UKaid
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PROJECT PROPOSAL TEMPLATE

SECTION 1: Details of Requesting Organization:				
Name of the organization:	Action Against Hunger			
Type:		UN Organization		NGO (National)
	X	NGO (International)		Other (Specify)
Registration number (if applicable):		Registration Date:		
Address:				
Date of submission of application:	17/12/2017			
Contact Details (for this Application):	Name:	Nipin Gangadharan		
	Designation:	Country Director		
	Work Address:	Orin Tower, House 23, Road 113A, Gulshan 2		
	Contact Number(s):	+88 01869 864 101		
	Email:	cd@bd.missions-acf.org		
Sectors of operation:				
Geographical area of operation:	Makeshift Settlements and surrounding villages in Ukhiya and Teknaf Upazila of Cox's Bazar district, Bangladesh			
Annual budget for the last two years in Bangladesh (USD):	Approximately 5,000,000 USD per year			
SECTION 2: Description of Action				
Project title:	Strengthening accessibility to integrated multi services centers and protection mainstreaming			
Project Duration:	6 months and 12 days			
Start date / End date:	19/12/2017 to 30/6/2018			
Project amount (in GBP & USD):	1,875,000 GBP or 2,516,779 USD			
Location of proposed intervention: (*Upazila/ Settlement/zone/block)*	ACF/IRC : Bagghona, Balukhali Makeshift, Chakmarkul, Kutapalong Extension D4, Moinnerghona, Tangimarkhola ACF/Friendship: Lombasyia, CC zone, BB zone, SS zone, TT zone Shushilan-PSS activities: Leda,Nayapara,Unchiprang,Kutupalong(Moynerghona,Balukhali) FIVDB: Hakimpara			
Project Beneficiaries: *(specify if households or individuals)*	Direct	100.000 persons		
	Indirect	All persons in the vicinity of the service centers		

Current field presence:
Describe your current field presence including details of current initiatives.

During the course of the current crisis and as part of the country strategy, Action Against Hunger has strengthen its partnerships with multiple agencies to ensure integrated multi service points easily accessible for the target population. Action Against Hunger has scaled up its response for the increased number of forcefully displaced Myanmar nationals; the team consist now out of 724 national staff and over 1500 Rohingya volunteers. The core areas where the organization is working on:

- Nutrition specific services (detection and treatment on nutrition and care practices) for SAM (in-patient and out patient) and MAM children
- Psychosocial and psychological counselling for children, adolescents and adults; linked with initiatives the contribute the an increased well-being
- WASH: installation of deep tube wells, construction of gender-segregatedlatrines and bathing facilities, hygiene-health promotion
- Cash based interventions: Cash for work schemes to improve the living conditions in the different sites, cash grants for families with PLW, SAM/MAM, unaccompanied children in "foster" families, disabled person, ...
- Food assistance through wet kitchen and now recently community kitchens

Action Against Hunger is implementing with the following partners:

- Friendship: their priority is to reach poor communities in areas that are otherwise inaccessible like the for the marginalised Char dwellers. Their work began by making healthcare more accessible to them by bringing the health care closer to the communities in need; their first action was to convert a barge into a floating hospital. Friendship's vision is a world where everyone will have equal opportunity to live with dignity and hope. Their core activities in the current Rohingya response are:
- Healthcare: The organization has installed Maternity Clinics, 8 Basic clinics, Mobile pathological services linked with

the clinics, mHealth (mobile app based healthcare system) and 9 health outreach teams (satellite clinics)

- Child/family Friendly space: Child Friendly Spaces are safe spaces where communities create nurturing environments in which children, adolescents, and pregnant and lactating women can be provided with psychosocial support, through an access to free and structured play, recreation, leisure and learning activities
- WASH: installation of deep tube wells, construction of gender-segregated latrines and bathing spaces and hygiene support

2. IRC: IRC and ACF are collaborating to provide six Integrated Multi-Sector Teams in OTP sites offering basic primary health care, sexual and reproductive health, nutrition and GBV and child protection services. IRC provides technical support, supervision and oversight on the primary health care, SRH, GBV and child protection services.

3. Shushilan and FIVDB: Both organizations are standing partners with Action Against hunger and have recently started activities in Cox's Bazar with hep of Action Against Hunger. Shushilan has around 10-15 staff now and has been implementing with the MHCP team of ACF, an outreach program to improve the well-being of people living in the makeshifts, transmit messages on psychosocial support services and signs of a person in need of such help. FIVDB has now 5-10 staff on the ground and is working with ACF on training and skill transfer of the more than 1500 Rohingya volunteers that are working for ACF.

Humanitarian context analysis/needs assessment in the locations proposed:
Description of the current humanitarian situation in the specific locations where this project will be implemented including the results of your most recent assessments. Please describe other response activities happening in the proposed location and how this project will complement existing efforts.

Violence in Rakhine State which began on 25 August 2017 has driven 647,000 Rohingya across the border into cox's Bazar, Bangladesh. The speed and scale of the influx has resulted in a critical humanitarian emergency. The people who arrived in Bangladesh since 25 August came with very few possessions and have used their savings on transportation and shelter (bamboo and plastic sheeting). They are now reliant on humanitarian assistance for food and other life-saving needs. From the beginning of this crisis also the already settled refugees as well as the Bangladeshi community have shared their food and space with the new arrivals. Population movements withing Cox's Bazar remain highly fluid, with increasing concentration in Ukhia, where the government has allocated 3000 acres. People have begun arriving at the new, proposed site before infrastructure and services can be established. Crucially there is limited access to the sites and no roads through; this is preventing the development of infrastructure including water and sanitation facilities. Basic services that were available prior to the influx are under severe strain but new services points are being installed as we speak. The difficulty all actors are facing is that the services are running behind with regards to the installation of new settlements/locations/zones. Currently many of the services are concentrated in a few areas whereas the rest of the locations have very limited access to services.

Three (3) Emergency Nutrition and Health Assessments (October – November 2017) implemented by Action Against Hunger together with UNHCR, WFP, UNICEF, Save the Children and the Centers for Disease Control and four (4)Prevention and Health surveys in Kutupalong and Balukhali (October- November 2017) showed a prevalence of acute malnutrition among all children 6-59 months of age significantly exceeds the WHO emergency threshold (15%); particularly in Kutupalong refugee camp which was assessed earlier in the response and days after a large influx of new arrivals. All three surveys indicate that nearly half of children suffered from anemia (Hb<11.0g/dL), represents a severe public health problem according to WHO threshold (40%). In addition, data from a two-week recall of diarrhoea, acute respiratory infection, and fever are concerning indicating a high disease burden among children under five[1]. Overall, one third of respondents self-reported ill health in the two weeks prior to the survey. The most common reported illnesses were fever (66%), respiratory diseases (35%) and diarrhoea (15%). Overall, 49% of those who were ill sought healthcare from a clinic with a higher proportion of the pre-existing residents (67%) seeking healthcare in comparison to the new arrivals (46%). Reasons not to utilise healthcare services included lack of money (42%), geographical barriers (26%) and a lack of time (20%)[2].

The Rohingya population in Cox's Bazar is highly vulnerable, having fled conflict and experienced severe traumatic experiences and now living in extremely difficult conditions. In addition to the serious protection issues shared by all age groups (of which current statelessness is one of the most prominent), the most urgent child protection issues to be addressed are psychosocial distress, separation of children from their caregivers, child-headed households and child carers, gender-based violence (GBV) including high risks of rape, sexual assault and widespread child marriage, as well as the high risk of child labour and trafficking. Child Protection agencies have already registered 2,462 unaccompanied and separated children. But with most key informants,

[1]ACF Emergency Health and Nutrition assessments
[2]MSF Health survey

within all settlements, reporting knowing of children who are either missing or looking for their parents this number is likely to be far higher . It was shared by the social services of department of Government that there are more than 35000 children who has been identifies unaccompanied, seperated or child headed, have been registered who needs specific support. In general, Cox's bazar context is prone to child protection issues, as according to the report of State of Child Rights in Bangladesh, a total of 49 children rescued from trafficking and the highest number (15) were from Cox's Bazar in 2016. After the August influx it has been observed that there is a huge need of safe spaces especially for women and young girls who were forcedly displaced from Myanmar. As they do not have belongings and in many cases they are not accompanied with key family members and also they have lack in having secure place where they can have their common sharing and allow them to have their own thoughts ,the need for a women friendly space/safe place is huge for them. ACF is an active member of GBV Sub sector group under protection sector and has a referral system in place in Kutupalong regarding specially managing the child cases of Gender Based Violence. As requested by Coordination group and technical support of Coordination group and IRC, ACF is willing to fill the gap of women friendly spaces on new settlements (Zone XX).

Based on data derived from the ISCG and the WASH Sector Cluster the main challenges and gaps remain the lack of sufficient availability of WASH services, physical access within the new sites and the scaling up of the emergency response, considering the high level of congestion, over bordening of exsiting facilities also in the host communities, which results in gaps in construction and quality to meet the emergency and for the second and tertiary phase standards. Based on the needs reflected of the Humanitarian Response Plan the target of the WASH Sector is 1,166,000, out of which 853,309 are targeted for Water, 914,899 for Sanitation and 1,166,000 for Hygiene. Total estimated gap for immediate WASH services (total needs minus total response): 524,471 comprises of individuals. To reduce the public health risk, there are large number of nonfunctional latrines and tube wells, which urgently need to be decommissioned and repaired/relocated.
In general the physical access within the new sites is a major concern in scaling up the WASH emergency response. Ensuring the distribution is taking place in conjunction with the hygiene promotion activities is proving to be an additional challenge overburdening existing facilities; complicating access for emptying latrines is increasing the public health risk in these sites. Faecal sludge management therefore remains a high priority for the WASH Sector.

Details of the proposed interventions:
Description of the project activities that will be undertaken including reference to how the differential needs, concerns and priorities of women and girls, men and boys of different ages and disparities such as disabilities will be addressed.

Action Against Hunger was already increasing its response capacity and has currently 16OTP centers, 1 mobile team and 3 stabilization centers running in the refugee camps, makeshift settlements and new settlements. At the same time we are also looking at integrating more services out of one center and therefore ACF has strategic partnership with Friendship and IRC, who will add health, child protection and GBV to the already existing nutrition and MHCP/MHPSS services of ACF. In order to address 2 other important gaps, ACF foresees firstly to strengthen the health and hygiene awareness activities to improve the health seeking behavior in collaboration with Friendship, IRC and FIVDB; secondly to strengthen protection mainstreaming and specific activities for women and children by installing women friendly spaces.

1) Integrated multi service points (ACF/IRC/Friendship): Services will be delivered by the integrated team at each of the 11sites; Out-patient Therapeutic care programme (OTP) for severely malnourished children without medical complications, and referral of severe cases to the nearest stablisation centre, Care practices and Infant and Young Child Feeding (IYCF) counselling and promotion, Basic first aid and basic primary healthcare services for adolescents and adults, Integrated management of neonatal and child illness, treatment of uncomplicated common diseases in children, with referral of severe cases to the nearest health facility, sexual and reproductive health (availability of components of the Minimum Initial Service Package (MISP) including family planning), screening and treatment for Sexually transmitted infections (STIs), Clinical Care for Sexual Assault Survivors (CCSAS), antenatal care and postnatal care and referral for facility based delivery, Outbreak preparedness and response: health and hygiene promotion, early warning system daily surveillance, safe identification of children who have experienced abuse or violence, unaccompanied and separated children and other vulnerable children and provide child-centred support for them through psychological first aid, ongoing support, and referrals to appropriate services; support to caregivers, women, girl-, survivor-centred support for women and girls who disclose experiences of violence by providing psychological first aid, crisis counselling, risk reduction and safety planning, information provision, and safe and confidential referrals to other services; conduct age-appropriate, women- and girl-centred risk reduction, PFA and information provision activities. They will also conduct exit interviews with those receiving services to consult with them on how the experience was for them (feedback) and to be able to provide them with consistent information about the more discrete services provided at the site/by the team.
   For Frienship the model of medical assistant-based healthcare services is also in practice successfully in other locations. Friendship is already operating more than 30 such medical assistant-led healthcare teams providing services both in the north and the south of Bangladesh. In Bangladesh, primary healthcare services are being

provided following this model in 4,500 healthcare and family centers at Union level across the country. This is mainly due to the unavailability of qualified doctors in hard to reach areas or anyone willing to go to these areas and the inability to afford multiple doctors. The medical assistants are well trained on anatomy, physiology, pathology, community medicine, etc. and are able to provide the necessary primary healthcare services at community levels. Thus, recruiting full-time doctors will be superfluous. 3 Satellite clinic teams will be connected with the existing Friendship basic clinics with minimum initial service package with emphasis on family planning, old age people, nutrition surveillance, personal hygiene issues at the door steps: General Treatment of communicable diseases and limited curative care, Paediatric Care including immunization, ARI, diarrhoea and limited curative care, reproductive health care including ANC, PNC, family planning and STI/RTI; health Education/BCC and Growth monitoring.

2) Installation of Women friendly spaces (ACF/IRC): The aim of the space is to provide women and girls a place where women and girls can go to at any time to feel safer and empowered and have access to information, education, recreational activities, support and services. It will help them to recover from violence, form networks and access support, safety and opportunities. These are often integrated spaces offering a range of services including resources, information, social networks, to essential and discrete clinical care and sexual reproductive health services. The spaces will be in the community, culturally appropriate and tailored to the context. The space will be used for various activities such as: GBV case management, individual or group counseling, psychosocial support, safety planning and risk reduction, NFI distribution, recreational activities. Information on critical issues can be shared in these spaces such as where/how to access humanitarian services and information on sexual and reproductive health, legal rights, childcare, and GBV prevention and response. The safe space will promote women's protection and empowerment and help mitigate risk of GBV. ACF will construct/establish 2 women friendly spaces in new settlement area and under the technical guidance from GBV coordination group and IRC, ACF will run the women friendly spaces. The organization will follow the technical toolkits finalized/followed by GBV partners. Each Space will have Manager, 1 project Officer(Psychologist),3 Assistant project officers and 2 Psycho social Assistants. For safety measures, there will be volunteer and Guards 24/7.Each Space may accommodate 20 beneficiaries at a time.

3) Promotion of well-being and awareness raising: Since August 25th as there are huge influx of refugees, the camp areas continue to experience a lot of vulnerabilities; especially within the new settlements. The rohingya refugees are experiencing extreme hardships regarding wash, health, hygiene, protection, maintaining care practices and psychosocial wellbeing. So it is important for the population to access to key messages addressing these issues to support prevention and healthy care practices. 9 Members from Sushilan provide music, singing, magic tricks and interactive activities in order to dissemination of key messages on well-being, MHCP,IYCF, hygiene, nutrition and protection through a participatory recreational program.

4) WASH: ACF in terms of their WASH activities, will align their approach, methodologies to those of the WASH Cluster Guidelines and strategy for 2018. ACF is an important player in WASH with a long standing presence in Ukhia and host communities (Teknaf) and have worked for the implementation of hygiene promotion activities with NGOs to increase the ownership. ACF is co-cluster lead with UNICEF as cluster lead for WASH. During the intial phase of the refugee cirses ACF constructed approximately 4,000 latrines, 60 deep tube wells, and provided 25.000 NFI kits including emergency shelter and hygiene kits. To increase the access to drinking water an additional 100 DWT are planned to be constructed soon. As part of the sanitation responsibilities, ACF, is the focal point for desludging in EE block and currently has desludged 2500 cubicles. This number is considering the huge needs not sufficient and should be rapidly be scaled up in terms of human resources; volunteers, equipement; pumps, and depostie sites or ponds. It is pertinent that full latrines, are decommissioned, or upgraded and replaced by semi-permament latrines, which will need less frequent desluding on average once per 15 days based on the assumption that 20 pp make use of one latrine. For the camps and spontaneous settlements one latrine block will consist of 5 latrines, 2 for male, 2 for female and 1 for children. In host communities were there is less conjestion a latrine block will consist of 3 latrines. Overall, ACF ensures that all sanitary facilities will include handwashing facilities, and regular cleaning is done by volunteers. ACF noticed that women in camps face access difficulties to sanitation facilities especially at night, to improve these protection aspects, installation of solar lights are being piloted. To improve overall hygiene conditions, ACF strongly believes that OTP's, SC, CC's and other nutrition centers are equipped with basic sanitary latrines, safe drinking water facilities and that HP messages are spread, through IEC material. Given the tremendous WASH needs, ample capacities, also for maintenance and repairs, ACF advocates and looks into adjustments in designs that can be constructed in a shorter time-frame for example latrines with sceptic tank and which have the benefit of not consumimg a lot of space. In addition, knowing the context of Bandgladesh, ACF knows that the kamp and host communities are yearly exposed to heavy rains and cyclones, these risks are factured into the design of the facilities.

Volunteers will be used for latrine cleaning and small maintenance repairs; 10 volunteers in the host communities and18 volunteers in camp and spontaneous settlements. For this intervention the target area is 4 to 5 blocks and host community in Teknaf and surroundings. The following activities will be undertaking to address the acure needs: Sanitation activities are geared towards regular maintenance, upgrading exisiting toilets and hand washing facilities and desludging:

- 13 Newly constructed latrine blocks in camps and host communities in the CC's (8x 5 + 5 x3 = 55 latrines)
- 13 Newly constructed latrine block will have solar lights to address protection concerns for women
- 40 latrine blocks are upgraded in camps serving 4,000 BNF's (40 x 5 = 200 latrines x 20pp/ latrine)
- 300 (225 +55 =285) latrines will be emptied every 15 days, by three teams with 5/6 additional pumps
- 2 block of latrine will make use of 1 desludging pond which means that 26 ponds are needed
- Treatment of ponds with lime will be piloted in 2 ponds, approximately 500 kg of lime is needed for 1 pond
- 40 +13 = 53 latrine blocks will have functioning WASH facilities and soap (60 x8 pieces x 3 months = 1440 approximately 1500 pieces) water of nearby wells will be used in for handwashing
- HP sessions will be held 1 x month per CC in 3 host community locations
- Regular HP sessions for male, female groups will take place in the camps/ spontaneous settlements
- Day of observation will be celebrated and includes different HP activities; World Water Day in March 2018, rally, games, mass awareness sessions (mainly in schools and camp level

5) Fuel friendly stoves as a protection activity: As part of a protection activity to reduce the risk of GBV, FIVDB wants to indtroduce fueld friendly stoves. A team will training volunteers/staff to make the Bondhu Chula or fuel friendly stove containing a filter, chimney and cap. The design helps to pass wind from two steps and burn the fuel accurately. It also takes the smoke outside the room, to evade any damage.Benefits of Bondhu Chula are :

- It reduces fuel cost by 50%
- Keep the room smoke and pollution free.
- Keep health safe
- Does not create black coal marks on utensil.
- Quickly cooks.
- Helps to prevent deforestation
- Prevent excessive Co2 pollution.

Details of the downstream partner(s). *Who are the organizations that will be involved in delivering the results of the project.*

Downstream partner – Tier 1	Site/ Zone	Sector(s)	Budget allocated – Tier 1	Downstream partner – Tier 2	Site/ Zone	Budget allocated– Tier 2
Freindship	Lombasyia, CC zone, BB zone, SS zone, TT zone	Health, protection	$502,726	N/A		
Shushilan	Leda, Nayapara, Unchiprang, Kutupalong (Moynergho na,Balukhali)	protection	$36,926	N/A		
FIVDB	Hakimpara	protection	$103,951	N/A		

Identified Implementation risks and mitigation plan:
Description of the implementation risks identified and plan of how these risks will be mitigated.

Assumptions
- Access guaranteed and no additional shocks occur
- Social cohesion among communities exist
- No degradation of the security context
- Acceptance by local authorities and power brokers

Risks
- Access issues due to physical/geographical issues
- Human resources are available to implement and supervise activities: Currently there are many agencies recruiting medical and psychosocial staff. Existing trained and experienced staff might leave for better opportunities and higher salaries, which

might hamper the implementation of the activities. In addition it's a challenge to identify capable candidates for the HR required for a quick scale up. Therefore ACF provides specific training followed by on job supervision and on job training for newly recruited staff to enable them to implement the activities. For Young women not orginal from cox, ACf provides lodging for the first 14 days.

- Good coordination between partners to ensure coverage and avoid overlap: Action Against Hunger coordinates with partners regarding the location of service sites through the sectors (GBV, WASH and Health), ISCG and bilateral coordination to ensure good coverage and avoid overlap. However, there is a need to further strengthen coordination at settlement level and Cox's level to ensure detection, referral and treatment of cases
- Access to beneficiaries is not hampered- permission by GoB to work in the settlements, road are accessible to ensure supply delivery and staff movements
- No Major Population Movements: It is expected that in the coming months the new arrivals will have settled down in the new settlements and the zones that have been allocated by the government. In the meantime, population might be moved to other areas to decongest settlements. This might impact the nutrition treatment programme as beneficiaries will move and default from treatment. Therefore coordination between partners is essential to ensure that beneficiaries are able to continue nutrition treatment in the new settlements and zones. Also the Mobile OTP will be able to adjust the treatment locations according to the movement of the population.

SECTION 3 – WORKPLAN

Include a work plan with clear indication of the specific timeline for each activity

Activity description	Timeframe																			
	MONTH 2				MONTH 3				MONTH 4				MONTH 5			MONTH 6				
	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20
Output 1: Integrated multi services points with health, MHCP, nutrition, protection, GBV																				
Activitiy 1.1 installation of the basic and satellite clinics at 5 sites																				
Activitiy 1.2. running of the services in 11 sites																				
Output 2:Safe space is accessable to most vulnerable adolescent girls and women to reinforce protection																				
Activitiy 2.1 installation of services																				
Activitiy 2.2 running of the services																				
Output 3:Improve basic sanitation facilities and personal hygiene practices in camps and host communities and address protection issues for women/ adolescence girls																				
Activitiy 3.1 Renovation and construction of latrines, including lightening																				
Activitiy 3.2. Operation and maintenance of latrines																				
Activity 3.3 Regular desludging of latrines																				
Activity 3.4 Regular HP activities																				

SECTION 4 - CROSS-CUTTING CRITERIA

All proposals submitted must demonstrate compliance with the following cross-cutting criteria.
Describe the relevance of the proposed project to each of the given criteria below.

1. Value for Money	• Integrated service delivery: ACF and its partners offer an integrated package of health, nutrition, MHCP/MHPSS, GBV, child protection, FSL and WaSH activities. Thus it will be able to provide benefit to a wider number of beneficiaries both directly and indirectly. As an integrated project, Action Against Hunger is also able to offer a much lower support to program cost ratio than a standalone program. This enables Action Against Hunger to deliver a program with better economy and efficiency with no overlaps. • Community acceptance & speed of delivery: Both Action Against Hunger and the implementing partners already established and have a good relationship with the refugee population, management committees as well as local population & authorities. With already agreed and negotiated space existing, Action Against Hunger is in a position to deliver these services much more quickly and efficiently than any others. • Quality & Cost: Because we have already existing structures in place, the percentage of overhead and support costs become less concerning the volume of activities and the impact. On top of that, Action Against Hunger tries actively to engage with other complementary stakeholders to enable provision of multi sector services within one service point.
2. Resilience	ACF's strategy is to capacitate the local partner to be able to implement the activities required to address the need of the vulnerable population. ACF in coordination with other organisations will support capacity development of identified local organizations to ensure that local NGO's are capable of providing

	quality services following national standards. With this new emergency more local and international partners are or will be involved in the implementation. ACF has asked two of its national partners, at the moment not present in Cox, to send emergency teams to help ACF's team on the ground to scale up as quick as possible. To get presence and help with the implementation in Cox's Bazar and more particular in the makeshift sites (as part of the government localization push), this was part of a larger scale strategic plan between ACF and its some partners, which is now moving ahead much quicker then initially foreseen.
3. Participation	Regarding accountability, community awareness sessions are prime opportunities to consult and discuss with communities ideas on how to effectively and efficiently tackle malnutrition. Communities are not directly involved in the design of intervention yet their feedback is considered and integrated throughout the project process as they are the ones who can ensure the success of a program. During community meetings, Focus Group Discussions, community awareness and day -to-day, formal and informal discussions with mothers and caretakers will be organized to gather their perspectives about the project and identify key challenges. Feedback from the population regarding the services offered in the nutrition centres especially are taken into consideration for the adaptation of those services to the interest of the beneficiaries. ACF has also a DEPP project called "Communication with Communities" which looks at enhancing 2-way communication into programs. The specific feedback mechanism and path to integration of feedback has been determined in the MEAL framework.
4. Coordination	Action Against Hunger plays an active part in the coordination and scaling up of the humanitarian response. As an active member of different clusters (WASH, Nutrition, Mental Health and Care Practices (MHCP)/Health, Food Security Livelihood, Child protection, Health, CwC), the team has contributed to the development of the Humanitarian Response Plan. The proposed project is therefore a part of the HRP and the larger integrated program that Action Against Hunger is implementing. The current coordination mechanism of ISCG (inter sector coordination group) under IOM is still in place, however UNHCR and OCHA are playing more prominent role within this mechanism. ACF has a large direct implementation capacity but also works through strategic partnerships to complement and reinforce capacity. Friendship, IRC, Shushilan and FIVDB are partners. Friendship, Shushilan and FIVDB are doing direct implementation while IRC is a technical partner to strengthen GBV and protection actions and mainstreaming.