ACT Alliance

Global Response to the COVID-19 Pandemic – ACT201

Appeal

ACT201-VEN

Improve protection and assist populations that are most vulnerable to the pandemic, thereby especially addressing needs of IDP's, migrants and host communities

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Project Summary Sheet

Project Title	Improve protection and assist populations that are most vulnerable to the pandemic, thereby especially addressing needs of IDP's, migrants and host communities.
Project ID	ACT 201 VEN
Location	South-America, Venezuela Gran Caracas, Apure State, Nueva Esparta State, Carabobo State, Miranda State, Los Teques
Project Period	Start Date 01.08.2020 End Date 30.04.2021 No. of months 9
Requesting Forum	Venezuela ☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)
Requesting members	HEKS-EPER The Lutheran World Federation Evangelisches Werk für Diakonie und Entwicklung / Diakonie Katastrophenhilfe
Contact	Name: Fernando Marin Email: fernando.marin@heks-eper.org Other means of contact (whatsapp, Skype ID): Skype: ferafrica Whatsapp: +58 424 2251295
Local partners	Ojo Ciudadano, Hermanas Claretianas, Grupo social CESAP, Fundación Bengoa, Caritas Venezuela, Iglesia Evangélica Luterana de Venezuela (IELV)

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: _____		

<table>
<tr><td>Project Outcome(s)</td><td>1. Improvement of access to sustained humanitarian assistance across a multiple sector response for especially vulnerable communities to the pandemic. (shared) – Related to expected outcome 2 of ACT Global Humanitarian Response Plan.
2. Reduce mortality of COVID-19 patients, thereby increasing preparedness and response capacity of the health system. (shared) – related to outcome 1 of ACT Global Humanitarian Response Plan.</td></tr>
<tr><td>Project Objectives</td><td>Improve protection and assist populations that are most vulnerable to the pandemic, thereby especially addressing needs of IDP's, migrants and host communities.</td></tr>
<tr><td>Target Recipients</td><td>
<table>
<tr><th colspan="8">Profile</th></tr>
<tr><td>☐</td><td>Refugees</td><td>☒</td><td>IDPs</td><td>☒</td><td>host population</td><td>☒</td><td>Returnees</td></tr>
<tr><td>☒</td><td colspan="7">Non-displaced affected population</td></tr>
</table>
No. of households (based on average HH size): 27.261 HH (5 average size)

Sex and Age Disaggregated Data:
<table>
<tr><th colspan="9">Sex and Age</th></tr>
<tr><td></td><td>0-5</td><td>6-12</td><td>13-17</td><td>18-49</td><td>50-59</td><td>60-69</td><td>70-79</td><td>80+</td></tr>
<tr><td>Male</td><td>4176</td><td>3106</td><td>3088</td><td>4725</td><td>8150</td><td>11865</td><td>11816</td><td>7840</td></tr>
<tr><td>Female</td><td>8091</td><td>7015</td><td>5687</td><td>9925</td><td>12001</td><td>14379</td><td>15717</td><td>7828</td></tr>
</table>
</td></tr>
<tr><td>Project Budget (USD)</td><td>US$ 600.000</td></tr>
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Reporting Schedule

Type of Report	Due date
Situation report	*3 and 6 months within implementation*
Final narrative and financial report (60 days after the ending date)	June 2021
Audit report (90 days after the ending date)	August 2021

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

US dollar
Account Number - 240-432629.60A

Euro
Euro Bank Account Number - 240-432629.50Z

IBAN No: CH46 0024 0240 4326 2960A 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:

Latin America and the Caribbean
ACT Regional Representative, Carlos Rauda (Carlos.Rauda@actalliance.org)
Humanitarian Programme Officer, Sonia Judith Hernandez (Sonia.Hernandez@actalliance.org)

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

Alwynn JAVIER
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

The context in Venezuela is characterized by 6 consecutive years of economic decline, hyperinflation, political, social and institutional tensions, as well as the recent global pandemic due to the Covid-19. Income, savings and consumption capacities among the populations have diminished as well. Moreover, the investments of the government, including expenditures in social programs, as well as importing capacities and access to basic services by the populations have been deeply affected (HRP 2020 draft Venezuela, p.14).

This context in Venezuela has impacted the living conditions of the most vulnerable, particularly in terms of access to food, medicines, medical treatments, availability of a solid infrastructure and access to basic services, such as water supply, electricity, fuel and transport. Furthermore, as coping mechanism, this context has resulted in the decision of large populations to move either internally towards Caracas or to the border areas, as well as to other countries. It is estimated that more than 5 Million individuals have left the country in the past 5 years. However, due to the current Covid-19 pandemic, there have been more than 50.000 returns (HRP 2020 draft Venezuela, p.14 https://www.humanitarianresponse.info/en/operations/venezuela).

Nevertheless, all these displacements clearly put more pressure on individuals and families who were already vulnerable and cause protection risks. For this, civilians have used both official pathways, but also so called “trochas”, which can be seen as informal border crossings, which are oftentimes more dangerous for migrants (DRC rapid needs assessment, p.14). Most of the returnees have entered through the border states (with Colombia) of Tachira, Zulia and Apure. These three states are classified in the top 5 states in the country with the highest rates of confirmed COVID-19 cases in relation to the number of inhabitants. This is especially evident in Apure state, as it has more than 8 times the contagious rate in comparison to national rate. In this sense, the rates of confirmed cases of COVID-19 might as well increase exponentially if the lockdown in the country becomes more flexible in the coming months. These civilian movements have evidently impacted the communities of origin, as workforce is leaving those places and simultaneously increases the pressure on host communities, which are often overwhelmed by the large influx of people, as returns are often taking place in undignified circumstances (DRC rapid needs assessment, p.15).

Furthermore, after the WHO declared a public health emergency of international concern, its highest level of alarm, Venezuela declared the National State of Emergency on March 13, 2020. The Venezuelan crisis is likely to worsen over the next several years, with no clear perspective for any of the currently 7 million crisis-affected Venezuelans (hyperinflation) even before the current COVID 19 (OCHA Dez. 2019) pandemic, to cover basic needs and/or access sustainable livelihoods in the country. Covid-19 is, according to relevant sources (Global Humanitarian Response Plan Covid-19 2020), bound to have severe “health, economic and social repercussions”. Due to the ongoing Covid19 crisis (GHRP 2020) the situation in the country has severely impacted all crisis-affected populations. Venezuela faces a complex humanitarian emergency aggravated by the shortages of health personnel, medical supplies and a structural incapacity to cover even the minimal operational requirements of the country's health system. This translates into deficiencies in routine cleaning, basic sanitation and disinfection in all health centers and hospital networks, - a circumstance that in the COVID 19 pandemic context can further degrade the response capacities of a health system which is already over-loaded.

Thus, in the context of COVID-19, the civilian population are extremely vulnerable, as the current pandemic must be understood as a crisis on top of a crisis. A severely affected and deficient health system, combined with limited resources, lack of income generation activities, lack of basic hygiene items in the markets, limited to non-existent savings and a, both internal and international, migration dynamic with increasing protections risks, are the perfect mix for an enormous and catastrophic humanitarian emergency that could cross borders in the region. Therefore, it is imperative to provide accurate and efficient humanitarian assistance in order to mitigate the impact of the current COVID-19 pandemic, as well as to lay down the groundwork for future developmental support in the country.

Capacity to respond

Partners of the project are in a unique position to respond to the needs of the civilians in the country, especially in the context of COVID-19. DKH has been present in the country since 2018, and LWF and HEKS since 2019. Given the special context in Venezuela, where there is very limited humanitarian space and only 24 INGO present, in combination with the large needs of the country, the requesting members and their response capacities are critical to implement relief interventions in the country.

Moreover, all requesting members have presence in Venezuela, with close relationships with other international and national humanitarian actors. These offices are supported by offices in Bogotá, which increases the capacity and expertise of the members in Venezuela. Furthermore, all requesting members take part of various coordination bodies, such as WASH, Health, Foods security and livelihoods, cash, logistics and protection, thereby sharing and accessing high quality information regarding challenges, needs and context within the country. Through these coordination bodies, advocacy efforts can be also undertaken.

Lastly, all 3 requesting partners are currently implementing activities through local partners, such as distribution of food items, hygiene kits, protection and MHPSS, income generation activities/livelihoods, which also respond to the need to create local capacities with Civil Society Organizations and are part of the long-run exit strategies.

RESPONSE STRATEGY

As the selection criteria for the project establishes five pillars, the requesting members consider that the intervention strategy fulfills the requirement in the call for proposals document. In this sense, the proposed intervention is highly relevant and appropriate. Venezuela is one of the most vulnerable countries in the world, having a deficient health system, wide-spread food insecurity, large proportion of its population with either extremely low incomes or completely lacking income opportunities and complex migration dynamic (both internally and externally). All these vulnerabilities within the COVID-19 context exposes the most vulnerable to a catastrophic scenario that might have cross-border impact. The project also addresses and is aligned with the local needs and priorities based on first-hand information and appropriate context assessments. Moreover, the ACT members in Venezuela have good cooperation relationship with each other, as well as with other agencies, coordination bodies, UN system and authorities. This demonstrates the ACT members presence and capacity in the country. Even though, the project focuses on alleviating the immediate needs of the most vulnerable, there are certain components that aim to have a larger impact on the population, such as the activities to be carried out in health centers, creation of protocols and information efforts for local populations at border areas. Overall, all components of the selection criteria have been considered within the design of the intervention.

The project aims to carry out a multi-sectorial response, thereby mitigating the impact of COVID-19 on vulnerable affected communities, as well as alleviating their suffering. Therefore, the project is composed of activities in sectors, such as WASH, Health, Food Security, Protection, and a component of multi-purpose cash assistance. The requesting members have selected local partners based on prior project experiences with them. For Heks-Eper, the chosen partner is Ojo Ciudadano, being closely supported by the order of "Padres Claretianas". Furthermore, DKH will work with CESAP and LWF has selected Fundacion Bengoa, Caritas Venezuela and the Lutheran Evangelical Church of Valencia. These local partners do not only count with experience in the sectors, but also with well-established presence in the areas of intervention. It is to be highlighted that some of these partners are faith-based agencies, which enhances the ecumenical work and solidifies the links between Christian organizations in the country. These local faith actors have been key in the design of the project intervention approach.

Moreover, the selection of locations for the project activities is based on needs assessments and information gathered throughout the year through different interventions from partners, coordination bodies and own findings. The locations for activities to be managed by Heks are Gran Caracas (Miranda and Distrito Capital) and Apure; DKH will be implementing in Los Teques in Miranda State; and LWF in Apure State, Nueva Esparta State and Carabobo State. This will allow ACT to have wide-spread activities in Venezuela. Similarly, the target groups of the project have been identified through own presence in the country, assessments, and monitoring visits of the requesting members. In this sense, the target groups of the project are IDP's, migrants (both exiting and returning to the country) and host communities. These populations have been identified to be highly vulnerable in terms of risks associated to COVID-19, but also inherent needs and vulnerabilities of the humanitarian crisis in Venezuela.

Furthermore, activities such as distributions of hygiene kits, food items and MPCA are considered within the project. As these activities might carry an inherent contamination risk within the context of COVID-19, the implantation approaches have considered prevention measures, such as social distancing, usage of protection equipment for own staff members, as well as regular briefings on best practices for beneficiaries. ACT partners are also committed to follow the recommendations and regulations established by the local and central authorities with regards to biosecurity. This is accomplished through constant communication and information exchanges in coordination bodies at national level, as well as at the local level. The project also foresees that there might be similar contamination risks when carrying out focus group discussions, MHPSS, and information sessions. Thus similar preventative measures will be put in place for these activities.

Impact

The project aims to achieve one main goal. Given the context of the country, it is imperative to improve protection and assist populations that are most vulnerable to the pandemic, thereby especially addressing needs of IDP's, migrants and host communities. The overall objective of the project relates to the Strategic Response Priority 1.C embedded in the ACT Global Humanitarian Response Plan.

Outcomes

The requesting members attempt to achieve two main outcomes. These are, on the one hand, the improvement of access to sustained humanitarian assistance across a multiple sector response for especially vulnerable communities to the pandemic. This includes assistance in different clusters, such as food security, WASH, Health and Protection. On the other hand, the project also aims to reduce mortality of COVID-19 patients, thereby increasing preparedness and response capacity of the health system through the increasing of capacities of health centers´ staff members and the

creation and approval of disinfection protocols by the Ministry of Health. In this sense, the first outcome is linked to the expected outcome 2 included in the ACT Global Humanitarian Response Plan. Similarly, the second outcome relates to the expected outcome 1 of the same document. It is important to bear in mind that this project is planned as one single project, implemented by 3 ACT members through local partners. Thus, the outcomes of the project are shared and partners contribute to them at different level of activities, as can be seen in the targeted recipients information per sector in Annex 1.

Outputs

Impact: Improve protection and assist populations that are most vulnerable to the pandemic, thereby especially addressing needs of IDP's, migrants and host communities.

Outcomes:

1. Improvement of access to sustained humanitarian assistance across a multiple sector response for especially vulnerable communities to the pandemic. (shared).

2. Reduce mortality of COVID-19 patients, thereby increasing preparedness and response capacity of the health system. (shared).

Outputs:

1.1 687 vulnerable individuals have daily access to prepared lunch (mainly homeless people) or receive food packages to prepare meals at home. (Food security – DKH)
1.2 24 children with GAM receive supplementary feeding. (Health-Nutrition – DKH)
1.3 24 children U5 at risk of malnutrition receive supplementary feeding (Health-Nutrition – DKH)
1.4 39 children 5-17 with malnutrition receive supplementary feeding (Health-Nutrition – DKH)
1.5 687 people have access to hygiene kits and masks to reduce the risk of infection COVID 19 (WASH- DKH)
1.6 250 individuals have access to psychological assistance and psychosocial support (Health – DKH)

1.7 Basic In-Kind hygiene support (500) is provided to identified beneficiaries in context of Covid-19. (WASH – LWF)
1.8 Improved knowledge of hygiene best practices and risk avoidance with regards to Covid-19. (WASH – LWF)
1.9 Increased availability of protection services for vulnerable migrant, host communities and returnee households. (MHPPS/Community PSS – LWF)
1.10 Improved access to protection services as support to Covid-19 response in border areas between Colombia and Venezuela (MHPPS/Community PSS – LWF)
1.11 Provision of three- month food parcels and food-in Kind as support for 125 vulnerable HH to cope with COVID-19. (Food Security – LWF)
1.12 150 Highly vulnerable households are supported with a three - month multi-purpose cash assistance via MMT (Prevention and Preparedness – LWF)

2.1 Disinfection and Hygiene protocols in Health Centers are created/revised (WASH -Heks).
2.2 Disinfection workers teams and Staff of Health Centers are trained and counselled on the job to ensure hygiene and infection vector control measures in their workplace. (WASH - Heks)
2.3 A participatory assessment is conducted in each health center and a WASH action plan is developed. (WASH - Heks)
2.4 Access to quality public health care for Covid-19 crisis affected local populations is improved in public health centers in Gran Caracas and Apure State (WASH - Heks).

Exit strategy

Even though most of the activities of the project respond to specific identified humanitarian needs embedded in the current COVID-19 context in Venezuela, the main exit and sustainability strategy of the project is the capacity-building activities that will be provided to all local implementing partners. As there is not a long history of humanitarian assistance in Venezuela, large numbers of local partners and Civil Society Organizations (CSO) need sustained support to interiorize and apply all international standards of humanitarian assistance. This includes both capacity-building activities of front - line staff members as a part of the training for implement the project activities, as well as administrative and managerial. This strategy is in line with the localization efforts of the Grand Bargain agreement, which highlights the need to increase the capacity and funding availability to local partners in order to increase greater predictability and continuity in humanitarian response. This also relates to the localization agenda of the ACT alliance, in which national partners of ACT members are expected to play a major role in the response. However, it is imperative to bear in mind that considering the scale and severity of the crisis, the project focuses on reducing suffering of vulnerable populations, thereby responding to specific needs, which makes a greater exit strategy particularly challenging.

Furthermore, the project also aims to contribute with the improvement of the health system in the country. Thus, the creation of protocols for health centers and its staff in some areas of the country supports the mid-term impact of the project and leaves specific hands-on products as part of the exit strategy. This relates to the fact that since COVID-19 is a new disease in the country, many health centers do not count with specific protocols for disinfection. Therefore, these protocols can be adapted to different areas depending on levels of severity, such as critical areas and primary health care center ("hospitales centinelas").

PROJECT MANAGEMENT

Implementation Approach

The requesting members will mainly implement this project through local partners. In this sense, ACT members will accompany and have the overall overview and management of the implemented activities carried out by the partners. This will be done through the support of the offices in Colombia, in some instances and national and international staff based in Venezuela. Through this, the requesting members will be monitoring, evaluating, and directly supporting the activities of local partners.

Furthermore, most of the activities of the project are in line with on-going or previously carried out projects in the country. Therefore, the modalities chosen for the project are based on the results of those projects and pilots, as well as the identified needs through the presence of the organizations in the intervention areas. Similarly, the selected local partners are those with whom the requesting members have had experience and cooperation in the past and that count with ample presence in the implementing areas and locations. Thus, the project also relies on the capacities of the local partners to identify needs, gather and share the information of the project with beneficiaries and authorities on the field.

The requesting members will additionally coordinate with central authorities and other agencies at country level. Moreover, some of the partners are faith – based, for instance the "Iglesia Claretiena

de Venezuela", "Iglesia Evángelica Luterana de Venezuela", Caritas Venezuela and "Orden de las hermanas Agustinas". This clearly illustrates the complementarity and ecumenical work with faith actors of the response throughout the project.

Moreover, some aspects of the project will include distribution of cash/vouchers as multi-purpose cash assistance for vulnerable households. This will be carried out as well through partners with ample experience in the sector within the country. The aim of this aspect is to cope with the lack of resources and provide the beneficiaries with the freedom of defining their own priorities amid the COVID-19 crisis.

Besides, even though most of the activities of the project could be understood as blanket activities, women and other extremely vulnerable groups will play a special role within the project, as women head of households, women with disabilities, as well as pregnant and lactating women will have preference to receive food and hygiene kits. Similarly, specific, and special times will be arranged to give priority to vulnerable groups, such as pregnant women, children and elderly in order to have preferred access to project activities. In instances, in which such target groups have challenges expressing themselves in larger meetings, spaces will be provided to them, in which they might feel more comfortable. This includes focal group discussions specifically for children and women, for instance. Additionally, the project has an underlying objective, namely, to break with the idea that hygiene and cleanliness is an exclusive women role in the society, but rather an individual and shared responsibility of all household members.

Lastly, as the requesting members are part of the in-country existent coordination bodies of the implementation sectors of the project, the proposed interventions clearly complement and are not only informed, but also in line with the priorities established in those platforms.

Implementation Arrangements

As mentioned above, all requesting members coordinate with relevant UN agencies (UNICEF, UNHCR , OCHA, UNFPA and OPS) as well as with key INGOs who undertake similar activities and/or who are active in the same area. In order to prevent unnecessary attention for the local partners all requesting partners do not appear in any overviews /maps produced by OCHA. Moreover, the requesting members count with presence in the country and are supported by other program offices, such as the ones in Colombia. The requesting partners will coordinate the actions to be carried out with its partner according to its competence and capacities. Additionally, each individual partner is responsible for the coordination with other organizations in the areas of intervention. In this sense, LWF will coordinate at central level within the protection cluster, HEKS within the WASH and health cluster and DKH within the Food security cluster. This will facilitate the presence and visibility of ACT in all concerning clusters of the project.

Through the ACT forum in Venezuela, it was agreed that the requesting member, HEKS, will be coordinating the implementation and reporting efforts of the project. Similarly, the ACT forum will serve as a coordination space among partners to enhance complementarity, coordination and cooperation and avoid duplication of efforts. Additionally, all requesting members and its partners are, at different levels, in constant communication with local and central authorities in order to ensure that implementation permits, as well as travel permissions are arranged and granted. Lastly, requesting members of the project will sign MoU's with chosen local partners, including ACT code

of conduct and Child protection policies in order to grant transparency to the project and its activities.

Project Consolidated Budget

ACT Alliance Global Response to the COVID-19 Pandemic

Requesting Forum/Country	Venezuela
Appeal Number:	To be supplied by ACT Secretariat
Appeal Title:	xxx
Implementing Period:	01.08.2020 - 30.04.2021
EXCHANGE RATE: local currency to 1 USD	
Budget rate *(please input exchange rate h*	1,00000
Please use exchange rate from this site:	*https://www.xe.com/currencyconverter/*

Please note:

This sheet is linked to the Individual Member Sheets including the Exchange Rate. Please make sure that the formul

		Appeal Total	LWF	Heks	DKH
Direct Costs		**526.028**	**168.379**	**166.025**	**191.624**
1	**Project Staff**	**131.550**	**52.200**	**56.700**	**22.650**
1,1	Appeal Lead	-	-	-	-
1,2	International Staff	15.750	15.750	-	-
1,3	National Staff	115.800	36.450	56.700	22.650
2	**Project Activities**	**316.426**	**99.479**	**56.085**	**160.862**
2,1	Public Health	6.240	-	-	6.240
2,2	Community Engagement	-	-	-	-
2,3	Preparedness and Prevention	29.070	29.070	-	-
2,4	WASH	75.755	12.662	56.085	7.008
2,5	Livelihood	-	-	-	-
2,6	Education	-	-	-	-
2,7	Shelter and Household items	-	-	-	-
2,8	Food Security	174.801	27.187	-	147.614
2,9	MHPSS and Community Psycho-socia	30.560	30.560	-	-
2,10	Gender	-	-	-	-
2,11	Engagement with Faith Leaders	-	-	-	-
2,12	Advocacy	-	-	-	-
3	**Project Implementation**	**12.696**	**1.000**	**11.696**	**-**
3.1.	Forum Coordination	11.396	-	11.396	-
3.2	Capacity Development	1.300	1.000	300	-
4	**Quality and Accountability**	**33.368**	**3.000**	**27.368**	**3.000**
5	**Logistics**	**24.068**	**8.700**	**11.376**	**3.992**
6	**Assets and Equipment**	**7.920**	**4.000**	**2.800**	**1.120**
Indirect Costs		**56.496**	**25.796**	**28.150**	**2.550**
Staff Salaries		33.100	13.500	19.600	-
Office Operations		23.396	12.296	8.550	2.550
Total Expenditure		**582.524**	**194.175**	**194.175**	**194.174**
ICF (3%)		17.476	5.825	5.825	5.825
Total Expenditure + ICF		**600.000**	**200.000**	**200.000**	**200.000**

Project Monitoring, Evaluation and Learning

Each partner is responsible for the project supervisions and management of activities. This clearly includes the monitoring activities of the project in order to ensure the proper implementation and achievement of results. In this sense, each individual partner will ensure that staff members are

dedicated to monitor the activities of the local partners. This will be achieved by the arrangements done by requesting members with the UN system and local authorities to grant special movement permits by road to international and national NGOs. Furthermore, this includes specialized personnel in the several sectors of the project, as well as staff members familiar with the individual M&E plans, such as liaison officers or partnership officers.

The M&E plans will follow the logic of the logical framework of the project. Thus, for the measurement of indicators, each requesting member will train and provide technical guidance to its local implementing partners on data collection on the field by the staff working on the activities and data analysis by the coordinators in collaboration with the cluster strategy. This will be supported by periodic visits of senior team members of HEKS, LWF and DKH to the project sites, thereby facilitating the analysis of challenges and ensuring proper communication with the local partners to overcome barriers, challenges and apply corrections in case these are deemed as necessary. In some instances, and when required, permanent presence of staff members in implementing sites will be applied. All these measures will naturally consider COVID-19 preventative measures, such as social distancing and the usage of protective equipment. In case, such activities are not possible in situ, remote M&E efforts will be undertaken. It is important to acknowledge that misuse of gathered data will not be tolerated and therefore, information confidentiality agreements will be signed with partners.

Moreover, each requesting member will receive periodically both financial and programmatic reports from the local implementing partners (either monthly or quarterly), which will feed into the consolidation of reports of this appeal to donors. The reports received by the local partners will naturally reviewed by the senior team members of each individual requesting member, thereby also including suggestions received from beneficiaries. Lastly, it is imperative that, in order to grow as and Alliance in Venezuela and improve our approaches and delivery of assistance, information challenges and lessons learnt are shared among the requesting members. Thus, all members of the project commit to share these inputs with each other during ACT forum or bilateral meetings, when considered appropriate. Lastly, all achievement, challenges and lessons learnt will be naturally shared in formal coordination bodies, such as cluster meetings and 5W sheets as requested by the INGO forum and the UN.

Safety and Security plans

As enclosed in the Annex 2, there are 5 main security concerns in Venezuela for humanitarian organizations. Nevertheless, in terms of physical security of its staff members and beneficiaries, the main risks are political tensions that could erupt into civil confrontations, mobility restrictions and detentions at check-points, as well as organized criminality. Thus, each individual requesting members will implement security plans and security SOP´s for their activities in the country. These documents will be shared internally in the forum in order to have a common approach, when possible. This also includes the need of effective and efficient coordination among members, which is of utmost importance, and will be ensured by the Forum Coordinator. The most important element of the coordination framework will be the forum meeting with the participation of Country Directors/Team leaders where members can follow up on the development of the political and security situation and make decisions at the strategic level. Forum members will regularly share their activities and experiences and will be encouraged to form working groups for certain locations or sectors where more detailed discussions can lead to synergies. In line with the Grand Bargain goal

of localization, local implementing partners of forum members will be invited to these working groups.

In relation to Covid-19, it is extremely difficult to estimate the duration of the pandemic in Venezuela and its ultimate impact on the civilian population, health system and other basic services. However, and in line with the most recent numbers, it is expected that the cases of infected individuals will continue growing, as this is a completely new setting for the civilians and governmental authorities. The international humanitarian community has been asked for aid by the Venezuelan government, even when NGOs and international aid agencies are in a fragile position that could change immediately due to the highly politicized context. In this sense, all requesting members, commit to follow the decisions and guidelines of the central and local governments with regards to bio-security protocols in the field and will closely monitor developments and analyse the needs and opportunities to operate within this context, thereby adjusting to possible changes in the context and spread of the pandemic within Venezuela. Moreover, each organization has protocols in place to organize medical evacuations/referrals, if needed. However, the main risk reduction measures to be undertaken, in order to comply with the duty of care towards staff members, are to train the staff on prevention measures, internal protocols established by authorities and usage of protective equipment. In activities carried out in health centers, additional preventative measures will be in place, such as periodic and recurrent medical controls and specific arrangements with health centers for medical treatment in case of a positive case of COVID-19 among staff members.

As part of the contingency plan for increase lockdowns, arrangements have been done with local authorities and the UN system to provide requesting members and its local partners with safe passages (special permit) for transportation of goods and travel of staff. This will ensure the continuity of the activities, even in the scenario of a complete closure of state borders.

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

The management of every ACT member organisation and the ACT Secretariat have a responsibility to ensure that all staff are aware of this Code of Conduct, that they understand what it means in concrete behavioural terms and how it applies to their programme context. Dissemination of this Code of Conduct is supported by ACT guidance and policy documents, namely, the ACT Alliance Guidelines for the Prevention of Sexual Exploitation and Abuse, ACT Child Safeguarding Policy and Policy Guidance Document and the ACT Alliance Guidelines for Complaints Handling and Investigations. The Code of Conduct applies to all the work performed by all members of the ACT Alliance and defines required behaviour of staff. Thus, staff members of all requesting partners either have or will receive training on ACT's Code of Conduct and read, sign and comply with the Code before signing the employment contract. The partners will receive training on the Code of Conduct as well as humanitarian principles at the beginning of the project. As part of setting up the complaint mechanism, the population will be made aware of behavioral norms for beneficiaries through briefings on the duties and responsibilities of organization. Thus, the Code of conduct is

integral part of the monitoring and evaluation efforts and plans undertaken within the project. Furthermore, all requesting partners have internal protocols in place to ensure this, which will be applied throughout the implementing period.

Safeguarding

Staff and partners of all requesting members are committed to protecting children. ACT's Code of Conduct and protection protocols will be shared with the partner organizations and used during the implementation of the project. Furthermore, the project counts with complaint mechanisms for the beneficiary population in order to receive information and ensure proper safeguarding of the beneficiaries, particularly children throughout the implementation of the project. Children will also have access to the complaints system. If one of such instances takes place throughout the period of the project, complaints and information will be received, filed and analyzed. Moreover, the focal points for monitoring will be assessing this information and if necessary a formal investigation will occur. It is imperative, however, to bear in mind that ACT partners will only be able to carry out these type of procedures, as long as timely and factual information is provided either by beneficiaries or other staff members. Thus, a feedback and complaint mechanism will be in place, which includes suggestion/complaint boxes, phone hotlines and periodic interviews/assessments. Regardless of the outcome of the investigation, an answer will be given to the source of information.

Conflict sensitivity / do no harm

ACT Alliance programming is underpinned by the 'Do No Harm' principle and gender and conflict sensitivity. Partner needs assessments include a gender analysis. Partners' complaints feedback mechanism and on-going participatory monitoring will allow for community participation and input into members programmes. All partners of the project are familiar with the "Do No Harm" approach and apply its mechanisms in their interventions. Moreover, there will be an exercise to recognize dividers and connectors. Capacities will be potentialized and vulnerabilities will be reduced. The partners will verify with local community stakeholders the possible positive and negative impacts in order to eliminate and minimize possible short- and long-term damage, taking into account the code of conduct and humanitarian principles. As some of the activities proposed within the project are related to distributions, in which large gatherings of people might take place, the risk of having beneficiaries and own staff infected by COVID-19 is certainly possible. Thus, and in order to avoid this risk, preventive measures will be put in place, such as social distancing and the mandatory usage of facemasks and soap/disinfectant oils. Lastly, all partners adhere to, and apply the CHS commitments and standards throughout the activities.

Complaints mechanism and feedback

Partners of the project will implement complaint and feedback mechanisms throughout the project period, as these are seemed as an integral part of the project. Therefore, it is expected that in implementation locations, beneficiaries will receive and propose communication channels, so that they can share valuable information regarding their concerns and points of improvement related to project activities and behaviour of staff members towards beneficiaries and the community as a whole. Thus, the usage of suggestion boxes, phone hotlines and periodic interviews will be applied in coordination with all local partners.

Communication and visibility

Taking into consideration the sensitive political context in the country and the fact that in Venezuela, humanitarian assistance has been used in some instances for political purposes, thus creating the wide-spread understanding of the term “humanitarian assistance” as a political tool, the requesting agencies have agreed to use very limited visibility during the implementation of the project. This decision does not reflect an unwillingness to appropriately brand the ACT alliance in the country, but rather follows a logical approach in order to be able to deliver humanitarian assistance as accurate as possible in an extremely politicized context. Nevertheless, the requesting members commit to continue assessing the availability of humanitarian space in Venezuela, so that once the conditions are given, the ACT alliance can have proper visibility within the humanitarian context.

Annexes

Annex *1 – Summary Table*

	HEKS	LWF	DKH
Start Date	01.08.2020	01.08.2020	01.08.2020
End Date	30.04.2021	30.04.2021	30.04.2021
Project Period (in months)	9 Months	9 Months	9 Months
Response Locations	Apure and Gran Caanarias (Miranda and Distrito Capital)	Apure, Carabobo and Nueva Esparta	Los Teques, Miranda
Sectors of response	☐ Public Health ☐ Community Engagement ☐ Preparedness and Prevention ☒ WASH ☐ Livelihood ☐ Education ☐ Shelter and household items ☐ Food Security ☐ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy	☐ Public Health ☐ Community Engagement ☒ Preparedness and Prevention ☒ WASH ☐ Livelihood ☐ Education ☐ Shelter and household items ☒ Food Security ☒ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy	☒ Public Health ☐ Community Engagement ☐ Preparedness and Prevention ☒ WASH ☐ Livelihood ☐ Education ☐ Shelter and household items ☒ Food Security ☐ MHPSS and Community Psycho-social ☐ Gender ☐ Engagement with Faith and Religious leaders and institutions ☐ Advocacy
Targeted Recipients (per sector)	WASH: 130.000 (10% of estimated total population visiting targeted health centers during implementation period)	WASH: 2.500 Food Security: 625 MHPSS: 720 Preparedness: 750	Public Health: 337 Food Security: 687 WASH: 687
Requested budget (USD)	US$ 200.000	US$ 200.000	US$ 200.000

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Hyperinflation. Political tensions and conflicts.

Threat 2: Political tensions and conflicts.

Threat 3: Mobility restrictions.

Threat 4: Difficulties obtaining supplies and suppliers.

Threat 5: Organized criminality.

Impact / *Probability*	**Negligible**	**Minor**	**Moderate**	**Severe**	**Critical**
Very likely					
Likely		Organized criminality	- Political Tensions and conflicts. - Mobility restrictions. - Difficulties obtaining suppliers.	Hyperinflation	
Moderately likely			Communication difficulties affects the timely implementation	Government controls international bank accounts of national NGOs	
Unlikely					
Very unlikely					