**THE DANISH EMERGENCY RELIEF FUND**

**RAPID RESPONSE – INTERVENTION application form**

**Guidance note**

Before applying for an intervention please read the DERF Funding Guidelines carefully. For a practical guide on how to navigate in the online application module please see: <https://www.cisu.dk/vorescisu>

The intervention application must be submitted to CISU through the *Vores CISU* platform, which can be accessed [here](http://medlemsunivers.cisu.dk/Bruger/LogOn). In *Vores CISU*, you are asked to fill in some basic information related to the proposed intervention such as title, dates, area of intervention, mode(s) of assistance etc.

Information about the applicant (the Danish CSO) and the implementing partner must also be entered directly at the *Vores CISU* platform. **Please ensure that the entered organisational data of the Danish CSO and the local partner(s) is up to date and the latest annual report and audited annual report are uploaded.** For more information about how to register an implementing partner(s) please see: <https://www.cisu.dk/vorescisu>

When applying, you are requested to upload the following documents:

* **A signed cover page** using the format available at [www.cisu.dk/derf](http://www.cisu.dk/derf)
* **The intervention application form** (one Word document of **max. 10 pages**) see format below
* **The partner(s)’ context analysis** (one Word document of **max. 2** **pages**, signed by the implementing partner)
* **The intervention budget** using the budget format available at [www.cisu.dk/derf](http://www.cisu.dk/derf). Please also see the Budget Guide available at [www.cisu.dk/derf](http://www.cisu.dk/derf)
* **Partnership policy,** this is only requested if your CSO has an existing partnership policy

**Note**: In the application below (section 3.3) you will find that an **environment marker** has been introduced by the DERF. This is to allow partners identify and consider the environmental impact of their proposed and actual intervention activities. As part of the principle of ‘do no harm’ humanitarian interventions should identify adverse environmental effects to avoid, reduce and mitigate their potential impacts. Both DERF modalities are based on the premise that all interventions per default carry with them some degree of environmental impact.

CISU views the environment marker as a reflection exercise meant for monitoring purposes and the marker does not form part of the DERF application assessment criteria. The DERF intervention feedback on final reports will, however, include comments related to the markers, as relevant. CISU strives to promote environmental sustainability across its principles, strategies, networks, partnerships, pools, and practices.

**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: Assist

**Title of the intervention**: Food security during socioeconomic crisis in Sri Lanka

## The humanitarian intervention (describe within max. 5 pages)

* 1. **The context:**

1. Considering the description of the context submitted by the implementing partner (attached to this application), how have you ensured that the proposed intervention is appropriate and relevant (CHS 1) for the affected population and vulnerable groups?

The partners have ensured that the intervention is appropriate and relevant in various ways:

* LEADS has been responding to the emergency since the outbreak of the crisis and are in close dialogue with target groups, and other local responders including local authorities and NGOs to ensure that support is relevant and complementary.
* LEADS is conducting needs assessments on ongoing basis and are sharing information with other local responders. Most lately, Save The Children Sri Lanka, a long-term partner of LEADS conducted a Rapid Needs Assessment in June 2022 which have informed the intervention design.
* LEADS has more than four decades of experience responding to all kind of emergencies including floods, tsunami, food insecurity, armed conflict, complex emergencies etc.
* The target areas are selected based on high vulnerability rates and severe levels of food insecurity
* The target population are in urgent need of food support and have been selected based on defined selection criteria (please see section 1.3).
* At local level the intervention is coordinated with the following government officials to ensure appropriateness and relevance: Economic Development Officer, Social Service officer, Child Probation Officer, Child Right Promotion Officer, Grama Niladari, Divisional Secretariate as well as local community leaders.

1. Describe how the proposed intervention is effective and timely (CHS 2) in relation to the described context.

The intervention is effective and timely in the following way:

* As an experienced relief agency LEADS has a strong disaster management organization enabling quick mobilization, coordination, and decision-making.
* LEADS is already responding to the crisis and can quickly scale up their emergency response. Additionally, Leads are already present locally in the intervention area which strengthens effectiveness of the intervention in terms of local coordination, partnerships, logistics and relations to local authorities, leaders, and target group. Ultimately strengthening the timelines of the intervention.
* The target group are in urgent need of food support and there are no indications that the situation will improve any time soon. The target population will benefit from the support immediately as they can cash the voucher at local food markets as soon as the voucher has been distributed.

**1.2 Content of the intervention:**

a) Describe in a few sentences the overall change your intervention will bring to the people affected by the crisis. What do you expect the short-term impact to be after completion of your intervention?

The short-term impact of the intervention is that target households have become food secure for two months through voucher support. One voucher is enough to cover basic food needs of a household of five individuals for one month. The distribution will be done two times, providing the families with food for two months.

b) Describe the intervention’s activities, the results these will have and what the outcome of these will be.

|  |  |  |  |
| --- | --- | --- | --- |
| **OVERALL GOAL:** Vulnerable children and families affected by the food security crisis in Sri Lanka have become food secure for two months | | | |
| **Outcome 1:** By November 2022**,** 678 *vulnerable families affected by food insecurity have increased access to food through vouchers.* | | | |
| **Results (indicators)** | **Activities** | **MoV** | **Assumptions (Risks)** |
| 1.1 678 families are provided with voucher-based assistance sufficient to provide for their basic food needs for 2 months | 1.1.1 Finalization of selection criteria in coordination with local emergency coordination mechanism  1.1.2 Identification of beneficiaries in cooperation with relevant Local government officials (GN/EDO etc.) and community leaders  1.1.3 Verifying final beneficiary list with community participation  1.1.4 Preparing list of essential food items recommended to meet the meal provision standards.  1.1.5 Purchasing cash vouchers.  1.1.6 Awareness raising on child care and safeguarding during current crisis (at distribution site)  1.1.7 Distribution of cash vouchers to beneficiary families.  1.1.8 Distribution of leaflets describing meal provision standards for children and child safeguarding  1.1.9 Confirmation of beneficiary families received cash vouchers for purchase of food items  1.1.10 Post distribution monitoring (Focus group discussion)  1.1.11 Mobilisation and distribution coordination through local animators | Beneficiaries' selection process doc.  List of Beneficiaries  Approved beneficiaries list  Nutritional food item leaflet  Beneficiaries signature list and confirmation | 1. Implementation possible despite of COVID-19 restrictions 2. The target group are in urgent need of food assistance 3. Food suppliers have available stock |
| **Outcome 2:***By November 2022****,*** *1500 institutionalized children in 50 CDCs have improved access to nutritious meals through food vouchers.* | | | |
| 2.1. 50 CDCs are provided with voucher-based assistance sufficient to provide for their basic food needs for 2 months | 2.1.1 Preparing list of CDCs to provide cash vouchers in cooperation with Government Probation Office.  2.1.2 Preparing list of essential food items recommended to meet the meal provision standards by the CDCs to ensure nutritious meals received by children.  2.1.3 Purchasing vouchers for CDCs  2.1.4 Awareness raising session on child care during crisis (at distribution site)  2.1.5 Distribution of cash vouchers to CDCs.  2.1.6 Distribution of leaflet describing meal provision standards for children and child safeguarding.  2.1.7 Confirmation of CDCs received cash vouchers  2.1.8 Mobilisation and distribution coordination through local animators | List of CDCs  List of essential food items  List of CDS received cash vouchers  Leaflet  Acknowledgement of CDCs | 1. Implementation possible despite of COVID-19 restrictions 2. CDCs are unable to provide food for institutionalized children |

Vouchers: The value of the voucher (15.000 rupees per month) is based on the Minimum Expenditure Basket (food) as coordinated locally with the Humanitarian Country Team. The vouchers are earmarked for food. They can be cashed in Cargils Food City and Cooperative Super Market which are two of the largest food suppliers in Sri Lanka present in the target area. The two suppliers have been selected based on accessibility, quality of products and availability of stock. The distribution will take place at a central distribution site e.g. community hall, DS Office etc. The beneficiaries will be contacted through the DS Officials and local animators as well as LEADS field staff. Mainly via telephone contact to community leaders and household visits.

c) How will you measure the achievement of results and outcomes?

The Quality and Impact Department of LEADS are responsible for developing a monitoring, evaluation, accountability, and learning (MEAL) plan based on the LFA and indicators. Please refer to section 4.2 for more details. All activities will be documented through the Means of Verification (MoV) as stated in the LFA.

d) Considering the mode(s) of assistance your intervention includes (Cash Based Assistance, Voucher Based Assistance, Goods, Services), why are you choosing one mode instead of another, or why do you combine the modes as you do?

Support is provided through Voucher Based Assistance (VBA) for the following reasons. First, VBA increases relevance, participation, and dignity of beneficiaries compared to in-kind food distributions as beneficiaries can decide when and what to buy. Secondly, LEADS has many years of experience in VBA and is already applying this modality in their ongoing response to the crisis. Therefore, it increases effectiveness and efficiency of the intervention. Thirdly, in Sri Lanka VBA is more likely to contribute to empowerment of women compared to Cash Based Assistance (CBA) as traditionally men are handling cash and women are handling food and groceries. As a child protection organization LEADS has strong strategic focus on protection of children and women empowerment which are interrelated. Finally, vouchers have serial numbers, and the names of the beneficiaries (and corresponding serial number) are provided to the relevant store which reduces the risk of fraud or theft.

e) Briefly describe how you intend to start your activities within 7 days of receiving the first transfer of funds from the DERF.

LEADS has already completed a procurement process and signed agreement with a voucher supplier. They also have established relationships with the relevant local level stakeholders. Therefore, key priority within the first seven days is to officially launch the intervention in partnership with local government representatives in the target area, initiate beneficiary targeting process (households and CDCs) in coordination with local government units and emergency coordination centres as well as start procurement process and prepare vouchers for distribution in partnership with the voucher company.

f) How do you ensure that resources are managed and used in an effective, efficient, and ethical manner (CHS 9)? How does your intervention consider the priorities mentioned in the DERF Call?

LEADS has more than four decades of experience implementing emergency- and development interventions funded by overseas donors including CISU and EU. Therefore, over time LEADS has developed strong systems ensuring effective and efficient management of resources. This includes strong organizational setup with clearly defined roles, responsibilities and procedures between various departments including Finance Department, Resource Mobilisation, Quality and Impact Department, and the Relief Coordination Team (A team designated from existing staff for the period of the relief-response) in Colombo and the district offices. LEADS have a district office in the selected districts, and the field staff already have in depth knowledge of the communities and relevant local level stakeholders (including the local authorities) this will increase effectiveness and efficiency. Additionally, LEADS has a strong financial management system including procedures for procurements, transfers etc. Ensuring high financial standards.

Managing resources in an effective, efficient, and ethical manner, is among the focus areas of the Quality and Impact Department. They monitor progress, evaluate impact, and ensure accountability towards target communities including management of the complaint mechanism (please see section 4.2). LEADS also have policies safeguarding ethical responsibilities including Child Protection Policy, Anti-fraud Policy and Prevention of Sexual Harassment Policy (PSEAH).

The priorities mentioned in the DERF call has informed the decision of focusing on food security and protection, as well as the selection criteria stated in section 1.3.a.

**1.3 The target group:**

a) Describe the **direct target group** of the planned intervention, including their characteristics and needs. Justify how you have selected this particular target group among those affected by the crisis (i.e., which inclusion criteria did you use?). Specify also how many people will benefit from each of your main activities.

The intervention is targeting two groups a) vulnerable families with urgent need of food assistance (objective 1) and b) government and non-government Child Development Centers (CDCs) unable to provide basic food for institutionalized children (objective 2).

**Objective 1: 678** vulnerable families from hard-to-reach communities in three of LEADS’ working districts (Ratnapura, Killinochchi, Millaithivu) will be selected based on the following inclusion criteria: a) low income below poverty line b) households with people with disabilities c) women and/or single headed households d) households with more than two children e) households with pregnant and/or lactating mothers. In general, target households are characterized by high vulnerability levels including high poverty rates, urgent food insecurity as well as predominant risk of malnutrition, domestic violence, as well as mental health issues. It is estimated that households count five individuals on average (678 HH x 5 individuals = 3390 individuals). Beneficiaries is selected based on needs alone regardless of religious, ethnic, and political considerations.

**Objective 2:** 50 CDCs will be targeted in three provinces (covering the following districts: Colombo, Kalutara, Gampaha, Mannar, Mullaithivu/Kilinochchi, Badulla/Monaragala, and Jaffna). They will be selected based on the following criteria: 1. CDCs that do not receive assistance from private or public donors. 2. CDCs with more than 20 children. Lists will be provided by Government Probation Office (Officer of the Ministry of Women and childcare) as they have all the records of CDCs under their purview. During the crisis government and private funding for CDCs have been reduced significantly. This has severely affected CDCs including government and non-government centres who are now unable to cover basic food needs of institutionalized children. Therefore, institutionalized children in affected CDCs are highly vulnerable and in urgent need of food support.

b) Quantify your planned target group by gender and age group in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **PLANNED TARGET POPULATION (INDIVIDUALS)** | | | |
| **Age Group** | **Male** | **Female** | **Total** |
| Number of persons | Number of persons | Number of persons |
| < 5 | 143 | 192 | 335 |
| 6-14 | 293 | 608 | 901 |
| 15-24 | 194 | 405 | 599 |
| 25-49 | 420 | 590 | 1010 |
| 50-64 | 624 | 723 | 1347 |
| > 65 | 312 | 386 | 698 |
|  |  |  |  |
| **Total** | 1986 | 2904 | **4890** |

c) Describe who and how many of your direct target group are **particularly vulnerable people**. How have the vulnerable groups been identified and selected (inclusion criteria), and how does the intervention address their particular needs? Also describe how the intervention addresses protection needs of particularly vulnerable groups, as relevant.

The entire target group consists of particularly vulnerable people. The vulnerable target groups have been identified based on inclusion criteria listed in 1.3.a in close coordination with local government units (the Grama Niladari, the Economic Development Officer, the Social Services Officer) in each district, the child probation office for CDCs, as well at the NGO Coordinator and other responding agencies within the UN Cluster. Their particular need of food support is addressed through VBA earmarked for food support. The intervention addresses protection needs of vulnerable children through providing awareness raising on child-care and safeguarding on distribution sites.

## The implementing partner (describe within max. 1,5 pages)

**2.1 Capacity, experience and expertise:**

a) What is the capacity, experience, and expertise of the implementing partner(s) (CHS 8)? Describe also the organisational and financial capacities.

The implementing partner, LEADS, started as a relief agency in Sri Lanka, in response to the disaster caused by the cyclone in 1979. On March 25th, 1983, LEADS was formerly established to implement humanitarian as well as development project. Due to its strength in relief, LEADS has received government recognition, particularly in relation to the Tsunami relief response and the Northern conflict. Currently, LEADS counts 112 paid staff, distributed in one head office and 6 districts offices, covering 13 of the 25 districts (Jaffna, Kilinochchi, Mullaitivu, Mannar, Trinco, Nuwara Eliya, Moneragala, Hambantota, Gampaha, Badulla, Ratnapura and Colombo).

LEADS’ focus is on child protection, and the programme is divided in three teams: Community Transformation, Care for Survivors, and Advocacy. LEADS has been responding almost annually in localized relief responses due to floods, drought, and landslides. LEADS was heavily involved in the COVID-19 Relief response from April 2020 onwards. During the ongoing socioeconomic crisis, LEADS has proven its capacity to implement relief through:

* Provision of vouchers to purchase dry rations for vulnerable families and for Child Development Centers (CDCs).
* Psychosocial support for children in CDCs
* Provision of recreational packs and hygiene packs for children in CDCs.
* Support to hospitals through the provision of medical equipment.

LEADS’ relief interventions are designed and implemented on the principles of humanity, neutrality, impartiality, and independence. LEADS are one of the implementing partners for Save the Children, Oxfam, and UNICEF in relief responses. In the current economic crisis LEADS has been identified as an implementing agency under the UN OCHA global plan, Humanitarian Needs and Priorities. LEADS has an annual operational budget of USD 425,000 (including both humanitarian and development projects). LEADS and Assist has previously implemented two CISU grants (of 1,7-3,8 mill DKK) and one DERF grant (335.069 DKK) and has proven to have the organisational and financial capacities to handle a grant of 750.000DKK. An example of this, is that LEADS has a strong financial management system including procedures for procurements, transfers etc. ensuring high financial standards.

b) How does the organisational set-up ensure access to the people at-risk, including particularly vulnerable people?

LEADS, being a child focused agency, are used to working with vulnerable children. Staff is trained in child protection and in focusing on the best interest of the child in all interventions (humanitarian and development). LEADS already work with 70 governmental CDC’s as part of their child protection and care for survivors work. During the COVID-19 relief response, LEADS supported children in CDC’s as an implementing partner of UNICEF and during the ongoing crisis, LEADS is working with UNICEF to provide psychosocial support for children in CDCs. Thus, they have up to date access and experience working with CDC’s.

LEADS work with relevant stakeholders (see 1.1.a) to identify the unique needs of the different vulnerable groups, to ensure that the assistance and services are reaching the most vulnerable – and those who are hard to reach. LEADS uses the rights-based model of disability inclusion which recognizes and partners with women and girls, persons with disabilities and addresses barriers they face during crisis.

**2.2 The partnership:**

a) Kindly explain whether you have entered into partnership agreement(s), the main features of such agreement(s) and whether the agreement(s) were developed with the local partner.

The first partnership agreement between Assist and LEADS was drawn up based on a partnership conference in 2008. The latest revision was done during a partnership conference in Sri Lanka in Nov 2019. The main features of the agreement are: a description of shared values, and a commitment to a) maintaining a true spirit of partnership, b) implementing development projects reaching out to the poor and marginalised (focusing on the best interest of the child, while attaining a proper balance between securing their rights and providing access to basic needs), c) mutual capacity building towards increased organisational sustainability, d) advocacy and awareness-raising in Sri Lanka and Denmark.

As a supplement, we have project specific partnership agreements signed for specific grants. A new agreement for this intervention will be developed jointly by Assist and LEADS, when the application has been approved.

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

Assist will be responsible for the overall administration of the grant and will ensure compliance with requirements and guidelines. LEADS is responsible for implementation including contracting of staff, coordination with local partners, reporting to Assist, and ensuring professional/administrative capacity to manage the project.

## Local strengthening (describe within max. 1 page)

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

To minimize negative effects, LEADS will coordinate and cooperate with local government officials, who have an inherent contextual understanding. The specific selection criteria will be mutually agreed upon prior to selection of beneficiaries (see more in section 3.2). Based upon the criteria and the inputs from the local officials, LEADS will go through an already existing databases of vulnerable households. The finalised lists will finally be certified by the local officials. This will ensure that duplication is avoided as all agencies report to the DS/GN office of their respective interventions.

To identify the most relevant CDCs, LEADS will work with the Child Probation Office to identify which CDC’s are most relevant to target.

To strengthen local capacities, LEADS will further involve the communities in decisions (see more in section 3.2) as well as recruit animaters (LEADS’ category for volunteers who are paid) from the local communities to support in implementation of the activities. The community animater will support in beneficiary selections based on the core criteria, mobilising beneficiaries to distribution sites and support in distributions ensuring all COVID guidelines are followed. They will also support post distribution data collection. The community animaters will be given training and awareness on engaging in relief interventions, as well as communication skills as on-the-job training.

**3.2 Describe strategies for informing and involving local actors (incl. affected people) in the intervention (CHS 4)**

LEADS field team will meet face-to-face with the local government officials to obtain the initial list of HHs that meets the specific criteria. Thereafter the criteria will be discussed with the larger community in an open forum meeting ensure transparency and accountability of the process followed. At these meetings, communities will know what the project is, what they will get, and how they can address their concerns and issues on the programme itself (see more under 4.2). They will be given the opportunity to provide their feedback on the final list. In the case of any discrepancies, the LEADS field team together with the community animaters will investigate the information through a HH visit and make changes if appropriate. All changes will be communicated through the community leaders.

When the finalised list of beneficiaries has been certified by the local officials, the list will be displayed at the Grama Niladari office (the government officer closest to the communities), giving the communities an opportunity to see the list and to voice their opinions.

LEADS have already discussed with the local communities in the target districts, which store to provide the vouchers from. The community considered accessibility and availability of quality food rations in sufficient quantity in selecting the store. Based on the preference of each target district, the selection as been made.

**3.3 Environment marker (only for monitoring purposes)**

a) Choose which of the following three descriptions best characterises your intervention (tick only one box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MARK |  | DESCRIPTION |  | EXPLANATION |
|  | → | **The intervention includes environmentally harmful components without incorporating mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful without being able to apply substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |
|  | → | **The intervention includes environmentally harmful components and incorporates some mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and applies some substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |
|  | → | **The intervention includes environmentally harmful components and incorporates significant mitigation and environmental enhancement measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and includes significant substantiated remedial action as well as environmental enhancement components (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |

b) Briefly explain your answer.

Negative environmental impact is kept to a minimum through VBA rather than in-kind support. By avoiding in-kind support, the risk of waste from irrelevant goods is reduced to a minimum. Through VBA beneficiaries can decide what kind of food they want to buy and when they want to buy it which reduced the risk of waste. Monitoring and evaluation is done remotely by Assist which means that no flight travels are needed.

## 4. Risk Management & MEAL (describe within max. 1,5 page)

**4.1 Describe the intervention’s risk management approach and which systems and mitigation measures are applied.** Describe how the chosen risk management approaches are appropriate in the specific context?

Covid-19

Leads Covid-19 Task force continuously monitor the current risk and keep staff safe by ensuring that all Covid-19 policies are adhered to and that hygiene measures are practised. LEADS’ Covid-19 guidelines cover: behaviour in offices, travelling, at meetings, and on the field conducting project interventions. There are special guidelines in place for distributions of relief too and how to mobilize communities in such situations. In the districts, LEADS work with the Public Health Inspector to ensure COVID-19 regulations.

Transport and distribution

Security measures during the transport and distribution of cash vouchers follow LEADS’ management policies for transactions of large cash vouchers. Project staff will be oriented on the necessary security measures and the finance and HR team will ensure that these policies are implemented by project field staff. Q&I-team will ensure that the necessary documentation is in place to ensure accountability measures. The HR Manager is responsible for the security of staff by ensuring that necessary security policies are in place and that staff have read and understood them.

PSHEA

LEADS is committed to safeguarding vulnerable persons. LEADS has a policy on PSEAH and will ensure that it is known to all staff regardless of position, title, and standing in the organisation. The policy also applies to partner organisations and other third-party contractors. The screening process for recruitments includes reference check and criminal record check. Any substantial suspicion of breaches of LEADS’ policy in terms of (sexual) exploitation, abuse and harassment can and should be reported to the LEADS Complaints Handling Mechanism and will be handled according to procedures and processes for handling sensitive complaints. Any upheld breach to this policy will not be tolerated and may in accordance with relevant legislation lead to internal disciplinary action, including dismissal or even criminal prosecution.

Project specific risk registers will be developed and reviewed every 6 months. The risk registry will include emerging and or new PSEAH risks with proper mitigation plans and a monitoring process

**4.2 Describe the implementing partner(s) approach to monitoring, feedback and accountability systems (CHS 5), including the contextual complaint mechanisms.**

Local monitoring by LEADS

The Q&I team of LEADS will conduct Monitoring and Evaluation of the intervention based on the MoV described in the LFA and internally developed lessons learned tools. The team has established a M&E system, which is being used for all interventions. Field staff report activity progress to District Coordinator at district level. District Coordinators are supervised by the Manager Community Transformation and National Program Manager in Colombo via online-shared documents and online weekly meetings. This information will be verified by Q&I during field visits.

A survey form will be developed for each outcome to measure achievement of indicators. Surveys will be conducted from a sample of target households, CDCs, and children. Data collected through the surveys will be analysed and findings reported.

The Q&I team will conduct an Exit Survey and a Post Distribution Monitoring (PDM) survey. Exit surveys will be conducted on the day of distribution, randomly selecting the recipients at the exit point. The PDM will be conducted one month from distribution, using random sampling of beneficiary households. From both surveys we can determine the satisfaction level of beneficiaries. Information on purchased items and how it met their needs will be obtained.

Remote monitoring by Assist

A monthly progress report will be submitted to Assist by LEADS. A final review will be conducted online by Assist based on the LFA, including reflections on contextual changes and lessons learned. This review will feed into the final report submitted to DERF. Assist will participate in DERF peer review and experience-sharing workshops organized by CISU.

Feedback and accountability

A complaint box will be set at distribution points for beneficiaries to put in their complaints. This will include a feedback/complaint system, to deal with all possible problems that might occur and answer enquiries from beneficiaries. A phone number will be provided on each box for the complainant to call the programme team directly. A feedback/complaint form will ensure that all feedback/complaints are tracked and that adequate actions have been undertaken.

Leads Project Management Team will ensure that all complaints will be managed swifty and timely without any bias in all confidentiality. Since most of the interventions are conducted in existing project locations, most of the field staff are known by governments officials and the communities they serve.

**4.3 Describe how learning and reflection will be applied in terms of improving future humanitarian interventions (CHS 7)?**

Lessons learned will be gathered and applied by LEADS at regular basis using LEADS’ lessons learned tool. Weekly coordination meetings, monthly progress reports, beneficiary complaint mechanisms and online monitoring meetings with Assist will all feed into this process. Learnings will be stores and retrieved by LEADS to improve future interventions – the major learnings or findings will be shared with government agencies at local level and the Humanitarian Country Team at national level. Finally, as part of the final reporting and evaluation of the intervention learnings will be gathered for future improvement of emergency interventions in the DERF network.

## 5. Coordination (describe within max. 1 page)

**5.1 Describe how the intervention complements the humanitarian and/or development efforts of the national and local authorities, as well as those of other stakeholders (CHS 6)**

The intervention design is based on the recommendations and priorities of the Humanitarian Needs and Priorities Plan (HNPP) developed by the Humanitarian Country Team (HCT) in Sri Lanka and led by UNOCHA. The intervention directly contributes to strategic objective 1[[1]](#footnote-2) of the HNPP through provision of food assistance. The intervention complements all other emergency interventions implemented in coordination with the HCT and aligned with the HNP.

**5.2 Describe how the implementing partner(s) participate in relevant coordination mechanisms (CHS 6)** How do implementing partner(s) ensure that the particularly vulnerable groups do not experience gaps and overlaps in the humanitarian assistance provided to them?

LEADS National Program Manager and Community Transformation Manager participate in the HCT which is the overall UN-led coordination mechanism. The HCT is led by UNOCHA and include agencies like WFP, FAO, WHO, UNICEF, UNFPA, Save the Children, IOM, IFRC, Sri Lanka Red Cross Society, Sarvodaya, SunPF and LEADS. By directly contributing to the priorities of the HNPP the partners have ensured that the intervention is aligned with other interventions in the Food Security and Livelihood (FSL) sector. This includes alignment of the Minimum Expenditure Basket and the amount of the voucher. At district level, LEADS’ district coordinators are responsible for the coordination with local government units (the Grama Niladari, the Economic Development Officer, the Social Services Officer) and department of social services who are directly involved in the targeting process to ensure that the most vulnerable people are being targeted and to avoid gaps and overlaps. For CDC’s, LEADS district coordinators are also coordinating with Child Probation officers and UNICEF (since they are currently targeting CDC’s with psychosocial support).

1. “Save lives through the provision of food assistance and essential medicines, targeted nutrition services, safe drinking water and emergency livelihoods support for the most vulnerable.” [↑](#footnote-ref-2)