

ACT Alliance

Appeal

Appeal Code

Preparedness and response to primary and secondary impacts of COVID-19 on IDPs, Returnees, hard to reach and vulnerable population in Nigeria, Burkina Faso and Sierra Leone

actalliance

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Project Summary Sheet							
Project Title	Preparedness and response to primary and secondary impacts of COVID-19 on IDPs, Returnees, hard to reach and vulnerable populations in Nigeria, Burkina Faso, and Sierra Leone.						
Project ID	ACT 201_WARF (West Africa Regional Forum)						
Location	Nigeria, Burkina Faso and Sierra Leone						
Project Period	Start Date September 2020 End Date June 30 th 2021 No. of months 6-9 Months						
Requesting Forum	Act Alliance Forums in Nigeria, Burkina Faso and Sierra Leone <input checked="" type="checkbox"/> The ACT Forums officially endorses the submission of this Sub-Appeal (tick box to confirm)						
Requesting members	Nigeria: Christian Aid (CA)-Lead Norwegian Church Aid (NCA) World Renew Christian Council of Nigeria (CCN) Mission 21 Sierra Leone: Council of Churches in Sierra Leone-Lead Christian Aid Burkina Faso: Christian Aid-Lead Association DIGNUS						
Contact	<table border="1"> <tr> <td>Name</td> <td>Charles Usie</td> </tr> <tr> <td>Email</td> <td>cusie@christian-aid.org</td> </tr> <tr> <td>Whatsapp</td> <td>234-8034041120</td> </tr> </table>	Name	Charles Usie	Email	cusie@christian-aid.org	Whatsapp	234-8034041120
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Local partners	<p>Sierra Leone</p> <ul style="list-style-type: none"> • Muslims and Christian Councils <p>Nigeria</p> <ul style="list-style-type: none"> • Development Peace Initiative (DPI) of Justice Development • Peace Caritas Kaduna Diocese. • Beacon of Hope Initiative • EYN Disaster Relief Ministry • EYN Women Ministry <p>Burkina Faso</p> <ul style="list-style-type: none"> • L'alliance Technique d'Assistance au Développement (ATAD) 						

<p>Thematic Area(s)</p>	<table border="0"> <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 checked="" type="checkbox"/> Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/> Livelihood</td> <td><input checked="" 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 colspan="2"><input type="checkbox"/> Other: _____</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 checked="" type="checkbox"/> Gender	<input checked="" type="checkbox"/> Livelihood	<input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions	<input checked="" type="checkbox"/> Education	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Other: _____	
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<p>Project Outcome(s)</p>	<p>Outcome 1: Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement.</p> <p>Outcome 2: Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.</p> <p>Outcome 3: Religious leaders, churches and other communities of faith mobilized in managing beliefs, attitudes and social stigma, and ensuring community inclusivity and cohesion.</p>														
<p>Project Objectives</p>	<p>To prevent the spread of COVID-19 and sustain livelihoods of hard to reach, vulnerable and conflict-affected communities in Nigeria, Sierra Leone, and Burkina Faso by May 2021</p>														
<p>Target Recipients</p>	<table border="1"> <thead> <tr> <th colspan="4" style="background-color: #c00000; color: white;">Profile</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Refugees</td> <td><input checked="" type="checkbox"/> IDPs</td> <td><input checked="" type="checkbox"/> host population</td> <td><input checked="" type="checkbox"/> Returnees</td> </tr> <tr> <td colspan="4"><input checked="" type="checkbox"/> Non-displaced affected population</td> </tr> </tbody> </table>	Profile				<input type="checkbox"/> Refugees	<input checked="" type="checkbox"/> IDPs	<input checked="" type="checkbox"/> host population	<input checked="" type="checkbox"/> Returnees	<input checked="" type="checkbox"/> Non-displaced affected population					
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	<p>Nigeria People Living With Disabilities(PLWD), Ethnic minorities, Pregnant and lactating women, Widows and aged women, Vulnerable children, Single parents, Widows, the Elderly, under five, Students of a seminary (affected by the Boko Haram insurgency); No. of households (based on average HH size of 6): = Total HH = 4,300 Sex and Age Disaggregated Data:</p> <table border="1" data-bbox="411 477 1383 651"> <thead> <tr> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</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>Male</td> <td>165</td> <td>1776</td> <td>3423</td> <td>2891</td> <td>1038</td> <td>718</td> <td>424</td> <td>159</td> </tr> <tr> <td>Female</td> <td>183</td> <td>2360</td> <td>4725</td> <td>4937</td> <td>1686</td> <td>1153</td> <td>641</td> <td>326</td> </tr> </tbody> </table> <p>Sierra Leone 400 communities within the 16 districts of the country Sex and Age Disaggregated Data:</p> <table border="1" data-bbox="411 792 1383 994"> <thead> <tr> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18 - 35</th> <th>36 - 64</th> <th>65 ></th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>649,095</td> <td>883,491</td> <td></td> <td>1,208,038</td> <td>714,005</td> <td>151,456</td> <td>0</td> <td>0</td> </tr> <tr> <td>Female</td> <td>707,184</td> <td>962,556</td> <td></td> <td>1,316,147</td> <td>777,902</td> <td>165,010</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>Burkina Faso Internally Displaced Persons, Women headed Households, Pregnant and lactating women, The elderly, PLWD. 38,489 HH (269,423) people</p> <table border="1" data-bbox="411 1176 1383 1323"> <thead> <tr> <th colspan="9">Sex and Age</th> </tr> <tr> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> <th></th> </tr> </thead> <tbody> <tr> <td>10,542</td> <td>18,681</td> <td>15,691</td> <td>41,174</td> <td>29,093</td> <td>13,267</td> <td>10,826</td> <td>792</td> <td></td> </tr> <tr> <td>8,925</td> <td>16,923</td> <td>13,678</td> <td>39,731</td> <td>27,944</td> <td>12,567</td> <td>8,891</td> <td>698</td> <td></td> </tr> </tbody> </table>	Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	165	1776	3423	2891	1038	718	424	159	Female	183	2360	4725	4937	1686	1153	641	326	Sex and Age										0-5	6-12	13-17	18 - 35	36 - 64	65 >	70-79	80+	Male	649,095	883,491		1,208,038	714,005	151,456	0	0	Female	707,184	962,556		1,316,147	777,902	165,010	0	0	Sex and Age									0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+		10,542	18,681	15,691	41,174	29,093	13,267	10,826	792		8,925	16,923	13,678	39,731	27,944	12,567	8,891	698	
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Reporting Schedule

Type of Report	Due date
Situation report	Quarterly
Final narrative and financial report (60 days after the ending date)	July 31 st 2021
Audit report (90 days after the ending date)	August 31 st 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)

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

As at August 8th, 2020, there are **131, 855 confirmed cases in West Africa** which is the **second highest in sub-Saharan Africa after Southern Africa** according to the African CDC dashboard¹. The West Africa region is however also faced with a lot of conflict and insurgence which further compounds the challenges of mitigating the spread in each country due to varying number of displaced people in camps and host communities. The needs and impact within the identified country forums namely Nigeria, Sierra Leone and Burkina Faso are enormous.

Nigeria

Nigeria has as at August 4th has 45, 687 Confirmed Cases and 936 Deaths in Nigeria². Nigeria has one of the **highest COVID-19 risk factors in Africa** which includes international exposure, size of urban population, inadequate testing, weak health systems, densities of urban populations, conflict, size of displaced populations, trust in government, and openness of communications channels³. The ability for households to physically distance is impossible. The coronavirus has already spread to all 36 states including Abuja. **In Kaduna State**, there are **1,550 confirmed cases²**. Initial findings from Christian Aid's recent DFID UKAid Connect Nigeria programme baseline showed high levels of vulnerability in hard to reach communities/ marginalised groups targeted in this project. Kaduna State Government constituted an emergency health management committee including government agencies and NGOs, mostly CSOs and the media groups. However, people who are struggling to meet their basic needs due to the pandemic may ignore prevention measures or seek to bypass imposed mobility restrictions. Lack of awareness and information about COVID-19 can weaken social cohesion, spur violence, discrimination and marginalization. **In Borno State**, there are **652 confirmed cases²**. Assessments conducted by International Organization on Migration (IOM), revealed that 2,046,604 individuals were recorded as displaced in North East (NE) Nigeria conflict-affected states with 73% in Borno state alone and 80% of them being women and children⁴. [A multi-sector needs assessment⁵](#) of COVID-19 related indicators showed that only 37% of House Holds use soap to wash their hands, which was the basic hygiene item requested by 60% of surveyed HHs. Considering the potential spread of COVID-19, the lack of soap is worrying as handwashing with soap is one of the key preventive measures of the virus. The limited access to soap increases the vulnerability of these HHs to COVID-19. Like other health emergencies, it is expected that vulnerabilities of women and girls would increase with the outbreak of COVID-19 as restrictions are put in place.

Lagos is the epicenter of the epidemic in Nigeria with **15, 697 confirmed cases²**. It is Nigeria's commercial capital and the most congested and biggest city in Sub-Saharan Africa with a population of more than 25 million people. Lagos is noted for close proximity of houses to each other coupled with a multigenerational family way of living. The spread of COVID-19 warranted a lockdown order issued on 29 March 2020 as the President of Nigeria termed the fight against COVID-19 a "matter of life and death". However, Lagosians prefer to risk contracting the virus to dying of hunger. The poor people especially those who live in the ghetorised areas, traders, labourers, craftsmen and artisans who live hand-to-mouth struggle for survival found the directive difficult to follow. Lagos state government distributed 200,000 food packs in the first weeks and acknowledged that the move is barely scratching the surface of the problem. Basically, more than 70% of people living in Lagos state are now stranded and trapped in a web of hunger, the economic consequences of lockdown and high risk of contracting COVID-19 remain a reality.

¹ <https://africacdc.org/covid-19/>

² <https://covid19.ncdc.gov.ng/>

³ <https://africacenter.org/spotlight/mapping-risk-factors-spread-covid-19-africa/>

⁴ <https://reliefweb.int/sites/reliefweb.int/files/resources/Nigeria%20-%20Displacement%20Report%2031%20%28February%202020%29.pdf>

⁵ https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_NGA_Factsheet_MSNA-COVID-19_BornoState_April2020.pdf

Adamawa state has **164 confirmed cases**². It is also situated in the northeast of the country, which is already suffering from a longstanding humanitarian crisis as consequence of government neglect, environmental degradation and widespread insecurity (Boko Haram insurgency). Besides a lack of adequate testing capacity, ignorance, cluster living, and poverty have been drivers of community transmission. Most affected are those working in the informal sector, which are predominantly women, and already vulnerable households. The latter include single-parent and female-headed households as well as internally displaced persons (IDPs). There is a great need to sensitize the local population about the severity of the pandemic, ways in which the new Corona virus is transmitted, and discuss preventive measures to stop the spread of the disease. This is through raising awareness and disseminating timely and accurate information. In addition it is important to put proper WASH facilities and equipment in places that might likely become a hot-spot for community transmission.

Plateau state has **1,240 cases**². Clean water is always an essential commodity and its need becomes more urgent and pressing during a public health challenge like COVID-19. The local government area has no access to adequate supply of potable water. Hand dug wells dry off quickly when the rains are over. Inhabitants of Bassa Local Government Area (LGA) have irregular access to water for hand washing, or domestic use. Women and girls walk long distances to get water from unsafe water sources like streams and unprotected hand dug wells. Women and girls in target communities in Bassa LGA wake up as early as 4 a.m. to collect water for the household especially in time of scarcity. Crowding at water collection points also poses an additional risk to the spread of Corona Virus as social distancing becomes difficult.

Sierra Leone

The government has taken proactive measures to contain the spread of COVID-19 brought to Sierra Leone. Preventive measures introduced by the government (hand washing, use of hand sanitizer, physical distancing, wearing of facial masks) are a regular part of the mass media and airwaves. The President of Sierra Leone declared a 12 month public health emergency on March 24, 2020, that has resulted in the following: 1.) Prohibited inter-district travel except the movement of essential goods and services, 2.) Mandated that official working hours be from 9:00 am to 4:00pm in all offices, 3.) Social activities that attract more than 100 people were no longer allowed including the worship services of the Mosques and Christian denominations, 4.) Weekly provincial markets were closed until further notice, all land, sea and air borders were also closed. 5.) Educational institutions were closed until further notice, 6.) A nationwide curfew is currently in place from 9:00pm to 6:00am and importantly a vigorous contact tracing is done for every person that is diagnosed with COVID 19 with the aim being to quarantine them 7.) The Government also designated specific hospitals in each of the four regions as COVID 19 treatment centers and has ensured that the hospitals have the sufficient staff and equipment needed 8.) The Government also established a COVID 19 Response Committee to oversee the complete COVID 19 situation (testing, contract tracing, quarantining, etc.). As of August 8th, 2020), Sierra Leone has **1,887 confirmed cases and 68 deaths**⁶. Given the rapid spread of the COVID within 2 months (0 – 621 cases) and to 15 of the 16 districts, it is imperative that prevention strategies and measures be widely disseminated to the population in the districts via repeated meetings with small groups to ensure that it is heard and understood and followed.

Burkina Faso

Since 2015, Burkina Faso has experienced attacks by armed terrorist groups that have caused the displacement of 839,000 internally displaced persons (IDPs). While the government is trying to deal with these attacks and their consequences, the situation has become more complicated with the advent of the COVID-19 pandemic. As of August 8th, Burkina Faso had recorded **1, 158 confirmed COVID-19 cases and 54 deaths**⁷. Measures have been taken by the health authorities to prevent a state of health emergency in all cities where cases were identified and tested positive, containment

⁶ <https://www.worldometers.info/coronavirus/country/sierra-leone/>

⁷ <https://www.worldometers.info/coronavirus/country/burkina-faso/>

and quarantine of contaminated cities measures were done. The impact of these measures will prove very difficult to bear for vulnerable populations whose lack of means of subsistence or survival will force them to brave the containment measures in search of their daily bread. Meanwhile, the health system, which is marked by insufficient human, material and financial resources, is completely overwhelmed. In view of its insufficient budget, the government has appealed for national and international solidarity to mobilize the funds needed for its COVID 19 response plan, which amount to about US\$ 212,727,270. Following the example of other NGOs, the members of the Forum ACT Alliance Burkina Forum were called upon to support IDPs who are already seriously affected by insecurity and whose accommodation due to overcrowding, constitute areas at very high risk of infection with the Corona virus. The socio-economic and sanitary conditions will become even more precarious due to inadequate individual and collective hygiene and poor community awareness of the disease, social practices and events with high attendance (funerals, customary and religious rites, etc.) accompanying displaced persons, which often requires gatherings (distributions, etc.).

Capacity to respond

Nigeria

The 5-member Nigeria ACT Forum comprising of Christian Aid, Mission 21, Christian Council of Nigeria (CCN), Norwegian Church Aid (NCA) and World Renew have working experience and presence in the most affected areas and targeted states. The ACT members work on humanitarian, governance, health and peace building/conflict transformation and disaster management issues within the community. Nigeria ACT Forum members have humanitarian experiences that includes intervention for displaced people such as food distribution, conditional cash transfer, trauma counselling, Gender Based Violence, Psycho-social support, health management and WASH activities among others across the Country. The forum members in Nigeria have also supported health management and provision of Non Food Items and WASH services for displaced people across many states in the country as well as conflict transformation and governance engagements. Council of Churches of Nigeria (CCN) has a presence all over Nigeria providing humanitarian services through faith actors, volunteers and community leaders. Christian Aid and Norwegian Church Aid also work with faith actors and traditional leaders as champions of change and channels to disseminate critical information to communities. Christian Aid currently convenes the **Side by Side network** in Nigeria which is a movement of Faith leaders mobilising for gender justice with interest in address the needs of the marginalised.

Sierra Leone

Council of Churches of Sierra Leone (CCSL) and Christian Aid implemented a large-scale Ebola (also a highly communicable virus) Prevention and containment programme during the 2014/2015-time frame reaching virtually all districts within the country (this was supported by ACT Alliance appeal system). CCSL is well known in the Rural and Urban areas as a result of that initiative and other relief and rehabilitation programs implemented after the decade of Civil War. We have trusted and knowledgeable communicators ready and willing to assist in preventing the COVID 19 contagion from within the Sierra Leone ACT Forum. The Sierra Leone ACT Forum Membership (CCSL and Christian Aid) are assisting in this planned initiative and have congregations and Pastors in the rural areas willing to assist in the sensitisation and education aspects at the community level. We have the posters and messages designed and ready for printing. We have located the vendors who have the required sets of buckets and hand soap needed to promote the basic and effective hand-washing strategy for killing the virus. CCSL's 24 Member Churches stand ready to assist in this planned response with personnel and facilitation expertise for the sensitisation and education aspect of the response plan. In addition, the established religious groups (Christians and Muslims) have congregations in virtually every corner of the country to assist in ensuring that the sensitisation and education messages will be honoured in their communities.

Burkina Faso

CA and Association DIGNUS are International NGOs present in Burkina Faso for at least 10 years and with a long and solid experience in the management of development projects and humanitarian emergencies in areas such as WASH, Food Assistance, Shelter, Advocacy etc. In addition, apart from ACT Alliance funds, each member of the Forum has put in place other resource mobilization mechanisms to continue the intervention in the targeted areas. In addition, other actors (agencies of the United Nations system, other INGOs) and even private national solidarity initiatives have begun to emerge since the emergence of the pandemic. The members of ACT Alliance Forum Burkina are members of the Clusters (Food Security, shelter etc.) and participate actively and regularly in meetings. This allows them to be aware of the government's orientations and response plans to COVID 19. The forum will provide them with assistance by focusing on; Strengthening prevention and control measures in health structures and communities, including IDPs, Sensitizing IDPs and host communities to the ways in which the disease is spread due to proximity, poor individual and collective hygiene practices, cultural practices such as funerals Strengthening of WASH facilities for the benefit of communities, mainly in IDP sites; Strengthening the protection conditions for health worker

RESPONSE STRATEGY**Nigeria**

The scale of the COVID 19 needs in the project locations depends on 1) partial (or full) restrictions on movement, thus increasing the need to spend primarily on essential goods and services; 2) low expectations of future income, particularly by workers the working poor in the informal economy; and 3) the erosion of wealth and expected wealth as a result of the decline in assets such as stocks. The intervention targets the poorest of the poor, those who rely on their daily income to provide for their daily needs, pregnant women and lactating mothers, young women and men whose schooling have been suspended, PWDs and the older people/ elderly who are the most vulnerable in this situation. The main objective of this intervention is to **prevent the spread of COVID-19** through early information sharing in different local languages and through faith leaders while maintaining access to critical services through **Improved hygiene practices** and access to relevant and appropriate **life-saving WASH interventions**. Interventions focuses on **increasing awareness on the COVID-19 symptoms and prevention** through mass campaigns on messages including hand hygiene and social distancing, while expanding access to safe clean water and soap for basic hand hygiene practices. The intervention will also **enhance timely access to critical GBV prevention services** for vulnerable individuals, **including GBV survivors through the provision of remote GBV case management and psychosocial support** services using toll-free hotlines on mobile phones, remote mobile one to one video counselling, follow-up sessions and mass dissemination of key GBV prevention messages integrated into prevention messages on COVID-19 which includes safe hand hygiene practices and social distancing, delivered through targeted sensitizations, with specific sessions targeting boys and men. The intervention strategy will also involve the **establishment of a food bank stocked up with locally farmed products**; giving of **unconditional cash grant**, empowerment of 12 small scale farmers and advocate for food security for citizens.

Sierra Leone

Our response to the prevailing situation will be addressed with the following methodology and strategy: 1). **Advocacy** on concerns and challenges encountered by the communities during the government's emergency responses to the situation (e.g. Concerns over availability of piped water to homes, electricity, responding to other emergencies during lockdowns that are not related to COVID-19, human right violations by security officers etc.) 2. **Education** and sensitisation of District and Community level coordinators of this response. 3. **Education** and sensitisation of high-level community leadership (chiefs and religious leaders, teachers) as well as community members; the

education and sensitisation will focus on prevention of COVID -19 and reducing its level of spread. In addition, time will be spent dispelling the role of myths (curses and demonic forces) related to contagion of the COVID -19. 4.**Gender** and psychosocial support to affected communities; Religious leaders are willing to provide basic counselling skills and give messages that will prevent sexual and gender-based violence to their communities during this emergency.5.**Posting printed signage** in strategic places visible to the community population illustrating the hand washing and physical distancing activity. 6.**Radio and TV Programmes**, purchasing “air time” from local radio stations (20 hours) and TV stations (10 hours) that will reach every part of the country to broadcast the prevention strategies to the general public. Part of the air time will include a “call in” during which the listener can call to raise questions about the COVID Pandemic signs and symptoms as well as appropriate prevention strategies. 7.**Provision of WASH materials** (soap and plastic buckets with spigot) located in strategic location within the communities reached facilitating the frequency of hand washing. 8.Our response will target areas nearest our borders with Guinea and Liberia that have cumulatively recorded over 500 COVID 19 cases first and then move inward into the heart of the country. In total we plan to reach 400 communities within the 16 districts (25 Communities in each of the 16 Districts).

9.**Cash and Voucher Assistance**, our response plan includes providing vouchers worth US 90) to 200 most vulnerable households (HHs). They will submit their vouchers to a locally identified vendor (by CCSL) who will provide the food supplies to the head of the household. The Vendor in turn presents the voucher to CCSL for payment.

Burkina Faso

With the emergence and spread of the COVID-19 pandemic, the forum will address both response and preparedness issues with a view to reducing the spread through education and behaviour change through improved hygiene practices. The cash transfer option will be favoured due to the security situation and restrictions. For the Cash Transfer, we will first carry out a needs assessment to identify needs. Based on the data collected, the selection of beneficiaries is made considering the most vulnerable IDP households and host communities. For example, households headed by women or with pregnant or lactating women, children under 5 years of age, people living with disabilities and the elderly. Then the selection of the mobile phone operator is made through a competitive procurement process considering previous experiences and capacity to cover the intervention area. In addition, the beneficiary list collected during the need assessment will help avoid double allocations. The cash operator will provide money transfer to the beneficiary households. The local partner supervising the operation is responsible for receiving complaints from beneficiary.

Impact

The overall objective of this project is to save the lives and safeguard the dignity of conflict-affected vulnerable communities by preventing/containing the spread of COVID-19 and reducing their vulnerability and hunger.

Outcomes

Based on the different interventions and strategies across the various countries, the outcomes of the interventions differ even though the over all goal remains the same. Below are the various outcomes and how they feed in to the global outcomes 1, 2 and 3

Outcome 1: Enhanced COVID 19 risk communication and community engagement, and accountability measures for vulnerable population. This contributes to Global response outcomes 1,2 and 3

Outcome 2: Improved hygiene practices and access appropriate and relevant life-saving WASH and GBV services to protect themselves. This outcome contributes to outcome 1 of the present appeal because if the target population can access the services which enable them to protect themselves against COVID-19, the morbidity and mortality of this disease will be reduced.

Outcome 3: Reduction in hunger through improved food nutrition. This contributes to outcome 2 as it addresses food security

Outputs

Nigeria-

Christian Aid

Output 1.1: Provision of correct, simple, consistent messaging in local languages to address myths, rumours and stigma using traditional community structures (town criers, local radio and TV stations). This will target a minimum of for 1,950 household making a total of 11,700 persons. Numbers reached may be higher based on the coverage of the local radio stations.

Activity 1.1.1: Mass sensitisation and public enlightenment through community leaders and faith actors

Activity 1.1.2: Production and airing of jingles using the radio channels

Activity 1.1.3: Adaptation, translation and printing of BCC/IEC materials in local languages.

Activity 1.1.4: .Capacity building for community/faith leaders on COVID-19 prevention protocols and risk communication strategies This will be achieved by ensuring correctly developed messages are developed and carried by Faith actors to sensitize congregations and communities at large as champions of hope.

Output 2.1: Increased minimum handwashing hygiene standards for 1,950 households comprising of 11,700 persons.

Activities 2.1.1

Hygiene and WASH related activities will be conducted particular to support hygiene promotion among community

Output 2.2: Increased water supply and sanitation

Activity 2.2.1 Provide sustainable water supply to community members for drinking and handwashing. Members will be provided with buckets for handwashing and storage tanks to store water for safe drinking. 6 water access points (boreholes and taps) will be rehabilitated within the community to reach 11,700 persons.

Output 2.3: Provision of non-food items (NFIs) via hygiene products (sanitizers) & Nose mask for 600 households comprising of 3,600 persons.

Activity 2.3.1 A component of the hygiene promotion while seeking to protect community members will be aimed at improving the economic status of selected community members through the production of quality locally made cloth nose mask and hand sanitizers that will be shared among the community members thereby generating income for the community as well

Output 3.1: Engaged faith leaders, key influencers, health workers, youth/community structures raising awareness to prevention infection;

Activity 3.1.1 Working with faith leaders and institution, the message of hope and how to protect each other within the community using protective materials and hygiene promotion will be enhances.

Activity 3.1.2 Advocacy- The Faith actors will also lead advocacy action to ensure government prioritise the need of vulnerable people as they move to work on plan for sustainable economic pathways pre and post COVID-19.

Nigeria-NCA

Output 1.1-: At least 5,500 women, girls, men and boys are aware of COVID-19 prevention

Activity 1.1.1. Train 11 Community hygiene promoters on integrated GBV and COVID-19 prevention messages.

Activity 1.1.2. Conduct door to door sessions to raise awareness of at least 5500 individuals on CoViD-19 symptoms and prevention.

Output 1.2: At least 3,000 of the 5,500 targeted women, girls, men and boys in output 1.2 have access to clean safe water and soap through 20 communal hand washing points.

Activities:

Activity 1.2.1. Provision of soap and clean water for hand washing.

Activity 1.2.2. Support operation and maintenance of 20 handwashing.

Output 2.1: Vulnerable women and girls, including SGBV Survivors access life-saving, specialised Sexual and Gender Based Violence (SGBV) services appropriate and relevant to their immediate needs.

Activities:

Activity 2.1.1. Provision of remote GBV case management and psychosocial support through telephone hotlines.

Activity 2.1.2. Provision of one to one audio/video counselling and follow-up sessions with women and girls.

Activity 2.1.3. Facilitate women and girls access to safe spaces/phone booth to access remote services.

Nigeria-CCN

Output 3.1: Provision of food for 500HHs (3000 Beneficiaries)

The selection process will be through selection criteria such as age, occupation, number in family and other status like marital, disability or otherwise, etc. We will conduct the selection through the community leaders called Baale and or landlords' / residents' association to the communities. Meetings will be held with these leaders and they will assist in identifying and confirming families and individuals who fall into the criteria especially the most vulnerable and worst hit by hunger.

Activity 3.1.1: Establishment of a food bank in a warehouse stockpiled with agricultural foods. We will stockpile our food bank with locally produced food (agricultural uncooked items) sourced from different parts of Nigeria, especially from the North. In our previous works on food security in Nigeria we worked closely with small scale farmers from all parts of Nigeria. We will buy stocks directly from these farmers who CCN have been assisting with sourcing for avenues to sell their products, to pile in our food bank. We always encourage eating of locally produced foods and encourage production of locally consumed food 'eat what you grow, grow what you eat' is our slogan. Unfortunately, in this era of COVID-19 almost all food banks are focused on supplying of mechanized foods (mainly noodles, pasta, etc. and not more of locally produced items). CCN will engage local members who are also farmers in the north to purchase stocks directly from the producers (local farmers). The purchased stocks will be transported to Lagos and stored in the warehouse, which the CCN will provide as in-kind contribution. A stock keeper will be in charge of the warehouse. The targeted families will be supplied with raw food from the food bank. We will replenish the bank periodically as schedule of distribution will determine the periods.

Activity 3.1.2: Food distribution to 500 families in each of the 3 areas.

Output 3.2: Increased production and availability of agricultural food in Lagos

Activity 3.2.1: Training and Empowering 12 small scale farmers to produce farm products.

Activity 3.2.2: On spot visitation during establishment / planting stage and harvesting periods.

Activity 3.2.3: Member churches and individual church leaders will be sensitized and be encouraged to devote undeveloped church properties (land) for small scale farming.

Activity 3.2.4: Referral and monitoring of food supply chain.

Nigeria-Mission 21

Output 1: Provision of food Assistance and NFIs to 300 households (1800 beneficiaries).

Only some of the 300 households receiving food assistance will also receive NFIs and vice versa.

Beneficiaries are generally selected based on their needs. Specifically, the response targets people who have been affected by the Boko Haram insurgency, particularly internally displaced persons as well as displaced widows, elderly persons, and people with disabilities. Mission 21 and its local partners are able to easily identify those with the greatest needs among the target population as partners are already working with the target population in various ongoing developmental projects.

Activity 1.1.1 Distribution of essential food and nutritional packages and NFIs to 300 vulnerable households. Food assistance will include rice, beans, grains (e.g. maize), seasoning (Maggi cubes), palm and vegetable oil, salt, and pasta. Also, food assistance will include nutritional packages for circa 150 babies. NFIs will include mainly toiletries, e.g. toothpaste and toothbrushes, bathing soap, laundry soap and detergents as well as petroleum jelly.

Output 2: Provision of WASH services to 300 HHS (1800 beneficiaries)

Activity 2.1.1 Installation of semi-automatic pedal-operated hand washing machines. Pedal-operated hand washing machines will be installed in an IDP camp in Yola (one) as well as in three other places of frequent community gatherings, e.g. the Kulp Bible College. The provision of WASH facilities and hygiene products will go hand in hand with awareness raising and trainings of beneficiaries on the proper use of the machines and the hygiene products as well as on Covid-19 related hygiene practices [see Activity 2.1.3 and Activity 2.1.4.

Activity 2.1.2: Hygiene products and PPEs will be provided. Hygiene products will include dignity kits containing e.g. sanitary pads for women in reproductive age targeting 100 women. PPEs include face masks, hand sanitizers, and liquid hand soaps targeting 300 households (1'800 persons).

Activity 2.1.3: Hygiene training among target population carried out

Activity 2.1.4: Awareness about Covid-19 raised among target population

Nigeria-World Renew

Output 1.1 3000 (Male 1,200, Female 1,800) participants have increased COVID-19 knowledge and are taking preventive measure through regular handwashing and social dance

Activity 1.1.1 Community mobilization

Output 1.2 15 communities (ZoduB, Nchoyu, La'ake, Nkwexhongu, Addu, Dundu, Kah'goro, Mangu Reni, Rehwinku, Kpara, Kperie, Nzharuvo, Gboro, Ancha, Da'aro) practising social distancing supported by religious and community leader

Activity 1.2.1 Training of religious, community leaders and peer educators on COVID-19

Output 1.3 1500 children have sound COVID-19 knowledge and sharing with their peer

Output 1.4 300 religious and community leaders trained and making sound public presentation on COVID-19

Output 2.1 15 boreholes drilled and in use by households for drinking and handwashing

Activity 2.1.1 Drilling of 15 boreholes in 15 communities A participatory rural appraisal of Bassa Local Government Area reveals that selected communities are locations where women and girls wake up very early walking long distances to get water from unhealthy and yet limited sources. Such water sources are characterised with women and girls overcrowding themselves in search for water to bring to their households. This situation violates social distancing and compromises prevention of spread of COVID-19. Each borehole drilled will be maintained by a carefully selected borehole

maintenance committee made up of respected and responsible community members who will receive training and orientation from World Renew based on best practices from years of ensuring community ownership of hundreds of boreholes drilled in the Eastern Kambari Area of Niger State in Nigeria.

Output 2.2. 15 trauma healing facilitators trained and leading COVID-19 children session

Activity 2.2.1. Training on COVID-19 Trauma Healing for children

Sierra Leone

Output 1.1 Provision of education and sensitisation messages to 480,000 persons

Activity 1.1.1 Advocacy on concerns and challenges encountered by the communities during emergency. The advocacy concerns will be presented to the appropriate District Council Officials by the District Facilitator and religious leaders in the District.

Activity 1.1.2. Education and sensitisation by District and Community Facilitators emphasizing how the COVID 19 spreads and means to be taken to prevent its spread as well as how to refer possible cases for testing and treatment. The Facilitators are specially contracted persons from within the congregations of the CCSL member Denominations within each District.

Activity 1.1.3 Production and posting of signage /posters in communities in strategic locations signage

Output 1.2 Radio broadcasts on COVID 19 messages to 3,680,000 persons.

Activity 1.2.1 .Use of Mass Media (radio and TV) to educate and sensitize communities

Output 2.1 Provision of 600 households (9,600 persons) with the veronica buckets and soap.

Activity 2.1.1. Procurement and distribution of veronica buckets and soaps

Output 2.2 Installation of hand washing station of 200ltrs tank in schools, community health centers and worship places (130 handwashing stations in total; 50 handwashing stations in 25 primary schools and 25 secondary schools; 20 handwashing stations in 20 Peripheral Health Unites; 60 hand stations in 60 places of worship

Activity 2.2.1 Install hand washing stations of 200ltrs tank in schools, community health centers and worship places (130 handwashing stations in total; 50 handwashing stations will be established in 25 primary schools and 25 secondary schools; 20 handwashing stations will be established in 20 Peripheral Health Unites; 60 hand stations in 60 places of worship).

Activity 2.2.2. Purchasing the supplies (soap, buckets with spigots) 1,600 sets will be procured and strategically located in communities where there is "heavy pedestrian traffic. This will benefit approximately 480, 000 persons

Activity 2.2.3 Carry out the sensitisation and education activities (handwashing, social distancing, signs and symptoms of COVID -19 infection) in the target communities

Output 2.3 provision of Gender and psychosocial support to 400 affected communities

Activity 2.3.1 .Provide Gender and psychosocial support to 400 affected communities. This will take the form of community radio panel discussions and radio discussions on the emerging issues i.e. domestic violence and SGBV. Social distancing, a government regulation, is followed in all our activities. The social distancing prevents intimate counselling situations as is normally done. However, we will be able to still meet with small groups as needed (4-5 persons) in churches since they are now open

Burkina Faso

Output 1.1: Production and dissemination of key messages on COVID to at least 100, 000 people

Activity 1.1.1 : Produce and disseminate of key messages on COVID using the local radio channel to reach at least 100, 000 people. This will be done by broadcastings the key messages on Covid -19 in local language by radio covering the area of intervention.

Output 1.2: Mass awareness creation and public information provision on COVID 19 through community leaders and religious actors to reach 10000 people.

Activity 1.2.1 : Conduct mass awareness and provide public information on COVID 19 through community leaders and religious actors to reach 10000 people. This will be done during community meetings led by community leaders and religious actors.

Output 1.3: Displayed banners and signs in key points (public areas) on COVID 19 to reach at least 10,000 people.

Activity 1.3.1 : Display banners and signs in key points (public areas) on COVID 19 to reach at least 10,000 people. The banners will be displayed in French and local languages to reach as many people as possible.

Output 2.1: Provision of WASH hardware and NFIs for 700HHs (4200 beneficiaries).

Activity 2.1.1 : Purchase WASH hardware and NFIs for 700HHs (4200 beneficiaries). Purchases will be made through a call for tenders to local suppliers. The bids received will be selected according to the criteria of product availability, speed of delivery and quality/cost ratio, while taking into account procurement rules. In total, 700 households (IDPs and hosts) will benefit from 700 NFIs kits that will enable them to improve their daily lives. These kits consist of 2 buckets (1 of 15 L and 1 of 20 L); 09 balls of soap; 1 plastic kettle of 2 L; 1 cup of ½ L; 1 can of 20 L; 1 defecation jar for children from 0 to 5 years old. In additions at least 5 boreholes will be repaired to the profit of 5,000 people.

Activity 2.1.2: Distribution of WASH hardware and NFIs to IDPS and host communities to 500 HH of IDPS and host communities.

Exit strategy**Nigeria**

The project will work very closely with community, local government and state actors with a view to strengthen ownership and entrench sustainability towards ensuring project impacts. The established community committees will work closely with community structures in promoting continuous community members' access to services while traditional and faith actors, who will be strategically involved in implementations, will continue to support project objectives even after existing. Through supporting the access to WASH facilities, we will train the communities in Public Health and Hygiene promotion, thereby capacitating the communities in disease prevention and outbreaks. The forum will also train community health promotion volunteers who will then continue to roll out public health and hygiene promotion/campaigns in the camps and communities. Forum members will form WASHCom groups at each water point who will be trained on Operations and Management (O&M) entailing the use of the water pumps and the basic repair and maintenance of the pumping units.

Sierra Leone

We will be providing sensitisation and education regarding prevention of the COVID 19 in addition to the hand washing facilities (bucket sets and soap), these items will remain in the community. The bucket sets are quite durable only needing water to be provided by the community. In rural communities' water is available, in urban communities' water is available from the government water supply and although its not provided in abundance, the communities will be advised to prioritise efforts for maintaining water in the buckets for hand-washing. We will supply the soap

initially, but soap is available in the rural and urban markets (locally made soap as well as soap produced in commercial quantities). Radio stations will replay the COVID Prevention programs we presented. We will maintain contact with the communities via the facilitators and the faith Leadership in the communities (monthly monitoring reports as to the rate of COVID infections and deaths, we will also use existing social media – messages and WhatsApp to maintain contact).

Burkina Faso

In terms of exit strategy, the project will work to actively involve all project stakeholders such as local administrative authorities, religious and customary leaders, beneficiary and host communities at all stages of project implementation. This will allow a good appropriation and sustainability of the project's impacts.

The established community committees will work closely with the health facilities to promote the continued access of community members to the facilities, while the traditional and religious actors, who will be strategically involved in the implementation, will continue to support the objectives of the project even after its establishment. Thus, CA will promote public health and hygiene through community health workers, whose capacities will be strengthened beforehand, to help communities to prevent diseases and epidemics without necessarily waiting for external assistance

PROJECT MANAGEMENT

Implementation Approach

Nigeria

In Kaduna, CA will use a systematic approach to engage and communicate with people and communities to encourage adoption of healthy behaviour and mitigate the spread of COVID-19. Information and messaging are adapted to needs of vulnerable groups especially women, elderly persons and PWD. **CA's live-digital feedback system** tracks community concerns, rumours/misinformation and suggestions about COVID-19. This can be used to adapt messaging/information sharing based on community needs, addressing context specific emerging issues. This will build trust with communities to increase uptake of health information and reduce community fear, stigma and misinformation. **Information sharing ensures communities** are informed of rights/entitlements (key project information, eligibility criteria, timelines, staff and volunteer behaviour, Code of Conduct, how communities can engage in delivery).

In Borno, NCA is currently implementing a short term COVID-19 rapid response in Monguno, where this project will be based. The proposed project is a continuation of the rapid response project and will complement it through an expanded access to reach other vulnerable communities in the LGA for a longer period, essentially as the pandemic is expected to be a protracted crisis. Volunteers will be re-trained and supported to provide onsite support and accompany to vulnerable women and girls (including GBV survivors) whilst taking preventative measures such as social distancing, wearing of face mask and hand hygiene, to access telephone booths in safe spaces if they need support. These volunteers will also be responsible for disseminating COVID-19 specific hygiene promotion messages through house to house hygiene promotion whilst observing social distancing and hand desanitation in between households. Gender will be mainstreamed in this project through the gender sensitive approach adopted by the intervention and disaggregated data will be collected during the intervention. Women will represent the highest number of targeted populations.

In Adamawa, the project will be carried out within the framework of Mission 21's LRRD. Mission 21 and its partners recognize the need to maintain a synergy between relief work and regular development projects. This ensures that relief interventions are carried out with a long-term perspective. The proposed project is going to be directly implemented by Mission 21's local partners, the EYN Disaster Relief Ministry (DRM) in collaboration with the EYN Women Ministry (WM) and the EYN HIV and AIDS Programme (EHAP). The WM has its main focus on women's, girls', and children's wellbeing. They will ensure gender mainstreaming is sustained throughout the project. EHAP's primary mandate has been raising awareness about HIV and public health issues.

Thus, their focus in the proposed project is on promoting awareness about COVID-19 through behaviour change communication (BCC). The project will have two major components, (1) food distribution and (2) provision of WASH facilities, training and awareness raising. The main target recipients of the food distribution are displaced persons living in an IDP camp, non-displaced but affected people, host populations, and returnees. The provision of WASH facilities and hygiene products will go hand in hand with the information campaign (BCC) to raise awareness. The intervention will demonstrate gender sensitivity by ensuring that the needs of different gender groups are taken into account. WM will help to ensure that gender lens is employed at all stages of the project cycle and that women are included as decision makers, implementers and beneficiaries in all project activities. As a humanitarian project, the specialized needs of all groups of beneficiaries will be considered (e.g. women, elderly, nursing mothers, babies, youths, men, disabled etc.).

Sierra Leone

Proposed Modality: Given the time factor and the rapid spread of the disease, all members of the community need to be involved for maximum protection. It is crucial that the sensitisation and education be done as rapidly as possible – hence the large number of community facilitators all carrying the same “message”. We will cooperate with other CSOs if they are working in the same areas / communities. This is done by having various meetings with key stakeholders i.e. the Traditional leaders and religious leaders in which they are kept informed of every aspect of the programmed response. Highlight Role of Local Faith Actors: Local Faith leadership will play a key role in implementation (placement of materials for handwashing, posting of messages and signage etc.) Local religious leaders are moral guarantors of a community projects therefore their engagement is important for community acceptance. They are also crucial in providing psycho-social support and spiritual support to communities in times of crisis. 100 Pastors will be identified by the Heads of Churches as a Pastor who has experienced serious financial stress due to the prohibition of worship services; Funds will be released to each of the Pastors at the CCSI Secretariat in keeping with standard accounting practices that will allow the Pastor to meet the needs of his family for the next three to four months. Gender Mainstreaming: The ACT Forum contains three Women out of six members.

Burkina Faso

The approach to implementation will be participatory. It will consist of consultation with the actors in the project's area of intervention for a better synergy of the humanitarian response. The implementing partners, which are among others, the development offices of the churches, will be responsible for informing the beneficiaries about the purpose of the project, the criteria for selecting the said beneficiaries, etc. The implementation of the project will be participatory. These implementing partners will also be responsible for involving the beneficiaries in the different stages of implementation. Moreover, this project will reinforce the achievements of previous projects implemented in Kaya and Tougouri in the North Central region. Finally, the gender issue will be taken into account both at the level of the selection of the beneficiaries' criteria and the composition of the implementing actors. Thus, emphasis will be placed on women heads of households, pregnant or nursing women, young girls, children under 5 years of age, the elderly and people living with a disability.

Implementation Arrangements

Nigeria

In Nigeria, CA will work with a local CSO, DPI in the delivery of the activities. DPI is selected based on its profile as a faith-based organisation which has made several in-roads with stakeholders in selected LGAs and with experience working with the local communities from whom it has built confidence and trust. Red cross society, being a member of the EOC will also be worked with indirectly as it brings to fore its experience in community entry especially in the conflict-prone areas thus, using its established protocols to reinforce conflict and security measures for the safety of targeted beneficiaries and implementing staff. **NCA** locally recruited volunteers will be re-trained (whilst considering social distancing) to provide sustained COVID-19 integrated hygiene promotion messages translated into local languages, crowd control and sanitisation in safe spaces to ensure social distancing and COVID-19 prevention. Volunteers will also sign post women and girls to NCA's mobile GBV services whilst NCA staff provides telephone counselling and case management based in Maiduguri. **Mission 21** has been working with the implementing partner church, the EYN, since 1959. Three EYN departments will implement the proposed project. The DRM, which has the mandate of coordinating disaster relief on behalf of the church, is the lead implementing partner. The DRM will collaborate with the EYN Women Ministry (WM) and the EYN HIV and AIDS Programme (EHAP) for implementing the project. While the DRM will organize food distribution and the installation of semi-automatic pedal-operated hand washing machines, EHAP will organize information campaigns to create awareness about Covid-19. The WM is going to play an active part as co-organizer of all project activities in order to ensure adequate representation of women, both among implementers and beneficiaries, and to keep the gender lens active throughout the entire project. **World Renew** will transparently work with Beacon of Hope Initiative in implementing this project and provide quarterly reports to ACT Forum Nigeria. ACT Forum Nigeria members will have full access to visit target communities and monitor work progress as well as see financial transactions

Sierra Leone

The ACT Forum Members will provide the facilitation expertise at the District and Community levels, CCSL will ensure that project supplies (hand washing buckets and posters) are purchased and transported to the Districts and communities. CCSL will ensure that all the District Facilitators receive the training needed and are capable of training the community facilitators. CCSL will be responsible for the reporting (financial and narrative) to ACT International/ ACT Sub regional Office and the CCSL constituency. There are no non-member partners active in this project hence no Memo of Understanding has been done. We will ensure that we receive permission from each of the District Councils (Local Governments) to implement this response. In addition, we will receive permission from the traditional Authorities (paramount chiefs) of the communities we engage with in COVID 19 prevention activities.

Burkina Faso

CA Burkina Faso will ensure the coordination of technical work at the level of the forum (design and implementation of the needs assessment, elaboration of the proposal based on the contingency plan, supervision of project implementation, coordination of forum meetings and consultations with the donor, the government (including at local level) and other humanitarian actors, elaboration of the general report). In addition, for its own project, CA set up the following organisation.

- The Program Manager will coordinate the elaboration of the proposal, the organization of the follow-up of field activities with implementing partners for needs assessment, targeting, project implementation, monitoring-evaluation, etc.).
- The Operations Manager will be responsible for providing technical advice to the implementing partners, coordinating accountability activities and the proper functioning of the complaints response mechanism and for the proper execution of contracts and logistical management.

•The Financial Manager will oversee coordinating the preparation of the budget and procurement in accordance with the rules of compliances.
The MEAL will be responsible for the technical preparation of control visits, data collection, monitoring-evaluation, drafting and transmission of reports).

Project Consolidated Budget

	Appeal Total	NIGERIA	SIERRA LEONE	BURKINA FASO
Direct Costs	816,116	491,569	140,604	183,943
1 Project Staff	152,182	86,351	48,174	17,657
1.2 International Staff	3,429	-	-	3,429
1.3 National Staff	148,754	86,351	48,174	14,229
2 Project Activities	554,209	356,783	88,266	109,160
2.1 Public Health	40,705	-	27,931	12,774
2.2 Community Engagement	31,906	28,858	3,047	-
2.4 WASH	174,037	98,994	-	75,043
2.5 Livelihood	9,422	9,422	-	-
2.6 Education	10,459	-	4,287	6,171
2.7 Shelter and Household items	42,502	-	40,830	1,671
2.8 Food Security	150,255	136,755	-	13,500
2.9 MHPSS and Community Psycho-social	40,113	40,113	-	-
2.11 Engagement with Faith Leaders	54,811	42,641	12,170	-
3 Project Implementation	35,642	4,297	-	31,345
3.1. Forum Coordination	33,123	3,781	-	29,342
3.2. Capacity Development	2,519	516	-	2,003
4 Quality and Accountability	43,063	26,845	2,031	14,187
5 Logistics	27,872	15,486	2,133	10,254
6 Assets and Equipment	3,148	1,807	-	1,341
Indirect Costs	126,602	111,343	5,028	10,232
Staff Salaries	77,915	68,320	4,388	5,208
Office Operations	48,687	43,023	640	5,024
Total Expenditure	942,718	602,912	145,631	194,175
ICF (3%)	28,282	18,087	4,369	5,825
Total Expenditure + ICF	971,000	621,000	150,000	200,000

Project Monitoring, Evaluation and Learning

Nigeria.

CA Nigeria will be responsible for overall monitoring and evaluation of the project. CA has built in a secretariat that has the requisite capacity in Project management, M&E and finance who will liaise with the forum leads in Burkina Faso and Sierra Leone to monitor the project. CA will in turn provide regular updates to the ACT secretariat in Kenya. The project will also be supported with oversight from the CA Head of Programmes and Programme Development and Funding Manager-West Africa.

CA will adopt a robust monitoring, evaluation, accountability and learning system that tracks progress integrating programme evidence to inform/improve project delivery with rigorous and inclusive data (including beneficiary feedback and context monitoring). A consolidated MEAL Plan will be developed to track all activities and indicators. We are disaggregating sex, age, disability wherever we are collecting personal data about beneficiaries. Key components: Our **Adaptive Programming approach** to respond to the rapidly changing COVID context. Participatory Monitoring and Learning involves beneficiaries, partners, other stakeholders in planning, monitoring and harvesting outcomes. With movement restrictions, we will adopt our remote approach to monitoring and evaluation by integrating community members into our monitoring systems. Our **existing networks and platforms within target communities** use simple tools like basic Mobile data collection applications, SMS, Phone calls, WhatsApp messages, pictures among others to collect information from target location. We will clean up, analyse and develop reports for tracking project outcomes. **Christian Aid's Inclusion Checklist** will be used to ensure key beneficiary categories are represented in project data.

The Nigeria forum members will also utilise various MEAL approaches in monitoring the project.

NCA Implementation of this project will be monitored through a comprehensive MEAL plan that will be developed, using already established M&E tools and the Logical Framework. Baseline data will be taken from information gained through the rapid response and lessons learnt from its start up, implementation and close out will be considered to enable fine tuning of this project to most accurately meet the needs of the population. Making use of this already available data will avoid duplication of effort and is cost effective. At project completion a mini end line survey will be conducted with beneficiaries which will be coordinated by NCA's MEAL department. Monitoring tools will be put in place to ensure appropriate collection of data for the specific indicators. The effectiveness of all training and promotion activities will be measured through regular follow-up discussion with HHs covered coupled to observations at household level. **CCN** project team will monitor the project implementation from the inception to end of project. Performance will be tracked using the indicators and sources of verification. The team will also hold periodic report meetings to analyse and track performance and evaluate achievements and results. Beneficiaries of food distribution and cash gifts would be met with one-on-one where church leaders will pray with them and give them words of encouragement / inspiration. They would also sign documents indicating their names, families, locations and signatures. CCN members are participants and part of monitoring and evaluation of the project at the almost the three parts of the project. Adjustments and corrections can be made by first contacting the ACT Alliance (partner of the project) for agreement before the adjustment and corrections are made. We will also notify any group who might be affected by the adjustment and corrections. **Mission 21** Nigeria Country Coordination Office will lead the monitoring process. At the start of the project, Mission 21 and the implementing partners will develop a detailed implementation plan (DIP), which will contain the project indicators, a comprehensive timeline, resources, target locations, budget line and persons responsible. Process monitoring will focus on output indicators and activities as well as the means of achieving the project objectives. Outcome monitoring will focus on indicators that measure change (intended and unintended) brought about by the intervention. Specifically, the outcome monitoring will look at

indicators that show the extent to which the project outcomes have been achieved. Outcome monitoring will enable us to tell what has changed as a result of the outputs. There will be rapid post-activity appraisals to receive feedback from beneficiaries on how activities were carried out and their impressions in the form of quick surveys. The beneficiaries are also going to be involved in collecting data on outcome indicators. **World Renew**-The project officer will track the progress of the project activities during implementation using the Gantt chart ensuring that project design and budget are followed accordingly. This will also be done in collaboration with the benefitting communities. He or she will also be given a leverage to make some changes on the activities where things are not going on as planned. However, there will be situation where he or she will have to communicate with all stakeholders to get approval for a major change on the project. The monitoring and evaluation officer will use the plan indicators for monitoring starting with a baseline survey. During project implementation phase, it is expected that there will be lessons to learn. Therefore, lesson log will be designed and provided to the project officer were he or she will document any lessons learned. Meetings will be held on a regular basis with all stakeholders to review the lessons and adapt to any changes that deliver the expected outcome. These lessons will be shared with the wider organisation through the report that will be submitted to the forum

Sierra Leone

Monitoring will be done by District and Community Facilitators and Community Leadership; the Programme Coordinator will meet regularly with the District facilitators to receive reports and feedback related to corrective action if needed. The District Facilitator will meet weekly with the Community Facilitators. The Programme Coordinator will be in contact with Community Leadership (telephone, messaging, WhatsApp) for feedback. At the termination of the Response, the Programme Coordinator will conduct the evaluation based on monitoring reports submitted and visits with community leadership.

Burkina Faso

The project will be monitored by the MEAL manager of each member of the Forum. Performance will be evaluated periodically. Thus, whenever necessary, adjustments and corrections will be made in the implementation after consultation between the members of the Forum and with the donor. In the context of insecurity and restriction of movement (confinement, quarantine, ...), partners will be equipped with smartphones for data collection and transmission. Similarly, third parties will be recruited within the communities and will regularly provide data on the implementation of the project.

Lessons learned and good practices will be captured from the MDPs and especially from the assessment workshop that will be organized at the end of the implementation and which will bring together the various implementation actors, namely local authorities, traditional or religious community leaders, and representatives of the beneficiaries, considering gender. These actors will analyse the implementation of the project in terms of what worked well and what needs to be improved before making recommendations to improve the implementation of future similar projects.

- Periodic and end-of-project reports
- Publication of experiences on the Act Alliance website

Safety and Security plans

Nigeria

CA-Overall security situation of target sates may be volatile due to conflicts. The security threats are real and may hamper the smooth implementation and progress of the project. But, CA has laid down well described security and safety procedures which are fully aligned with INSO, UNDSS and Nigerian Armed Forces guidelines. The security and safety of staff, volunteers and beneficiaries is of immense significance for CA and all the operations and field movements are not allowed without proper security assessment and clearance. Security and medical first aid training of staff has been

completed and undertaking refresher courses is also mandatory for the staff working in field. Secondly, the security focal person always provides updates and security alert to staff members whenever any security situation arises in LGAs where CA is implementing several projects. **CCN**-The implementing staff could face the risk of contracting COVID-19. Coming out of one's house is a great risk in this time of COVID-19 pandemic because Lagos is a highly congested state. Both the beneficiaries and implementers are at risk on contacting the virus. Implementers shall address this by adopting 'social distancing' using and encouraging use of face masks, hand washing and use of sanitizers. **Mission 21**-In order to minimize the risk of project implementers and beneficiaries contracting the new Corona virus, all implementers and beneficiaries are trained on personal safety and responsibility and equipped with the necessary hygiene products. In addition, to keep project implementers and beneficiaries as safe as possible from attacks by non-state armed groups and potential other threats, a risk assessment of the target area has been conducted and will be reviewed regularly. Also, implementers have received training on security risk management. During the inception meeting, standard operating procedures (SOPs) specific to this project will be developed. The emphasis will also be on the duty of care. Also, the EYN is accepted by the communities on the ground due to the manifold social services it offers to different target groups within its regular scope of work. This reduces the risk for the project staff and assets. **World Renew**-Risk is an inherent part of living in Nigeria. Knowing the risks, you face personally and corporately is a necessary first step to prepare appropriate safety plans. Annually, World Renew Nigeria assesses current threats and plans the appropriate measures to reduce the likelihood of these threats. The likelihood of encountering these threats relates to level of vulnerability. Vulnerability is affected by such things as location, exposure to threats, value of property, impact of programs, adoption of security measures, compliance of staff, interpersonal skills, and image of our staff and programs. Natural disasters are also included in the list of possible threats, with similar steps of action.

Sierra Leone

All implementers will participate in the COVID 19 prevention training; District Facilitators and the Coordinator will receive the training in the CCSL office, the Community Facilitators will be trained in each District by the District Coordinators. During Field visits all implementers will be expected to follow the safety protocol (wearing masks, use of hand sanitizer while on the visit, and thorough hand washing at the termination of the visit). All implementers will also have the information related to referral of possible COVID 19 patients to the nearest medical facility by calling the emergency number 117 and requesting an ambulance (this is the government mandated policy).

Burkina Faso

The Sahel and North-central regions where the project will be implemented in is an area plagued by terrorist attacks. Security threats may hinder the proper implementation and progress of the project. For this reason, the members of the Forum will take all precautionary measures to ensure the safety of personnel at all times. Thus, each site will have its own specific operational procedures based on the nature of the threats and the level of risk. Staff (including partners) will be provided with adequate security information and must commit to adhere to all established security procedures. Security management will be also closely coordinated by the security coordinators in collaboration with other actors such as INSO and SF for the collection and analysis of information.

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

Nigeria

All staff of the organization have all signed on the code of conduct but have also been taken through a compulsory training on Code of Conduct as expected by the organization. The project will ensure dedicated Complaint Response Mechanism working with community representative's whilst ensuring detailed information and multiple pathways for making complains and receiving feedback

Sierra Leone

Code of Conduct: We will provide all staff with a copy of the code of conduct and require that they sign it prior to going to the field for their assignment
 Specific Measures: Staff will be given a copy and a committee of the forum members will monitor the effectiveness of the CoC and any breaches of the code will be reported and dealt with immediately.
 Protocols, Plans in Place if Violations: Oral and written queries of the person involved will be carried out immediately. If the violations are in fact true and serious, the person will be dismissed immediately and if a law was broken, the matter will be reported to the Police.

Communicate CoC to Affected Communities: First, we will ensure that all facilitators understand the CoC, and we will provide the community leaders with a copy of the CoC and ensure that it is understood. Community Leaders will be asked to sign a statement that they understand the CoC and will abide by its provisions.

Burkina Faso

Regarding safeguarding, CA has a policy that requires all partners, forum members and staff to respect the code of conduct relating to the prohibition of exploitation, abuse or discrimination of beneficiaries of humanitarian aid. Thus CA/Burkina Faso has four agents trained to respond to concerns such as ensuring that project stakeholders sign the code of conduct before any deployment or actions.

Safeguarding

Nigeria

The Forum members have Safeguarding Policies is in place and actively reviewed. We will requires all partners and consortium members to have a Code of Conduct or equivalent standards that set out, at a minimum, the obligation of staff not to exploit, abuse or otherwise discriminate. Christian Aid is a signatory to international beneficiary feedback mechanisms, including the CHS. The Forum **members also have Whistleblowing and Safeguarding (SG) policies** in place. A digital feedback system is used to collect, document and confidentially handle sensitive complaints related to fraud, corruption, exploitation, abuse and protection. The system is designed to escalate sensitive complaints internally to authorised staff (e.g. Safeguarding Manager) for immediate investigation and action. **Setup Complaints mechanism** is used to collect, document and confidentially handle fraud, corruption, exploitation, abuse complaints alongside protection concerns. Safety and confidentiality will be ensured, and communities informed on what constitutes abuse, how to report. The SG concerns will immediately be flagged in the tracking system for action by SG specialist. We will **roll-out existing safeguarding community IEC materials** for Nigeria contexts translated into local languages, raise community awareness on expected staff behaviour, code of conduct and how to report cases of abuse.

Sierra Leone

Specific Measures: All Staff engaged for this project are required to sign our policy on Human Rights and Sexual Exploitation and Code of Conduct prior to receiving any field work assignments

Protocols and Plans in Place: A reported violation of the CS-PSEA will be investigated immediately and if found to be accurate the person will be dismissed. If it is found that a law has been broken the matter will be turned over.

Burkina Faso

Burkina Faso CA has a mechanism that allows for the confidential reporting and diligent handling (by authorized personnel) of sensitive complaints related to fraud, corruption, exploitation, abuse and protection.

The complaint mechanism provides for the collection, documentation and confidential handling of complaints relating to fraud, corruption, exploitation, abuse and protection issues. Beneficiary communities will be informed and sensitized on expected staff behaviour, the code of conduct and how to report cases of abuse.

Conflict sensitivity / do no harm**Nigeria**

Do No harm principles will be mainstreamed throughout the project implementation as will adherence to CHS principles of accountability. We will deploy accountability and learning officers at state level who will coordinate accountability to affected communities. The project will institute a safe and confidential way for beneficiaries to raise concerns and receive a response, from everyday problems with the quality of the services to serious complaints regarding corruption, misuse of assets, staff misconduct or sexual exploitation and abuse. The mechanisms will take into account social or cultural restrictions, including those related to gender or a disability, literacy limitations or lack of ICT access. These include Complaints and Accountability Committees to increase the agency and transparency within the community, improving the implementer and beneficiary relationship

Sierra Leone

The provision of hand washing facilities, signage and posters will be done with permission of the community leadership and will be strategically located within each community as per the directions of community leadership. The education and orientation sessions for small groups (4-5 sessions per community) will be held with the permission of the local community Leadership (Paramount Chiefs, Section Chiefs and Town Chiefs), each session will include youth, Men and Women leaders in keeping with cultural values and practices in the area.

During the implementation of this project, the principles of "Do no harm" will be considered as well as the emphasis will be placed on the respect of the principles of responsibility (of the CHS) towards the beneficiary communities. This will involve providing a safe and confidential mechanism for beneficiaries to raise concerns and receive a response, whether they are day-to-day problems related to the quality of services or complaints about corruption, misuse of assets, staff misconduct or sexual exploitation and abuse. This mechanism will consider social or cultural restrictions, including those related to gender or disability, iteration limitations or lack of access to ICTs. The aim is therefore to establish complaints and accountability committees aimed at increasing community confidence in Forum members and transparency within the community, while improving the relationship between the implementer and the beneficiary

Complaints mechanism and feedback**Nigeria**

The Forum members will work to build trust with communities to increase uptake of health information and reduce fear, stigma and misinformation, and understand community perceptions, fears, information needs and suggestions on **COVID response using a digital feedback system**. The **feedback system works through existing, community structures** via local partners and communities to identify key trusted focal points e.g. faith-based leaders, community health volunteers, community representatives/influencers collecting feedback on COVID-19 and CA's response. Feedback and complaints management aids safe community engagement to reduce exposure to communities/staff including remaining in quarantine or sheltering where necessary. **Responsible data principles used to collect**, share and store all personal/community data to minimise risk. **Multiple channels used for two-way community communication** including community focal points,

toll-free lines, face-to-face feedback, help-desks **Feedback regularly and systematically tracked**, analysis done weekly for trends analysis.

Sierra Leone

Community Leadership will be provided with the contact number of the Community Facilitator, the District Facilitator as well as the contact number of the Programme Coordinator at the CCSL Secretariat and other ACT Forum members. In addition, the District Facilitator will meet with the Community Leadership on a Monthly basis (provided there are no Lock-downs in effect) for feedback on the impact and effect of the response carried out. The community leadership will be requested to maintain a “complaints container” (carton) where any community resident can make a confidential written complaint. The complaint will be opened and read by the District Facilitator in the presence of Community Leaders

Burkina Faso

For a participatory implementation of the project, beneficiaries and other stakeholders will be involved at all stages. First, they will be informed by the implementing partners about what the project wants to do and the criteria for selecting beneficiaries. Then, during the beneficiaries' representatives, local authorities and community leaders (religious and customary) will be invited to the project's socialization meeting, during which details on the objectives, duration, activities, locations, roles and responsibilities of the actors, expected results, etc. will be presented to them. In addition, they will be informed and invited to set up complaints management committees which will then be formed at the beginning of the project implementation. There will also be an MDP led by an independent consultant whose results will be presented at a debriefing workshop. This workshop will bring together all the implementing actors plus representatives of the government and other INGOs operating in the area. Analyse lessons learned, good practices and make recommendations to improve future similar projects.

Communication and visibility

Nigeria

Christian Aid has an established a specialist Programme Communications team which provides strategic and hands-on support globally, that will coordinate communications for the programme. Together, they will: 1. Design and develop a transparent and engaging messaging framework which generates and sustains awareness of the project, reflects the strategic vision of the programme and acknowledges ACT' support. 2. Create a programme identity which will enable stakeholders – both in country and beyond –to engage with the overall vision and objectives of the programme. 3. Bring a communication focus to the learning aspects of the programme, to capture and share best practice replicable models and build evidence of what works. Also, during the inception period, we will develop a full communications plan outlining different audiences, tactics, activities and content in line with UKaid branding, communications and visibility guidance. All materials and publications will acknowledge ACT as the source of funding. All equipment with visibility potential will carry the ACT logo to acknowledge the funding. Publications and other communications materials including social media posts will acknowledge ACT.

Sierra Leone

The Posters / Signage illustrating COVID 19 prevention actions will have the ACT Logo printed on them. Reporting will include photos showing the ACT Logo on the posters.

Burkina Faso

In terms of visibility, Forum members will ensure that the Act Alliance logo will appear in all publications related to the implementation of the project. Similarly, posters and banners will be displayed in public places in the intervention zone. Prior to implementation, the government will be informed about our project and its donors. During the socialization of the project, local actors (administrative authorities, community leaders (religious and traditional) and beneficiaries will be briefed on the project. In addition, periodic and final reports will be shared in the communication networks of the forum members (such as Yammer for CA) and in local newspapers.

Annexes

Annex 1 – Summary Table

	Nigeria Forum (Christian Aid, Norwegian Church Aid, Mission 21, World Renew and Christian Council of Nigeria Forum)	Sierra Leone Forum (Council of Churches in Sierra Leone and Christian Aid)	Burkina Faso Forum (Christian Aid, DIAKONI, LWR and Association DIGNUS)																																																																								
Start Date	September 1st, 2020	September 1 st 2020	September 1st, 2020																																																																								
End Date	June 31 st , 2021	February 28 th 2021	February 28 th 2021																																																																								
Project Period (in months)	9 Months	6 Months	6 Months																																																																								
Response Locations	Adamawa, Borno, Lagos, Kaduna and Plateau	Kono, Kailahun, Kenema, Bombali, Falaba, Koinadugu, Tonkolili, Kambia, Karene, Port Loko, Bo, Bonthe, Moyamba Pujehun, Western Area, Rural and Western Area	Tougouri / Province du Namentenga, Barsalogo / Province du Sanmatenga, Kongoussi/ Province du Bam in Centre North region of Burkina Faso																																																																								
Sectors response of	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input checked="" type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input checked="" type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input checked="" type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input checked="" type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input checked="" type="checkbox"/>	Preparedness and Prevention	<input checked="" type="checkbox"/>	MHPSS and Community Psycho-social	<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 type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy
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Targeted Recipients (per sector)	25, 800 persons	500, 000 Persons	73, 540 Persons																																																																								
Requested budget (USD)	US\$ 621,000	US\$ 150, 000	US\$ 200,000																																																																								

Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Violent Demonstration: religious violence/demonstrations: Beneficiaries may be placed at risk because of the power position that comes with aid resources; In some cases, during aid assistance staff and beneficiaries suffer from attacks due to religious activities and demonstrations. While all these may play out in some instances and may tend to have negative significant effects on our work, much efforts would be put in place for partnership with the state and non-state actors in providing support for smooth implementation delivery of aid.

Threat 2: Organizational/Reputation/political risks: Sometimes during political season, humanitarian aid may be misconstrued for political activity. Ghana goes into elections this year with so much political tension especially the Electoral Commission compiling new voters register. The situation presents an opportunity for the ruling party to shrink civil society space and hijack the project activities. The project will however, emphasise the need for neutrality during inception meetings- as it is a church-based intervention. Politics (sloganeering and regalia) not be entertained at any gathering.

Threat 3: Financial/Economic risk -The pandemic has of brought economic crisis coupled with corruption and characterised by cash shortage, unemployment, among other indicators. Several economic shocks have punctuated the government’s planned projects especially the One District One Factory to create jobs for the youth. This will eventually affect the standard of living of members especially the vulnerable. The alternative livelihood project will therefore create avenue for women to support household income.

Threat 4: Social risk: The project context sets in motion potentials for negative social indicators; gender based violence, sexual abuse/violence, and disease outbreaks of disproportional scales due to disrupted social fabrics. The project will set up a functional complaint and reporting mechanism. Partners will work with other state and non-state actors to ensure that social risks are minimised.

Threat 5: Environmental risk: Cross-fire attack, abduction/kidnapping, special forces operations, improvised explosive devices (IED) attacks and traffic accidents – In Nigeria, the project focus interventions are mostly at locations with pronounce cases of kidnapping and possible exchange of fire by armed bandits. There are likely potentials of human abduction within these locations, the government have made efforts to secure lives and properties while development partners support with relief materials. The intervention will identify and train community structure as volunteers that would support with basic information to minimise these risks

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	Negligible	Minor	Moderate	Severe	Critical
Probability					
Very likely	Low No serious threat to the intervention.	Medium Some disruptions by the youth.	High Financial risk/corruption	Very High Reputation risk	Very high Abduction and Kidnapping

	No delays to the program	Some delays due to registration exercise and elections	No life-threatening situation. Some project delays	Violent Demonstration Serious Injury Major destruction to assets Severe disruption to project	Death or severe injury. Destruction of assets Loss of project
Likely	Low	Medium	High Political risk Special Forces Operations	High Sexual violence	Very high Cross-fire attack
Moderately likely	Very low	Low	Medium Religious violence	High	High Medical risk
Unlikely	Very low	Low	Low	Medium Traffic accident PBIED/VBIED attack	Medium
Very unlikely	Very low	Very low	Very low	Low	Low