## APPLICATION FORM – humanitarian Intervention: RAPID RESPONSE

**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?

## The humanitarian intervention

2019 Deyr seasonal rains of moderate to heavy intensities with winds have been received in many parts of Puntland starting from the coastal areas of Gardafuu (Alula area).

On 6th to the 8th December 2019, the influence of cyclone affected many areas alongside the coast and spreading further to inland rural and urban settlements as well as pastoral areas in Puntland.  The strong winds have led to destruction of property, livelihoods, health facilities, weak structures, some schools, infrastructures including communication facilities, roads, buildings, fishing gears and boats as well as disrupting ordinary activities.

These stormy rains of the cyclone PAWAN with destructive winds and its preceding Kyarr cyclone created heavy flash floods that triggered loss of human lives, livelihood assets, killed livestock assets, destroyed buildings, washed out entire farms and restricted the movement of people and transportation of goods by destroying the infrastructures.

In the areas that the assessment team evaluated the health Care services, each of the villages visited had non-functional health services due to the storm and heavy rains implicated poor health indicators and bad health outcome and deterioration (appendix 1 & 2).

Despite non-functional health facilities and other health services were very limited. Some members of the communities revealed that they travel long distances to receive medical services. Even though they travel long distances the received services and medications were not adequate. The communities reported noticeable increases in health cases and reported as follows: 364 cases were acute watery diarrhoea (AWD), 150 children were reported with respiratory diseases, 110 cases were reported Malaria outbreak, and 240 new cases reported unknown fever which could trigger the increase of mortality and morbidity among the affected communities. Although the assessment team were not equipped with anthropometric measurement but there were so many mothers and children showing the signs of malnutrition and recurrent diseases (appendix 1 & 2).

Guryasamo and SHiFAT have planned to respond to the current emergency situation at Eyl and Dangorayo district in Nugaal region where Strong winds associated with the storm caused bad health impacts including diseases outbreak and bad health outcome deteriorations. Guryasamo and SHiFAT are proposing three months of Health Emergency and WASH intervention to meet the immediate needs of 5,000 people with medical intervention and 500 households with hygiene kits distribution**.**

The specific areas we are targeting in the affected communities are two districts which are as following: **1:** **Eyl District** (*Villages :(Dawat, Badde, dhaganle, Aftogwayne, Dhugato, diilin, qarxis, Kabaal, marayac and Ceel-Madoobe.* **2**:***Dangorayo District (****Village****: (****Qundheedh, Garmal, Suuj, Falfalax and Baqbaq*) in Nugaal region. With our prior experience in terms of having successfully fulfilled three previous calls with DERF (and one ongoing call) we are confident of using our knowledge, network and vast experience to support the vulnerable people affected by the storm in Eyl and dangoryo districts in Nugaal region Puntland.

SHiFAT has been implementing Health and WASH programme in Somalia, Puntland and Somaliland regions and has been engaged in training Local community health workers to manage disease outbreaks and enhanced local communities in infection control measures, through raising awareness and equipping them with knowledge on basic hygiene and sanitation.

This intervention aims to make use of the current local infrastructure and avoid running a parallel system with existing emergency responses. The local infrastructure includes local and regional authorities and health committees, assigned to coordinate humanitarian action. 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.**

Emergency mobile medical intervention to the affected storm communities at Eyl and Dangorayo district in Nugaal region.

**Output 1:**

Health care services delivery to the planned target population (**5000 people**) through outreach project intervention.

**Activities 1**

1. Health care services delivery to the planned target population (**5000 people**) through outreach project intervention.
2. To deliver mobile medical services to the communities, SHiFAT will provide general OPD health services with basic ailments and refers those with more complicated medical conditions to the Nugaal regional hospital.
3. SHiFAT will deliver mobile medical services including preventive health care, psychological support services and education to all communities including children, adults and youth.
4. Project regular monitoring and reporting the achieving results.

**Objectives 2.**

Promotion of Hygiene and sanitation in affected communities at Eyl and Dangorayo district in Nugaal region both displaced and resident communities.

**Output 2:** The number of beneficiaries expected to reach will be **500** households which are equivalent 500\*6: **3000** beneficiaries (estimated).

**Activities 2.**

SHiFAT will respond to basic needs for the WASH activities including distributing of Hygiene kits and water purification tablet (improving water quality standards). This Hygiene intervention will integrate Health emergency intervention to Eyl and Dangorayo district in Nugaal affected communities, the method will employ to implement these activities through the PHAST and CHEST approaches according UNICEF guideline Project regular monitoring and reporting the achieving results.

**Objectives 3. (Contribution by SHiFAT and Guryasamo)**

Train 10 community committee from 10 communities for Emergency health preparedness and respond for disease outbreak.

**Output 3.** Train 10 community committee for health emergency preparedness and disease outbreak prevention.

**Activities 3.**

Technical consultant will train 10 community committee, each communities will select one nominee for participation and retrain his communities on return of his communities.

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| **Outcome(s)** | **Performance Indicators** | **Means of verification** | **Timeline** | **Targets** |
| **Outcome 1:**Improved health status of community at Eyl and Dangarayo district in Nugaal region in the affected areas of 5000 people  | * Clinic Performance indicators (cure, Recovery rate, discharge rate default, death, non-responseeas, >79calculate the required amont for each commodity per month and overall an average of 1 individua rates)
 | * Monthly reports
* Case Success story
* Progress report
* End of project report.
* Narrative Report
 | Urgent.Expecting start date 20/01 /2020 | # 5000 clients will get full treatment  |
| **Outcome 2:**Promote hygiene and sanitation in affected IDPS (distribution of hygiene kits. | * Will distribute hygiene kits.
* Promote Hygiene and sanitation activities to eliminate/diminish disease outbreak.
 | * Monthly reports
* Case Success story
* Progress report
* End of project report.
* Narrative Report
 | Urgent.Expecting start date 20/01/ 2020 | # 500 Households will be selected to receive hygiene kits. |

## The context of your selected response, in relation the relevant DERF call. 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)?

## *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 with all stakeholders in Puntland state (MOH, regional authorities, community committee and other line ministries. SHiFAT will urgently deploy technical staff and order all procurements of the project equipment and drugs. SHiFAT will start the new emergency programme within a very short time and aid support to especially the vulnerable of the affected populations to recover the bad consequences implicated by storm and heavy rains.

## *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 vulnerable and marginalized members so the project can be aligned to meet the identified needs. 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.

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

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, hygiene promotors and health education campaigns will be conducted at the village level using local villagers. This will also benefit the economic standing of the target group alongside the proposed interventions. 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 properly as planned.

## 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 and accessibility of the community structure will be mobilizing 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 community through the appropriate channels. With these 7 days, we plan to engage the following steps:

* Work closely with the relevant line ministry (Ministry of health, ministry of water and Ministry of agriculture)
* Work with regional level authorities through engagement (Governor, regional medical officer, and other regional water/Agriculture 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 mobile clinic about medication and hygiene kits.
* Project kick start ceremony in the region will be at 7th.

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| **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. Outpatient clinical therapeutic services
 | 1100 | 1600 | 470 | 800 | 700 | 330 | 5.000 |
| 1. Hygiene and sanitation services
 | 800 | 700 | 100 | 700 | 600 | 100 | 3.000 |
| Training for 10 community committee in Nugaal region for health & hygiene preventions **(SHiFAT/Guryosam contribution)** | 1 | 2 | 2 | 1 | 2 | 2 | 10 |
| Total: | **1901** | **2302** |  **572** | **1501** | **1302** | **432** | **8,000** |
| Total adjusted for double counting\*: | 1100 | 1600 | 470 | 800 | 700 | 330 | 5.000 |
| Total vulnerable persons of the above | 800 | 700 | 100 | 700 | 600 | 100 | 3.000 |

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

## How do you calculate the number of people who shall be assisted through the various activities? For example, if you target households, how many family members (male/female / below 18) do you count per household?

The Organization will calculate according available standards.

* 1HH contains of 6 persons according UNICEF/WFP estimation standers.
* **5000** beneficiaries will get individual treatment.
	+ **1900** beneficiaries will be under 18 years, while 2300 beneficiaries will be between 18 and 50 years and 800 beneficiaries will be over 50 years old.
	+ **500House Holds\*6: 3000** vulnerable people will benefit hygiene kits distribution. (These households are selected from the most needy from the above mentioned 5.000)
* **10 c**ommunity committee will get full integrated training. Each community will invite one person on behalf of their communities.

## 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.

The approach is to target all vulnerable people affected by the tropical storm so they can become beneficiaries of the project. Our initial identification and prioritization of the most vulnerable and marginalized people so the intervention can be aligned to meet the identified needs, the programme team will conduct community profiling and set a selection criteria by participatory selection beneficiary registration approach which is the active decision to systematically practices allowing a structured synthesis process.

The most vulnerable and marginalized peoople affected by PAWAN in Eyl and Dangorayo district, Nugaal region will be as follow; Household headed by women, Household headed children, Household headed elderly, and Household headed incapacity including handicapped and long-term illness, HHs headed by single women. The selection criteria will enable the team to consider in list all vulnerable group members and directly become the programme beneficiary. The Monitoring, evaluation, accountability and learning officer (MEAL) will frequently confirm and check all registered beneficiaries and report accordingly. The health programme manager will be responsible for convicting a smooth programme implementation in guidance with project proposal principles and agreed project strategy.

**Additional Comments:**

Guryosamo and SHiFAT will carry out security risk and vulnerability assessments. The approach to find and integrate vulnerable beneficiaries. The initial needs assessment in consultation with community committee and district Health officers (DMO) will mobilize all target groups including all vulnerable and marginalizes members so the intervention can be aligned to meet the identified needs. There will be weekly and monthly updates on the monitoring. We will also asses whether all selection criteria for beneficiaries are in adherence with the MEAL activities.

## 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.**

*If yes, please describe which type of cash-based programming.*

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: 80 %

**%** funding spent on activities & goods for crisis affected persons, from the intervention budget: **58** %.

## 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 in Somalia, specially affected communities in Nugaan region Puntland state, Somalia. 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 water borne related diseases. The Emergency project intervention were responded disaster affected communities 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 safe guarding policy, anti-money laundering and counter terrorist financing policy.

SHiFAT management structure and experience in Emergency response to similar programme 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 expertize 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 Beletweyne, Awdal/Saxil Cyclone-sagar emergency respond, Sool conflict affected emergency respond, Burco Acute watery diarrhea (AWD) respond, Sanaag Pneumonia outbreak emergency respond, Somaliland drough affected emergency respond and Somali joint respond 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 8st of January 2020. The main roles of Guryasamo Denmark were to oversee the project as the main project 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 Hirshabeele 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.

## 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 consultations with our target group will include vulnerable and marginalized members so the intervention can be aligned to meet the identified needs. 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 technical 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 (except for ER equipment and the Mobile Clinic) will be purchased locally. Also, hygiene promotors and health education campaigns will be conducted at the village level using local villagers. 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 responsible all project cycle management activities both grassroots level and donor regulation activities.

## M&E, LEARNING AND ACCOUNTABILITY

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

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. 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.

## 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 will engage with all stakeholders including Puntland ministry of health (PMOH), local community committee, Nugaal regional and local authorities and flooding disaster committees, and other line ministries as mentioned above; SHiFAT will also co-ordinate regional level with the Puntland state ministry of health’s regional branches and Regional Medical Officer, regional water officer (RMOs). SHiFAT will also take part in the Office of coordination of humanitarian Affairs (OCHA) meetings in Nugaal 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.