Proposal

ANNEX a

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| **Project title** | Humanitarian assistance to the population refugee populations in Cox's Bazar district, Bangladesh |
| **One line summary of project** | The project will address the food insecurity and under-nutrition of the Kutupalong Makeshift Settlement dwellers through an integrated Nutrition, livelihoods and hygiene approach.  |
| **Start/end dates** | Start Date: April 1, 2017End date: March 31, 2020 |
| **Organisation name** | Action Against Hunger (ACF International)  |
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| **Context** |
| **1. Please give your assessment of the humanitarian emergency and how it is likely to develop over the funding period.** Please limit to three succinct bullets. |
| * 91.5% of the Kutupalong Makeshift Settlement (KMS) dwellers are food insecure (30.6% are severely and 60.9% are moderately food insecure) due to lack of income earning opportunities (ACF integrated SMART survey, December 2015);
* Prevalence of Global Acute Malnutrition (GAM) is 20.1% which is much higher than the emergency threshold (≥ 15%), half (50.0%) of the children are underweight with 18.5% severely underweight while 56.5% are stunted and 24.5% are severely stunted (ACF integrated SMART survey, December 2015);
* The unregistered Rohingya refugees living in unofficial makeshift sites have been experiencing chronic hunger and high level of under nutrition as they severely lack income earning opportunities. The lack of official food assistance and the difficulties faced by the refugees in earning and transferring incomes to their families result in persistent food insecurity.
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| **2. What is the proposed form of assistance** (in-kind, cash or combination) **and location of the proposed intervention?** Please provide a map. |
| * The project will provide cash based interventions; a combination of both conditional and unconditional cash grants. ACF proposed BDT 12000 in line with the recent ECHO supported project in KMS. The amount was proposed considering the context of KMS and experience of the KMS population in engaging with Income Generation Activities and the amount needed to overcome the lean period. So the BDT 12000 is divided in two kinds of cash grants for each of the targeted households. Firstly BDT 4000 for Cash for Work or unconditional cash grants which will provide immediate cash income for the project beneficiaries to meet their food needs and other basic requirements during the lean season. Secondly amount of BDT 8000 for Livelihoods Cash grant which will be provided to the targeted beneficiaries to ensure income generation throughout the year (Livelihood recovery). Households headed by elderly persons, persons with disabilities, chronically sick persons, widowed or separated women, pregnant and lactating women, will be entitled to unconditional cash grants. However considering the recent developments with the government, the project activities will be executed in phases: During the first phase, activities related to Cash for Work and unconditional cash grants will start (the first amount of 4000 BDT); while the Livelihoods Cash grant of 8000 BDT will only be executed in the second phase of the project after successful advocacy efforts around the livelihoods agenda for refugees.

The following activities will start already during the first phase and will continue during the second phase: Health, hygiene and nutrition awareness raising sessions and counselling for assisting behaviour change will be organized by the project staff with support from Block Management Committee and Model Mothers (peer education later on). In addition, menstrual management kits and IEC materials will be provided to all targeted households to ensure better health and hygiene for mothers, adolescent girls and the rest of the family. The current location of the project is Kutupalong Makeshift Sites in Raza Palong union under Ukhiya Upazila of Cox’s Bazar district. In the event of need or possibility of expansion, the implementation area could be expanded to entire Cox’s Bazar district and beyond, for example, in the event of an emergency like a hurricane, earthquake etc. C:\Users\ACF\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Makeshift camp & EmOp Center-ACF.JPGC:\Users\ACF\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\Rajapalong _UkhiaUpazila.jpgLocation of makeshift settlements Location of Raja Palong Union in Ukhiya Upazila |
| **3. What is your current field/regional presence?** Please specify if this is your own or a partner. |
| * **Time and location in country:** ACF began its operation in Bangladesh through emergency response following the floods and cyclone Sidr in 2007 in Shariatpur and Barguna districts respectively. In 2008, ACF started its Nutrition and Mental Health and Care Practices programming in Cox’s Bazar district. Later ACF expanded its interventions in Satkhira, Sirajgonj, Kurigram and Lalmonirhat districts. ACF has been directly implementing Nutrition, WaSH and MHCP interventions in registered camps in Cox’s Bazar district. In Kutupalong Makeshift Sites, villages in Ukhiya and Teknaf Upazila of Cox’s Bazar district and in other districts, ACF has been implementing projects with the support from local partner NGOs.
* **Number of staff:** At present, ACF has total 227 staff based in ACF’s Dhaka office and base offices. ACF has different local partners in different districts. In Cox’s Bazar, ACF works with SHED for nutrition and WaSH interventions in Ukhiya and Teknaf Upazila. For ACF project implementation, SHED has 27 staff and 75 volunteers. In Moheshkhali Upazila, SARPV is the local implementing partner for nutrition interventions, having 6 staff and 55 volunteers to implement ACF project activities. For food security, livelihoods and DRR interventions in Cox’s Bazar, ACF works with Mukti. They have 13 staff to implement food security and DRR interventions. In Barguna, ACF works with NSS and they have 29 staff for ACF supported project implementation. In Satkhira district, ACF’s local partner is Shushilan. They have 12 staff to implement ACF supported project. MMS is the local partner NGO in Sirajgonj and they have 11 staff for the ACF supported project.
* **Sectors:** Nutrition, Food Security and Livelihoods, DRR, WaSH, Mental Health and Care Practices.
* **Budget:** 4.25 million USD per year in Bangladesh
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| **Project outline** |
| **4. What activities will be undertaken?** Please limit to five bullets. |
| * **Cash grants:** Normally dietary diversity of the KMS population is very poor (72% with poor to medium HDDS and 61.5% with poor and borderline food consumption score). During lean season period it becomes worse. Following identification/selection of target beneficiaries Cash transfers through Cash for Work (CFW) and Unconditional Cash Grants (UCG) will be provided to meet beneficiaries’ immediate food needs and other basic requirements. This CFW and UCG will help the beneficiaries to improve the dietary status during lean season. However the amount of cash remains very small in order to have an extensive impact; it is more to avoid that they will fall back on negative coping strategies such as reducing the number of meals and less food diversity. Through nutrition surveys at the beginning and the end of the project ACF collects data on dietary diversity and food consumption score and ACF will monitor the same parameters at the end of the CFW activities in order to measure impact.

Potentially excluded or highly vulnerable community members such as beneficiaries with special needs (Pregnant and lactating women, elderly, person with disability, chronically sick persons etc.) will be entitled for Unconditional Cash grant as they are not able to take part in the CFW.CFW schemes will be selected through consultation with Block Management Committee and Camp Management Committee. After primary selection of the proposed CFW activities, project staff will check the feasibility of the proposed CFW activities to make sure that the CFW schemes will benefit the highest number of KMS population. The proposed CFW activities should be linked with internal drainage cleaning and repairing, repairing connecting roads for easy movement, de-sludging, tube well and latrine repairing. ACF and its local partner will build capacity of the BMC and will engage them in the implementation of the CFW activities to develop some level of ownership so that they will take care of the CFW schemes for maintenance and cleaning. However, we should be aware that ownership development will be very much difficult because of current government policy, conflict with local musclemen and registered refugees, vandalism and security and rumour on shifting the refugees to different locations. Another barrier is the mind-set of the refugees that it is outsider’s responsibility to maintain the infrastructures for them, they think they are not responsible for it.* **Income Generating Activities (IGAs) – to be implemented in the second phase of the project:** Livelihoods Cash Grants (LCG) will be distributed to implement Income Generating Activities (IGAs); IGA business plan development, training and technical assistance will be given for IGA implementation. During the previous ECHO project the identified IGA options which were running well and are providing a good level of income for the households were small businesses like barber shop, mobile flexi-load shop, scrap collection and selling, fishing net making and selling, ferrying home-made foods, fish and vegetable selling in local markets and inside the camp. Rickshaw and van pulling, tailoring etc. were also found to be potential IGA for the beneficiaries. The best practices will be used and replicated during project implementation in following years. The successful IGA beneficiaries will be identified and used as resource person to train the new IGA beneficiaries in the following year (peer training).
* **Health, hygiene and nutrition promotion:** Awareness raising sessions, counselling for assisting behaviour change will be organized by the project staff with support from Block Management Committee and Model Mothers. Later on, after proper training, those Model Mothers can provide peer education on the same subjects. The distribution of IEC materials on dietary diversity, health and food hygiene will help with transmitting the important messages. Menstrual management kits, consisting out of a bracelet (specialized for demonstrating menstrual cycle), Cycle chart and some coloured beads for calculation of period, will be distributed for better health and hygiene for mothers and adolescent girls of targeted households. A woman will receive complete training on the usage through 3 sessions where BCC materials and other supporting materials are used.
* **Gender and protection:** ACF gender policy promotes active participation of women, girls, boys and men in formulation and implementation of interventions. ACF also strongly believes that, “women and men should have equal rights and entitlements to human, social, economic and cultural development, and an equal voice in civil and political life”. To mainstream gender, the programme will give emphasis on recognising the different needs and rights of men and women and will try to address it during program implementation. It is in line with the International Development (Gender Equality) Act 2014. Moreover ACF is working on an operational strategy to integrate mainstream protection into our actions. More general household members and community people (both men and women) will be more sensitized on gender based violence and protection issues through awareness raising and counselling sessions. This is one of the actions to mainstream gender and protection throughout the project activities. The cash grant under this project will contribute to help the already vulnerable and disadvantaged refugee community living in KMS to avoid adopting illegal, unsafe or risky livelihoods practices or strategies. Because the project will give an alternative livelihood option, vulnerable groups especially women and adolescent girls will be less exposed to exploitation such as abuse and mistreatment.
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| **5. Are these activities flexible and if so, how?** (e.g. geographically, scale etc.) |
| * Yes, these activities are flexible to scale up beyond the makeshift settlements such as different unions of Ukhiya, Teknaf and Moheshkhali; where thousands of undocumented Rohingya refugees live. Their presence has some impact on the deterioration of food security situations of the low income groups of villages, since they compete in local labour markets. Though some efforts are underway, there is need for significantly more work in meeting the host population needs as well. The outcomes of recent Rohingya headcount still pending, it is estimated that around 300,000 Rohingyas live in Cox’s Bazar district alone and most of the concentrated in Teknaf and Ukhiya Upazillas.
* In the event of a need for scaling up action, say a natural disaster like an earthquake or cyclone both of which are common in the region, ACF remains ready to adapt the programming scale and mode. There will be little modification required, depending on scale of emergency, as cash is an accepted and faster means of delivering aid in a middle income country like Bangladesh. Adaptive management of scale and type of programming in all sectors, are crucial and tested multiple times in the past including in the case of recent cyclone, Roanu, where ACF scaled up response in two unions in Cox’s Bazar, initially with START fund support and subsequently with ECHO assistance. This included response with Cash for food and shelter support and subsequent support for livelihood recovery.
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| **6. Can the proposal be split into component parts, or is it an integrated approach where the components will only work together?** |
| * Based on ACF’S experience on the multiple causes and factors related to under-nutrition and food insecurity. It is an integrated approach where the components will work together but they are designed to be able to be operated as components if needs arise. The project includes *‘soft’* activities such as education on child care practices and hygiene promotion with food security and livelihoods components in order to address the behaviour related issues of health and food hygiene and dietary diversity. ACF’S other WaSH, Nutrition, Mental Health and Care Practice programmes will work with Food Security and Livelihoods programmes in material development, session designing and implementation of awareness raising and behaviour change activities. The program will also provide support for monitoring of the dietary diversity and hygiene situation in makeshift sites through regular survey throughout the project period.
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| **7. How will the project be implemented and what are the advantages of this method?** **Please describe your relationship with partners and their experience and capacity.** Delete as appropriate. |
| * **Working through partners:** The project will be implemented through ACF’s local partner NGO, Mukti. ACF will provide all technical support and build capacity of Mukti staff to make sure that the project is implemented timely, efficiently and effectively. Mukti is since 2 years, the Local Partner NGO of ACF for Food Security and Livelihoods program in Cox’s Bazar. Their work and activity implementation in KMS has been very satisfactory for the ECHO supported projects. No major issues were found during the financial audits and their performance is very good. Moreover they maintain very good relationships with the local authorities, the camp management as well as the beneficiaries. A support evaluation has been done recently which will give an idea where Mukti will need and want further support for capacity building from ACF. Based on their experience, network, knowledge of KMS and capacity, ACF has proposed Mukti as the local partner NGO for this project.
* **Scaling-up/alteration of existing work programme:** ACF implemented a similar intervention as a pilot in the Kutupalong Makeshift Settlements (KMS) in 2015 with funding support from ECHO. In 2016, ACF made some modifications, for example, in terms of the type of cash package provided, based on the pilot 2015 experience. Under this new project, these existing activities will be scaled up.
* **New project with pre-existing contextual knowledge/local relationships:** With ACF’s longer term presence in both registered and unregistered refugee camps, ACF has gained practical knowledge on the camp and the makeshift contexts which enables ACF to better implement the proposed interventions. ACF has established very good relationships with camp authorities, camp management committees and other local stakeholders; this has created an enabling environment for ACF to implement these types of interventions. ACF’s local partner Mukti achieved good activity results in KMS since the beginning of 2015 and permitted ACF to reach the set objectives.

ACF has conducted an endline survey at the end of the intervention completed in March 2016. According to the survey, project beneficiaries managed to increase their monthly income by 60% as a result of engagement in different income generating activities through the ECHO project. IGA business plans were developed for the selected beneficiaries and according to the project monitoring almost all of the beneficiaries managed to implement the IGA according to their proposed business plan. It has created some sort of self-confidence among the beneficiaries that they can maintain their own income generation if they get appropriate support. Also, the CFW activities contributed a lot in improving the drainage system inside KMS which improved the general living conditions in the makeshift camp.Based on the result of KAP survey in end of 2015, more than 36.7% of the KMS population were aware about all prevention practices for diarrhoea contamination. From the questioned camp dwellers 61% mentioned that they have knowledge on water contamination and 60% mentioned that they have knowledge on hand washing at critical times (before eating, after defecation, after washing child bottom, before cooking and before feeding children/serving food). This is an indication of effectiveness of awareness raising sessions. The content of the sessions is in line with the strategy and packages the GoB provides. |
| **8. How will you procure goods/equipment and what’s the rationale for that method?** |
| * **In country/locally (including plans for market assessment):** Components of the menstrual management kits will be procured in country and kits assembled by Mukti before distribution. This is considered essential for hygiene education and continuation of practice and consistent with similar projects (previous project with ECHO) carried out in official camps or host community.

Local markets are accessible for the KMS dwellers and there is ample supply of essential commodities being a good diversity of food items and other basic essential items. * **Provide cash/voucher:** The project will provide cash to the targeted households for meeting the need of food and other basic requirements. The project will also provide cash to the same beneficiary households to start suitable income generation activities according to their skills, choices and opportunities. ACF has opted for cash based intervention for three reasons. Firstly, although there is official restriction of movement of the KMS dwellers to other locations, they can access local markets and there is ample supply of essential commodities in local markets from where they can buy food and other basic essential items. Secondly, ACF’s past project experience suggests that the targeted households choose a variety of options as income generating activities. All necessary materials and goods required to start IGAs are available in the markets and they can buy these materials from local markets. Thirdly, ACF wants to keep a low profile visibility of the project to avoid any unexpected tension created by the host community. It would be difficult to keep low profile visibility if ACF opted for in-kind support.
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| **9. How will you co-ordinate during the project and with whom, including links to UN, national government and other responders?** Please limit to three bullets. |
| * **National and local level Government agency:** A good coordination mechanism exists at national and Cox’s Bazar district levels with different government ministries and departments. The Ministry of Disaster Management and Relief (MoDMR) is aware of ACF’s makeshift settlement activities and is willing to provide support. A MoU with the Ministry of Health (IPHN/NNS) has been signed by ACF for interventions delivered through regular health system strengthening. The Foreign Ministry has been coordinating with the actors who work in the makeshift camps and ACF participates at the coordination meetings regularly. ACF keeps the RRRC informed of the humanitarian situation in the makeshift sites regularly. ACF also maintains regular liaison with the District Commissioner (DC) and UNOs. The DC of Cox’s Bazar and UNO of Ukhiya Upazila are aware of ACF’s programmes and activities in the makeshift site. ACF has regular contact with security agencies who are investigating NGO work. ACF has been leading the WaSH cluster in Cox’s Bazar and keeps close collaboration with DPHE. ACF also has a close relationship with the Agricultural Extension departments and Fisheries and Livestock departments in Cox’s Bazar district.
* **UN agencies, INGOs and other stakeholders:** ACF has been maintaining close coordination and collaboration with all relevant stakeholders such as UNHCR, WFP, FAO, UNDSS, UNFPA and UNICEF. As per the Government’s Rohingya Refugee Strategy, 2014, the International Organisation for Migration (IOM) is the leading organisation of the National Taskforce for all undocumented Rohingya refugee related operation coordination. As a result, ACF keeps continued coordination and communication and a positive relationship with IOM. ACF regularly provides briefings about the makeshift settlements situation to diplomats and senior UN officials visiting Cox's Bazar. ACF also maintains regular contacts with other INGOs such as MSF Holland, Care, Muslim Aid, Solidarites International and Start Network agencies.
* **LNGO partnership:** ACF's strategy is to build capacity of the local partner NGOs to be able to implement the activities required to address the need of the vulnerable population. ACF in coordination with IOM supports the capacity development of identified local organizations, with DFID support, to ensure that local NGO's are capable of providing quality services following humanitarian principles and minimum standards. ACF is the only INGO working with 3 local NGO partners in the Coxs Bazar district in health and nutrition, food security and livelihoods as well as water sanitation sectors.
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| **10. What are the expected results of the proposal?** Please limit to five bullets. |
| * 2,300 targeted households have immediate income through engagement in Cash for Work to meet immediate food and other basic needs.
* 716 households headed by elderly persons, persons with disability, widowed or separated women, pregnant and lactating women and chronically sick persons receive Unconditional Cash Grants to meet immediate food and other basic needs.
* 3,016 targeted households have increased/improved/alternative livelihoods options for regular income generation throughout the year, enabling them to diversify and increase their food security. (2nd phase if those related activities can be executed in accordance to the GoB directions)
* 3,016 Targeted households have improved knowledge food hygiene, dietary diversity and improved hygiene practices.
* 1600 mother and adolescent girls have improved health and hygiene through distribution of menstrual management kits and specific awareness sessions.

**Note:** All the 3,016 targeted households receive one cash grant (either CFW or unconditional but not both) **and** benefit from the cash grant to start up an income generating activity (IGA). |
| **11. What are the project risks and how are they being managed/mitigated?** Please include details on security management and staff welfare. |
| * **Threats/risk from local/ national authorities:** Most significant could be a change in government policy allowing international actors to implement projects in refugee settlement areas; however, this is not anticipated and is considered a low risk. Procedural delay in receiving formal authorisation from government is also a minor threat but anticipation and sustained communication and contact with relevant authorities and communities facilitate to minimize that risk. ACF works in Cox's Bazar according to the Government’s National Strategy on un-documented Rohingya, – in which the government has authorised the IOM to coordinate the activities of ACF and other agencies’ provision of humanitarian services among the undocumented Myanmar nationals in the Makeshift Settlement in Cox's bazaar.
* **Threats/risks for the implementation of livelihood/IGA activities:** Considering the current governmental context in restricting livelihood and more specifically IGAs in Cox’s Bazar, those related activities in the project would be executed during the second phase of the proposed project. In the meantime (already during phase 1) IOM if required with the support of ACF would engage in advocacy/discussions efforts around livelihood initiatives with the GoB in line with DFID’s policy commitments in order to enable the implementation of IGA during the second phase of this project.
* **Threats linked to HR and Supply:** It is very common to receive unethical requests and pressure from local community/stakeholders during recruitment and purchase processes. ACF limits any threats and risks by enforcing standard HR procedures to ensure a transparent recruitment process. On the supply-purchase side, ACF’s logistics, procurement and finance procedures are followed to avoid such issues. A strong complaint mechanism /whistle blower policy is also in place.
* **Gatherings/crowds linked to political agendas:** Cox's Bazar area can be affected by Hartals or other picketing from political miscreants – that may cause temporary inaccessibility in the project area. ACF closely monitors the political situation and remains alert in case of hartal/ demonstrations triggered by political parties.
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| **12. What monitoring, feedback or other systems will be used to ensure that the project delivers results? Be as specific as possible.** Please limit to three bullets. |
| * ACF already has benchmark information on impact and outcome indicators through its SMART survey conducted in December 2015. Benchmark information on output indicators will be captured in the beginning of the project through a baseline survey. An end of year survey will be conducted after completion of the year’s activities to monitor the outcome of the project. Results to date, lessons captured and feedback/suggestions from beneficiaries and stakeholders will inform decision-making and any revisions needed to the project in order to achieve the expected outcomes and results. Being, ECHO is one of the core donors for ACF in Bangladesh and financed the pilot project in KMS since 2015, ACF is hoping continued support from ECHO to implement the similar integrated project with targeted nutritional support and monitoring of the nutritional context. In this future project, nutrition surveys such as SMART and SQUEAC are incorporated in the activities.
* Continuous learning and activity monitoring will be carried out by Mukti and ACF staff. Additional data on dietary diversity and food consumption score will be collected at the end of the CFW activities in order to measure impact of that particular activity. ACF will apply the learning of first year’s project implementation in the following years. ACF will capitalize and document the best practices or successful cases as well as the encountered problems.
* KAP surveys and Focus group discussions will be conducted to assess changes in dietary diversity, hygiene practices and knowledge level on the key messages delivered through the awareness raising sessions.
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| **Funding requirements** |
| **13. What is the total amount of funds (£) requested? What is the cost per person reached and how has this been calculated?** |
| * The total amount of fund requested from DFID is 0.895 million GBP to reach 3,016 Households – 17,493 people in makeshift site
* Cost per person reached would therefore be £51.2 GBPper person. This has been calculated dividing total budget by total number of beneficiaries to be covered.
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| **14. Is advanced funding required?** If so, please give rationale. |
| * Yes, we are requesting advance funding in order to ensure immediate and timely set up and implementation of the project activities. We would like to request for a first instalment equivalent to the first quarter budget (forecast of expenditure will be provided) and thereafter quarterly instalments based on actual expenditure.
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| **15. How will this project provide good value for money?** Please limit to three bullets. |
| * **Integrated service delivery:** The project finances a critical component in ACF’s attempt at delivering an integrated package of services, which is critical to addressing the issues of food security and nutrition within the camps. The indicator like malnutrition rate has remained unchanged after sustained inputs at delivering food and other basic services, without addressing targeted support to vulnerable populations and creating income generating opportunities. As an integrated project, ACF is also able to offer a much lower support to program cost ratio than a standalone program or those implemented through UN agencies. This enables ACF to deliver a program with better economy and efficiency with no overlaps.
* **Community acceptance & speed** **of delivery**: Both ACF and the implementing partner already established a good relationship with the refugee population, management committees as well as local population & authorities. With already agreed and negotiated space existing, ACF is in a position to deliver these services much more quickly and efficiently than any others. ACF believes that cash transfer through CFW and unconditional cash grant can be started within 7 to 9 weeks of the project start. This demonstrates a flexible and efficient program.
* **Quality & Cost**: With very clearly assessed deficiencies in Bangladesh’s development oriented civil society groups, with respect to understanding and application of humanitarian principles, through its unique partnership strategy for Cox’s bazaar, ACF is able to deliver a high quality humanitarian program at a much lower than average cost for INGOs, in Cox’s bazar context. Close monitoring of programs are done by ACF MEAL team and efficiencies and outputs assessed on an on-going basis and continues the entirety of the project duration and beyond.
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| **16. How will funds be spent in the funding period, to ensure rapid response?** Please limit to three bullets. |
| * Funds will be transferred to the targeted beneficiaries’ households through CFW (2300 households) or unconditional cash grant (716 households). The amount for both grants is a total of BDT 4000 per household. Potentially excluded or highly vulnerable community members such as beneficiaries with special needs (Pregnant and lactating women, elderly, person with disability, chronically sick persons etc.) will be entitled for Unconditional Cash grant as they are not able to take part in the CFW. The daily wage rate for CFW is BDT 250 and they will work in general for 16 days so the total amount received will be BDT 4000. In addition, the targeted households will get menstrual management kits for better health and hygiene of the mothers and adolescent girls.
* During the second phase of the project: The same beneficiaries of the first phase (3,016 households) will be entitled to BDT 8000 for the Livelihoods Cash Grant to start suitable income generating activities. In order to be entitled to this kind of grant, the households will need to develop with the help of ACF/Mukti an IGA business plan. Later those households will receive training and technical assistance for implementation of that IGA business plan from ACF/Mukti. Then project staff will regularly monitor the progress of those IGA.
* Beneficiaries targeting process will be completed in earliest appropriate time to transfer 1st instalment of cash. Regular budget monitoring and Budget Variance Analysis (BVA) will ensure the most appropriate ways of utilising the fund.
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| **17. What alternative funding is available for this project? Have you approached other donors?** |
| * ECHO is one of the core donors for ACF in Bangladesh and financed the pilot project in KMS in 2015, with endorsement from local authorities and host populations. ACF discussed financing for scale up of the pilot with ECHO. They however financed only a part of the request and the remaining is now being funded by DFID. DFID humanitarian financial support is critical, given this is a protracted displacement situation and one of the most forgotten crises in the global setting. . We had discussed possibility of this funding with PRM (USG) as well, but it was not able to accommodate it due to budget limitations.
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| **Focus on disaster affected populations** |
| **18. What’s the total number of proposed people to be reached?** |
| * Direct: 3,016 household (17,493 beneficiaries)
* Indirect: 6,423 household (37,253 beneficiaries); total makeshift site population through improved drainage, improved connecting roads for easy movements and functioning WaSH facilities.
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| **19. Please describe the target (disaggregated) population; why have they been chosen; how will vulnerable people** (including older men and women and people with disabilities) **access aid and/or services? What targeted activates will be implemented to address the needs of marginalised groups? How have protection issues and gender been incorporated?** Please limit to five bullets. |
| * ACF will target in total 3,016 households (17,493 individual beneficiaries) in three years. Equal number of household (1,005) households equivalent to 5,829 beneficiaries – only ) will be targeted in each year. According to ACF’s current project database, the KMS population is comprised of adults (27.9%), elderly (9.3%), children of 5 to 17 years (34%), children <5 years (16.9%), widowed/ separated women (3.5%), persons with disability (1.4%), pregnant and lactating women (4.3%) and chronically sick persons (2.6%).
* During beneficiary targeting, ACF will give priority to the households having persons with special needs such as elderly, children <5 years, persons with disability, pregnant and lactating women, widowed or separated women and chronically sick persons.
* Households headed by elderly, persons with disability, pregnant and lactating women, widowed or separated women and chronically sick persons will be entitled to unconditional cash grant as they are physically not as able to do CFW.
* All beneficiaries household will be entitled to the livelihoods cash grant in the second phase of the project. ACF and its implementing NGO partner will give special attention to the beneficiaries with special needs to identify suitable income generating activities.
* Gender and Protection will be accorded with utmost importance and will be mainstreamed throughout the project implementation. Overall gender markers, specific social and cultural aspects affecting especially women will be taken into account and monitored (e.g. data disaggregation) during project implementation.

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| **20. How will the target population be involved in developing and implementing your project? How will you meet DFID’s accountability requirements?** |
| * ACF has conducted an integrated SMART survey in Kutupalong makeshift sites. This included a questionnaire survey to capture Food Security, Livelihoods and WaSH related issues. In addition, ACF conducted FGDs with male and female groups and adolescent girls to identify specific issues for each group. They also suggested some solutions to address these issues. The proposed intervention in the project is based on the recommendation of the KMS dwellers to address the issues related to food security and nutrition.
* As a humanitarian organization ACF is accountable to the affected communities as well as the donors. ACF and its implementing partner will follow participatory approach in beneficiary targeting. Beneficiaries targeting process will be comprised of block wise community consultation, door to door survey, primary list preparation and hanging it in public places to receive comments and complaints, and beneficiaries list will be finalised after responding to the complaints. Complaints and response mechanism will be set up for total project period. ACF will provide reports to the donors as agreed to inform about the progress and achievement of the project. Thus accountability will be ensured.
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| **Communications activities** |
| **21. Confirm how you will acknowledge UK taxpayers’ support for activities** (e.g. press releases, online channels, interviews from the field or in other contact with the media) **including using the UK aid logo?** |
| * Written and verbal acknowledgement of UK Aid funding and partnership will be ensured in all visibility initiatives throughout the project.
* Display of UK Aid visual identity in conjunction with ACF logo will be implemented in all programme assets and communication including and not limited to:
* Programme assets: UK Aid logo in hygiene & menstrual management kits (to be distributed under the project)
* Best practices and learning documentation: Best practices, case studies/human interest stories and learning will be capitalised by ACF and highlighted in the mission’s core communication materials.
* Publications (brochure/ flyer/ poster printed and electronic): capturing the generated best practices/lessons learned/case studies of the project will be developed for external audiences.
* Website & media: Capitalised best practices and learning will be uploaded and shared in ACF International website’s webpage for Bangladesh. Further, project highlights will be shared through social media platform (eg. ACF Bangladesh twitter account: @acfbangladesh). Special consideration will be undertaken while involving local press/media (eg. press release) to avoid and mitigate political tension and sensitivity around unregistered refugee population.
* Photographs: Photographs of project activities and powerful portraits will be documented by ACF and these will be utilised in future publications and communication materials.
* It is to be noted that political tension around refugee issue will be taken under consideration during visibility promotion of project activities in unregistered camps. Some interim disruptions could also be faced in relation to security management, where use of the logo/visual identity could increase the risk to staff or assets.
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| **22. Outline how you will support DFID deliver its own media and communications work** (e.g. contributions from the field including text, photographs, video and audio interviews)**.** |
| * Best practices, case studies/human interest stories and learning, along with photographs) will be documented by ACF and shared with DFID to ensure the impact of the project’s work is documented and exchanged with wider platforms.
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