**THE danish emergency relief fund**

**HUMANITARIAN intervention April 2017**

Application text

1. **Relevance, appropriateness and timeliness of the intervention**

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| **Explain why you have selected this particular response to the crisis. The following points can be relevant to reflect upon:**  Somaliland has faced consecutive droughts in the past 5 years and the cyclone that hit in mid-2018 affected severely the livelihoods of the people living in the coastal area of Sahil and Awdal regions. With this protracted draughts as well as the effects of the cyclone, pastoralist and agro-pastoralist families lost their livestock, agricultural plots and shelter, and as a result of this, moved to urban areas. In addition, children under 5 years represent more than one-quarter of all those affected and are the most at risk of malnutrition and water and sanitation hygiene (WASH) related illnesses and other childhood diseases. On 5th of February 2019, the National Disaster Preparedness and Food Reserve Authority (NADFOR) of Somaliland released an appeal for humanitarian assistance of people affected by draughts living in five regions of Somaliland. The statement points out that more than 1.5 million people (more than 40% of the country’s population) living in these regions are living in critical situation and need urgent humanitarian support. The appeal emphasis that the situation will deteriorate if an urgent intervention is not made.  SOS Somaliland (SX) benefiting from its strong presence in Sahil region conducted a rapid assessment in Mandheera IPD where the National Displacement and Refugee Agency (NDRA) alerted humanitarian organisations operating in the region that the emergency situation of the people living in this IDP camp is increasing and calls for an immediate intervention. The assessment team found out that the 1200 HHs (350 HHs relocated from Ethiopia after losing their animals and 850 new arrivals from the Host Community in Sahil region who recently lost their livestock and agriculture) settling in this IDP camp are facing critical humanitarian situation and need lifesaving support of water, food and sanitation facilities. As Mandheera is located in a semi-arid area, water availability and accessibility is a major challenge. The main water source of the IDP community are wells which either dry out and/or have unclean water in the rainy season and not suitable for drinking. Potable water is difficult to get, the only option is to buy it from water vendors who sell it expensively, and most of people are not able to pay. With regards to livelihoods, less than 5% of the people are able to buy food from the market and the rest rely on support from the local government and INGOs who are providing some occasional assistance to the people. Currently, WFP, World Vision International and Islamic Relief are providing short term unconditional cash and food support to around 480 families living in the IDP camp. In April 2018 and January 2019, SOS SX completed two emergency and relief projects funded by Novo Nordisk Foundation-DK, and the AGIRE Foundation. These projects were implemented in Berbera, Hargeisa and Sheikh and supported 1157 drought stricken households (HH) with food, hygiene kits including; health, nutrition and hygiene messaging. In January 2019, SOS SX as part of the Dutch Relief Alliance (DRA) consortium started a new humanitarian response project in Woqooyi Galbeed and Awdal regions in which 12,492 individuals are supported with food, restoration of livelihood assets, protection and WASH interventions. In all the intervention areas of these ERPs, local governments, NADFOR, NDRA, community committees and community-based organizations (CBOs) have been active; however, their capacity has been limited only to provide ad hoc support and mobilize humanitarian agencies.  This proposed intervention - Lifesaving support to HHs affected by draughts in Sahil region - targeting 1200 HHs, will focus on DERF’s funding modality 1 - Life-Saving Intervention. The aim is to save lives and provide urgently needed humanitarian assistance in terms of water, food, hygiene and sanitation, for the affected people in Mandheera IDP camp in Sahil region. The identification and prioritization of this IDP is based on the rapid assessment carried out by SOS SX, information from NDRA and the fact that presence of SOS is strong and there is easy access to mobilize its resources for urgent support. The intervention is planned to be implemented at the right time, where affected people are still in need of life-saving assistance. The proposed timeline for this humanitarian intervention is to commence on 15th April 2019 and run until 14th of July 2019, with an additional month for wind up activities, including audit and reporting. Hence, the project will end in August 14th, 2019. |
| **Explain how you will start your activities in 7 days and finish within the duration of the proposed intervention**  SOS has been working in Sahil region since 2008, where it has been running a family strengthening programme (FSP), Emergency, and Relief projects. In 2017 and 2018, SOS SX implemented an ERP in Berbera (Capital city of Sahil region) and Sheikh supporting 657 droughts and cyclone affected families and has the capacity and experience to implement emergency intervention with in the specified timeline. SOS SX is currently implementing a DRA project in Woqooyi Galbeed and Awdal regions with over 12,000 beneficiaries and has experienced staff in both Hargeisa and Berbera who are easily mobilized to start the project within 7 days.  Furthermore, the national office staff will be providing timely and regular support to the emergency team during inception and implementation of the project as well as well as providing regular monitoring and feedback. SOS SX has already good working relations forged with local administrations, village relief committees, as well as local suppliers, providing agreed procurements on time and in good quality, for the current and completed ER Projects. Having these structures and relations in place before the start of the intervention, strengthens our ability to predict and plan, and ensures a more efficient implementation as partnerships are already in place. |
| **How are you co-ordinating, and with whom? Kindly include a reflection on how this contributes towards ensuring that the target group will receive coordinated and complementary assistance.**  SOS will work with Mandheera local authorities, community-based organizations, INGOs and UN agencies active in the area, NADFOR, NDRA and IDP committee. Additionally, at the start of the project implementation, local authorities and Village Relief Committees (VRC) will together with SOS lead, the identification process of HHs, as well as distribution of water, food baskets and non-food items. Furthermore, NDRA, who is responsible for coordinating all emergency efforts in the IDPs, will provide information on beneficiaries supported and assist in the identification process. Through collaboration and coordination with these stakeholders, we strive to avoid duplications and overlaps of humanitarian interventions, but instead strengthen the joint efforts already made by WFP, WVI and Islamic Relief in order to reach many more vulnerable and affected people in the camp. |
| **What will success look like, and in what time frame?**  As the proposed intervention is aimed to save lives and provide urgently needed humanitarian assistance for the affected people in Mandheera IDP, the success will be determined by a quick implementation, as well as reaching the right target groups within a reasonable period of time so that many lives are saved from nutrition and diseases related deaths and illnesses. The project will start within the seven-day period, as SOS has the resources and the capacities to achieve the objectives of this intervention.  Success will further be seen as a smooth and effective coordination and collaboration with all key stakeholders (beneficiaries, NDRA, NADFOR, local authorities, IDP committees, CBOs), and as mentioned, has SOS SX already has a good working relationship with these stakeholders, which will only be strengthened over the course of this intervention. Furthermore, a complaint mechanism will be set up at the intervention areas, addressing complaints and dealing with grievances in the community. Additionally, SOS will link and advocate affected populations to other relief and rehabilitation INGO’s and UN agencies to receive further assistance in relation to recovery and restorations of their damaged livelihood assets. |

**2, Partnership**

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| **Describe the contributions, roles and areas of responsibility of all partners of the proposed intervention including each partner’s implementation responsibility. *(maximum 5 bullet points):***  **SOS DK**- provide technical backstopping to the implementing partners and reporting project result and achievement to the donor and ensure timely transfer of fund  **SOSSX**- is responsible for the timely implementation of the proposed activities in collaboration with the local government and reporting project progress to SOSDK.  **National agencies**; **NDRA**: the government agency responsible for the protection and support of IDPs and migrants to meet their basic needs through registration and provision of emergency humanitarian needs as well as supporting their livelihoods. SOS will inform about the intended intervention and targeted area and seek their support. **NADFOR:** the government authority assigned to lead and coordinate in the humanitarian responses towards the draughts affected areas. SOS will liaise, inform the intended response and targeted area, and seek their complementarity.  **Local Authorities**: local authorities in Mandheera have the mandate to coordinate interventions at district/village level and thus SOS will work with them to identity, verify and register beneficiaries.  **IDP Committees**: Are the gatekeepers of the community and have the acceptance of the people as their leaders. SOS will closely work with them to mobilize the community, and identify, verify and register beneficiaries with other stakeholders. In all of our ERP projects, SOS SX works with community committees to assist in the identification, verification and registration of project beneficiaries and also to support voluntarily with the project team throughout the project period. |

1. **Target groups**

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| Planned target population: | | | | | | | |
| Type of Activity | Female (by age) | | | Male (by age) | | | Total |
| Under  18 | Over  50 | Between  18-50 | Under  18 | Over  50 | Between  18-50 | Total |
| Water Tracking | 2100 | 300 | 1200 | 2100 | 300 | 1200 | 7200 |
| Unconditional food voucher | 700 | 100 | 400 | 700 | 100 | 400 | 2400 |
| Sanitation awareness | 700 | 100 | 400 | 700 | 100 | 400 | 2400 |
| Hygiene and sanitation kits | 700 | 100 | 400 | 700 | 100 | 400 | 2400 |
| Total: | 4200 | 600 | 2400 | 4200 | 600 | 2400 | 14400 |
| Total adjusted for double counting: | 2100 | 300 | 1200 | 2100 | 300 | 1200 | 7200 |
| How do you calculate the number of people who shall be assisted through the various activities?  The average family size of Somali community is 6 (UNDP, 2012). Therefore, for this invention: 1 family = 6 people.Total number of target beneficiaries for this intervention is 7200 individuals, equal to 1200 households/families.  Which vulnerable groups are you specifically targeting (Note that you can include budget for additional vulnerability assessments as relevant in the application to DERF)? Please explain   1. The project will target 1200 HHs living in Mandheera IDP. All Families living in the IDP camp are vulnerable people who lost their livelihood sources due to draughts. 2. The component of unconditional food in the project will target the following vulnerable groups in IDP camp: 3. Female/Child headed Households 4. Households with vulnerable members including pregnant women, malnourished children <5, elderly, sick and/or disabled persons. 5. Families with many children (7 or more). | | | | | | | |
| **Explain how the target population has been and will be involved in your proposed intervention *(maximum 5 bullet points)***   1. SOS SX has consulted with the camp community and stakeholders to identify primary needs of the people living in the IDP. 2. SOS SX also conducted a rapid assessment in the IDP to evaluate the situation of the affected people. The process was a participatory approach, where the community assumed the role to identify and list their primary needs and concerns. This humanitarian intervention is based on the community’s identified priority needs and concerns. 3. The implementation process will use a participatory approach, having all beneficiaries playing a vital role in the process. Village Relief Committees, local authorities and affected people will be part of the implementation as well as monitoring of the project. 4. SOS will conduct a joint monitoring with the target population and other stakeholders such as IDP committees, local authorities and CBOs, to improve and ensure the involvement of the beneficiaries in the full intervention. Similarly, Post Distribution Monitoring (PDM) will be carried out on monthly basis to assess their satisfaction and address their concerns. | | | | | | | |
| **Explain how you plan to be able to identify and respond to potential complaints from the target population in regards to the implementation of the proposed intervention and / or the conduct of implementing organisations / personnel. *(maximum 5 bullet points)***  SOS Somaliland has an established complaint and feedback mechanism and is acquainted with Prevention of Sexual Exploitation and Abuse (PSEA) minimum operating standards. During this project implementation, SOS will take the following steps to ensure compliant mechanisms are put in place and used:   * Following its feedback and compliant system, SOS will create a free hotline, suggestion boxes and focal persons from both the community and project staff to facilitate community members to raise their concerns and provide feedback. * During sensitization meetings, beneficiaries will be informed of their right to make complaints, provide feedback, raise concerns and the systems in place to do so. * During PDM activities, beneficiaries will be given a chance to raise their concerns and complaints which will be captured in the report with recommendations on how to address. * SOS will assess all complaints, and address valid complaints by acting immediately or including them in the subsequent month’s intervention. | | | | | | | |
| **Explain how you plan to source your goods *(please tick all boxes that apply)***   * *Internationally* * *Regionally / neighbouring country*   ***X In country / locally***   * *Cash based programming*   ***Please explain your answer in 2 bullet points:***  SOS will source all goods in this humanitarian intervention locally and in the project location. This will not only reduce cost and time spent on sourcing goods, but it will simultaneously boost local markets and help them recover from the effects of the draughts and inflation. | | | | | | | |

Source: table adopted from Start Fund Handbook 2014

1. **Sector specific information:**

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| What sectors will the proposed intervention’s activities most relate to (please tick ALL that apply)? | ***X WASH***   * *Health* * *Shelter* * *Nutrition* * *Camp Management* * *Education* * *Protection*   ***X Emergency FSL***   * *Other (specify) NFI’s* |

1. **Strategy and expected results of the intervention**

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| **Describe objective(s), activities, expected outputs and indicators to be applied**  **Overall objective:** To contribute to the improvement of food and water access of the vulnerable households affected by draughts in Sahil region of Somaliland  **Objective 1**: To improve immediate access to food through provision of unconditional food assistance for the affected HHs in Mandheera IDP  **Output 1.1**: 400 draught affected HHs access essential food items in Mandheera IDP  **Activities:**   * + 1. Meetings with IDP committees, local authorities, CBOs, NGOs and other stakeholders in the targeted communities to discuss project objectives, selection criteria and intervention period     2. KICK off meeting     3. Identification, verification and registration of beneficiaries     4. Procurement of food for 400 families for 3 months     5. Printing of food vouchers, beneficiary ID cards     6. Identification, selection and contracting of vendors     7. Distribution and redemption of food vouchers to meet immediate gaps in food for targeted vulnerable households.   **Indicators:**  Minimum 2 meals per day for all family members; 100% of the targeted HHs receive food vouchers; 100% of the targeted HHs redeem their food vouchers on monthly basis  **Objective 2:** The hygiene and sanitation condition of 1200-targeted HHs is improved through better access to safe drinking water, storage and increased public health promotion. **Output 2.1:** 1200 affected HHs enabled to access safe drinking water and store appropriately  **Activities:**  2.1.1. Identify and Contract water vendors  2.1.2. Provide sufficient water ( 15 litres per day per person) for 1200 HHs (7200 individuals) living in Mandheera IDP for 3 months  2.1.3. Provide 80 tanks ( each tank of 2000 litres shared by 15 families)  2.1.4. Provide Jeri-cans for water storage ( 2 pcs per family for 1200 HHs)  2.1.5. Provide aqua tabs for water treatment ( 1200 boxes)  **Indicators:**  100% of the IDP HHs provided with water, 85% of the targeted HHs practicing proper household water treatment and storage, 2400 individuals ( 2 persons per family) reached with hygiene promotion/awareness raising activities  400 HHs provided with hygiene and sanitation kits. **Output 2.2:** 2400 IDP inhabitants increased their awareness on hygiene and sanitation practices  **Activities:**  2.2.1. Conduct awareness raising campaigns in the IDP camp ( 3 campaigns targeting whole the community)  2.2.2. Organize awareness raising sessions for 2400 IDP inhabitants (2 members for each HH)  2.2.3. Provide hygiene and sanitation kits for 400 targeted families  **Indicators**  2400 individuals ( 2 persons per family) reached with hygiene promotion/awareness raising activities  400 HHs provided with hygiene and sanitation kits |
| **Describe how and with which methods the proposed intervention is to be carried increasing the likelihood that it may lead to the objectives defined and avoid potential negative effects on the target group**  SOS will support 1200 vulnerable families who are affected by the draughts and living in Mandheera IDP camp. The inhabitants consist of 350 families relocated from Ethiopia early in 2017 and 850 families from the host community who recently settled in the camp. Due to the prolonged draughts, these two groups lost their livestock and agricultural produce and are now living in this camp where they are facing critical shortage of water and food and are at high risk to hygiene and sanitation related diseases.  To save lives, SOS plans to provide water for all the 1200 families living in the camp so that they will be able to access sufficient water for domestic use. Water will be provided on daily basis by contracted vendors and, as per the Sphere standards, will consist of 15 litres for each member of the household. Likewise, to improve water storage, SOS will provide water tanks of 2000 litres capacity to share for every 15 households, so that they will have enough space to accumulate their water, as well as reduce risk of water borne diseases. Risks related to water, sanitation and hygiene are on the verge of outbreak due to lack of proper excreta disposal facilities and knowledge on how to take preventive measures. To address this, all selected HHs will receive hygiene and sanitation kits, which consist of aqua tabs, laundry soap, bath soap, detergent powder soap and Jerri cans. On the other hand, to increase awareness on hygiene and sanitation practices in the IDP camp, SOS will train 2 members from the 1200 HHs living in the IDP so as to increase their knowledge on good hygiene, sanitation practices, as well as prevention of communicable diseases and transfer to the rest of the family. Simultaneously, SOS will organize awareness raising campaigns targeting all community members and sensitize about hygiene and sanitation.  The 400 most vulnerable Families of the IDP will be supported with unconditional food for 3 months to increase their access to essential food items. The food voucher, amounting to $ 60, will redeem the following food items from selected vendors, who will sign an agreement with SOS SX; 25 Kilograms (Kgs) - sugar, 25 kgs. Rice, 25 kgs. Wheat flour, 10 kgs. Spaghetti, 3 kgs. Cooking oil, 3 kgs. Dates, 24 pieces of canned beans, and 0.5 kgs of tea leaves. The food items are in line with the recommendations of the food cluster, as the minimum food basket. The list also factors input from the intended beneficiaries, on their food preference based on evaluations from the previous and similar projects. The beneficiaries will also be provided with transportation for the food and hygiene kits, as the items will be collected from vendors based in the nearest village. The project proposes to improve food access for vulnerable HHs by using food vouchers redeemable from selected vendors on agreed days of the week. SOS has the experience of using voucher methods in the emergency projects implemented in 2017 and 2018 as well as the currently implemented ERP project. The voucher systems is found to be cost-effective, and preferred in the local context and it helps to significantly reduce conflict among communities. SOS will continuously conduct market assessments to ensure that food is available and monitor food prices to adjust accordingly.  The project understands that negative effects can arise if the intervention is not properly managed. The project will use participatory method to involve all stakeholders at the inception of the project and will consider their contributions and viewpoints throughout the whole implementation. The project will also set strict criteria for the selection of food voucher beneficiaries to refrain from inter-community conflict, through the involvement of relevant stakeholders. These criteria will be explicitly shared with all community committees, local authorities and other stakeholders. VRCs and community committees will assist in the identification and verification of the beneficiaries and after selection, every beneficiary will be given an ID card to use as an identification when collecting their foods. To ensure that beneficiaries are using provided food and hygiene kits as intended, the project team will carry out a monthly Post Distribution Monitoring (PDM) to assess how the food and other items are being utilized. The project team will also verify quality of the water and food provided by the suppliers, before it is distributed to the beneficiaries.  The Somaliland government normally invests in recovery activities after an emergency, and this has been the norm in the past years. Partners will also continue with other donor funded activities and refer beneficiaries to available services as needed. Further, SOS SX will link and advocate affected populations to other relief and rehabilitation INGO’s and UN agencies to receive further assistance in relation to recovery and restoration of their lost livelihoods. In all interventions, SOS SX applies the Do No Harm Principle and the Core Humanitarian Standards (CHS) to refrain creating negative effects, while trying to support. |
| **Describe how the proposed intervention strengthens local ownership and capacities**  In the project preparation process, SOS SX consulted the affected communities and stakeholders in the area and collected data on the primary needs and the preferred intervention from the IDP community, therefore, the project addresses the primary humanitarian needs of the affected people and gives them the ownership of the project. SOS will use a participatory approach to carry out PDM activities, giving the communities a chance to raise their concerns and provide feedback on the intervention. In this intervention, SOS will work with the IDP committees to mobilize the community and sensitize them about the project. Additionally, VRCs will be part of the project implementation, to mobilize communities for food voucher collection and distribution, as well as carrying out hygiene and sanitation awareness sessions and will be paid a stipend of $50 monthly. Furthermore, the use of local suppliers and markets will boost the local economy, and strengthen the local coping mechanisms and capacities. |
| **Describe the risks to a successful intervention, and how you are managing them. Note that you can include budget for risk and safety management as relevant in the application to DERF**  In Somaliland, the security situations in the intervention areas is safe and stable, and there are no tensions at the moment. However, SOS will be monitoring the situation and potential changes in the environment in relation to safety and security. Other risks that can arise during the project implementation include:   1. The need of food in the targeted IDP and the amount of available resources may not match, which leads to the selection of the most vulnerable among them. This can lead to competition and conflict within the communities, but SOS will mitigate by setting and following strict criteria with the community members, sensitizing the community about the selection criteria and involving them in the verification process. SOS will contract with vendors to distribute the food, based on the vouchers and ID cards and will work closely with them to ensure that selected beneficiaries redeem their entitled food. 2. Prices of food commodities may change during the course of the project implementation; affecting the overall project implementation period and number of beneficiaries. The project will therefore monitor market trends, prices and impacts of high commodity prices, enter contracts with vendors to distribute food based on agreed prices and if prices change significantly, negotiate with the vendors to make sure that beneficiaries receive their full entitled items. SOS will also allocate contingency money for any unforeseen challenge. 3. SOS is dependent on a functional market, and there is low risk of markets running out of supplies and goods as witnessed in the past ERP projects. If one supplier fails to deliver, SOS will through its local network, manage to get in touch with other local suppliers that have sufficient stock. |
| **Describe the monitoring for documentation of achievement of results and lessons learnt, accountability and learning systems that you will employ. *This should include participation in DERF peer review and experience sharing mechanisms (obligatory for all grant-holders) and planned external evaluations (obligatory for interventions above DKK 2 million)***  The project will conduct a detail planning session with full participation of all project-concerned parties including the project focal person assigned for this project by the government. During this time, an indicator matrix will be developed for monitoring purpose. All progress indicators will be measured and documented. Case stories and best practices also be developed and documented. After action, financial audit and external evaluation will be conducted and shared. |