

- Purchase and use of small-scale equipment (megaphone, voice launcher) by all 3 national agencies for key messaging to sensitise communities on barrier measures and hand washing to reduce the spread of the disease;
- Producing posters and media messages with messages on how to prevent the spread of COVID-19 symptoms as well as radio programmes: Radio outputs per partner include: (CA-**BOAD target**: 38 radio messages across North Kivu; CA-**ECC target**: 24 radio messages across South Kivu)

#### 2.1.4. Establish community feedback and accountability mechanisms (**All agencies**)

### **Outcome 3: FAITH LEADER ENGAGEMENT:**

This outcome will be **implemented by all 3 local ACT agencies across their respective target localities** with the technical support of CA; and will focus on supporting faith leaders to promote simple clear and effective infection control messaging and action to promote positive community engagement; constituting a key strategy to improve uptake of COVID-19 actions needed.

**OUTPUT 3.1. At least 300 religious leaders have the necessary knowledge and skills to conduct education and communication on COVID-19 prevention at community level.**

3.1.1. Provision of COVID-19 prevention messages and training to at least **300** local faith leaders and community workers on COVID-19 prevention protocols and risk communication strategies. This will be achieved by ensuring correctly developed and adapted messages are shared with faith leaders themselves to then enable them to conduct sensitization campaigns. Training sessions will get their signed full commitment to continue the message sharing. Outputs proposed per partner include: (**BOAD**: 150 faith leaders reached from across Lubero, North Kivu; **ECC**: 30 faith leaders from across South Kivu target areas; **EELCO**: 120 faith leaders from across Goma health zones of North Kivu=300)

3.1.2. Mobilize and support **300** religious leaders to undertake sensitisation campaigns with congregations and communities at large supporting them to promote congregations as champions of hope and network for positive change to banish fear, stigma and other rumours connecting COVID-19 with God's wrath. At least **73,824** people are expected to be reached through this method with sensitisation messages (300 Faith leaders x 1-person x circa 246.08 people sensitised/leader = 73,824). Outputs proposed per partner include: (**BOAD**: 150 Faith leaders reaching 246.08 people each=36,912; **ECC**: 30 x 246.08pp/leader =7382.40; and **EELCO**: 120 x 246.08pp/leader=29,529.60; = total **73,824** people to be sensitised)

**OUTPUT 3.2. National and provincial high-Level religious leaders are open to transform and adapt practices in their religious rituals to prevent further spread of COVID-19 19.**

3.2.1. Mobilise and support 300 Faith leaders to train and encourage their believers to respect main barriers measures namely wearing the masks, implementing social distancing during the prayer and other spiritual celebration to prevent further spread of COVID-19. At least **73,824** people are expected to be reached through this method and change behaviour positively (300 Faith leaders x 1-person x 246.08 people sensitised/leader = **73,824**). Outputs proposed per partner include: (**BOAD**: 150 Faith leaders reaching 246.08 people each=36,912; **ECC**: 30 x 246.08pp/leader =7382.40; and **EELCO**: 120 x 246.08pp/leader=29,529.60; = total at least **73,824** people who will change their behaviour positively to support COVID-19 prevention)

**Exit strategy**

The project will work **directly with and through community, local government and state and 300 faith actors** as well as connecting to local clusters and other agencies with a view to building ownership and sustainability of project impacts from the start.

**Under outcome 1** 74 established community WASH committees will work closely with community structures in promoting continuous community members' access to WASH services; with groups trained on Operations and Management (O&M) so that the CA-BOAD rehabilitated water network and CA-ECC 10 pumps/wells continue to provide clean water for hygiene purposes for the community beyond the project lifetime. Through supporting the access to WASH, CA via BOAD and ECC as well as EELCO will also train the communities in Public Health and Hygiene promotion, thereby also capacitating the communities in disease prevention and outbreaks. Handwashing kits including buckets to be provided are quite durable and should last at least half a year after the end of the action.

Forum members across all sites will train community volunteers **under Outcome 2** who will continue to roll out public health and hygiene promotion/campaigns in their respective camps and/or communities. Radio stations will replay COVID-19 Prevention programs presented.

**Under Outcome 3**, 300 traditional and faith actors, strategically involved in implementations through direct community engagement with their communities and congregations, are heavily invested into the action, already working closely with all ACT partners, and will continue to support project objectives through promoting strong cultures of positive dialogue around COVID-19 prevention even after existing action ends. The 4 ACT partners will maintain contact with the communities via facilitators and the faith leadership (monthly monitoring reports as to the rate of COVID-19 infections and deaths, use of social media and WhatsApp). Where needed MoU's will be signed to clarify responsibility and develop an agreed common exit strategy or handover.

**PROJECT MANAGEMENT****Implementation Approach**

The approach focus by all agencies will consist of 1) provision of WASH facilities, training and awareness raising; 2) promoting awareness about COVID-19 through risk communication and community engagement, and 3) work with the Faith leaders to promote their enhanced engagement in the response. **The implementation approach adopted throughout the planned project cycle will be participatory:** CA via BOAD and ECC, and EELCO will be responsible for informing the beneficiaries on the purpose of the project, the criteria for selecting beneficiaries, etc as well as ongoing feedback being obtained. **Strong information sharing will ensure communities** are informed of rights/entitlements (key project information, eligibility criteria, timelines, staff and volunteer behaviour, Code of Conduct, how communities can engage in delivery). This will also allow **the consortium to engage, coordinate and refer** to public health and community-based networks, media, clusters, local governments and other sectors as required to ensure consistent and sustained approaches to public engagement, listening and communicating with communities on COVID-19. The **main target recipients** of the response are the most vulnerable displaced persons living in the targeted area, host populations, and returnees.

**In North Kivu** Lubero territory, **CA via its partner BOAD** will aim to directly scale up a recent CA-BOAD implemented EVD WASH action in Lubero which included the set up and provision of limited handwashing facilities in 2019 using CA's own emergency funds to support the fight against EVD, with resources now urgently needed by ACT for an expanded COVID-19 response. **EELCO**, operating

as direct requestee **in North Kivu** will target the Karisimbi Health Zone and Nyiragongo area to enhance COVID-19 awareness around the town as cases continue to rise. **In South Kivu** it is planned that CA and its partner ECC will carry out COVID-19 sensitisation activities that **directly align to CA-ECC's existing HPP action**, thereby enhancing resilience of those poorest already being targeted with livelihood support through HPP.

The **provision of 74 WASH facilities and hygiene products (OUTCOME 1)** will go hand in hand with **the information campaign (BCC)** to raise awareness. The intervention, particularly around WASH, **will demonstrate gender and social inclusion sensitivity** by ensuring that the needs of different gender and inclusion groups are considered: **Women and the disabled will participate in the established community structures** and will be involved in making decisions and taking actions around community interventions. The inclusion process will be used to ensure context barriers (culture, norms, conflict...) around COVID-19 that prevent communities' participation are challenged for BCC to enable openness to knowledge and change amongst different groups. Training and different activities will bring a strengthened social cohesion through community engagement; supporting beneficiaries to understand that they are not only beneficiaries of this action; but also, actors.

**CA will support its partners BOAD and ECC as well as direct requestee EELCO to use a systematic approach to engage and communicate with over 73,824 people and communities (OUTCOME 2)** to encourage adoption of healthy behaviour and mitigate the spread of COVID-19. Information and messaging will be constantly adapted to changing needs of vulnerable groups especially women, elderly persons and PWD with feedback systems tracking community concerns/rumours/misinformation about COVID-19. This will be used to adapt messaging/information should bespoke adaptations be required to ensure that no one will be left behind.

**300 local Faith Actors will play a key role in (OUTCOME 3)** tackling rumours and misinformation. Local faith actors are moral legitimisers of community projects therefore their engagement is important for community acceptance. They are also crucial in providing psycho-social support and spiritual support to communities in times of crisis.

### ***Implementation Arrangements***



The response will **involve four ACT DRC members** (CA, BOAD, ECC and EELCO). CA will coordinate activities of all agencies. CA as lead will also be responsible for the reporting (financial and narrative) to the ACT Sub regional Office. For efficiency of transferring funds, **BOAD and ECC will work directly through CA** as CA's local implementing partners: ECC in South Kivu and BOAD in North Kivu. **EELCO as a national organisation will directly implement** its response in the North Kivu Goma vicinity.

Both CA's 2 implementing partners BOAD and ECC are faith-based ACT member national organisations with experience of working with CA already in the local target communities in both North and South Kivu with whom they have built significant confidence and trust. Partnership agreements and due diligences have already been set up by CA with both agencies and are in place between CA and BOAD and ECC, thus enabling rapid start up once implementation starts.

Activities planned will enable maximum leverage in alignment with already existing interventions: **in North Kivu**, CA has a fully operational office in Goma from which the project will be led and managed enabling rapid and efficient start up. **Close links have already been formed with local government** structures and ministries and CA is actively coordinating with the WASH and other clusters. All members will **cooperate with other CSOs** working in the same communities. CA as lead will ensure that the action **fully complements the efforts of clusters and donor agencies** including the UN, DFID, USAID and other partners supporting IDPs and host communities with cash, NFIs and WASH interventions in the 2 Provinces. For instance, CA will where appropriate, **reach beneficiaries of WFP GFD/Cash actions with health messaging** who CA, via BOAD and last year ECC, have been supporting via WFP separately across both North and South Kivu sites.

As technical and management lead, **CA will be constantly communicating coordination discussions** and arrangements with the 3 national agencies to guarantee that information gathered is being channelled in both directions in a timely manner. CA will invite the partners to participate in coordination activities or in clusters when necessary and based on capacities. In this way, the **national agencies will be supported in their capacity development** and in enhancing the quality of the response.

Since ECC, BOAD and also EELCO are already present in the target areas, **faith leaders and community leaders directly involved** in designing and monitoring of ongoing interventions **are excited to be receiving potential further support** and will continue to be fully engaged in all aspects of this action, as key beneficiaries under the accountability framework upheld by all 4 ACT requestees. **300 faith actors and community leaders will be specifically targeted to increase knowledge and understanding of COVID-19**. Those actors and leaders will be empowered through training and workshop to **contribute to tackle norms and cultural beliefs** that are detrimental to stopping the spread of COVID-19.

CA will ensure that **all partner Facilitators receive a consistent level of quality training** needed and that the training enables them to **effectively then downstream training** to the community facilitators to provide sustained COVID-19 integrated hygiene promotion messages translated into local languages on crowd control and sanitisation in safe spaces, to ensure effective social distancing and COVID-19 prevention. All agencies will work closely with local and traditional authorities to implement this response.

**Project Consolidated Budget**

	Appeal Total	Christian Aid	EELco
<b>Direct Costs</b>	<b>258,029</b>	<b>199,754</b>	<b>58,275</b>
<b>1 Project Staff</b>	<b>50,769</b>	<b>41,609</b>	<b>9,160</b>
1.3 National Staff	50,769	41,609	9,160
<b>2 Project Activities</b>	<b>157,625</b>	<b>122,555</b>	<b>35,070</b>
2.2 Community Engagement	35,165	28,890	6,275
2.3 Preparedness and Prevention	390	260	130
2.4 WASH	111,820	84,955	26,865
2.11 Engagement with Faith Leaders	10,250	8,450	1,800
<b>3 Project Implementation</b>	<b>3,000</b>	<b>3,000</b>	<b>-</b>
3.1. Forum Coordination	1,500	1,500	-
3.2. Capacity Development	1,500	1,500	-
<b>4 Quality and Accountability</b>	<b>21,755</b>	<b>17,690</b>	<b>4,065</b>
<b>5 Logistics</b>	<b>24,130</b>	<b>14,150</b>	<b>9,980</b>
<b>6 Assets and Equipment</b>	<b>750</b>	<b>750</b>	<b>-</b>
<b>Indirect Costs</b>	<b>34,087</b>	<b>24,887</b>	<b>9,200</b>
Staff Salaries	18,691	12,491	6,200
Office Operations	15,396	12,396	3,000
<b>Total Expenditure</b>	<b>292,116</b>	<b>224,641</b>	<b>67,475</b>
ICF (3%)	8,763	6,739	2,024
<b>Total Expenditure + ICF</b>	<b>300,879</b>	<b>231,380</b>	<b>69,499</b>



### ***Project Monitoring, Evaluation and Learning***

**CA DRC as Lead agency** will be responsible for overall monitoring and evaluation of the project. CA has built into the action a programme team based in its country Goma office in North Kivu that has the requisite capacity in project management, M&E and finance, who will liaise with its two implementing partners directly, BOAD and ECC as well as with EELCo as a separated national direct ACT requestee, to monitor the overall project framework, since the programme is being operated jointly as a single programme under the DRC Forum umbrella. CA will in turn provide regular updates to the ACT secretariat in Kenya. The project will also be supported with oversight from the CA Programme Development and Funding Manager (PDFM)-DRC-Burundi.

**CA will adopt a robust monitoring, evaluation, accountability and learning system** that tracks progress integrating programme evidence to inform/improve project delivery with rigorous and inclusive data (including beneficiary feedback and context monitoring). A consolidated MEAL Plan and rapid initial assessment will be developed by the Goma team with the support of the PDFM to track all activities and indicators. CA and the 3 national members will disaggregate sex, age, disability wherever we are collecting personal data about beneficiaries. Key MEAL components to be adopted include: An **Adaptive Programming approach** already being used by CA-ECC in its HPP action in South Kivu, to respond to the rapidly changing COVID-19 context. Participatory Monitoring and Learning involves beneficiaries, partners, other stakeholders in planning, monitoring and harvesting outcomes. With movement restrictions, we will adopt our remote approach to monitoring and evaluation by integrating community members into our monitoring systems. Our **existing networks and platforms within target communities** use simple tools like basic Mobile data collection applications, SMS, Phone calls, WhatsApp messages, pictures among others to collect information from target location. We will clean up, analyse and develop reports for tracking project outcomes.

**Christian Aid's Inclusion Checklist** will be used to ensure key beneficiary categories are represented in project data. CA staff will ensure that all **our intervention is accountable** by providing support to other relating mechanisms for transparency, feedback and complaints. The monitoring reviews internally per agency will be weekly and a basis of weekly plans to be assessed against the results framework at the end of each month by CA through the DRC Forum monthly meetings organised by skype or zoom conference between the 4 members to assess progress of activities in respective areas.

### ***Safety and Security plans***

Across the 2 Provinces, the security situation will be expected to remain unstable due to conflicts, particularly in North Kivu Province with the presence of Islamic Alliance of Democratic Forces (**ADF-NALU**) in Beni region, the banditry in and around Goma town and in Nyragongo territory and across South Kivu where local and foreign armed groups are still operational. The security threats are real and may hamper the smooth implementation and progress of the project. However, EELCo and CA, via BOAD and ECC, are already operational across the planned target sites and CA and partners' already have clear security and safety procedures which are fully aligned with UNDSS, INSO guidelines. The security and safety of staff, volunteers and beneficiaries is of immense significance for CA and all operations and field movements require proper security assessment and clearance. Security and medical first aid training of CA staff has been completed and undertaking refresher courses is also mandatory for the staff working in field. Secondly, the security focal person always provides updates and security alerts to staff members whenever any security situation arises where CA is implementing several projects. ACT members will use their own respective internal mechanisms to carry out regular security assessments for all monitoring visits. However, during the inception meeting, standard operating procedures (SOPs) specific to this project will be jointly developed. The emphasis will also be on the duty of care. Before launching Appeal activities, a contingency plan for every site where staff will be present will be developed with concrete recommendations for what to do in the possible scenarios of an armed incursion, looting, rape, and evacuation.

Positively, all 4 agencies are accepted by the communities on the ground due to the ongoing work undertaken, thereby reducing risk, however risk is always there. Staff members across the 4 agencies will be advised to implement the project in a transparent and accountable manner both to increase their acceptance by local population as well as enabling them to be in touch with sources locally that can alert them to any security risks which may be posed by clashes or threats by a particular armed group operating in the area. Additional security measures including guards at offices, first aid kits, and adherence to local SOPs developed will be ensured with linkages established between CAID, BOAD, ECC and EELCO and the state agencies involved in the implementation of the project to monthly assess latest gaps in the security sector. The current COVID-19 risk faced by all 4 agency implementing staff as well as by beneficiaries is of contacting COVID-19. Staff required to travel will be trained to ensure they adopt 'social distancing' using and encouraging use of face masks, hand washing and use of sanitizers.

## PROJECT ACCOUNTABILITY

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

☒ Yes ☐ No

### Code of Conduct

All staff of the four ACT implementing members have signed the code of conduct. New staff will be required to **sign the code of conduct** when joining the organisation. CA staff have also done a **compulsory online training on the Code of Conduct and Safeguarding**. Member staff will be organized to ensure that these principles are well understood and applied throughout project implementation and this information will also be passed to the beneficiaries. Beneficiary communities will be informed and sensitized on expected staff behaviour, the code of conduct and how to report cases of abuse. The project will set up a **Complaints Response Mechanism** ensuring multiple pathways for making complaints and receiving feedback. In case of violations of the code of conduct, they will be acted upon as stipulated in the code of conduct.

### Safeguarding

The Forum members have **Safeguarding Policies in place** which include prevention of sexual exploitation and abuse and child safeguarding measures. **Due diligence** requires each member to ensure that PSEA and child protection policies are fully adhered to by their staff, contractors, suppliers and other stakeholders and 'zero tolerance' is linked to any violations of the provisions. A **Complaints Response Mechanism** will be set up that is effective, accessible and safe for beneficiaries, disaster-affected communities, staff members as well as the local partners or stakeholders, and allows for the confidential reporting and diligent handling (by authorized personnel) of sensitive complaints related to fraud, corruption, exploitation, abuse and protection. Communities will be informed on what constitutes abuse and how to report cases of abuse. Received complaints will be carefully and promptly investigated and acted upon within 48 hours. Before launching ACT Appeal activities and workshops, staff will be trained to ensure that these principles are well understood and applied throughout the project. **A zero-tolerance policy** will be applied, and personnel will be informed of the risks they take in case of breach of the code of conduct and safeguarding policies which will lead to breach of contract. For serious violations, legal steps will be taken.

### Conflict sensitivity / do no harm

The implementing ACT Forum members will ensure respect of the **Do No Harm principle** by holding stakeholders' meetings to make sure that appropriate measures are taken not to expose beneficiaries to physical dangers, acts of violence or any violation of their rights. In this respect, a

fair targeting system will be put in place to ensure that beneficiaries are selected in an open and transparent manner. Project activities will be carried out according to **international standards including adherence to CHS principles** to avoid any harm to the beneficiaries. For instance, disease prevention activities like training of staff members, local religious and community members will be carried out in way that does not lead to further spread of COVID-19. While implementing the Appeal in an unstable region that is still politically sensitive to conflict in terms of reconciliation among, different ethnic groups will be embedded into the program. **Multi-ethnicity will be a prerequisite** for any association to be accepted among the beneficiaries of the project. Each project site will form a committee that will represent the community and take the responsibility for smooth implementation of the project. Women and men shall participate at an equal level in the committee.

### ***Complaints mechanism and feedback***

The ACT forum requesting members will ensure that **beneficiaries can communicate feedback and make complaints** about the implementation of activities, respect of policies and sensitive issues. A feedback mechanism will be set up and communicated based on participatory community accountability assessments identifying the preferred mechanism per community. **Diverse and inclusive pathways** will be developed and might include a helpdesk, face to face feedback to project staff, community feedback committees and meetings, phone calls or suggestion boxes. **A feedback tracker will be filled out by project staff** responsible on collecting feedback ensuring that feedback is regularly and systematically tracked, and a timely response will be ensured. A Complaints Response Mechanism will be set up that allows for the confidential reporting and diligent handling of sensitive complaints related to fraud, corruption, exploitation, abuse and protection as described previously (see section on Safeguarding). Communities will be informed on how to use the feedback and complaints mechanisms.

### ***Communication and visibility***

For transparency with beneficiaries and the public, the proposed project **will ensure visibility of the ACT Alliance**. During public meetings, including with local authorities, in inter-agency coordination fora and at project sites, the project will be presented as funded by ACT Alliance. The ACT Alliance logo will appear in the project's awareness raising and training sessions and, on any clothing and equipment's produced or purchased for the project implementation. Publications and other communication material including social media posts will acknowledge ACT Alliance.

CA as ACT Forum Coordinator will oversee collecting ACT members' success stories, photos, circulating important information among the ACT Forum members and promoting and raising visibility of ACT Forum members. Project reporting will include photos with the ACT logo.

## Annexes

## Annex 1 – Summary Table

	Christian Aid via Bureau Œcuménique d'Appui au Développement (BOAD) and Church of Christ in Congo (ECC-MERU)	Evang. Lutheran Church of Congo (EELCO)																																																
Start Date	1 September 2020	1 September 2020																																																
End Date	28 February 2021	28 February 2021																																																
Project Period (in months)	6 months	6 months																																																
Response Locations	North Kivu (Lubero) and South Kivu (Kalehe)	North Kivu (Karisimbi et Nyiragongo)																																																
Sectors of response	<table><tr><td><input type="checkbox"/></td><td>Public Health</td><td><input type="checkbox"/></td><td>Shelter and household items</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Community Engagement</td><td><input type="checkbox"/></td><td>Food Security</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Preparedness and Prevention</td><td><input type="checkbox"/></td><td>MHPSS and Community Psycho-social</td></tr><tr><td><input checked="" type="checkbox"/></td><td>WASH</td><td><input type="checkbox"/></td><td>Gender</td></tr><tr><td><input type="checkbox"/></td><td>Livelihood</td><td><input checked="" type="checkbox"/></td><td>Engagement with Faith and Religious leaders and institutions</td></tr><tr><td><input type="checkbox"/></td><td>Education</td><td><input type="checkbox"/></td><td>Advocacy</td></tr></table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table><tr><td><input type="checkbox"/></td><td>Public Health</td><td><input type="checkbox"/></td><td>Shelter and household items</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Community Engagement</td><td><input type="checkbox"/></td><td>Food Security</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Preparedness and Prevention</td><td><input type="checkbox"/></td><td>MHPSS and Community Psycho-social</td></tr><tr><td><input checked="" type="checkbox"/></td><td>WASH</td><td><input type="checkbox"/></td><td>Gender</td></tr><tr><td><input type="checkbox"/></td><td>Livelihood</td><td><input type="checkbox"/></td><td>Engagement with Faith and Religious leaders and institutions</td></tr><tr><td><input type="checkbox"/></td><td>Education</td><td><input type="checkbox"/></td><td>Advocacy</td></tr></table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items																																															
<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security																																															
<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social																																															
<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender																																															
<input type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions																																															
<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy																																															
<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items																																															
<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security																																															
<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social																																															
<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender																																															
<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions																																															
<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy																																															
Targeted Recipients (per sector)	67,902 people:  WASH: 43,586 people Preparedness and Prevention: cross cutting Community Engagement: 67,902 people	5,992 people:  WASH: 5,992 people Preparedness and Prevention: cross cutting Community Engagement: 5992 people																																																

	Faith Leaders: 180 Faith leaders (down streaming to at least 44,294 people indirectly)	Faith Leaders: 120 Faith leaders (down streaming to at least 29,530 people indirectly)
Requested budget (USD)	<b>US\$ 231,380</b>	<b>US\$ 69,499</b>

## Annex 2 – Security Risk Assessment

### Principal Threats:

**Threat 1:** Restricted access for humanitarian staff to the targeted areas due to Government travel restrictions affecting quality assurance and monitoring. **Mitigation:** Remote approach to MEAL limiting data collected, using secondary data where possible, integrating community members into monitoring system using basic mobile data collection applications, SMS, Phone calls, WhatsApp messages, pictures to collect information from target locations

**Threat 2:** The security situation remains unstable, armed conflict: e.g. escalation of violent conflict/militia attacks across North and South Kivu disrupting humanitarian services; impeding results; causing casualties/potential deaths. **Mitigation:** CA and national ACT Forum members' Security Management Plans / location specific SOPs regularly updated. The intervention will also identify and train community structures as volunteers that would support with basic information to minimise these risks

**Threat 3:** Fluctuating prices for the materials to be purchased; **Mitigation:** Ensure rapid efficient procurement procedures followed across the consortium post contract signature; Supplier relationship building/UN and donor stockpiles

**Threat 4:** Increased transport costs and taxes of goods at customs level. **Mitigation:** Build in contingency to budget planned; Ensure rapid efficient procurement procedures followed across the consortium post contract signature; discuss with donor should prices rise too high; readapt activities if required

**Threat 5:** Eruption of other epidemic diseases in the area (e.g. Ebola, cholera, measles, malaria), water borne diseases with potential disproportionate impact on the most vulnerable. **Mitigation:** Partners will work with other state and non-state actors and where required, further donors for extra funding, to ensure that social risks are minimised.

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (<http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/>)

<b>Impact</b> <b>Probability</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Severe</b>	<b>Critical</b>
<b>Very likely</b>	Low	Medium	High Eruption of other epidemic diseases in the area (e.g. Ebola, cholera, measles, malaria), water borne diseases.	Very high	Very high

<b>Likely</b>	Low Increased transport costs and taxes of goods at the customs level.	Medium	High Fluctuating prices for the materials to be purchased	High Restricted access for humanitarian staff to the targeted areas  The security situation remains unstable, armed conflict.	Very high
<b>Moderately likely</b>	Very low	Low	Medium	High	High Ambush by different militias operating in the areas Death or severe injury.