**THE DANISH EMERGENCY RELIEF FUND**

**Modality: Covid19 priority Countries**

Intervention APPLICATION FORM: COVID19 priority countries

 Yes: reference no.: 19-483-OC

Financial ceiling: DKK 1 Million

Has your organization prequalified for DERF funding?

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| --- | --- |
| **Do you plan to submit more than two applications under this call?** Applicants who intend to submit more than two applications in totalfor COVID19 funding under the currently open Calls, must submit all applications at the same time.  | * **Yes. If yes, how many: 2**
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## The humanitarian intervention

* **What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)?**
* **Health**
* **The overall purpose in short, including the objectives, activities, expected results and indicators to be applied.**

On 31 December 2019, WHO was alerted to several cases of pneumonia of unknown origin in Wuhan City in the Hubei Province of China. One week later, on 7 January 2020, Chinese authorities confirmed that they had identified a new virus as the cause of the pneumonia cluster. The new virus is a coronavirus, belonging to the same family of viruses that cause the common cold, as well as viruses that cause severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome coronavirus (MERS-CoV).

As of 10 April 2020, the number of confirmed cases worldwide has exceeded 1,617,559, including 96,916 associated deaths, have been reported from 210 countries. The daily number of new confirmed cases in China has been stabilizing since the end of February. However, a continued increase in the number of cases and the affected countries have been observed since the middle of February, and the risk of spread and impact of COVID-19 have become very high at the global level. It took over three months to reach the first 100,000 confirmed cases, only 12 days to reach the next 100,000 and only 4 days to reach the next 100,000. While populations are affected globally, the consequences of the pandemic vary to negative degrees. Within Europe, health capacities are already overstretched. Within Northwest Syria (NWS), health infrastructure is deteriorated and not existing in most districts. As of 15th May, 50 confirmed cases of COVID-19 including 3 associated deaths have been reported in the GOS areas in Syria.

As for NWS, the nine years’ conflict has significantly impacted and weakened a health system, which to begin with was not the strongest. Moreover, there is a limited laboratory diagnostic capacity to confirm. Lab consumables, diagnostic kits to identify the infected cases in the NWS are not enough and laboratory technicians need to be trained in the use of COVID-19 diagnostic kits. The impact of the COVID-19 outbreak in the NWS will be catastrophic, where internally displaced people (IDP) are living under conditions that make them more prone to respiratory infections; overcrowded living conditions; physical and mental stress and deprivation due to lack of housing, food and clean water. The huge waves of displacements since December 2019 has forced people to shelters, camps, and living out in the open. The lack of basic hygiene and population density in camps and shelters is building a group for potentially spreading the virus rapidly across the IDPs.

According to the UN Humanitarian Needs Assessment Programme (HNAP) Monthly Mobility and Needs Monitoring report for February 2020, the ongoing violence in NWS has increased the monthly displacement rate nearly 9x since November 2019. In February 754,078 IDP movements were recorded, which was 119% increase from the previous month. 51 percent of February IDPs are first-time displaced, demonstrating the impact of recent hostilities and expanding frontlines on non-IDP households.

Based on the current epidemiological situation in the region with the rapid spread of cases in neighbouring countries, WHO considers the overall risk for Syria to be very high. If the virus will affect even a small portion of the 3.5 million people living in NWS, the limited existing health structure is not able to deal with the outbreak due to limited staff, limited facilities, and limited equipment and consumables. It is expected that the COVID-19 virus will spread sooner or later to NWS, especially due to the cross-border work (humanitarian organizations and commercial) and due to the proximity to Turkey and Iran.

Having mentioned the above challenges, intervention at the community level is highly required in order to minimize the risk of virus spread in the community as well as to avoid catastrophic overload on the health facilities which are already in a place with minimum capacities to deal with war injuries. Targeting the community by raising awareness about the virus and ways for avoiding it, providing the community with the protection tools, and providing the health workers with needed protection equipment is the golden aim in the world, while it needs more focusing in NWS since there are very little cases reported until now but when the ice ball starts to roll, the area will face a really serious disaster.

The continuous war in Syria for nine years directly affected the economic status which increased in deterioration after closing all surrounded borders by neighbouring countries as a protective measurement against virus spread. That affected the importation of the basic need for the community. In the NWS case, Turkey closed its border which cause the minimization of available local resources which are already directly affected by the deteriorating economy in the area.

Danish Muslim Aid’s (DM-Aid) local NGO partner, Violet Organization (Violet), is actively involved in the coordination activities of the COVID-19 Taskforce, the CHW Working Group, and the Health Directorate, and has implemented many activities in coordination with Idleb health directorate and other actors operating in the NWS for the preparedness in case of the contagion across Syria. The proposed intervention is aiming to strengthen local capabilities to mitigate the spread of COVID-19. NWS is the central hotspot for IDPs affected by the Syrian crisis, hence millions remain under the support of various UN agencies, INGOs and local actors. Through the provisioning and distribution of the Personal Protective Equipment (PPE) Kits with basic contents to be distributed to the Health Workers in Camps and Teams of humanitarian organizations that directly implement humanitarian projects and those with indirect contact with beneficiaries. Also, the intervention is aiming to target the community by involving it through promoting the concept of volunteering and community participation in responding to the epidemic. There are DERF funded awareness activities currently in progress in the NWS and along the North-eastern Syria’s clusters of displaced and host communities. This intervention will build on these activities and scale up the response to mitigate the affects of COVID-19.

**Outcome 1**

Reducing morbidity and mortality rate and mitigating the spread of COVID-19 in NWS through promoting the concept of volunteering and community participation in responding to the epidemic

**Output 1.1**

Contracting with a local factory to produce 3,000 disposable surgical masks, 10 disposable protective clothing, 50 face shield per day for 4 months with the help of volunteers to speed up production

**Activities:**

1. Identification of targeted factory based on location, capacity and security situation in coordination with the local relevant authorities and the actors in the area.
2. Hiring project staff.
3. Advocacy at community level and targeting adult females and males to recruit new volunteers and being registered officially in Violet database volunteering system in order to participate in upscaling the targeted factory.

**Indicators**:

1. Number of surgical masks
2. Number of protective clothes
3. Number of face shield
4. Number of volunteers joining the project

**Output 1.2**

Strengthening the Health prevention capabilities of humanitarian actors to guide the COVID 19 response plan.

**Activities:**

1. Need assessment to determine the humanitarian activities and humanitarian organizations involved in Covid-19 response and their need for PPE Kits.
2. Preparing PPE Kits contents and distributing them among Health Workers and Humanitarian Workers in direct contact with beneficiaries during their humanitarian response plan.

**Indicators:**

1. % of the total number of humanitarian actors/organizations involved in COVID 19
2. % of the total number of health workers in Idlib Province.
3. # of organizations actors reporting improved protection from transmissions

**Output 1.3**

Awareness-raising campaign, including handing out of hygiene kits and masks, through coordination with health cluster partners and enhancing the volunteering mechanism at community level.

**Activities:**

1. Procurement of hygiene kits.
2. Training existing and new volunteers on raising awareness among population and based on WHO protocols and standards.
3. Awareness sessions for the most vulnerable groups scattered in the camps and gatherings in Idleb Province.
4. Distribution of the disposable surgical masks at community level targeting the most vulnerable groups scattered in the camps and gatherings in Idleb Province.
5. Distribution of hygiene kits at community level targeting the most vulnerable groups scattered in the camps and gatherings in Idleb Province.

**Indicators:**

1. Number of awareness sessions.
2. % of volunteers participating in awareness campaign
3. Number of camps’ visits
4. Number of distributed hygiene kits
* **How does your selected response consider the specific context within which you plan to implement an intervention? How does your selected response consider the strategic priorities and the immediate objectives of the Global Humanitarian Response Plan (GHRP)? 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)?**

Organizations in NWS have started preparing for a potential outbreak and spread of the COVID-19 virus. The medical department of Violet has put together an emergency plan to facilitate a coordinated and sufficient response, in case of an outbreak. The emergency plan has three key priorities: 1) hygiene awareness and hygiene kits for the target group, 2) training Violet’s volunteers on how to handle a potential COVID-19 outbreak and 3) equipping existing health infrastructure and staff with required materials to be prepared for a potential outbreak. With the proposal at hand, Violet seeks to equip existing health staff and facilities with required materials to be able to mitigate the spread of COVID-19 in densely populated camps and to reduce the fear of an outbreak.

Violet’s has started the COVID-19 response training sessions by qualifying specialized paramedics to secure casualty or potential with specialized sterilization and disinfection teams. Further, Violet has already started working on purchasing hand sanitizers to distribute in the camps and has started hygiene promotion. The project at hand would support in mitigating the core problem by promoting the concept of volunteering and community participation in responding to the epidemic. While Violet is able to mobilize community resources to start awareness among the population, international support is needed to procure the much-needed medical equipment and disposables for equipment of staff and volunteers, who will directly be involved in the response and try to mitigate the spread.

To ensure the targeted groups have the access to the service, Violet will communicate the project scope and target with the local health authorities and community representative. Moreover, the local authorities will be involved in the project implementation through signing MOUs with them to ensure the local ownership of the project. In order to ensure the resources are managed and used properly, Violet has an experienced and well-trained staff who will be responsible for ensuring the organization's policies are applied and respected.

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

Violet has the capacity and a well-trained staff to begin the project implementation immediately. Violet has already engaged with local stakeholders in the ground, which includes local Authorities, relevant line ministries, Turkish Red Crescent, community groups and. Violet’s ground team include an effective project management, logistics and volunteer’s teams that are prepared to act on a very short notice. DM-Aid/Violet previously implemented similar emergency response for fragile communities in Syria, including Idlib Crisis and Afrin operations in 2018, thus will apply experiences learnt from these interventions. The project management team prepares an activity implementation plan followed by project/site team and volunteers, who have good local knowledge, with ties to the community structure and access to the affected areas. The local staff will lead the inception, field staff and volunteer groups’ mobilization for an inception meeting

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| --- |
| **Planned target population** (direct target group only) |
| Type of Activity | **Female** (by age) | **Male** (by age) | **Total** |
| Under18 | Between18-50 | Over50 | Under18 | Between18-50 | Over50 |  |
| Procurement of hygiene kits | 100 | 320 | 80 | 70 | 180 | 50 | 800 |
| PPE Kits distribution for Health Workers (1 piece protective cloth+ 5 pieces face shield + 10 surgical masks) |  | 200 |  |  | 800 |  | 1,000 |
| Surgical masks distribution for Humanitarian Aid Workers  |  | 850 |  |  | 1400 |  | 2250 |
| Surgical masks distribution for community |  | 5000 | 2500 |   | 5000 | 2500 | 15000 |
| Total: | 100 | 6370 | 2580 | 70 | 7380 | 2550 | 18950 |
| Total adjusted for double counting\*: | 100 | 6050 | 2580 | 70 | 7200 | 2550 | 18550 |
| Total vulnerable persons of the above | 100 | 6050 | 2580 | 70 | 7200 | 2550 | 18550 |

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

Procurement of hygiene kits: 3200 hygiene kits will be distributed on 800 persons within awareness raising sessions. 4 sessions per week\* 200 target population/month \*4 months

PPE Kits distribution for Health Workers (1-piece protective cloth+ 5 pieces face shield + 10 surgical masks):1000 PPE kits will be distributed to 1000 Health workers within 4 months in a rate 250 PPE kits per month.

Surgical masks distribution for Humanitarian Aid Workers: 90000 surgical masks will be distributed as following: 2250 humanitarian aid workers\* 10 masks per month\* 4 months

Surgical masks distribution for community: 15000 target population\*5 surgical masks per month\*4 months

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

Considering much of the volunteers are between 18- 50, we also consider priority on vulnerable groups mentioned in the GHPR, including health care and Humanitarian workers are also on the frontline of fighting covid-19. They are of increased risk of infection especially if the operate without ample protection.

* **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**
* **In country / locally**
* **Does the intervention include cash-based programming?**
	+ **No**
* **Financial localization of the intervention**

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 85%**

**% Funding spent on activities & goods for crisis affected persons, from the intervention budget: 75%**

## 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?**

Violet is currently managing 10 emergency response projects in Syria, under OCHA, DFID, ECHO, Danida, FMoFA, DM-Aid, and GIZ funding. Moreover, Violet has secured funding for winterization activities including the distribution of GIK winterization assistance, cash winterization voucher, and distribution of the winterization commodity restricted vouchers. The project at hand will complement the other projects through improving Violet's capacity to respond to the increasing needs with a variety of modalities, based on the suitability of each modality for each location/ targeted group. Furthermore, Violet has experience working in Idleb in similar contexts, with NFI items and WASH activities as also Violet’s hotline initiative was mainly targeting people residing from this area.

Violet has considerable capacity to implement the project since it has been responding to the emergency needs of communities affected by the Syrian crisis since 2014. The annual budget of Violet in 2018 was around $10mill with funding from range of sources including DFID, ECHO, Danida, FMoFA that have high qualification thresholds. Likewise, Violet has implemented similar projects of food and food baskets distribution in partnership with INGOs such as FAO, GOAL, SCI, DMA, CARE international, COSV, and Concern. Furthermore, Violet is a partner of UN agencies such as FAO, IOM, UNECIF, and WFP.

Violet’s full operational experiences and organizational capacity will be deployed to Tell Abiad, through an MoU with TRC that will give Violet unrestricted access to deliver the proposed intervention to the target community immediately. Introductory workshops will be held with Local Councils and local community leadership. Violet's Program staff conducted community sensitization campaigns in collaboration with the local councils clearly explaining the project goal, rationale, and expected timeframe to the target community. Following these discussions, Violet will sign MOUs with the community representatives to confirm understanding of the project. The project team will conduct a multi-sectorial need assessment to identify the needs and gaps, Violet will be able to plan It's responses, after that Violet will share the obtain findings with the other humanitarian actors so they will be able to plan their responses through:

1. Training on Multi-sectorial need assessment along with developing the tools and planning the data analyzing process.

2. Identification of assessment volunteers

3. Conducting Multi-Sectorial Need assessment in the targeted locations through Key informant interviews (KIIs) technique.

4. Analyzing the data, developing the comprehensive report and sharing it with the working NGOs through clusters.

* **Is the Danish CSO proposing to self-implement?**
	+ **No**
* **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**.

DM-Aid has long-term strategic partnership with Violet, which has been implementing numerous projects in Syria with a range of modalities. The projects implemented by Violet has ensured that the most vulnerable, crisis affected and displaced people within Syria receive the assistance they require in a timely and appropriate manner. Examples of projects implemented by Violet include FSL, WASH, Iftar & Qurbani, Education, Health, Capacity Development and Youth Empowerment, all in a country in a fragile context. Relevant projects that the partnership has successfully implemented in similar scenarios include food baskets and NFI distribution, Rapid response with RTE kits for the newly IDPs, Rapid Response with cash distribution and multi-purpose grants distribution for the newly IDPs activities, once settled there have also been Vocational training, Cash for work, seeds and livestock distribution activities to stabilise the target communities.

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

DM-Aid will run the overall project coordination in relation to the management of funds and other operational support (project management tools, compliance/accountability and other M&E related activities). Violet’s central and local teams will be responsible for local project planning, monitoring and reporting (both financial and site distribution evaluations); Community engagement, beneficiary Registration/Verification with support from TRC, district authorities, local clusters and community leaders; Site Verification, Complaint handling and community feedback. M&E will be coordinated on several layers to ensure M&E activities meet DERF guidelines. Pre-defined TORs/Activity implementation plan will be completed to ensure M&E activities are planned, shared and reported in a timely and transparent manner. Violet will be responsible for project planning, site selection, community Registration/Verification, Site monitoring, Reporting both (Financial and Site Distribution Activity)

## Local strengthening

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

Violet will ensure the local ownership of the project through close coordination with a local council and involvement of the activity implementation design and implementation. Moreover, Violet will take into account the local community considerations during the project implementation. The selection criteria will be widely shared with the local community to avoid the tension may occur between the beneficiaries and non-beneficiaries. The project will be monitored by the MEAL team and the community groups will be informed about Violet complaints mechanism to raise complaints and suggestions. As part of Violet’s Standard Operating Procedures (SOP) all efforts are made to ensure volunteers and site project staff are sourced from the local communities.

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

Violet will sign MOU with the local council including the scope, target and selection criteria. Moreover, the project will be closely coordinated with the local council to ensure the local ownership. In order to ensure the interventions is effective, Violet designs its humanitarian interventions based on the need assessments conducted with and by the beneficiaries, local councils, and community leaders to ensure the involvement of the community in all projects stages including the project design, implementation and MEAL activities.

* **How are you applying a do-no harm approach,**

The partnership aims is to strengthen project design and management methodologies in a way that allows for a better understanding of the negative effects of future projects or programmes. We endeavour to avoid exposing people to additional risks through our action, hence we are always in close coordination will local community councils and other actors, with the view to build resilience capacities of assisted communities.

## M&E, LEARNING AND ACCOUNTABILITY

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

**Risk Analysis**

To conduct the proposed project, Violet built the activities on the assumption that both armed opposition groups and government-controlled areas continue promoting a supportive environment for aid delivery and information gathering in Syria. Through that, Violet’s access is secured to the targeted areas. Violet also assumes to have continued acceptance among the local community. Last but not least, Violet assumes to have all required materials for rehabilitation available in quantity and quality as needed. See Annex A. Risk Assessment Matrix.

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

Violet will ensure the regular monitoring of activities through its program staff, who will verify the achievement of the project's objectives according to the Implementation plan and related indicators (including FCS, HDDS and HHS). The main tools used by the program team will be; weekly activity reports; weekly internal program meetings, assessing the progress, identifying key challenges and taking corrective actions, in collaboration with support departments and community committees; monthly program management reports covering achievements against indicators submitted by the Program Manager to Coordination and Project Development departments. In addition, Violet will ensure systematic monitoring of all activities through its Turkey-based MEAL department and Technical support from DM-Aid. The MEAL functions as an independent department from Violet Programs, which will allow Violet to maximize transparency and accountability to beneficiaries, partner and donor by gathering neutral information regarding the implementation of activities.

Violet’s MEAL department will continue to oversee the implementation and verification of the information provided by Violet’s Program staff, field monitors and third parties, and will use the KOBO toolbox to collect, verify, and analyze data from the field. Monitoring activities will include the verification of beneficiaries; KI interviews and FGDs, where relevant; an implementation evaluation; and a final satisfaction survey to assess the overall impact of the project. Violet’s MEAL team will monitor activities on a regular basis to provide recommendations on how to improve the quality of implementation. The MEAL team will ensure to announce the ways of sharing feedback and complaints widely. All beneficiaries will be informed about scope, target and modality of the project. The field team will regularly conduct monitoring visits to provide the opportunity to raise complaints in person. All complaints electronically documented and handled by Violet’s accountability team and mechanism. Stakeholders will be provided with number and type of complaints as well as receive access to Violet’s newly established feedback mechanism Power BI showing the type, number and status of complaint without sharing sensitive information.

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

Throughout the project implementation, Violet will ensure the documentation of the lessons learned to make use of them in any future project design and implementation. Moreover, Violet MEAL team will present in all project phases to monitor the implementation and receive the beneficiary's feedback and recommendation for improving the implementation mechanism. In addition, Violet will ensure the community have access to Violet complaints mechanism so they can raise suggestions, and complaints.

## Coordination

* **Are the implementing organisations involved in a coordination mechanism?**
	+ **Yes**

In order to complement with the other humanitarian actors and improve the coordination among the humanitarian actors, Violet is an active member of UN health Cluster. Moreover, Violet is a part of the Syrian NGOS alliance which consists of most of the local organizations working in Syria. ِ Also, Violet is continuously in close cooperation and coordination with the directorates such as education and health directorate to achieve the overall goals of the projects, utilize synergies and to avoid the overlap may occur.

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

Violet will share the project's updates with the Health clusters, to avoid the potential overlapping and ensure the appropriate intervention through 4Ws reporting tools and requesting technical support if required. Violet will ensure strong communication and coordination with the humanitarian actors who are implementing similar projects on the ground to avoid the overlap and ensures the appropriate intervention. In the same context, Violet will refer the cases with the special needs to the other projects/ organizations if needed. Violet will sign an MOU with the community representatives to ensure the local ownership of the project. The community representatives will support Violet in identifying the newly returnees, support the accountability and feedback mechanisms, coordination with Violet to ensure no overlapping will occur and contribute to problem-solving if needed.