**THE DANISH EMERGENCY RELIEF FUND**

**RAPID RESPONSE – INTERVENTION application form**

**Guidance note**

Before applying for an intervention please read the DERF Funding Guidelines carefully. For a practical guide on how to navigate in the online application module please see: <https://www.cisu.dk/vorescisu>

The intervention application must be submitted to CISU through the *Vores CISU* platform, which can be accessed [here](http://medlemsunivers.cisu.dk/Bruger/LogOn). In *Vores CISU*, you are asked to fill in some basic information related to the proposed intervention such as title, dates, area of intervention, mode(s) of assistance etc.

Information about the applicant (the Danish CSO) and the implementing partner must also be entered directly at the *Vores CISU* platform. **Please ensure that the entered organisational data of the Danish CSO and the local partner(s) is up to date and the latest annual report and audited annual report are uploaded.** For more information about how to register an implementing partner(s) please see: <https://www.cisu.dk/vorescisu>

When applying, you are requested to upload the following documents:

* **A signed cover page** using the format available at [www.cisu.dk/derf](http://www.cisu.dk/derf)
* **The intervention application form** (one Word document of **max. 10 pages**) see format below
* **The partner(s)’ context analysis** (one Word document of **max. 2** **pages**, signed by the implementing partner)
* **The intervention budget** using the budget format available at [www.cisu.dk/derf](http://www.cisu.dk/derf). Please also see the Budget Guide available at [www.cisu.dk/derf](http://www.cisu.dk/derf)
* **Partnership policy,** this is only requested if your CSO has an existing partnership policy

**Note**: In the application below (section 3.3) you will find that an **environment marker** has been introduced by the DERF. This is to allow partners identify and consider the environmental impact of their proposed and actual intervention activities. As part of the principle of ‘do no harm’ humanitarian interventions should identify adverse environmental effects to avoid, reduce and mitigate their potential impacts. Both DERF modalities are based on the premise that all interventions per default carry with them some degree of environmental impact.

CISU views the environment marker as a reflection exercise meant for monitoring purposes and the marker does not form part of the DERF application assessment criteria. The DERF intervention feedback on final reports will, however, include comments related to the markers, as relevant. CISU strives to promote environmental sustainability across its principles, strategies, networks, partnerships, pools, and practices.

**RAPID RESPONSE - INTERVENTION application form**

**Applying organisation**: ARD-ACTION FOR RELIEF AND DEVELOPMENT

**Title of the intervention**: Helping farmers grow their land during the rainy season by providing food, seeds, and nutrition for 110 households in Caqaqable

## 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?**

Although it has rained in many places in Somalia, and in Baardheere region, there is a very acute shortage of food for the population and acute shortage of nutrition for young children in the region and in Caqaqable. The food insecurity has affected many areas in Somalia, and our effected area is Caqaqable in Baardheere region has also been affected. The communities are depending on agriculture, their livestock and casual labor, but the agriculture had been affected by the lack of seasonal rain and the lack of water after the Juba River had drayed out. The livestock which had survived from the drought are in bad conditions and therefore can´t support the families with milk or other income. There is an emergency need for food, health & nutrition, and protection.

People in the village have not had a proper harvest in the last several years and are right now also in the process of sowing their fields. For the affected effected group, it is very important to have access to seeds, food, and nutrition for their families so that they can concentrate in their field work.

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

 the population of Caqaqable have long waited for the arrival of the rain to get started cultivating their fields. Now the rain has come, and the farmers have started to cultivate their land which has not been cultivated for the last 24 months. The affected effected group does not have access to food and nutrition and therefore needs outside support. In our intervention we will support 110 households in Caqaqable village with **food and nutrition** for 4 months. In addition, we will supply **seeds** to around 63 households out of the affected effected group in the village. This will make them easier for their work and cultivation of their fields. ARD-Somalia is already in the region and implementing other projects in Baardheere, but also has a good local relation in both civil society and authorities in the region. This simplifies our implementation of project but also to procure and supply food, seeds, and nutrition to affected group. The village is a bit isolated, and since we cannot support many affected populations in relation to our budget, it is suitable for our project compared to the many other villages that are close to each other and where there can be a lot of flow to our intervention as we have experienced in our last DERF intervention in Sarinley

**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?**

Our goal is to provide food and nutrition to 770 individuals (110 households) in Caqaqable village for next 4 months, and by doing that we expect that the affected population has come through the crisis well. ARD will also deliver seeds to 63 households as they lack seeds for their seasonal sowing. Providing food, nutrition and seeds to the affected effected group will make it easier for them to cultivate their fields during the season. Upon completion of our intervention, we assume the group will be able to feed themselves on their harvested crops.

Caqaqable is a small village with small 3000 inhabitants and is located by Jubba River, where almost all inhabitants depend on agriculture and small livestock. The village is located approx. 25 km from Baardheere. The population will not flee from their home area, and the girls and women will not sell themselves to cover their food needs. During the 4 months, the affected effected group will cultivate their farms to cover their food and nutrition needs after the end of the project, because the river is full of water and rain is good in the region where the livestock too has good grassing possibilities in the area.

b) **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 affected effected group is food, seeds for some of them, 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 was made. The families need a rapid food supply for the next 4 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 Caqaqable village. 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 affected effected group 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 one village (see table 1), and seeds for 63 of the affected effected group. The food will be bought locally, and our survey has shown that there is enough food in Baardheere. Our objectives are to deliver food, seeds, and nutrition for 120 days to 110 households in Caqaqable village. The seeds, 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 affected effected group 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. The disabled will get delivered their food and nutrition at home.

*Table 1. food and nutrition´s for each household for the affected group in Caqaqable*

|  |  |
| --- | --- |
| *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 2. objectives and activities to be applied in effected area*

|  |  |  |
| --- | --- | --- |
| **The objectives** | **Indicators** | **The activities** |
| -To secure food and nutrition´s for 110 households for 120 days in Caqaqable.-To secure seeds to 63 households in Caqaqable  | - 110 food and nutrition’s have been delivered to110 households-(See table 1)-Deliver 63 seeds to 63 households | -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 -procurement of seeds-Planning for the delivery methods-Delivering the food for 110 households |

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

Since we know our goals, our affected effected 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 affected effected group's food and nutrition needs, but also measure whether the effected 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), why are you choosing one mode instead of another, or why do you combine the modes as you do?**

ARD-Somalia and ARD-DK had implemented many different projects in the region and therefor had experience in the field. Every modality can have their advantages and disadvantages, and the cash modes can be one of the best in terms of the individual household's freedom to decide over the funds. Having said that, we also know from our experience in the region that there may be conflicts between the family members in relation to the use of the funds. For some households there will be no conflicts, while some will have conflicts and therefore, we have decided to supply goods in a form of food, seeds, 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. Since the food prices have risen a lot compared to before, it is also important to point out the advantage of buying large quantities of food and thus getting the most for the funds, and therefore will get the most value for money.

In addition, we distribute seeds to 63 out of the 110 households, and we know from experience that there will be some who will not buy seeds for the funds as they will believe that it better covers other household needs. Seeds that is certified seeds, and are chosen for the purity, germination, sorting and is stained for seed-borne diseases. in these rounds it was agreed to allocate food and nutrition as well as seed to the effected group.

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

ARD-Somalia and ARD-DK 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-Somalia is implementing a WASH project in Baardheere region which is just 25 kms away from Caqaqable, 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-Somalia. We have already bank account in place in both Denmark, Somalia, and Kenya. Both organizations have experiences implementing and transferring funds locally and internationally.

**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?**

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 effected areas.

The order of need for the intervention is also the same, however, our effected area is slightly different in relation to the basic needs. 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 affected effected population and practice best value for the money, to fulfil the needs of the affected effected groups and at same time support the local economy as the goods will be purchased in the local area. As the rain has arrive and the region received some rains, there are no lack of water in the affected area.

**1.3 The effected group:**

**a) Describe the direct effected group of the planned intervention, including their characteristics and needs. Justify how you have selected this particular effected 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**.

Caqaqable village has small population of around 3.000 inhabitants. The population are depending on farming and livestock, and the drought of the last many years had badly affected both farming and the livestock. Therefore, they need of food, seeds, 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 NGOs 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 Caqaqable is around 3.000 to 3.500 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 effected group by gender and age group in the table below.

|  |
| --- |
| **PLANNED EFFECTED POPULATION (INDIVIDUALS)** |
| **Age Group** | **Male** | **Female** | **Total** |
| Number of persons | Number of persons | Number of persons |
| < 5 | 105 | 115 | 220 |
| 6-14 | 93 | 100 | 193 |
| 15-24 | 60 | 65 | 125 |
| 25-49 | 40 | 50 | 90 |
| 50-64 | 30 | 60 | 90 |
| > 65 | 15 | 37 | 52 |
|  |   |   |   |
| **Total** | 343 | 427 | **770** |

c) **Describe who and how many of your direct effected 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**.

As seen above table there are 220 children under 5 years old in the affected effected group, and they need nutrition to survive and to cover their daily nutrition. These group will receive nutrition for 120 days. There are also 193 vulnerable group of young people between 5 and 14 years of age who also need for prober food and they tother the rest of the household. The women and the girls are also vulnerable and by providing food they will not flee from their homes and not be dependent on other forms for income to cover their daily food ration or sell themselves and their body to survive.

## 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 Baardheere. ARD and ARD-DK had implemented projects together and had established relation with the local communities in the affected area. The staff had knowledge for the community as a whole and particularly the effected group, who are the weakest in the affected 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  |
| 2021-ongoing | Sarinley, Baardheere, Somalia | Lifesaving food and nutrition for 110 households in Sarinley in Jubbaland, Somalia-21-3740-DERF-RR | ARD-DK- CISU/DERF |
| 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-Somalia 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**), and had implemented a similar project with **ARD-DK** and **CISU/DERF** in 2021-2022 in Sarinley near Baardheere region, and this makes easier for us to access the effected group, but also collaborated with the various actors in the area. ARD-Somalia 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-Somalia and ARD-DK have a project underway and in connection with this project we signed a contract in relation to the project 21-3740-DERF-RR. A new contract will be entered if we receive a grant for our application. ARD-DK will send a person 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)?**

As attending to deliver food and nutrition for needed affected effected group, 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. During the implementation ARD-Somalia will try to limit any conflict caused by our intervention in form negative environmental impact and negative socially impact.

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

Before, during the implementation of our intervention, all actors and stakeholders in the area are informed, where we present all the project's content and expected results. We do this to inform local population, the affected effected group, local and national actors, elderly, religious leader, and other interested groups in the affected 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).  |
|[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.**

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. 1,5 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?***

ARD-Somalia and ARD-DK had worked with many different projects throughout the region and know that every intervention comes always with challenges, and therefore ARD and ARD-Denmark always work hard to minimize any negative impact caused by our intervention. ARD always try to avoid anything that can cause risks to the affected effected group 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 effected population. As we know the risks of COVID19, it is very important ARD to protect our staff in the affected 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.**

During and after the implementation of the project, ARD will conduct a study of our affected effected group in and around food and nutrition. If there is to be an adjustment in relation to the intervention, this will be done. As mentioned above 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 affected effected group 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 affected effected group is very important for ARD, and therefore had ARD an anonymous telephone line, which the affected effected group 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 affected 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 effected 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 effected group's basic needs in relatively catastrophic situations, and therefore it is important for ARD to get feedback from the effected group in connection with a given intervention

## 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)**

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 affected 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 (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?***

Yes, ARD is involved clusters in national level in Somalia, and as ARD-Somalia are and had been working in the region in many years and are implementing projects currently, and are also involved clusters such as: Education, Food security, Nutrition, Protection, Water/Sanitation/Hygiene (WASH), Health clusters

[*https://reliefweb.int/map/somalia/somalia-hc-partner-operational-presence-covid-19-response-20-apr-2020*](https://reliefweb.int/map/somalia/somalia-hc-partner-operational-presence-covid-19-response-20-apr-2020)