ACT Alliance

Humanitarian Assistance to vulnerable and affected Communities of the COVID-19 Pandemic in India

Appeal

IND 211

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Project Summary Sheet

Project Title	*Humanitarian Assistance to vulnerable and affected Communities of the COVID-19 Pandemic in India*
Project ID	IND 211
Location	

States	Districts
West Bengal	Kolkata Municipality Corporation, Birbhum and Bankura districts;
Jharkhand	Dumkha, Gumla, Lohardaga.
Odisha	Nabarangpur, Rayagada, Kalahandi, Balangir, Mayurbhanj, Kendrapada, Jajpur, Khordha (Bhubaneswar), Cuttack, Nuapada
Madhya Pradesh	Betul and Seoni
Maharashtra	Ahmednagar, Aurangabad, Lattur
Kerala	Pathanmthitta and Kottayam
Tamil Nadu	Trichy, Cuddalore, Tiruvannamalai and Kallakuruchi
Assam	Baksa , Kokrajhar and Chirang districts
Uttar Pradesh	Gazipur, Maharajganj
Andhra Pradesh	Guntur, Chittoor
Karnataka	Bidar, Gulburga
Delhi	Delhi
Bihar	Samastipur, Saharsa

Project Period	Start Date 15th May 2021 End Date 15th Feb 2022 No. of months Nine
Requesting Forum	**ACT India Forum** ☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)
Requesting members	Church's Auxiliary for Social Action (CASA) Lutheran World Service India Trust (LWSIT) United Evangelical Lutheran Churches of India (UELCI) Christian Agency for Rural Development (CARD) Church of North India – Synodical Board Social Service (CNI-SBSS)
Contact	

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Local partners			
Thematic Area(s)	☒ Public Health	☐	Shelter and household items
	☒ Community Engagement	☐	Food Security
	☒ Preparedness and	☐	MHPSS and CBPS

	Prevention ☒ WASH ☒ Gender ☒ Livelihood ☒ Engagement with Faith and Religious leaders and institutions ☐ Education ☒ Advocacy ☐ Other: _____
Project Outcome(s)	**Outcome 1** People and communities are aware of their risk of infection from Covid-19 and its mitigation including vaccine acceptance. **Outcome 2** COVID 19 affected people and people at risk of being affected by COVID 19 can meet their immediate needs including medical expenses. **Outcome 3** Hospitals are supported in strengthening their capacities by providing them with needed supplies **Outcome 4** Increased awareness on gender sensitivity and referral systems among men, women and youth on gender-based violence
Project Objectives	1. Reduce the risk of exposure of vulnerable communities to COVID 19 second wave and prevent & mitigate the spread of COVID 19 to decrease the morbidity and mortality through provision of PPEs and community mobilisation and education 2. Ensure vulnerable groups can cover immediate household expenses (with specific focus on families impacted by COVID 19) 3. Provide oxygen supply to hospitals and train para medical staff on COVID 19 prevention and mitigation 4. Raise awareness on gender issues with affected population through gender sensitivity trainings.
Target Recipients	**Profile** ☐ Refugees ☐ IDs ☒ host population ☒ Migrant Workers ☐ Non-displaced affected population
Project Budget (USD)	**1,667,281**

Reporting Schedule

Type of Report	Due date
Situation report	(Quarterly) 15th August 2021 15th November 2021 15th February 2022
Final narrative and financial report (60 days after the ending date)	15th April 2022
Audit report (90 days after the ending date)	15th May 2022

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, Nancy Ette (Nancy.ette@actalliance.org) and Head of Humanitarian Affairs, Niall O'Rourke (niall.orourke@actalliance.org) with a copy to the Finance Officer, Marjorie Schmidt (marjorie.schmidt@actalliance.org) of all pledges/contributions and transfers, including funds sent direct to the requesting members. Please also be sure to inform us at the time of your pledge of any back donor or other special requirements relevant to the donation. In line with Grand Bargain commitments to reduce the earmarking of humanitarian funding, if you have an earmarking request in relation to your pledge, a member of the Secretariat's Humanitarian team will contact you to discuss this request. We thank you in advance for your kind cooperation.

Please note that the present Foreign Contribution Regulation Act amendments in India require that all NGOs open a bank account for foreign funds at the State Bank of India, New Delhi. ACT Alliance will only be able to transfer funds to UELCI, LWSIT, and CARD upon activation of their bank accounts.

For further information, please contact:

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

Niall O'Rourke
Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

Context

India's confirmed coronavirus cases continue to rise despite several states imposing localised lockdowns, curfews, and curbs on movement. There is an increasing pressure for national government to declare a nationwide lockdown. Within a month, since the second wave broke out in late March, Covid-19 cases have reached unprecedented levels, with over 400,000 cases per day.

According to health experts, India's cases have been growing at a rate seen during the early stages of the outbreak in other countries, which subsequently reported an exponential increase in infections. As per the Indian Council of Medical Research, currently, India is in stage two of transmission, where the virus infects people directly in contact with affected patients who returned from abroad.

- India accounted for 46% of the new COVID-19 cases recorded worldwide last week and one in four of deaths, the World Health Organization (WHO) said on Wednesday.
- The surge of the coronavirus in India, including of a highly infectious new variant first identified there, has seen hospitals runs out of beds and oxygen, and morgues and crematoriums overflowing. Many people have died in ambulances and car parks waiting for a bed or oxygen.
- The figures are based on official tallies, so India's case load could be even higher if, as many experts believe, a large number of cases and deaths are not being recorded as the system becomes overwhelmed. India accounts for almost 18% of the world's population.

The World Health Organisation has reported that India's coronavirus variant is now a global concern as it has spread in over 30 countries. Its preliminary studies shows that this variant spreads more easily than other variants and requires further study.

Terming the COVID-19 Pandemic as 'once-in-a-century' crisis, the Union Council of Minister on 30th April 2021 said the pandemic has thrown a big challenge to the world. The Council said in a statement after a meeting with the Prime Minister over the current COVID situation in India. In the meeting, PM urged the Union Ministers to stay in touch with people of their regions, help them and keep getting their feedback. As India continues to grapple with surge in COVID-19 cases and the resultant oxygen shortage at hospitals, the Centre on 30th April said the second wave of COVID-19 is five times the peak in first wave in Rajasthan and Uttar Pradesh, 4.5 times in Chhattisgarh and 3.3 times in Delhi. Delhi Chief Minister on Friday said that, the national capital has not yet received COVID-19 vaccinations and his government is in constant touch with companies for the same. This comes a day before India is set to open vaccinations for all adults. He also informed that; Delhi Govt. has requested both companies to make available 6.7 million doses each in the next 3 months.

Needs

The risk of getting infected with the mutated variant that spreads easily is very high while hospitals are already overwhelmed with overworked staff and low supply of equipment and medicines. In

effect, people with mild and asymptomatic cases are often treated and quarantined at home. Attention is focused on urban areas where cases are increasing rapidly that rural areas have been neglected and mostly uninformed about protection and prevention.

Migrant communities are still insecure about their jobs where most are still wanting to move back to their home villages. Though the impact on guest workers (migrants) is not like that of 2020, the risk factors which the guest workers carry from the urban areas to the rural areas are higher In the light of this the possibility of the local population being affected by COVID 19 is more

There is an urgent need to communicate the risk of infection from coronavirus. Prevention measures to ensure that the communities which are at risk of COVID 19 get well educated and adopt appropriate behavior which will help in reducing the risk. As the situation is so precarious that staff would not be able to move freely and follow protocols there is a need to enhance the existing capacities of the community to enable an effective community owned mechanism of awareness raising which should also internalize the community responsibility of appropriate behavior of the communities. It needs to go beyond these aspects in reaching the community with the trend and impact of the second wave, where focus should be on early detection of COVID 19, where the support of the local health system would be needed. Added to this would be the awareness on vaccines which will also form a crucial element. Different types of awareness would be needed and leaders among the communities should be engaged in it.

Provision of personal protection kits consisting of sanitizer, soap, masks, and hand gloves, would be needed to emphasise on the importance of self hygiene to reduce the risk of COVID 19. This would also bring them back to the culture of three basic steps namely using mask, sanitizer, and physical distance. This approach should be a continuous one and the communities also should own it. Building in a system is crucial, where efforts should also be done to link with broader perspective of community hygiene and upkeep.

As there are more workers returning to their home villages, this time around the government has not taken substantial steps to have quarantine centres. Community risk is high in rural areas particularly when workers from the urban areas have returned. There are reports that in some areas quarantine centres are overwhelmed. In the light of this some cash support would be needed for these types of returned guest workers to manage the times in quarantine.

Apart from this, households without regular income because of job loss will also be supported. In search of employment, situations may force them move out to different places which would also expose the risk factor.

They will be supported through multi-purpose cash grants, where the amount will be based on the average monthly wage, which will augment their loss of income for one month and will be used primarily for food and other household needs particular focus will be on households with widows, elderly people, and persons with disability. Supporting them with cash will help the affected communities to buy medicines or oxygen (refilled Oxygen Cylinder) is any other needs that may warrant the situation and the demand associated with the family in a crisis like this. These community survive in the moment, without savings or complete access to government schemes/subsidies. Many of them work as agricultural labourers, daily wagers, domestic workers, and migrant workers due to lockdown they are starve to unable to eat two meals a day.

Lack of employment and economic support would further impoverish already vulnerable communities, forcing individuals and families to move to different places to find food for survival

which would put them into risk.

Please refer to Annex 2 for individual state context

Capacity to respond

CASA

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

CASA responds to around 50 small and medium disasters annually since 1947, and also responds comprehensively to major emergencies with an enhanced perspective in its strategies of integrating a long-term understanding of the causes and consequences. CASA's strength is an added capacity which emerges from its direct relationship with the vulnerable communities especially the Dalits, tribals, women and others, the village/cluster level Disaster Mitigation Task forces built up over a period of time in vulnerable regions of the country and also with its accompaniment of a large number of NGOs and their forums and networks operational throughout the country. Considering the large geographical area of India, the most important element of CASA's strategy is the decentralization of certain aspects of disaster preparedness through the identification and training of local institution counterparts equipped to play key roles in our emergency programmes. The focal areas of our pre-disaster preparedness plan are:

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

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

Lutheran World Service India (LWSIT),

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

LWSIT is supporting communities to reduce further infection and spread of transmission of coronavirus disease. The organization has already initiated the awareness and sensitization

program on COVID-19 at individual and household level maintaining social and physical distancing. It supported the Health and Family Welfare Dept. of Govt. of India and state govt. in mobilizing information materials to the community. In some places, it has been customizing into the local language and described the Do's and Don'ts of COVID-19.

UELCI

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

UELCI started responding to COVID 19 after the lockdown which leads millions to hunger. Feeding was done for 500 families every day from 2nd April 2020 in Chennai city and its surrounding with the help of the member churches that are situated in this area. The member churches in their mission areas started providing cooked food to the migrant workers who are passing by their churches on foot to reach their native places. There are around 15,000 migrant workers who belong to the member churches are on their move to reach their native places. Food and water bottles were provided to the stranded migrants in the Chennai Southern Railways Transit camps before they board the trains to reach their respective destinations.

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

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

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

CARD

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

CARD works in seven states of India including Kerala, Tamil Nadu, Karnataka, Madhya Pradesh, Chhattisgarh, Odisha, and Uttar Pradesh. CARD works directly with communities reaching more

than 50,000 people annually with 32 programmes on maternal and child health, education, food and clean water, gender equality and women empowerment, HIV/AIDS prevention, climate justice and climate change advocacy, livelihood support as a catalyst for positive change.

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

CNI SBSS

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

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

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

RESPONSE STRATEGY

The response will primarily support people affected by Covid-19 and high-risk communities. Many villages are found to be having COVID 19 positive cases reported. There are more cases which are not reported due to poor testing facilities and limited access to the facilities. Added to this is the influx of workers who are returning to their home villages. Though the influx of the migrants is not as high when compared to the 1st wave the migrants who have returned the native villages and those from the villages who move out for work have all the possibilities of carrying the virus.

We will focus on risk communication with people who are affected by Covid-19, people who came into contact with the Covid-19 affected community, people who are at risk of exposure to Covid-19 and to help them understand the virus and adopt precautionary measures which

include washing hands more frequently, hand sanitized properly, taking care of personal hygiene and sanitation, ensure cleanliness, maintain physical distancing, restriction of movements, follow the government advisories. We will create Community Based Organization or Task Forces with volunteers from among the communities in the village with including returned guest workers, local church leaders, and community members to bring in appropriate behaviour towards Covid-19 and change among the communities. Further, these CBOs / TFs would also be trained to access the government support systems/entitlement, etc. We will support both returned migrants and the local host communities with personal protection kits consisting of sanitizers, soaps, face masks, and hand gloves, and unconditional cash transfers during the period where they will not be able to support themselves. Apart from this they will be linked with the government for entitlements are due to them.

Implementing members will address needs in our respective operational areas where we have presence and offices to protect staff and limit the need to travel.

The identified areas namely

States	**Districts**
West Bengal	Kolkata Municipality Corporation, Birbhum, Bankura, South 24 Parganas
Jharkhand	Dumkha, Gumla, Lohardaga, Khunti, Simdega
Odisha	Nabarangpur, Rayagada, Kalahandi, Balangir, Mayurbhanj, Kendrapada, Jajpur, Khordha (Bhubaneswar), Cuttack, Nuapada
Madhya Pradesh	Betul, Seoni
Maharashtra	Ahmednagar, Aurangabad, Lattur, Chandrapur, Kolhapur, Sangli
Kerala	Pathanmthitta, Kottayam
Tamil Nadu	Trichy, Cuddalore, Tiruvannamalai, Kallakuruchi
Assam	Baksa , Kokrajhar, Chirang districts
Uttar Pradesh	Gazipur, Maharajganj
Andhra Pradesh	Guntur, Chittoor
Karnataka	Bidar, Gulburga
Delhi	Delhi
Bihar	Samastipur, Saharsa
Punjab	Amritsar, Tarn Taran

Implementing members have their presence in the ground and quite good number of staff and volunteers from the community-based organisations are working in the field which have been formed over a period. They form part of the team that raise awareness on the virus which has been done in collaboration with health units of the local government. Leaflets on Covid-19 developed by Ministry of Health and Family Welfare have been used to raise awareness among the people and demonstrated effective hand washing methods. Similarly, coordination among the members is important and frequent virtual meetings are essential to have mutual learning and develop strategies. Further it is also important to pass on the learning to the church

communities through the National Council of Churches in India to enable more to reach on the learning and strategies used by the implementing members. We have established and discussed the matter pertaining to responding to COVID-19 pandemic through virtual meeting which will continue while in the implementing period also.

ACT India Forum have been coordinating since the outbreak of COVID-19 second wave. Online meetings related to the assessments made by each member, geographical coverage and programme activities has helped to finalize the proposal to avoid the overlapping/ duplicity of coverage and bring in an approach leading to a common programme. Coordination meetings will continue to share experiences, learning and program improvement. The members are also coordinating with other NGOs and other stakeholders such as national, state, and local government authorities and agencies. This coordination mechanism has been agreed in the EPRP.

Site implementation locations have been identified in close consultation with the local churches of the respective members namely CNI, CARD, UELCI and CASA who have their presence in these operational areas where implementing members are responding. Member/partner churches have been consulted in identifying areas where migrants have been affected the most and how the needs will be addressed. Representatives from the churches will engage with local government units. In the case of some members of the forum, the churches are also expected to help in procurement and implementation of the programme. We are also in touch with the National Council of Churches in India (NCCI) on having one or two webinars targeting the NCCI members churches on sharing of the learning of the hub members experience which also has the potential of strengthening the response of the respective churches.

ACT India Forum commits to implementing all project activities in line with the Core Humanitarian Standard.

Cash grants will be through bank transfers. The process is outlined in Annex 3.

Impact

Vulnerable people and communities are able to prevent and mitigate the spread of covid-19 in their areas and the impact on the loss of household income will be manageable in 39 districts of the most affected states in India.

Outcomes

Outcome 1
People and communities are aware of their risk of infection from Covid-19 and its mitigation including vaccine acceptance.

Outcome 2
COVID 19 affected people and people at risk of being affected by COVID 19 can meet their immediate needs including medical expenses.

Outcome 3
Hospitals are supported in strengthening their capacities by providing them with needed supplies

Outcome 4
Increased awareness on gender sensitivity and referral systems among men, women and youth on gender-based violence.

Outputs

Outputs

A.1. 215 Awareness programmes among communities completed
A.2. 107 Orientation / Training Programme for CBOs/ Volunteers / Community Leaders completed.
A.3. 600 Staff / Volunteer are provided with personal PPE Kits

B.1. 16500 HH receive personal protection kits distributed

C.1. 14060 HH received a multi-purpose cash grant of INR6,000, equivalent to the average monthly salary, for meeting immediate needs

D.1. 10 hospitals receive equipment to strengthen treatment for COVID 19 affected people
D.2. 10 hospitals complete one training each for Para Medical staff.

E.1. 215 Awareness programmes on Gender / Gender Based Violence competed
E.2. 116 Orientation / Training programmes on Gender for CBOs / Volunteers / Community Leaders completed

Exit strategy

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

Follow-up mechanism will be established with the CBOs for the other aspect of the programme which links with regular interventions / livelihood, where it is believed that the CBOs and the communities should take the responsibility of COVID appropriate behaviour. In the process the CBOs would be linked with the government on the various schemes and entitlements that are available to enhance would be strengthened and they would be able to access the government-supported programmes for COVID 19 and beyond it. The volunteer in the programme area would be linked with the government mechanism to help.

Implementation Arrangements

CASA

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

The present FCRA amendments require all NGOs in India to start a Bank Account in one bank namely Sate Bank of India, New Delhi. CASA has opened the account and the account is operational.

LWSIT

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

The present FCRA amendments require all NGOs in India to start a Bank Account in relation with foreign funds in one bank namely State Bank of India, New Delhi. LWSIT has opened the account and account is yet to be activated by the Bank authorities for operations.

UELCI

UELCI will implement the programme through its Mission Hospital. Once the team is formed a capacity building training will be conducted to sensitize the goals and objectives of the relief work with all protocols and principles to be followed by the team. The team will visit the identified villages and collect data and information about the affected migrant workers and other unorganized workers who are affected by the COVID 19. Once the beneficiary list is finalized, they will be grouped accordingly to receive the support they are entitled for.

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

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

The present FCRA amendments require all NGOs in India to start a Bank Account in relation with foreign funds in one bank namely State Bank of India, New Delhi. UELCI has opened the account and the account is yet to be activated by the Bank authorities for operations.

CARD

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

The present FCRA amendments require all NGOs in India to start a Bank Account in relation with foreign funds on one bank namely State Bank of India, New Delhi. CARD has opened the account and the account is yet to be activated by the Bank authorities for operations.

CNI SBSS

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

CNI SBSS has Agreement of Cooperation (AoC) with all DBSS where it is working in partnership

mentioning all details about program, monitoring, facilitation, financial management etc The CNI SBSS does the facilitation at DBSS level and major programs at the community level. The CNI SBSS personnel accompany management to the DBSS, in enhancing the functional capabilities of the DBSS. The CNI SBSS provides support and capacity building inputs to the DBSS, to equip them to assess their context and plan their intervention for effective implementation. The Finance team assists the DBSS in enhancing the Financial Management Skill, equipping the DBSS with proper accountability process. The Program Support Team undertakes a quarterly review of the program and finance process to ensure that the necessary system has been followed and practiced by the DBSS. The Programme and all other activities are monitored as per the goal and objectives, indicators mentioned in the project proposal, by CNI SBSS program & finance officers.

The DBSS is the social development and justice board of the Diocese. It is an implementing organization which implements programs in its field area with the support of CNI SBSS. The DBSS Coordinator is the recognized representative of the DBSS in all CNI SBSS forum, for all regular working discussions and negotiations. The Coordinator monitors all program and all other activities as per the goal and objectives, indicators mentioned in the project proposal. The DBSS ensures that all proposed programs are effectively implemented to achieve the desired goal and objectives. DBSS is operational through a project office located at a suitable place near the field area and the project staff (Community Enablers) are posted in the field. DBSS is involved in activities - to address deprivation of Dalits, Adivasis, women and children in the area of education, health, sanitation, drinking water, and income (through alternative livelihood and increased income from agriculture) etc. At the Community/People's collectives' level the DBSS ensures that all the programs and activities are collectively evolved & decided by the Community/People's collectives, DBSS staff and CNI SBSS programme personnel. All the information, progress reports, issue analysis report, case studies/stories are documented at the DBSS level and the information is shared with the community and the CNI SBSS regularly by Program Coordinator.

The present FCRA amendments require all NGOs in India to start a Bank Account in one bank namely Sate Bank of India New Delhi. CNI SBSS has opened the account and the account is operational.

Project Consolidated Budget

		Appeal Total	CARD	LWSIT	CNI-SBSS	CASA	UELCI
Direct Costs		**1,576,788**	**259,975**	**319,468**	**345,986**	**382,372**	**268,987**
1	**Project Staff**	**60,145**	**12,844**	**8,563**	**3,670**	**24,466**	**10,602**
1.1	Appeal Lead	-	-	-	-	-	-
1.2	International Staff	-	-	-	-	-	-
1.3	National Staff	60,145	12,844	8,563	3,670	24,466	10,602
2	**Project Activities**	**1,445,883**	**236,203**	**302,410**	**328,928**	**333,005**	**245,337**
2.1	Public Health	65,242	-	-	-	-	65,242
2.2	Community Engagement	-	-	-	-	-	-
2.3	Preparedness and Prevention	33,328	7,992	6,986	10,194	8,155	-
2.4	WASH	121,989	16,990	39,757	23,786	24,466	16,990
2.5	Livelihood	1,195,558	203,881	249,550	285,433	293,588	163,105
2.6	Education	-	-	-	-	-	-
2.7	Shelter and Household items	-	-	-	-	-	-
2.8	Food Security	-	-	-	-	-	-
2.9	MHPSS and Community Psycho-social	-	-	-	-	-	-
2.10	Gender	29,767	7,340	6,116	9,514	6,796	-
2.11	Engagement with Faith Leaders	-	-	-	-	-	-
2.12	Advocacy	-	-	-	-	-	-
3	**Project Implementation**	**19,097**	**816**	**1,223**	**5,369**	**8,155**	**3,534**
3.1.	Forum Coordination	16,786	816	1,223	3,058	8,155	3,534
3.2.	Capacity Development	2,311	-	-	2,311	-	-
4	**Quality and Accountability**	**27,551**	**4,241**	**5,437**	**2,175**	**10,262**	**5,437**
5	**Logistics**	**24,112**	**5,872**	**1,835**	**5,845**	**6,483**	**4,078**
6	**Assets and Equipment**	**-**	**-**	**-**	**-**	**-**	**-**
Indirect Costs		**41,932**	**13,035**	**9,732**	**5,029**	**3,942**	**10,194**
Staff Salaries		22,407	8,019	6,368	1,223	272	6,524
Office Operations		19,525	5,015	3,364	3,806	3,670	3,670
Total Expenditure		**1,618,719**	**273,010**	**329,200**	**351,015**	**386,314**	**279,181**
ICF (3%)		48,562	8,190	9,876	10,530	11,589	8,375
Total Expenditure + ICF		**1,667,281**	**281,200**	**339,076**	**361,545**	**397,903**	**287,556**

Project Monitoring, Evaluation and Learning

Each implementing member will have their own system for monitoring, evaluation and learning which you can find on Annex 4. Individual project reports are submitted to CASA for compilation and submission. Learning sessions will be conducted through online meetings amongst implementing members.

Safety and Security plans

Safety and Security is a standard process which all the ACT members implementing the programmes take care while in response. The safe and security of staff are given at most importance. The risk factors on the response are discussed every stage of planning and implementation, where discussion on the issues concerning with the programme and the risk factors for the staff are highlighted. Staff are given due advice and as per the gravity of the situation the organization, the management staff take decisions and actions. In the case of COVID 19, all the implementing members are aware of the Safety Protocols of the respective state and adhere to the same. While at the orientation to staff on the programme, the staff will be oriented on the protocol of the safety measures that need to be taken for the programme in the context of COVID 19, which will include social distancing and regular hand-wash while in the field as well as the office and ensuring the same processes are in places while the community level processes take place.

All the ACT members implementing the Appeal developed a contingency plan. They have gone through the Contingency Plan for Business Continuity and have adopted them for their respective

offices. The members sue Staff safety and security principles. Information sharing and networking. Use of local, state and national security officials: Under the circumstances, where LWSIT staff or visitors are under difficult situation where the probability of their rescue at stake, it is essential that LWSIT will take the support from the local authority, district administration, police officials and other national security guards.

PROJECT ACCOUNTABILITY

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

☑Yes ☐ No

As ACT Alliance secretariat is CHS certified, ACT appeals will be implemented with adherence to CHS commitments.

Code of Conduct

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

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

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

Safeguarding

Being a faith-based ecumenical organization, the ACT members take active measures to ensure that its employees and others who work have children's best interests at the heart of their involvement with Child Safeguarding. The ACT members over a period with the involvement of the programmes have developed the Child Safeguarding policy. UELCI is currently working on developing the same. Child Safeguarding Policy is the statement of intent that demonstrates its commitment to promoting the rights and holistic development. It also clarifies to all in the organization and who come into contact with it what is required of them in relation to the protection of children. The members aim to create 'child safe' environment, both internally and externally.

Participation of women in the project activity constitutes an important component for the members of ACT. Integration of gender framework and analysis into plan, program and activities becomes a part of progressions in the response programmes bringing in equity and equality. These

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

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

Conflict sensitivity / do no harm

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

Complaints mechanism and feedback

CASA

A complaints mechanism will be setup in each village where a village committee will be formed and trained on use the complaints and feedback mechanism. Complaints are recorded and escalated depending on the issue from the village committee to a CASA staff as laid out in CASA's complaints mechanism guidelines. Communities will also have a chance to discuss their issues with the programme monitoring team during their visits. CASA believes that is the right of the people and beneficiaries to express their views of the programme and the support they have received. These mechanisms bring in significant value in the process of transparency and accountability.

LWSIT

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

UELCI

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

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

CARD

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

CNI SBSS

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

Communication and visibility

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

Annexes

Annex *1 – Summary Table*

	Church's Auxiliary for Social Action	Lutheran World Service India Trust	United Evangelical Lutheran of India
Start Date	15th May 2021	15th May 2021	15th May 2021
End Date	15th Feb 2022	15th Feb 2022	15th Feb 2022
Project Period (in months)	9 Months	9 Months	9 months
Response Locations	Maharastra – Arungabad, Latur, Ahmednagar Andhra Pradesh – Guntur and Chittoor Karnataka – Bidar and Gulburgha Delhi – Delhi Bihar – Samastipur Saharsa Odisha – Kalahandi, Nuapada Jharkhand – Gumla, Lohardaga	West Bengal: Kolkata Municipality Corporation, Birbhum and Bankura districts; Odisha: Kalahandi, Balangir, Mayurbhanj, Kendrapada, Jajpur, Khordha (Bhubaneswar) and Cuttack districts;	Madhya Pradesh – Betul and Seoni Districts.Jharkand – Dumkha District. Assam – Baksa District. Orissa – Nabarangpur and Rayagada Districts Tamil Nadu – Trichy, Cuddalore, Tiruvannamalai and Kallakuruchi Districts
Sectors of response	• Community Engagement • Preparedness and Prevention • WASH • Livelihood • Gender • Advocacy	• Community Engagement • Preparedness and Prevention • WASH • Livelihood • Gender • Advocacy	• Preparedness and Prevention • Livelihood • Public Health • Advocacy
Targeted Recipients (per sector)	COVID affected / impacted people from among the host communities and returned migrant communities, Dalits, Tribal/ Adivasi, widows, physically challenged, transgender, single female-headed families and children	COVID affected and impacted communities' women, men, children, transgender, elderly persons, people having chronic illness, migrant workers/ daily wage earners, domestic workers, person with disability, other vulnerable and at-risk population to coronavirus disease.	COVID affected / impacted communities. the marginalized and excluded communities, minorities, Dalits, Tribals/ Adivasi, widows, physically challenged, transgender, single female-headed families, and children
Requested budget (USD)	**397,903**	**339,076**	**287,556**

	Christian Agency for Rural Development	Church of North India – Synodocal Board for Social service
Start Date	15th May 2021	15th May 2021
End Date	15th Feb 2022	15th Feb 2022
Project Period (in months)	9 months	9 Months
Response Locations	Kerala - Pathanmathitta and Kottayam Odsha – Kalahandi	Punjab – Amristar, Tara Taran West Bengal - South 24 Parganas Jharkhand – Khunti, Simdega Maharashtra - Chandrapur, Kolhapur & Sangli
Sectors of response	• Community Engagement • Preparedness and Prevention • WASH • Livelihood • Gender • Advocacy	• Community Engagement • Preparedness and Prevention • WASH • Livelihood • Gender • Advocacy
Targeted Recipients (per sector)	COVID affected / impacted people. Emphasis to the Migrant workers and excluded communities. Priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribal/ Adivasi, widows, physically challenged, transgender, single female-headed families, and children	COVID affected / impacted people. Sspecial efforts to be inclusive in its approach and give emphasis to the Migrant workers and excluded communities. Priority will be given to the most vulnerable sections of the affected people such as the marginalized and excluded communities, minorities, Dalits, Tribal/ Adivasi, widows, physically challenged, transgender, single female-headed families, and children
Requested budget (USD)	**281,200**	**361,545**

Annex 2 - Context per State

Delhi:

Delhi has reported 20,960 new Covid cases and 311 deaths in the last 24 hours. The national capital currently has a positivity rate of 20.37 per cent. Delhi at present has 91,859 active cases and 79,491 tests have been conducted as of now. The death toll in the capital currently stands at 18,063. As of now, 50,077 patients are in home isolation.

Uttar Pradesh:

Uttar Pradesh is witnessing a spurt in coronavirus cases over the past few weeks. Currently, the state has more than three lakh active cases. The state reported 303 more COVID-19 deaths on Saturday, pushing the fatality count to 12,874. As many as 30,317 fresh cases pushed the infection tally to 1,282,504. A total of 967,797 people have been cured of the contagion so far.

Madhya Pradesh:

612666 people are so far affected in Madhya-pradesh by novel coronavirus covid-19. 520024 out of 612666 have recovered. Sadly, 6003 patients have died due to coronavirus in Madhya-pradesh. 86639 patients are still in hospital and recovering.

Punjab:
399,556 people are so far affected in Punjab by novel coronavirus covid-19. 327,976 out of 399,556 have recovered. Sadly, 9,645 patients have died due to coronavirus in Punjab. 61,935 patients are still in hospital and recovering.

West Bengal:

West Bengal on Tuesday registered its highest deaths of 107 Covid-19 patients taking the toll to 11,744, the health department said. The tally of coronavirus cases went up to 898,533 after the state recorded its highest one-day spike of 17,639 infection. In the last 24 hours, 16,547 recoveries were registered in the state. The number of active cases has risen to 120,946, it added. Since Monday, 57,748 samples have been tested in West Bengal.

Bihar:

523,841 people are so far affected in Bihar by novel coronavirus covid-19. 410,484 out of 523,841 have recovered. Sadly, 2926 patients have died due to coronavirus in Bihar. 110,430 patients are still in hospital and recovering.

Jarkhand:

257,345 people are so far affected in Jharkhand by novel coronavirus covid-19. 194,434 out of 257,345 have recovered. Sadly, 3,205 patients have died due to coronavirus in Jharkhand. 59,706 patients are still in hospital and recovering.

Odisha:

489,641 people are so far affected in Odisha by novel coronavirus covid-19. 410,227 out of 489,641 have recovered. Sadly, 2,157 patients have died due to coronavirus in Odisha. 77,257 patients are still in hospital and recovering.

Maharastra:

4,822,902 people are so far affected in Maharashtra by novel coronavirus covid-19. 4,107,092 out of 4,822,902 have recovered. Sadly, 71,742 patients have died due to coronavirus in Maharashtra. 641,910 patients are still in hospital and recovering.

Kerala:

1,701,980 people are so far affected in Kerala by novel coronavirus covid-19. 1,339,257 out of 1,701,980 have recovered. Sadly, 5,508 patients have died due to coronavirus in Kerala. 356,868 patients are still in hospital and recovering.

Andhra Pradesh:

1,184,028 people are so far affected in Andhra-pradesh by novel coronavirus covid-19. 1,016,142 out of 1,184,028 have recovered. Sadly, 8,289 patients have died due to coronavirus in Andhra-pradesh. 159,597 patients are still in hospital and recovering.

Karnataka:

1,690,934 people are so far affected in Karnataka by novel coronavirus covid-19. 1,210,013 out of 1,690,934 have recovered. Sadly, 16538 patients have died due to coronavirus in Karnataka. 464,363 patients are still in hospital and recovering.

Assam:

267,925 people are so far affected in Assam by novel coronavirus covid-19. 237,088 out of 267,925 have recovered. Sadly, 1,430 patients have died due to coronavirus in Assam. 28,060 patients are still in hospital and recovering.

Tamil Nadu:

1,249,292 people are so far affected in Tamil Nadu by novel coronavirus covid-19. 1,109,450 out of 1,249,292 have recovered. Sadly, 14,612 patients have died due to coronavirus in Tamil-nadu. 125,230 patients are still in hospital and recovering.

Annex 3 – Processes adapted during the response

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

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

- Meeting with local administration for emergency response programme and availing permission for response and movement including material movement
- Finding / Getting the list of the affected / contacts of the affected people
- Getting the list of the returned migrant from the local administration
- Identification of beneficiaries directly or with the involvement of local partner agency in the district.
- Co-branding through banner and information on the assistance to the beneficiaries as a part of transparency and accountability.
- Distribution of coupons to individual beneficiaries.
- Identifying the potential suppliers and procurement of Hygiene Kits
- Finalizing Procurement with a minimum of three quotations and choose the one with a competitive rate and quality.
- Identification of volunteers for the distribution of hygiene kits
- Transportation of the hygiene kits to distribution sites.
- Initiating and strengthening the Complaints mechanism
- Addressing the Complaints received.
- Documentation with photography and maintenance of muster roll for beneficiaries.
- Monitoring and evaluating emergency response.
- Sharing information with ACT Alliance and members through reports.
- Distribution Wash Kits for the Covid affected people / returned Migrant / Host Community
- Distribution of unconditional cash transfer through the bank for COVID 19 affected people and the most vulnerable groups which are at risk
- Orientation / training to community groups from returned migrants/host communities
- Discussion with the government for linkages and support on awareness and programmes
- Follow-up discussions with the government Official for records/utilization certificates

The process for the cash transfer will be as follows

- Beneficiary identification and list preparation those are Migrant Workers/ daily wage earners with the involvement of CBO (Community Based Organization) and their recommendation
- Cross-check with govt./ local self-govt. authority on the authentication of the beneficiary
- Finalization of the beneficiary list for cash transfer
- Discussion with the beneficiary on the use of cash grant to be received and purpose of use
- Market survey and analysis for the utilization of cash by beneficiaries
- Discussion with respective banks for cash transfer (mostly through NEFT). Verifying the bank account beforehand
- Preparation of consolidated Bank Cheque for different locations and different banks (as per the beneficiary list)
- A cash transfer to the beneficiary's account
- Information sharing with concerned beneficiaries through respective CBOs whether money has been received or not
- If yes, this is ok, if not immediately inform to the concerned bank to check and verify the reason for not transferring the money on the due date

- Before all these processes being initiated, Information on Complaints (including the process of making complaints) and Complaints Response Mechanism will be shared with the CBOs, community people and beneficiaries of cash transfer.
- During the process of discussion, Community will be encouraged to raise any complaints, feedback or suggestions on cash transfer which will be learning for the organization for future improvement If there are complaints, these are recorded, reviewed and addressed where the complainant will be informed of the result.

Annex 4 – Implementing members' Project monitoring, evaluation, and learning

CASA

Chief Zonal Officer, Additional Emergency Officer HQ, Project Officer, Sr. Coordinator with the consultation of the Director will regularly monitor the implementation process of the relief programmes. The State Coordinator of the respective states be closely involved in the implementation and monitoring the program in regular consultation with the Chief Zonal Officer and Additional emergency Officer (HQ). The

State Coordinators will have visit as required adhering to the COVID protocol to the relief distribution site and participate in the relief distribution programme and will also be engaged in orienting the team on beneficiary identification and implementation, where virtual media will be used mostly. The local partner NGO and local government officials will also take part in the distribution programme, awareness dirves, etc ensuring COVID protocol and the local communities will be involved to ensure quality food materials are distributed to the affected communities. The field-level staff will involve in assessment and for distribution. The procurement committee will procure the food materials following due process. The final report will be prepared and shared as per the requirement of Act Alliance Secretariat.

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

LWSIT

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

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

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

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

UELCI

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

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

CARD

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

CNI SBSS

CNI SBSS will be implementing this plan through DBSS of Dioceses of Calcutta, Nagpur& Kolhapur in 2 states. Primary responsibility will be to coordinate with suggested DBSS for effective implementation of emergency response programme. The Local ACT Coordinator of CNI SBSS will be coordinating this project for all the states in the country and Chief Coordinator and Head of Finance of CNI SBSS will ensure that all protocols of fund disbursal and program, implementation are followed for this project.CNI SBSS is also implementing relief programs through financial support provided by BftW, Christian Aid and its resources. As this proposal is a separate project to be implemented by above-mentioned DBSS, therefore a fresh MoU will be signed before disbursal of funds to them. As mentioned above all funds will be transferred by CNI SBSS after signing of MoU with respective DBSS.

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

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