ACT Alliance

Global Response to the COVID-19 Pandemic – ACT201

Appeal

Appeal Code

Humanitarian Response to COVID-19 affected Communities in Pakistan and Afghanistan

actalliance

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Project Title	Humanitarian Response to COVID-19 affected Communities in Pakistan and Afghanistan
Project ID	ACT 201 AFG PAK
Location	***Pakistan*** - Sindh Province, located in the South-Eastern region, including: • Karachi Division (slums) • Mirpurkhas Division (Umerkot, Mirpurkhas, Sanghar) - Khyber Pakhtunkhwa (KP) Province, located in the Northwestern region, including: • Peshawar • Swat - Punjab Province, located in North-Eastern region, including: • Islamabad Capital Territory (slums) • Rawalpindi ***Afghanistan:*** - Kabul Province, located in Central region - Kunar Province, located in North-Eastern region - Laghman Province, located in Eastern region - Nangarhar Province, located in Eastern region - Bamiyan Province, located in Central region - Balkh Province, located in Northern region
Project Period	Start Date: 1 August 2020 End Date: 30 July 2021 No. of months: 12 months The proposed 12 months' period is an overall implementation period whereas project duration for each ACT member is mentioned as under: • Community World Service Asia – July 1, 2020 to December 31, 2020 • Christian Aid - July 1, 2020 to March 31, 2021 • Norwegian Church Aid – July 1, 2020 to March 31, 2021 • Diakonie Katastrophenhilfe (DKH) – July 1 to June 30, 2021 • Hungarian Interchurch Aid – July 1, 2020 to February 28, 2021
Requesting Forum	☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)
Requesting members	***Pakistan:*** Norwegian Church Aid (NCA) Community World Service Asia (CWSA) Diakonie Katastrophenhilfe (DKH) ***Afghanistan:*** Christian Aid (CAID) Community World Service Asia (CWS A) Hungarian Interchurch Aid (HIA)
Contact	Name: Shama Mall Email: Hi2shama@cyber.net.pk Other means of contact (whatsapp, Skype ID): Skype Id = shama.mall

Local partners	CWSA – Self Implementation NCA - Pak Mission Society (PMS)/Diocese of Peshawar, Society for Human and Natural Resource Development (LASOONA) DKH - Participatory Village Development Program (PVDP) HIA - Self Implementation CAID - Organization for Coordination of Humanitarian Relief (OCHR)
Thematic Area(s)	☒ Public Health ☐ Shelter and household items ☐ Community Engagement ☒ Food Security ☒ Preparedness and Prevention ☐ MHPSS and CBPS ☒ WASH ☐ Gender ☒ Livelihood ☒ Engagement with Faith and Religious leaders and institutions ☐ Education ☐ Advocacy ☒ - **Other**: Quality and Accountability: delivering a series of Regional and Global Webinars introducing these tools to humanitarian organizations and aid practitioners providing relief to vulnerable communities in the COVID-19 crisis.
Project Outcome(s)	A. Reduced morbidity and mortality of COVID-19 patients and vulnerable communities specifically women, children, elderly, PWDs and religious minorities through public health interventions and control of the spread of COVID-19 in Pakistan and Afghanistan B. Improved and sustained access to humanitarian assistance across multiple response sectors including protection services for human assets and rights, social cohesion and livelihoods in Pakistan and Afghanistan
Project Objectives	• To strengthen public health system and community engagement in three provinces in Pakistan and six provinces of Afghanistan to effectively contain, prevent and manage the spread of COVID-19 with particular focus on vulnerable population including but not limited to women, children, elderly, PWDs, chronically ill and religious minorities within a span of one year of project implementation period • To improve access of 13,000 vulnerable households in targeted locations to Cash/vouchers assistance to cover all the essential needs and food aid to be able to meet their nutritional needs for at least two months' period of time • To improve access of at least 10,643 households (74,500 individuals) and communities affected by the crisis to safe, appropriate and adequate WASH services enabling them to practice good hygienic behaviour at individual and collective levels • To provide Psychosocial support to 2,500 individuals (women: 877 men: 877, girls: 380, boys:366) affected and or at risk of COVID-19 to mitigate the adverse effects and strengthen their mental and emotional wellbeing to better cope with the situation.
Target Recipients	**Profile**

	☒ Refugees ☐ IDPs ☒ host population ☐ Returnees ☒ Non-displaced affected population In addition to the main criteria selected above, preference will be given to: ● Women-headed households ● Poor households having additional, non-earning family members and orphans, e.g. adopted orphans ● The elderly without means of support ● Persons with disabilities (PWDs) without means of support ● Isolated, unemployed minority households No. of households (based on average HH size of 7): 31,443 (220,103) **Sex and Age Disaggregated Data:**
Project Budget (USD)	USD 3,720,121
Approved Budget	USD1,000,000

Sex and Age

	0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Total
Male	12,379	11,109	12,803	36,494	15,653	10,323	5,284	3,799	107,844
Female	12,934	11,426	13,726	36,397	16,970	10,811	5,631	4,364	112,256

Reporting Schedule

Type of Report	Due date
Situation report	1 November 2020 quarterly
Final narrative and financial report (60 days after the ending date)	30 September 2021
Audit report (90 days after the ending date)	31 October 2021

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

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

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

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

Please note that as part of the global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal, 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) 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 webpage: https://actalliance.org/covid-19

Alwynn JAVIER
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

Reporting the first confirmed cases of COVID-19 on 24th and 26th February in Afghanistan and Pakistan respectively, though the number of reported deaths is luckily low, the number of cases has been on increase from steady to swift. As of June 2, 2020, there are a total of 15,750 confirmed cases with 265 deaths in Afghanistan[1] whereas on the same date the number of cases in Pakistan are reportedly 76,398 with 1621 deaths[2]. As noted earlier the crisis disproportionately affect the weaker economies with precarious implications for the most vulnerable population such as elderly, children, women, refugees, IDPs, minorities and the persons with disabilities (PWDs).

Predictions are that the South Asia region will experience the worst economic crisis compared to the last many decades. The ongoing lockdown measures have had a significant impact on the lives and livelihoods of the poor in countries like Pakistan and Afghanistan that have some of the highest population densities in the world and significant numbers of poor people with lower or even no access to health, water, sanitation and other essential services. Refugees in Pakistan, predominantly Afghans, live in cramped conditions including informal settlements, or population-dense urban spaces whereas those returning to Afghanistan are often sheltered in overcrowded and underserved camps and informal settlements.

Worth mentioning that alongside other challenges, the governments in both Afghanistan and Pakistan lack capacity and resources to provide enough medical supplies and equipment to the health facilities to ensure proper and timely screening, testing and care. In addition, critical gaps remain in public awareness raising both in Afghanistan and Pakistan. All this push the communities in both countries to adopt negative coping mechanisms to manage their WASH, health, food, cash and other essential needs thus necessitating provision of critical life saving assistance to contribute in containing the spread of disease and saving lives.

Afghanistan is prone to recurrent natural disasters, and due to the dilapidated economic, political and security situation for decades, the country is not able to cope with the consequences of disasters such as the COVID-19. The outbreak comes at a time of political uncertainty. Despite a joint agreement between the US and the Taliban to reduce fighting, this has not yet translated into sustained reduction in violence on the ground. In light of the COVID-19 outbreak, continued violence is now seen as a threat not only to the immediate safety and well-being of citizens of Afghanistan but many of the 2 million Afghan migrant workers living in Iran have lost their jobs and over 200,000 Afghans returned from Iran and more are expected. Labor activities and small enterprises have been closed, exacerbating food insecurity. News sources report that most people throughout the country are ignoring government instructions to avoid crowded gatherings because of lack of information, strong religious beliefs and mentalities shaped by 40 years of hardship as well as their inability to feed their households if they don't go out to earn money. Afghanistan's health system remains fragile throughout the country and public health awareness is generally low; especially, for vulnerable populations. The lack of strict observance of the social distancing coupled with lack of awareness and essential WASH services to contain the spread and top the return of Afghanis living in Pakistan and Iran have the potential to further spread the disease. This certainly will result in overwhelming the already dismal state of health infrastructure across the country and particularly Nangarhar, Laghman and Kabul resulting as the major economic centres and areas of returns.

The needs in Afghanistan are in many ways similar to or dire and challenging than in Pakistan. In response to requests for food support, Afghanistan government along with some NGOs and UN organization is providing food with its limited capacity to some limited population. Some donors and countries will provide health support but that is not enough to fulfil the need of all the health facilities and hospitals in the country except some central hospitals. Currently, provincial hospital of Laghman and MoPH hospital in Nangarhar are in

[1] https://www.worldometers.info/coronavirus/country/afghanistan/

[2] http://covid.gov.pk/

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urgent need of PPEs for its staff to enable them to treat the infected people without any fear of getting infected. Livelihood and food security of the marginalized communities in Laghman and Nangarhar have been declared in crisis situation as per the classification by Food and Agriculture Organization. There are number of returnee households arrived in Laghman and Nangarhar from Iran and Pakistan and have returned with nothing in hand. The food security and wellbeing of these communities relies on their daily earning which has been suspended now. These communities have no precious household assets neither they have any food stock to cope with. In the absence of food stock, cash reserves and any other economic support, they and their households are at even higher risk of starvation. The most recent nutrition surveys across Afghanistan showed that 25 out of 34 provinces are currently above the emergency level threshold of acute malnutrition. Annually, an estimated 2 million children under the age of five and 485,000 pregnant and lactating women (PLW) are affected by acute malnutrition. Provision of support to strengthen local health services closest to communities, develop community psychosocial support and organize WASH NFIs are also needed. Responding organizations will need training for safe delivery of the cash and NFI project components that enables them to adhere to accountability standards. Humanitarian Quality and Accountability standards and best practices are needed by local responders to ensure that they and the communities they serve are able to effectively and reliably coordinate responses while reducing and managing their slate of risks Restrictions on movement, including health checkpoints and quarantine can create opportunities for abuse of power and/or (sexual) exploitation and abuse. In such circumstances, in order to reduce exploitation, it is critical that assistance continues to be distributed impartially, according to need and in line with people's specific vulnerabilities. Specific protections must be consistently provided to female, elderly, child-headed households and women, girls, men and boys living with physical and psychosocial disabilities.

The situation in **Pakistan** is not encouraging either. The government had to ease the lockdown to minimize the economic sufferings. This practically proves to be costly both in terms of the high spread of the disease as the general public is hardly adhering to the safety SOPs. Meanwhile continued economic deterioration is evident from disruption of public transport, tourism, small and medium scale enterprises, education institutions (public and private) and most importantly the daily labours. With the already deteriorated economy and health system, the economic halt will badly impact the most vulnerable. The communities most at risk are those living below poverty line such as daily wagers, migrant laborers, women/ elderly/child headed households, small entrepreneurs, as well as small/micro business households whose food security has been suddenly diminished by closures of markets, homes and businesses. According to Pakistan Institute of Development Economics (PIDE), around 70 million of country's population could fall below the poverty line.

One of the major constraints due to the lockdown situation, maintaining of social distancing and other precautionary measures is that except for Rapid Needs Assessment, no formal needs assessment could be conducted to ascertain the exact needs of the communities both in Pakistan and Afghanistan. As per the rapid assessment conducted by IRC in Pakistan, almost 33% of Government officials flagged the unavailability of PPEs for frontline workers as a key challenge while 35% reported that food supply has been affected by the pandemic. 60% of respondents noted a decrease in people's income in the last 2 weeks. Cash support by government was noted as a major support required for recovery followed by food rations, however, the longer the lockdown the more households will need such assistance and that too on continuous basis which does not seem likely. At the household level, 65% of respondents reported disruption in livelihood due to shop closure, 40%) no wages and 4% job loss. An average of 60% of respondents reported food shortages; however, only 22% stored additional food at home. Due to the mobility restrictions, the intervening organizations relied mostly on information obtained through personal contacts, local organizations or by coordinating with government departments and ministries. The multi-dimensional poverty, estimated at 55% of the rural and 10% of urban populations in Pakistan[3], and, 61% of rural and 18% of urban people in Afghanistan, low levels of education, poor public health care systems, low or subsistence incomes, inadequate WASH services, crowding in small homes, work places and communities, as well as generally poor health and hygiene practices are the major causes of high vulnerability to large outbreaks of diseases and pandemics. Lack of medical

[3] https://www.undp.org/content/dam/pakistan/docs/MPI/MPI%204pager.pdf

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supplies, equipment including personal protective equipment and low capacity of the health ministries in these countries, negatively impacted providing basic services in an effective and timely manner. Government shutdowns of markets and labor jobs will actually exacerbate infection rates while greatly exposing more of the vulnerable populations to starvation. Soap, detergents, sanitizers and clean water are already very limited in many rural and semi-urban communities and not integrated into social practice for most of the multi-dimensional poor. At the level of affected communities, food insecurity within the current local contexts is largely a problem of access and can be best supported via a cash for food modality.

Capacity to respond

The proposed intervention seeks a joint coordinated response to COVID 19 by the following ACT Alliance members with specific and complementary expertise, geographical presence and understanding of the context in Pakistan and Afghanistan. Leveraging their long presence, the members have a history of quality implementation, collaborative partnerships with national and regional organizations, and effective engagement with Government and other critical stakeholders including but not limited to National Humanitarian Network (NHN), Pakistan Humanitarian Forum (PHF), UN Sectoral Clusters, NDMA, PDMAs, ANDMA, ACBAR etc. This collective capacity of the members based on the existing humanitarian work will be utilized to respond and manage this appeal effectively. Agency wise specific capacity is highlighted as follow:

Norwegian Church Aid (NCA), Pakistan

NCA is working in Pakistan since 1982 with prior focus on assistance of Afghan refugees until 2005. In 2007, NCA expanded its thematic and geographic focus through humanitarian WASH assistance of Earthquake effected communities in Pakistan and since then, has been an active member of humanitarian community in Pakistan with expertise in Climate Resilient WASH as well as Cash based interventions.

NCA has an effective partners' base with experience and expertise in humanitarian response in areas of WASH, and cash-based interventions, and is one of the active members of humanitarian and development coordination forums at national and provincial levels, which includes Drought Coordination Group and SDG's working Group of the Pakistan Humanitarian Forum (PHF). NCA has established linkages with key disaster management authorities and successfully implemented multiple humanitarian projects with the financial support of UNOCHA, Norwegian MFA, and ACT Alliance. For COVID-19 response, NCA actively participates in virtual coordination meetings with UN and local humanitarian organizations.

For this appeal, NCA has selected two local partners, which are Pak Mission Society (PMS) and LASOONA. Alongside, coordination with Dioceses of Peshawar has been kept intact during the response planning of ACT Appeal. PMS is a registered faith based national relief and development organisation established in 2005 to support underprivileged communities, regardless of faith, gender, ethnicity, and class. PMS has strong linkages with local, national and international diverse faith actors including different dioceses of the Church of Pakistan. PMS has its head office in Islamabad and presence in Shangla, Peshawar and Kohistan districts of KP; and Rajanpur and Rawalpindi districts of Punjab; and Sanghar and Umerkot districts of Sindh, with operational capacities and substantial experience of responding to all major disasters in Pakistan. It is also registered with Economic Affairs Division (EAD) since 2017 and well connected with relevant Government structures. With modest support from few partners, PMS is responding to COVID-19 crisis through cash assistance, food ration distribution, awareness raising. In close consultation with NCA Pakistan office, PMS will ensure that the most competent project team, specifically Project Manager is taken hired who has strong prior experience in Cash Based Interventions. Alongside, NCA will development PMS' project staff capacity on Cash programming through formal training and regular technical backstopping / monitoring.

LASOONA is a registered non- for-profit organization, certified/accredited by Pakistan Center for Philanthropy (PCP). At the national level, LASOONA has signed MOU with Economic Affairs Division for implementation of donor funded projects. LASOONA is a central executive council member of SUN Civil Society Alliance (SUN-CSA) and executive council member of National Humanitarian Network (NHN) at the

provincial level. Humanitarian Response is one of the core themes and key strength of LASOONA's strategic programmes. Alongside rich history of implementing large scale humanitarian and development project in partnership with other partners, being a strategic partner of NCA, it has implemented number of projects in emergency WASH, food security and shelter in large scale disasters and national catastrophes. At the target district level LASOONA has taken a lead role in responding to the humanitarian needs arising from COVID 19.

Community World Service Asia (CWSA), Pakistan & Afghanistan

CWSA is a humanitarian and development organization, implementing large scale humanitarian and development programs across Asia, notably Pakistan and Afghanistan. It aims to address factors that divide people by promoting inclusiveness, shared values, diversity, and interdependence. CWSA assists marginalized communities irrespective of race, faith, color, age, sex, economic status, or political opinion. Respecting the right to choose how to live, it works with marginalized communities to overcome the impacts of inequalities and lead peaceful, dignified and resilient lives. The main focus areas include: Emergency responses including CASH assistance, Climate Action and Risk Reduction, Education, Health, Livelihoods, Water, Sanitation & Hygiene, and Quality and Accountability. It engages in the self-implementation of projects, cooperation through partners, and the provision of capacity building trainings and resources at the national, regional and global levels. CWSA is a member of the Core Humanitarian Standard (CHS) Alliance, and is Sphere Country Focal Point in Pakistan and the Regional Partner in Asia for the Sphere Project. It is a certified ISO 9001:2015 and Gender Friendly Organization (GFO) in Pakistan. It's membership in professional entities includes many of the most influential in the humanitarian and development sectors; notably, the ACT Alliance, the Asian Disaster Risk Reduction and Response Network (ADRRN), the Active Learning Network for Accountability and Performance (ALNAP), the Global Network of Civil Society Organizations for Disaster Reduction (GNDR), the International Council of Voluntary Agencies (ICVA), the Pakistan Humanitarian Forum (PHF), the START Network and an associate member of CIVICUS, the Communicating with Disaster Affected Communities (CDAC) Network. CWSA is signatory to the Red Cross/Red Crescent Code of Conduct for NGOs in Disaster Relief and also adheres to other policies including a Code of Conduct for Child Protection and the Minimum Economic Recovery Standards (MERS).

CWSA is working in Afghanistan since 1980, implementing several projects based on humanitarian assistance and development and its geographical focus has been most part of the country including Southern, Eastern and Northern regions, as well as in Central highlands. The organization has a historic presence in Kabul, Nangarhar/Jalalabad and Bamiyan, having close coordination with key emergency actors including MoPH, WHO, ANDMA, food and health clusters and ACBAR. In Pakistan as well, CWS Asia has been responding to different types of small- and large-scale disasters across the country, along with its development programs since 1954. The long term presence and well established linkages with the government and non-government organizations has enabled CWSA to carry out long term and short term projects successfully. Community ownership is encouraged through hiring of staff and workers from the local communities as well as effective community engagement through their respective male and female community committees. The organization has 40 years of working history with Afghan Refugees in Mansehra and Haripur camps through health and livelihoods support. CWSA has a history of responding through ACT Appeals at the Regional level as well, including Sri lanka, Burma, Japan and Thailand. In response to the COVID-19, CWSA has managed to immediately start awareness raising of the communities and local networks, as part of its ongoing programs through its main office in Karachi, and other offices in Islamabad, Lahore, and Umerkot. While in Afghanistan, through its offices in Kabul, Jalalabad and Bamiyan.

Hungarian Interchurch Aid (HIA), Afghanistan

As an international humanitarian organization with Headquarters in Budapest, Hungary, HIA's principal mandate is to alleviate human suffering in natural disasters and armed conflicts worldwide, both in terms of emergency response, reconstruction and development. HIA has been present in Afghanistan since 2001. The organisation has implemented humanitarian and development programs, and through its co-ordinated role in its permanent on-site offices, it has been able to provide direct assistance to 744,450 people. The total value

of the programs has exceeded USD 18 million over the past years. HIA currently works together with the World Food Programme to execute diverse humanitarian programmes in the Northern provinces of the country, such as asset creation, food for work programmes, school feeding, vocational skills training, cash and vouchers programmes.

HIA has permanent and well-equipped office in Mazar-I-Sharif (Balkh province) and field offices based on the implementation of different projects. During the past months, HIA has responded to the COVID-19 via ongoing projects' modus operandi, adjusted taking into account the current health, social and security situation.

Christian Aid (CAID), Afghanistan

CAID has been working in Afghanistan since 1989, with considerable experience of on the ground over the last three decades. The Afghanistan main-office is in Herat, with a sub-office in Kabul. With outreach in 12 Provinces and through 13 partners, it is registered with the Ministry of Economy. CAID has technical capacity in humanitarian response (WASH/hygiene promotion/potable water, shelter and protection/EVAW), advocacy, peacebuilding, women's empowerment and gender equity. CAID has implemented UNOCHA projects which supported 50,000 IDPs response in remote western and eastern districts of Afghanistan, winterization and shelter projects, built resilience of 26,300 people, WASH for IDPs in Kabul informal settlements and provided local partner trainings. In the wake of the current global pandemic, CAID is a leading humanitarian agency responding to the COVID-19 pandemic in 15 different countries with national partners.

The CAID National Partner Organization for Coordination of Humanitarian Relief (OCHR) is working on WASH, Food Security and Agriculture (FSA) in eastern and central part of Afghanistan. They have a proven track record of handling risk communication and community engagement, especially in Hard to Reach (HTR) areas. They have been working in Kunar where two factions of AOG fight against each other. They have implemented a small-scale COVID-response work with CAID resources, where they maintained WHO and MOPH instructions. The Partner team has 14 staff members actively offering services. They will upscale their response with additional person-power investment. CAID works with faith leaders and community youth groups to create a dialogue around social realities, problems faced by marginalised communities and injustice. With an understanding that faith leaders can play a vital role in challenging and changing inequitable beliefs, as well as bringing mass support towards humanitarian response work. CAID and partner will engage with them in awareness generation, drawing community support and putting appropriate perspective to community level interventions.

Diakonie Katastrophenhilfe (DKH), Pakistan

DKH has been working in Pakistan since 2005 and implemented more than 80 projects in different parts of country to provide humanitarian assistance to disaster-affected communities during the emergencies i.e. Earthquake 2005, Floods 2010 and 2014, Earthquake 2015 and recurrent drought situation in Sindh, Pakistan. in the in the past. It has recently completed a project with their local partner (Participatory Village Development Programme (PVDP) in Sindh Pakistan with thematic focus of Cash grants and distribution of relief items among drought-affected communities. PVDP has more than 20 years of experience in humanitarian actions in Sindh-Pakistan, and has capacity to respond in proposed thematic areas such as cash assistance.

DKH has in-house sectoral expertise including Cash transfers, Livelihoods, DRR which is a value addition in providing technical support for effective and efficient project delivery. It has initiated couple of projects to respond to the COVID-19 crisis in different parts of the country. The major objectives of DKH's current ongoing programmes is to contain COVID-19 outbreak (prevention and preparedness) and provide life sustaining assistance to the most in needs communities.

RESPONSE STRATEGY

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The designed action will target 31,457 most vulnerable COVID-19 affected and at-risk households in three provinces (KP, Punjab and Sindh along with Capital Territory) of Pakistan and six provinces (Balkh, Bamiyan, Kabul, Kunar, Laghman and Nangarhar) of Afghanistan. The response strategy for the appeal has been formulated in a way to prioritize and address the most urgent socio economic, food security, livelihood, health and WASH needs of the most vulnerable COVID-19 affected or at-risk communities in Pakistan and Afghanistan. The response strategy is in line with strategic priority 1 & 2 of Global humanitarian response plan (GHRP) for COVID-19. The targeted locations are selected after detailed analysis of COVID-19 spread in areas, poverty profile of targeted communities, level of response services available from Government and humanitarian actors, already established links with the service providers and strengths of ACT members and partner organizations based on their geographic presence and thematic expertise. Prior presence of the ACT members and their partners is the key for humanitarian response in current situation developed due to COVID-19 as the modalities for most of the activities has been changed from direct physical interaction to remote assistance and management where prior strong linkages, rapport among the communities and local authorities will play vital role in reaching the most vulnerable and deserving communities. The action will focus on building resilience of the targeted communities to enable them not only to cope with the current situation but to be able to efficiently and effectively manage such shocks in the future by themselves.

While designing the appeal, all the participating members of the appeal have taken good care of the gender aspects as well as vulnerabilities of different age, physical abilities, socio-economic-religious groups and the design ensure that that the needs of all different groups are addressed in the response. Equal outreach to women and men will be ensured by using multiple/workable approaches such as hiring of equal number of male and female staff, ensuring that the already existing village structures have equal participation of women that will help inclusion of unattended and most vulnerable COVID-19 affected and or at risk women headed household, sensitization on women empowerment as per religious lessons and preaching, utilize local religious leaders and women for awareness raising on COVID-19 and expected role of women in assuring households' health and hygiene. Apart from the main selection criteria to be COVID-19 affected or at risk, below given key points will be considered while selecting the project participants for different activities of the project:

- Vulnerable households without income
- Daily wage labours who have lost their livelihood sources and having no any other income source
- Unserved or underserved households from response of government or other agencies
- Social, political, cultural and religious minorities

In addition to the aforementioned criteria, special attention will be given to the destitute households such as women headed households, widows, elderly, PWDs and households with orphans.

Drawing on the multi-dimensional needs in the targeted locations and in line with the humanitarian response strategies, the member organizations plans for multi-pronged approach to address the needs in the selected districts within both countries. The response will be started with the baseline studies to be conducted by all partners in their respective target areas to set targets for each activity proposed under the Action. ACT member's response strategies and commitments/plans towards activities implementation is given below:

Combating the spread of COVID-19 through effective engagement and essential supplies: Through mobilization of religious actors, NCA and CAID will raise awareness among target communities about reduction of COVID-19 stigmatization, prevention and infection control through social distancing and adoption of improved hygiene behaviors. Local community leaders, elders, influential people and local radios will be used to raise awareness on the prevention and control of the COVID-19. This activity shall be compounded by provision of hygiene kits and hygiene promotion and GBV sessions as well as provision of Personal Protective equipment for the communities to ensure they have the required materials which can help in preventing the virus from further spreading. Faith actors, key influencers, health workers, youth/community structures will be engaged in raising awareness to prevent infection, combat violence

against women/girls and address psycho-social effects from restrictions/lockdown; providing correct, simple, consistent messaging in local languages to address myths, rumours and stigma using traditional community structures (posters and local radios).

Strengthening Health system: Health facilities and health workers are of critical importance to the effective management of the COVID-19 cases. This necessitates that the health facilities are equipped, and that critical health staff is protected through protective gears to dispense their responsibilities diligently and safely. Therefore, the partners under the proposed Action plans to deliver essential Personal Protection Equipment to the frontline workers in selected health facilities in the target areas. DKH and HIA will implement this activity in close consultation with relevant health authorities as well as other humanitarian actors delivering similar assistance to avoid duplication of efforts and resources.

Cash Assistance: In order to meet immediate needs of the COVID-19 affected and or at-risk vulnerable population, CWSA, NCA and DKH will implement cash disbursement activities following standard cash grants model. To ensure that these partners strictly adhere to the safety protocols and SOPs, the partners will tailor their SOPs to meet the safety standards of implementing CASH programing adjusted to COVID situation. Similarly, in in line with safety procedures, the partners will disburse the cash through mobile cash transfer, banks or post offices as per availability, and viability of different service providers in different target locations. The partners will ensure that include a clause in the agreement with service providers thereby making it compulsory for them to adhere to safety SOPs while disbursing the cash to the duly verified beneficiaries. CWSA plans to provide Cash Assistance per family to the tune of PKR 12,000 per month for three months (Total PKR 36,000 per family) while NCA and DKH will provide PKR 12,000 per family per month for two months (Total PKR 24,000 per family) in Pakistan. In Afghanistan, CWSA will provide cash assistance of USD 90 per family per month for a period of three months (Total USD 270 per family).

Food Assistance and PSS: Alongside Cash modality, the proposed Action also prioritizes provision of Food Assistance and PSS to selected number of people particularly those with certain disabilities and malnourished status. CAID and HIA will be providing food packages comprised of standard food packages for the affected communities to decrease the sufferings and trauma caused by the shortage of food due to the COVID-19 outbreak, while CAID to additionally address the nutrition issues of the malnourished children, pregnant and lactating women through distribution of special food packs for PLWs. Moreover, psychosocial support will be provided to the households of the COVID-19 patients to ensure that they are mentally safe against the trauma.

Critical WASH Services: Availability and access to WASH services is of critical importance in combating the spared of COVID-19. In the absence of clean water in sufficient quality and quantity along basic sanitation services, mere the social distancing wouldn't serve the purpose as continuous hand washing with soap/hand wash and/or use of sanitizer is considered to be the most effective method to combat the spread. Therefore, CAID and NCA will also target WASH needs of the affected communities to ensure improved access to safe and clean water and enhanced sanitation services in the target areas.

Skills Enhancement: This is for sure that the livelihoods of the affected population particularly the most vulnerable have significantly disrupted. The immediate food and cash assistance would be of some help in the immediate run but this is neither a sustainable solution and nor it can be implemented in the longer run. Therefore, the partners under this Action proposes to integrate skills enhancement component ensuring that the affected population have some skills for effective livestock management and kitchen gardening for those who are already doing this as well as diversification of livelihoods for those who are interested and have the ability but were not engaged in these activities. DKH will implement the skill development component including but not limited to livestock management and kitchen gardening trainings in order to provide diversified means of livelihood to the COVID-19 affected communities.

Quality and Accountability of the humanitarian response: As part of capacity building of the humanitarian workers in the changed working environment due to COVID-19, CWSA will hold global webinars. The webinars will focus quality and accountability of humanitarian responses ensuring that the humanitarian

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actors, not only INGO/NGOs and Civil Society but the host governments have increased sense of accountability and are conscious of delivering the assistance with quality and in a dignified manner. As a bilateral support and contribution, CWSA will utilize some of their own funding to support the Appeal. CWSA will conduct webinars where humanitarian workers from all over the world will be engaged to build their capacities for effective response in the newly developed working environment due to COVID-19. These webinars will be the contribution from CWSA to the ACT appeal and CWSA will not be charging it to the appeal.

Contingency assistance: Owing to the fluidity of the situation and the fact that the situation can further deteriorate any time mainly due to further increased of the disease burden as well as compromised capacity of the hosting governments, NCA will establish a reserve fund of USD 100,000 as part of the proposed Action. This fund will enable NCA and partners to timely respond to any unforeseen situation on the Government and civil society partners.

Impact

Provide life-saving assistance for prevention and response to vulnerable, COVID-19 affected and or at-risk communities across targeted areas in Pakistan and Afghanistan, concurrently building resilience of organizations, institutions, communities and households

Outcomes

A. Reduced morbidity and mortality of COVID-19 patients and vulnerable communities specifically women, children, elderly, PWDs and religious minorities through public health interventions and control of the spread of COVID-19 in Pakistan and Afghanistan

B. Improved and sustained access to humanitarian assistance across multiple response sectors including protection services for human assets and rights, social cohesion and livelihoods in Pakistan and Afghanistan

Outputs

A1. Provision of medical supplies and equipment to health professional to protect them from contracting the disease and subsequently reduce the delay in treatment

- Identification and selection of health facilities in close consultation with relevant health authorities in the targeted locations.
- Finalization of list of essential staff for PPEs
- Procurement and distribution of 2,000 PPEs

A2. Webinars for humanitarian actors on adopted management including but not limited to remote management, risks communication, COVID-19 safety protocols and effective communication

- Consultation with selected stakeholders on the content development for webinars.
- Finalization of contents of the webinars and its approval process
- Participants selection and registration for the webinars
- Holding the webinars as per agreed upon schedules
- Post evaluations

B1. Cash support for economically vulnerable households affected and or at risk by COVID-19 to enable them sustain their urgent needs with dignity

- Finalization of geographic locations within the selected districts as per area selection criteria jointly agreed with key stakeholders including district authorities.
- Contact with male and female community committees while strictly adhering to the safety SOPs to discuss the project and particularly the selection criteria for project participants for the cash assistance.
- Identification and selection of project participants as per selection criteria
- Database development of the project participants

- Finalization of agreement with the service provider for disbursement of the cash
- Distribution of Cash grants to 10,000 households by CWSA. NCA and DKH in Pakistan and 3,000 households by CWSA in Afghanistan
- Post distribution monitoring (PDMs) by relevant partner

B2. Provision of food for people with limited mobility or access to food particularly sick person, person with disabilities, and the elderly

- Finalization of selection criteria jointly with Community Committees
- Identification and selection of project participants in close consultation with community committees
- Develop distribution SOPs ensuring strict adherence to safety protocols. This may include but not limited to social distancing, installation of hand washing stations at the distribution points so that every project participant proper wash their hands while receiving the food package, availability of sanitizers and foremost importantly ensuring that all staff and volunteers are provided with protective gears.
- Distribution of food packages to 4,300 households in Afghanistan by CAID and HIA
- Distribution of special food packs to 1,000 households by CAID
- PDM

B3. People affected by crisis have safe access to equitable, sustainable and adequate quantity of water for drinking, cooking, and maintaining personal and domestic hygiene as well as to adequate sanitation facilities

- Consultation with key stakeholders including district authorities to finalize locations
- Installation of 86 hand washing stations in busy places for hand hygiene in close consultation with the authorities where municipalities are functional or with the community committees ensuring that they will take care of the maintenance.
- Distribution of hygiene kits among 10,700 vulnerable households for infection prevention and control (Pakistan: 8,200 Afghanistan: 2,500)
- Provision of 50 spray pumps to Tehsil Municipal Administration for IPC in public spaces in Swat, Pakistan
- Installation of 40 sanitizer dispensers in public offices/spaces in Swat
- Repair and rehabilitation of 30 boreholes in Kabul and Kunar, Afghanistan
- Construct/rehabilitate 8 small scale water supply schemes in Swat, Pakistan
- Water trucking for supply of water for WASH stations
- Construction of 100 sanitation facilities in Afghanistan for the most vulnerable.

B4. People affected by the crisis have access to appropriate materials, facilities and information to practice good hygiene and are aware of key public health risks related to COVID-19

- Adaptation/development of IEC materials in a local language and culturally appropriate manners to raise awareness among communities.
- Dissemination of IEC materials

B5. Capacity Building of the workers in informal sectors for unskilled to skilled jobs

- Selection of students for skill development
- Hiring of technical teachers
- Purchase of took kits
- Trainings of project participants on technical skills
- Distribution of tool kits to the students on successful course completion

B6. Capacity building of the COVID-19 affected communities on livestock management and kitchen gardening and provision of agriculture inputs

- Consult community committees for the selection of project participants

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- Finalization of list of project participants for different skills development trainings
- Development/finalization of Manual as well as SOPs for holding the training sessions
- Hold training sessions as per the agreed schedule and SOPs
- Procurement of seeds
- Distribution of seeds
- Follow up on distributions

B7. Post COVID 19 mobilization, sensitization, and psychosocial sessions are conducted through social media, awareness videos.

- Pre and Post KAP Survey
- Information dissemination through community committees on the availability of PSS services in the target locations.
- Provision of psychosocial support through telephone and online counselling services for COVID-19 affected/vulnerable households, specifically women
- Post COVID-19 awareness raising videos to reduce associated stigmas
- Arrangements of locations for psychosocial support (telephone and online)
- 2,500 referrals for psychosocial support
- Social media campaigns
- Community sessions while strictly adhering to the safety SOPs.

B8. Community leaders are engaging with their respective communities regarding social stigma through ex. Promoting reflection about stigmatization and its consequences based on the lived experiences of the community's members themselves.

- Mobilization meetings with diverse community leaders
- Formation of COVID-19 Social Cohesion fora. These can be virtual as well as physical for a depending on the situation.

Exit strategy

Sustainability of planned interventions will be ensured at all stages of project cycle. Community committees (male and female) will be engaged right from the onset across all stages of implementation. Their capacities will be further strengthened ensuring they understand the complexity of the COVID-19 situation, they have the right information and skills set to effectively communicate in their respective villages addressing the rumors around Likewise, effective engagement of the religious leaders and social activists have proven track record of effectively transmitting the message down to common man and woman in their locality. The partners will make concerted efforts to equip these leaders so that they can help with doing away with the associated rumors that restrict health seeking behaviours as well as help reduce stigmatization of the affected people. The effect of any such behaviour change will supposedly last longer. Likewise, the skills enhancement will have long lasting effect as the people will continue reaping its fruits beyond the project life. Similarly, sensitization of other humanitarian actors on quality and accountability through the regional/global webinars will also impact quality of the delivery of the assistance and hence will have longer term impact on the sector as a whole. Moreover, the Action prioritizes working with local stakeholders including district authorities to strengthen their capacities as well better equip them with skills and PPEs to effectively manage the disease burden – something that has sustainability element built in as this will continue benefiting local population not only during the project life but beyond project life. Regular updates will be shared with the relevant district and provincial management so that they could take over from where the project will be completed. While keeping the sustainability factor of the action in mind, the proposed response is designed inline with the government response strategy so that they can continue supporting the households being assisted in the appeal in their regular programs. Operations and Maintenance trainings will be imparted to community members and duty bearers in schools and health facilities. All the ACT members participating implementing the action will further advocate and lobby for the unmet needs so that the target communities are not left immediately after the response is over and their recovery and rehabilitation needs can also be addressed. The

members already implementing their long-term development interventions shall also include the project participants of this Action in their development projects.

PROJECT MANAGEMENT

Implementation Approach

Drawing on the needs and grounded fully on the local context in the target locations, the response modalities are the most relevant and effective based on the sectoral and geographical experiences of the participating ACT members in Pakistan and Afghanistan. While coordinating effectively with local authorities and other humanitarian actors, the partner organizations plans to adopt both implementation modalities; self-implementation/operational and implementation through local partners. The CWSA and HIA will self implement their interventions whereas NCA will implement through their local partners; PMS and LASOONA, DKH through its local partner Participatory Village Development Program (PVDP) while CAID will implement through its local partner Organization for Coordination of Humanitarian Relief (OCHR). These implementation approaches have been adopted based on the physical presence, availability of experienced local staff, knowledge of the context and local dynamics, strong linkages with the local government and communities, established village structures and involvement in the local coordination mechanisms which are key factors in responding to such situation. This allows the partner to leverage their established contacts and the already built rapport among the communities. In order to avoid or limit physical interaction with the communities to contain the spread of the disease among the project staff and the communities, utilization of key community structures/volunteers will be the best methodology while the key project staff and management of all the partner organizations will closely monitor each and every activity. In case of implementation through implementing partner, the members will sign partnership agreement with their respective IPs outlining key roles and responsibilities of both the partners and particularly agreeing on effective oversight, coordination mechanisms and foremost importantly quality assurance, accountability and compliance requirements. As per feasibility and requirement, ACT members may also depute at least one of their staff to sit on rotational basis or permanently with each IP to ensure closer monitoring, technical backstopping, and adherence to standards and organizational SOPs and planned by NCA and DKH. The field teams and community volunteers will receive proper orientation on personal protection during entire process, while protective gears including sanitizers, masks and gloves will also be provided to those directly interacting with the communities.

All the ACT members applying under this appeal have been part of the country and regional coordination mechanisms such as the relevant active UN sectors or working groups in both the countries. ACBAR, Humanitarian Regional Team (HRT) and other National or international humanitarian actors in Afghanistan while Pakistan Humanitarian Forum (PHF), National Humanitarian Forum (NHN) and National Provincial WASH sector in Pakistan. These coordination mechanisms are always helpful to ensure coordinated response resulted in avoiding duplication of resources and thus allowing the humanitarian actors to reach out to a lager portion of vulnerable communities. Alongside these fora, the members will work very closely with relevant district authorises to ensure their buy in for the implementation across all stages. As part of the project participant's selection criteria for some of the activities under this response to reach out to the minority communities in Pakistan, the religious leaders from local Churches, Temples, mosques/masjids and Gurdwaras will be involved as such faith leaders have greater respect among the communities in both the countries and their instructions are being followed thoroughly. These faith leaders will be involved in identification and selection of the project participants as per devised selection criteria for each activity. Also, following by capacity building, these faith leaders will play a key role in sensitization and awareness raising of communities on COVID-19 and its prevention, as well as preventing the stigmatization of the infected households / individuals.

The information sharing with the target communities to be mostly done through the volunteers of the village structures, key informants and elders (Shuras in case of Afghanistan) of the communities while the project teams will approach the communities for such sharing through mobiles phones or printed materials. Feedback

mechanism will be in placed by all the members in their respective target areas to receive feedback and complaints for further improvement of the response. The complaints will be dealt with utmost confidentiality and complainants will be contacted to inform them on the status of their complaints.

Cash disbursements to be done in the most appropriate, secure and transparent way through mobile cash transfer, banks and post offices, however, direct cash payments to the selected project participants especially in Afghanistan may also be a modality largely due to unavailability of such services. The selection of the service providers; mobile company, bank or post offices will be made based on reliability, accessibility and cost effectiveness of the services rendered by these providers in the target locations. Direct distributions will be done by distribution of tokens to the selected project participants which will be collected back at the time of distribution of items along with the required identity verifications. All distributions will be done while strictly adhering to the safety SOPs to be tailored/developed to the COVID-19 situation.

The gender mainstreaming will be governed by the SPHERE Standards, Protection Principles, Core Humanitarian Standards (CHS), 'Do No Harm (DNH) approach' and the ACT Policy on Humanitarian Protection. In order to mainstream gender, equal participation of different groups, male and female will be ensured in staffing and village structures, while prioritization of women headed households in the overall response has been put on top of the project participant's selection criteria. Moreover, gender and age desegregated data will be collected to gauge the involvement and participation of women in the overall response.

Implementation Arrangements

ACT Appeal is designed to complement the COVID-19 emergency response strategy of both the Governments to create a larger impact. The appeal strategy is in line with the global and national response strategies. CWSA and HIA will be self-implementing their proposed interventions while NCA, DKH and CAID will be implementing their proposed interventions through their local partners. The organizations proposing implementation through partners will consider partnership principles of transparency, communication, competence, respect, trust, commitment and advocacy in the due diligence process for finalization of implementing partners. They will sign proper partnership and cooperation agreements with the Implementing Partners binding them to adhere to humanitarian standards and applicable laws throughout the project life. Most of the proposed activities will be conducted remotely with the help of the already existing community structures and volunteers. However, those activities that need to be implemented in person in field and physical interaction with the stakeholders is unavoidable, it will be made sure that field staff strictly follow the SOPs of social distancing and personal protection measures developed for the COVID-19 response.

The joint appeal has been developed in close coordination among all the applying members, and the same close coordination will be continued in the implementation as well. All applying organizations are proposing activities in different geographical areas and there is no overlap. But as organizations are proposing same set of activities, they will remain in close coordination and keep sharing best practices among each other to learn from each other and avoid repeating the same mistakes. They will complement each other with their specific strong skills. Monthly coordination meetings among the member organizations will be conducted to share progress of the activities and challenges faced. This will help to get support from each other and timely addressing the issues if any in the implementation of the project. CWSA is volunteering for all the coordination and reporting to the ACT Secretariat on behalf of all the participating agencies. The members to share their progress as per the agreed timelines, CWSA will consolidate and further share the progress with ACT Alliance.

The requesting members have history of presence in their proposed targeted areas and have strong links with multi-sectoral stakeholders including Ministry of Health, Disaster Management authorities, Government's Ehsaas (cash disbursement) programme, Humanitarian forums at national and provincial levels and district level coordination mechanisms led by District administration in Pakistan while partners working in Afghanistan are in close coordination with ACBAR, ANDMA, relevant UN clusters and National and International humanitarian agencies working in the area. Regular project updates will be shared with all the relevant stakeholders.

CWSA has signed MoU with Provincial Disaster Management Authority of Sindh for joint collaborative efforts in Disaster Management. CWSA is also active member of food security working group created by Pakistan Humanitarian Forum for the COVID-19 response as well as is part of the DRR, food security and livelihood group in Sindh. CWSA is also active member of coordination mechanisms in Afghanistan.

NCA Programme team is already participating in bi-weekly virtual meetings called by agencies (UNICEF, WHO) and Federal Ministry of Health. Under the direct supervision of Country Director NCA, daily track of COVID-19 cases is ensured by Sr. Security Officer in close coordination with Admin and HR Manager of NCA Pakistan office. As per NCA's coordination with UNOCHA Pakistan office, the emergency cluster's system will not be activated at provincial level unless requested by the Government. However, NCA and selected partners are active members of sectoral coordination groups at national, provincial and districts levels.

CAID and its partner follow the NGO law and do coordination with the Ministry of Economy (MOE) at the national level and with other line departments at the provincial level. They also conduct joint monitoring with government departments to ensure efficient program delivery and avoid duplication. CAID recently got a Rapid Response Facility grant for COVID-19 response from DFID and similarly has another small scale COVID-19 response from unrestricted resources in Kunar province which can also greatly complement via lessons learned and best approaches while responding to COVID-19.

It is critical to involve religious and faith leaders in educating and awareness of the communities as communities tend to respect them more and pay attention to their instructions. Faith leaders will be properly oriented on the project and on the importance of their role in combating the spread of the disease. They will be involved in awareness raising and information sharing so the followers can adhere to the guidelines set by Government and humanitarian agencies. Once involved, faith leaders can play a transformational role and shall lead to the change process. They shall also be involved in target participant's identification and selection as per the set criteria of each activity of the Appeal.

Project Consolidated Budget

		Appeal Total	CWSA	HIA-AFG	DKH	CAID-OCHR	NCA
Direct Costs		**3,346,363**	**1,490,961**	**235,690**	**534,156**	**479,581**	**605,974**
1	**Project Staff**	**317,619**	**118,311**	**7,830**	**46,500**	**56,700**	**88,278**
1.1	Appeal Lead	-	-	-	-	-	-
1.2	International Staff	-	-	-	-	-	-
1.3	National Staff	317,619	118,311	7,830	46,500	56,700	88,278
2	**Project Activities**	**2,812,743**	**1,309,759**	**181,225**	**455,063**	**390,000**	**476,695**
2.1	Public Health	82,342	-	47,332	1,875	-	33,135
2.2	Community Engagement	3,000	-	-	3,000	-	-
2.3	Preparedness and Prevention	121,250	-	-	21,250	-	100,000
2.4	WASH	315,150	-	-	7,281	186,000	121,869
2.5	Livelihood	1,953,107	1,309,759	-	421,656	-	221,691
2.6	Education	-	-	-	-	-	-
2.7	Shelter and Household items	-	-	-	-	-	-
2.8	Food Security	337,893	-	133,893	-	204,000	-
2.9	MHPSS and Community Psycho-social	-	-	-	-	-	-
2.10	Gender	-	-	-	-	-	-
2.11	Engagement with Faith Leaders	-	-	-	-	-	-
2.12	Advocacy	-	-	-	-	-	-
3	**Project Implementation**	**13,347**	**-**	**2,946**	**2,000**	**6,380**	**2,021**
3.1.	Forum Coordination	8,606	-	2,555	1,500	4,000	551
3.2.	Capacity Development	4,741	-	392	500	2,380	1,470
4	**Quality and Accountability**	**31,344**	**3,113**	**15,309**	**4,063**	**3,501**	**5,359**
5	**Logistics**	**156,161**	**54,266**	**26,831**	**24,750**	**20,000**	**30,314**
6	**Assets and Equipment**	**15,148**	**5,511**	**1,549**	**1,781**	**3,000**	**3,307**
Indirect Costs		**265,405**	**107,258**	**23,533**	**20,588**	**54,400**	**59,627**
Staff Salaries		108,999	25,722	19,670	10,650	28,000	24,957
Office Operations		156,406	81,536	3,863	9,938	26,400	34,670
Total Expenditure		**3,611,768**	**1,598,218**	**259,223**	**554,744**	**533,981**	**665,602**
ICF (3%)		108,353	47,947	7,777	16,642	16,019	19,968
Total Expenditure + ICF		**3,720,121**	**1,646,165**	**267,000**	**571,386**	**550,000**	**685,570**

Project Monitoring, Evaluation and Learning

All the partner organizations strongly believe that effective monitoring, evaluation, is an integral part of project implementation and critically important to achieve intended results and ensure quality and transparency throughout project cycle management. During project implementation, Monitoring and Evaluation aspects will be covered in compliance to guidelines of M&E framework of the respective organizations. In the wake of COVID-19 situation, all the applying organizations are committed to adapt and maintain efficient, robust, and functional M&E activities under the project. Generally, all the partners will; 1) Prioritize Do No Harm approach ensuring not to put program participants, staff and partners at increased risk; 2) consider options for remote monitoring; and 3) work with key stakeholders to share information where possible to avoid duplication. Worth mentioning that the organizations will carefully consider the risks of conducting M&E activities during the COVID 19 pandemic against the risks of lockdown/curfew that may hamper the M&E related activities among others. Person-to-person contact during M&E should only continue if no alternative exists, and if ceasing these activities would also cause harm to program participants and staff. Thus, the options for adaptation will be: 1) focusing on critical indicators (i.e. Donors' indicators) and temporarily pause less critical M&E exercises; 2) switch to remote monitoring and remote data collection for verification , Post KAP and post-distribution monitoring; 3) use of alternative approaches such as photos, video, or audio recording regarding quality assurance and field monitoring; and 4) consider indirect communication options with partners for communities without direct access to digital services.

As a general thumb of rules for M&E, all of the CWSA 's projects are guided by global approach of theory of change and or Logical Framework Analysis (LFA). CWSA being self-implementing the project, will develop a periodic monitoring calendar and M&E framework including tools, means and resources for measuring results on outcome and impact levels. The M&E framework will allow to gauge the degree of results caused by the progress of project within the given context. This will be assessed against the mutually agreed milestones in the work plan. Alongside regular monitoring of the interventions for course correction purposes, the framework will also enable monitoring staff to identify lessons learned, challenges, and put forward recommendations for future design as well as allow for sharing best practices. As part of the project implementation arrangements, CWSA will collate progress reports from partner organizations and compile them in one consolidated donor report as per prescribe donor templates and agreed upon schedule.

HIA has a solid and well-structured M&E system with very clear indicators, outputs that captures both emergency, early recovery and development activities and uses a standard internal monitoring system including both professional and financial aspects approved in 2012. The project will be directly implemented and monitored by HIA-Hungary, in coordination with the local government and community leadership. The data against the key indicators for this project will be collected on routine basis by field staff and reported based on the reporting guideline and time frame to the M&E officer. Where needed third party monitoring bodies will be engaged to monitor/evaluation the project ensuring quality assurance and upwards/downwards accountability.

The NCA will work closely with its respective IP and will closely monitor activities to ensure that the project interventions are on the right path and progressing towards its stated objective. Real time spot checks will be conducted to make sure beneficiaries receive their full entitlements. Following COVID-19 related safety SOPs as outlined earlier, post distribution monitoring will be conducted on structured tools to ensure distributed items are utilized for the intended purpose and to record good practices and success stories. Monthly progress and financial reports will be developed, and comprehensive database of project will be properly maintained, and access provided to gender and age disaggregated data, reports, activities, and other material deemed essential for monitoring. These reports and data will also be shared with CWSA for donor's reporting purposes. The NCA will also follow staff secondment model at field office for technical backstopping and quality assurance of project activities as well as reporting. The seconded Project Officer MEAL will report to NCA's Programme Coordinator based in Islamabad office. Progress will be recorded using a Monitoring Plan. The situation allows in collaboration with community and local authorities, project activities will be monitored through regular site visits by NCA's and partners' senior management and project M&E staff.

Christian Aid will adopt participatory MEL involving beneficiaries, partners and other stakeholders in planning, monitoring and harvesting outcomes. In line with COVID-19 safety SOPs, CAID and partner organisation will

engage with village networks and platforms and use simple tools like mobile call, SMS, phone calls, WhatsApp messages, and pictures 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. Digital data gathering tools will be used to collect quantitative and complementary qualitative data. Monthly and Quarterly project meetings and ongoing participation at cluster and Govt. level technical working group meetings will help in reviewing performance, decision making, shared learning, and identification of improvements. Process learning will focus on action learning approaches to project's activities and reflection through monitoring data. CAID and its partner will follow a clear and integrated approach to Community Engagement and Awareness Raising. They will use CAID's digital feedback system, COMPASS, to capture rumours, fears and misinformation from people and communities. This tool will be shared with others consortium members. Analysis of community knowledge will ensure that our responses are based on community voices.

DKH aims to conduct baseline assessment, monitoring officer at project office will be responsible to monitor the baseline process and provide the feedback wherever necessary to improve project delivery. Project Monitoring and evaluation plan will be developed during inception phase of project implementation. PVDP (implementing agency) will ensure to collect maximum information and evidences, to take informed decisions for the improvement of project/activities. Tailored to the COVID-19, various tools such as checklist/questionnaire, Key Informant interviews (KIIs) field visit, spot checking beneficiary's feedback and meeting with committees will be materialized to fill information gaps and improve decisions ahead. If possible, the project staff will conduct regular field visits to monitor the project progress, moreover the monthly progress reports will be prepared and shared with CWSA for compilation and sharing with ACT secretariat. The Community Committees (both male and female) will be involved in the process monitoring to give feedback to implementing agency for improved and effective delivery. Moreover, district officials will be facilitated to visit project activities/ event for provision of inputs for process improvement and motivation of community External final evaluation will be conducted after completion of project to assess achievements of project objective and targets. DAC criteria will be followed for final evaluation

Safety and Security plans

The number of COVID-19 positive cases has been alarmingly increasing in Pakistan and the same is expected for Afghanistan as their patient screening capacity is very low and they are not reporting exact figures. This situation may further lead to stricter lockdown and restricted movement which may hamper the project implementation at any stage. However, utilization of the village structures/volunteers and close coordination with respective local governments will help keep the project progressing. Moreover, the partner organizations have put in-place and continuously improving their staff's skills and knowledge for effective remote management alongside tailoring the SOPs to the COVID-19 situation. This, together with provision of appropriate safety gears for the frontline staff, certainly allows for mitigating the delays in implementation of the project interventions. While the security situation has been improving in Pakistan, still a close over sight is required which all the partner organizations have closely monitoring and have systems in-placed ensuring their staff, assets and operations are safe. The security situation in Afghanistan is of primary concern mainly due to the recent tension developed between the Government and anti-state armed actors and this may further deteriorate the security situation. As noted earlier, all the partner organisations have been working in both Pakistan and Afghanistan and fully aware of the security situation and have their own standard safety and security protocols and are also following ACT safety and security guidelines. The partners from Afghanistan i.e. CWSA, CAID and HIA have established security departments in their offices who are in regular contact with the Law enforcement agencies and the International NGO Safety Organization (INSO) to get the updated information and provide the same to the staff and all the key managers to plan the field operations accordingly. The partners in Pakistan i.e. CWSA, NCA and DKH have security officers placed in their offices who closely monitor the security situation in Pakistan while getting updates from NDMA, Law enforcement agencies and UNDSS to plan field operations accordingly.

The use of specific material for preventing the spread of COVID-19 infection such as masks, hand sanitizers and tissue papers is likely to burden the solid waste generation in the cities and the inadequate disposal of the used items may pose another threat of spread among the sanitary workers and household level informal cleaners. The partner organizations will make safe disposal of the used item part of their regular awareness

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raising sessions ensuring that the communities understand and dispose off the use items safely. Likewise, the partner organizations, where possible, will sensitize the local authorities so that they fulfil their responsible of safe disposal of the used items that otherwise can create further harm.

Similarly, there are risks like payment of tax to AOG for access to project locations, or diversion risks where any sub-grantee appears on a terrorism or sanctions list or gets affiliated to any designated or sanctions organisation.

Partner organisation will coordinate with local Shura leaders to engage with AOG. In some of the HRT areas detailed project documents need to be shared with AOG, in order to avoid tax risks. This is a possibility with project interventions in Kunar. If necessary, our partners will coordinate with village Shura who in turn will engage with AOG authorities. Such proactive initiatives will mitigate tax issues. Partners are well aware of CA policies of non-payment to AOG.

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

ACT Alliance members are signatories of the ACT Code of Conduct (CoC) that is mandatory for adherence and must be practiced with commitment from every staff member. The partner organizations have practiced the CoC to promote greater accountability and outline the key responsibilities of staff. It seeks to protect all staff as well as every community member whom the ACT Alliance seeks to assist. The primary aim is to prevent misconduct, including corruption, fraud, exploitation and abuse, including sexual; and to ensure child safeguarding.

The Code of Conduct for the Red Cross and Red Crescent Movement is also complied by considering the clauses during selection of target population. The organizations are well aware that above all, the humanitarian imperative comes first and the selection should be undertaken regardless of race, creed or nationality of the recipients and without discrimination of any kind. Aid priorities are calculated based on needs alone. It is ensured that besides the codes of conduct and each member organization's own policies, the staff is aware of and adheres to the ACT Alliance policies on the prevention of misconduct including corruption, fraud, exploitation and abuse, including sexual; and child safeguarding, ACT Alliance Guidelines for Complaints Handling and Investigations.

The partner organizations fully respect local culture and customs and community participation and Gender are cross cutting themes into all programming. The implementation teams do not view communities as passive recipients rather they strongly believe in their agencies and take appropriate measures allowing project participants to be the main actors and take part in the decision-making. It will be further ensured that all the staff involved directly or indirectly in the project are fully aware of the Core Humanitarian Standards (CHS) while implementing the project activities. Establishment of a Complaint Response Mechanism (CRM) will be prioritized since project inception, which will enable beneficiaries to file complaints or grievances related to project activities and even staff.

In addition, as part of this Action, CWSA pledges to hold regional and global webinars for broader humanitarian actors on quality assurance and accountability within the humanitarian response. The webinars will allow the participating actors to integrate the learning into t heir routine operations and thus contributing to create in sector wise impact.

Safeguarding

All members of the ACT Alliance believe that all forms of violence, abuse and exploitation are an affront to human dignity and self-esteem. All human beings have a right to be safe at all times, and that children have equal rights to protection from all forms of abuse, neglect, and exploitation, regardless of their gender, nationality, age, religious or political beliefs. All members are committed to comply with the Safeguarding Guidelines of the ACT Alliance, and each organization has sound Safeguarding policies and procedures in place. From the project level up to the staff, partners, direct and indirect stakeholders, all need to adhere to these policies. There is Zero tolerance towards non-compliance within the mandate of each member organization, and mandatory orientation is part of project implementation on child protection and sexual exploitation and abuse. Staff, partners and communities will also be sensitized on utilization of complaint response mechanisms while emphasizing on issues related to safeguarding. Confidentiality principles will be practiced strictly to collect, document and address sensitive complaints related to any incidents of exploitation, abuse and violation of safeguarding principles.

Conflict sensitivity / do no harm

ACT members and partners will adopt conflict sensitive approach in all project interventions to avoid any unintended negative effects of the project that may exacerbate conflicts and cause harm to relations among different communities in target areas. Building upon protection considerations for all vulnerable groups and upholding Do No Harm principles during the design and project planning phases, all partner organizations and their respective IPs will make concerted efforts to maintain a protective environment for women, elderly, disabled and children and employ a sociocultural sensitive approach to prevent and control the potentially negative effects of projects on vulnerable beneficiaries. The organizations will ensure provision of assistance according to the needs, and prioritize the most vulnerable, without discrimination based upon gender, age, race, disability, ethnic background, nationality or political, religious, cultural or organizational affiliation. During the selection of beneficiaries, the principles of impartiality and neutrality will be maintained to reach the most deserving households and they will be treated humanely and in the most dignified manner in all circumstances by saving lives, alleviating suffering and assurance of the individual respect. During the identification and selection of beneficiaries, pressure, nepotism or favoritism will be discouraged by empowering local communities and informed decision making.

The project will integrate 'Do No Harm (DNH) Approach' at all stages of project implementation, monitoring and reporting. At the inception of the project, orientation to the project staff will be conducted on the local dynamics, power structures and gender relations. The project's impact on the communities will be properly assessed to make sure it does not strengthen the dividers, to strengthen local capacities for peace, and reduce the divisions and sources of tensions that can lead to destructive conflict.

All partner organizations, their IPs and vendors will be oriented on safety SOPs for implementing the proposed interventions ensuring that all involved follow the tailored SOPs so as not to cause further spread of the disease. Partner organizations will include adherence to the SOPs as one of the clauses in the contract with Vendors as well so that they are bound to adhere to the SOPs while deliver the cash assistance.

Complaints mechanism and feedback

All partner organizations strictly adhere to the core humanitarian principles of humanity, neutrality, impartiality and independence. All stakeholders will be consulted during all the phases of the project and project teams will also involve local communities in building resilience of the most vulnerable including women, elderly, disabled and minorities. To fulfil CHS commitment # 05, the partners will establish robust complaint mechanism with appropriate cultural and local practices respected. It will be ensured that all right holders and key stakeholders can provide their feedback through easiest possible channels, and all complaints will be handled in a transparent, consistent and foremost importantly will be dealt in with utmost confidentiality The procedure for complaints will be reviewed regularly to ensure and incorporate learning and improvement towards ACT member accountability. Cases will be referred to the relevant service providers for necessary actions to be taken.

Establishment of a Complaint Response Mechanism (CRM) will be prioritized since project inception, considering the contextual realities and constraints such as literacy levels and mobility issues, which will enable beneficiaries to file complaints or grievances related to project activities and even staff. Information dissemination would be given a priority focus and two-way communication system will help identify the gaps and needs to address the complaints, particularly prioritizing the needs for women, children, elderly and PWDs, and minorities to facilitate them in filing complaints. Considering the limitations due to the COVID 19 crisis, it would be ensured that complaints could be lodged through multiple channels (call, SMS, direct meeting, email, complaint form etc.) and at any level; for this purpose, the relevant phone numbers will be displayed, and complaint boxes will be placed at the project sites and accessible points. All the complaints and suggestions received through aforementioned channels will be registered in a complaint log sheet by the appointed complaints focal persons. During monitoring visits as well as periodically, monitoring teams will conduct review of complaints log sheets to ensure if response is timely and accurate redressal of complaints is undertaken by the project designated staff.

Communication and visibility

ACT members will adhere to the ACT Communication and CO-Branding Policy which entails a detailed guidance on co-branding and visibility requirements in response efforts. All banners, standees, distribution kits, physical and digital visibility material will be cobranded with the ACT Alliance logo. Stories, updates and videos produced in relation to this project will ensure the acknowledgment of donor and back-donor support. To document successful completion of the proposed interventions of this project, records of project participants' lists, case studies, possible photographs, video or audio testimonials (translated)[4], and monitoring reports will be annexed, along with consent forms, as evidence to the reporting mechanisms. Due acknowledgement of ACT Alliance's contribution will be mentioned in addition to ACT Alliance's logo on project documentation for public dissemination, especially to be shared with all interested stakeholders. Stories, photographs and participant testimonials will be shared with the ACT Alliance Communications Teams for website and social media use. The same will be used on the digital platforms of the participating organisations with due acknowledgement and co-branding with the ACT Alliance and in consideration of the ACT Alliance SOCIAL Media Policy/Guidelines.

[4] Subject to availability and possibility of a communications field visit or field teams photography

Annexes

Annex *1 – Summary Table*

	Community World Service Asia	Norwegian Church Aid, Pakistan	Christian Aid
Start Date	1 August 2020	1 August 2020	1 August 2020.
End Date	31 January 2020	30 April 2021	30 April 2021
Project Period (in months)	6 months	9 Months	9 months
Response Locations	Sindh and KP provinces in Pakistan Bamiyan, Laghman and Nangarhar provinces in Afghanistan	Punjab and KP provinces with Islamabad Capital Territory (Slums) in Pakistan	Kabul and Kunar Provinces in Afghanistan
Sectors of response	• Preparedness and Prevention • Livelihood • Food Security	• Public Health • Preparedness and Prevention • WASH • Livelihood • Engagement with Faith and Religious leaders and institutions	• Preparedness and Prevention • WASH • Food Security • Engagement with Faith and Religious leaders and institutions
Targeted Recipients (per sector)	Preparedness and prevention = 35,000 Food security and Livelihood = 35,000 Total = 35,000	Public Health/WASH = 50,000 Preparedness and prevention: 78,102 Livelihood: 28,102 , Engagement with faith and religious leader and institutions: 28,102 Total beneficiaries: 78,102	Preparedness & Prevention = 24,500 WASH = 24,500 Food Security = 24,500 Engagement with Faith and Religious leaders and institutions = 24,500 Total = 24,500
Requested budget (USD)	US$ 1,646,165	US$ 685,570	US$ 550,000

	Diakonie Katastrophenhilfe (DKH)	Hungarian Interchurch Aid (HIA)
Start Date	1 August 2020	1 August 2020
End Date	31 July 2021	31 March 2021
Project Period (in months)	12 Months	8 months
Response Locations	District Sanghar, Province Sindh-Pakistan	Balkh Province, Afghanistan
Sectors of response	• Public Health • Preparedness and Prevention • WASH • Livelihood • Food Security	• Public Health • Preparedness and Prevention • Food Security
Targeted Recipients (per sector)	Public Health = 1,400 Preparedness and Prevention = 70,000 WASH = 33,600 Livelihood = 35,000 Food Security = 28,000 Total = 70,000	Public Health = 12,600 Preparedness and Prevention = 12,600 Food Security = 12,600 Total = 12,600
Requested budget (USD)	US$ 571,386	US$ 267,000

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Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Increased number of COVID-19 cases may lead to stricter lockdown

Threat 2: Security situation may hamper the project implementation

Threat 3: Restriction on NGOs worker's movement/ strict regulations

Threat 4: Staff or the target communities might contract the COVID-19

Threat 5: Click here to enter text.

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	Very high
Likely	Low	Medium	High	High *Increased number of COVID-19 cases may lead to stricter lockdown*	Very high *Restriction on NGOs worker's movement/ strict regulations.*
Moderately likely	Very low	Low	Medium	High	High *Security situation may hamper the project implementation.* *Staff or the target communities might contract the COVID-19*
Unlikely	Very low	Low	Low	Medium	Medium
Very unlikely	Very low	Very low	Very low	Low	Low

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