

ACT Alliance

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

Appeal Appeal Code

ACT201_CMR

actalliance

SECRETARIAT: 150, route de Ferney, P.O. Box 2100, 1211 Geneva 2, Switzerland
TEL.: +4122 791 6434 – FAX: +4122 791 6506 – www.actalliance.org



Table of contents

Project Summary Sheet

BACKGROUND

Context and needs
Capacity to Respond

RESPONSE STRATEGY

Response Strategy
Impact
Outcomes
Outputs
Exit Strategy

PROJECT MANAGEMENT

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

PROJECT ACCOUNTABILITY

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

ANNEXES

Annex 1 Summary Table
Annex 2 Security Risk Assessment

Project Summary Sheet															
Project Title	Global Response to COVID-19 Pandemic in Cameroon.														
Project ID	ACT 201_CM														
Location	South West and North West Regions of Cameroon														
Project Period	Start Date September, 2020 End Date August, 2021 No. of months 12														
Requesting Forum	Central Africa <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)														
Requesting members	Mission 21 - Cameroon														
Contact	<table border="1"> <tr> <td>Name</td> <td>Togho Lumumba Mukong</td> </tr> <tr> <td>Email</td> <td>togholumumba.mukong@mission-21.org</td> </tr> <tr> <td>Other means of contact (WhatsApp, Skype ID)</td> <td>+237 69881 8884 Skype ID: togholm</td> </tr> </table>	Name	Togho Lumumba Mukong	Email	togholumumba.mukong@mission-21.org	Other means of contact (WhatsApp, Skype ID)	+237 69881 8884 Skype ID: togholm								
Name	Togho Lumumba Mukong														
Email	togholumumba.mukong@mission-21.org														
Other means of contact (WhatsApp, Skype ID)	+237 69881 8884 Skype ID: togholm														
Local partners	PCC -Cameroon (Presbyterian Church in Cameroon) CBC (Cameroon Baptist Convention) CSOs Civil Society Organisations														
Thematic Area(s)	<table> <tr> <td><input checked="" type="checkbox"/> Public Health</td> <td><input type="checkbox"/> Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/> Community Engagement</td> <td><input checked="" type="checkbox"/> Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/> Preparedness and Prevention</td> <td><input type="checkbox"/> MHPSS and CBPS</td> </tr> <tr> <td><input checked="" type="checkbox"/> WASH</td> <td><input type="checkbox"/> Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/> Livelihood</td> <td><input type="checkbox"/> Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input checked="" type="checkbox"/> Education</td> <td><input type="checkbox"/> Advocacy</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Public Health	<input type="checkbox"/> Shelter and household items	<input checked="" type="checkbox"/> Community Engagement	<input checked="" type="checkbox"/> Food Security	<input checked="" type="checkbox"/> Preparedness and Prevention	<input type="checkbox"/> MHPSS and CBPS	<input checked="" type="checkbox"/> WASH	<input type="checkbox"/> Gender	<input checked="" type="checkbox"/> Livelihood	<input type="checkbox"/> Engagement with Faith and Religious leaders and institutions	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> Public Health	<input type="checkbox"/> Shelter and household items														
<input checked="" type="checkbox"/> Community Engagement	<input checked="" type="checkbox"/> Food Security														
<input checked="" type="checkbox"/> Preparedness and Prevention	<input type="checkbox"/> MHPSS and CBPS														
<input checked="" type="checkbox"/> WASH	<input type="checkbox"/> Gender														
<input checked="" type="checkbox"/> Livelihood	<input type="checkbox"/> Engagement with Faith and Religious leaders and institutions														
<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Advocacy														
<input type="checkbox"/> Other: _____															
Project Outcome(s)	<ol style="list-style-type: none"> Reduced morbidity and mortality of COVID 19 patients and increased preparedness and resilience of communities through public health interventions and community engagement Improved and sustained access to humanitarian assistance across multiple response sectors and protection services for human assets and rights, social cohesion and livelihoods Religious leader, Churches and other communities of faith mobilised in managing beliefs, attitudes and social stigma, and ensuring community inclusivity and cohesion. Appropriate action by duty bearers to provide assistance and ensure protection of IDPs, women and other communities and groups particularly vulnerable to the pandemic. 														

Project Objectives	<ol style="list-style-type: none"> 1. Sensitize and create awareness through use of posters and radio messages to 10,000 inhabitants in the project area. 2. Train 50 local community health workers on first aid response during COVID-19 infection and to identify preliminary symptoms of the disease 3. Distribute 10,000 face masks and 10,000 litres of alcohol based sanitizers to the communities in the project area. 4. Print and distribute pictograms in form of posters and flyers to distribute to all communities in the project (5,000 No.) 5. Distribute temperature detectors to at least 100 health facilities in the project area (underserved rural health facilities). 6. Distribute food and non-food items with the use of cash/voucher transfer assistance to the target population (1,000 households No.) 7. Train young beneficiaries especially young girls and women (100 No.) who are vulnerable with business skills and management and provide them with start-up capital, follow and coach them up to translate their business ideas into profitable ventures for resilience. 																																																																																																										
Target Recipients	<div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center; background-color: #d9534f; color: white; margin: 0;">Profile</p> <p style="margin: 5px 0;"> <input type="checkbox"/> Refugees <input checked="" type="checkbox"/> IDPs <input checked="" type="checkbox"/> host population <input type="checkbox"/> Returnees </p> <p style="margin: 5px 0;"><input type="checkbox"/> Non-displaced affected population</p> </div> <p>No. of households (based on average HH size): 1,500</p> <p>Sex and Age Disaggregated Data:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="2"></th> <th colspan="8">Sex and Age Disaggregated Data:</th> </tr> <tr> <th colspan="2"></th> <th colspan="8">Sex and Age</th> </tr> <tr> <th colspan="2"></th> <th>0-5</th> <th>06-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Training of community health workers</td> <td>M</td> <td></td> <td></td> <td></td> <td>20</td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td>15</td> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="2">Masks/Sanitizers</td> <td>M</td> <td></td> <td></td> <td></td> <td>70</td> <td>50</td> <td>50</td> <td>25</td> <td>25</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td>80</td> <td>70</td> <td>75</td> <td>30</td> <td>25</td> </tr> <tr> <td rowspan="2">Training and business</td> <td>M</td> <td>474</td> <td>804</td> <td>324</td> <td>1,184</td> <td>144</td> <td>78</td> <td>36</td> <td>6</td> </tr> <tr> <td>F</td> <td>468</td> <td>468</td> <td>318</td> <td>1,184</td> <td>144</td> <td>90</td> <td>42</td> <td>12</td> </tr> <tr> <td rowspan="2">Senitisation</td> <td>M</td> <td>790</td> <td>1340</td> <td>540</td> <td>1,890</td> <td>240</td> <td>130</td> <td>60</td> <td>10</td> </tr> <tr> <td>F</td> <td>780</td> <td>780</td> <td>530</td> <td>1,890</td> <td>240</td> <td>150</td> <td>70</td> <td>20</td> </tr> </tbody> </table> <p>Male: 8,300 Female: 7,486 Total: 15,786</p>			Sex and Age Disaggregated Data:										Sex and Age										0-5	06-12	13-17	18-49	50-59	60-69	70-79	80+	Training of community health workers	M				20	10				F				15	5				Masks/Sanitizers	M				70	50	50	25	25	F				80	70	75	30	25	Training and business	M	474	804	324	1,184	144	78	36	6	F	468	468	318	1,184	144	90	42	12	Senitisation	M	790	1340	540	1,890	240	130	60	10	F	780	780	530	1,890	240	150	70	20
		Sex and Age Disaggregated Data:																																																																																																									
		Sex and Age																																																																																																									
		0-5	06-12	13-17	18-49	50-59	60-69	70-79	80+																																																																																																		
Training of community health workers	M				20	10																																																																																																					
	F				15	5																																																																																																					
Masks/Sanitizers	M				70	50	50	25	25																																																																																																		
	F				80	70	75	30	25																																																																																																		
Training and business	M	474	804	324	1,184	144	78	36	6																																																																																																		
	F	468	468	318	1,184	144	90	42	12																																																																																																		
Senitisation	M	790	1340	540	1,890	240	130	60	10																																																																																																		
	F	780	780	530	1,890	240	150	70	20																																																																																																		
Project Budget (USD)	USD 132,149																																																																																																										

Reporting Schedule

Type of Report	Due date
Situation report	December 2020 quarterly
Final narrative and financial report (60 days after the ending date)	October 2021.
Audit report (90 days after the ending date)	November 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:**Africa**

ACT Regional Representative, Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)
Humanitarian Programme Officer, Caroline Njogu (Caroline.Njogu@actalliance.org)
ACT Cameroon, Mukong Togho Lumumba (ToghoLumumba.Mukong@mission-21.org)

All other countries/Forums not supported by ACT Regional Offices/staff can get in touch with the Head of Humanitarian Affairs in Geneva (Alwynn.Javier@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

On March 6, 2020, the first case of COVID-19 was officially reported in Cameroon. As of June 15, 2020, the number of cases had increased to 10,140, with 277 deaths, indicating an exponential growth in the number of cases. Although these numbers already sound high, the truth is that they are an underestimation because the diagnostic system for COVID-19 in Cameroon is not robust. Realistic projections in this context suggest approximately 40,000 cases of COVID-19 in country. Cameroon ranks as one of the countries with the highest number of COVID-19 in Africa

A series of infection control measures have been put in place by the Government of Cameroon, including promoting hygienic measures (e.g., systematic hand washing), physical distancing, closure of all educational facilities and international borders, inter-ministerial consultations that included the input of development partners, and financial measures allocated to implement this response. The university research community and national media outlets helped to develop and implement these measures alongside medical practitioners. Despite this mobilisation, the progression of the pandemic indicates the weaknesses of some of the selected approaches. Of note, the general state of hospital infrastructure in Cameroon is far from the standards required internationally. Society-wide acceptance of prescribed rules and regulations must be achieved if public health measures are to be effective. Many Cameroonians are slow to acknowledge the potential danger of the pandemic. Improving the response to COVID-19 in Cameroon and the rest of the continent is crucial. In view of the projected number of cases, which differs so greatly from the officially known figures, a total confinement of the entire population seems inevitable. Public support for the confinement process will be imperative, and could be encouraged by conveying the message that the stronger the adherence to complete confinement, the shorter the period of that confinement and the sooner people can return to normal life. Given the economic precocity of most households in Cameroon, including vulnerable groups such as people with HIV infection, an allocation of special financial allowances to households could encourage compliance with confinement measures. Actions taken to assist government in its drive will help save millions of lives and make it possible to restart the economy as quickly as possible. This is the time to show solidarity, compassion, and leadership.

The outbreak is already infecting economies and financial markets around the country. While government try to navigate the fine line between being prepared and setting off panic, the economic costs are growing as country and communities try to control the spread of the disease. NGOs around are stepping up efforts to tackle the problems arising out of this contagion by ensuring continuous livelihood access to poor communities, provision of necessary resources such as food and shelter (especially for the homeless and IDPs), spreading mass awareness on prevention and reducing panicking at the community-level.

Disease outbreaks affect girls and boys, women and men differently. While children's health appears less impacted by COVID-19 than older adults, children's education will be interrupted, protective structures disrupted and their families and communities placed under stress by health and economic burdens. Children are also at risk of psychological distress at times of crisis as well as increased risk of violence, abuse exploitation and neglect. Disease outbreaks increase girls' and young women's duties caring for elderly and ill family members, as well as for siblings who are out of school.

The COVID-19 pandemic is unfolding at a time of crisis across Cameroon, particularly in the Anglophone regions and in the country's Far North region. More needs to be done to ensure that those at greatest risk and those who are fleeing fighting are protected from infection amidst the challenging access to health care. People who have been displaced by violence are particularly vulnerable to health complications. Their temporary accommodations are often being crowded, often with inadequate sanitation and shelter and little access to medical care and proper nutrition. Also, in these conditions, physical distancing is challenging. A needs assessment using community engagement and participation (focus group discussions) carried out in the English speaking areas of North West and South West Regions where the project is intended to be located identified awareness creation/sensitisation, WASH and Protection as areas for intervention.

Capacity to respond

Mission 21 is a Swiss based faith International Organisation, whose coordination office in Cameroon is at the centre of this appeal. Ecumenical relief and rehabilitation endeavours are key livelihood interventions carried out by the organisation for so many years. This organisation is working with DRC (Democratic Republic of Congo) to constitute a forum for Central Africa. The forum is determined to collaborate and work toward the common goal in the fight to contain the spread of the COVID 19 pandemic through a common response strategy. Mission 21 has many years of experience in implementing education, livelihood, WASH and protection projects in Cameroon.

Mission 21 has maintained trustworthy relationships working with Church denominations (Presbyterian Church in Cameroon, Cameroon Baptist Convention, and the Protestant University of Central Africa). These institutions have been so helpful in outreach to the vulnerable populations in the bushes and in the hinterlands, areas un-accessed by many development and humanitarian actors. These faith-based actors have their departments and presbyteries spread throughout the project area and have reputation in these areas.

Mission 21 is in the field already distributing WASH items to over 2000 vulnerable households and women in the South West, North West and Littoral Regions of the Country. At present, we have signed MoUs with Health facilities in the Littoral and West Regions for the free medical treatment of under 5 displaced children (close to 100 children are already benefitting from this scheme). As our in-house respond action, we are providing masks and alcohol based sanitizers, education material to secondary and primary schools.

Mission 21 Cameroon has capacity (skills, knowledge and systems) to respond towards the pandemic in the following ways: A network of partner denominational churches (Presbyterian Church in Cameroon, Cameroon Baptist Convention whose activities are spread throughout the project area; Local Partner NGOs working together for years with proven experience and outreach; Competent staff and volunteers (06 No.)

RESPONSE STRATEGY

The response will be guided by the following: Respect of humanitarian principles; People centered approach and inclusivity notably of the most vulnerable people, stigmatized, hard to reach, mobile population that may also be left out or inadequately included in the national plan; Cultural sensitivity and attention to the needs of different age groups (children, older people) as well as gender equality particularly to account for women and girls needs; Preparedness, early action and flexibility to adjust the response and targets to the fast evolving situations and needs; and Community engagement and ensuring operations are accountable to affected people is a priority and are essential part of the response.

Requesting members will bench mark and show commitment to the various strategies and pledge to put them into practice. The requesting member targets Education, WASH, Child Protection and intends to integrate cash/voucher assistance to reach a population of over 5000 vulnerable persons disintegrated by age group, sex, displacement history and extent to which the person has been affected by the pandemic. A committee made up of local NGO partners, Church Organisations and Mission 21 will be charged for the selection exercise.

Implementing Partner Participation

In all our activities, we engage with local partners, which has helped to increase our outreach even in difficult times. Each partner has her peculiar traits and ways of contributing towards the success of this project process.

- Churches (Presbyterian Church & Cameroon Baptist Convention): these churches have training centres which work with young people, these centres will be engaged as appropriate to provide short term training for young people.
- The radio services of the churches are a formidable tool for sensitisation and education and well as their parishes in hard to reach areas.
- Civil Society Organisations (CSOs): Our CSO partners have experience in community mobilisation and follow-up of project beneficiaries. They are in contact with many vulnerable and needy people and would be a great asset in the beneficiary selection process.

Selection of Key beneficiaries

Our general observation shows that people in the rural communities use masks less, either for lack of information or due to poverty. In our ongoing COVID_19 response with school children, less than 10% of pupils and students in rural areas wear masks to school while in the urban centres more than 90% had mask. So we will focus on

- ✓ Rural communities
- ✓ Houses with elderly above 65 years, these are generally poor farmers and retired people

For young girls for livelihood training and subsequent start, we will focus primarily on

- ✓ Young girls who are single parents; more and more we are seeing in our communities - urban and rural - young girls who are single parents due to the disappearance of their husbands as a result of conflict.
- ✓ Girls who are main bread winners in their families. Many young men have become incapacitated during the ongoing conflict and their wives are now the bread winners in the families. Men although capable and strong sheer from asking for help.
- ✓ Girls who have dropped out of school and are easy targets for abusive relationships and unwanted pregnancies.

Maintaining Safety in COVID-19 Times

Within the current COVID-19 dispensation, trainings go on within safe limits. Although the Government of Cameroon measures accept gatherings of not more than 50 persons, we entertain not more than 20 trainees plus 3 trainers at each event. We have just ended a similar training with young people under safe conditions. We respected and will respect the following safety measures

1. Temperatures are taken at the entrance to training venues
2. Hands are washed with soap under running water before entering the training rooms
3. Halls chosen for training allow 20 people to sit physically distant from each other (1.5 metres).
4. Each participant is provided with 2 reusable face masks and 0.5 litre of hand sanitiser during the training

Business Opportunities with this pandemic

1. Grocery provision: groceries and food remain basic necessities and people going into this can make profitable business
2. Tailoring, for those who have been trained but lack the initial start capital, there is potential in this area
3. Farming and gardening as business is possible as a sustainable venture, first for family survival and second for income generation.

The cash and voucher transfer assistance modalities will be based on immediate cash and paper voucher model. In immediate cash, cash is made immediately available to beneficiaries via direct delivery (e.g. on working sites) or via collection from an agent or bank counter. Beneficiaries do not need to open an account. The paper voucher will make use of scratch cards or paper coupons that has commodity or monetary value

and can be exchanged at a contracted retailer. Both cash and commodity vouchers would be exchanged for items or services but not for cash. Paper vouchers are distributed on a monthly basis and will have predefined validity period. The delivery mechanism will be physical at community level to establishing a cash collection point.

Impact

1. Contribute to the strategic priorities of the Global Humanitarian Respond Plan
2. Contain the spread of the COVID 19 pandemic and decrease morbidity and mortality
3. Decrease the deterioration of human assets and rights, social cohesion and livelihood
4. Protect, assist and advocate for refugees

Outcomes

1. Reduced morbidity and mortality of COVID 19 patients and increased preparedness and resilience of communities through public health interventions and community engagement
2. Improved and sustained access to humanitarian assistance across multiple response sectors and protection services for human assets and rights, social cohesion and livelihoods
3. Religious leader, Churches and Other communities of faith mobilised in managing beliefs, attitudes and Social stigma, and ensuring community inclusivity and cohesion.
4. Appropriate action by duty bearers to provide assistance and ensure protection of refugees, IDPs, migrants, women and other communities and groups particularly vulnerable to the pandemic.

Outputs

1. Sensitize and create awareness through use of posters and radio messages 10,000 inhabitants in the project area
2. Train 50 local community health workers on first aid response during COVID 19 infection and to identify preliminary symptoms of the disease
3. Distribute 10,000 face masks and 10,000 litres of alcohol based sanitizers to the communities in the project area.
4. Print and distribute 500 pictograms in form of posters and flyers to distribute to all communities in the project.
5. Distribute 100 temperature detectors to at least 50 health facilities in the project area (underserved rural health facilities).
6. Distribute food and non-food items with the use of cash/voucher transfer assistance to the target population (1,000 households)
7. Train 100 young beneficiaries especially young girls and women who are vulnerable to with business skills and management and provide them with start-up capital, follow and coach them up to translate their business ideas into profitable ventures for resilience.

Exit strategy

After the surge is contained by physical distancing, the local trained community health workers through a public health option will have to control the contact of new cases. The local public health department will take over or back communicable disease control because the bane is to eliminate not to suppress the disease. Public health workers will be deployed to trace contacts and confirm new cases.

Sustainability is embedded in the project through community engagement and participation. The provision of appropriate training, development of safety first will help the beneficiaries continue at the end of the project phase.

PROJECT MANAGEMENT

Implementation Approach

The project will employ a single strategic process made up of the six sequential elements (tools) and two enablers which will be on-going at all times in support of the successful implementation of the response. The elements include: response preparedness; needs assessment/analysis; strategic response planning; monitoring; resources mobilization; and operational peer review and evaluation. The two enablers are coordination and information management.

The project implementation approach will be result-based and participatory because the actors will jointly define the shape of the response and will not only bring out what is needed but also how it might best be provided. This will help improve on the appropriateness of the response.

The actors will be identified using the 4Ws (who, what, when and where) actor mapping developed by UNOCHA in cluster meetings. Due to the participatory approach in project implementation, we are ensured that the recipients will be duly informed on the assistance provided. The participatory project management approach has yielded fruits in most sustainable rural development projects of recent times.

The cash and voucher transfer assistance modalities will be based on immediate cash and paper voucher model. In immediate cash, cash is made immediately available to beneficiaries via direct delivery (e.g. on working sites) or via collection from an agent or bank counter. Beneficiaries do not need to open an account.

The paper voucher will make use of scratch cards or paper coupons that has commodity or monetary value and can be exchanged at a contracted retailer. Both cash and commodity vouchers would be exchanged for items or services but not for cash. Paper vouchers are distributed on a monthly basis and will have predefined validity period. The delivery mechanism will be physical at community level to establishing a cash collection point.

The implementing Organisation and Actors

Actors	Role, potential, contribution of the actors to solve the core problem	what factors can trigger resistance or conflicts within the PO, between the PO and other actors, among beneficiaries or among the other actors (government or civil society)	What will be done to mitigate resistance	Comment
CCO	Project implementation	If done out of line with government directives and consultation	All concerned stakeholders will be informed and implicated in the project process.	
Administrative and Public Health Authorities	Provide government guidelines and accompany CCO team to the field	As above	Consultation	
Church Institutions and Local NGO partners	Responsible for the management of supplies in their respective institutions and project locations	Infringement into the culture, markets of the beneficiaries When the notion of Do No Harm is not respected	Abide to the grievance process put in place More community engagements and participation	
Vulnerable group	Direct beneficiaries	Bias in distribution of Food and Non food items	Proper assessment before distribution. Although IDPs are the	Do No Harm principle

Elderly, persons with disabilities, persons with health issues, Women and girls			primary focus, all vulnerable will benefit.	
---	--	--	---	--

Implementation Arrangements

Mission 21 will arrange to implement the project through its Local partners (CSO, Churches etc.) and monitor the projects based on proposals presented. As a forum based on the number of members in each Country, the project amount will be factored according to needs. A strong network and information sharing mechanism will be put into place to ease project implementation and follow-up.

The COVID-19 outbreak demands an integrated response to keep the vulnerable safe and learning. At International level, Mission 21 is coordinating with UNOCHA and other key partners. At country level, collaboration exists with local authorities and partner denominational churches under the leadership of the country coordinator. Mission 21 co-leads the specific pillars of the response such as community engagements through churches and local partner NGOs, continuity of care and social services to enhance multi-sector preparedness and response measures and to help minimize any emergent secondary effects of the outbreak.

Project Consolidated Budget

		Appeal Total	Mission-21
Direct Costs		121,500	121,500
1	Project Staff	7,500	7,500
1.1	Appeal Lead	1,500	1,500
1.2	International Staff	2,000	2,000
1.3	National Staff	4,000	4,000
2	Project Activities	111,000	111,000
2.1	Public Health	4,000	4,000
2.2	Community Engagem	3,500	3,500
2.3	Preparedness and Pr	5,000	5,000
2.4	WASH	5,000	5,000
2.5	Livelihood	63,000	63,000
2.6	Education	7,500	7,500
2.8	Food Security	23,000	23,000
3	Project Implementa	2,000	2,000
3.2.	Capacity Developme	2,000	2,000
5	Logistics	1,000	1,000
6	Assets and Equipm	-	-
Indirect Costs		6,800	6,800
Staff Salaries		4,800	4,800
Office Operations		2,000	2,000
Total Expenditure		128,300	128,300
ICF (3%)		3,849	3,849
Total Expenditure + ICF		132,149	132,149

Project Monitoring, Evaluation and Learning

Monitoring responsibility rest with Mission 21 Coordination Office, done by 2 Monitoring and Evaluation Officers already working in the regions. The monitoring is done based on the monitoring frame and monitoring plan (annexed) based on tools that will be jointly developed during assessment before project commencement. The baseline situation is established through a joint effort with the beneficiaries, implementing organisations and Mission 21.

Any major changes to project related activities and to its schedule will be duly reported and reflected in the plan. Information on engaged activities undertaken by the project during implementation period may be conveyed to stakeholders in two ways – publication of standalone periodic report to stakeholders; discussions in focus group meetings.

A focal point from the M&E unit of Mission 21 will work closely with a committee to produce data for monitoring on a weekly and monthly basis for monitoring results framework for dissemination. The reports should include lessons learned and communicated to stakeholders, civil society organisations and the public

Safety and Security plans

This plan is intended to ensure that a coherent security policy is put in place by Mission 21 Cameroon for its staff and assets, that all Mission 21 Cameroon staff and visitors have a clear understanding of their individual safety and security responsibilities relating to both daily operational safety and emergency response.

Every member of the team has a responsibility to promote security and is required to follow all rules and procedures contained in this plan. Failure to do so could endanger life and necessitate appropriate disciplinary action to be taken in such a case.

Presently in the Northern regions and especially Far North Region, there are still sporadic attacks from Boko Haram, kidnaps, armed robberies, and carjacking. In the eastern part of the country, the situation is more of arm robbery, cattle theft that can lead to loss of lives and road accidents.

The security hotbed is the North West and South West Regions, principal regions of project activities sponsored by Mission 21. The regions together have more than 500'000 Internally Displaced Persons (IDPS) and counting. The regions are tagged by most embassies in Cameroon as no go area for visitors and have limited their activities in these regions.

Prior to this proposal, Mission 21 has carried out a risk assessment where the threats were identified, vulnerability and risk analysis and ranking done. A risk mapping exists together with a contingency plan and security strategies for project stakeholders. Attached is a risk mapping and contingency plan. Security SOPs (standard operating procedure) exist for the organisation that guides its operations. Since the government has opened the lock down, its accompanying measures of coping with the situation will be fully respected.

PROJECT ACCOUNTABILITY

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

x Yes

 No

Code of Conduct

The code of conduct of the organisation has been signed by all staff and all local implementing NGO partners and Church Institutions. The code covers issues among others related to:

Cooperation beyond borders – working beyond borders of politics, culture, race and ethnicity.

Human rights and dignity – all human beings are born free and equal in dignity and rights, and endowed with reasons and conscience and should act towards one another in spirit of brotherhood

Transparency and accountability – striving for openness and honesty internally and towards donor and members of the public.

The measures of internal reviews regarding compliance with current laws and regulations of the land, summaries of these reviews are presented to the general council.

These codes are discussed in focus group discussions with beneficiaries of affected communities since the management of the response in participatory and community engaged.

Mission 21 is recognised by the government and collaborates with local authorities, defiant of the codes face the arm of the law. This is usually done after caution and internal disciplinary measures have been exploited.

Safeguarding

Safe guarding will take the form of community – based protection whereby serious efforts are made to understand all community members, women, men, girls, boys and those within specific needs groups: to engage with communities in a structural way and to support and work with existing community structures. In this way a balance community protection priorities and strategies in line with UNHCR mandate to protect and respect people’s rights. The project will recognize the resilience, capacities, skills, and resources of persons of concern and build on these to deliver protection and solution. This is to promote ownership, sustainability, and long-term change.

The London Child Sexual Exploitation Operating Protocol of 2017 and the All Wales protocol 2008 on same will guide this project in safeguarding children from sexual abuse.

Conflict sensitivity / do no harm

Mission 21 understands the DO NO HARM approach in this response and will work with the goal to limit or prevent unintended negative effects – this will be done by building alliances between the stakeholders, citizens and policy makers with the aim to improve and create more inclusive policies. The organisation will engage with commitment the DNH process of identifying the project areas, population involved actors of the pandemic, root causes and the existence of other interventions; identify connectors and dividers and define their project implications and interactions with the two. Dividers and connectors are institutions, actions, values, or experiences that divide the people (sources of tension, mistrust) or connect them (sources of trust, equalities etc). We will ensure to improve and strengthen the connectors while taking the dividers into account to increase cooperation between the local partners. The response will guard against positive impacts that could easily be diverted into negative ones in the sphere of theft, market, distribution, substitution, and legitimization effects. For example, items or resources to be distributed most come from within the communities to boost and stabilize local markets instead of threatening their competitiveness in case resources come from outside. The DNH analysis will be continuous to ensure the approach has been fully integrated into the project. During programming, clear answers on WHO, WHEN, WHERE, WHAT, WHY and HOW would be well established.

Complaints mechanism and feedback

For timely, effective, and efficient resolution of grievances for the satisfaction of all parties, Mission will put in place a transparent, credible process of grievance for effective and lasting outcomes. This process is intended to provide an avenue for affected people to make complaints or resolve disputes that may arise during the response. the process will take the following steps

1. Submission of grievance
2. Recording of grievance and providing initial response
3. Investigate the grievance
4. Communicate the response
5. Complainant response
6. Grievance closure or taking further steps if grievance remains open
7. Appeal process

Once all possible redress has been proposed and if complainant is still not satisfied, then they are advised of their right to legal redress.

Communication and visibility

We intend to make use of “sticky” information accessible for quality information and data generated from both supply and demand side. Mission 21 will make clear mission and vision statement. Participating in learning opportunities, demonstrating expertise and voluntarism will strengthen our visibility. Reaching out to groups that are discriminated upon and the most vulnerable persons. Use of a combination of signs, symbols, phrases, and words (descriptors) through which it is possible to be noticed e.g. banners, photographs, leaflets and newsletters.

We are going to strengthen our relationship with stakeholders, and then Act alliance will also be branded using its Logo in all essential project materials.

Annexes

Annex 1 – Summary Table

	Mission 21 - Cameroon				Please input Member name here				Please input Member name here			
Start Date	September, 2020				Click here to enter a date.				Click here to enter a date.			
End Date	August 2021				Click here to enter a date.				Click here to enter a date.			
Project Period (in months)	12 Months											
Response Locations	North West and South West Regions of Cameroon											
Sectors of response	<input checked="" type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items
	<input checked="" type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security
	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social
	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender
	<input checked="" type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions
	<input checked="" type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy

<p>Targeted Recipients (per sector)</p>	<p>Public Health - 10,000 persons sensitized, 500 flyers distributed, 500 health facilities provided with 2 each temperature detectors WASH – 1000 households provided with Sanitizers Education: 100 local community health workers trained, Preparedness & Prevention: 5000 beneficiaries to receive 2 face mask each, Food Security: 5000 IDPs receive food & non-food items Livelihood: 100 IDPs and other vulnerable population trained on business skills and given start-up capital.</p>		
<p>Requested budget (USD)</p>	<p>US\$ 132,149</p>	<p>US\$</p>	<p>US\$</p>

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Cross fire.

Threat 2: Stray bullet

Threat 3: Kidnapping

Threat 4: Rape

Threat 5: Car hijacking

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/>)

<i>Impact</i>	Negligible	Minor	Moderate	Severe	Critical
<i>Probability</i>					
Very likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.	Cross fire
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.
Moderately likely	Very low Click here to enter text.	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	High Click here to enter text.
Unlikely	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.