Intervention APPLICATION FORM: COVID19 priority countries

X Yes: reference no.: 17-55-OC. Financial ceiling: 2.000.000 Kr.

No – if no, an OCA application must be submitted together with the intervention application.

Has your organization prequalified for DERF funding?

|  |  |
| --- | --- |
| **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. | **X No**   * **Yes. If yes, how many:** |

## The humanitarian intervention

* **What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)?**

**X WASH (Water, Sanitation & Hygiene)**

* **Health**
* **Shelter**
* **Nutrition**
* **Camp Management**
* **Education**
* **Protection**

**Emergency FSL (Food Security and Livelihoods)**

* **Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **The overall purpose in short, including the objectives, activities, expected results and indicators to be applied.**
* **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)?**

Afghanistan is on the list of prioritized countries from GHRP and the intervention relates to *Contain the spread of the COVID19 epidemic and decrease morbidity and mortality* and decrease the deterioration of human assets and rights, social cohesion and livelihoods, as well *as Protect, assist and advocate for refugees, internally displaced people, migrants and host communities particularly vulnerable to the pandemic.*

COVID-19 infection is spreading in Afghanistan. All indication points to a disastrous situation materializing in the near future with devastating health and economic consequences in a country suffering from internal conflict and displacement of people on a large scale. Afghan communities are particularly vulnerable to COVID-19 infection, due to widespread lack of information, inadequate hygiene practices, and limited financial means.

DPA activities will be focused on the Faryab province, where DPA is represented through its field office in the provincial capital Maymana. The government does not have capacity to effectively address the COVID-19 situation and has requested support from the humanitarian community.

Faryab is located in the North of Afghanistan, bordering Turkmenistan and close to the border with Iran. It has a multi-ethnic population of about one million people, mostly living in tribal societies. Badly affected by the ongoing conflict in Afghanistan, the province has a significant problem with internally displaced people (IDPs). Additionally, thousands of people have returned from Iran and, to some extent, Pakistan. Due to the shortage of jobs in Afghanistan, it is common for families to send one or more relatives to work in Iran and many families are fully dependent on remittances. Following the large outbreak of COVID-19 infection in Iran, a large number of migrant workers and refugees have returned to Faryab, unable to provide for their families and potentially bringing the virus with them.

The provincial government does not have capacity to effectively address the COVID-19 situation and has requested support from the humanitarian community. Since April, the government has several times announced lockdowns of Maynama city ranging from one day to one week in a bid to contain the virus. The spread of COVID-19 is however increasing day by day. The provincial government is in particular not able to address the problem outside the larger cities where there is a widespread lack of knowledge and understanding of the COVID-19 virus. Social distancing is not being practiced and large gatherings in for instance mosques still take place. In the absence of proper information, dangerous rumors are spreading, including the notion that Muslims cannot get infected and that the virus is a propaganda plot and does not exist. Economic hardship is on the rise, as indicated by increasing prices for daily commodities and the absence of commercial flights in or out of Faryab.

DPA will focus the intervention on the most vulnerable people – Internally displaced people, returning refugees and other poor communities in the outskirts of Maymana and in Pashtoon Kot district, where more than 400,000 people are estimated to live. Activities of awareness on the prevention of spread of the COVID19 will address about 12.000 households (approximately 84.000 people), selected in coordination with the government and the humanitarian community led by UNOCHA.

DPA will be educating local communities in protecting themselves from COVID-19 infection by raising awareness of the health risks and educating communities in applying social distancing and appropriate hygiene practices, supported by provision of hygiene kits. As economic hardship grows among families, due to unemployment and reduced income, DPA will provide multipurpose emergency cash (MEPC) for 1.450 families (10.150) people of the most vulnerable HH as recommended by the humanitarian community.

**Project Objective:**

To contribute to addressing the COVID19 crisis in Afghanistan by preventing the spread of the virus and protecting the livelihood of the effected communities in Faryab province of Afghanistan for 84.000 people.

* **Project Outcome-**I:

The spread of COVID19 is prevented by all people in the project areas adopting appropriate practices and behaviour through awareness raising to 12.000 HH in Faryab province.

* + **Output-I for Outcome-I:** 
    - 1.1. People in the project area has systematically received information on COVID19 prevention covering 12.000 HH
  + **Output-2 for Outcome-I:** 
    - 1.2. The 1.450 most vulnerable HH have received hygiene kits and training in use of the items.
* **Project Outcome-**II:

The threat to the livelihoods of the most vulnerable people in the project areas is reduced through cash distribution to 1.450 HH.

* + **Output-I for Outcome-**II:
    - **2.**1. The 1.450 most vulnerable HH have been selected and have received unconditionally Cash transfers.
* **List of Major Activities for Output-I and Output-II:**
* Recruit a health professional and community mobilisers, preferably with a health background/experience and preferably married couples (cultural circumstances)
* Organize inception workshop for the team to understand the role and responsibility with a detailed work plan.
* Prepare questionnaires and carry out pre- and post-intervention surveys to assess effectiveness and impact of the intervention. Identify the beneficiaries who will receive hygiene kits and cash, and obtain government and UNOCHA confirmation of the selection.
* Develop a Complaints Feedback Mechanism system (CFM) and record/respond to complaints on a daily basis.
* Conduct Post-Distribution Monitoring (PDM) in order to ensure smooth and effective utilization of the assistance for the multi-purpose needs of the families.
* Plan and execute sample based beneficiaries’ satisfaction survey.
* **List of Major Activities for Output-I:**
* Produce COVID-19 awareness raising material (e.g. posters)
* Procure hygiene items suitable for prevention of COVID-19 infection and make hygiene kits for this purpose.
* Educate the health professional to train community mobilisers in protection against COVID-19 infection and in training community members in COVID-19 prevention.
* Identify local target communities,
* Plan and carry out awareness COVID-19 raising/training activities and distribute hygiene kits.
* Identify community influencers and observers (maliks, mullahs, elders, etc.) and provide them with COVID-19 prevention knowledge, posters and brochures.
* Support the community influencers in disseminating COVID-19 prevention information to the population in the project area.
* Provide COVID-19 hygiene kits and instructions on using the kits to the selected most vulnerable HH.
* **List of Major Activities for Output-II:**
* Identify and enlist 1.450 households using HEAT (Housing Early Assistance Tools) assessment data and following vulnerability criteria agreed in the OCT (Operational Coordination TEAM) with close coordination together with DORR (Directorate of Refugees and Repatriation), cluster priorities and partners.
* Assess financial service providers for cash distribution and selection of socially acceptable service for delivering cash grants to the 1.450 households.
* Design a cash transfer plan and share it with the targeted households through effective social mobilization. This plan will be designed in a way, that when the cash is transferred, then there will be a follow up on the households in order to confirm the receipt of the cash.
* Follow the guidelines of the cash working group to distribute 117 USD to each household. The cash distribution progress will be shared with the cluster and DoRR.

DPA will identify and enlist 1.450 households using HEAT assessment data and following vulnerability criteria; assess financial service providers for cash distribution. DPA local staff will conduct Post-Distribution Monitoring (PDM) in order to ensure smooth and effective utilization of the assistance for the multi-purpose needs of the families; plan and execute sample based beneficiaries’ satisfaction survey.

DPA will use a robust cash transferring planning and allocation mechanism to check and follow up on both M-Paisa bi-monthly cash distribution and beneficiaries receiving of the cash grants on the specified time frame. The mechanism will be embodied with the Complain Feedback Mechanism (CFM) to check and resolve the issues in a way of smooth and in-time cash transferring to the target beneficiary households. At the end of the cash transfer, DPA’s local staff will conduct a PDM for analyzing the impact of the cash on the overall family status.

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

DPA has a strong presence in Maymana city where it keeps a field office in support of its school construction programme in Faryab, which has been active since 2012. The additional funded part of the intervention complements activities to be carried out by DPA with its own funding. Physical and administrative infrastructure as well as key project staff, including the health professional and community mobilisers are therefore in place also for the additional funded part of the intervention and ready to commence activities immediately.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| Type of Activity | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between  18-50 | Over  50 |  |
| * 1. Awareness promotion on COVID19 | 20.160 | 22.680 | 2520 | 15.120 | 21.000 | 2520 | 84.000 |
| 1.2. Hygiene kits distribution | 2436 | 2741 | 304 | 1827 | 2538 | 304 | 10.150\* |
| 2.1 Cash distribution | 2436 | 2741 | 304 | 1827 | 2538 | 304 | 10.150\* |
| Total: | 22.596 | 28.162 | 3128 | 18.774 | 26.076 | 3128 | 104.300 |
| Total adjusted for double counting\*: | 20.160 | 22.680 | 2520 | 15.120 | 21.000 | 2520 | 84.000 |
| Total vulnerable persons of the above | 20.160 | 22.680 | 2520 | 15.120 | 21.000 | 2520 | 84.000 |

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

The approximate counting of Age and Gender specifications of the IDP household structure is based on the general standards of National Statistics and Information Authority of Afghanistan NSIA.

Female under 18: 24 %

Female 18 – 50: 27 %

Female over 50: 3 %

Male under 18: 18 %

Male 18 – 50: 25 %

Male over 50: 3 %

There are an approximately of 7 people per household in Afghanistan.

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

DPA will target IDPs and especially IDP households led by a woman, disabled or elderly as these three categories are the most vulnerable IDP households displaced due to conflicts in Afghanistan. DPA’s assessment team for this project will conduct a thorough assessment and will reach aforementioned categories prior to the rest of the IDPs.

DPA will be responsible to receive assessment reports of the IDPs conducted by Joint Assessment Teams JATs led by UNOCHA in the area and will then verify the assessed IDP families selected to be assisted. In some cases, DPA will conduct assessment of the IDP households which have not received any assistance from any partners active in the region.

* **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**
* **Internationally**
* **Regionally / neighbouring country**

**X In country / locally**

The goods will be obtained locally and nationally through accordingly to DPA’s ‘Procurement Policy’. DPA has been working with cash sistribution through projects before and knows the market and the setup of the system.

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

**X Yes**

* + **No**

The project will focus on cash distribution through M-Paisa to IDP HHs in Faryab. DPA will distribute 117 dollars per IDP household in order to assist the IDPs in dire need of food and medicine because of their lack of income.

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

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 91 %**

**% Funding spent on activities & goods for crisis affected persons, from the intervention budget: 70 %**

## 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?**

DAARTT is the local department of DPA in Afghanistan and have been working with humanitarian and development work in Afghanistan for several years. DPA has offices in Kabukl and Faryab and are therefore established in the NGO and institutional sphere. DPA have have been implementing DERF projects in 2018 and 2019 in Afghanistan and are also building schools and providing better education together with the Norwegian Ministry of Foreign Affairs.

DPA will utilize its experience of a Complaint Feedback Mechanism (CFM) to get accountable to the target beneficiaries and communities – with the support of DPA’s local staff for revision. CFM will be put in place to receive complaints through the identified IDPs committees/CDCs, which will be further analysed and registered at the CFM log.

By developing its CFM DPA’s will ensure that:

* IDPs served are better acquainted with their rights and entitlements and have better access to information.
* Responses to the needs of IDPs are improved through enabling an effective referral mechanism between partner NGOs.
* IDPs served are participating in program design and implementation through feedback collected via a hotline/helpdesk.
* IDPs served have access to safe and responsive mechanisms to handle complaints.

An important component for looking into the issue of corruption, sexual exploitation and misuse of support is the establishment of a DPA telephone hotline. DPA will encourage beneficiaries to report problems related to the implementation of its projects to the organisation via the telephone line.

**CFM (Complaint Feedback Mechanism):** DPA will develop complaint feedback mechanism, first of all a Complaints committee will be formed for the project in order to allow beneficiaries to voice their concerns and grievance. This committee will be consisted of representatives from DPA, representatives from IDP committees and one or two leaders from the local communities. All beneficiaries receiving project assistances will also receive the contact information of DPA community reporting and accountability mechanism officer to give their feedbacks and comments on the project activities. All beneficiaries will be informed of the complaint mechanism. Complaints basically are classified as;

1) Sensitive complaints i.e. sexual exploitation and abuse, fraud or corruption, breaches of code of conduct etc.

2) Non-sensitive complaints i.e. Program Related –Cash distribution does not correspond with promised etc.

The medium of reception of complaints will depend as per two classifications. For sensitive complaints beneficiary complaint forms should be used which will have explained to the beneficiaries and stakeholders at the start of the program, such forms should directly be submitted to complaint committees who will confidentially review and response to the complaint. Non sensitive complaints should be submitted via email and telephone calls which will too be taken care of preserving the confidentiality.   
  
DPA monitors will also conduct spot checks monitoring visits at target IDP settlements. DPA will apply Do No Harm (DNH) at all stages of the project lifecycle, right from needs assessment and scoping through to design, inception was considered, and will do so on the implementation, monitoring and evaluation. See also the attached CFM system.

* **Is the Danish CSO proposing to self-implement?**

**X Yes.** If yes,

-how often have you been self-implementing with DERF grants in this country before:

Yes, in 2017 DPA self-implemented a project in Afghanistan.

The reason for self-implementing now is based on the access to the area and the establishes infrastructure that gives us an upper hand on a rapid implementation. Furthermore, have there been reportings on local authorities trying to exploit the COVID19 situation because all expats have been pulled out of the country. This gives a higher pressure on corruption which is easier to control in one’s own organization.

Local NGO’s are also more economically vulnerable if they are funded partly by national funds because there is a chance of an economic collapse in the country.

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

## Local strengthening

* **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**
* **How are the local actors including the target group informed and involved (CHS 4)?**
* **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?**

DPA/DAARTT are engaged in the NGO network Agency Coordinating Body for Afghan Relief and Development (ACBAR network), where the partners will take part in the Humanitarian Twinning program, which aims to address access to local funding by pairing NNGOs (National NGOs) with INGOs (International NGOs) that provide mentoring and guidance to their Afghan counterpart on institutional management, humanitarian practices, and strategy.

The proposed intervention strengthens local ownership and capacities. It has a long term effect.

Besides buying food, paying rent, keeps people in their households, keeps them in their schools, keeps them to be able to make an income/ keep a job, and creates social security in a conflicted country. This intervention has furthermore an effect on DAARTT’s long term capacity building and strengthening in order to get access to CHF and AHF in the future. DAARTT is approved for receiving support from AHF funding and will see if this can contribute to the fight against COVID19.

One of the Do No Harm practices is that DAARTT always work with Afghan labour according to laws and regulations. This strength the work force in the local areas. Furthermore, is the work conducted through local leaders as mullahs etc. Always including the local community.

**Referral protocol**Elaboration of the referral protocol: A referral protocol will be established that encompasses two parts. It stipulates pathways, actors and the expected timelines for processing identified cases based on priority level.

* Internal referrals: This part defines specific internal pathway for recording and dealing with multi-purpose cash assistance
* External referrals: This defines the specific pathway for recording and referring cases to other cluster partners. For this purpose, DPA will review and consolidate existing referral mechanisms in the province like for example, the interagency referral tool.
* Continuing analysis and processing of ongoing requests: Respond to calls and visits, advice and record details in the database;
* Regular analysis of data collected;
* Allocating internal referrals to the relevant project manager for follow-up, monitoring of referral cases and ensure proper documentation;
* Make external referrals to clusters and to NGOs and ensure follow-up;
* Receive and process internal and external referrals.
* Regular reporting: Monthly statistics and reports are produced to analyze requests (calls/visits) and details of referral’s caseload.

## M&E, LEARNING AND ACCOUNTABILITY

* **How are risk management systems applied in the appropriate context?**
* **How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific context?**
* **How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

| **Major risks** | **Risk management measures** |
| --- | --- |
| Corruption and Nepotism on all levels | * Define clear and transparent procedures * Ensure checks and balances * Ensure close monitoring, follow-up and documentation * Promote Zero-Tolerance policy * Maintain a complaint/feedback and response mechanism |
| Limited female participation due to cultural and religious beliefs | * Identify relevant households * Advocate for inclusion through IDP committees |
| Rapid movement of IDP households | * Develop family profile with contact information * Track beneficiary HHs to ensure follow up is possible |

As the contract holder with the donor, DPA will be overall responsible for monitoring the project. DPA’s local staff will be responsible for the day-to-day monitoring of the project implementation on the ground for their respective elements. The partners will monitor the project based on a mix of tools, which include the project document, indicators, assessment reports, progress reports, reviews and monthly meetings etc.

Experiences from the last humanitarian projects in 2018, 2019 and 2020 shows that there is a need for a strong local presentation in the Faryab region to create transparency, technical assistance and monitoring, also for preparing the monthly local monitoring report, creating the monitoring plan and transparency in the project. The project will promote ‘downward accountability’, for monitoring and learning. Stake-holders involved during the project design and those who will be involved during the project implementation will continue to be involved in monitoring of the planning and implementation. These processes will enable the target groups to determine, whether they feel that the project ‘delivers’ as stipulated in the project document.

DPA field staff will provide a short narrative and financial update to DPA on a monthly basis. The narrative update will be done using a standard format, thereby taking as little time away from project implementation as possible, while still allowing for progress and challenges to be aired. The reports will cover all project activities and indicate any issues, which need clarification by the project partners or issues of relevance to the timely implementation of the project. The financial reports will consist of an expense report and bank statements, supplemented with occasional spot checks of financial documentation of expenses incurred when DPA or its auditor request. The monthly narrative and financial reports will be followed by a skype-meeting. Additional Skype-meetings will be organized, if necessary.  
  
DPA will take part in any required activities of the funds experience sharing mechanism. DPA will be responsible for review of the project impact, financial control – transfers and auditing and final evaluation.  
  
Lessons learned workshop will take place in the project and an external final evaluation is planned for end of the project period in order to critically assess achievements of the project outcomes and determine the impact on the lives of beneficiaries.

## Coordination

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

**X Yes**

* + **No**
* **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

DPA will establish IDP committees, which will be utilized to collect up to date information on IDP households, needs and issues. The partners’ coordination with Community Development Councils/CDCs is also ready to be used for rapid and effective response.

The proposed project significantly contributes to respond to the urgent needs of the COVID19 emergency and are prioritized by the DoRR (Directorate of Refugees and Repatriation) and UNOCHA led Joint cluster assessment. DPA is attending relevant clusters; WASH, IDP and also the new COVID19 cluster. This project is already coordinated with DoRR and UN clusters to respond to the emergency needs of COVID19 effected IDP’s of Faryab.

In this project, DPA/DAARTT will utilize their experience of mobilization and community linkages to carry out in-time social mobilization and selection of the target households for the project. The social mobilization team will engage the appropriate IDPs committees and focal points in conducting and verifying the families and their emergency needs, and wherever required will setup IDPs committees for effective coordination, implementation and monitoring of the emergency response. These community structures will be part of the needs assessment, verification of families and Complaints Feedback Mechanism (CFM). Along with that, they will be guided on the cash criteria for selection which will ensure support in the cash distribution.