

## UPDATED CALL FOR PROPOSALS – ACT APPEAL

### ACT Alliance Global Response to the COVID-19 Pandemic – ACT201

ACT Alliance issued its first Call for Proposals for its Global ACT Response to the COVID-19 Pandemic – ACT 201 on 8<sup>th</sup> April 2020, resulting in over 30 proposals submitted for the Rapid Response Fund strand of the response. This Updated Call Proposals is issued to provide specific and additional guidance for the **Sub-Appeals** strand.

Forums/Members intending to submit proposals may consult the Global Appeal document published on the ACT Website: (<https://actalliance.org/wp-content/uploads/2020/03/COVID-19-Global-ACT-Appeal-updated.pdf>). A customized COVID-19 Sub-Appeal Template is also available on the website.

### Second Phase: COVID-19 Appeal

The proposals under this funding strand will be considered as approved proposals (henceforth referred to as “**Sub-Appeals**”) under the Global ACT COVID-19 Appeal, rather than stand-alone ACT Appeals. Funding approval depends on the amount raised in the Global Appeal, with possibility for either full or partial funding.

In addition to the general eligibility criteria, members planning to participate in the Appeal must:

- Have in-country presence and be members of the ACT national Forum
- Be endorsed by the ACT Forum to implement the response (to be indicated in templates)
- Where there is no active ACT Forum, requesting members will need to communicate the details of their response to other members that are present in the country and the ACT Secretariat

### Project Outputs and Activities

Sub-appeal proposals need to be anchored on at least one of the overall outcomes of the Global ACT Response. To define project objectives, outputs and activities, members may consult the Programming Guidelines for different sectors and thematic areas in the Global ACT Appeal. This does not prevent members from developing proposals outside the programmatic entry points of the Global Appeal, especially if the local context or needs assessments require a different approach. Additional guidance for non-traditional response sectors/themes (i.e., Engaging faith actors, gender programming) is included as Annex A and B of this document.

### Project Duration

Project duration will be nine to twelve (9-12) months, with earliest start dates from 01 June 2020, and latest from 01 September 2020.

### Submission Deadline

Sub-appeal proposals will be accepted on a rolling basis. Applications can be received from **1 June 2020** (for projects starting in June-August) **to 01 September 2020** (for projects starting in September). Proposals can be received ahead of 01 June in exceptional circumstances, but would not mean securing funding priority over other approved proposals. Forums/Members planning to submit a Sub-Appeal proposal are strongly encouraged to get in touch as soon as possible with their respective ACT Regional Office for further guidance and support.



## Budget and Administration of Funds

The budget for this strand of the Global Appeal is USD 9,000,000. This proposed budget is not secured, as such requesting forums/members are strongly encouraged to work within the range of **USD-500,000 to 1 million** for each country/sub-appeal. Exceptionally, Forums may decide on a higher budget if justification can be provided based on the context and needs, and if there are clear indications of additional funding.

Approved proposals may only be partially funded or made part of the funding pipeline, depending on the status of donor contributions. The real-time funding level of the Global Appeal will be made available online via Crystal Report: (<http://reports.actalliance.org/report/Appeals%202016-dynamic.aspx>, Appeal Code ACT201). Further discussions will be run by the ACT Regional Offices with forums with approved projects on funding levels and disbursement schedules.

All approved proposals will be included as part of the global and country-specific fundraising initiatives of funding members and the Secretariat. In cases of project opportunities with specific donor requirements, certain forums/members may be approached for additional support.

## Project Selection Criteria

Sub-Appeal proposals will be assessed based on the following elements, drawn from the Start Fund selection criteria, OECD-DAC criteria for development effectiveness, and ACT Alliance-specific considerations:

### 1. Relevance and Appropriateness

- Spread and severity of COVID-19 in proposed project location/s (indicators in Global Appeal)
- Alignment with the ACT Global COVID-19 Appeal Objectives and Outcomes
- How the project addresses local needs and priorities based on appropriate context and needs assessments
- How the project addresses access to resources and information by women, girls and vulnerable groups, with gender perspectives (see Annex B)
- How the project links with ongoing programmes of requesting forum/member in-country (humanitarian, development, or advocacy)
- The compatibility of the intervention with other interventions in a country, sector or institution.
- Appropriate at-risk contexts selected for COVID-19 programming, e.g. urban poor areas; refugee and IDP camps; people on the move, including holding and detention centres; areas with lack of access to health services and facilities; underserved areas/populations in other active crises

### 2. Efficiency

- Value for money demonstrated in proposal narrative and budget
- The extent to which the intervention delivers, or is likely to deliver, results in an economical and timely way.
- A measure of the outputs (qualitative and quantitative) achieved as a result of inputs.

### 3. Effectiveness

- Likelihood of planned activities to lead to expected results, i.e. intervention logic or theory of change
- Quality and accountability components, i.e. adherence to Core Humanitarian Standard, Sphere Minimum Standards and HSP companion standards, prevention of sexual exploitation and abuse (PSEA)

- Engagement in humanitarian coordination with government and/or other humanitarian actors, e.g. participation in Humanitarian Response Plans (HRPs) and engagement in platforms such as Humanitarian Country Teams (HCTs), clusters, NGO fora, government-led coordination, in-country donor coordination units, as well as where appropriate regional inter-governmental decisions- making bodies
- Clearly defined operational elements of the response (i.e. implementation strategy and support mechanisms)

#### 4. ACT Alliance presence and capacity

- Member capacity and presence on the ground; proven track record and technical capacity to implement humanitarian programmes including PMER.
- Demonstrated coordination of ACT national Forum (where there is no ACT Forum, demonstrated coordination among members)
- Updated EPRP and/or COVID-19 Contingency Plans
- Strong relationships with local faith actors, churches and other communities of faith
- How the proposal highlights the involvement of faith actors in the project cycle (see Annex A)

#### 5. Impact

- The extent to which the intervention is expected to generate significant positive or negative, intended or unintended, higher-level/broader effects.
- The potential significance and transformative effects of the intervention.
- Beyond the immediate results, the indirect, secondary and potential consequences of the intervention, i.e. holistic and enduring changes in systems or norms; potential effects on people's well-being, human rights, gender equality, and the environment.

### Other Modalities (outside the Global COVID-19 Appeal)

The following modalities are additional available options for responding to the COVID-19 crisis, and will be coordinated as separate from the Global COVID-19 Appeal. Please get in touch with your respective Regional Offices for additional support.

#### 1. COVID-19 Programming in other ACT Appeals

Members currently implementing humanitarian response through ACT Appeals may consider introducing COVID-19 response elements within their existing projects. This would refer to either of the following approaches:

- a. Resource or budget adjustments that do not require a formal revision of existing ACT Appeals, and not reallocation of funds at scale. All requests under this modality must be communicated to the ACT Secretariat, which will determine an appropriate arrangement with donors depending on the compliance requirements attached to the funding. This may include No-Cost Extensions and the ability to re-program to other outputs and sectors within reasonable bases.
- b. Formal revision of existing ACT Appeal

#### 2. Total ACT Response

ACT members may respond through their own response mechanism and operational/partnership arrangements outside the Global ACT Appeal. In view of the **Total ACT Response principle**, members managing their own response shall coordinate and share information with the ACT Forum in the country of operations. Further, such members are strongly requested to share detailed information about their response with the ACT Secretariat.

## M&E and Learning

The ACT Global COVID-19 Response places a strong value for learning in this particular response, recognizing that this is the first time the Alliance is utilizing a global approach in responding to a crisis. Project proposals shall clearly demonstrate the tools and methodologies for learning and knowledge development, as this response is expected to inform different elements of the ongoing reform of the ACT humanitarian mechanism, as well as establish new and innovative mechanisms for strengthening the crucial role of ACT Forums, national members, and local faith actors in humanitarian response.

As indicated in the Global Appeal, the monitoring and evaluation (M&E) requirements for the COVID-19 Response will follow the established procedures for regular ACT Appeals, i.e. requesting members will be responsible for monitoring activities and reporting to track project performance, identify results and learnings, and address potential delays at an early stage. Considering the challenges posed by lockdowns in many countries, monitoring by implementing members and the ACT Secretariat can utilize non-traditional approaches such as remote monitoring depending on the situation. These details shall be made clear in the project proposals.

Sub-Appeal Reports will be consolidated at Forum level and sent to the ACT Regional Office. A general consolidation of reports will be made by the Secretariat for reporting against the Global Appeal, to be sent to donors. For purposes of this Call, logical frameworks will not be required at proposal stage, but will be made part of implementation requirements. The Secretariat will prepare a global logframe for purposes of consolidating reporting and analysis, and will be shared at a later date with requesting members/Forums.

In cases of back donor funding, special conditions may be set for certain projects. Such conditions will need to be discussed between the funding member, the ACT Secretariat, and the requesting member/Forum.

The following information shall be articulated in all proposals:

- Who will monitor the project implementation and its frequency?
- How performance will be tracked in terms of achievement of targets and results (information management system)
- How beneficiaries are involved (participatory monitoring and evaluation)
- How adjustments and corrections to programming will be made
- How local implementing partners will monitor field activities in situations of remote management
- Describe how you will capture lessons and good practices that can help us improve future response
- How do you plan to disseminate or share learning across the Forum and the Alliance?

## Proposal Submission

COVID-19 Sub-Appeal Proposals will be submitted to the ACT Secretariat Regional Offices directly by requesting ACT Forums through the ACT Forum Convener or Coordinator (or a designated representative) on behalf of requesting members. Members and Forums are responsible for ensuring that the ACT Secretariat receives their proposal within the submission window from 01 June to 01 September 2020.



Applications, along with other inquiries related to the Call for Proposals, shall be sent to the respective ACT Secretariat Regional Office supporting the country (addressed to the Regional Representative, with copy to the Regional Humanitarian Officer).

#### **Africa**

ACT Regional Representative, Elizabeth Kisiigha Zimba ([Elizabeth.Zimba@actalliance.org](mailto:Elizabeth.Zimba@actalliance.org))  
Humanitarian Programme Officer, Caroline Njogu ([Caroline.Njogu@actalliance.org](mailto:Caroline.Njogu@actalliance.org))

#### **Asia and the Pacific**

ACT Regional Representative (ad interim), Femia Baldeo ([Femia.Baldeo@actalliance.org](mailto:Femia.Baldeo@actalliance.org))  
Humanitarian Programme Officer, Cyra Michelle Bullecer ([Cyra.Bullecer@actalliance.org](mailto:Cyra.Bullecer@actalliance.org))

#### **Europe**

Humanitarian Programme Officer, Dragana Levicanin ([Dragana.Levicanin@actalliance.org](mailto:Dragana.Levicanin@actalliance.org))

#### **Latin America and the Caribbean**

ACT Regional Representative, Carlos Rauda ([Carlos.Rauda@actalliance.org](mailto:Carlos.Rauda@actalliance.org))  
Humanitarian Programme Officer, Sonia Judith Hernandez ([Sonia.Hernandez@actalliance.org](mailto:Sonia.Hernandez@actalliance.org))

#### **Middle East and North Africa**

ACT Regional Representative, Rachel Luce ([Rachel.Luce@actalliance.org](mailto:Rachel.Luce@actalliance.org))  
Humanitarian Programme Advisor, George Majaj ([George.Majaj@actalliance.org](mailto:George.Majaj@actalliance.org))

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

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

#### **Alwynn JAVIER**

Head of Humanitarian Affairs  
ACT Alliance, Geneva

**ANNEX A: Updated Programming Guidance for Thematic Sections: Engaging religious leaders, churches and other communities of faith**

Faith actors play a crucial role in the communities as trusted source of information and a refuge for people who need help and support. Faith institutions are places where people can hope and pray that their situation may get better. During the Ebola crisis, faith actors and institutions have persuaded and supported communities in embracing the lifesaving advice of health practitioners against perceived stigma, discrimination, and fear. ACT Alliance's localisation agenda is best demonstrated through local faith actors working with communities.

This response will ensure the participation and engagement of faith actors in the communities where they are present. Implementing members are encouraged to engage with faith actors at the local and national level. In cases where faith institutions have the capacities for humanitarian response, local faith actors will lead the response in partnership with the implementing members. The response sees faith actors having a significant role in providing services, relaying information, mobilising communities, and keeping the faith while the communities are in crisis.

Communities' beliefs and attitudes need to be mobilized to reduce the spread of COVID-19 and to strengthen community inclusivity and cohesion as important elements of health and resilience. Faith actors' status and trust can be an effective factor of positive change, including – where needed – of negligent and dangerous faith messages ('trust God, not health advice'). There is therefore a huge potential in the involvement of faith actors in a rights and gender-sensitive response.

It is important to highlight the added value of religious leaders, churches and other communities of faith, particularly around their role towards community mobilization, protection and healing. Proposals are therefore strongly encouraged to highlight the role of these actors in conception and implementation of the response, and the roles they can play in interventions such as changing customs (worship, burials), spiritual support, psychosocial support, protection (e.g. against stigmatisation of victims, of minorities/refugees etc), and in general awareness raising within and beyond the confines of their churches.

While this programmatic theme will contribute to Outcome 3, it is foreseen as integrated in the different sectoral and thematic elements of COVID-19 response as much as possible.

**Objectives and Outputs:**

- Faith Actors deliver evidence-based, credible information, counter stigma and fake news, advocate for the needs of most vulnerable and transform health-risking religious messages/theology
  - Leveraging of online Pastoral Letters, social media messages, and public media statements by trusted faith leaders who echo messages by health authorities and advocate for vulnerable groups. Broad dissemination of responsible online sermons and other scripture-based faith voices.
  - Local Faith Actors disseminate tailor-made information to hard-to-reach vulnerable people: those living in informal settlements, refugees, migrants, homeless persons, sex workers, informal combatants, etc.
- Worship, rites and local faith life adapted to health advice to minimize virus spread while maintaining resilience building.

- Suspended or effectively spaced and hygienic physical gatherings for religious services, weddings, funerals, Eucharist and other ceremonies, and virtual alternatives are offered.
- Existing and new community resilience initiatives developed
  - Collection and dissemination of new practices of counseling of distressed for solace and meaning (online prayers, sermons, pastoral care, religious music, etc.); promotion of unity, solidarity, hope and humanity in times of hardship; practiced inclusivity and reduced tensions towards potentially discriminated groups; organized and informed home care volunteers.

**ANNEX B: Updated Programming Guidance for Thematic Sections: Gender Programming**

COVID-19 will significantly impact women and girls where factors affecting gender inequalities will get worse. Women and girls who are already doing unpaid care work will be more exposed to the virus or will be burdened more from attending to those who are sick. Others, especially in informal settlements and refugee camps, will have lesser or no access to healthcare as health services are reduced or stopped. The situation will also be worse for women migrant workers or women on the move, groups that normally do not have access to healthcare. Daily wage earners are already affected by lockdowns or containments, with women disproportionately represented in informal sectors worldwide. Particular job profiles, such as domestic work, may become particularly exposed to transmissions, as employers shift more dangerous tasks to them, without providing adequate protection and care. The risk will be compounded in countries where public transportation has been halted. Intimate partner and other forms of SGBV will increase especially in lockdown and quarantined environments, and in particular girl children who are already married may face further violations given the gender inequalities they face (see ACT Briefing Paper on Gendered Impacts of COVID-19, <https://actalliance.org/covid-19>).

We also expect that this crisis will affect lesbian, gay, bisexual, transgender, and intersex (LGBTI) people who typically face prejudice, discrimination and barriers to care, due to their sex, sexual orientation, and/or gender identity.

The ACT Alliance does not accept any discrimination on the basis of gender identity and sexual orientation, nationality, race, religion or belief, class or political opinion, insisting that all people shall have the same power to shape societies, faith and their own lives. Faith actors at the community and national levels are engaged in speaking and carrying out our work, calling for a responsible attitude to reduce fear and stigma.

Gender shall be mainstreamed in the other sectors of this response, ensuring assessments include the gaps and needs of the different groups. We will safeguard the participation and voice of the communities and different groups, including LGBTI, during this response. We will make sure that women, girls, lesbian, gay, bisexual, transgender, and intersex will participate and lead in the design and implementation of our responses as we support those that are most vulnerable. Sex and age disaggregated data will be collected using IASC's Gender and Age Marker as our guide.

Particular needs will be addressed through the following interventions:

**Objectives and Outputs**

1. Ensure women and girls having limited or no access to healthcare will be referred to or will have access to healthcare facilities including psycho-social support
  - a. Set up referral systems, particularly on sexual and reproductive health, in areas where there is limited or no access to healthcare
  - b. Provide healthcare services including sexual and reproductive health, targeting particularly groups that are more vulnerable
  - c. Provide psychosocial support for people with different needs
2. Ensure groups with differentiated needs, including women and girls and LGBTI people, will have access or will be provided information on their entitlements and rights to ensure their protection
  - a. Information on specific gender issues will be provided through various and overlapping communication channels



- b. Set up referral and support systems on accessibility and protection services, and safe spaces, for incidences of gender-based violence
  - c. Work with religious and faith leaders to help prevent intimate partner violence including violence against women.
3. Groups that have differentiated needs, including women and girls and LGBTI communities, will have access or will be supported in rebuilding their livelihood or income sources. This will be linked to other sectors especially Livelihoods.