**Yes:** Reference no: 17-33-OC, Financial ceiling: >200.000 per call and max 3 mio. Kr. per year.

Has your organization prequalified for DERF funding?

|  |  |
| --- | --- |
| **Do you plan to submit more than two applications under this call?** Applicants who intend to submit more than two applications in totalfor COVID19 funding under the currently open Calls, must submit all applications at the same time. | * **No** * **Yes. If yes, how many:** |

## The humanitarian intervention

On 11th March 2020 the World Health Organization declared the novel coronavirus disease (COVID-19) a pandemic. The virus is considered to fall among the most challenging contagious diseases in the human history due to its high transmissibility ability and degree of causing morbidity and mortality. As of 27th May 2020, Somaliland had 225 confirmed cases and 17 deaths[[1]](#footnote-1) with the possibility that the number could be higher than this, community transmission is obvious and there is a partial lockdown as the government can’t impose strict measures because of the economy. Somaliland is a low resource setting with meagre resources and competing priorities, for this reason, the COVID-19 pandemic further worsens socio-economic challenges. The pandemic has a toll not only on the health sector, but also livelihoods and food insecurity especially among the vulnerable groups. Informed by the consultative meeting (20th May 2020) held between Guryosamo/SHIFAT and the Director General of the Ministry of Employment, Family and Social Affairs, the most vulnerable groups identified to be at risk of contracting COVID-19, are in great need for water, PPE and are the risk of food insecurity includes the internally displaced persons (IDPs) and the disabled people. The internally displaced persons live in dire conditions with scarcity of water, as the areas lack piped water or water equipment and are overcrowded which could favor easy transmission of the disease. As such, although the primary recommended prevention strategies for COVID-19 are hand hygiene and facemasks, they lack adequate supply of water to wash their hands and have been economically effected by the restriction of movements. In addition, they lack adequate food supply especially during this period of COVID-19 pandemic as the economic impact of the COVID-19. People with disabilities[[2]](#footnote-2) are at risk of been disproportionately impacted by the pandemic due to the above economic situations to themselves and their careers. This group is at a higher risk of contracting the virus and developing severe complications or increased deaths as most of them rely on third party support and care, and living environment hinders social distancing. According to the Ministry of National Planning and Development Plan II for 2017-2021, the estimates of IDPs in the country stands at 75,977. The project areas proposed for the interventions where there are limited interventions on WASH among IDPs in Burao and Borama in Somaliland, and food supply among disabled persons in Hargeisa. Guryosamo and SHiFAT have planned to respond to the current pandemic situation in Burao, Borama and Hargeisa, where IDPs and disabled people are at risk of contracting COVID-19 and food insecurity. Guryosamo and SHIFAT are proposing four months of

* *Covid-19 prevention kits* and *food voucher distribution* to 300 HH (1800 people) of disabled people in Hargeisa
* *Covid-19 Prevention kits* and *water supply intervention* to meet the immediate needs of 1,000 HH in the IDPs in Borama and Burao, covering a population of 6,000 people.

Covid-19 prevention kits[[3]](#footnote-3) will be provided to meet the needs of 1,300 HH of both group with special needs (disabled) and IDPs in Hargeisa, Burao and Borama. The interventions will thus target IDPs in Burao and Borama and disabled persons in Hargeisa, areas with urgent need of these interventions as many Stakeholders have pointed out. With our prior experience in terms of having successfully fulfilled several previous calls with DERF (and one ongoing call) we are confident of using our knowhow, network and vast experience to support the vulnerable groups in the IDPs and the disabled people. SHiFAT and Guryasamo have been implementing Health and WASH programmes in Somalia and Somaliland regions and have been engaged in training local community health workers to manage disease outbreaks and enhance local communities in infection control measures, through raising awareness and equipping them with knowledge on basic hygiene and sanitation.

This intervention aims to reduce the risk of Covid 19 transmission by equipping IDPs and disabled people with Covid-19 prevention and control kits, distributing water storage tanks and supplying water to 8 IDPs (6 in Burao and 2 in Borama) and distributing food vouchers to disabled people in Hargeisa to cushion them against food insecurity worsened by the Covid-19 pandemic. The community leaders, regional authorities and health committees will be used to coordinate implementation of the interventions[[4]](#footnote-4). This approach will then help to support local capacity and use local knowledge to reach the most vulnerable, whilst strengthening learning outcomes.

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

* **WASH (Water, Sanitation & Hygiene)**
* **Health**
* Shelter
* **Nutrition**

## The overall purpose in short, including the objectives, activities, expected results and indicators to be applied

**Objectives 1**

To distribute COVID-19 prevention and control kits (personal protective equipment and hygiene kits) to IDPs and disabled people and their careers in Hargeisa, Borama and Burao.

**Output 1:**

Covid-19 prevention and control kits distributed to the planned target population (disabled people, their careerss and IDPs) through outreach project intervention.

**Activities 1**

1. Purchase of Covid-19 prevention and control kits to be distributed to disabled people in Hargeisa and IDPs in Burao and Borama.
2. Distribution of Covid-19 prevention and control kits to 300 households with disabled people and careers equivalent to 300\*6: **1800** beneficiaries and 1,000 households which are equivalent to 1,000\*6: **6,000** beneficiaries (IDPs) through the local and regional authorities
3. Awareness raising program about Covid-19 prevention and control and use of personal protective equipment to the targeted disabled people and IDPs
4. Project regular monitoring and reporting the achieved results.

**Objectives 2**

To prevent and reduce the spread of COVID-19 by promoting hygiene and sanitation of IDPs in Borama and Burao through the distribution of water storage tanks and supply of water using water tankers over a period of four months.

**Output 2:** The number of beneficiaries expected to be reached will be **1,000** households which are equivalent to 1,000\*6: **6,000** beneficiaries (estimated) in Borama and Burao.

**Activities 2:**

1. Purchase water storage tanks
2. Distribution of water storage tanks to the IDPs
3. Distribution of water on a weekly basis to 1,000 households in the IDPs
4. Awareness raising program about Covid-19 and hand hygiene to the targeted IDPs
5. Project regular monitoring and reporting the achieved results

**Objectives 3**

To distribute food vouchers to disabled people in Hargeisa

**Output 3.**  Monthly food vouchers distributed to 300 households with disabled people and their careers in Hargeisa.

**Activity 3:**

In liaison with the local and regional authorities distribute food vouchers to IDPs and disabled people in Burao and Borama over a period of four months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome(s)** | **Performance Indicators** | **Means of verification** | **Timeline** | **Targets** |
| **Outcome 1:**  Improved protection of IDPs and disabled people against Covid- 19 in Hargeisa, Burao and Borama | * Number of disabled people with Covid 19 prevention and control kits in Hargeisa, Burao and Borama Covid 19 morbidity and mortality rates among disabled people in Hargeisa, Burao and Borama | * Monthly reports * Progress report * End of project report. * Narrative Report | Urgent.  Expecting start date 15/06 /2020 | # 1,000 households for IDPs and 300 households with disabled people and their carers equipped with Covid 19 prevention and control kits |
| **Outcome 2:**  Improved hygiene and sanitation in IDPs in Burao and Borama | * Number of hygiene kits distributed to IDPs * Number of water tanks distributed to IDPs * Awareness raising session on hand hygiene | * Monthly reports * Progress report * End of project report. * Narrative Report | Urgent.  Expecting start date 15/06 /2020 | # 1,000 Households will be selected to be equipped with water tanks and supplied with water on a weekly basis |
| **Outcome 3:**  Improved food security among disabled people in Hargeisa | * Number of disabled people and their carers that have received food vouchers in Hargeisa * Awareness raising session on Covid-19 prevention and control | * Monthly reports * Progress report * End of project report. * Narrative Report | Urgent.  Expecting start date 15/06 /2020 | # 300 Households with disabled people will receive food vouchers |

## *How does your selected response consider the specific context within which you plan to implement an intervention? How does your selected response consider the strategic priorities and the immediate objectives of the Global Humanitarian Response Plan (GHRP)? Is the intervention appropriate and relevant (CHS 1) effective and timely (CHS 2) and are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?*

The intervention will be appropriate and relevant to this crises due to COVID 19 implications. This crises has impacted all over the world, and also severely affected those communities with poor health system and low socio-economic status like Somaliland, this crises mostly devastated margined and displaced people who their livelihood dependent on casual labor work in Burco, Hargiesa and Borama Somaliland. This intervention will effective seven days after the project approval.

## *How you respond to the identified emergency and/or protection needs of particularly vulnerable persons amongst the crisis-affected populations*

According to the project work plan, SHiFAT and Guryasamo will urgently start prioritized tasks including engaging all stakeholders in Hargeisa, Burao and Borama (Ministry of Employment, Family and Social Affairs, regional authorities, community committee, national refugee agent and other line ministries). SHiFAT will urgently deploy technical staff and order all procurements of the project equipment. SHiFAT will start the new emergency programme within a very short time and aid support to the vulnerable groups (IDPs and disabled people) to be protected from the risk of contracting Covid-19 and cushioned against food insecurity.

## *How you ensure they have access to the assistance they need when they need it?*

The initial needs assessments consultations with our target group will include IDPs in Burao and Borama and disabled people in Hargeisa to align their needs with the project objectives. Monthly/weakly monitoring initiative to gauge progress, tackle challenges through conducting survey, monthly community feedback and complaint report, ad hoc meetings to address complaints as needed. Already in mid-May we have been in contact with the authorities and other relevant stakeholders working with vulnerable groups.

## *How you ensure that resources are managed and used responsibly for their intended purpose.*

Guryosamo and SHiFAT will manage and consult national, regional and target communities on the intended intervention. All stakeholders and those working on the grassroots level will be engaged, thus creating ownership amongst the beneficiaries. During the project implementation, all emergency programme items will be purchased locally. Also, Covid-19 awareness raising campaigns will be conducted at the IDP camps, disabled people will also be mobilized about Covid-19 prevention and control. The project manager will regularly monitor all activities and financial procedures adherences.

Complaints will be addressed through local committee arbitration and corrective measures will be prompt and decisive. SHiFAT will be responsible to segregate duties including the Finance manager who will be responsible for the financial control and procures adherence. The Project manager will be responsible for all project cycle management activities both grassroots level and donor regulation activities. Programme manager and CEO will regularly oversee all operations in the project to ensure the allocated resources utilization is done properly as planned. Guryosamo will continuously monitor and visit field sites and ensure that resources are managed and used responsibly for their intended purpose.

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

SHiFAT will mobilise within 7 days as our teams are already on the ground and the organization has extensive experience in implementing such project. The local staff that will give access to IDPs and disabled people will be mobilized at the initial project phase (inception phase) through meetings. SHiFAT Project Manager will follow up with a clear action plan of activities in consultation with the IDPs and disabled people through the appropriate channels. With these 7 days, we plan to engage the following steps:

* Work closely with the relevant line ministry (Ministry of Employment, Family and Social Affairs)
* Work with regional level authorities through engagement (Governor, regional officers).
* Community leaders will be consulted, and the wider community will be briefed about project start and interventions.
* Vulnerability assessment (baseline Assessment).
* Procurement and logistics for Covid-19 prevention and control kits and water storage tanks.
* Project kick start ceremony in the region will be on the 7th day of project initiation.

\*correct the number if the same persons are listed in more than one activity. Each person can only be counted once

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| **Type of Activity** | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between  18-50 | Over  50 |  |
| 1.COVID-19 prevention and control kits (personal protective equipment and hygiene kits) to:  - **IDPs** in Borama and Burao  **- Disabled people** in Hargeisa. | 680 | 2200 | 1800 | 900 | 1220 | 1000 | 7.800 |
| 2.Hygiene and sanitation promotion of:  **-IDP**s in Borama and Burao through the distribution of water storage tanks and supply of water using water tankers over a period of four months | 1000 | 1500 | 1100 | 600 | 1100 | 700 | 6.000 |
| 3. Distribution of food vouchers to **disabled people** in Hargeisa | 220 | 500 | 360 | 170 | 310 | 240 | 1.800 |
| Total: | **1900** | **4200** | **3260** | **1670** | **2630** | **1940** | **15.600** |
| Total adjusted for double counting\*: | 680 | 2200 | 1800 | 900 | 1220 | 1000 | 7.800 |
| Total vulnerable persons of the above | 660 | 1500 | 1080 | 510 | 930 | 720 | 5.400 |

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

Guryasamo and SHiFAT will calculate according to available formulas. 1HH contains 6 persons according to UNICEF/WFP estimation standers.

* **7.800** beneficiaries will get covid-19 prevention and control kits in Hargeisa, Burao and Borama.
* **6.000** beneficiaries will get Water storage tanks and supply of water to the IDPs (Burao and Borama).
* **1.800** beneficiaries will get food vouchers distribution to disabled people in Hargeisa
  + **3.570** beneficiaries will be under 18 years, while **6.830** beneficiaries will be between 18 and 50 years and **5.200** beneficiaries will be over 50 years old.

## Which vulnerable groups are you specifically targeting?

Guryosamo and SHiFAT will target the IDPs in Burao and Borama and disabled people in Hargeisa. As highlighted by UN-OCHA. Guryosamo and SHiFAT will target and have focus on the following:

* Internally displaced HHs headed by women, children, elderly, incapacitated and people with long term illnesses such as mental illness
* Pregnant women
* Children under 18 years
* House Holds (HHs) headed by children
* HHs headed by elderly and the incapacitated or people with long term illnesses such as mental illness
* HHs headed by single women
* Disabled people

**Additional Comments:**

Guryosamo and SHiFAT will carry out security risk and vulnerability assessments to meet the vulnerable group per their locations.

## Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.

* Internationally
* Regionally / neighbouring country
* **In country / locally**

## Does the intervention include cash-based programming?

* + **Yes**
  + **No, it will not be.**

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

**%** of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 77 %

**%** funding spent on activities & goods for crisis affected persons, from the intervention budget: **76** %.

1. **The implementing organization**

**What is the capacity, experience and expertise of the proposed partner organization(s) (CHS 8) undertaking**

**the proposed intervention substantiating whether the humanitarian response can be delivered up to standard**

**and to the needs of particularly vulnerable persons?**

SHiFAT stands for Somali Health for All Initiative Trust, and the organization head office is based in Somalia. The mission of SHiFAT is to promote creation of a universal health care and to create and implement sustainable healthcare and WASH programs which are locally based, community driven and fully integrated across the Somali Horn. SHiFAT presence is in Somalia, implemented interventions to affected communities in Somaliland. The organization have a trained health and hygiene emergency technical staff working on the ground. SHiFAT has over 9 years’ experience in implementing Emergency health and WASH interventions in disaster affected communities and strengthening health, hygiene and sanitation in all emergency disaster affected regions in Somalia. Interventions previously implemented are like interventions in this technical proposal and have been addressing health and sanitation needs at different levels of service delivery from disaster affected communities.

Some projects have focused on disaster preparedness and response at the community level by establishing community groups and holding meetings to discuss on prevention and control of outbreaks such as water borne related diseases. The Emergency project intervention responded on disaster affected communities and provided emergency mobile clinic and hygiene kit distribution alone with community awareness campaigns.

SHiFAT has clear governance, management structure, and solid experience on project management, organizational policies and procedures, and the following policies and manuals are available. Administrative policies and manuals, finance policy/procedures manuals, procurement and logistic procedure manuals, human resource manuals, as well as child safeguarding policy, anti-money laundering and counter terrorist financing policy.

SHiFAT management structure and experience in emergency response to similar programmes is well placed to plan, implement and evaluate. SHiFAT board of directors as well as staff consist of highly competent and specialized people in different disciplines. SHiFAT works with diverse number of partner organization, INGOs, UN agencies, local NGOs. SHiFAT roles and responsibilities including leading or supporting delivery of the project work streams, reflect the distinctive expertise each staff brings to the project. SHiFAT has been involved and implemented both emergency and developmental health and WASH programs throughout Somalia regions. SHiFAT has over 9 years Emergency programme implementation including Beledweyne, Awdal/Saxil Cyclone-sagar emergency response, Sool conflict affected emergency response, Burco Acute watery diarrhea (AWD) response, Sanaag Pneumonia outbreak emergency response, Somaliland drought affected emergency response and somali joint response emergency intervention in Somaliland/Somalia in health and WASH sector.

SHiFAT has an excellent organizational and financial capacities to manage multiple donor grant funding. SHiFAT has focused on over the years includes Emergency health/WASH interventions, maternal and child health related interventions. In effect, SHiFAT has been able to have a good understanding on how to manage grants, through a finance experts and application of financial policies. SHiFAT uses prioritization matrix and success criteria in deciding on the areas to focus on while ensuring value for money. SHIFAT has collectively managed projects with funds amounting to over 1,000,000 USD per year from different donors. Different donor Audit reports corresponding technical project proposal implemented, indicating transparency in management of funds and conformity to international standards of accounting. SHiFAT ensures value for money by cost minimization and utilization of minimum resources to generate maximum output. Saved funds are channelled to activities aiming to increase coverage of health interventions within the project scope of work.

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

* + Yes
  + **No**

**Partnership:**

**Kindly explain whether you have entered into partnership agreement, the main features of**

**this agreement(s) and whether this agreement(s) was developed with the local partner.**

SHiFAT and Guryasamo Denmark entered our latest partnership agreement on the 10st of May 2020 (20-575-RR). The main roles of Guryasamo Denmark were to oversee the project as the main grant holder, monitor site visits, and participate in the stakeholder meetings with government officials and other local/international NGOs, assist in the implementation, transfer money and report to CICU. On another hand, SHiFAT’s roles include implementation of the project, discuss future emergency response strategies with stakeholders such as; government authorities, NGOs, in case of another crisis with the same character and reporting to field finance reporting.

**Describe the contributions, roles and areas of responsibilities of all partners (including the**

**Danish CSO) within this intervention.**

The contribution of Guryasamo Denmark will provide overall project coordination, management of funds and internal monitoring activities. SHiFAT will manage and implement all project activities according to the agreed project plan. Project planning, execution, monitoring, complain mechanisms, coordinate cluster and coordination meetings to ministry of health (MOH), national disaster management unit (NDMU), other line ministries and consortium. SHiFAT will conduct further vulnerability assessment to validate number of vulnerable beneficiaries up on the project start. SHiFAT project Manager will corporate with external monitors and auditors based on DERF guidelines. Also, SHiFAT will regularly report based on monthly/midterm progress and security report according to DERF SOPs or Guidelines or SHiFAT Field guidelines.

1. **Local strengthening**

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

This proposed intervention strengthens local ownership through; prioritising local stakeholder needs, including recipients and local committees in project design and implementation.

Upgrading and supporting local organisational capacity to design and efficiently deliver the intervention. SHiFAT will closely work with local community and district management council. Our technical staff plan with the programme, community-based project plan and select the beneficiaries jointly. SHiFAT will facilitate the community to come up with own action plan and prioritize the beneficiaries based on a fair and just approach. Community is the major stakeholders and will be given the chance to prioritize their selection criteria. SHiFAT has a clear policy on transparency and accountability to the community and donors, this is paramount to our work.

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

The initial needs assessments includes consultations with our target group with vulnerable and marginalized members to align their needs with the project objectives. Monthly/weakly monitoring initiative to gauge progress, tackle challenges through conducting survey, monthly community feedback and complain report, ad hoc meetings to address complaints as needed. SHiFAT will technically consider and consult national, regional and target committees on the intended intervention. All stakeholders and those working on the grassroots level will be engaged, thus creating ownership amongst the beneficiaries. During the project all items will be purchased locally. Also, awareness raising intervention will be conducted among IDPs and disabled people. This will also benefit the economic standing of the target group alongside the proposed interventions. Complaints will be addressed through local committee arbitration and corrective measures will be prompt and decisive. SHiFAT responsible to segregate duties including Finance manager who will be responsible for the financial control and procures adherence. The Project manager is responsible for all project cycle management activities both grassroots level and donor regulation activities.

1. **M&E, LEARNING AND ACCOUNTABILITY**

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

Guryosamo and SHiFAT has risk register manual and risk policy. Implementation of the project activities in line with risk and security guideline which has its mitigation procedures including their methodologies. Any risk mitigations required, SHiFAT will ensure and implement as per the risk guideline shown. Guryosamo and SHiFAT ensure the activities will not negatively affect the community in any way. There are various risks levels to ensure a successful intervention. They can be wide ranging and complex from one region to the other, but broadly speaking they are the following;

**Risk1.** Conflict may happen: SHiFAT and Guryasamo mitigate conflict by strongly mobilizing government and community leader to be part any conflict resolution mechanism with the existing community set up in the villages.

**Risk 2:** Conflict due to more people, than planned beneficiaries. SHiFAT will at best be able to control the beneficiaries through guides and pre-mobilization to community and their criteria of screening and selection.

SHiFAT will manage by making sure that the organisational risk management policy is up to date and is robust whilst making sure we have efficient decision-making processes in place. SHiFAT also will ensure we have experience/information sharing within the organisation as well as reach out to other cluster members and humanitarian actors.

**How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including**

**a complaint mechanism that works in the specific context?**

SHiFAT will conduct a Monitoring, Evaluation and Learning both monthly and progressively. Discussions with stakeholders will follow every MEAL initiative. The indicators selected (illustrated earlier) will be the sign of progress and aid the partnership in determining whether the programme/initiative has achieved its objectives and goals. Learning will help steer the programme back to project design. Establishing best practice is the ultimate goal of all humanitarian efforts. SHiFAT has an approved policy about complain and feedback mechanism including hotline system, face to face communications and drop boxes in project implementation sites. SHiFAT will use hotline complain mechanism (Phone) which is a responsible by the MEAL/Communications officer. The hotline telephone works, all outgoing and incoming call will charge and deduction cost for the hotline phone MEAL and communications officer will regularly report all complains according to complain and feedback mechanism policies. The second channel of community complaint and feedback should be drop boxes which all project implementation sites will put and regularly collect the written drop paper and will report accordingly. In addition, there will be face to face complaint receiving channel by the project site village heads and regional medical officer and will send them all complains to the ground SHiFAT staff or Technical Project Manager.

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

SHiFAT technical manager will ensure smooth project management, coordination of meeting, government engagement, oversee whole project activities. M&E officer will go to field for monitoring together with project manager, they compile reporting, as well as all complaints and concerns raised by the beneficiaries. Project manager will technically guide all staff on the ground, he all apply in practical all lesson learn from each weakly flash report and improve all project implementation towards the project objectives regularly.

SHiFAT also will encourage the community to come up with their action plans and prioritize accordingly. During the community engagement, complaint mechanism, community involvements and system of reporting will be clearly identified within the community meetings.

1. **Coordination**

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

* + **Yes**
  + No

SHiFAT is an active member to the following clusters and their working groups; Emergency cluster, Health and nutrition cluster and WASH Cluster meetings. SHiFAT attends all cluster/working groups to brief the cluster and share information, knowledge and experience.

**How does the intervention contribute towards coordination and complementarity of humanitarian**

**assistance (CHS 6)?**

SHiFAT and Guryasamo will engage with all stakeholders including Somaliland Ministry of Employment, Family and Social Affairs, local community committee, Hargeisa, Burao and Borama regional and local authorities and IDPs and disabled people committees, and other line ministries as mentioned above; We will also co-ordinate regional level with the Somaliland state ministry of employment, family and social affairs regional branches.

We will also take part in the Office of coordination of humanitarian Affairs (OCHA) meetings in Somaliland to understand where and how other partners such as NGO’s/INGO’s are delivering services in accordance with the Humanitarian Response Plan (HRP). These activities will help in making sure that services to our target group will not overlap other interventions. It will also help our target group to receive complimentary humanitarian assistance from multiple partners. SHiFAT is an active member to the following clusters and their working groups;

Emergency cluster, Health and nutrition cluster and WASH Cluster meetings. SHiFAT attends all cluster/working groups to brief the cluster and share information, knowledge and experience.

1. Warbixinta Maalinlaha Jamhuuriyadda Somaliland EE COVID-19 available at www.somalilandcovid19.com [↑](#footnote-ref-1)
2. Joint Statement Local governments and persons with disabilities in relation to Covid-19 available at <https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/JointStatement-Local-Governments-PWD-Covid19.pdf> [↑](#footnote-ref-2)
3. Covid-19 prevention and control kits entails a package of personal protective equipment with face masks and gloves and hygiene kit containing bath soaps, bar soaps, and detergents [↑](#footnote-ref-3)
4. Already in mid-May, we have been in contact with the authorities and other relevant stakeholders working with vulnerable groups. [↑](#footnote-ref-4)