ACT Alliance

Global Response to the COVID-19 Pandemic – ACT201

Appeal

Appeal Code

Sub-Appeal Title – Humanitarian Assistance to COVID-19 Pandemic

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Project Summary Sheet

Project Title	*Humanitarian Assistance to vulnerable and affected Communities of the COVID-19 Pandemic and resultant*
Project ID	ACT 201 IND
Location	

State	District
West Bengal	Kolkatta, South 24 Praganas
Jharkhand	Lohardaga, Gumala
Odisha	Kalahandi, Balasore, Kendrapada, Jajpur
Madhya Pradesh	Dewas
Maharashtra	Chandrapur, Kolhapur, Sangli
Kerala	Pathanamthitta
Tamil Nadu	Chennai, Tiruvannamalai, Villupuram, Kallakuruchi
7 States	17 Districts – 125 Villages

Project Period	Start Date 1 August 2020 End Date 30 April 2021 No. of months Nine
Requesting Forum	**ACT India Forum** ☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)
Requesting members	Church's Auxiliary for Social Action Lutheran World Service India Trust United Evangelical Lutheran Churches of India Christian Agency for Rural Development Church of North India – Synodical Board Social Service
Contact	

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Local partners	
Thematic Area(s)	☒ Public Health ☐ Shelter and household items

	☒ Community Engagement ☒ Preparedness and Prevention ☒ WASH ☒ Livelihood ☒ Education ☐ Other: _____ ☒ Food Security ☒ MHPSS and CBPS ☒ Gender ☒ Engagement with Faith and Religious leaders and institutions ☒ Advocacy
Project Outcome(s)	**Outcome 1** Communities mitigate risk of COVID-19 infection through prevention, protection, and containment of spread in their areas with focus to returning migrants. **Outcome 2** Workers returning to their hometowns and host communities have access to cash, income, and food where workers can claim their entitlements from government schemes **Outcome 3** Returning workers are supported with their psycho-social needs
Project Objectives	**Prevention and Preparedness** 1. Reduce the risk of the vulnerable communities exposed to the risk of COVID 19 and prevent & mitigate the spread of COVID 19 to decrease the morbidity and mortality through provision of PPEs and community mobilisation and education. **Food Security** 2. To address the Food security issues that have emerged for the returning migrant families and the vulnerable communities in the aftermath of the Lockdown initiated by the Government to contain the spread of COVID 19. **Livelihood** 3. To provide options and alternative for the vulnerable groups particularly the returning migrants and vulnerable daily wage earners of the host communities who have lost their jobs in the aftermath of COVID 19 and the lockdown 4. To Protect, assist, and advocate for returning migrant workers, the vulnerable daily wage earners, and people in host communities particularly vulnerable to COVID 19 in accessing the government support and entitlements
Target	**Profile**

Recipients	☐ Refugees ☐ IDs ☒ host population ☒ Migrant Workers ☐ Non-displaced affected population
Project Budget (USD)	856,702

	Less than 5	06 to 18	19-35	36-49	50-59	60 and above	Total
Total	3,585	5,523	19,655	15,789	10,049	3,899	58,500
Male	1,831	2,820	10,037	8,062	5,131	1,991	29,872
Female	1,755	2,703	9,618	7,726	4,917	1,909	28,628

Reporting Schedule

Type of Report	Due date
Situation report	31 October 2020 (Quarterly)
Final narrative and financial report (60 days after the ending date)	30 June 2021
Audit report (90 days after the ending date)	31 July 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 linkhttp://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:

Asia and the Pacific
ACT Regional Representative (ad interim), Cyra Michelle Bullecer (Cyra.Bullecer@actalliance.org)

Visit the ACT COVID-19 web-page: https://actalliance.org/covid-19

Alwynn JAVIER
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

Context

The Ministry of Health and Family Welfare, Govt. of India reported as of 2nd August, 8.00 AM, the total number of confirmed cases is 17,13,359 which 11,45,629 have been cured and discharged, where 37,364 people have died.

Meanwhile, there were four rounds of the nationwide lockdown being imposed by Central Govt. as well as state governments of respective states which ended on 31st May 2020. However, the lockdown is continuing in an eased way, but in the containment zones, where COVID-19 cases have been identified, the regular restriction continues. The lockdown was imposed to contain the infection, check the transmission, and spread of the disease. Despite the extended lockdown, the affected numbers of people have increased to more than 17,00,000, where the records show the spread of the COVID 19 in India is significantly fast. The states which were effective in controlling the spread now have a fast increase. In many of the states in the northern and eastern part of India, where the impact of COVID 19 was less now sees a rapid increase. The lockdown caused daily wagers and migrated from different places in India to lose their jobs. As the lockdown with different level of restriction has now been stretched to more than 4 months, the migrants' families had who had no other option of livelihood, have returned to their native places. Most of these labourers come from East and North India. This exodus is touted to be the next highest after the partition brought in the dark side of the poor communities. Many lost their livelihood, where poor and the migrant paid the brunt for the lockdown. The spread of COVID 19 now sees a significant rise in the states in north and east of India, where the migrant workers are also returning in more numbers. Given the situation of the extensive lockdowns in different phases, the migrant how have returned to their native places may not migrate again to the other places in the country for the next 9 months or more in search of livelihood. With the situation in India becoming complicated, where the spread is increasing in many places, the revival and stabilising of the economy would happen only in 2021. The present situation of the spread of COVID 19 is expected to peak during August/September and October. One of the major problems in India is the spread of geography and the population which would lead to the spread for a substantial time, as the present trends show different times of peaking with different states. The impact has been more in the developed states now and it is spreading to the developing states now. The present scenario which lead to an undignified returning of the migrants to their native villages also adds on to the decisions of the workers migrating again to the cities which would take substantial time

The medical support system in India is not spread out equally. India is the second-most populous country in the world and many cities are densely populated that increases the risk of infection. Experts projected that June would be the peak time in India, however the recent trends show it could be August to October. With the lockdown being eased out now in areas other than the containment area, the risk of infection is extremely high, though public transport has still not resumed in many places. The medical support system will be overwhelmed in a very short time. However in many states particularly where the migrants are returning there is a need to enhance the facility to cope up the issues concerning the sudden increase on the population which is returning, and that is estimated to be in millions. These factors coupled along with the increase of COVID 19 cases in the developed cities which has more population poses a major threat as the impact of COVID 19 in India has become diverse, where many from are affected, namely the poor, the marginalised and the vulnerable communities. . This impact is also much felt with petty shops owners, small shop owners and small traders.

The Indian government announced a $22.50bn relief package to help the poor cope with the loss of income during the lockdown. The relief programme of the government offers the poor support by distributing free food to 800 million families, cash transfers of 500 rupees ($6.6) for 200 million women, 1,000 rupees for 30 million seniors citizens and free gas cylinders for families for the next three months. However, many analysts question whether these supplies can be distributed on time and reach the needy, where it has been witnessed that even after 2 months of the lockdown the returning of the migrants to their respective native places is not complete. A government report on 5th June says that there are around 26 Lakhs migrants still stranded in different places, however, there are other reports which say this is under-reported. A report by CMIE says that 122 million Indian lost their job in April of whom 91.3 million are small traders and daily labourers. *Please see Annex 3 on State specific situation.*

Needs

The rate of infection in India has not decreased and has become a grave concern that public health system needs to be strengthened, where a significant level of community awareness needs to be done and the health departments should be associated in it. Workers are going back to their hometowns since they have lost their jobs because of the lockdowns. They need to protect themselves and prevent the spread of COVID 19 as they have been moving from place to place. Under this situation, when community people wanted to get hand washing liquid or hand sanitizer to clean their hands, facial masks to cover their face and protect themselves from infection or reduce the spread of Coronavirus, they are unable to get such materials from the shops, as they are already exhausted or out of stocks. So, they desperately need such items to protect, prevent and control of Coronavirus disease. A significant level of awareness programmes also needs to be planned and these returned migrants' communities should be linked with the health facilities for any of their needs in terms of health-based support

The lockdown has not only increased the vulnerability of health for the poor and in particular the migrants, but the lockdown has also affected the livelihood and food security of the common man, where the migrants and the daily wage earners are the worst affected. Initially, these common people never thought that they will be affected by COVID-19. They never even thought that their life and livelihood will be affected, and they will not get the labour to maintain their family. But, the spread of COVID-19 has just come very closer to the doorstep by which anybody can get infected if precautionary measures and social distancing are not maintained strictly. Now, they are already in the dark and under the uncertainty of the current lockdown and Pandemic situation, it is getting extremely difficult for them to buy food for their survival and survival of their family members. Hence there is a need to address the food security crisis which is emerging from the changing scenario of lack of employment and access to resources.

The reverse migration has pictured the fact that the migrant and the daily wage earning families have lost their hope of getting employment in the places where they migrated in the case of migrant and in the pace where they live in the case of daily wage earners. With no other option left the migrant families have returned to their hometowns, which by itself was a livelihood starved place as these communities which have moved out to their native places in search of livelihood way back. The situation has become more laborious with the return of theses migrant as the host community in the respective villages/hamlet, where the migrants are returning have to cope with more numbers of people in the village which enhances the already existing livelihood for the daily labourer in the village who also stands without employment in the aftermath of the lockdown ad the spread of COVID 19. Hence livelihood support mechanism needs to be developed, where alternative livelihood should also be identified and promoted. Cash Transfer also becomes a need for the returned migrants and the vulnerable groups could

have their option of looking at getting what they need. The support needs to do both to the returned, migrants and the host community as it is also seen that the community systems are now changing with the stigma attached with COVID 19.

These communities are particularly at risks originating from the lockdown due to COVID -19 both economically and health-wise. These communities have been prejudiced against for many centuries in India. They are lagging on all aspects of Multi-Dimensional Poverty Index. Most members of these communities are either daily wage labourers or small farmers. Even before the lockdown, they were just managing to make ends meet to survive. With major sections of the economy being closed now due to lockdown, these people lost their daily livelihood and are finding it difficult to even manage two square meals leave alone any protection from COVID -19 infection. Even now with the Govt. pushing for reopening of the economy, it will take at least 1 year for the economy to re-start.

At the outbreak of COVID-19 Pandemic situation which pushed the country for lockdown, there are high chances of increased incidence of Gender-Based Violence (GBV). As the male members in the community lost their livelihood and difficult to earn income from any other sources, they may compel their female counterpart to borrow money from anybody to maintain their family which women may not be in a position to meet the needs. Consequently, this may lead to misunderstanding in the family by which women in the family may face violence. So, to curb the situation, it is essential to sensitize both men and women on the prevention of domestic violence and gender-based violence (GBV) through this project.

The government has announced measures and very often these measures do not reach the communities as either they may not be aware of the desperate situation without hope are they may not be having the adequate documentary requirements they need to access these support. Given the realities, it is important to enabling a system to access the supports provided by the government, where community-based organization needs to be strengthened or formed if there is CBO in the village/hamlet.

The process also leads to a substantial level of stress and trauma to the communities, hence it is of paramount importance to provide some psychosocial support for the communities and also look into the involvement of faith-based actors to build in the support mechanism to counter COVID 19.

Capacity to respond

CASA

Church's Auxiliary for Social Action (CASA) is the social action arm of the 24 Protestant and Orthodox Churches in India. CASA is mandated to work for the poor and the marginalized, irrespective of any political, religions and caste consideration. CASA today is operational in Bihar, Jharkhand, Odisha, West Bengal, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Chhattisgarh, Madhya Pradesh, Rajasthan, Himachal Pradesh, Uttrakhand, Uttar Pradesh, Andhra Pradesh, Karnataka, Tamil Nadu, Telangana, Gujarat, and Maharashtra. Also, CASA supports and accompanies around 400 NGOs working on different issues throughout the country.

CASA responds to around 50 small and medium disasters annually since 1947, and responds comprehensively to major emergencies with an enhanced perspective in its strategies of integrating a long-term understanding of the causes and consequences. CASA's strength is an added capacity which emerges from its direct relationship with the vulnerable communities especially the Dalits, tribal, women and others, the village/cluster level Disaster Mitigation Task

forces built up over a period of time in vulnerable regions of the country and also with its accompaniment of a large number of NGOs and their forums and networks operational throughout the country. Considering the large geographical area of India, the most important element of CASA's strategy is the decentralization of certain aspects of disaster preparedness through the identification and training of local institution counterparts equipped to play key roles in our emergency programmes. The focal areas of our pre-disaster preparedness plan are:

- The nation-wide network of Church and secular organizations that partner with CASA in disaster response which enable CASA to reach out to affected communities at even the most remote locations.
- The presence of around 180 trained staff in 38 CASA offices throughout the country play a backstopping / accompaniment role and respond directly wherever required.

CASA has been operational since March 2020 for COVID 19 Response. CASA operations in COVID 19 has spread in 23 states in the country, where programmes cover awareness, food distribution, distribution of dry ration, distribution of hygiene kits for prevention. As of 30th April, CASA response on the distribution of materials and other support which has reached around 63,000 families in 832 villages and the overall reach of Awareness activities and support has reached to around 2,700,000 people in around 6000 villages.

Lutheran World Service India (LWSI),
LWSIT has its roots since 1974 in India as a program of Lutheran World Federation/ Department for World Service (LWF/DWS) catering to the need of the refugees of Bangladesh Independence war in the year 1974. It extended its area of operation to different states of the country both in humanitarian response and development programs. In 2008, LWSIT became a national NGO. LWSI/ LWSIT has responded to all the major disasters in the country as Pan India program and extended technical support in humanitarian response, CBDP and CBDRR program to its network members such as Myanmar, Nepal, Bangladesh, etc. LWSIT will directly implement COVID-19 response program in the state of Odisha and West Bengal.

LWSIT is supporting communities to reduce further infection and spread of transmission of coronavirus disease. The organization has already initiated the awareness and sensitization program on COVID-19 at individual and household level maintaining social and physical distancing. It supported the Health and Family Welfare Dept. of Govt. of India and state govt. in mobilizing information materials to the community. In some places, it has been customizing into the local language and described the Do's and Don'ts of COVID-19.

UELCI
UELCI is a federation of the Lutheran Churches in India, having a reach in man states in the country. UELCI had been responding with relief and rehabilitation programs to a similar type of disaster since the inception of ACT International and ACT Alliance for many years. In Tsunami a major response was done through Act support. In the recent past UELCI has implemented the relief programs with the support of ACT Alliance for the affected communities of Gaja Cyclone covering more than 1300 families in 2018. In the month of September 2019 when there was heavy flooding in the GSELC mission area with the help of ELM, UELCI helped around 700 families by providing relief materials. In December 2019 by the support of the LWF National Council of German, UELCI provided relief materials to 750 families who were affected by heavy rain. The Division of Social Action has competent staff to handle disaster situations

UELCI started responding to COVID 19 after the lockdown which leads millions to hunger. Feeding was done for 500 families every day from 2nd April 2020 in Chennai city and its surrounding with the help of the member churches that are situated in this area. The member churches in their

mission areas started providing cooked food to the migrant workers who are passing by their churches on foot to reach their native places. There are around 15,000 migrant workers who belong to the member churches are on their move to reach their native places. Food and water bottles were provided to the stranded migrants in the Chennai Southern Railways Transit camps before they board the trains to reach their respective destinations.

So far food and water bottles have been provided to 10,000 migrant workers who were commuted from Chennai by Train to the North East India states. Also, 500 poor Slum dwellers and 100 HIV and AIDS infected and affected people and Transgenders in Chennai were given with one-month dry ration. 160 Semi Orphan School Children families were supported with one-month dry ration at Telangana.

The Mission hospital at Navarangpur has provided 200 beds, the Joseph Eye hospital, Trichy has provided 25 beds, the Swedish Mission Hospital at Tirupatur has provided 100 beds, the Mohalpari Mission hospital at Dumkha, has provided 50 beds for the COVID 19 treatment. The Mission hospital at Kurai in Madhya Pradesh has also expressed their willingness to give space for COVID 19 treatment.

The local government authorities have approached the member churches to keep ready with the education institutions premises to make use of it as quarantine zones. The member churches have given their acceptance and make necessary arrangements for the same.

CARD

CARD is registered as a Society under the Societies' Registration Act XXI of 1860. Since 1977, CARD has been responding to emergencies and disasters. CARD's response is apart from considerations of caste, creed, language, ethnic origin or political affiliation. Priority is given to the families belonging to scheduled castes, scheduled tribes, female-headed households, the elderly and infirm and economically challenged people.

CARD works in seven states of India including Kerala, Tamil Nadu, Karnataka, Madhya Pradesh, Chhattisgarh, Odisha, and Uttar Pradesh. CARD works directly with communities reaching more than 50,000 people annually with 32 programmes on maternal and child health, education, food and clean water, gender equality and women empowerment, HIV/AIDS prevention, climate justice and climate change advocacy, livelihood support as a catalyst for positive change.

We supported 1100 ASHA Workers those who are working in the primary level with Sanitizer and reusable cloth mask in the Pathanamthitta district Kerala. In the State of Madhya Pradesh, 800 Dry rations (food kits) were distributed in different villages of Dewas district. Sandals were provided for migrant labourers in Dewas district for making a small relief to their journey. COVID Protection prevention initiatives are progressing in 7 states of the country. CARD is sure to reach the needed and do whatever possible for their revitalization and well being

CNI SBSS

The Church of North India is the largest protestant church in India with its presence in all states of India except five southern states. The Synodical Board of Social Services is the development and justice board of the Synod of the Church of North India. CNI SBSS was formed as a response of the Church of North India to the whole question of poverty and related social justice for the poor and exploited. It works with the marginalized communities focusing on Dalits and Adivasis (SC and ST Communities) through Dioceses and their congregations.

CNI SBSS facilitates holistic development, contributing to the mission of the Church of North India

and towards country's growth. CNI SBSS is presently intervening through a partnership with fifteen Diocesan Boards of Social Services in six states: Maharashtra, Odisha, West Bengal, Punjab, Delhi and Jharkhand with a target population of 158669 in 100 villages. CNI SBSS program intervention works on ensuring access to safe drinking water, and sanitation facilities; access under Right to Education, creating alternative livelihoods to increase assets ownership among the marginalized communities(Dalits and Adivasis) to create an equitable and dignified life for them. CNI SBSS has responded to disasters for several years and has worked with EFICOR and CASA on relief & rehabilitation of the flood-affected people.

CNI SBSS is currently working with 6 Diocesan boards of Social Services in 5 states namely Punjab, West Bengal, Jharkhand, Odisha, and Maharashtra to provide relief to needy and most affected people due to COVID – 19 lockdowns. This relief work is being carried out in close partnership with diocesan leadership, local church congregations, government authorities, and community leaders. CNI SBSS has provided relief in the form of food through community kitchen, distribution of dry rations, sanitary materials, and face mask to 18274 beneficiaries. CNI SBSS along with DBSS is also working on awareness creation in the communities on hygiene to combat COVID – 19 infections.

RESPONSE STRATEGY

The response will primarily target migrant workers returning to their home villages after losing their jobs. These migrant workers who have returned to their native villages have to undergo quarantine for a period of 14 – 21 days and if they and if tested positive they have to undergo the regular medical processes. Infected migrant workers are treated in a hospital accredited to treat COVID-19 patients. The scenario poses a threat to both the host communities and the returned migrant workers. As the returned migrants come from the developed cities which have been highly infected by COVID 19, there is hostility for these returned migrants in their native villages. The situation this demands a response among the host communities also as these communities also have suffered loss of employment and income

As lockdowns continue the likelihood of finding work is slim. We will focus on communicating with people both the returned migrants and host communities to help them understand the virus and adopt precautionary measures which include; washing hands more frequently, hand sanitized properly, taking care of personal hygiene and sanitation, ensure cleanliness, maintain social distancing, restriction of movements, follow the government advisories. We will create Community Based Organization or Task Forces with volunteers from among the returned migrants, local church leaders, and community members to bring in a behavioural change among the communities. Further, these CBOs / TFs would also be trained to access the government support systems/entitlements, etc. We will support returned migrants and host communities through food provision, developing new skills, and cash grants during the period where they will not be able to support themselves.

Implementing members will address needs in our respective operational areas where we have presence and offices to protect staff and limit the need to travel. The operational areas identified by the members have been impacted significantly by the spread of COVID 19 and the impact of the lockdown. The recent trends show significant level of spread of COVID 19 wihch demands systems/mechanism of protection/prevention

The identified areas namely

States	Districts
West Bengal	Kolkatta, South 24 Praganas

Jharkhand	Lohardaga Gumala
Odisha	Kalahandi Balasore Kendrapada Jajpur
Madhya Pradesh	Dewas
Maharashtra	Chandrapur Kolhapur Sangli
Kerala	Pathanamthitta
Tamil Nadu	Chennai Tiruvannamalai, Villupurm, Kllakurichi,

Implementing members have their presence in the ground and quite good numbers of employees are working in the field to generate awareness among the people by maintaining social distancing. Nevertheless, these efforts had been done to contain the COVID-19 by affected population in collaboration with health dept will be had dept. of govt. Leaf plate on COVID-19 developed by Ministry of Health and Family Welfare have been used to raise awareness among the people and demonstrated effective hand washing methods. Similarly, coordination among the members is important and frequent virtual meetings are essential to have mutual learning and develop strategies. Further it is also important to pass on the learning to the church communities through the National Council of Churches in India to enable more to reach on the learning and strategies used by the implementing members. We have established and discussed the matter pertaining to responding to COVID-19 pandemic through virtual meeting which will continue while in the implementing period also.

ACT India Forum have been coordinating since the outbreak of COVID-19 particularly in the preparation of the proposals, both RRF and sub-appeals. Online meetings related to the assessment report, geographical coverage, program activities have helped to finalize the proposal to avoid the overlapping/ duplicity of coverage. Coordination meetings will continue to share experiences, learning and program improvement. Each member is also coordinating with other NGOs and other stakeholders such as national, state, and local government authorities and agencies. This coordination mechanism has been agreed in the EPRP.

The places which have been identified are mostly done in consultation with the local churches of the respective members. Arcot Lutheran Church, Church of North India and the Northern Evangelical Churches have their presence in these operational areas where implementing members are responding. Member/partner churches have been consulted in identifying areas where migrants have been affected the most and how the needs will be addressed. Representatives from the churches will engage with local government units. In the case of some members of the forum, the churches are also expected to help in procurement and warehousing facilities. We are also in touch with the National Council of Churches in India (NCCI)on having one or two webinars targeting the NCCI members churches on sharing of the learning of the hub members experience which also has the potential of strengthening the response of the respective churches

Please refer to Annex 4 to know more of our processes.

Impact

To contain the spread of COVID 19 enabling Community Based Systems for prevention and mitigation and to support the communities who have been affected severely in view of the Lockdown leading to food insecurity and unemployment leading to reverse migration, hunger and poverty, where providing opportunities and options for relief and recovery in a participatory approach involving the returned migrants and the host communities in 125 Villages spread across 17 districts in 7 States.

Outcomes

Outcome 1

Communities mitigate risk of COVID-19 infection through prevention, protection, and containment of spread in their areas with focus to returning migrants.

Outcome 2

Returning workers returning to their hometowns have access to cash, income, and food where workers are able to claim their entitlements from government schemes

Outcome 3

Returning workers are supported with their psycho-social needs

Outputs

Outputs

A.1. 85 COVID-19 Task Force formed and strengthened
A.2. 65 Training Programmes for COVID Task Force completed

B.1. 92 Awareness Programmes / Village meetings completed
B.2. Demonstration Models in 12 Villages completed
B.3. Awareness through Public Announcements completed
B.4. 90 awareness Programmes on GBV completed
B.5. 56 Training Programmes completed
B.6. 1 Workshop on Lessons Learnt and Good Practices completed

C.1. 40 Training Programmes on Public Health completed
C.2. 80 Health Checkup completed
C.3. 20 Interface Programmes completed
C.4. 30 programmes on Linkage with Government Schemes/Government Schemes for SHGS / CBOs completed

D.1. 6000 PPE Kits to HHs / Individuals received
D.2. 500 PPE Kits MGNREGA workers received
D.3. 12200 families received Wash/hygiene Kits.
D.4.120 Training programmes on Wash / Safe Drinking Water / Hygiene for Adolescent Girls completed

E.1. 11200 families recede Relief Kits

F.1. 2550 migrant / daily wage earners received cash grant
F.2. 450 women received support for Petty Shop
/ tea Stall / Sewing Machine / Electrical kit

F.3. 200 families received support for Goats/livestock.
F.4. 200 men/women received the support of Driving License / Stewardship Training
F.5. 1000 families received support for agriculture
F.6. 40 Self Help Groups/Men's Group for migrant workers received support for livelihood

G. 1000 students received Educational Aid

H.1. IEC Materials and Handbill printed and distributed
H.2. Medical awareness Program in 25 village
H.3. Handbills on Trauma and Stress Management distributed in 25 Villages
Activities

A.1.1. Formation and strengthening of 85 COVID-19 Task Forces with the host community and returned migrants
A.2.1. Organising 65 Training Programmes for COVID Task Force on basic of COVID with the host community and returned migrants

B.1.1 Conducting 92 Awareness Programmes on dos don'ts, social distancing, / Wall painting/display through flex banners on basics of prevention and protection of COVIS 19 among the host community and returned migrants
B.2.1. Developing 12 Demonstration Models among the host community and returned migration operational area
B.3.1. Conducting Awareness through Public Announcements in villages among the returned migrants and host community
B.4.1. Conducting 90 awareness Programmes on GBV among the host community and returned migrants
B.5.1. Conducting 56 training at the district level, partner level, among Faith communities, beneficiaries on the impact of COVIS 19 and measure needed to be taken by the community
B.6.1. Conducting 1 Workshop on Lessons Learnt and Best Practices for India Forum

C.1.1 Conducting 40 Training Programmes on Basic Public Health for Volunteers among the returned migrants and host communities
C.2.1. Conducting 80 Health Checkups in villages among the host communities and returned migrants
C.3.1. Conducting 20 Interface Programmes with returned migrant workers
C.4.1. Conducting 30 programmes on Linkage with Government Schemes /
Schemes for SHGs / CBOs / Training for Community Leaders and Youth from among the host communities and returned migrants

D.1.1. Distribution of PPE Kits to 2000 households among the returned migrants and host communities
D.1.2. Distribution of 4000 masks to individuals among the returned migrants and host communities
D.2.1. Distribution of 500 PPE Kits MGNREGA workers (3 times) for the returned migrants and vulnerable people from the host communitiesD.3.1. Distribution of Wash / Hygiene kit for protection to 12200 returned migrants and vulnerable daily wage-earning families from the host communities
D.4.1 Conducting 120 Training programmes for Migrant and host community volunteers on Wash / Safe Drinking Water / Hygiene for
Adolescent Girls

E.1.1. Distribution of Dry Ration Kit to 12200 returned migrants and vulnerable daily wage-earning families from the host communities

F.1.1. Distribution of Unconditional Cash grant of Rs,2000/- to 2550 returned migrants
F.2.1. Providing support for 450 returned migrant / vulnerable daily wage earner women from the host communities buy electrical kits, sewing machine, establish petty shops, tea stalls Petty Shop for income generation
F.3.1. Providing Livestock support (Goats and other) for 200 families for income generation among the host community.
F.4.1. Support 200 returned migrant/daily wage-earning men/women from the host communities with Driving License training
/ Stewardship Training and Skill upgrading for income generation
F.5.1. Providing support to 1000 families for Agricultural development for income generation among the host community
F.6.1. Support to 40 SHGs / CBOs for returned migrant families for livelihood programme for income generation

G.1.1. Distribution of Education Aids to students from the host communities.

H.1.1 Distribution of IEC Materials and Handbill among the host communities and returned migrants.
H.2.1 Conducting Medical awareness Program in 25 villages among the host communities and returned migrants
H.3.1. Distribution of Handbills on Trauma and Stress Management distributed in the villages among the host communities and returned migrants

Exit strategy

Most of the operational areas which have been identified by the ACT members are either their direct operational areas or partner areas. Hence there is an inherent system of response which has been developed through the programmes done by the ACT members either directly or with their partners. These systems have strong participatory approaches by the communities and linkages with the government processes and programmes. Hence the Exit Strategies will be following the same. It is visible in the strategy of the programmes, where some of the key components of the programmes mentioned were strengthening or formation of Community Based Organization / Task Forces, Involving the government Public health System mechanism and linkage with the government on their schemes. These aspects of the programme will that, continuity exists in the villages. We hope that, by spreading the awareness and sensitization on prevention, protection and taking remedial measures by the people in direct /partner communities, will reduce the spread of Coronavirus disease and if anybody has already infected with the deadly disease, will take all possible measures to quarantine themselves and receive treatment for cure. Moreover, it is extremely important that, since all the partner communities are vulnerable and risk to the exposure of Coronavirus infection, immediate steps towards prevention and protection measures are needed. This will help to the family members particularly to the elderly persons and children to take precautionary measures not to get infected by Coronavirus.

Follow-up mechanism will be established with the CBOs for the other aspect of the programme which links with livelihood, where it is believed that the CBOs would be strengthened and they would be in a position to access the government-supported beyond COVID 19 schemes. The volunteer in the programme area would be linked with the government mechanism to help.

Implementation Arrangements

CASA

The existing staff of CASA and its partner organizations will be used for organizing the various activities. CASA's finance policy also governs procurement norms under which three quotations are called for from local suppliers and these quotations are then analyzed by the procurement committee at the project office. After taking into consideration several factors, one or more suppliers are selected to supply the materials based on the demand. CASA has an inherent process of Community organization and believes in the participation of communities in the programme to bring in an effective way forward for them. The process thus incorporated an effective system of transparency and accountability, where downward accountability is stressed significantly. The programme is planned with the community, where the Village Development Committee will be formed wherever it is not in place and strengthened in case it is existing. The programme will be discussed with the community in a general meeting and further to which the Village Development Committee would be strengthened and oriented about the program and the process of beneficiary identification based on the criteria. Further to which the programmatic aspects would be implemented. If there are issues concerning the beneficiary selection, the community members would be encouraged to raise a complaint and the CASA staff along with Village Development Committee would sort out the issues. Further to the finalizing of the beneficiaries, the distribution would be. In the case of cash transfer, all the transfer would be done through the bank. For beneficiaries who do not have a bank account, new accounts will be opened. Along with the implementation process, the local self-governance system and the Block Development authorities will be kept informed on the progress of the programme and their involvement would be done.

LWSIT

LWSIT will directly implement the program in the partner communities where ongoing development projects are running. The people in these project operational communities have been directly/ indirectly affected due to COVID-19 and suffering the worst for more than two months. There are Community Based Organization, Community Based Disaster Management Task (CBDMT) Force and Women Self-Help Groups (SHGs) have been formed earlier in these communities and some of the members of these CBOs and Groups will act at the COVID-19 Task Force as COVID Bahini at the community level. They will be involved in implementing the program. The project staff of LWSIT will facilitate the implementation of the program activities. During the distribution of relief materials to the vulnerable people in communities, Govt. Officials such as Kolkata Municipal Corporation, Block Development Officer, Revenue and Disaster Management Officers, etc. will be invited to take part in the program. Besides, LWSIT will involve the local elected representative such as; head of Panchayat, Panchayat Samity under Panchayat Raj Institutions during the time of relief distribution program. Wherever possible, local church leaders will also be involved in relief distribution program.

UELCI

UELCI will work with one project officer, one finance officer, three field staff and 10 supervisor and 44 volunteers exclusively for this ACT Alliance relief program. Along with the UELCI team, the member church of the Arcot Lutheran Church whose mission area comes under the implementing area the expertise and office bearers of the ALC will be involved in the implementation. Once the team is formed a capacity building training will be conducted to sensitize the goals and objectives of the relief work with all protocols and principles to be followed by the team. The team will visit the identified villages and collect data and information about the affected migrant workers and other unorganized workers who are affected by the COVID 19. Once the beneficiary list is finalised, they will be grouped accordingly to receive the benefits they are entitled for.

The UELCI procurement team will collect the quotations for all the relief materials, and it will be finalized as per the norms of the UELCI procurement policy. The beneficiary list is finalized and given for approval to the Executive Secretary of UELCI. Program needs will be identified by the people in both formal and informal discussions. Planning is done with the community, and the community itself is involved in selecting the beneficiaries. Feasibility studies were also done for the project of medium- and long-term nature. All the stakeholders such as local communities, NGOs & local level village development committee (VDC)/ Village Council Development Committee will be actively involved during the implementation process.

The implementation of the program activities will be facilitated by the project staff of UELCI. Government and local self-government officials will be invited to witness the distribution of relief materials to ensure transparency and accountability of the program and to avoid overlapping in relief distribution and other welfare schemes

CARD

CARD being rooted in Kerala has been working in Kerala & Madhya Pradesh will directly deliver the assistance to the affected people with assistance from the local partners like Church institutions, Grass root level organizations which already exist like Farmer's Club, SHGs, Federations and Village Development Committee (VDC). Experienced staff of CARD will have the implementation, monitoring and evaluation oversight. Village Reconstruction Committee will be constituted for the target group which will be involved in the identification of beneficiary households and distribution of supplies and monitoring of the project. CARD will implement the proposed programme activities directly with the support of its subsidiary wings. At the district, block, and panchayat levels too, CARD is working closely with the Government authorities and local leaders. CARD, a faith rooted church auxiliary will include leaders for the successful implementation of the project

CNI SBSS

This plan will be implemented in coordination with local government agencies considering the seriousness of the epidemic all plans will be shared with local government agencies before the implementation of the same. DBSS Coordinators will ensure the same and this will be supervised by state-level Program officers of CNI SBSS. CNI SBSS will be implementing this program in partnership with Social Development Boards of the Dioceses (DBSS) of the Church of North India, this involves close coordination with faith leaders.

CNI SBSS has Agreement of Cooperation (AoC) with all DBSS where it is working in partnership mentioning all details about program, monitoring, facilitation, financial management etc The CNI SBSS does the facilitation at DBSS level and major programs at the community level. The CNI SBSS personnel accompany management to the DBSS, in enhancing the functional capabilities of the DBSS. The CNI SBSS provides support and capacity building inputs to the DBSS, to equip them to assess their context and plan their intervention for effective implementation. The Finance team assists the DBSS in enhancing the Financial Management Skill, equipping the DBSS with proper accountability process. The Program Support Team undertakes a quarterly review of the program and finance process to ensure that the necessary system has been followed and practiced by the DBSS. The Programme and all other activities are monitored as per the goal and objectives, indicators mentioned in the project proposal, by CNI SBSS program & finance officers.
The DBSS is the social development& justice board of the Diocese. It is an implementing organization which implements programs in its field area with the support of CNI SBSS. The DBSS Coordinator is the recognized representative of the DBSS in all CNI SBSS forum, for all regular working discussions and negotiations. The Coordinator monitors all program and all other activities as per the goal and objectives, indicators mentioned in the project proposal. The DBSS ensures that all proposed programs are effectively implemented to achieve the desired goal &

objectives. DBSS is operational through a project office located at a suitable place near the field area and the project staff (Community Enablers) are posted in the field. DBSS is involved in activities - to address deprivation of Dalits, Adivasis, women and children in the area of education, health, sanitation, drinking water, and income (through alternative livelihood and increased income from agriculture) etc. DBSS will ensure that programmes and activities are decided by the community, DBSS staff and CNI SBSS programme personnel together. All the information, progress reports, issue analysis report, case studies/stories are documented at the DBSS level and the information is shared with the community and the CNI SBSS regularly by Program Coordinator.

Project Consolidated Budget

		Appeal Total	CASA	LWSIT	CARD	CNI SBSS	UELCI
Direct Costs		**781,734**	**206,383**	**188,940**	**141,560**	**90,925**	**153,927**
1	**Project Staff**	**42,024**	**16,809**	**8,405**	**12,007**	**4,803**	**-**
1.1	Appeal Lead	-	-	-	-	-	-
1.2	International Staff	-	-	-	-	-	-
1.3	National Staff	42,024	16,809	8,405	12,007	4,803	-
2	**Project Activities**	**653,669**	**165,427**	**170,696**	**117,826**	**72,314**	**127,405**
2.1	Public Health	21,512	1,067	-	12,140	8,305	-
2.2	Community Engagement	6,964	-	-	-	6,964	-
2.3	Preparedness and Prevention	10,539	5,336	5,203	-	-	-
2.4	WASH	91,919	20,812	37,354	13,341	10,406	10,006
2.5	Livelihood	300,836	96,054	82,713	48,694	5,336	68,038
2.6	Education	12,007	-	-	12,007	-	-
2.7	Shelter and Household items	-	-	-	-	-	-
2.8	Food Security	188,613	40,023	38,288	28,976	41,303	40,023
2.9	MHPSS and Community Psycho-social	6,670	-	-	-	-	6,670
2.10	Gender	5,803	-	5,803	-	-	-
2.11	Engagement with Faith Leaders	-	-	-	-	-	-
2.12	Advocacy	8,805	2,135	1,334	2,668	-	2,668
3	**Project Implementation**	**31,685**	**10,006**	**3,335**	**1,201**	**5,270**	**11,873**
3.1.	Forum Coordination	17,010	7,604	1,334	1,201	3,002	3,869
3.2.	Capacity Development	14,675	2,401	2,001	-	2,268	8,005
4	**Quality and Accountability**	**18,951**	**4,536**	**1,701**	**5,243**	**2,135**	**5,336**
5	**Logistics**	**35,407**	**9,605**	**4,803**	**5,283**	**6,404**	**9,312**
6	**Assets and Equipment**	**-**	**-**	**-**	**-**	**-**	**-**
Indirect Costs		**50,015**	**11,340**	**11,286**	**5,110**	**3,869**	**18,410**
Staff Salaries		27,175	1,467	7,591	3,309	-	14,808
Office Operations		22,840	9,872	3,695	1,801	3,869	3,602
Total Expenditure		**831,749**	**217,723**	**200,226**	**146,669**	**94,793**	**172,337**
ICF (3%)		24,952	6,532	6,007	4,400	2,844	5,170
Total Expenditure + ICF		**856,702**	**224,255**	**206,233**	**151,069**	**97,637**	**177,507**

Project Monitoring, Evaluation and Learning

Each implementing member will have their own system for monitoring, evaluation and learning which you can find on Annex 5. Individual project reports are submitted to CASA for compilation and submission. Learning sessions will be conducted through online meetings amongst implementing members.

Safety and Security plans

Safety and Security is a standard process which all the ACT members implementing the programmes take care while in response. The safe and security of staff are given at most importance. The risk factors on the response are discussed every stage of planning and implementation, where discussion on the issues concerning with the programme and the risk

factors for the staff are highlighted. Staff are given due advice and as per the gravity of the situation the organization, the management staff take decisions and actions. In the case of COVID 19, all the implementing members are aware of the Safety Protocols of the respective state and adhere to the same. While at the orientation to staff on the programme, the staff will be oriented on the protocol of the safety measures that need to be taken for the programme in the context of COVID 19, which will include social distancing and regular hand-wash while in the field as well as the office and ensuring the same processes are in places while the community level processes take place.

All the ACT members implementing the Appeal developed a contingency plan. They have gone through the Contingency Plan for Business Continuity and have adopted them for their respective offices. The members sue Staff safety and security principles. Information sharing and networking. Use of local, state and national security officials: Under the circumstances, where LWSIT staff or visitors are under difficult situation where the probability of their rescue at stake, it is essential that LWSIT will take the support from the local authority, district administration, police officials and other national security guards.

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 implementing members' staff involved in the project has been sensitized to follow the Code of Conduct of the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in disaster relief as well as the ACT Alliance guidelines on prevention of sexual abuse while implementing the project. All the members have developed their own Cod of Conduct and the staffs sign the same. CARD is updating the Code of Conduct. The members will ensure that the staff in this COVID 19 response would be oriented on the Code of Conduct and it will be ensured that the new staffs who are recruited for this programme will work according to the Code of Conduct. The new staff would sign the same.

Apart from this while implementation of the programme, the communities would be oriented on the practice of Code of Conduct and the Complaints Mechanism would be inbuilt in this aspect also.

The quality and quantity of relief supplies will be in the spirit of the Sphere Standard considering local context and culture. Principles of Govt. norms such as Ministry of Home Affairs (MHA), Health and Family Welfare Dept. of Govt. of India, various Advisories issued from time to time, guidelines from Govt. of the respective states where the programmes are implemented in relation to the lockdown and the adherence of the same based on the categorization of the Zone namely Green, Orange and Red would be followed to complied while implementing the COVID-19 Response.

Safeguarding

As faith-based ecumenical organizations, the ACT members take active measures to ensure that its employees and others who work have children's best interests at the heart of their involvement with Child Safeguarding. The ACT members over a period with the involvement of the programmes have developed the Child Safeguarding policy. UELCI is currently working on developing the same.

Child Safeguarding Policy is the statement of intent that demonstrates its commitment to promoting the rights and holistic development. It also clarifies to all in the organization and who meet it what is required of them in relation to the protection of children. The members aim to create 'child safe' environment, both internally and externally.

Participation of women in the project activity constitutes an important component for the members of ACT. Integration of gender framework and analysis into plan, program and activities becomes a part of progressions in the response programmes bringing in equity and equality. These address the concern enabling women in the community by giving them more opportunities to attain both their practical (economic) and strategic needs (socio-political and cultural). The underlying principle of gender integration strives for in the entire program planning cycle is that introducing gender concerns makes planning more people-oriented (involving both women and men). Participation of women in the project activity constitutes an important component of the project. Integration of gender framework and analysis into plan, program and activities.

Considering the situation, the issues concerning sexual abuse are taken up by the Management. The communities are oriented on these aspects and complaints mechanism are incorporated where the Committee set up by the management of the respective ACT members deal with the same to ensure the guilty are punished. The Code of Conduct of the respective organization covers this aspect.

Conflict sensitivity / do no harm

Implementing members have a core strength in peace building with some lead Peace Building Programmes at various levels which deals with enhancing the capacities on peace of the community. Do No Harm is well-practised by the members while implementation of a Response. In the past, the members have been able to develop good practices which reduce the conflicts. It is important here to enable significant approaches to the participation of the communities and make them be part of the process of glance and bringing in more Transparency and Accountability. The members in their respective response programmes have been able to the built-in system to bring in more participation from the community witch significantly deals with reducing conflicts and solving conflicts with the involvement of the community.

Complaints mechanism and feedback

CASA

Each programme will have a feedback mechanism from participant either orally or written which will be recorded. There will be a programme monitoring team comprised of participants. Apart from this there will be a proper complain mechanism as per guideline. CASA believes that is the right of the people and beneficiaries to express their views of the programme and the support they have received. These mechanisms bring in significant values in the process of Transparency and Accountability and CASA believes strong in downward Transparency and Accountability. A Complaints Mechanism will be set up for the programme and at the village level, the Village Committee which will be strengthened or formed will be oriented on the process of complaints mechanism. If there are any issues concerning with the programme, support of staff the community members/beneficiaries will be able to lodge complaints which will be dealt by the Village Committee or CASA Staff (Project Office / Zonal Office / Head Office) as per the need of the Complaints. The process of feedback in the Monitoring visit will also be collected to ensure the objective of the programmes are met with

LWSIT

LWSIT will ensure that there will be Complaints Response Mechanism (CRM) being placed at the

project operational areas as like other development projects and National Office of LWSIT wherein complaints box is fixed. LWSIT put efforts to sensitize the people to lodge complaints, suggestions, or feedback as appropriate. Safe complaints procedure will be ascertained in Kendrapada and Kolkata Project Units where COVID-19 response program will be implemented. Complaints box will be fixed at the distribution sites and inform the beneficiaries about the purpose of setting up the complaint box. Before and during the distribution of materials, community people will be encouraged to use the complaints mechanism if they have any grievance. This will help LWSIT to handle and address the complaints for redressal.

UELCI

UELCI will ensure that there will be Complaints Response Mechanism (CRM) being placed at the project operational areas as like other development projects of the UELCI. Complaint box will be placed in a visible place in the project area in which the stakeholders could make use of it.

A separate email id will be created for lodging any complaints related to this project in the UELCI secretariat. The Coordinator of the Conflict Transformation and Peace Building will handle the complaints received through emails by the guidance if the Executive Secretary of UELCI. Also the local partner ALC will be encouraged to sort out any complaints that are related to this project. Feedback will be received from the stakeholders at the end of every month

CARD

CARD will follow ACT policies to ensure appropriateness, relevance, effectiveness, and efficiency of actions. Complaints and feedback mechanisms are a combination of the following elements: help/complaint/suggestions desk, phone hotline, follow-up phone calls to beneficiaries, personal interviews, pre- and post-assessment survey

CNI SBSS

There is an existing mechanism within the organization's program implementation design wherein the feedback of the target community is taken into consideration right from the planning stage to implementation. There are regular interaction and feedback taken from the beneficiaries to see that the program is moving the right direction and incorporates any course correction that is required. The target groups are encouraged to voice their opinion and provide inputs about any concerns including staff behaviour. They can give it verbally to the local coordinator or state level Program officer during their field visit. The contact details of the coordinator and program officer are available with the community leaders. This matter can be taken up to the senior management team for redressal of the complaint

Communication and visibility

Implementing members will share necessary information related to COVID-19response program with resource agencies as per need. Visibility will be made through banners, posters and family cards with co-branding of ACT Alliance logo to communicate about humanitarian assistance program to be undertaken by all the India Forum members. During and after the program is completed, reporting of COVID-19 response program will be shared with different actors and govt. agencies. Similar information will be shared in the annual report, newsletter and website of India Forum members. Wherever feasible, case stories from the beneficiaries will be developed from within the communities highlighting the outcome of program intervention being made through COVID-19 response program supported by ACT Alliance. The members will also share the articles with ACT Alliance Regional Office/ Communication Unit along with photographs for wider publication.

Annexes

Annex *1 – Summary Table*

	Church's Auxiliary for Social Action	Lutheran World Service India Trust	United Evangelical Lutheran of India
Start Date	1 August 2020	1 August 2020	1 August 2020
End Date	30 April 2021	30 April 2021	30 April 2021
Project Period (in months)	9 Months	9 Months	9 months
Response Locations	KalhandiandBalasore District of Odisha, LohardagaandGumala districts of Jharkhand	Kendrapada and Jajpur districts of Odisha; Kolkata Slum Areas in West Bengal	Chennai, Tiruvannamalai, Villupuram and Kallakuruchi Districts of Tamil Nadu.
Sectors of response	• Public Health • Community Engagement • Preparedness and Prevention • WASH • Livelihood • Food Security	• Preparedness and Prevention • WASH • Livelihood • Food Security • Gender	• Preparedness and Prevention • Livelihood • Food Security • MHPSS and Community Psycho-social • Advocacy
Targeted Recipients (per sector)	CASA will make special efforts to be inclusive in its approach and give emphasis to the returned migrant workers and excluded communities. Apart from this from the host communities priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribals/ Adivasi, widows, physically challenged, transgender, single female-headed families and children	The targeted recipients under this COVID-19 response program are; women, men, children, transgender, elderly persons, people having chronic illness of the returned migrant workers/ daily wage earners, domestic workers, person with disability, other vulnerable and at risk population to coronavirus disease.	At the proposed COVID 19 response programs in Tamil Nadu, UELCI will make special efforts to be inclusive in its approach and give emphasis to the returned migrant workers and excluded communities. Priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribals/ Adivasi, widows, physically challenged, transgender, single female-headed families and children
Requested budget (USD)	224,255	206,233	177,507

	Christian Agency for Rural Development	Church of North India – Synodocal Board for Social service
Start Date	1 August 2020	1 August 2020
End Date	30 April 2021	30 April 2021
Project Period (in months)	9 months	9 Months
Response Locations	Pathanmathitta and Kottayam District Kerala Dewas District in Madhyapradesh	India – Chandrapur, Kolhapur &Sangli (Maharashtra) & South 24 Parganas (West Bengal)
Sectors of response	• Preparedness and Prevention • WASH • Livelihood • Education • Food Security • Advocacy	• Community Engagement • Preparedness and Prevention • WASH • Food Security
Targeted Recipients (per sector)	CARD will make special efforts to be inclusive in its approach and give emphasis to the returned migrant workers and excluded communities. Priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribal/ Adivasi, widows, physically challenged, transgender, single female-headed families, and children	CNI SBSS will make special efforts to be inclusive in its approach and give emphasis to the returned igrant workers and excluded communities. Priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribal/ Adivasi, widows, physically challenged, transgender, single female-headed families, and children
Requested budget (USD)	151,069	97,637

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Religious Violence

Threat 2: Legal Risks

Threat 3: Natural Hazards

Threat 4: Political Risks

Threat 5: Kidnapping

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/)

Impact / ***Probability***	**Negligible**	**Minor**	**Moderate**	**Severe**	**Critical**
Very likely	*Low*	*Medium*	*High*	*Very high* Natural Hazards	*Very high*
Likely	*Low*	*Medium*	*High* Legal Risks	*High*	*Very high*
Moderately likely	*Very low*	*Low* Kidnapping	*Medium* Political Risks / Religious Violence	*High*	*High*
Unlikely	*Very low*	*Low*	*Low*	*Medium*	*Medium*
Very unlikely	*Very low*	*Very low*	*Very low*	*Low*	*Low*

Annex 3 - Context and Need per State

Maharashtra

The state now has 4,16,403 confirmed cases as of 2nd August, *.00 AM of which 2,66,883 have been cured and 15316 have lost their life. Maharashtra accounts for nearly one-fourth of the total cases in India as well as about 40% of all deaths and affecting 25 districts. Mumbai, the worst-affected city in India is also the country's financial capital centre and the state capital of Maharashtra. During its lockdown, the entire systems in the state were shut down practically shutting down all economic activities. Thousands of migrant labourers from Vidarbha region (Chandrapur & Bhandara) of Maharashtra who had gone to west Maharashtra (Kolhapur & Sangli) for sugarcane cutting, brick kiln, grape farming faced lots of difficulties and travelled backed to their villages. Daily wage earners of west Maharashtra also lost their jobs as all factories, farms, construction works etc. were shutdown. Coronavirus has hit the life and economy of urban as well as rural communities. The schedule caste and scheduled tribe communities who are dependent on agriculture and labour are worst affected. Most of them were put in quarantine centres after coming back to their native villages. They have consumed most of the stored grains that they had kept for the next few months. Many migrants who have come from other states to Maharashtra have returned now because of the present situation.

Tamil Nadu

Tamil Nadu is second among the Indian states with most COVID-19 cases. Chennai and Tiruvannamalai districts have the highest number of cases. As of 2nd August 8.00 AM, the total cases reported in Tail Nadu are 2,47,704, where 1,90,966 have been cured. The total death stands at 4034. Chennai and the districts adjacent to Chennai have been witnessing more cases for a long time, however not it has been noticed the spread in other districts have started and in Chennai and surrounding district the spread is been found to be decreasing slightly
Many migrants have returned from Karnataka, Andhra Pradesh and Maharashtra. With the recent trends in Tamil Nadu show an increase in other districts, there is a threat od significant spread in places where the migrants have returned.

Madhya Pradesh

Madhya Pradesh has 31,738 confirmed cases as of 2nd August, 8.00 AM, where 22969 have recovered. The total number of death stands at 876. Most affected during the lockdown are people who were depended on factories and small scale industries when these were shut down. These people are supported by small microfinance and local money lenders on the high interest which is no longer accessible.

In Madhya Pradesh, there are six government medical colleges (Bhopal, Indore, Jabalpur, Gwalior, Rewa and Sagar) with a combined ICU capacity of 394 beds and 319 ventilators and eight private medical colleges with a combined capacity of 418 ICU beds and 132 ventilators had been identified for treating coronavirus patients. But in Dewas district there is no such type of capacity, the people are depending on district government hospital with all most no facilities.

Odisha

The state has a total of 33,292 confirmed cases as of 2nd August, 8.00 AM, of which 21,274 have recovered and the total deaths so far are 187. There are 29 districts out of 30 are affected by COVID-19 Pandemic situation. Most of the COVID-19 positive cases are from Coastal Odisha districts in comparison to West Odisha districts.

There are 33 COVID hospitals in Odisha and all of these hospitals are providing required services including diagnose and treatment to the Coronavirus positive cases. Meanwhile, the government of Odisha has approved the release of funds worth Rs 62 crores, which it had declared earlier as an incentive for those isolated in the state-run buildings, from the Chief Minister's Relief Fund (CMRF). In the initial phase, the fund has been released for three lakh rural returnees and over ten thousand urban recipients.

West Bengal

The COVID-19 Pandemic was first confirmed in the state of West Bengal on 17 March 2020 in Kolkata. The Health and Family Welfare Dept. of Govt. of West Bengal has confirmed a total of 6,876 COVID-19 positive cases as of 5th

June. Total Number of Govt. Hospitals treating COVID-19 is 15, while there are 52 Pvt. Hospitals treating COVID-19 patients in West Bengal. All the 23 districts of West Bengal are affected by COVID-19 Pandemic situation and positive cases are being reported from these districts.

As of 2nd August, 8.00 AM, the total confirmed cases reported are 71,148 of which 50, 517 have recovered. The total death so far is t 1629.

Jharkhand

There are many Tribal Settlements in Jharkhand. For their daily living, most of the labourers migrated in search of a job to Punjab, Haryana, Kerala, Surat, Tamil Nadu, Chennai, and Kolkata. After the national lockdown was announced many migrants were stranded in other states without food and shelter as all the factories and Industries were closed. Whatever resources they had was not sufficient for them to survive. Many returned to their hometown in Jharkhand. As Govt. has provided to stay in the quarantine centres but the facilities were extremely poor. The total confirmed cases as of 2nd August, 8.00 AM are 11573 of which 4513 have been cured and 113 people have died so far.

When the entire family returned, they are not welcome by the community even if they have completed the quarantine period due to fear of the coronavirus. The condition of the Women & children is very miserably for those who are staying in the village due to lack of resources as the head of the family unable to send the money to the village. The livelihood was severely affected by the above-mentioned people. The adolescent tribal girls have not been able to access basic health & hygiene.

The main economy of the area depends upon agriculture, forest produce and mining activities. Agriculture is in a very primitive stage in this area due to lack of irrigation facilities, farmers are depended upon monsoon. Due to nation wise lockdown, the villagers are not able to sale their vegetables in local hat and market. Now it is very difficult to maintain their family and those who have migrated to different places they have not enough money to come back to their respective home. In some cases, the family members of migrant borrowed money and help them to return to their village. In some cases, the migrant labourers are not able to get train or vehicle to return to their respected village, so they all have started walking and reached their villages after covering miles and miles by walk day and night with kids, luggage, female and aged members of the family. A total of 793 cases have been reported as of 5th June. Total Migrant labourers reached by Jharkhand around 3 Lakhs.

Kerala

In Kerala as of 2nd August, 8.00 AM the total confirmed cases are 24,661 of which 13,775 have recovered. The total death stands at 81. Many precautions are taken by the government to control the disease from spreading. Exams have been postponed, including the final school board exams, and all educational institutions will remain closed until the disease is wiped out. The government announced a complete shutdown of the state from 23 March till 31 March. Public transport will not operate during these period, and public gatherings are restricted. As the Govt initiated the homecoming of migrants its sparked the number of COVID infected. More than 10 lakhs Migrant workers were in Kerala During Lockdown, with support of Govt. and instructions 50% of them have returned to their native states. The fierce reality of poverty back in their native places retains around 5 lakhs migrants in the state of Kerala.

Annex 4 – Processes adapted during the response

Since this beginning of the programme, where government permission is needed discussion with the government would also be done. The vulnerable areas have been identified, where the population has been impacted more in views of the lockdown in terms of reverse migration and the implication which happen to the host communities in the village who are also vulnerable. The beneficiary identification process will be participatory on with the formation of community groups, where they would be oriented on the process and criteria for selection which would be followed up by the staff of the implementation agency. As far as the returned migrants are concerned the list would be obtained from the Mandal/Taluk office or the Panchayat as the case may be and based on the list the returned migrants would be included in the shortlisting of the beneficiaries.

Some of the processes which will be done in the implementation are

- Meeting with local administration for emergency response programme and availing permission for response and movement including material movement
- Getting the list of the returned migrant from the local administration
- Identification of beneficiaries directly or with the involvement of local partner agency in the district.
- Co-branding through banner and information on the assistance to the beneficiaries as a part of transparency and accountability.
- Distribution of coupons to individual beneficiaries.
- Identifying the potential suppliers and procurement of food materials
- Finalizing Procurement with a minimum of three quotations and choose the one with a competitive rate and quality.
- Identification of volunteers for the distribution of food items/hygiene kits
- Transportation of the food items to distribution sites. / hygiene kits
- Initiating and strengthening the Complaints mechanism
- Addressing the Complaints received.
- Documentation with photography and maintenance of muster roll for beneficiaries.
- Monitoring and evaluating emergency response.
- Sharing information with ACT Alliance and members through reports.
- Distribution Dry Ration / Wash Kits for the returned Migrant / Host Community
- Distribution of unconditional cash transfer through the bank for returned migrants
- Distribution of Livelihood support materials to returned migrants/host community
- Formation of task Force/community groups for returned migrants/host communities
- Conducting Awareness / Training programme for the Host Communities/Return Migrants
- Discussion with the government for linkages and support on awareness and programmes
- Follow-up discussions with the government Official for records/utilization certificates

The process for the cash transfer will be as follows

- Beneficiary identification and list preparation those are Migrant Workers/ daily wage earners with the involvement of CBO (Community Based Organization) and their recommendation
- Cross-check with govt./ local self-govt. authority on the authentication of the beneficiary
- Finalization of the beneficiary list for cash transfer
- Discussion with the beneficiary on the use of cash grant to be received and purpose of use
- Market survey and analysis for the utilization of cash by beneficiaries
- Discussion with respective banks for cash transfer (mostly through NEFT). Verifying the bank account beforehand

- Preparation of consolidated Bank Cheque for different locations and different banks (as per the beneficiary list)
- A cash transfer to the beneficiary's account
- Information sharing with concerned beneficiaries through respective CBOs whether money has been received or not
- If yes, this is ok, if not immediately inform to the concerned bank to check and verify the reason for not transferring the money on the due date
- Before all these processes being initiated, Information on Complaints (including the process of making complaints) and Complaints Response Mechanism will be shared with the CBOs, community people and beneficiaries of cash transfer.
- During the process of discussion, Community will be encouraged to raise any complaints, feedback or suggestions on cash transfer which will be learning for the organization for future improvement If there are complaints, these are recorded, reviewed and addressed where the complainant will be informed of the result.

Annex 5 – Implementing members' Project monitoring, evaluation, and learning

CASA

Chief Zonal Officer, Additional Emergency Officer HQ, Project Officer, Sr. Coordinator with the consultation of the Director will regularly monitor the implementation process of the relief programmes. The State Coordinator of Jharkhand / Odisha and Programme Associates will be actively involved in the implementation and monitoring the program in regular consultation with the Chief Zonal Officer and Additional emergency Officer (HQ). The

State Coordinator, Odisha and Jharkhand will have a regular visit to the relief distribution site and participate in the relief distribution programme and will also be engaged in orienting the team on beneficiary identification and implementation. The local partner NGO and local government officials will also take part in the distribution programme and the local communities will be involved to ensure quality food materials are distributed to the affected communities. The field-level staff will involve in assessment and for distribution. The procurement committee will procure the food materials following due process. The final report will be prepared and shared as per the requirement of Act Alliance Secretariat.

Permission will be obtained from the Government for the Distribution and the government protocols for the distribution will be done. Efforts will be taken to make the government officials participate in the distribution and develop linkage with the government official. Social distancing will be ensured in the process of distribution. Further the beneficiaries while receiving kit will wash their hands, sign the beneficiary list and then receive the kit. The volunteers and staff will be oriented on the government protocol on safety and precautions

LWSIT

The Project Coordinators, Community Officers, and other staff in the Project Units of Kendrapada and Kolkata will be responsible for carrying out monitoring the activities at a regular basis in the field. They will visit program implementation sites, be part of the process, oversee the distribution of relief materials related to COVID-19 response program, monitor the process and report to the National Office. Besides, monitoring visits will be conducted at regular intervals from the National Office, Kolkata to ascertain the distribution of WASH materials such as; hand washing liquid/ hand sanitizer, soaps, disinfectants, sanitary napkins and face masks to the people, food materials, unconditional cash grants to the migrant workers, daily wage earners, livelihood support to women-headed families, youth, etc. Staff in the project units will ensure social distancing being maintained during the time of distribution of materials. Monitoring will be done to ensure that, there will be no mass gathering at any place, but physical/ social distancing from one person to another will be ensured as per govt. guidelines. Efforts will be made to involve some right holders (beneficiaries) those are receiving the relief materials during the time of the procurement process. LWSIT to carry out monitoring and quality control of all the materials to be assisted the people those are vulnerable and susceptible to Coronavirus disease. Monitoring will be done by staff and community leaders to oversee the handwashing and hygiene practices are maintained by people to prevent, protect, and control the coronavirus disease. By doing so, this will ensure reducing risks and vulnerability to get infected from COVID-19.

LWSIT national office will send all necessary reports (statistical, narrative, and financial) as required by ACT Alliance Regional Office and Secretariat. The Project Coordinators at both the Project Units will collect and collate reports from Community Officers and Volunteers and send the compiled reports along with their observations and comments to the national office on regular basis. A copy of the same will be retained at the project office for sharing with other stakeholders at the local level.

During and after the distribution of materials to the beneficiaries responding to the COVID-19 Pandemic, internal monitoring will be carried out for self-learning by LWSIT with the effective documentation process. In this regard, the person responsible for the tasks will entrust with requisite information and sensitization to collect the field information for analysis. The outcome will be reviewed and understand the impact of the assisted program to the COVID-19 vulnerable populations and lessons learnt will be useful for such programs in future. By doing so, LWSIT will ensure the CHS commitment of learning and continual improvement of LWSIT program.

A team of the communication department of LWSIT will work right from the beginning to capture the human interest stories, good practices and lesson learnt during the project implementation period and will share with ACT Alliance Regional Office/ Secretariat and other stakeholders who would be interested to learn. Besides, LWSIT will capture the snapshots while distributing the relief materials involving govt. officials, panchayat authorities and other stakeholders for transparency and accountability.

UELCI

The program activities will be constantly monitored by the Executive Secretary of UELCI. The project committee that is formed at the beginning of the project will be intimated about the progress of the program for every two weeks by the project officer. The beneficiaries will be involved in the PMER activities. A copy of the planned activities will be shared with the CBOs of the selected villages to closely monitor the program and to report if any deviation takes place. Thereby UELCI encourages participatory monitoring and evaluation.

UELCI has a communication department which is effectively updating on the status of the project and involved in documentation and case study writing in its E newsletter "The Indian Lutheran E-News Letter". The relief works, planning meetings, the training programs all will be captured in the camera and whenever the situation arises video shoots will be taken for documentation. Interesting stories, good practices and lessons learnt will be shared with the ACT India Forum members for further learning and to the ACT alliance for documentation of the work.

CARD

Project monitoring will be conducted by the CARD Program Unit on Faith, Witness and Service. CARD would ensure the active involvement and participation of the beneficiaries in the implementation, monitoring and evaluation of the activities. Situation and project reports will be prepared by CARD program staff, Moreover, the final financial and narrative report, as well as the audit will be prepared based on the guidelines set by ACT Alliance reporting and will conform with ACT guidelines

CNI SBSS

CNI SBSS will be implementing this plan through DBSS of Dioceses of Calcutta, Nagpur& Kolhapur in 2 states.

Primary responsibility will be to coordinate with suggested DBSS for effective implementation of emergency response programme. The Local ACT Coordinator of CNI SBSS will be coordinating this project for all the states in the country and Chief Coordinator and Head of Finance of CNI SBSS will ensure that all protocols of fund disbursal and program, implementation are followed for this project.

CNI SBSS is also implementing relief programs through financial support provided by BftW, Christian Aid and its resources. As this proposal is a separate project to be implemented by above-mentioned DBSS, therefore a fresh MoU will be signed before disbursal of funds to them. As mentioned above all funds will be transferred by CNI SBSS after signing of MoU with respective DBSS.

Program Officers of CNI SBSS in respective states will monitor the implementation by DBSS daily through tele-calling because the physical movement is restricted as per lockdown condition in the country. Funds will be transferred directly to respective DBSS bank accounts as per the plan that is agreed upon in MoU.

All the purchases will be done as per the existing purchase guidelines of CNI SBSS. Proper record with all bills and vouchers will be maintained for all purchases made and payments made. Cash transfer to beneficiaries will be done by bank transfer, according to the assessment made by field staff. All work will be recorded in registers with the name of the beneficiaries, which will be cross-checked and verified by the field in charge.