**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: **GURYASAMO**

**Title of the intervention**: **Drought in Horn of Africa - Toogdheer region, Somaliland**

## The humanitarian intervention (describe within max. 5 pages)

* 1. **The context:**
1. Considering the description of the context submitted by the implementing partner (attached to this application), how have you ensured that the proposed intervention is appropriate and relevant (CHS 1) for the affected population and vulnerable groups?

According to the project work plan, SHiFAT and Guryasamo will urgently prioritize tasks including engaging all stakeholders in Togdher region (Ministry of Employment, Family and Social Affairs, regional authorities, community committee and Somaliland National Disaster Preparedness and Food Reserve Authority (NADFOR). SHiFAT will urgently deploy technical staff and volunteer and also order all procurements supplies which will be relevant and appreciate based on the community needs. To ensure the proposed intervention is appreciate and relevant, SHiFAT will facilitate the community to come up with their own action plan and prioritize the most vulnerable persons among them. The community is the major stakeholder and will be given the chance to prioritize their selection criteria alone with community and government Authority which will be part of selection process and implementation to ensure all project activities will be relevant and appropriate accordingly. SHiFAT will start the new emergency programme within a very short time and aid support to the vulnerable groups (women, marginalized people, disabled people and other people weakened by the drought in consultation with village relief committee (VRC) to protect risk of the deterioration by the drought.

1. Describe how the proposed intervention is effective and timely (CHS 2) in relation to the described context. *Please explain how the* *affected population benefit from the assistance they need, at the time they need it.*

SHiFAT will closely work with the affected communities in collaboration with Government Authorities for Emergency Relief situations. SHiFAT staff and volunteer will undertake the project management and project plans with the local communities, local administrations along with conducting field baseline assessment to select the most vulnerable beneficiaries. Prior to implementation, SHiFAT will facilitate the community to come up with their own action plan and prioritize the most vulnerable persons among them. The community is the major stakeholder and will be given the chance to prioritize their selection criteria. Other stakeholders and partners will also be contacted to share their experiences and avoid duplication. SHiFAT technical staff will regularly do a monitoring to gauge progress, tackle challenges through conducting survey, weekly community feedback and complaint report, ad hoc meetings to address complaints as needed. This proposed intervention will help target affected populations and they will benefit from this project, those target group will get designated food baskets and hyenine kits. This proposed intervention will start within 7 days at the grassroot level as project plan reflect on.

**1.2 Content of the intervention:**

a) Describe in a few sentences the overall change your intervention will bring to the people affected by the crisis. What do you expect the short-term impact to be after completion of your intervention?

In response to direct food assistance to the drought affected beneficiaries, the target beneficiaries will improve food insecurity status at the household level. Sufficient household food security results to increase children and pregnancy nutritional status accordingly.

Hygiene kit distributions and hygiene awareness to the targeted communities will break chain of diseases transmission particularly COVID 19 pandemic and other endemic communicable diseases outbreak. Hygiene kits distribution will prevent public health diseases outbreaks and suffering a communicable disease in the communities. Hygiene kits assistance to the drought affected vulnerable people will save lives of target villages.

b) Describe the intervention’s activities, the results these will have and what the outcome of these will be.

**SHiFAT/Guryosamo propose 3 months of intervention for severe drought respond in Toogdheer region.**

**Activities**

* Stakeholder engagement for the project intervention and target beneficiaries.
* Conduct a rapid vulnerability assessment baseline for the affected target communities.
* Identify vulnerable target population to distribute food and Hygiene kits to target HH
* Supplier selection and awarding procurement contract.
* Monthly food and Hygiene kits distribution to the targeted **490 HH**
* Identify food and hygiene kits distribution point as per target communities.
* COVID 19 prevention friendly space distribution will be adhered to do this, PPE[[1]](#footnote-1) will distribute to the beneficiaries for transmission mitigations.
* Regularly conducing monitoring and reporting to achieve outcome of the project.

**Output**:

* **490** HHs will get a sufficient quantity and quality food items to survive lives for the most targeted communities. The same **490 HH** vulnerable household will also get quantity of hygiene kits
* Adhered Covid 19 protocol and limited diseases transmission during distributions will adapt.
* Awareness of Food diversity, hygiene and sanitation importance will continue throughout the project target communities.

**Outcome.**

* All target beneficiaries will get a quicky recovery and relief from the affected drought.
* During the lifesaving intervention will positively contribute their live cycle and could store their normal lives affected by the drought.
* Household food consumption will improve quickly.
* Household hygiene and sanitation will improve, this intervention will elaborate family good health.
* The devastating famine situation of the target area will improve.

\* Food basket's content in project will be using the guidelines from the Food Security cluster and national guidelines on food basket content. see follow link: <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/GUIDANCE%2520NOTE%2520ON%2520FOOD%2520BASKET%2520OPTIONS.pdf>

c) How will you measure the achievement of results and outcomes?

Guryosamo/SHiFAT will measure the results and outcome of the intervention by using the following indicator.

# Of beneficiaries received food and hygiene kits assistance on weekly/monthly.

# Of beneficiaries improved food security and changes lives with a short time period.

# Of beneficiaries improved accessibility of hygiene, sanitation and resumed their normal lives.

# Of beneficiaries received food items, also get a hygiene kit to resume their normal lives.

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| --- | --- | --- | --- | --- |
| **Outcome(s)** | **Performance Indicators** | **Means of verification** | **Timeline** | **Targets** |
| **Outcome 1:** Improved food security among target people in selected villages in Toogdheer region  | * Number of droughts affected vulnerable people received food assistance in selected villages (Dhoqoshay, Sibidhlay, and Dhagaxdheer villages) in Toogdheer region
 | * Monthly reports
* PDM report per distribution occasion
* Progress report
* End of project report.
* Narrative Report
 | Urgent.Expecting start date ASAP | # **490\*6: 2940** individuals will receive food commodities. |
| **Outcome 2:**Improving access and availability of Hygiene kits  | * # Of hygiene kits distributed to selected beneficiaries in selected villages (Dhoqoshay, Sibidhlay, and Dhagaxdheer villages) in Toogdheer region
 | * Monthly reports
* PDM report per distribution occasion
* End of project report.
* Narrative Report
 | Urgent.Expecting start date ASAP | **# 490\*6:**  **2940** individuals will be selected to be equipped with hygiene kits |
| **Outcome 3:** Improved hygiene, sanitation and food diversity *(OWN Contribution from SHIFAT and Guryosamo.)*  | * # Of people received hygiene, sanitation and food diversity awareness to increase level of disease prevention and malnutrition.
* # Of Awareness raising session on Covid-19 prevention and control
 | * Monthly reports
* Progress report
* End of project report.
* Narrative Report
 | Urgent.Expecting start date ASAP | **# 2940** drought affected people will receive awareness about food diversity and prevention of hygiene and sanitation to prevention disease outbreak and malnutrition. |

d) Considering the mode(s) of assistance your intervention includes (Cash Based Assistance, Voucher Based Assistance, Goods, Services), why are you choosing one mode instead of another, or why do you combine the modes as you do?

The model assistance we have chosen will be direct food distribution (food commodities and hygiene kits distribution) because goods distributions are the most immediate live saving models. Therefore this model has an immediate impact and recovery while the other models require to have a market to purchase immediate relief items, in addition, cash follow to small village has its own implications and cause market inflation and stock rapture.

e) Briefly describe how you intend to start your activities within 7 days of receiving the first transfer of funds from the DERF.

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f) How do you ensure that resources are managed and used in an effective, efficient and ethical manner (CHS 9)? How does your intervention consider the priorities mentioned in the DERF Call?

Guryosamo/SHiFAT will use food and hygiene kits distribution to respond immediate needs for the drought affected communities. We use sphere standards guideline for food commodities and hygiene kits distribution intervention. 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. The 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 procurement process adherence. Programme manager will be responsible for all project cycle management activities both grassroots level, coordination, line ministries and donor regulation activities. 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.

**1.3 The target group:**

a) Describe the **direct target group** of the planned intervention, including their characteristics and needs. Justify how you have selected this particular target group among those affected by the crisis (i.e., which inclusion criteria did you use?). Specify also how many people will benefit from each of your main activities.

Guryosamo/SHiFAT will start the most vulnerable group affected by the drought in toogdheer region. The selection will be based on a vulnerability assessment reports and highlights from NADFOR, FSNAU and UNOHA reports. Also SHiFAT has an approved beneficiary selection criteria which focuses on internally displace HHs headed by women, children, elderly and people with long term illness. Also, the selection criteria focus on pregnancy and lactating women and HHS headed by single women. The programme will enrol 60% of the beneficiaries as female and 40% as male.

The project will target food commodities and hygiene kits distribution. The target beneficiaries for food assistance and hygiene kits assistance will be 2.940 beneficiaries.

b) Quantify your planned target group by gender and age group in the table below.

|  |
| --- |
| **PLANNED TARGET POPULATION (INDIVIDUALS)** |
| **Age Group** | **Male** | **Female** | **Total** |
| Number of persons | Number of persons | Number of persons |
| < 5 | 150 | 255 | 405 |
| 6-14 | 300 | 450 | 750 |
| 15-24 | 355 | 550 | 905 |
| 25-49 | 150 | 275 | 425 |
| 50-64 | 105 | 200 | 305 |
| > 65 | 50 | 100 | 150 |
| **Total** | 1,110 | 1,830 | 2,940 |

c) Describe who and how many of your direct target group are **particularly vulnerable people**. How have the vulnerable groups been identified and selected (inclusion criteria), and how does the intervention address their particular needs? Also describe how the intervention addresses protection needs of particularly vulnerable groups, as relevant.

Guryosamo/SHiFAT will target the most vulnerable groups affected by the drought in Toogdheer region particularly Dhoqoshay, Sibidhlay, and Dhagaxdheer villages. The total number of target beneficiaries will be 2,940 people, while 2,700 will be a vulnerable target beneficiary out of target project. The vulnerability priority selection will be based on SHiFAT beneficiary selection criteria and vulnerability assessment prior to the project implementations. MEAL officer and Project Manager will verify the uses of the documents and beneficiary selection process for inclusiveness including Pregnancy and lactating women, displaced HH headed by single women, elderly, children, chronic ill people and disabled people.

The most vulnerable group will receive both interventions (Provision of Hygiene kits and food distribution to protect and recover the implications of the drought.

## The implementing partner (describe within max. 1,5 pages)

**2.1 Capacity, experience and expertise:**

a) What is the capacity, experience, and expertise of the implementing partner(s) (CHS 8)? Describe also the organisational and financial capacities.

SHiFAT is a humanitarian registered charity operating in the Horn of Africa countries working with multiple partners across international borders to deliver a fully integrated lifesaving interventions in the region. SHiFAT presence is in Somalia/Somaliland and implemented interventions to the affected communities in the region. The organization have an emergency technical staff working on the ground. SHiFAT has over 13 years’ experience in implementing programme including Emergency, resilience, health, GBV and WASH interventions in disaster affected communities and strengthened all emergency disaster affected regions in Somalia/Somaliland and horn Africa. The Emergency programme responded to the disaster affected communities previously including flooding affected response, drought affected response, locust devastation affected respond, coved 19 pandemic responses, cyclone affected respond and giant affected response.

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, guidelines, procurement and logistic policy, human resource policy and guidelines, as well as child safe guarding policy, anti-money laundering and counter terrorist financing policy.

SHiFAT management structure and experience in emergency response to similar programs 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 and 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 livelihood, health, GBV and WASH programs throughout Somalia/Somaliland regions. SHiFAT has over 12 years Emergency programme implementation including Beledweyne, Awdal/Saxil Cyclone-sagar emergency response, Sool conflict affected emergency response, Burco Acute watery diarrhea (AWD) response, Eyl cyclone, 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, livelihood, 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 1,00,000 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.

b) How does the organisational set-up ensure access to the people at-risk, including particularly vulnerable people?

SHiFAT programme team are already on the ground (drought affected region particularly Toogdheer) and the organization currently implementing other projects in Toogdheer region. The project manager will give access targeted villages, line ministries and village relief committee (VRC) 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 VRC and distributors and MEAL Officer.

MEAL officer and Project Manager will verify the uses of the documents and beneficiary selection process for inclusiveness including Pregnancy and lactating women, displaced HH headed by single women, elderly, children, chronic ill people and disabled people.

The most vulnerable group will receive both interventions (Provision Hygiene kits and direct food distribution to protect and recover the implications of the drought.

**2.2 The partnership:**

a) Kindly explain whether you have entered into partnership agreement(s), the main features of such agreement(s) and whether the agreement(s) were developed with the local partner.

Guryosamo and SHiFAT entered our latest partnership agreement on May 2020 (20-575-RR). The main features of the contract show Guryosamo and SHiFAT segregation of duties, also the contract encompasses auditing, corruptions matrixes and safe guiding principal both organizations.

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

The contribution of Guryosamo Denmark will provide overall project coordination, management of funds and internal monitoring activities. The main roles of Guryosamo 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.

## Local strengthening (describe within max. 1 page)

**3.1 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 VRC participate in the project design and implementations.

Upgrading and supporting village relief committees’ 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. To avoid negative effects all standards will be carefully implemented by monitoring continuously throughout the project period.

**3.2 Describe strategies for informing and involving local actors (incl. affected people) in the intervention (CHS 4)**

The initial vulnerability assessments (baseline study) include 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 engage key stakeholders. 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 on target affected location. 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.

**3.3 Environment marker (only for monitoring purposes)**

a) Choose which of the following three descriptions best characterises your intervention (tick only one box)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MARK |  | DESCRIPTION |  | EXPLANATION |
|[ ]  → | **The intervention includes environmentally harmful components without incorporating mitigation measures to reduce anticipated impact** | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful without being able to apply substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery).  |
|[x]  → | **The intervention includes environmentally harmful components and incorporates some mitigation measures to reduce anticipated impact**  | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and applies some substantiated remedial action (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |
|[ ]  → | **The intervention includes environmentally harmful components and incorporates significant mitigation and environmental enhancement measures to reduce anticipated impact**  | → | The intervention duly identifies and considers the environmental impact of its collective activities as harmful and includes significant substantiated remedial action as well as environmental enhancement components (e.g., sourcing, procurement, supply chains, logistics, transport, waste, and service delivery). |

b) Briefly explain your answer.

As part of the “Do no harm principle” humanitarian interventions, SHiFAT has policies to protect environmental hazards by using SHiFAT environmental protection policy, sphere strands and do no harm principle (NDP), SHiFAT will adapt maximum environmental protection. We will ensure to purchase biodegradable packing items and PPE (masks) to protect the environment. We also rent closest proximal vehicle for the distributions to mitigate potential transportation environmental impacts.

## 4. Risk Management & MEAL (describe within max. 1,5 page)

**4.1 Describe the intervention’s risk management approach and which systems and mitigation measures are applied.** Describe how the chosen risk management approaches are appropriate in the specific context?

Guyosamo 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, Guryosamo and 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 the community and their criteria of screening and selection.

Guryosamo and 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. Our local partner also will ensure we have experience/information sharing within the organisation as well as reach out to other cluster members and humanitarian actors.

**4.2 Describe the implementing partner(s) approach to monitoring, feedback and accountability systems (CHS 5), including the contextual complaint mechanisms.**

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.

**4.3 Describe how learning and reflection will be applied in terms of improving future humanitarian interventions (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 learns from each weakly flash report and improve all project implementation towards the project objectives regularly. SHiFAT and Guryosamo will also 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.

## 5. Coordination (describe within max. 1 page)

**5.1 Describe how the intervention complements the humanitarian and/or development efforts of the national and local authorities, as well as those of other stakeholders (CHS 6)**

Guryosamo and SHiFAT will engage with all stakeholders including Somaliland Ministry of Employment, Family and Social Affairs, National Disaster Preparedness and Food Reserve Authority (NADFOR), local community committee, Toogdheer regional and local authorities, 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 LNGO’s, INGO’s and UNG agencies 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.

**5.2 Describe how the implementing partner(s) participate in relevant coordination mechanisms (CHS 6)** How do implementing partner(s) ensure that the particularly vulnerable groups do not experience gaps and overlaps in the humanitarian assistance provided to them?

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

1. Personal protective equipment (PPE) [↑](#footnote-ref-1)