ACT Alliance

Joint Response of ACT Alliance Nepal to the Second wave of COVID19

Appeal

NPL211

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Project Summary Sheet

Project Title	**Joint Response of ACT Alliance Nepal to the Second wave of COVID19**
Project ID	NPL211
Location	

Name of Province	Name of Districts	Name of municipalities
Province-1	Morang	Morang: Sunbarshi Municipality, Dhanpalthan Rural Municipality
Lumbini Province	Banke Dang	Banke: Nepalgunj Sub Metropolitan, Koholpur Municipality,Dudhuwa Rural Municipality Dang: Gadhawa Rural Municipality
Sudur Paschim Province	Kanchanpur, Doti, Baitadi	Kanchanpur: Belauri, Bheemdatta, Laljhadi, Suklaphanta, Krishnapur, Dasarathchand, Patan Doti: K.I Singh, Jorayal, Shikhar

Project Period	Start Date	1 June 2021
	End Date	31 May 2022
	No. of months	12 months
Requesting Forum	ACT Nepal Forum ☒ The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)	
Requesting members	DanChurchAid (DCA) ICCO Cooperation/CORDAID Lutheran World Federation (LWF)	

Contact		
	Name	Bidyanath Bhurtel
	Email	b.bhurtel@icco-cooperation.org
	Other means of contact (whatsapp, Skype ID)	+977 9841303292 (also WhatsApp)

Local partners	**DCA** - Nepal National Social Welfare Association (NNSWA)- Kanchanpur; Equality Development Centre (EDC) - Doti **ICCO/CORDAID/Cordaid** - Sahakarmi Samaj- Banke & Dang **LWF** - Lutheran Community Welfare Service/Nepal Evangelical Lutheran Church (LCWS/NELC) – Morang; Rastriya Mukta Haliya Samaj Federation Nepal (RMHSF-N) - Dadeldhura

Thematic Area(s)			
☒	Public Health	☐	Shelter and household items
☒	Community Engagement	☒	Food Security
☒	Preparedness and Prevention	☒	MHPSS and CBPS
☒	WASH	☒	Gender
☒	Livelihood	☒	Engagement with Faith and Religious leaders and institutions
☐	Education	☒	Advocacy

<table>
<tr><td></td><td>☐ Other: _____</td></tr>
<tr><td>Project Outcome(s)</td><td>Outcome 1 (Public Health): Public health institutions and households are able to manage prevention and treatment of COVID-19 cases with

Outcome 2 (Food Security & Livelihoods): Vulnerable people have access to food and basic needs during economic recession.

Outcome 3 (Awareness and Advocacy): People are aware and able to make decisions about Covid-19 prevention and control and vaccination through adequate risks communications through community institutions, local government, and faith-leaders</td></tr>
<tr><td>Project Objectives</td><td>Vulnerable communities and frontline health service providers in the targeted areas are assisted to cope with the impact of Covid-19.</td></tr>
<tr><td>Target Recipients</td><td>
<table>
<tr><th>Profile</th></tr>
<tr><td>☐ Refugees ☐ IDPs ☒ host population ☒ Returnees
☒ Non-displaced affected population</td></tr>
</table>
No. of households (based on average HH size): 174,134 (average household size 4.8)

Total Population covered: 835,845 (415,592 Male, 420,253 Females)

Sex and Age Disaggregated Data:
<table>
<tr><th colspan="9">Sex and Age</th></tr>
<tr><td></td><td>0-5</td><td>6-12</td><td>13-17</td><td>18-49</td><td>50-59</td><td>60-69</td><td>70-79</td><td>80+</td></tr>
<tr><td>Male</td><td>28,569</td><td>63,747</td><td>84,465</td><td>139,385</td><td>43,143</td><td>31,665</td><td>15,771</td><td>8,847</td></tr>
<tr><td>Female</td><td>28,404</td><td>67,906</td><td>85,019</td><td>141,157</td><td>42,222</td><td>31,347</td><td>15,669</td><td>8,529</td></tr>
</table>
</td></tr>
<tr><td>Project Budget (USD)</td><td>USD 617,372</td></tr>
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Reporting Schedule

Type of Report	Due date
Situation report	31 August 2021 *First SitRep due* quarterly
Interim Report (narrative and financial)	30 November 2021
Final narrative and financial report (60 days after the ending date)	29 July 2022
Audit report (90 days after the ending date)	31 August 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 revised ACT Humanitarian Mechanism, pledges/contributions are encouraged to be made through the consolidated budget of the country forum, and allocations will be made based on agreed criteria of the forum. For any possible earmarking, budget targets per member can be found in the "Summary Table" Annex, and detailed budgets per member are available upon request from the ACT Secretariat. For pledges/contributions, please refer to the spreadsheet accessible through this link http://reports.actalliance.org/. The ACT spreadsheet provides an overview of existing pledges/contributions and associated earmarking for the appeal.

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. We would appreciate being informed of any intent to submit applications for back donor and other funding, and the subsequent results.

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.

For further information, please contact:

ACT Nepal Forum Convenor, Bidyanath Bhurtel, Country Director, ICCO/Cordaid (b.bhurtel@icco-cooperation.org)
ACT Regional Representative, Alwynn Javier (alwynn.javier@actalliance.org)
Global Humanitarian Operations Manager, Cyra Michelle Bullecer (Cyra.Bullecer@actalliance.org)

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

BACKGROUND

Context and Needs

Nepal is currently in the grips of the second wave of the COVID-19 pandemic. The second wave began from mid-April 2021, and daily infection rates have steadily been growing to a daily average of almost 9,000 per day from 300+ per day a month ago. As of 18th May 2021, a total of 5,411 deaths, 472,354 confirmed cases and 114,529 active cases have been recorded. The positivity rate, which is highest globally, is hovering around 45% nationally, with a transmission rate of 1.8 %.

A key factor of this rapid spike has been the emergence of more infectious variant from India, where foot traffic between the two countries is high with 1800 kilometers of open border. Fifty percent of the young people from Western Nepal are seasonal workers in India, who have returned to their villages when Covid-19 cases surged in India. Districts along the border with India such as Banke and Nepalgunj among others have become hotspots for the outbreak, along with Kathmandu.

Strain on the health care systems

Nepal is dependent on India for essential commodities including medical supplies and equipment, which goes without saying that Nepal's very limited health system is now extremely stretched. There is inadequate preparedness, poor diagnostic capacity, shortages in trained health care professionals, and squeeze in the medical supply chain have created a perfect storm.

Economic and social consequences

More than 50% of Nepal's economy is informal. As such, daily wages workers without social protection and access to economic assistance from the government, have been severely by the lockdowns which has been imposed again recently bringing all economic activities to a standstill. Additionally, the crisis has also been linked to a rise in gender-based violence and suicides.

Government response to the crisis

The GoN has been very slow to respond to the crisis, with concrete steps being taken only more recently. However, the delay in preparedness and early response means that the country's healthcare system has been completely overwhelmed by the surge of infected cases. Significantly, the central government's decision to ask local governments to fund and run their own quarantine/isolation centres meant that the quarantine facilities were ill-equipped and underfunded. Rather than focusing on expanding the number of beds, securing oxygen supplies, ventilators, genomic sequencing machines, and vaccines with their own resources, the GoN's early response was to rely on aid from international donors. Nepal's Prime Minister reached out to international community and directly requested support to help Nepal cope with the crisis. Similarly, Ministry of Health & Population, regulatory body of INGOs Social Welfare Council have urged development actors to support government initiatives of responding to covid crisis.

Urgent needs

Based on the assessments conducted, some of the most acute needs are medical supplies and equipment are needed for local government run quarantine/isolation centres; public hospitals need essential lifesaving emergency medical supplies. People in isolation due to Covid-19 need medical supplies as well as food and/or cash support for the most vulnerable families; handwashing stations in isolation facilities; raising people's awareness of the risk of Covid-19 infection and the benefits of vaccination; and the need to support households with income losses due to unemployment.

Moreover, there are people with specific needs (PSN) such as the people with disabilities, women, and girls, LGBTQI communities who are seldom under the radar of state or non-state supporting agencies or service providers. The kind of support needed with range from direct materials, health care to psychosocial. The requesting members have considered these elements as well in their propositions.

Capacity to respond

DCA's capacity has been visible in the previous emergencies including 2014 flood, 2015 earthquake, 2017 flood and 2019 flood, 2020 COVID-19 first wave, 2020 landslide in mid-hills of Sudurpaschim Province. By relocating the longer-term DANIDA funded projects, DCA has already started supported activities that are

identified by its Humanitarian Response Plan. Therefore, the proposed funding support received through the Appeal will complement the activities already planned and will support in realizing the larger Humanitarian Response Plan in the Districts. DCA has an established Humanitarian Partners Platform, which meets every week to discuss on the regular/changing scenarios in the districts (province 5,6,7), and produces weekly situation updates based on that. DCA's partners are trained on Core Humanitarian Standard and Complaints Handling Mechanism as the mandatory requirement of DCA.

ICCO/CORDAID: Over the past two decades, ICCO/CORDAID has been working in Nepal with the aim to eradicate poverty from the grassroots through its integrated programs of food nutrition security, conflict transformation, fair economic development and public-private partnership. With a specific focus on the marginalized communities – women, scheduled castes and indigenous population and special focus on people living with disabilities - ICCO/CORDAID has been working in the challenging terrains of mid and far western Nepal. Currently, ICCO/CORDAID has two ongoing programs in the proposed geographic area – EU funded rights-based project that works with the most vulnerable communities in Western Nepal to gain access to their socio-economic rights, and a migrant returnee focused project, aimed at helping seasonal migrants to India, gain skills, secure access to finance and improve their employability for sustainable livelihood opportunities in their own communities. Additionally, since 2015, ICCO/CORDAID has also been working in earthquake affected communities and disaster-prone areas to help vulnerable communities recover their livelihoods, build resilience through DRR and climate mainstreaming and gain access to social protection and entitlements through community led advocacy. ICCO/CORDAID follows a triple nexus **approach**, linking relief to recovery and ultimately longer-term development. This work is evident in ICCO/CORDAID's work post the 2015 earthquake in Nepal (ACT Appeal, ECHO, Caritas, Development & Peace), Flood relief in 2017 (Kerk in Actie) and Covid-response in 2020 (Caritas). ICCO/CORDAID has dedicated expertise in humanitarian aid at the headquarters, who vet, inform and support all our humanitarian programming for maximum impact and efficiency. ICCO/CORDAID's demonstrated experience within humanitarian response lies in using digital tools for data collection and assessments, market in emergencies and livelihoods support.

LWF: LWF Nepal has been operational in Nepal since 1984. LWF Nepal is operational in Sudurpaschim and Province-1 since 1991; and has operational and strategic relationship with faith institutions like Nepal Evangelical Lutheran Church (NELC), Caritas Nepal, United Mission to Nepal (UMN), Islamic Relief Nepal etc. It has responded to more than 50 small- and large-scale emergencies since its establishment in Nepal. ACT Appeal NPL 151, NPL 161 and NPL 171 for earthquake and flood response was successfully implemented under its convenorship. Emergency response and DRR is the priority theme of LWF Nepal, and it has good set of human resources and offices with basic facilities in its country office in Kathmandu and provincial offices in Kailali and Jhapa. Human resources in LWF Nepal are well acquainted with Nepal government humanitarian response mechanism, ACT system, humanitarian clusters, CHS and Sphere standards. They also have sectoral technical capacities for health, WASH, food security sectors and CBPS, CBI among others. LWF Nepal rendered medical assistance and lifesaving needs to the local governments, health institutions and needy households during first wave of COVID last year.

RESPONSE STRATEGY

The proposed funding will enable requesting members to scale up their Covid-19 relief and outreach work through coordinated efforts, while leveraging the existing capacity within the consortium for maximum impact and reach. Other ACT Alliance members within the Nepal Forum will participate in learning/sharing exchanges, and are supportive of this Appeal, with the intention to evaluate and consider opportunities for coordination and collaboration in the future, to add value and avoid replication.

Three ACT members in Nepal will implement the response in coordination with the other forum members, in the following areas:

Name of ACT Members	Proposed Province	District	Local Government

DCA	Sudur Paschhim	i) Kanchanpur ii) Doti	i) Belauri, Bheemdatta, Lalj hadi ii) K I Singh, Shdikhar, Jorayal
ICCO/CORDAID	Lumbini	i) Banke ii) Dang	i) Nepalgunj Sub metropolitan, Koholpur M unicipality, Duduwa Rural Municipality ii) Gadhawa Rural Municipality
LWF	Province-1 and Sudur Paschim	Morang Kanchanpur & Baitadi	i) Sunbarshi Municipality, Dhanpalthan Rural Municipality, ii) Shuklaphanta, Krishnapur, iii) Dasarathchand, Patan municipalities

DCA will support health facilities and isolation centers in two districts in Sudur Paschhim by providing them with personal protective supplies and improving their handwashing stations. Cash grants will be given to at-risk households either to support their medical needs or loss of income.

For implementation of all its activities, DCA and Partners ensure establishing the standards of Government of Nepal (GoN's cluster system and applies a gender and diversity sensitive analysis in the beneficiary selection, including the targeting of women-headed households, pregnant or lactating women, single women, person with disability, senior citizens, people facing caste-based exclusion and COVID-19 affected/at-risk people. During implementation, DCA and partners place significant emphasis on inclusion, accountability, and transparency, and issues guidance and Standards Operating Procedures (SoPs) to ensure safety and social distancing during distribution; as well as to ensure quality of the products, Core Humanitarian Standards (CHS) and accountability in response.

ICCO/CORDAID will work with its local partners, Community Based Organizations (CBOs), local government and other groups and local faith actors for specific actions in the Lumbini province. The proposed working Districts Banke and Dang are categorized as the severely hit districts. Banke is considered as one of the Covid hotspots in Nepal. In both first and second waves, Banke had to face lot of challenges in managing the situation. In first phase, Banke did not have enough testing kits to test the migrating population from India. Similarly, the late establishment of holding centres and isolation centres also triggered the spread of covid in the community level. Now the district has witnessed a sharp rise in new coronavirus cases in the wake of the onset of the second wave of the viral infection in the country triggered by a new variant. Lack of medical supplies, testing kits, unmanaged isolation centres and lack of care for health professionals, etc are some of the ongoing crises in the district. The project will address the current challenges faced by Banke district in hosting the infected persons and providing basic health services to them. Priority will be given towards identifying specific needs of the vulnerable and marginalized communities who do not have access to covid related response. With regards to the health-related actions, health institutions at both local and regional level, who are facing difficulties in upscaling their services due to limitations in resources will be targeted. Other frontline Covid response facilities such as holding centres, fever clinics and isolation centres will be strengthened through provision of medical supplies. Media advocacy will be a continuous activity towards keeping the communities well-informed and up to date on COVID-19 news, safety measures, vaccination efforts etc. As a part of our livelihoods strengthening strategy to ensure food security of most vulnerable communities in these unprecedented times, the project will address the needs of indigenous communities such as Badis, Kamlari, Kumal, Maganta, Kushbadiya and Chidimar. These communities who have been categorized as low in social status according to the rigid caste system because of their traditional occupations are also at a lower stratum in terms of wealth, education, health, nutrition, and overall well-being indicators. Most of these communities are landless and their traditional occupation like entertainment, bird hunting and begging are illegal. Due to the pandemic and subsequent lockdowns, the alternative way to earn money including seasonal migration to India have been hindered and acquiring even

a basic consumable and sustaining daily life has become a huge challenge. As a part of our implementation mechanisms, incentive-based community volunteers will be mobilized to coordinate different project and non-project activities to benefit community.

LWF will contribute to strengthen response capacity of health service providers and reduce suffering of at-risk population of six municipalities of three districts in Province-1 and Sudur Paschim provinces through assisting zonal/provincial/corona hospitals and isolation centres; addressing immediate food needs of COVID affected and most vulnerable households; and strengthening community-based prevention and protection mechanism.

The project will particularly contribute to address the government COVID response plan needs and gaps identified during interacting with District COVID Crisis Management Committee (DCCMC), local governments and communities and learnings from the last year COVID response:

1. *Assist health institutions, isolation centres and support at-risk communities for efficient treatment and improved hygiene behaviour*: The project will assist zonal/provincial/corona hospitals and isolation centres with essential medical, protective and hygiene supplies that is require for effective and efficient treatment of COVID patent and to reduce COVID exposure risk of medical professionals. COVID-19 patients isolated at own residence and their family members will also be supported for safe and effective home isolation. Water sanitation and hygiene needs of health institutions and isolation centres will also addressed and PSN and vulnerable families will be supported with hygiene/dignity kits. Along with these strategies the project will also focus on institutionalizing community based psychosocial service (CBPS) for which community volunteers will be trained and mobilized for PSS counselling and delivering lifesaving tips.
2. *Support most vulnerable communities and households for immediate food needs:* The project will support COVID-19 infected families, vulnerable families and migrant returnee through cash voucher to address their immediate food need and to restart small on/off-farm activities. Single women, Dalit women, people with disabilities will be given due priority and encouraged for small and local level business for producing cloth mask, sanitary pad or similar products. Agriculture support mechanism of local governments will be collaborated and assisted to revitalize agriculture supply chain.
3. *Community mobilization for COVID-19 preparedness and prevention and address gender-based violence issues*: The project will mobilize target community, community-based intuitions, faith-based institutions and print and audio-visual media to aware on cause, effect, and prevention of COVID-19. Such action will also contribute to advocate for contract tracing, mass testing and vaccination. In addition to this, the project will give priority in mobilizing community mechanism to monitor and prevention of domestic and gender-based violence. More specifically, collaboration with faith-based institutions of Hindu, Christianity, Buddhist, Islam will be given due priority and mobilize for COVID-19 prevention and control by organizing interaction/talk program at different level.

Impact

Overall Objective:
Vulnerable communities and frontline health service providers in the targeted areas are assisted to cope with the impact of Covid-19.

Outcomes

Outcome 1 (Public Health): Public health institutions and households are able to manage prevention and treatment of COVID-19 cases with

Outcome 2 (Food Security & Livelihoods): Vulnerable people have access to food and basic needs during economic recession.

Outcome 3 (Awareness and Advocacy): People are aware and able to make decisions about Covid-19 prevention and control and vaccination through adequate risks communications through community institutions, local government, and faith-leaders

Outputs

DCA

Output 1: 68 government health institutions and 250 households are provided with personal protective supplies (Zonal Hospital-1, District hospitals-2, PHCs- 59, and Isolation centers-6)

Activities:

1.1 Provide protective supplies - PPEs to public health institutions (Zonal Hospital, Covid Hospital, district hospitals, PHCs and Isolation centres (PPE gown set, eye goggles, Face shield surgical mask hand sanitizer, IR thermometer, Oximeter)

1.2 Provide home Isolation kits- (government defined)-In order to help COVID-19 affected patients in the targeted municipalities (Medical mask, Sanitizer, D. thermometer, pulse oximeter, Tissue paper, M. gloves, Sanitary pads)

Output 2: Six strategic isolation centers are provided with 10 handwashing stations and personal sanitation kits

Activities:

2.1 Provision essential gender and children friendly WASH facilities in prioritised health care facilities, schools, public spaces and communities to support service continuity and hygiene practices (Contactless hand washing stations with hygiene promotion message)

2.2 Provision essential supplies such as hygiene items-cleaning and disinfection, sanitary pads for women at health/isolation centres

Output 3: 400 most vulnerable families are supported with cash or vouchers

Activities:

3.1 Provide unconditional cash/in-kind food/voucher assistance to vulnerable people suffering from COVID-19 or are at risk (to ensure their access to adequate food, proper nutrition, and other essential needs) -250 HHs

3.2 Provide cash/ voucher support to migrant returnee, covid -affected households and GBV survivors to start farm/off farm activities (50 HHs)

3.3 Provide cash for work to COVID affected families to revitalize economic activities. (50 HHs)

3.4 Support small scale suppliers and traders affected by COVID-19 to recover and strengthen the supply chain of agriculture products (10 local suppliers/traders)

Output 4: Communities are informed about the risk of Covid-19 infection and benefits of vaccination reaching out to 50,800 people

Activities:

4.1 Community helpline (authentic information/communication on COVID-19 such as Good Hygiene Behaviour/Remote Referral Pathway/Access to COVID19 Vaccination/Hospital Bed Availability and Ambulances Services/Telephone based counselling/Psychosocial first aid support protection/GBV/Life Saving Tips/ support vaccination camps

4.2 Mobilise female community health volunteers for monitoring and support to cases in home isolation, awareness raising on health and hygiene behaviours through mothers' group meetings and door-to-door visits.

4.3 Support to identified vulnerable GBV survivors through referrals.

4.4 Establish help desk at the Palika level in coordination with Judiciaries Committee provide GBV case management and psychosocial counselling during and after pandemic

ICCO/CORDAID Cooperation

Output 1: 25 health institutions and 950 individuals supported with emergency medical supplies

Activities:

A1.1: Provide Testing Kits and critical medical supplies in municipality-based health centers

A1.2: Arrange a hotel-based isolation for medical professionals for their well being

A1.3: Strengthen holding centers / Isolation centers in District with health kits and equipment (including vaccine supply chain management)

A1.4: Operation of ambulance in the community (auto / jeep with basic oxygen supplies)
A1.5: Arrange follow up by medical personnel to positive cases in home isolation in vulnerable communities

Output 2: 1,000 vulnerable households are able to acquire staple food where markets are functional in targeted areas
Activities:
A2.1: Distribute food packages (one package covers 25-30 days) to vulnerable households (Chidimar, Khusbandiya, Maganta in Banke)
A2.2: Provide Food packages to vulnerable HHs with positive cases in home isolation

Output 3: 325 vulnerable household receive cash or kind support for meeting immediate recovery needs
Activities:
A3.1: Cash and technical support to migrant returnees for livelihoods recovery
A3.2 Distribute emergency cash to vulnerable households to recover (Conditional / Unconditional / voucher or cash)
A3.3: Distribution of Agro Inputs (Seeds, Manure, etc.) to vulnerable HHs (Market is hit and not functional)

Output 4: Awareness and advocacy events organized that reached out to 15,000 people through electronic and print media
Activities:
A4.1: Hosting events in radio / television with local representatives and civil society actors
A4.2: Managing Information Flow (Ward, Municipality, District) - Inter Coordination
A4.3: Distribute informative IEC Materials and other useful information via Community based volunteers
A4.4: Development, broadcasting of Radio Jingles (local language) encouraging Testing and taking vaccines

Output 5: 135 Community institutions or individuals mobilized for contributing to mental wellbeing of affected people
Activities:
A5.1: Organize dialogue between faith-based leaders (F.M Radio / Television)
A5.2 Train and mobilize 50 FCHVs (10 per municipality) for effective CBPS
A5.3 Provide MHPSS training to 70 health professionals
A5.4 Train and mobilize 15 incentive-based volunteers in connecting PSN to services/resources

LWF
Output A.1: 9 health institutions and isolation centers received medical equipment and hygiene supplies
Activities:
A.1.1. Provide medical, protective and hygiene supplies to health institutions
A.1.2. Provide protective and hygiene supplies to isolation centres
A.1.3. Provide home isolation kits (government prescribed) COVID positive patents

Output A.2: 180 PSN families received WASH (dignity) kits
Activities:
A.2.1. Support health institutions and isolation centres for child and gender friendly WASH facilities
A.2.2. Provide COVID WASH (dignity) kit to vulnerable and PSN families

Output A.3: 570 COVID patients and their families received PSS counselling
Activities:
A.3.1. Train and mobilize FCHV for effective CBPS
A.3.2. Provide MHPSS training to health professionals
A.3.3. Community helpline for COVID related information, life saving tips and PSS counselling

Output B.1: 360 COVID affected families received support to cope and recover from COVID infection
Activities:
B.1.1. Provide unconditional cash/in-kind food/voucher assistance to HHs with COVID positive case

Output B.2: 210 migrant returnee and PSN families received livelihood support

Activities:

B.2.1. Provide cash voucher to COVID affected families to revitalize economic activities.
B.2.2. Provide cash/voucher support to migrant returnee to start farm/off farm activities
B.2.3. Provide cash/voucher support to single women, Dalit women, people with disabilities to establish and run local micro-enterprises (e.g. mask making, cloth sanitary pad making etc.)
B.2.4. Support agriculture support centre to revitalize agri supply chain

Output C.1: 24 COVID testing and vaccination camp assisted

Activities:

C.1.1. Raise awareness on COVID prevention and importance of COVID vaccine radio, television, print, online and social media.
C.1.2. Campaign for COVID test and support for equitable vaccination

Output C.2: DV and SGBV cases monitored and assisted for legal, medical and rehabilitation services

Activities:

C.2.1. Sensitize community leaders on how to intervene in situations of domestic violence, exploitation or abuse cases
C.2.2. Support community leaders, human rights defenders, and local leaders to conduct actions against GBVs, and for PSEA and child protection activities
C.2.3. Provide SGBV and SGBV referral mechanism training to OCMC and other stakeholders
C.2.4. Support SGBV survivors for legal, medical and rehabilitation services

Output C.3: 9 inter/faith dialogue on COVID prevention and control organized

Activities:

C.3.1. Organize district level inter-faith dialogue on COVID prevention and control
C.3.2. Organize radio/television talk program on COVID prevention and control inviting community and religious leaders, municipal and health institution representatives

ACT Nepal Forum Secretariat:

Outputs and activities

- Effective coordination between ACT Nepal forum members
- Monitoring, evaluation and learning & sharing events
- Communications and reporting to ACT Asia and Global offices
- International/national stakeholders relationship management
- International monitoring visits (subject to national/international travel restrictions)

Exit strategy

Proposed actions are aligned with the priorities and needs outlined by the GoN, Ministry of Health and Population (MoHP) and Social Welfare Council (SWC) appeal to the INGOs. These actions were also verified with the local government, health care organizations and targeted communities. Sectoral activities will be aligned with government entity, service centre and CBOs. Health related activities will be implemented in collaboration with health organizations; WASH, food security, livelihoods and gender with local government and community engagement, CBPS and preparedness and prevention with community-based organizations and their networks.

The project aims to create a sustainable environment by building local capacity in the areas of community engagement, preparedness and prevention, CBPS by providing support to community groups, community-based organizations and their networks.

Furthermore, the longer-term presence of the ACT Nepal members via other actions in the proposed response districts will support to follow-up and strengthen the interventions implemented under this action. The project will facilitate the linkages, coordination and streamlining between development and humanitarian programming that will ensure more effectiveness and efficiency of the assistance efforts.

PROJECT MANAGEMENT

Implementation Approach

The Requesting members will adopt the following approaches for safe and effective implementation and sustainability of planned activities.

Participatory and inclusive approach- The project will ensure direct involvement of all sections of the beneficiary population (pregnant and lactating women, PWD, elderly, ex-bonded labour, dalits, boys and girls etc) through a participatory and inclusive approach focusing on the highly vulnerable and poor community members. The project will emphasize on engagement of targeted community and local government in all stages of project cycle management and project plan, project provisions, implementation arrangements and monitoring and reporting system will be shared with them in the project inception meeting. Project beneficiaries and their representatives will be invited in planning and review meetings; post distribution monitoring (PDM) process and public audit events.

Collaborative approach- The project will collaborate with governments system, health institutions and civil society organizations for effective delivery and sustainability of action implemented. Community based organizations and their federations, task forces and disaster management committees, local level faith-based organizations and formal informal groups and clubs of women and youth will be considered as local level actors for this project. In addition to this, like-minded organizations form humanitarian clusters, Association of INGOs in Nepal (AIN), Disaster Preparedness Network Nepal (DPNet-Nepal) and other humanitarian and development coordination mechanism at federal, provincial and local levels will be collaborated and coordinated to maximize the impact and minimize the duplication/gap. Project will collaborate and coordinate with the municipal wing of COVID-19 Crisis Management Center (CCMC), which is a government institution formed under the leadership of Deputy Prime Minister to respond the COVID crisis in Nepal.

This project will be implemented through the local partners that are already implementing the other projects of the requesting members, have a good rapport with the Provincial and Local Governments, and are well versed on the local context. The project is well informed of the needs and gaps of the project beneficiaries, which has been collected through regular meetings with the partners and collection of statistics of the districts. The project will also collaborate with Government system and contribute for effective implementation of government COVID response program and plan. Issue specific institutions and systems such as disaster management committee, faith-based intuitions, disabled people organizations, Female Community Health Volunteers (FCHVs) will be mobilized to raise awareness on COVID-19 preparedness and prevention; COVID-19 vaccine campaign and psychosocial counselling.

Cash and voucher- Conditional/unconditional cash/voucher assistance modalities will be adapted and implemented when project recipients and local governments are comfortable with, and markets are functional. DCA is leading the cash coordination group on behalf of the humanitarian organisations and has significant experience of working on cash- based programming including digital cash. This will be brought into the project through capacity building of the project staff and direct technical support in cash assistance. DCA's technical assistance and expertise on cash voucher system and their cash transfer programming guideline will be adapted by all requesting members.

Complementarity and synergies- The project will develop synergies with existing program and projects and ongoing program and projects of Government, humanitarian and development partners through joint reviews, regular meeting and information/knowledge sharing. Furthermore, the project will build strong partnership and synergies with District COVID Crisis Management Committee (DCCMC) and district and municipal level humanitarian and development networks and allies.

Gender mainstreaming- By promoting an inclusive approach, all activities in the project will have special consideration to the appropriate and active participation of women at all stages of project implementation. Needs of women, girls, PWD, elderly will be identified, and relief packages and interventions will be designed accordingly. Acknowledging the fact of increased cases of SGBV in COVID pandemic situation, the project will monitor the cases of DV and SGBV and apply appropriate strategies to address such problems.

In all the project locations, the action will ensure that at least 60% of the beneficiaries are female, and 80% in case of cash/voucher assistance. Considering the increasing trend of GBV in the target locations, especially after the COVID-19 in 2020, cash assistance to GBV Survivors have also been provisioned. DCA has established help-desks to GBV survivors and other vulnerable groups in the province at the Provincial, district and Palika level, which will be supported further to address the need of GBV survivors, women in general and provide necessary counselling as well as referral services.

Implementation Arrangements

ACT Nepal forum members (DCA, FCA, Felm, ICCO/CORDAID, LWF, UMN, MCC, NELC) have expertise in different sectors/thematic areas, such as DCA in cash transfer and WASH; FCA in education; Felm in PSS; ICCO/CORDAID in Food security and livelihoods; LWF in health and PSS; UMN in health; MCC in health, livelihoods; and NELC in inter/faith and ecumenical collaboration. Forum members will extend this expertise to requesting members for quality implementation of planned activities.

Local partners of requesting members (DCA, ICCO/CORDAID, LWF) will implement project activities as Government of Nepal do not allow INGOs for direct implementation. All together five national NGOs will be engaged as local implementing partners. Implementing partners will be oriented on project intervention, ACT policies and guidelines and contractual arrangements by the forum secretariat. Regular monitoring, review, and reflection, learning exchange and reporting will be ensured by forum secretariat. Requesting members and their partners will continue their coordination and collaboration with the Government, UN cluster systems, development partners, civil society organizations, private sectors and (inter)faith networks at federal, provincial, and local level to minimize the duplication/gaps and maximize the outcome. Institutions and networks of Hindu, Christian, Buddhist, Islam faith will be mobilized where available.

Implementation modality: The project will form a Project Management Committee consisting of head of organizations, Program Manager, Finance Manager, Project Coordinator, Monitoring Officer, and field staffs. The Committee will have monthly virtual meetings and bi-annually or quarterly face to face meeting depending on the mobility. Apart from this committee, field operation team led by Project coordinator will be responsible for day-to-day operations in the field. The operation team will also have incentive-based community volunteers in their team. ACT Nepal Forum budget will be managed by ICCO/CORDAID, as the Forum Convenor.

Further details of the local partners per member are:
DCA will work with NNSWA in Kanchanpur and EDC in Doti. Both the partners are strategic partners of DCA and are implementing longer term projects funded by DANIDA and projects funded by the EU in Nepal. DCA will meet with its partners each week to check on the context, design alternative strategies where required. DCA has also put its virtual monitoring mechanism in place in terms of financial and procurement compliance, which gives an opportunity for DCA and Partners to discuss on various challenges faced by the partners and identify solutions to resolve them. The same approach will be applied for this project too.

ICCO/CORDAID will work with Sahakarmi Samaj (SS) and its community-based network organizations in Banke and Dang districts, where ICCO/CORDAID and SS are jointly implementing the EU funded Project REAL. SS is a longstanding partner of ICCO/CORDAID and has over 20 years of experience in community mobilization, good governance, lobby and advocacy projects.

LWF will work with two district level partners, Lutheran Community Welfare Society (LCWS) for Jhapa in Province-1 and Rastriya Mukta Haliya Samaj Federation-Nepal (RMHSF-N) for Kanchanpur and Doti in Sudurpaschim province. Lutheran Community Welfare Society (LCWS) is a diaconal arm of Nepal Evangelical Lutheran Church (NELC) established in 2010. It is registered in DAO Morang and affiliated with Social Welfare Council. LCWS has its central office at Morang and field office in Jhapa district of Province-1. Disaster risk reduction and preparedness response; Sustainable livelihood; Awareness on WASH promotion; Community empowerment and mobilization; Organizational development and empowerment of poor and oppressed communities and Good governance and social accountability are the priority sector of LCWS. Marginalized, forgotten and vulnerable communities like Santhal and Musahar are its priority population. LCWS/NELC is known as humanitarian organization in Morang district.

Rastriya Mukta Haliya Samaj Federation-Nepal is an umbrella organization working for the socio-economic rights of freed Haliyas amalgamated with 386 freed Haliya groups and 12 Community Based Organizations (CBOs) from 12 districts of Sudur Paschim and Karnali province which are also known as District Haliya Mukti Samaj (DHMS). It was formally registered in District Administrative Office (DAO) Dadeldhura in 2007 and affiliated the same in Social Welfare Council (SWC). Now a total of 16,953 (Male- 9,570 and Female- 7,383) freed Haliya members are directly involved with this issue-based people organization. Marginalized, forgotten, IDP and vulnerable communities like dalit, freed haliya are its priority population. Rehabilitation of IDPs, DRR and emergency response; economic empowerment; Community empowerment and mobilization; Organizational development and empowerment of poor and oppressed communities and Good governance and social accountability are the priority theme of RMHSF-N.

Project Consolidated Budget

		Appeal Total	DCA	ICCO	LWF	Nepal Forum
Direct Costs		**530,414**	**152,682**	**152,610**	**190,977**	**34,145**
1	**Project Staff**	**90,116**	**20,727**	**13,349**	**43,233**	**12,806**
1.1	Appeal Lead	-	-	-	-	-
1.2	International Staff	1,143	1,143	-	-	-
1.3	National Staff	88,972	19,584	13,349	43,233	12,806
2	**Project Activities**	**362,394**	**108,109**	**119,395**	**130,408**	**4,482**
2.1	Public Health	95,969	42,354	34,149	19,465	-
2.2	Community Engagement	49,705	18,799	10,416	20,490	-
2.3	Preparedness and Prevention	5,336	-	-	5,336	-
2.4	WASH	15,581	5,976	-	9,605	-
2.5	Livelihood	98,393	19,209	27,960	51,224	-
2.6	Education	-	-	-	-	-
2.7	Shelter and Household items	-	-	-	-	-
2.8	Food Security	67,317	16,008	40,553	10,757	-
2.9	MHPSS and Community Psycho-social	7,257	-	2,988	4,269	-
2.10	Gender	13,105	5,763	-	7,342	-
2.11	Engagement with Faith Leaders	2,134	-	213	1,921	-
2.12	Advocacy	7,598	-	3,116	-	4,482
3	**Project Implementation**	**12,973**	**6,830**	**-**	**1,089**	**5,054**
3.1.	Forum Coordination	5,481	854	-	-	4,627
3.2.	Capacity Development	7,492	5,976	-	1,089	427
4	**Quality and Accountability**	**38,145**	**8,367**	**10,228**	**9,946**	**9,605**
5	**Logistics**	**22,987**	**7,071**	**8,528**	**6,301**	**1,089**
6	**Assets and Equipment**	**3,799**	**1,579**	**1,110**	**-**	**1,110**
Indirect Costs		**68,976**	**16,029**	**19,100**	**28,366**	**5,481**
Staff Salaries		46,092	11,564	9,270	19,778	5,481
Office Operations		22,885	4,465	9,831	8,589	-
Total Expenditure		**599,390**	**168,711**	**171,710**	**219,343**	**39,626**
ICF (3%)		17,982	5,061	5,151	6,580	1,189
Total Expenditure + ICF		**617,372**	**173,773**	**176,861**	**225,923**	**40,815**

Project Monitoring, Evaluation and Learning

The requesting members will use and adapt the existing Planning, Monitoring, Evaluation and Reporting (PMER) system. Requesting members have well established result-oriented planning, monitoring, accountability, and learning, ensuring quality and compliances. The members will ensure implementation of the actions as per the proposal, logical framework and ACT Alliance's norms. A brief monitoring and evaluation (M&E) plan will be prepared to track and assess the results of the interventions throughout the project period. It will be a living document that will be reflected and updated on a different stage of the project. Project Activities Tracking Sheet will be developed, and detailed implementation plan will be prepared with partner organization to monitor and validate the information.

Throughout program implementation, the program team will systematically collect and analyse data to keep track of planned activities, reach of target groups, effects, and unforeseen developments. Together with financial management data these provide the basis for detailed planning and reporting of inputs and

outputs. Flexible work plans and budgets (with clear formats and time frames for updates) will give teams room for adaptation.

Following are some of the practical processes/mechanisms proposed to ensure synergies between the PMER systems of the members:

- Baseline and endline study
- Development of quality benchmarks (minimum standards) for all major program interventions.
- Development and use of Mobile App for real time monitoring, reporting and feed-back from field.
- Regular field monitoring visits by the PMER staff to ensure relevance, effectiveness, efficiency, sustainability, quality, and compliance of project implementation.
- Toll-free line, complaint boxes, and help desks set up to enable program teams to solicit feedback, complaints, and grievances from the communities.

The PMER system will ensure downward accountability by ensuring that the target communities, Government officials as well as all ACT Nepal members have access to detailed information about the project, budget, and quality requirements. Along with local capacity building, complaint response mechanism will be established to provide an opportunity for the communities to give feedback to the project implementation and their voices heard.

To ensure that our monitoring and evaluation work is effective, there will be a dedicated Planning, Monitoring, Evaluation and Reporting Officer (PMER Officer) at ACT Nepal Forum Secretariat, who will work very closely with the Forum convener and requesting member. Forum PMER officer will do the outcome and output level monitoring and reporting and respective partner will do the activity level and output level monitoring and reporting. PMER framework will outline the monitoring frequency.

Learning generated through regular monitoring, evaluation, accountability and community feedback and complaints response mechanisms will be used for taking corrective measures, improving program quality and compliances, and enhancing synergy among relevant actions of key humanitarian and development partners in the districts. Best practices and program lessons learned will be disseminated through learning events for wider ACT Alliance members and external stakeholders.

In addition to that, DCA and ICCO/CORDAID propose additional M&E processes based on their standard organizational practices:

DCA: The monitoring of the project will be done through the dedicated staff of partners, based on the standard procedure of DCA. The post distribution monitoring will be done using the mobile based application Magpie. The weekly partners meeting, virtual monitoring, regular bi-lateral meeting with the partners will be done to ensure that the activities are implemented as per the plan. Should there be changes in the context and activities need revision, this will be done jointly by DCA and partners. The ACT Alliance members will be informed and consulted in the process. The progress on the project will be regularly followed up, best cases will be shared widely through DCA social media pages and the local media.

ICCO/CORDAID: Project Outcomes will be monitored to validate the interventions and correctness of the project design and if it needs any adaptation. Data and insights generated will be used to verify these. Some of the monitoring methods include maintenance of Beneficiaries Profile to aggregate the data and case stories; data gathering based on the indicator framework. This information will be displayed in the project dashboard and aggregated at least twice a year in the bi-annual report. Effective documenting and responding to information findings and recommendations will be built into the project, including a decision log to keep record of key project decisions and an action log kept by Program and project managers to ensure management decisions and monitoring and evaluation findings are followed-up and acted on.

ICCO/CORDAID will also organize an external evaluation which will be done by an independent consultant, w hose ToR
will be drafted on a basis of ALNAP Quality Performance in close consultation with all ACT Forum members and the secretariat. All these activities, including M & E Plan & designing will be done as per ACT PMEL guidelines, principles, and standards.

Safety and Security plans

All requesting members (DCA, ICCO/CORDAID, LWF) have dedicated security focal points and actively participating in AIN Safety and Security (AIN S&S) Working Group. Safety and security instruction received from AIN S&S and UNDSS is well recognized by requesting members. Moreover, all Nepal ACT forum members are aware and adhere to ACT safety and security guidelines and protocols.

The requesting members have been sharing advisories and contacting other agencies for their advice and best practice around the COVID-19 issue, and this support will continue as ACT Nepal deals with the crisis in all targeted districts. Security situation of the proposed locations are normal and accessible to the consortium members. Local authorities will provide permits to relief organizations to deliver lifesaving needs despite of lockdown situation. From a risk perspective, all ACT members must consider the following:

COVID-19 Standing Operating Procedure (SOP): Each requesting member has own SOP and operate its operation following its principle and guidelines. SOP will be reviewed and adjusted as situation demands.

Basic Operating Guideline (BoG): The Basic Operating Guidelines were introduced in Nepal in 2003, in the context of the internal armed conflict, and were revised with minor changes to the wording in 2007. BOGs were developed as a way of keeping operational space open and ensuring the security of staff. All requesting members voluntary accept the principle and guideline of BOG and follow while implementing project activities.

Duty of Care: Put in place measures to ensure staff health and safety and reduce the chance of exposure to the virus or spread to other staff. Specific provisions for staff protection, access to testing and health services will be ensured by requesting member.

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

Requesting members (DCA, ICCO/CORDAID, LWF) abide by the ACT Alliance and their individual Code of Conducts. Local implementing partners, volunteers and interns, contractors and suppliers will also be oriented and require adhere to the Code of Conduct. The beneficiaries will be oriented to core values and Code of Conduct. Feedback mechanism will also be in place to seek their feedback.

Safeguarding

The requesting members (DCA, ICCO/CORDAID, LWF) are committed to abide the Safeguarding policies of ACT Alliance and PSEA policies of their own organizations. Requesting members and implementing partners build "culture of safety" in the workplace and project locations in which children and women are protected from abuse and harm in all areas of its service delivery. Staff and volunteers will be oriented on child protection policy and respective function will ensure the effective implementation of policy implementation.

All members have PSEA policies in place, which constitutes of mandatory trainings for all staff. Similarly, all the partners are trained on CHS, and have CHS plan in place. In line with CHS benchmarks, our partners will continuously use its accountability frameworks, a `Global Complaints Handling' system and a specific `Complaints Handling Mechanism (CHM)', with complaints boxes in the field and a hotline to obtain complaints

from beneficiaries and non-beneficiaries. In case of reports/allegations received on PSEA, the Consortium will act immediately based on its policy of Zero tolerance.

Conflict sensitivity / do no harm

The requesting members (DCA, ICCO/CORDAID, LWF) are members of AIN Safety and Security Group and they abide with the Basic Operating Guidelines (BOG) and Do No Harm (DNH) principles developed by AIN and donors. Our working approach will ensure the participation of affected community and local government during planning, implementation, and monitoring of response. Targeting and distribution will be done without bias or partiality. Beneficiary selection criteria, process and beneficiary list will be shared and verified with local government and beneficiary groups. Distribution list will be displayed in public places and verified by local bodies before distribution of relief item, which will increase ownership and reduce the fiduciary risk.

DCA has a "Conflict Sensitivity Action Paper" in place which seeks to identify opportunities to improve assistance, as well as highlight unintended consequences that may contribute to violence. In line with the policy, DCA assessed the context and its interaction with the planned activities during the design phase. Any activities that could pose negative impact were adjusted, and those activities that would maximize positive impacts were reinforced. The consortium will continue to understand and assess the context during implementation phase, following the guidelines of this Action Paper. In addition, the members will factor in responses to multiple forms of violence such as direct physical violence (e.g. ecological destruction, murder, rape, and assault); structural violence (e.g. discrimination, injustice, exclusion); and cultures of violence that normalize physical and structural violence in society through cultural channels (e.g. language, ideology, art, music, law, science, social media, press, TV & radio.

Complaints mechanism and feedback

The requesting members (DCA, ICCO/CORDAID, LWF) have established complaints handling and response mechanism in their respective office at central and partner levels, that vary slightly from each other (as described in detail in the section below). As such, all three members will continue to rely on their established complaints mechanism and feedback in their respective project areas and for their respective local partners. However, synergies between the complaints and feedback mechanism system for all three organizations will be sought, with the Project Implementation team making regular reports to the Project Management Committee, who will maintain oversight.

The consortium will assign a toll free number for all anonymous complaints. Awareness will be raised on the existence of this number during all the meetings/ sessions with communities and beneficiaries and through the community radio, during the radio broadcasts supported by the action. Non-sensitive complaints will be handled by the concerned member, as and when it arises, and will share the report with the Project Management Committee. Sensitive complaints will be handled jointly via the Project Management Committee, in whichever project area it arises, for maximum accountability and transparency between the members.

DCA: DCA and partners use and expand on the existing Complaint Feedback Response Mechanism (CBFM) to receive and respond to complaints raised by stakeholder/beneficiaries. It will provide the number of the focal person, toll free number and email, and orient beneficiaries on complaint filing process, and review and handling processes. There will be multiple entry channels for collecting feedback/complaints from beneficiaries and stakeholders including toll free telephone, email, and child consultations. Partners will routinely monitor and respond to feedbacks and complaints from the beneficiaries, too. The complaints will be categorised into two groups- sensitive and non-sensitive. Sensitive complaints are complaints relating to suspected breach of national and international laws and staff misconduct whereas non-sensitive complaints are related to shortcomings in project activities and processes and operational standards. All complaints, irrespective of the nature of the complaint, will be acknowledged and complainant will receive confirmation with a description of how the complaint will be handled within several day of registering the complaint. Non-sensitive complaints will be handled by the senior management team (SMT) in-country, while sensitive complaints will be reported to DCA's HQ in Copenhagen. All complaints will be addressed, and the

complainant will be informed of the decision within the defined timeframe. In an event, the complainant or the subject of the complaint is not satisfied with the decision, they can appeal the decision.

ICCO/CORDAID: ICCO/CORDAID's CRM is established within ICCO/CORDAID's MEL departments. They are directly managed by the Country Managers and function independently from the programs. The MEL Departments have a dedicated staff member who leads CRM to improve program accountability, transparency, quality, and increase trust. A dedicated staff member in the MEL department will record all complaints and feedback. CRM is based on the following principles: 1)Beneficiaries raise a response through their preferred complaint/ feedback mechanism; 2)Make sure each complainant/feedback receives a response and appropriate action; 3)Be consistent and ensure similar complaints/feedback receive a similar response; 4) Aim to respond to queries within a given timeframe (ideally 2 weeks to 4 weeks); 5) Where an issue affects more than one person, it may be worth giving the response in a community meeting so everyone in the community is aware that the issue has been resolved. After reception, complaints are divided into 2 categories: 1) non-sensitive complaints are related to program activities or funding that are easily resolved by program staff (categories 1, 2 and 3). 2) Sensitive complaints are related to issues of corruption, exploitation, abuse, misconduct, negligence or any other abusive or inappropriate behavior of staff, volunteers, or affiliates. Sensitive complaints are treated differently and confidentially (categories 4, 5 and 6). All complaints are logged. Complaints related to staff conduct are reported to the CD immediately. Staff conduct issues are treated in a confidential way.

LWF: Complaint's response committees will be formed by each partner organization. Complaints/feedback collection mechanism will be setup at response site and project level. A separate complaint register will be maintained by the local partner and will address operational level complaints instantly. However, serious nature of complaints (sexual abuse, harassment, and discrimination of any kinds) will be handled by LWF. The time frame for receiving the complaints and response will be 30 days.

Communication and visibility

The consortium will develop a communication and visibility plan at the start of the project, which will ensure compliance with the ACT Alliance Communications Guidelines. Visibility will be ensured on all print collaterals such as IEC Materials, Information boards, banners, training materials and other merchandise as agreed on the C&V Plan. Written and verbal acknowledgement of the support from ACT Alliance will be communicated through all project activities. Stories of impact, testimonials, and regular project updates will be communicated through the social media pages and websites of requesting members to amplify and further disseminate project information, in close cooperation with the communications colleagues in ACT Geneva and ACT Bangkok.

Annexes

Annex *1 – Summary Table*

	DCA	ICCO/CORDAID	LWF
Start Date	2 June 2021	1 June 2021	1 June 2021
End Date	31 May 2022	31 May 2022	31 May 2022
Project Period (in months)	12 months	12 months	12 months
Response Locations	Sudurpaschhim Province (Kanchanpur, Doti)	Lumbini Province (Banke, Dang)	Province 1 (Morang), Sudurpaschhim (Kanchanpur, Baitadi)
Sectors of response	☒ Public Health ☐ Shelter and household items ☐ Community Engagement ☒ Food Security ☒ Preparedness and Prevention ☐ MHPSS and Community Psycho-social ☒ WASH ☒ Gender ☒ Livelihood ☒ Engagement with Faith and Religious leaders and institutions ☐ Education ☒ Advocacy	☒ Public Health ☐ Shelter and household items ☒ Community Engagement ☒ Food Security ☒ Preparedness and Prevention ☐ MHPSS and Community Psycho-social ☐ WASH ☒ Gender ☒ Livelihood ☒ Engagement with Faith and Religious leaders and institutions ☐ Education ☒ Advocacy	☒ Public Health ☐ Shelter and household items ☒ Community Engagement ☒ Food Security ☒ Preparedness and Prevention ☒ MHPSS and Community Psycho-social ☒ WASH ☒ Gender ☒ Livelihood ☒ Engagement with Faith and Religious leaders and institutions ☐ Education ☒ Advocacy
Targeted Recipients (per sector)	▪ Public health – 68 health institutions and 250 households ▪ WASH – 10 hand wash stations and 6 isolation centres	▪ Public health – 25 Health institutions and 950 individuals ▪ Food security and Livelihoods - 1,325 individual	▪ Public health – 9 health institutions and 4,500 individuals ▪ Food security and Livelihoods - 1,410 individual

	▪ Food security and Livelihoods – 4,00 households ▪ Preparedness and prevention – 50,800 individuals (direct and indirect beneficiaries)	▪ Preparedness and Prevention – 15,000 individuals (direct and indirect beneficiaries) ▪ Engagement with Faith and Religious leaders and community institutions - 135 institutions	▪ Preparedness and Prevention - 51,623 individual (direct and indirect beneficiaries) ▪ MHPSS and Community Psycho-social - 51,623 individual (direct and indirect beneficiaries) ▪ WASH – 4,500 individuals ▪ Gender - 19,484 individuals (direct and indirect beneficiaries) ▪ Engagement with Faith and Religious leaders and institutions - 4 institutions
Requested budget (USD)	US$ 173,773	US$ 176,861 ICCO/CORDAID will manage the forum budget allocation of US$40,815	US$ 225,923

Annex 2 – Security Risk Assessment

Principal Threats:

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

Threat 2: Staff, stakeholders and target communities might contract the COVID-19

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

Threat 4: Natural disasters like floods and landslides might hamper accessibility

Threat 5: Essential Supplies from Indian market might decrease

Place the above listed threats in the appropriate corresponding box in the table below. For more information on how to fill out this table please see the ACT Alliance Security Risk Assessment Tool (http://actalliance.org/documents/act-alliance-security-risk-assessment-tool/)

Impact / *Probability*	**Negligible**	**Minor**	**Moderate**	**Severe**	**Critical**
Very likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Very high Click here to enter text.	Very high Click here to enter text.
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Events of excessive rain, flooding and landslides in the targeted area	High Restriction on NGOs worker's movement/stricter regulation	Very high Increased numbers of infection in the targeted areas
Moderately likely	Very low Click here to enter text.	Low Supplies from Indian market might decrease	Medium Click here to enter text.	High Click here to enter text.	High Staff, stakeholders and targeted communities might contract the COVID-19
Unlikely	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low Click here to enter text.	Very low Click here to enter text.	Very low Click here to enter text.	Low Click here to enter text.	Low Click here to enter text.