

## Final Report

Administrative Information	
Appeal Name	Joint Response of ACT Alliance Nepal to the Second wave of COVID19
Appeal ID	NPL211
Country	Nepal
Appeal start date	1 June 2021
Lifespan of Appeal (months)	12 month 12 months - Start date- 1 June 2021 - End date- 31 August 2022 (Proposed)
Reporting period	June to January-2022
Members involved in Appeal	CORDAID, DCA and LWF

### **Section 1: Change and Amendments (max.500 words)**

*A) Please write any changes in the operational context from the original situation which leads to challenges or constraints faced that influence the ability to implement the project and reach the planned targets.*

*\*Please note that this is a cut and paste from the last tab on the situational reports (SitReps)*

Amidst COVID 19 pandemic, the project has been successfully being implemented by all the partners of the requesting members. The third wave of COVID-19 in Nepal led by the "Omicron" variant became the main challenge for smooth implementations of the planned activities on timeline. The first case of Omicron variant in Nepal was recorded on 6th December 2021 and the government enforced preventive measures including strict enforcement of the COVID safety measures including closure of schools and government offices. It led to challenges in implementation of WASH in school activities and coordination with health and government officials. Many staffs among the implementing organization and the requesting members were also affected by COVID-19 omicron variant which caused the delay in implementation of the activities. As the government health officials were busy in vaccination campaign and had many other priorities, it has been difficult to coordinate with them; mainly training to MHPSS activities were halted due to this. The needs of the health facilities were constantly changing and the exact needs were hard to get from the officials. So, the support to health facilities were also slowed down. As the Government of Nepal has strictly advised to follow the COVID protocol, some of the activities were not possible to carry out.

It has been fortunate that the third wave of COVID-19 has not put an extreme pressure on health facilities like the previous wave. The priorities of the community, health facilities and other institutions are more focused on support which can be sustainable rather than emergency support in the recent time. In such context, in some of the working areas community preferred sustainable livelihood activities and community water supply projects than the food

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distribution activities. The WASH in school activities are designed and implemented in such a way that it supports in sustainability of the WASH governance in the supported schools. The WASH facilities in the supported health facilities were also found vulnerable and many health facilities also sought support in that sector in the later stage. These kind of added activities and the demands from the community has been welcomed by the project and has been incorporated in the project activities. In the same time, Nepal experienced flood in the Sudurpaschim province and some part of Lumbini Province. The project also incorporated the activities to response in coordination with other ongoing projects within the organization.

Despite such challenges, the project has taken different alternative approaches which made possible to achieve the objectives and implementation of the the planned activities. The changes in nature of the activities which have been done are as per the demands of the community, schools and health facilities. These kind of flexibility and working modality as per the need of the community and institutions has been well taken by them.

*B) Please describe and risk management / risk mitigation measures put into place to deal with the change in operational context; i.e. what decisions were taken and actions put into place to ensure that successful project implementation despite the changes in operational context.*

In terms of handling the third wave and its impact on project activities, all of the staffs followed proper GON prescribed COVID-19 prevention protocols while implementing the project activities and interaction with the community and concerned institutions. Beside that, the affected staff from COVID-19 followed the isolation protocols in place and only returned to the community after they were healthy.

The close coordination and collaboration with the local stakeholders were maintained via phone, email for mobilizing the existing community and government structure for implementing the activities. The needs of the health facilities and schools were assessed regularly and with the continuous coordination with the concerned stakeholders, the required assistance was provided. The ownership and dedication for the sustainability of the support provided by the concerned stakeholders were assessed during the assessment while providing the support.

For the changes of activities as per the community need, the project has taken those feedbacks very well. In close engagement with the community people and local government and other concerned stakeholders, the activities were discussed and the implementation plan was put in place so that it does not hamper the project. Along with this, the mid term review reflection of the project provided the overview of the project and also discussed on the learnings and the challenges. These discussions also supported the partners with the strategies and ideas for the way forward.

*C) Please describe any proposed amendments needed in programming as result beneficiary consultations & feedback and/or changes in operational context.*

As per the beneficiary consultation and feedback, the food security activity was changed to sustainable livelihood activities and community WASH activities. The community themselves approached that they would prefer to identify the livelihood activities which the project can support. Also, some of the communities had a water availability problem and the community themselves approached that the current need of the community where we are undertaking the project is the water distribution issue along with lack of sanitation and hygiene awareness.

The ACT Nepal forum also conducted the short video competition on mental health and psychosocial wellbeing. The timeline for the video competition was extended once as we got very less entry in the competition. The competition was called for as we experienced that very much less importance was given on awareness on mental health and psychosocial wellbeing and decided that the video competition could be one of the ways for awareness raising.

Also, in relation to awareness on mental health and psychosocial wellbeing Nepal ACT Secretariat coordinated with different celebrities of Nepal to develop tiktok videos with awareness messages as per the WHO guideline and we are trying to reach the wider audiences with celebrities followers and also with the organizational coverage.

**Section 2: Progress and Deviations (max.500 words)**

<i>Item</i>	<i>Target (original)</i>	<i>Actual (to date)</i>	<i>Deviation (+/-)</i>	<i>Justification</i>
Geographical scope of operations	Click here to enter text.	Province-1 Morang: Dhanpalthan Rural Municipality and Sunawarshi Municipality  Sudur Paschim Province Baitadi, Doti and Kanchanpur District: Belauri, Bheemdata, Laljhadi, Patan, Dasrathachanda, Suklaphanta and Krishnapur Municipalities, KI Singh, Joryal and Shikar  Lumbini Province Banke: Nepalgunj Sub Metropolitan, Koholpur Municipality, Duduwa Rural Municipality	!	Click here to enter text.

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<p>Beneficiaries description and coverage</p>	<p>Public health – 26 health institutions &amp; isolation center and 389 individuals</p> <p>WASH - 68 institutions</p> <p>Food security and Livelihoods - 1,393 individual</p> <p>Protection - 50 individuals</p> <p>- Community Resilience - 43466 individuals</p> <p><i>State the number of beneficiaries to reach over the entire project lifespan disaggregating when possible by age and gender.</i></p>	<p>Dang: Gadhawa Rural Municipality</p> <p>22 Health institutions and 6 isolation centres supported with medical equipment and hygiene supplies. 222 individuals supported with which includes health and hygiene kit for pregnant women, women dignity kit and home isolation kit for COVID 19 positive patients. 4 MHPSS training for health personnel and security professionals were provided. Support provided in vaccination campaign through volunteers training and mobilization with coverage support to 4599 individuals. 7 community health desk supported</p> <p>45 schools supported with improved drinking water, handwashing station, sanitation facilities and infection prevention control. 30 schools supported with distribution of hygiene and disinfection materials.</p> <p>983 HH supported with the livelihood support packages and food security packages through cash program.</p> <p>A total of 65,000 individual reached through FM, SMS, print and digital message.</p> <p>- 3 trainings and 4 events conducted for SGBV and SGBV referral mechanism</p> <p>-40 GBV survivors were provided with cash support</p> <p>- 1 Engagement with Faith and Religious leaders completed.</p> <p><i>State the number of beneficiaries reached to date disaggregating when possible by age and gender.</i></p>	<p>+</p>	<p>1. The deviation is seen in providing health support to individuals. As the effects of second wave was slowing down and in the third wave the cases were less severe, hence the support was directed towards strengthening the health facilities as per their need.</p> <p>2. The deviation is seen in livelihood/ food security support. Some community preferred the community revolving cash program for the sustainability of the cash received for the livelihood in which the base amount of the cash support increased as per the requirement in the community. Other than that some community preferred the sustainable WASH facility improvement over the food security packages.</p>
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<b>Item</b>	<b>Target Action (original)</b>	<b>Actual Action (to date)</b>	<b>Deviation (+/-)</b>	<b>Justification</b>
Humanitarian Advocacy		<p>- ACT Alliance Nepal Forum/ACT Secretariat has been working on the awareness of mental health and psychosocial wellbeing during the COVID-19 outbreak. The short video competition and the awareness messages through tik tok videos using Nepalese influential celebrities have been conducted during the project. The dissemination part is on the process.</p> <p>- The requesting members and the partners are actively involved in cluster activities mainly in health and WASH.</p> <p>- The project has been advocating for community, women, GVB survivors to avoid any human rights violations through psychosocial support program and enterprise development support.</p>	no deviation	<a href="#">Click here to enter text.</a>

<b>Item</b>	<b>Target (original project targets)</b> <i>For entire lifespan of the project</i>	<b>Target (This reporting period)</b> <i>For this reporting period</i>	<b>Cumulative target reached (to date)</b> <i>Actually reached to date</i>	<b>Deviation (+/-)</b>	<b>Justification</b> <i>List/Describe reasons why there is a deviation between planned and implemented</i>	<b>Lessons learned</b> <i>List, if any, lessons learned linked to the specific outcome</i>
Outcomes/Outputs  Outcome A Output A.1. Output A.2. Output A.3.  Outcome B	Outcome 1 1.1. 26 Health institutions and isolation centres received medical equipment and hygiene supplies	Outcome 1 1.1. 6 Health institutions and isolation centres received medical equipment and hygiene supplies	Outcome 1 1.1. 26 Health institutions and isolation centres received medical equipment and hygiene supplies	+	Most of the activities were accomplished within the target time and Gender and child friendly Wash support activities is	-It is learned that providing livelihood support to the actual needy and affected persons (like migrant returnees who lost their jobs) will result in positive and desired outcomes.

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<p>Output B.1. Output B.2. Output B.3.</p>	<p>1.2. 68 schools WASH facilities and Infection Prevention Control (IPC) mechanism improved in school</p> <p>1.3. 389 individuals supported with health and hygiene kits and support for mental wellbeing of affected people</p> <p>Outcome 2 2.1. 432 individual/HH provided with unconditional cash/in-kind food/voucher assistance to vulnerable people suffering from Covid19</p>	<p>1.2. 9 schools WASH facilities and Infection Prevention Control (IPC) mechanism improved in school</p> <p>1.3. individuals supported with health and hygiene kits and support for mental wellbeing of affected people</p> <p>Outcome 2 2.1. 50 individual/HH provided with unconditional cash/in-kind food/voucher assistance to vulnerable people suffering from Covid19</p>	<p>1.2. 68 schools WASH facilities and Infection Prevention Control (IPC) mechanism improved in school</p> <p>1.3. 222 individuals supported with health and hygiene kits and support for mental wellbeing of affected people</p> <p>Outcome 2 2.1. 350 individual/HH provided with unconditional cash/in-kind food/voucher assistance to vulnerable people suffering from Covid19</p>		<p>ongoing in project area. The WASH improvement activities in the community and health facilities are also going on. These activities will be completed before the end of third Quarter plan.</p>	<p>- Institution supported and beneficiary selection process has been carried out in consultation with the local government and concerned stakeholders e.g: The schools selection for WASH in School activities and beneficiary selection for livelihood/ cash program were determined through the consultation with education office and Municipality coordination committee</p> <p>- Emergency response to recovery transition is also very important e.g: Capacity building of health professionals and security professionals on PSS was appreciated, reconstruction/rehabilitation of WASH facilities in school and health facilities provides a long term support in behavior change in WASH sector</p> <p>- Project complementarity and the joint actions of different donor project for</p>
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	<p>2.2. 886 migrant returnee and PSN families received livelihood support</p> <p>Outcome 3 3.1. 10 Risk's communication event promoted through wider community and Local Government Engagement, reaching out to people</p> <p>3.2. Awareness and advocacy events organized that reached out 43466 to people through electronic and print media</p> <p>3.3. 24 COVID testing and vaccination camp assisted</p>	<p>2.2. 50 migrant returnee and PSN families received livelihood support</p> <p>Outcome 3 3.1. Risk's communication promoted through wider community and Local Government Engagement, reaching out to people</p> <p>3.2. Awareness and advocacy events organized that reached out to 2000 people through electronic and print media</p> <p>3.3. 5 COVID testing and vaccination camp assisted through</p>	<p>2.2. 633 migrant returnee and PSN families received livelihood support s</p> <p>Outcome 3 3.1. 10 Risk's communication promoted through wider community and Local Government Engagement, reaching out to people</p> <p>3.2. Awareness and advocacy events organized that reached out to 43466 people through electronic and print media</p> <p>3.3. 24 COVID testing and vaccination camp assisted through</p>			<p>COVID-19 response yielded a better output e.g: CERN project and ACT Alliance project joint response provided a wider coverage and complementarity among staff mobilization as well</p> <p>-This project was designed to support people from all the needy communities from all the ethnic backgrounds without any discrimination. Thus, it has made community people positive and supportive towards project activities as the project included vulnerable people from all ethnic groups.</p> <p>- When providing the food relief item to COVID -19 positive HHs, poorest of the poor families were left out, as the criteria was to include only COVID-19 positive cases.</p> <p>- It is very important to increase awareness on the mental health during this kind of pandemic situation.</p>
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	<p>3.4. 43 DV and SGBV cases monitored and assisted for legal, medical and rehabilitation services</p> <p>3.5. 9 inter/faith dialogue on COVID prevention and control organized</p>	<p>3.4. 5 DV and SGBV cases monitored and assisted for legal, medical and rehabilitation services</p> <p>3.5. 1 inter/faith dialogue on COVID prevention and control organized</p>	<p>3.4. 43 DV and SGBV cases monitored and assisted for legal, medical and rehabilitation services</p> <p>3.5. 1 inter/faith dialogue on COVID prevention and control organized</p>			<p>The video competition and tiktok videos developed by NPL 211 project has been a great initiative for the awareness purpose. With this, it has also been a learning that the communication team should be involved from the very beginning of the project for the better communication products.</p>
<i>Item</i>	<i>Same as planned (Yes / No)</i>	<i>Explain Deviation</i>			<i>Lessons learned</i>	
<p>Implementation plan (timeline)</p> <p><i>Any major changes (delays) to the overall implementation plan?</i></p>	<b>No</b>	<p>The field activities will be completed as per the previous mentioned time which is by end of May 2022. The remaining activities will be desimminating the tiktok videos and videos received from video competiton on mental health awareness and pyschosocial wellbeing. With this there will be remaining activities like video and story collection for NPL 211 project activities and then publication, final reporting, learning sharing workshop and evaluation of the project.</p>			<p>- The consortium project is very good for the coordinated activities across different areas. It will be good if we can develop standards in project activities which will be very supportive in project implementation as well.</p>	
<p>Finance (budget expenditures)</p> <p><i>Any major changes (over expenditures / under expenditures)</i></p>	<b>Yes</b>	<p>No deviation</p>			-	



to the overall Budget and expenditure plan?			
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### **Section 3: Appeal Impact (max.500 words)**

*A) Please write any observable and tangible effects/impacts that the Appeal has on cross-cutting issues*

Although the project in a COVID 19 Emergency Response project with it's special focus on prevention and management of COVID-19, the project has been also been addressing issues of long term WASH problem in schools and has also been working on gender, GBV, child protection, resilience activities in the society. The project has made many positive impacts on various issues which was listed below:

1. Health institutions and isolation centres have been supported with essential medical, protective and hygiene supplies which has enabled them for effective and efficient treatment of COVID patients and to reduce COVID exposure risk of medical professionals. The supports were provided as per the current need of those institutions with many level of consultations.
2. The WASH in School activities have been well received by the schools as it has also supported to minimize the long term WASH problems that has been facing by the schools in our working areas.
3. COVID-19 patients isolated at own residence and their family members were also supported for safe and effective home isolation with home isolation kits which has enabled them to manage the COVID-19 cases on their own.
4. Most vulnerable communities and households have been supported through cash voucher and food relief packages to address their immediate food needs. Some communities has also come forward to say that we are able to manage food for now, but it would be good if our community WASH facilities are improved which has been supported through the project.
4. The group based revolving fund mechanism for livelihood recovery has been approached by the community where the affected people take the support from the project through their group decision. Once the person makes money from the business the person repays the amount in the group which will be taken up by another person for their livelihood activities. This process maintained by the community group ensures the sustainability of their livelihood activities in the future as well.
5. Community mobilization in target community, community-based intuitions, faith-based institutions use print and audio-visual media for COVID-19 has been very effective. The volunteers mobilization through project has been very helpful for the government health facilities for the mobilization during vaccination and other related activities as well.
6. The project has also given priority in mobilizing community mechanism to monitor and prevention of domestic and gender-based violence to support the women in the society to raise their voices againts GBV and reach out to get support for any legal or medical aid needed.

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7. The project has supported COVID-19 infected families, vulnerable families and migrant returnee through cash voucher to restart small on/off-farm activities to help in economic recovery of migrants through IME pay for the cash transfer for effective transfer and easy to monitor.

8. The project work on mental health awareness among different age group during the time of pandemic through short videos and tiktok videos is planning to reach at least 50,000 people with the message on mental health awareness.

*For example on the following: Gender / GBV, Environment / Climate change, Child protection, Resilience, Social inclusion, etc.*

*B) Please write how the affected population participated in the Appeal and what are some of the observable and tangible effects/impacts that the Appeal has on sustainability and ownership*

The COVID-19 pandemic has had heavy impact on migrant returnees who became jobless as a result of the prolonged lockdown, single women, PwDs, pregnant and lactating women, PWD, elderly, ex-bonded labour, dalits, boys and girls, and people who have lost their work or business in Nepal, as well as those who have been diagnosed positive for COVID-19. The project has ensured the involvement of these vulnerable beneficiaries through a participatory and inclusive approach. Following the process of getting a list of the targeted beneficiaries from the ward and municipality, we selected the actual COVID affected and deprived people, as well as energetic people as our beneficiaries and included them in our project activities. The project has also prepared a detail implementation guideline and checklist of beneficiaries criteria, targeted approach were applied in the targeted areas, timely orientation to the relevant stakeholders and partner staff also ensure the appropriate focus on such section of people and their participation in the program. The same process was also used for the selection of health facilities, isolation centers and schools. The discussion on the actual needs of the institutions and their involvement, dedication and ownership for the activities was also discussed for the selection of these institutions for the support through the project. In this process. Local government and stakeholders were involved from the very beginning of this selection process and use their knowledge and observation for the best pick among the many institutions in need. Thus affected population, institutions and local government and stakeholders participated in the Appeal.

The project has also taken necessary actions to ensure sustainability and ownership of the project activities among the beneficiaries and the supported institutions. Some of them as are follows:

1. Collaboration with governments system and its representatives, health institutions, schools and civil society organizations was done for effective delivery and sustainability of action implemented.
2. The selection of WASH in schools were done in coordination with education office and local government. The dedication and ownership of the schools were assessed using the coordination mechanism, observation and meetings prior to the selection. Along with this the contribution from schools and local government was also sought during the implementation of activities. The overall package of water, sanitation and hygiene provided in some of the schools have shown immediate positive impact. The use of volunteers and already established monitoring mechanism of local partners for monitoring of the activities will also help to ensure functionality of the supported provided and ultimately ensures sustainability.

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2. Community based organizations and their federations, task forces and disaster management committees, local level faith-based organizations and formal informal groups and clubs of women and youth was selected as local level actors for this project to ensure sustainability and increase ownership.
3. Relief items, isolation kits and dignity kits that were distributed to the beneficiaries was designed on the basis of their actual needs to ensure the proper utilization of the materials supported.
4. This project is implemented through the local partners that are already implementing the other projects of the requesting members, have a good rapport with the Provincial and Local Governments, and are well versed on the local context.
5. Regular meetings with the partners and collection of statistics of the districts has helped us to identify the needs and gaps of project beneficiaries. This have helped us to identify the actual target beneficiary and adress the actual needs.
6. The group based revolving fund mechanism for livelihood recovery has been approached by the community where the affected people take the support from the project through their group decision. Once the person makes money from the business the person repays the amount in the group which will be taken up by another person for their livelihood activities. This process maintained by the community group ensures the sustainability of their livelihood activities in the future as well.
7. Conditional/unconditional cash/voucher assistance has been provided to the tageted beneficiaries. We have provided them with tools and equipment to help them promote their business. But they have also invested their own money to establish their business which increases the owenership among them and helps keep them motivated to sustain their business.
8. The project has been conducting post distribution monitoring and following up on the use of distributed materials with all the beneficiaries.
9. Strengthening and capacity enhancement of the local government, health institutions, targeting communnities, CBOs therefore they will be attentive at the field for the sustainable use the support given from the project.

*Can also discuss transition (LRRD) and exit strategy*

#### **Section 4: Visibility - Total ACT Response + Coordination (max.500 words)**

- A) *Provide brief summary of activities of ACT members inside and outside the appeal, in order to capture in summary form the total ACT response, including updating the information provided in latest SitRep.*

INSIDE THE APPEAL: We have been ensuring the project visibility by printing collaterals such as IEC Materials, Information boards, banners, training materials and other merchandises. Written and verbal acknowledgement of the support from ACT Alliance, stories of impact, testimonials, and regular project updates have been regularly communicated through the social media pages and websites of requesting members to amplify and further

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disseminate project information. ACT Nepal forum has also conducted the short video competition and circulated widely and also got good response with some excellent videos. The videos will be showcased after the formal program which will include different actors within ACT Forum and other relevant organization. These will also be published in youtube and our official facebook pages which will provide us with greater visibility. Along with this we have also teamed up with celebrities from Nepal to develop tiktok videos on awareness of MHPSS which will surely increase our visibility in the wider audience. The project updates has also been continuously updated in the cluster mechanism as well. This has also helped the ACT Nepal forum and the requesting members to update the work in the wider community.

OUTSIDE THE APPEAL: There has been a very good coordination among different projects within the requesting members in response to the COVID-19. LWF Nepal is working on COVID-19 Emergency Response initiatives in Eastern and Far-Western Nepal through DFAT health security and economic recovery projects and CERN project along with ACT NPL 211 project. There are many instances in which joint initiatives taken within the project activities. The vaccination campaign support to the disabled people in which they are supported for in house vaccination as well as transportation support to the vaccination center has been well appreciated. There has also been the complementarity of the project activities through the project from Church of Sweden as well where cash support for, technology and market input and psychosocial service events were also included. Also, the project supported in the recent flood that happened in the sudurpaschim province in relation with the ACT NPL 211 project.

*B) Describe any efforts (successes and challenges) in coordinate with the host government, other relevant organizations and the broader humanitarian system, including the cluster system. Explain, how did this positively affected the implementation of the project and the ACT Alliance's reputation.*

We are working closely in coordination and collaboration with the host government and its system, representatives of the local government bodies, health institutions, civil society organizations, community based organizations and their federations, task forces and disaster management committees, local level faith-based organizations and formal informal groups and clubs of women and youths, FCHVs, disabled people's organizations, etc. for project implementation and sustainability. Meetings like LPAC and DPAC meeting, project inception meetings with local executive bodies were conducted where we presented and communicated with them the project goals, objectives and activities and through these regular meetings, we have also been able to collect statistics of the districts on a regular basis and address the change context of the COVID situation and gaps identified in the present requirements to the local government and public hospitals. We have also been collaborating and coordinating with the municipal wing of COVID-19 Crisis Management Center (CCMC), which is a government institution formed under the leadership of Deputy Prime Minister to respond the COVID crisis in Nepal. A close coordination with AIN is also maintained for the resource sharing and synergies in the response and preventive related interventions. Some of the project activities such as Sensitization of the community leaders on how to intervene in situations of domestic violence, exploitation or abuse cases; Supporting community leaders, human rights defenders, and local leaders to conduct actions against GBVs, and for PSEA and child protection activities were jointly organized with the government bodies and shared budget as well. Similarly inter-faith dialogue program was also jointly organized with Interfaith Peace Foundation Nepal. The project works have also been updated in different clusters as per the nature of the work and the requirement. The requesting members are representing the organization and ACT Alliance Nepal forum in different clusters and platform to represent the organization and present the activities to the wider audiences. These activities carried out with in partnership with the government bodies and stakeholders has also helped to establish a positive

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image of our organization as well as ACT Alliance's reputation in the community and community people as it shows the trust and support of the government towards us and our work.

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