**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: ***ARD-Action For Relief And Development***

**Title of the intervention**: ***Lifesaving food and nutrition for 110 households in Sarinley in Jubbaland, Somalia***

## The humanitarian intervention (describe within max. 4 pages)

* 1. **The context: 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? Describe how the proposed intervention is effective and timely (CHS 2) in relation to the described context.**

Due to the absence of *GU* rain and the delay of *DEYR* rain, the area is hit by drought and therefore the life of nomadic people as well as city people is hard hit by lack of water, food but also shelter especially for the nomads. According to the weather forecast in the coming rains, there will be less rain compared to normal. If this happens, the situation will worsen and there will be an acute water shortage, food shortages and the livestock will die of water and feed shortages.

The food insecurity has affected many areas in Somalia, and our target area Sarinley in Baardheere region has been affected. The communities are depending on their livestock and casual labour, but the livestock are in bad conditions and therefore can´t support the families with milk or other income. There is an emergency need for water, food, health & nutrition, and protection.

**1.2 Content of the intervention:**

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

After evaluating the need for the affected population group and the situation in the area, ARD, together with the elders, religious leaders, women, youth, and the local authorities decided that most necessary for the target group is food and nutrition´s (milk powder for kids under 3 years old). The selection and the decisions around this have been a long underway, where all the necessary actors were consulted before the decision the was made. The families need a rapid food supply for the next 4-5 months and since ARD can´t support the whole community in one village, we decided together with all necessary actors and the local authorities to support the 110 weakest household in Sarinley near Baardheere. The weakest means that the vulnerable families with children under 3 years old, particularly households with one adult overhead. Households with disabled overhead and women headed households. The total beneficiaries in the intervention will be 770= (110 X 7) people and the local food stores will benefit from our intervention as we will purchase the goods locally. We will provide food and nutrition to 110 households in the two villages (see table 1). The food will buy locally, and our survey has shown that there is enough food in Baardheere. Our objectives are to deliver food and nutrition for 120 days to 110 households in Sarinley village near Baardheere. The food and the nutrition’s will be purchased in Baardheere, and there are enough food and nutrition to purchase. The food will be in one place and the beneficiaries will come in a small group to collect their food and nutrition´s to avoid the spread of the COVID 19 for the duration of the food and nutrition delivery

*Table 2. food and nutrition´s for each household for the target groups*

|  |  |
| --- | --- |
| *Type of goods* | *Amounts (kg)/litres* |
| *Rice* | ***50 kg*** |
| *Flour* | ***60 kg*** |
| *Sugar* | ***25 kg*** |
| *Food oil* | ***16 litres*** |
| *Beans* | ***50 kg*** |
| *Nutrition´s/milk powder* | ***30 kg*** |

*Table 1. objectives and activities to be applied in target*

|  |  |  |
| --- | --- | --- |
| **The objectives** | **Indicators** | **The activities** |
| -To secure food and nutrition´s for 110 households for 120 days in Sarinley. | - 110 food and nutrition’s have been delivered to 110 households (see table 2) | -Meetings with the local elders, religion leaders, women, youth, and local authorities  -Selecting the beneficiaries  -Planning for the food delivery  -Percurrent of the  -Procurement of food and the Nutrition´s  -Planning for the delivery methods  -Delivering the food for 110 households |

**b) Describe in a few sentences the 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?**

By providing food and nutrition to 770 people, we cover the target group's food and nutrition needs for the next 4 months. When our intervention is completed, we expect that the target group has come through the crisis well, without fleeing their home area, and without the women and girls selling themselves to cover their food needs. By providing food and nutrition’s for the 110 households will support these families in 4 months, where they prepare/other sources of income after 4 months.

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

Since we know our goals, our target group's needs, can we by evaluating the intervention during and after the implementation, see if we have achieved our goals in relation of covering the target group's food and nutrition needs, but also measure whether the target group is satisfied with our intervention and whether their expectation in relation to the intervention has been met. Here we look at both the process and the results of the intervention during and after the intervention.

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

ARD has chosen to supply goods in a form of food and nutrition´s rather than food stamps and cash-based assistance. This is because some of the weakest have debts in local food stores and we know that if the store owner is informed that these households have received money in the form of cash, they will demand to pay their debts. In addition, among these households, some fathers chew kat (euphoric substance being chewed in East Africa) and they can potentially use the money for kat. There may also be cases where there are some fathers who have multiple wives where there may be some conflict of interest between the families/ not dividing for funds properly.

Another advantage of ARD providing food and nutrition´s to households is that it becomes cheaper to buy large quantities, and therefore will get the most value for money.

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

The intervention described in the DERF call is the same as our partner in the south describes in the area and therefore very necessary for the local community in the region but also in our target areas.

The order of need for the intervention is also the same, however, our target area is slightly different in relation to the basic needs. It is because that there are accesses for water for residents (*Juba River*), and therefore the best support for the affected group is food and nutrition´s in relation to the needs of the group.

The resources will be managed and spent responsibly, as we will buy the resources to intended for the food and nutrition´s supplies for the target population and practice best value for the money, to fulfil the needs of the target groups and at same time support the local economy as the goods will be purchased in the local area.

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

ARD has experience working with these types of interventions and will benefit from these experiences. It will ease the implementation of the whole project, but also the reduction of conflict and risk of security under and after the implementation of the project. ARD is implementing a WASH project in Baardheere region which is just 7 kms away from Sarinley, and ARD have implemented projects in the region and used to transfer money though Hawala system from Denmark to the region and will apply the same Hawala mechanism. Hawala mechanism is very effective, where the money can be transferred in day by day, means that within 2 to 3 days after ARD-DK receives the first transfer from DERF will send the funding to ARD. We have already bank account in place in both Denmark, Somalia, and Kenya. Both organizations have experiences implementing and transferring funds locally and internationally.

**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**.

The target group are 110 households in Sarinley village near Baardheere with the lowest income, who are depending most on their livestock and casual labour in farming. Their livestock are very bad conditions due to the drought and therefore can´t support them with milk and cannot sells because of their condition. Therefore, they need of food and nutation’s because they have access to water. The village is, like many of the other villages in the area and the rest of the country hit hard by the drought and has not received support from either regional and national authorities nor the NOGs working in the area. In the selection process the people with disabilities, female-headed households, families with children under 3 years old are being given priority number 1 during the selection criteria for our intervention. About 770 individuals will directly benefit our intervention and the population of Sarinley is around 2500 inhabitants, and they will also indirectly benefit our intervention as we will purchase the food and nutrition´s in the local food stores.

*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 | 110 | 110 | 220 |
| 6-14 | 67 | 70 | 137 |
| 15-24 | 55 | 63 | 118 |
| 25-49 | 45 | 50 | 95 |
| 50-64 | 50 | 55 | 105 |
| > 65 | 45 | 50 | 95 |
|  |  |  |  |
| **Total** | 372 | 398 | **770** |

**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.**

Our target group are the most vulnerable amongst the households in Sarinley, female headed households, old and ill/disabled headed households. The target groups have been chosen in a meeting. We are attending to supply food for the 110 households for 4 months (120 days), where each household will receive. The selection of the target group will take place jointly with all the actors in the target area. Everyone is heard during the meeting and during the decision-making process and it is important for ARD that the weakest have a say and are allowed to make their input.

By providing food and nutrition´s to the weakest in community, will help to prevent women and girls to sell their body to cover their daily food needs for themselves and their children, and became infected with disease or also abused during these.

To avoid conflict during and after food delivery, we use the traditional system and the local authorities to legalize the decisions taken in relation to the selection of the target group. When the target group is selected together due to their weakness, and the elderly, religious leaders, women, and young people are included in the decisions, we hope, as before, that the conflict will be limited during and after our intervention.

## 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.**

ARD is non-profit, non-political organizations formed in 2003 based in Gedo region of Somalia in response to the increasing needs and support the development and rehabilitation of their social life. ARD had offices in Mogadishu, Baardheere, Kismayo, Nairobi and has implanted varies projects in whole southern Somalia.

ARD acts as local representative for various Diaspora NGOs based in Europe and North America; ARD affiliated organizations are included Gannaane, based in Finland, ARD Denmark, Somali Reconstruction and Social Development, based in Finland, Rural Development and Relief Agency (RDA) based in Finland which also has branches and representatives in multiple States in North America.

ARD had implemented a lot of projects with many different national and international donors. Therefor ARD has the capacity to manage the funding ARD-Denmark applying for the emergency funding from DERF to assist affected population in Sarinley. ARD and ARD DK, had implemented projects together and had established relation with the local communities in the target area. The staff had knowledge for the community as a whole and particularly the target group, who are the weakest in the target area. ARD has work permit paper from the local authority as ARD had been working in the area for the last 18 years.

*Table. 3 project ARD had and are implementing*

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Somalia | Project description | If applicable: External donors and amount of funding |
| 2020-ongoing | Baardheere, Somalia | Wash such as Latrine, Distribution Hygiene Kits, Rehabilitations Wells, Brackets and Kicks | Safe Hands Foundation (**SHF**) |
| 2020-0ngoing | Elwak, Somalia | WASH | UNOCHA-CHF |
| 2020- 2020 | Baardheere | food supply for 110 households in 4 small villages in Baardheere region | DERF/CISU |
| 2020- 2021 | Baardheere | Reproductive Health Program | UNFPA Dr. Samiya Hassan |
| 2019-on going | Marka and Qoryoley, Lower shabelle | Provision of temporary and sustainable safe drinking reliable sanitation and proper hygiene practice to IDPs/Returnees and drought affected rural communities in Marka and Qoryoley | UNOCHA-CHF |
| 2018-on going | Baardheere | Farming capacity increase in Baardheere region, Somalia | DRC |
| 2012-2019 | Somalia, Gedo | Emergency Reproductive Health Project | United Population Fund (UNFPA) |
| 2017 on going | Somalia Garbaharey Gedo/ Somalia Jamame, M/juba | Drought Response Cash Based Activities Interventions (CBI-Cash for Work and Unconditional Cash Transfers) | Food and Agricultural Organization (FAO) |
| 2017-2019 | Kismayo,L/juba | Drought Response Cash Based Activities Interventions (CBI-Cash for Work and Unconditional Cash Transfers) | Food and Agricultural Organization (FAO) |
| 2017-2019 | Beledhawa,Gedo | Drought Response Cash Based Activities Interventions (CBI-Cash for Work and Unconditional Cash Transfers) | Food and Agricultural Organization (FAO) |
| 2015-2016 | Somalia Garbaharey, Gedo | Construction of Referral Hospital for enhancing the health care system in Gedo region | OIC and Somalia/Diaspora |

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

ARD works in the region and collaborates with local authorities, the elderly, religious leaders, and the local community in the intervention area and are now implementing a WASH project in Baardheere in cooperation with Safe Hands Foundation (**SHF**), this makes easier for us to access the target group, but also collaborated with the various actors in the area. ARD has worked with such interventions for many years and has the experience needed to carry out the project, including identifying vulnerable people and evaluating their acute needs and acting according to their needs.

**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.**

ARD-Denmark and ARD had been working together since 2003 and had implemented varies projects together for last 18 years, and we had partnership agreement. ARD-DK will send a person in order to evaluate the intervention and all the practical work about the emergency, and the food and nutrition delivery.

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

Our partner ARD has the responsibility for project implementation and monitoring. They will also report to us regularly on the progress of the project and the problems that they might face. We will exchange ideas about how we can address these challenges and solve them together. We intend to communicate with them by e-mails, and WhatsApp, Facetime among others when ARD DK is not on site. ARD and ARD DK will monitor and evaluate the sustainability of the project. Our local partner has the role to advocate for local community, to report their needs to us and to the local authority and to international organizations as well. ARD has assigned a group to the project implementation, which will be responsible for the whole project. ARD-DK will be represented by a person from Denmark, and he/she will report to us day by day about the progresses of the implementation and will be responsible for the monitoring of the project implementation.

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

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

our intervention in the local area will not affect negatively by the local society but will have positive impact. The reason is because ARD will purchase the materials locally and this will strengthen the local businesses, but also by the affected population in form of mitigation of the food and nutrition´s shortages.

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

Injury or conflict prevention is a good tool in terms of limiting both, and therefore it is very important for ARD to prevent any harm or conflict in connection with our interventions. We do this to inform local population, the target group, local and national actors, elderly, religious leader, and other interested groups in the target area, where the project's purpose, its content, duration, process, and implementing staff will clarified. In relation to the delivery of the food and nutrition´s, we consider the conditions and composition of the individual household in order to avoid a conflict of interest.

**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). |
|  | → | **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.**

In the context of food distribution, there may be some negative effects on the environment if we do not think carefully about it. We will supply a lot of food and nutrition’s to every family backed in plastic. To avoid negative impact on the environment we will back the food in large bags to limit the garbage. In relation to the transport of the food we will try to back the trucks well to limit the number of journeys.

## 4. Risk Management & MEAL (describe within max. 1 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?

Every intervention comes always with challenges, and therefore ARD and ARD-Denmark try to minimize any negative impact caused by our intervention. The involved partners, particularly the communities and the beneficiaries are fully aware of the objectives and the outputs of the intervention to give involved partners a transparent and accountability. We always try to avoid anything that can cause risks to the beneficiaries and our staff in the field. The decisions are taken by the involved actors and ARD staff and complain mechanism is set in place to prevent any personal gains or misuse of power to reach a personal interest and abuse of power. **The safety of the beneficiaries** is very important for ARD and therefore we evaluate the situation and make decision to the next level of the implementation to avoid any security risks caused by our intervention.

**The safety of staff** and volunteers are very important for ARD, and we support our staff and volunteers, minimize any security risks before, during and after any intervention. Because we know that well been of the staff and volunteers leads to efficient and successful implementation of our intervention of the target population. As we know the risks of COVID19, it is very important ARD to protect our staff in the target area from the epidemic, and therefore we do all the necessary steps to protect our staff from COVID 19 or other risks. ARD will purchase protection materials for the local staff due to the COVID 19.

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

Every intervention comes always with challenges, and therefor ARD and ARD-Denmark try to minimize any negative impact caused by our intervention. The involved partners, particularly the communities and the beneficiaries are fully aware of the objectives and the outputs of the intervention to give involved partners a transparent and accountability. To have a fare and reliable complain system for the beneficiaries is very important for ARD, and therefore had ARD an anonymous telephone line, which the beneficiaries can call anonymously during and after the intervention, if she or he has any complain due to the intervention. To make sure the anonymity of the complaint, the phone line will be in other ARD department outside the target area, where ARD personal and complaint don´t know each other.

**4.3 Describe how learning and reflection will be applied in terms of improving future humanitarian interventions (CHS 7)?**

Monitoring and evaluation of intervention is part of the planning, where ARD will evaluate during and after the project implementation. We will do a survey of our target group in relation to food and nutrition´s delivered during and after the implementation to adapt our later projects but also the current intervention. We know that you always get better in relation to the implementation and assessment of the target group's basic needs in relatively catastrophic situations, and therefore it is important for ARD to get feedback from the target group in connection with a given intervention

## 5. Coordination (describe within max. 0,5 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?**

ARD had working permission on both local and national level in Somalia and will coordinate with Baardheere local authority if receive funds from DERF. The interventions that have been occurred so far, can sees below table and ARD and ARD-Denmark will avoid gaps and overlaps in the target area.

*Table 4. Activities in Baardheere region*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NR. | Location | Name of the Organization | National /Internationals | Partner LNGO | Activities in Baardheere |
| 1 | Baardheere | Concern Worldwide | International | Lifeline Gedo | Wash Such as Latrine Hygiene and Building Kicks this project has SHF exception BRICS and BRICS has CONCERN |
| 2 | Baardheere | IOM | International | None | One MCH Bullo Garas MCH only |
| 3 | Baardheere | UNICEF | International | Hirdo | Health and Nutrition Only |
| 4 | Baardheere | ACTED | International | SADO | There is not any activity Now |
| 5 | Baardheere | NCA/WFP | International | SADO | Baxnaano from Federal Government of Somalia |
| 6 | Baardheere | ICRC | International | SRCS | MEI 300 households receive 500 USD ICRC through SRCS to start small business in Baardheere |
| 7 | Baardheere | SHF | International | CODHNET | Livelihood, food only |
| 8 | Baardheere | SHF | International | ADA | Seeds of farmers Only |
| **9** | **Baardheere** | **SHF** | **International** | **ARD** | **Wash such as Latrine, Distribution Hygiene Kits, Rehabilitations Wells, Brackets and Kicks** |
| 10 | Baardheere | SHF | International | GEWDO | Cash Transfer Only |
| 11 | Baardheere | FOA | International | URDO | Seeds and Cash Transfer |

All villages that are located and come under Baardheere have unfortunately not received help from the local and national authorities nor the organizations working in the area and therefore are hit extra hard by the drought in relation to the residents of large cities. It is therefore necessary to obtain support for these areas, as we are attending to do through our intervention.

**5.2 Describe how the implementing partner(s) participate in relevant coordination mechanisms?**

Yes, ARD is involved wash cluster in national level in Somalia.

<https://reliefweb.int/map/somalia/somalia-hc-partner-operational-presence-covid-19-response-20-apr-2020>