

# THE DANISH EMERGENCY RELIEF FUND

## GUIDANCE NOTE & INTERVENTION APPLICATION FORM

### MODALITY: COVID19 PRIORITY COUNTRIES

#### INTERVENTION APPLICATION FORM: COVID19 PRIORITY COUNTRIES

Has your organization prequalified for DERF funding?	<input checked="" type="checkbox"/> Yes: reference no.: 18-418-OC, Financial ceiling: Above 1 mio. DKK <input type="checkbox"/> No – if no, an OCA application must be submitted together with the intervention application.
<b>Do you plan to submit more than two applications under this call?</b> Applicants who intend to submit more than two applications in total for COVID19 funding under the currently open Calls, must submit all applications at the same time.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. If yes, how many: 5

## 1. The humanitarian intervention

Describe within max 3 pages:

- |  |  |
|--|--|
| <input type="checkbox"/> What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)? |  |
| ✓ <b>WASH (Water, Sanitation &amp; Hygiene)</b>  | <input type="checkbox"/> <b>Education</b>              |
| <input type="checkbox"/> <b>Health</b>   | <input type="checkbox"/> <b>Protection</b>             |
| <input type="checkbox"/> <b>Shelter</b>  | ✓ <b>Emergency FSL (Food Security and Livelihoods)</b> |
| <input type="checkbox"/> <b>Nutrition</b>  | <input type="checkbox"/> <b>Other (specify): _____</b> |
| <input type="checkbox"/> <b>Camp Management</b>  |  |

- **The overall purpose in short, including the objectives, activities, expected results and indicators to be applied.**

**Objective 1:** Contribute to containing the spread of COVID-19 and decrease the mortality of health workers (and their families) who do not have access to personal protection equipment in Colombia

**Objective 2:** Support to vulnerable workers in the informal economy with food relief packages reducing hunger, ensuring a dignified survival and saving livelihoods during the lock-down in Colombia.

### Activities:

- 1.1** Purchase Personal Protection Equipment (PPE) and distribute it to health workers in clinics and hospitals in areas affected by COVID-19.
- 1.2** Purchase and distribute packages to informal workers in poor areas affected by the national lock-down.

### Expected results:

**Result 1:** 1,100 health workers have received adequate PPE to continue working without risking their health or life

**Result 2:** 3,000 vulnerable persons, who have lost their income during the national lock-down have received food packages.

- **How does your selected response consider the specific context within which you plan to implement an intervention?**

The Colombian health system is largely privatized and underfunded; and is currently not able to cope with the influx of patients. Much of the staff in the health sector work on short term 0-hour contracts and are underpaid and in unstable job situations, however, they are now all working overtime to meet the demand during the COVID-19 crisis. So far six health workers have lost their lives in the fight against COVID-19. Faced with the precarious working conditions much of the staff prefer to not to complain over the lack of PPE, excessive working hours and exposure to the spread of COVID-19, but endure without or buy it with their own money. Therefore, CUT and the health workers' unions fear that many more health workers and their family members will die from COVID-19 in the time to come.

In Colombia, the lock-down, restriction of movements and other measures imposed by the authorities in attempt to curb the pandemic, workers are confined to their houses and cannot go out for jobs and the food that is available is not affordable for many that now are without income. The informal economy workers are one of most vulnerable groups with households totally depending on a daily earning. In Colombia, 50% of economic active population are characterised as informal workers, who do not have access to the Social Security System, and do not have financial savings cover daily needs of food consumption, rent and other utilities during the crisis.

- **How does your selected response consider the strategic priorities and the immediate objectives of the Global Humanitarian Response Plan (GHRP)?**

The proposed response coordinated by DTDA and CUT is primarily addressing the *strategic priority 1 & 2 of the GHRP - Contain the spread of the COVID-19 epidemic and decrease morbidity and mortality & Decrease the deterioration of human assets and rights, social cohesion and livelihoods.*

Under the strategic priority 1, the immediate objective 1.6 is “to secure the continuity of the essential health services and related supply chain for the direct public health response to the pandemic as well as other essential health services” and under the strategic priority 2, the specific objective 2.1 is addressed as the focus is on supporting the most vulnerable groups to sustain livelihoods and meet their basic food consumption.

- **Is the intervention appropriate and relevant (CHS 1) effective and timely (CHS 2) and are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?**

**Appropriateness and relevance (CHS 1):** CUT is through their departmental presence and local unions widely connected to the health unions and the informal workers’ unions. When identifying the target group, CUT will identify the most vulnerable informal workers and families, by **systemic objective analysis of vulnerability criteria such as poverty, number of dependents, sick or disabled, pregnant or infants in the household.** CUT will not discriminate against non-unionized workers in the distribution of food packages or to health workers who lack access to PPE.

**Effective and timely delivery of assistance (CHS 2):** The departmental leadership, local activists, shop stewards will purchase, pack and hand out the food packages at local union offices or deliver them to homes. This will be done in coordination with local authorities, charitable organizations, community committees. The health workers’ unions will together with their members identify the most needed PPE items and distribute them to workers in hospitals and clinics in coordination with the local management.

**Effective and efficient management in an ethical manner (CHS 9):** To prevent corruption, misuse and fraud a compliance a monitoring system will be in place to keep the regional leadership accountable and responsible towards the beneficiaries, national leadership and subsequently DTDA. The beneficiaries of the will testify for the receipt of the humanitarian packages providing name, mobile number, identification number. The intervention is audited locally and the national leadership of CUT will verify compliance using the distribution lists and report transparently to DTDA. Purchase of local produce, will maintain low costs.

- **How you will start your activities within 7 days of the Danish CSO receiving the first transfer?**

**Upon the approval of the intervention from DERF,** DTDA HQ will contact CUT in Colombia and the DTDA local staff based in the region (Guatemala and Bolivia). This will allow CUT to initiate the preliminary tasks of procuring PPE equipment and humanitarian food packages to the intended beneficiaries, before the funds are received CUT will do the following:

- Prepare the departmental teams for distribution of food packages. The teams will be formed by members of the departmental leaderships, staff and representatives from the informal workers’ unions and health workers’ unions to identify beneficiaries from the informal economy and update the lists of needed PPE according to local needs of the health workers.
- Plan and identify mechanism of transportation, delivery and distribution.
- Initiate procurement process for the purchase of the goods with local suppliers.
- Prepare financial request for the funds allocated to the humanitarian intervention, so that they can be transferred once the funds from DERF are received by DTDA.

**Once the funds are received from DERF**, the funds will be released to CUT through the DTDA standard procedures and the funds will arrive in 2-3 working days. CUT's national office will provide funds to the three departmental leadership offices, who will then commence the purchase and distribution to the already identified target group.

<b>Planned target population (direct target group only)</b>							
Type of Activity	Female (by age)			Male (by age)			Total
	Under 18	Between 18-50	Over 50	Under 18	Between 18-50	Over 50	
Delivery of personal protection equipment to front line health workers		500	400		150	50	1,100
Humanitarian food supply to informal workers and their family members	2,250	1,500	750	2,250	1,500	750	9,000
<b>Total:</b>	2,250	2,000	1,150	2,250	1,650	800	10,100
<b>Total adjusted for double counting*:</b>							
<b>Total vulnerable persons of the above</b>	2,500	2,000	1,150	2,250	1,650	800	10,100

- **How do you calculate the number of people who shall be assisted through the various activities?**

For the delivery of personal protection equipment to front line health workers, only the worker is counted as planned target population, even though, their family members will also benefit from protection against the spread of COVID-19 and decrease morbidity and mortality. For each informal worker we calculate a household of six persons – three children (under 18), one spouse (between 18-50) and one grandparent/dependent relative (over 50). In total 3.000 informal workers (will receive the humanitarian aid packages), which will benefit themselves and 12.000 more persons.

- **Which vulnerable groups are you specifically targeting?**

The humanitarian intervention will target vulnerable workers from informal economy mainly street vendors and motor-taxi drivers in three departments of Colombia – Antioquia, Norte de Santander and Meta. These regions are also heavily affected by the post-conflict situation in Colombia: presence of armed groups, land disputes, internal displacement, narco-trafficking lack of government investments in infrastructure. 50% of Colombia's economically active population earn their living in the informal economy. Their income generating activities are dependent on the economic movement in small and larger cities, where motor-taxi drivers provide cheap and reliable transport for many commuters or people buying breakfast, lunch and snacks for work or buy groceries like fruit and vegetables, cheap electronic appliances, newspapers, candy and cigarettes etc.

Common for these groups is the lack of decent working conditions, stable income, minimum salary; often they are the main or only breadwinners providing for their family, they have no or very limited savings making them vulnerable to situations like the COVID-19 crisis. Due to the lock down and standstill of all economic activities their livelihoods have been heavily affected.

- **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**

- ☐ Internationally
- ☐ Regionally / neighbouring country
- ☒ In country / locally

- **Does the intervention include cash-based programming?**

- ☐ Yes
- ☒ No

- **Financial localization of the intervention** *Take the following two figures from your budget format:*

% of DERF intervention funding spent by local or national partner, from the intervention budget: 74%

% Funding spent on activities & goods for crisis affected persons, from the intervention budget: 78 %

## 2. The implementing organization

- **What is the capacity, experience and expertise of the proposed partner organisation(s) (CHS 8) undertaking the proposed intervention substantiating whether the humanitarian response can be delivered up to standard and to the needs of particularly vulnerable persons?**

### **Organizational experience and expertise within the work-areas of the proposed intervention**

CUT has previously distributed food packages to laid off workers during large labour conflicts and mass lay-offs and provided Venezuelan refugees humanitarian support, however, these initiatives have been more local solidarity initiatives. These experiences can be used to scale up the intervention in the three departments.

### **Organizational and financial capacities of the implementing partner**

The Central Unitaria de Trabajadores de Colombia CUT is present in all 32 departments of Colombia through their departmental sub-directives (local elected leadership from the unions in the department), which are in daily contact with the local unions in the department. CUT organizes more than 600,000 workers from all trades in Colombia; informal workers, rural workers, health workers, public administration, mining and petroleum workers, slaughtering and food processing etc. through their sectoral federations affiliated to CUT.

CUT has a strong national and local organisational managerial and financial capacity in terms of departmental and local implementation, which makes CUT capable of implementing the humanitarian intervention in the three departments. CUT receives DKK 350.000 annually from DTDA, which are implemented with due diligence, and CUT is additionally receiving funding from FNV Mondial (the Dutch equivalent to DTDA), Federich Ebert Stiftung from Germany, LO Norway and ILO. These funds are spent in various departments and it is therefore our assessment that they have the capacity that matches the level of funding applied for at national and departmental level.

### **Implementing organisation's access to people affected by the humanitarian crisis**

CUT's local representation and presence combined with the daily interaction with the informal workers' union and health workers' unions gives CUT direct access to the vulnerable target groups that will benefit from the proposed intervention. The local unions are comprised of the workers themselves and know the situation and needs of their members, as many of them are union representatives at local clinics and hospitals or are local organizers who are in contact with the informal workers on a daily basis representing their complaints of harassment or confiscation of their merchandise by local police or authorities. Therefore, CUT's local representation and coordination with local unions will be able to identify the particularly vulnerable persons in these departments.

The current restrictions caused by the COVID-19 is flexibilized so that people can move freely on certain days depending on their ID number and therefore the humanitarian aid will be made available at local union offices or locations that have been coordinated with local authorities. The PPE will be delivered to the respective clinics and hospitals in coordination with the management. The CUT has ample experiences in coordinating local events and logistics operations, which is needed to secure the delivery of humanitarian aid and PPE.

- **Partnership:**

**Kindly explain whether you have entered into partnership agreement, the main features of this agreement(s) and whether this agreement(s) was developed with the local partner.**

DTDA entered a partnership agreement with CUT in the beginning of 2019, however, the two organisations have had contact since 2015. The cooperation between CUT and DTDA takes point of departure in the ILO Recommendation 205 (Transition from War to Peace), which structures and guides the efforts to strengthen trade union work in Colombia in a context of transition from internal conflict to a stable and lasting peace

based on decent work and social justice. The program supports the CUT in its efforts to promote decent work for its members, increase the unionization rate, increase popular participation, minimize labor violations and disseminate knowledge of the Peace Agreement, which was negotiated in Havana between the government Colombia and the FARC (Revolutionary Armed Forces of Colombia).

This is done by promoting knowledge of the most relevant points in the Peace Accords between the Colombian government and the FARC related to trade union work in the areas most affected by the conflict - Antioquia, Caquetá, Meta, Norte de Santander and Tolima. Promote the respect for and compliance of labour rights and other human rights in pilot project in department of Antioquia, and promote inclusive development through participatory budgeting processes in the department of Norte de Santander.

The programme is developed by CUT and DTDA in cooperation, taking point of departure in CUT's analysis of the possibilities the Peace Accords provides for the trade union movement in the country.

- **Describe the contributions, roles and areas of responsibilities of all partners (including the Danish CSO) within this intervention**

CUT will be supported by the DTDA monitoring and evaluation department in HQ in Denmark and two offices in the region: Guatemala and Bolivia where qualitative and quantitative data will be collected and analysed as part of the monitoring system of DTDA prior to reporting to CISU/DERF. DTDA will in dialogue with CUT ensure that data is accurate, adequate and accountable. Monitoring and feedback will firstly take place locally, where feedback from beneficiaries to CUT will be ensured through consultation regional leadership and local unions.

A finalization report (and if possible on-site visits by DTDA) will evaluate and reflect on lessons learned from the achievements and challenges of the proposed humanitarian intervention. Historical epidemiological data indicate that a second and third wave of virus transmission is likely or a permanent virus that societies will have to learn to live with and come to terms with. If this proves to be correct, the proposed intervention will provide a starting point for CUT to permanently engage in these kind of activities to secure the livelihood of informal workers.

### 3. Local strengthening

- **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

The humanitarian intervention will build on the local presence, capacity and network to develop leadership capacity in the local unions to become first-responders in the event of future crises, which are plentiful (Colombia is prone to natural disaster, political conflict, internal displacement, forceful and violent evictions of rural workers and landless people and the looming threat of state collapse in neighbouring Venezuela). This will prepare CUT nationally and locally to respond to future crisis: possibly the recurrence of COVID-19, but also local earthquakes, flooding or internal conflict. The humanitarian food packages will to the extent possible be procured and sourced locally to stimulate early disaster recovery and benefit the local economy.

- **How are the local actors including the target group informed and involved (CHS 4)?**

As described in section 1. CUT will identify the most vulnerable workers and families, by systemic objective analysis of vulnerability such as poverty, number of dependents, sick or disabled, pregnant or infants in the household. CUT will identify the beneficiaries, for humanitarian assistance and PPE, using their network of local organizers who are in contact with the informal workers on a daily basis and shop stewards in clinics and hospitals. This will ensure that representation is inclusive, involving the participation and engagement of workers affected by COVID-19 crisis. Therefore, it is imperative the humanitarian aid will only be provided to the most vulnerable workers and their families. This will in turn secure more transparency in the delivery and the possibility of complaints mechanisms as the local unions are member-based democratic organizations.

- **How are you applying a do-no harm approach, or, if your intervention focuses on prevention and mitigation (early action) a no regret approach in the unexpected event that the anticipated crisis does not arise?**

The DTDA and local partners adhere to the principles of do-no-harm, which is defined “to strive to prevent and mitigate any negative impact of its interventions on affected people”. This approach is also observed in the implementation of DTDA funded programs with local partners, in terms of local sensibility in approaching and training potential union members in countries known for persecution of trade union members i.e. Guatemala and Colombia or workers in the Bangladeshi shipbreaking industry.

These principles are applied in the project through the following approach:

DTDA and CUT has extensive knowledge about the context specific situation in Colombia, based on affiliation of local unions, its own presence in the departments and local alliances with civil society organizations. Moreover, CUT and DTDA ensure that thorough situation analysis is conducted before and during programme implementation. This allows CUT and DTDA to be updated, to closely monitor and to rapidly act and react to crisis situations and developmental changes in a timely and efficient manner, thereby minimizing the risk of doing harm.

DTDA and its partner organization respect the principle of non-discrimination and strive to apply this principle in the implementation of this project. Moreover, DTDA will inform and train their staff in core humanitarian standards (CHS) and the principles of do-no-harm to ensure that the interventions do not impact negatively on the beneficiaries.

#### 4. M&E, LEARNING AND ACCOUNTABILITY

- **How are risk management systems applied in the appropriate context?**

CUT will follow the national instructions issued by health authorities in cooperation with WHO “Health Risk Management in Emergency Situations”, which takes into account the hazards to the management of risks arising from a pandemic. This outlines how to incorporate comprehensive risk management in emergency situations in the health sector and promote and integration in all spheres of government and society. CUT and the departmental leadership will together with local representatives manage the analysis and design appropriate measures based on the local context in the three departments of Colombia. In the outset the union leaders responsible for the delivery will be protected from the spread of COVID-19 by receiving adequate personal protection equipment, the recipients of humanitarian aid packages will observe social distancing at the distribution locations to mitigate the spread, while only non-vulnerable persons will be encouraged to show up at the distribution site.

CUT and its members are, due to the current and historical repression and persecution of trade union activists, very aware of personal risk management (several have been trained with the support of DTDA under the Strategic Partnership Agreement). Therefore, local CUT representatives will analyze possible risks connected to the distribution of PPE and humanitarian food assistance.

- **How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific context?**

Monitoring of compliance (corruption, fraud and misuse) is addressed through a monitoring system will be in place to keep the regional leadership accountable and responsible towards the beneficiaries, national leadership and subsequently DTDA. The beneficiaries of the intervention will testify (signature) for the receipt of the humanitarian packages and PPE providing name, mobile number, identification number. **The receipts will include an exhaustive list of food items and a local number to call to present a possible complaint.** After the distribution, the recipients’ lists, and data will be collected by the CUT national leadership. This will be included in the financial audit of the intervention.

CUT will ensure local transparency in the community by putting up **posters at the distribution sites (local offices), which will clearly state who are eligible to receive the food packages and the selection criteria.** The posters will also include information on how to lodge a complaint.

CUT will be reporting back to DTDA directly through photo documentation and short narrative reports on monthly basis, which will enhance oversight from DTDA, which will feed into DTDA monitoring of results and progress of the intervention against the intervention indicators that have been developed by CUT and their affiliated unions locally.

- **How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

Through regular coordination meetings the DTDA and CUT will maintain close contact with the target group, the government officials and local authorities to gather relevant information on the impact, progress and challenges of activities. The challenges will be discussed during bimonthly virtual meetings and lessons learnt will help to improve the humanitarian action. The coordination meetings with representatives of the target group and field staff and volunteers will provide important information about the progress of the action including challenges and the level of satisfaction of the target group. Lessons will be learnt from these shared experiences and adjustments to the action may be made to improve the implementation.

The lessons learned on COVID-19 will be assessed and it will be analysed how the achievements, new alliances, ways of working can be included into the current SPA collaboration.



As Colombia is prone to natural disaster, political conflict, internal displacement, forceful and violent evictions of rural workers and landless people and the looming threat of state collapse in neighbouring Venezuela (approximately 5 million Venezuelans have left the country due to the economic and social ruin), DTDA and CUT will engage in analysis and dialogue on whether the lessons learned on COVID-19 humanitarian intervention will be used to design future humanitarian responses to these kinds situations in the future.

## 5. Coordination

- **Are the implementing organisations involved in a coordination mechanism?**

☐ Yes

☒ No

CUT is not represented in any humanitarian coordination mechanism such an Emergency Cluster or Sector Working Group with large humanitarian actors such UN agencies or relief organisations, as CUT is a trade union confederation, which usually deals with labour market issues at local, regional and national level engaging employers and governments in policy dialogue and negotiations.

- **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

The humanitarian assistance provided by the DERF will be coordinated locally by CUT's departmental leadership and affiliated trade unions. When identifying the persons eligible to receive humanitarian aid, CUT will identify the most vulnerable workers and families, by systemic objective analysis of vulnerability criteria such as poverty, number of dependents, sick or disabled, pregnant or infants in the household. The lists of potential recipients will be shared and coordinated with local humanitarian actors such as charities, churches and neighborhood committees. Additionally, CUT will coordinate the response with local authorities to ensure that available food is distributed fairly and based on humanitarian principles. This local coordination with relevant local stakeholders in the community will ensure that vulnerable people affected by the crisis do not experience avoidable gaps and overlaps in the humanitarian assistance.

CUT is represented in all national and departmental tripartite forums and is negotiation with government and employers to design relief packages (social protection schemes) that can provide support to the most vulnerable groups.