

ACT Alliance Appeal

Global Response to the COVID-19 Pandemic – ACT201

Sub-Appeal - ACT 201-BGD

**COVID-19 Response to Refugees and Host Communities
in Bangladesh**

Budget Requested: USD 998,638

actalliance

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| Project Title | COVID-19 Response to Refugees and Host Communities in Bangladesh | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project ID | ACT 201-BGD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location | Bangladesh/Cox's Bazar/Ukhiya and Chakaria sub district | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Period | Start Date 1 July 2020 End Date 31 March 2021 No. of months 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting Forum | ACT Bangladesh Forum <input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requesting members | HEKS/EPER Christian Commission for Development in Bangladesh (CCDB) Christian Aid ICCO Cooperation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact | <table border="1"> <tr> <td>Name</td> <td>Shakeb Nabi</td> </tr> <tr> <td>Email</td> <td>s.nabi@icco.nl</td> </tr> <tr> <td>Other means of contact (whatsapp, Skype ID)</td> <td>008801713001045 (whatsapp) shakeb.nabi(Skype)</td> </tr> </table> | Name | Shakeb Nabi | Email | s.nabi@icco.nl | Other means of contact (whatsapp, Skype ID) | 008801713001045 (whatsapp) shakeb.nabi(Skype) | | | | | | | | | | | | | | | | | | | | | | |
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| Local partners | GUK and Shalom (Implementing partners of ICCO Cooperation) DSK (Implementing partner of Christian Aid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Thematic Area(s) | <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and CBPS</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Other: Unconditional cash</td> <td></td> <td></td> </tr> </table> | <input checked="" type="checkbox"/> | Public Health | <input type="checkbox"/> | Shelter and household items | <input type="checkbox"/> | Community Engagement | <input checked="" type="checkbox"/> | Food Security | <input type="checkbox"/> | Preparedness and Prevention | <input type="checkbox"/> | MHPSS and CBPS | <input checked="" type="checkbox"/> | WASH | <input type="checkbox"/> | Gender | <input checked="" type="checkbox"/> | Livelihood | <input type="checkbox"/> | Engagement with Faith and Religious leaders and institutions | <input type="checkbox"/> | Education | <input type="checkbox"/> | Advocacy | <input checked="" type="checkbox"/> | Other: Unconditional cash | | |
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| <input type="checkbox"/> | Education | <input type="checkbox"/> | Advocacy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Other: Unconditional cash | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Outcome(s) | The project will ensure alignment with the following 2 expected outcomes and the specific outcome are aligned with them: 1. Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | <p>interventions, community preparedness and prevention, and community engagement.</p> <p>2. Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods.</p> <p>3.</p> <p>Specific outcomes of the project are:</p> <p><u>Outcome 1:</u></p> <p>Most affected and at-risk population groups gained traction through provision of emergency livelihood and food security supports</p> <p><u>Outcome 2:</u></p> <p>Community practice improved hygiene behaviours</p> <p><u>Outcome 3:</u></p> <p>Healthcare facilities are well prepared to prevent and tackle COVID-19 associated infections.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project Objectives | <p>The objective of this response intervention is given below:</p> <p>Food and livelihood security improved for the poor and extremely vulnerable people affected by COVID-19 crisis.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Target Recipients | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="8">Profile</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Refugees</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">IDPs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">host population</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Returnees</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="7">Non-displaced affected population</td> </tr> </tbody> </table> <p>No. of households (based on average HH size): 3,825</p> <p>Sex and Age Disaggregated Data:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>1470</td> <td>1850</td> <td>1388</td> <td>3144</td> <td>1363</td> <td>904</td> <td>213</td> <td>122</td> </tr> <tr> <td>Female</td> <td>727</td> <td>1862</td> <td>1006</td> <td>2187</td> <td>1615</td> <td>1087</td> <td>130</td> <td>58</td> </tr> </tbody> </table> | Profile | | | | | | | | <input checked="" type="checkbox"/> | Refugees | <input type="checkbox"/> | IDPs | <input checked="" type="checkbox"/> | host population | <input type="checkbox"/> | Returnees | <input checked="" type="checkbox"/> | Non-displaced affected population | | | | | | | Sex and Age | | | | | | | | | | 0-5 | 6-12 | 13-17 | 18-49 | 50-59 | 60-69 | 70-79 | 80+ | Male | 1470 | 1850 | 1388 | 3144 | 1363 | 904 | 213 | 122 | Female | 727 | 1862 | 1006 | 2187 | 1615 | 1087 | 130 | 58 |
| Profile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> | Non-displaced affected population | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 0-5 | 6-12 | 13-17 | 18-49 | 50-59 | 60-69 | 70-79 | 80+ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Project Budget (USD) | USD 998,638 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Reporting Schedule

| Type of Report | Due date |
|--|--|
| Situation report | <p>31 October 2020</p> <p><i>First SitRep due</i></p> <p>quarterly</p> |
| Final narrative and financial report (60 days after) | 31 May 2021 |

| | |
|---|--------------|
| the ending date) | |
| Audit report (90 days after the ending date) | 30 June 2021 |

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal ACT201, and subsequent allocations will be made based on the approved Sub-Appeals. For status of pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>, Appeal Code ACT201.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:**Asia and the Pacific**

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

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

Alwynn JAVIER

Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

In Bangladesh, more than 25,000 people have been tested positive for COVID-19 and around 375 people have died as of 20 May 2020 according to the Directorate General of Health Services. Infections and fatalities are increasing rapidly in the country affecting almost all the districts. Due to the presence of Rohingya refugees, Cox's Bazar district is one of the most vulnerable. In the camps, one million Rohingya refugees, half of whom are children, live in some of the densest conditions of 40,000 people per square kilometer (UNOSAT-REACH Shelter Footprints, May 2019). As of May 18, six Rohingya refugees have been infected with the virus and more than 10000 Rohingyas have been quarantined. Overcrowded camps could have devastating consequences given the recommended practice of physical distancing is particularly challenging and the potential death toll would be unimaginable. Experts have already opined that the process of the 'community spread of infection' has already started in the camps as contact tracing has not been done. Cox's Bazar district has been put under complete lockdown from the very beginning and only emergency food supply and medical services are allowed with extreme caution. Due to the ongoing lockdown, the local economy has started taking a hit. Health service and food assistance are required for a large number of vulnerable people belonging to both the host and the Rohingya communities. 700,000 vulnerable Bangladeshi host community members are in need of food/cash support as reported by the Deputy Commissioner of Cox's Bazar. Poor farmers are in need of support for agricultural production (crops, livestock, fisheries) due to the impact of COVID-19. Though WFP, IOM, UNHCR and other UN agencies are providing food and hygiene support in the camps, the host communities are in need of such support.

The lockdown due to COVID-19 has resulted in economic implications especially among the population facing daily loss of income from micro income generating activities. The Study COVID-19: Bangladesh, Multi-Sectoral Anticipatory Impact and Needs Analysis reveals that: 75% respondents mentioned there is not sufficient access to food at home; 91% don't have sufficient money to buy food; 66% reported that the main challenge was closed markets, markets are not functioning, and preferred items are not available; 70% indicated they couldn't provide a varied diet to children between 6 and 23 months. Moreover, dietary diversity proved to be a challenge as 79% women reported that they cannot provide diverse food to the child between 6-23 months, 49% indicated that women and children couldn't access health and nutrition services. Considering the situation, immediate interventions are needed to keep the food and agriculture market functional, maintaining the health standard and guidelines. The study suggested short, medium- and long-term interventions to meet the need. Short term interventions included: Identifying & ensuring Food Security essential and critical services and supplies, supporting the safe handling of food and transportation up to consumers, supporting the farmers and food handler for safe and (COVID) contamination free food, ensuring agriculture and livestock services are provided maintaining safety in a continued manner and organizing awareness raising campaigns, Communication with Communities (CwC) and others. Medium and long-term interventions included: Ensuring livelihood process is resumed by supporting the most in need with cash/inputs in production mechanism and ensuring market functionality, providing support along the value chain of agriculture, livestock, fisheries, food based business and off farm trade that the livelihood process resume. COVID-19 is a dangerously contagious disease. The waste generated during COVID-19 patient's treatment carries a higher potential for spread of infection. Inadequate and inappropriate disposal of hazardous waste might further spread the virus. The

newly built COVID-19 isolation centers are not well equipped to handle infectious waste. The need is also there to provide equipment support to this centre for better service. The lockdown situation has also increased the vulnerabilities of Rohingya Refugees especially PwD, elderly people and widow headed households with many children who already had multiple vulnerabilities since the 2017 influx. There are specific difficulties among the vulnerable groups due to densely populated terrain of the camps and lack of information dissemination. In the midst of lockdown, the specific needs of the vulnerabilities include: Safe access to critical food items along with cleanliness and minimum hygiene practices. In the overcrowded camp environment, there are challenges in maintaining minimum health and hygiene, which is critical to containing COVID-19. Elderly people and persons with disabilities deserve special attention for health and hygiene practices.

Being one of the hotspots of the virus infection and having the largest number of urban slum population, capital city Dhaka has also become severely vulnerable as a large number of low income households living in the slums have become jobless due to the pandemic. Around 20 million people live in the capital city of Dhaka. 63 percent of city dwellers are day labourers. `Multi-Sectoral Anticipatory Impact Analysis and Needs Assessment` on COVID 19 response shows that LGBTIQ+ groups, especially those who do not have an adequate support structure within their communities remain at high risk during this period. The humanitarian impact is likely to be most severe among already at-risk groups including ethnic community groups, dalits, low income families, people with disabilities, returnee migrant workers, informal and low wage earners such as daily labourers, women headed household, transgender and sex worker. Data from other rapid assessments shows that 40% of the poor population and 35% of the vulnerable non-poor have already reduced their food consumption to cope with the situation amid the pandemic.

Considering the effect of this pandemic on the vast number of low income households of Dhaka city, the need is there to work with the day labourers, bhangari workers (scrap dealers), restaurants workers, transport workers, old & destitute women, disable people, slum dwellers, construction and factory workers, shop assistants, rickshaw pullers, street hawkers and home service people who have become economically inactive during the time and in need of urgent food support. It was reported that during this critical situation, a particularly vulnerable community members-- the third genders or the *hijras*, are being accused as carriers of the virus because of their outdoor activities and lifestyle and some of them have reported facing harassment by the law enforcement agencies. Many members of the third gender community, who are shunned by local elites and others, remain left out from the traditional relief support provided by the local authorities. Third gender community members will also be included in the project.

Since the beginning of the pandemic, 'Government of Bangladesh (GoB)' has taken several steps to provide health services to the infected people. Country wide 41 testing centres have been established and all government hospitals have been instructed to set up isolation wards for COVID 19 patients. Some non-government hospitals have also set up COVID 19 treatment facilities. Government has also set up temporary field hospitals in Dhaka and Chattagram to deal with the increased number of cases. In terms of providing relief to the vulnerable people, a list of 50 lac people has been prepared by government administration who would be provided BDT 5000 in two instalments in the coming months. Government has also introduced an 'OMS' facility where city dwellers can buy rice at a subsidized rate. Government has also instructed all district and subdistrict level officials to provide food support to the vulnerable households. In Cox's Bazar

district, both local administration and humanitarian actors have taken various actions to control the infection. This project will complement both government and non-government initiative to deal with the economic losses.

Capacity to respond

All the requesting agencies have experience working with both the host and the refugee communities. HEKS/EPER directly implemented projects in partnership with WHO that ensured Water, Sanitation and Infection, Prevention and Control and Health Care Waste Management in the healthcare facilities in the Rohingya camps. CAID has an office in Cox's Bazar and in camp 15 a large warehouse. The response team has more than 25 experienced and skilled national staff along with local NGO partners supported by Dhaka country office and HQ UK office to ensure high quality response programme delivery in the sector of Health, WASH and Livelihood. Efforts are made to ensure that COVID-19 facilities are also approachable by the host community. CCDB has been working in the camps since 2017, responsible for construction work for site management, and it is already providing emergency support to the people who suffered income loss due to the lockdown. ICCO Cooperation has been working with both the host and the Rohingya households, implementing food support and livelihood programs. ICCO Cooperation has been responding to the Rohingya Crisis both with the refugees and the host community since the 2017 influx. It mainly focuses on food security, livelihoods, enterprise promotion, refugees' self reliance and solid waste management.

RESPONSE STRATEGY

Requesting members prioritize activities that facilitate both the provision of essential humanitarian services, while promoting longer term sustainable solutions by livelihood support and immediate survival through cash and WASH services. This includes unconditional cash distribution, hygiene kit distribution, conducting hygiene promotion sessions and capacity building of community health care services for better patient management. Community resilience initiatives will be integrated into livelihood programming, with all ACT funded programming mainstreaming activities that promote peace between the Rohingya and Host communities. Host community vulnerabilities will be addressed through increasing household level income generating opportunities. Overall, this holistic approach that meets the distinct needs of host communities aims to reduce the risk of food insecurity and increase the knowledge of COVID 19.

As Act Alliance members, we are all bound by ACT Alliance code of conduct and act in ways that respect dignity, uniqueness and the intrinsic worth and human rights of every woman, man, girl and boy, we respond to human suffering irrespective of race, gender, belief, nationality or political persuasion along with guard against the abuse of power by those responsible for protection and assistance to vulnerable communities. Selection of beneficiaries using participative and consultative methods, setting up complaints' mechanisms, and maintaining transparency while engaging beneficiaries in programs are some of the strategies requesting members would implement based on our core faith values.

As faith literate agencies, we would ensure that the religious leaders are engaged in disseminating accurate health and hygiene messages to the general population. Religious leaders play a key role in facilitating community level dialogue sessions which would enhance a sense of cooperation towards the people who have been infected with the virus. It has been reported in several news media that during the pandemic, people are abandoning elderly or disable members of the family if they show the symptoms of the disease. It has also been reported that family members are abandoning or not participating in the last rituals of the family members who passed away due to

the disease. Faith leaders will be engaged to aware the common people about their responsibility towards other family members and towards the neighbours during this crisis. Religious leaders will also be engaged in spreading awareness messages in the project areas related to the religious sermons or social media posts having false messages on the disease which can instigate violence and hatred among different groups.

Impact

Goal of the project is to improve food and livelihood security of the poor and extremely vulnerable people affected by COVID-19 crisis. Vulnerability of the affected communities, both from rural and urban areas, will be reduced through cash or food distribution or IGA support and COVID-19 infection prevention constructions. It is expected that safe steady sources of income during and immediately after the lockdown period would encourage the vulnerable households to stay at home and that would help to limit contact with infected people and spread of infection. Moreover, the capacity development on the safety measures for COVID-19 would increase the awareness and knowledge level of the beneficiaries, resulting in keeping down the infection spread.

Outcomes

The project expects three shared outcome level changes from all the requesting members. Outcome one refers that most affected and at-risk population groups would gain traction through provision of emergency livelihood support and the communities' practice improved hygiene behaviours. The vulnerable households will have improved food security (by 80%) through cash transfer and food distribution. It is expected that small business and entrepreneurship development will be ensured through cash and asset transfer. This outcome is aligned with one of the ACT Alliance Global Response expected outcomes, that is, "Improved and sustained access to humanitarian assistance across multiple response sectors, and protection services for human assets and rights, social cohesion, and livelihoods".

Another outcome of the project is that households will receive training on practice safe water, sanitation and hygiene etiquette. Finally, Healthcare facilities will be well prepared to prevent and tackle COVID-19 associated infections. Chakaria COVID-19 Isolation center will be upgraded with infectious waste management facilities and on average 115-120 patients/day including COVID-19 suspected cases will receive consultation from the health facility in Camp 15 (Rohingya Community). These two outcomes match with the 1st ACT Alliance Global Response expected outcome, "Reduced morbidity and mortality of COVID-19 patients, and increased preparedness and resilience of communities through public health interventions, community preparedness and prevention, and community engagement".

Outputs

2,230 extremely vulnerable households received two times unconditional cash assistance and 200 slum dwellers received one-time food distribution. These cash and food recipients are expected to be able to eat on average three meals per day. In total 1,380 households will have improved economical skills and will be able to re-establish their livelihood and the project will ensure the following activities to achieve this.

- 1,055 farmers/entrepreneurs will receive skill development training
- 300 farmers will receive cash and farming inputs
- 100 entrepreneurs will receive cash grant
- 530 households will receive cash support and livelihood inputs
- 450 labors will be able to generate income through cash-for-work and
- 6,000-meter soled brick road will be constructed/rehabilitated

Another output of the project is that people from the communities are planned to be oriented on hygiene issues. That includes the following activities:

- 3,956 households will receive hygiene awareness messages
- 3,500 households will receive hygiene kits
- 150 hand washing points will be installed in the community and
- 1,000 latrines will be maintained through desludging of waste

The third output of the project is that COVID-19 preventive measures are ensured in the healthcare facilities. This will be achieved following the activities mentioned below:

- High temperature incinerator and linen laundry will be constructed in the COVID-19 isolation center
 - 15 healthcare facility staff will receive infection prevention and control training
 - Frontline healthcare workers will receive 10 sets of PPEs and
- 2,000 Rohingya people will receive infection prevention and control and hygiene awareness messages.

Guidance to Gender Programming

Of multiple dimensions of exclusion, we deliberately consider gender as the key cross-cutting issue in the regular development programmes/projects. For us, this becomes even more important during crisis response operations. From the design of the project to conducting initial assessments and the actual implementation of the project, special attention will be given to meet the needs of women, adolescent girls, LGBTI communities. Our programming will involve:

Support women in crisis:

Women, children and persons with special needs remain vulnerable during lockdown. The selection criteria for participation in the project will focus on reaching the most vulnerable. Gender, disability and age-based vulnerabilities will be mainstreamed through the selection process with a particular focus on women headed households. Women will be given equal opportunity to participate in cash-for-work activities. The project will employ unskilled labours, giving priority to women, for construction which will provide a short-term livelihood opportunity for the marginal community. Therefore, labours construction skills will be developed that will enable them to provide high quality services in future.

Disaggregated data by sex:

Building an evidence base is crucial to the success and sustainability of this project. Requesting members will utilize monitoring and evaluation as a tool for gender, age and disability equality. Data will be rigorously collected and disaggregated, to display differing needs, and to provide analytical opportunities for understanding the effectiveness of our approach with different intersectional groups.

The specific needs of child-headed households and single young and elderly women and men should be met without creating further stress, danger and exposing people to the virus. It is also important to understand how limited or inappropriate WASH services and facilities can affect different groups and how to deliver humanitarian response services and aid that assist all segments of the affected population, while placing no one at risk. Loss of income resulting from the lockdown has created tension among the household members leading to increased cases of gender-based violence. An increase of cases of violence against women, mental and emotional abuse of women have created a need for immediate and long-term financial support and counselling for the household members. Livelihood and cash transfer interventions of the project

will address protection issues of women and adolescent girls.

All staff, partners and contractors, are personally and collectively responsible for upholding and promoting the highest ethical and professional standards in their work and all staff have completed mandatory PSEA and corruption training (e-learning). The Core Humanitarian Standards (CHS), the SPHERE humanitarian charter and minimum standards and the Inter-agency Standing Committee (IASC) guidelines for integrating Gender-Based Violence (IASC GBV) are at the core of the proposed response.

Exit strategy

Implementation in the host community has a dual objective of maintaining infrastructure while creating additional income for laborers as a COVID-19 response. All settlement infrastructure will be handed over to the Union parishad (Local government body) which has the responsibility to monitor the state of the infrastructure. They will coordinate with other implementing actors once the infrastructure will need to be replaced. The current support amount is planned to cover needs for nine months which is expected to be enough time to deal with the crisis. It is expected that by the time the project completes its activities, communities will have access to sustainable livelihoods. Hospital authority will take over the responsibility for healthcare waste management facilities and the medical waste management system will be supervised by the ongoing WHO project. The lesson which will be learned from the effectiveness of IEC materials and hygiene promotion activities will likely to be practiced, even after the project period to tackle future shocks.

PROJECT MANAGEMENT

Implementation Approach

Requesting members will use both modality of direct implementation and partner engagement for implementation of this project. Requesting members have significant experience in Cash-for-work and construction related programming. Road maintenance work will be implemented using cash-for-work. The Cash Working Group approved guidelines on working days and rates will be followed. Households will be paid weekly against the thumbprint or signature of the participants on the muster roll. Unconditional cash assistance will be provided using mobile money transfer. Each household will be given a registered SIM for mobile banking. If a beneficiary does not have a mobile bank account, support will be given in setting up a bank account which is now required under the Government's mobile cash transfer policies to prevent fraud. Households having PWDs, women headed, minority groups will be prioritized for livelihood assistance. Sector standards and guidelines for WASH activities will be considered for implementing WASH activities. Additionally, specific emphasis will be given in the CHS capacity building for the staff and community capacity building & engagement.

It is expected that RRRC, CiCs, Majhis, and site management agency, Rohingya Community will be the key stakeholders for this project. For the host community, Department of Agriculture Extension (DAE), Market management Committee, Union Councils, Petty traders, buyers, input sellers, transporters will be the main stakeholders who will be linked with the market system in a win-win bargaining relationship. Requesting members will facilitate the process through implementing partners. Community representatives and faith leaders will be engaged throughout the project during identification of vulnerable communities and handling complaints. Engagement with faith leaders will be integrated into the response within the Rohingya and host communities, recognising their significant role in social cohesion.

Multilateral and bilateral Bangladesh based donors and UN agencies are organized under the umbrella of the Inter-Sector Coordination Group (ISCG), the most urgent needs and response priorities are captured in the Joint Response Plan (JRP). The ISCG is tasked with engaging in dialogue on development issues with the Government of Bangladesh. Specific technical and coordination matters are discussed in the various working groups. At a camp level, requesting members will ensure that activities are completed with the approval of the relevant government agencies. At Upazilla level, requesting members will attend the coordination meetings held by the Upazilla authority on a monthly basis. Requesting members will keep close coordination with Cash Working Group, Food Security Sector, health Sector, WaSH sector, CwC, and with the gender hub. Close coordination with Civil Surgeon office and Upazila Health Complex will also be maintained.

Implementation Arrangements

All activity level project management is the responsibility of the individual agencies. Each agency will follow their own organisational procedures e.g. financial management, procurement & supply chain etc. and quality assurance e.g. monitoring, technical support, complaint management, safeguarding etc. of their interventions including partnership management. To support joint coordination efforts, each requesting member commits to take on a part of coordination for this appeal.

ICCO: proposal submission and communication with ACT secretariat

CA: reporting to ACT

HEKS: capacity building training for common training and inception/lesson learnt workshop

Communication (One common video) and advocacy will be shared among the partners.

ICCO's implementing partners for this appeal are GUK and Shalom (Church of Bangladesh). ICCO has been working with these partners for long, implementing both emergency and development projects in Cox's Bazar and other parts of Bangladesh. Christian Aid will work with DSK for implementing the project. CCDB and HEKS/EPER will directly implement the project.

Requesting members will collaborate with private sectors for enterprise promotion in the host communities. Small scale producers of the host communities will be assisted to create linkage with private sector companies for investment support and marketing of their products. Linkage with banks will be established for opening bank accounts for the selected beneficiaries in order to transfer the livelihood support cash and beneficiaries can deposit their savings accordingly.

As faith literate agencies, we would ensure that the religious leaders are engaged in community cohesion building activities. Religious leaders play a key role in facilitating community level dialogue sessions which would enhance sense of tolerance and understanding between the communities. Religious leaders will also be engaged in spreading awareness messages in the camps related to the program activities.

Project Consolidated Budget

| | Appeal Total | ICCO | Christian Aid | HEKS/EPER | CCDB |
|---------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Direct Costs | 862,819 | 208,920 | 211,390 | 206,718 | 235,791 |
| 1 Project Staff | 137,398 | 41,642 | 45,940 | 23,285 | 26,532 |
| 1.1 Appeal Lead | - | - | - | - | - |
| 1.2 International Staff | 3,989 | 3,989 | - | - | - |
| 1.3 National Staff | 133,409 | 37,653 | 45,940 | 23,285 | 26,532 |
| 2 Project Activities | 640,657 | 142,852 | 149,432 | 157,578 | 190,794 |
| 2.1 Public Health | 55,520 | - | 55,520 | - | - |
| 2.2 Community Engagement | - | - | - | - | - |
| 2.3 Preparedness and Prevention | - | - | - | - | - |
| 2.4 WASH | 134,748 | 16,240 | 40,954 | 46,956 | 30,598 |
| 2.5 Livelihood | 423,449 | 99,672 | 52,958 | 110,622 | 160,197 |
| 2.6 Education | 2,354 | 2,354 | - | - | - |
| 2.7 Shelter and Household items | - | - | - | - | - |
| 2.8 Food Security | 19,065 | 19,065 | - | - | - |
| 2.9 MHPSS and Community Psycho-social | 5,522 | 5,522 | - | - | - |
| 2.10 Gender | - | - | - | - | - |
| 2.11 Engagement with Faith Leaders | - | - | - | - | - |
| 2.12 Advocacy | - | - | - | - | - |
| 3 Project Implementation | 10,886 | - | 941 | 4,825 | 5,119 |
| 3.1 Forum Coordination | 1,295 | - | - | 1,295 | - |
| 3.2 Capacity Development | 9,591 | - | 941 | 3,531 | 5,119 |
| 4 Quality and Accountability | 26,276 | 12,121 | 4,834 | 4,849 | 4,472 |
| 5 Logistics | 39,801 | 7,445 | 10,243 | 13,239 | 8,873 |
| 6 Assets and Equipment | 7,802 | 4,860 | - | 2,942 | - |
| Indirect Costs | 106,733 | 33,793 | 30,574 | 35,482 | 6,884 |
| Staff Salaries | 52,571 | 11,024 | 6,065 | 35,482 | - |
| Office Operations | 54,162 | 22,769 | 24,509 | - | 6,884 |
| Total Expenditure | 969,552 | 242,713 | 241,964 | 242,199 | 242,675 |
| ICF (3%) | 29,087 | 7,281 | 7,259 | 7,266 | 7,280 |
| Total Expenditure + ICF | 998,638 | 249,995 | 249,223 | 249,465 | 249,955 |

Project Monitoring, Evaluation and Learning

In general, the MEAL team will employ Mobile based Monitoring (MbM)/statistical data collection. The MEAL team will continue routine program monitoring and reporting. However, the team will conduct several surveys, focus group discussion as per requirements of the project/MEAL plan. Households will be visited on a sample basis every month and Focus Group Discussions (FGD) will be conducted as well. Requesting members will record all beneficiary household information and GPS data using mobile data collection by smartphones so that progress can be analyzed spatially and visualized. In addition to the routine monitoring activity, thematic household surveys will be conducted periodically using an appropriate methodology to evaluate the project progress. Reports will be prepared according to the intervention as well. Requesting members will apply remote monitoring policy (applicable for COVID-19 response) and it has been planned to use COMPASS, a digital accountability tool (developed and managed Christian Aid's London Office) for ensuring every global standard on monitoring is met.

For Cox's Bazar, a MEAL Manager from the Requesting members, will be based in Cox's Bazar and will be responsible for the overall monitoring and evaluation. A comprehensive monitoring program will be implemented. A team comprising the Project Officer MEAL and Assistant Project Officers MEAL will conduct routine monitoring activities. The Program Manager based in Cox's Bazar will be responsible for the project implementation and will be regularly in the field to follow up on project progress and challenges. The Field coordinator of Cox's Bazar will coordinate with the local administration and the relevant sector with the guidance from the Humanitarian Aid Delegate. The entire technical support team based in Cox's Bazar will be visiting the field

frequently to ensure quality implementation of the project activities and to provide necessary guidance to the field team.

Project performance will be tracked quarterly and reports of achievement of targets against outcome and output indicators of the logical framework will be reviewed by the management. For daily activity monitoring, the implementing partners are responsible for internal monitoring of their own activities and continue to do that for the whole project period. Findings from this activity monitoring, for example post distribution monitoring reports, will be included as part of the quarterly reporting to ensure quality checking by other appeal members to foster a continual learning and sharing approach. One joint monitoring visit will be conducted at the mid-point of the project for deeper cross agency learning.

A dedicated phone number will be set up to receive feedback and complaints. Requesting members will follow-up on all complaints and, if necessary, initiate investigations through a committee under the overall lead of the Field Coordinator in Cox's Bazar. Members will ensure alignment with ACT Alliance's complaint mechanism and ensure referrals and transparency wherever necessary.

A comprehensive knowledge management process will be implemented comprising household visits, community discussion and case studies. The aim is to generate evidence that will be analyzed and used to improve project activities. During household visits, M&E staff will capture key areas of challenges and identify areas for improvement. Photos will be captured illustrating the interventions carried out under this project and reflecting on the changes instilled by the intervention. Beneficiaries will be asked to assess the outcomes of the project activities. Project learning will be analyzed and documented in a structured way. Lessons learned will be adjusted in project activities for effective implementation. Case studies will be taken as testimonies of beneficiaries. Requesting members will organize lesson learnt workshops that will involve beneficiaries, field staff, management staff and relevant stakeholders.

Quarterly reports will be submitted to the Appeal Lead (ICCO), who will chair subsequent quarterly coordination meetings. The purpose of these meetings is to check achievements against targets, share cross agency learning, and set action plans for revising practices. ACT Members external to the appeal will be invited to join some sessions of these coordination meetings and will be invited to one field monitoring visit during the 12 month project whereby they can give feedback on the implementation of the programme activities. Minutes of these meetings, and the findings of the field visit will be shared with the ACT Regional Forum, and the donors of the ACT Appeal. The coordination budget will also be allocated to training, with the specific allocation being decided based upon findings in the coordination meetings. One external evaluation will be conducted at the close of the project, with findings shared with the ACT donors, and the ACT secretariat, and the relevant sectors. Requesting members will organize orientation sessions for the staff members for sharing the activities, implementation strategy, ACT Code of Conduct, CHS and other related policies, so that they can involve themselves accordingly.

Safety and Security plans

Requesting members have developed contingency plans to manage COVID 19 related risk issues. The contingency plans narrate in detail the safety and security measures taken by requesting members for their staff at the field level. The plans also mentioned in detail safety measures for

the project implementation phase. Use of protective gears, maintenance of social distancing protocols and hygiene practices by staff and project beneficiaries are the key aspects of these plans. Sharing of necessary information with the beneficiaries has also been prioritised in these plans.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? Yes No
 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](#).

Code of Conduct

ACT Code of Conduct will be a mandatory document to be signed by requesting/implementing members, their staff, consultants and subcontractors (if any). Beneficiaries will be oriented in the main value of the Code of Conduct with a focus on prevention of sexual exploitation and abuse; accordingly, complaints mechanisms will be put in place. To ensure ethical standards, and to protect staff, and every woman, girl, boy and man engaged in ACT programmes from abuse by individuals or groups, each agency has an anti-corruption policy, a "zero tolerance" policy against sexual exploitation and abuse (PSEA), and a code of conduct for all staff and contractors. Forum members operate from a Do No Harm Principle. All staff, partners and contractors, are personally and collectively responsible for upholding and promoting the highest ethical and professional standards in their work. All staff have completed mandatory PSEA and anti-corruption training (e-learning and field level refresher).

Safeguarding

Requesting members will strictly follow commitments to prevent any abuse or mistreatment of children. Requesting members committed to a) Not to allow use of child labour b) Ensure child safety and wellbeing and c) Integrate child friendly approaches into all project activities. All requesting members have clear policies to ensure safeguarding of every man, woman, girl, and boy involved in project activities. Requesting members take a zero-tolerance approach and accordingly all the staff members are oriented and will be oriented. Furthermore, requesting members are using complaint & feedback help lines for the community to report any issues or concerns.

Conflict sensitivity / do no harm

Each beneficiary household will receive cash transfer and after each distribution and transfer, Post Distribution Monitoring (PDM) will be conducted to see the utilization of money. While Rohingya will continue receiving regular food rations from WFP, this project will ensure that the host community, whose situation has economically already been weakened, receives direct support. Ensuring that the host community is equally supported, reduces tensions. The project will apply measures to reduce the spread of the virus by this programme. Staff will only go to the field for essential interventions, will wear masks, and will be instructed to ensure social distancing. Distributions will be conducted in a way allowing social distancing. As the emergency response is being coordinated by multiple actors, there is always a risk of internal conflict. To minimize this risk, the project implementation team will consult with the stakeholders during the planning phase and respect their opinions and suggestions. Moreover, regarding maintaining quality of work, requesting members will set the minimum standard for each item/activity and display this at the community level, so that people can judge whether the work meets the minimum standard or not. In addition, requesting members will strictly adhere to the ACT Code of Conduct (CoC),

organization's policies. Staff members report incidents where they see others breaking the code of conduct. This is a non-negotiable collective responsibility.

Complaints mechanism and feedback

Requesting members aim to fulfill all nine commitments of the Core Humanitarian Standard on Quality and Accountability (CHS) throughout its response. The project beneficiaries and key stakeholders will be informed about the complaints mechanisms. Furthermore, the complaint-handling processes will be designed in close consultation with the beneficiary's/key stakeholders and placed in communities accordingly. The contact details of the complaints officers will be shared with the beneficiaries for urgent and/or special incidents. Requesting members will also use an existing indigenous complaint system that is through the Village Development Committees (VDC). VDC members are the community representatives and faith leaders who are widely accepted by the community. Member agencies will mobilize VDC members to visit households to identify and assess community complaints. Considering the safe distance protocol, no meetings will be organized. Community-based system will be coupled with a dedicated phone number that will also be used to receive over phone complaints. Field teams will make home visits to examine all received complaints. All feedback will be recorded, responses will be given to VDC members or groups and a monthly report of the feedback received, and responses will be produced.

Communication and visibility

Information boards in the wards which contain details on project summary will display the ACT Alliance logo along with logos of the organizations implementing the project. Any banners produced for events such as the inception launch or the advocacy events will also have similar visual identity as of the information boards. Requesting members will respect international communication guidelines, in line with the Code of Conduct and specifically pay attention to respecting the dignity of the beneficiaries. Requesting members will implement communication activities related to the project, starting from collecting/collating beneficiary testimonials, success stories and photographs on the project. Quantity of goods being given will be displayed, so that each selected family and those around can know the quantity and items of goods they are getting and the total value of the commodities. A banner will be hung at each distribution site, for visibility. Both print and electronic media representatives will be invited, so that they communicate and cover this in their news and reports.

Annexes

Annex 1 – Summary Table

| | Christian Aid | Christian Commission for Development in Bangladesh (CCDB) | HEKS/EPER | ICCO Cooperation |
|----------------------------------|---|---|---|---|
| Start Date | July 1 st 2020 | July 1 st 2020 | July 1 st 2020 | July 1 st 2020 |
| End Date | March 30 th 2021 | March 30 th 2021 | March 30 th 2021 | March 30 th 2021 |
| Project Period (in months) | 9 months | 9 months | 9 months | 9 months |
| Response Locations | Camp 15, Palongkhali Union, Ukhiya Upazialla and Dhaka urban area | Ukhiya, Cox's Bazar | Host communities in Ukhiya, Chakaria COVID-19 Isolation centre and surrounding locations | Ratnapalong Union, Ukhiya, Camp 2w and *E Cox's Bazar, Dhaka urban slum |
| Sectors of response | Public Health WASH Livelihood Food Security | WASH Livelihood | Public Health Livelihood | Public Health Livelihood Food Security |
| Targeted Recipients (per sector) | Unconditional Cash 200 most vulnerable households, WaSH 2000 households Rohingya and host community, Health 7500 patient treatment in camp 15, Livelihood 300 farmers from host community (Palongkhali union) | WASH 1200, Livelihood 225, Unconditional cash 1200 | 450 cash-for-work labours in early recovery activity, 500 unconditional cash assistance, 200 patients in the isolation center | Unconditional Cash to 330 households in host communities, food distribution to 200 households in Dhaka slums; Hygiene kits distribution and orientation sessions on health issues to 600 Rohingya refugees; early recovery/ livelihood activities to 530 urban/ rural vulnerable people |
| Requested budget (USD) | US\$ 249,223 | US\$ 249,955 | US\$ 249,465 | US\$ 249,995 |

Annex 2 – Security Risk Assessment**Principle threats:**

Threat 1: Rapid spread of infection in the project area

Threat 2: Natural disaster like flood and cyclone affecting the project locations

Threat 3: Protests by non beneficiaries for not being able to receive support which could violate social distancing practice

Threat 4: Political rallies with the potential for disorder or clashes between groups

Threat 5: Fire incidents in the project locations

| <i>Impact</i> | Negligible | Minor | Moderate | Severe | Critical |
|--------------------------|-------------------|--------------|--|--|---|
| <i>Probability</i> | | | | | |
| Very likely | Low | Medium | High | Very high | Very high |
| Likely | Low | Medium | High Natural disaster like flood and cyclone affecting the project locations | High | Very high Rapid spread of infection in the project area. |
| Moderately likely | Very low | Low | Medium Protests by non beneficiaries for not being able to receive support which could violate social distancing practice | High Political rallies with the potential for disorder or clashes between groups. | High |
| Unlikely | Very low | Low | Low | Medium | Medium Fire incidents in the project locations |
| Very unlikely | Very low | Very low | Very low | Low | Low |