

ACT Alliance Appeal

Global Response to the COVID-19 Pandemic – ACT201

Sub-Appeal - ACT 201-SOM

**ACT Multi-Sectoral and Integrated COVID-19 Response in
Somalia**

Budget Requested: USD 1,000,000

actalliance

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Project Summary Sheet							
Project Title	ACT Multi-sectoral and Integrated COVID-19 response in Somalia						
Project ID	ACT 201-SOM						
Location	<p>Kismayu in Lower Juba region of Jubaland (LWF)</p> <p>Bossaso and Garowe, in Puntland state (Diakonia Sweden)</p> <p>Gedo, Puntland and Banadir region (NCA)</p> <p>Hudur in Bakool region and Baidoa in Bay region, South West State (FCA)</p> <p>Mogadishu, Banadir region, Beletweyne district, Hiraan region, Hirshabelle and Hobyo district, Mudug region, Galmudug (DKH)</p>						
Project Period	<table> <tr> <td>Start Date</td> <td>1 June 2020</td> </tr> <tr> <td>End Date</td> <td>28 February 2021</td> </tr> <tr> <td>No. of months</td> <td>9</td> </tr> </table>	Start Date	1 June 2020	End Date	28 February 2021	No. of months	9
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Requesting Forum	<p>ACT Somalia Forum</p> <p><input checked="" type="checkbox"/> The ACT Forum officially endorses the submission of this Sub-Appeal (tick box to confirm)</p>						
Requesting members	<p>Lutheran World Federation</p> <p>Norwegian Church Aid</p> <p>Diakonia Sweden</p> <p>Finn Church Aid</p> <p>Diakonie Katastrophenhilfe</p>						
Contact							

	Name	Susan Muturi (Appeals Coordinator for Appeal related matters) Saara Vuorensola Barnes (ASF Convener for Forums related matters)
	Email	susan.muturi@diakonie-katastrophenhilfe.org saara.vuorensola.barnes@lutheranworld.org
	Other means of contact (whatsapp, Skype ID)	N/A
Local partners	Kaalo Aid and Development Daryeel Bulsho Guud (DBG) Centre for Peace and Democracy (CPD) Sustainable Development and Peacebuilding Initiative (SYPD)	
Thematic Area(s)	<input type="checkbox"/> Public Health <input type="checkbox"/> Shelter and household items <input type="checkbox"/> Community Engagement <input checked="" type="checkbox"/> Food Security <input checked="" type="checkbox"/> Preparedness and Prevention <input type="checkbox"/> MHPSS and CBPS <input checked="" type="checkbox"/> WASH <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Livelihood <input checked="" type="checkbox"/> Engagement with Faith and Religious leaders and institutions <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Advocacy	
Project Outcome(s)	Proposed intervention aims to contribute to improved and sustained access to humanitarian assistance across multiple response sectors (including education, WASH, food security and livelihood), and protection services for human assets and rights, social cohesion, and livelihoods, thus making a sound contribution to all three priorities of the Global Human Response Plan on i) contain the spread of the COVID-19 pandemic and decrease morbidity and mortality, ii) decreasing the deterioration of human assets and rights, social cohesion and livelihoods and iii) protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic	
Project Objectives	<ol style="list-style-type: none"> 1. People and communities affected by the crisis have improved access to safe, appropriate and adequate WASH services and demonstrate improved hand hygiene practices 2. People with limited food supply and access will be able to meet their nutritional needs. 3. Crisis affected learners have access to safe, inclusive and continued education during and after the COVID 19 outbreak 	

	4. Community resilience to COVID-19 outbreak is strengthened through advocacy, psycho-social support and social protection measures																																				
Target Recipients	Profile																																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Refugees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">IDPs</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">host population</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Returnees</td> </tr> </table>	<input type="checkbox"/>	Refugees	<input checked="" type="checkbox"/>	IDPs	<input checked="" type="checkbox"/>	host population	<input checked="" type="checkbox"/>	Returnees																												
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No. of <u>directly</u> targeted households (based on average HH size ¹): 16,090																																					
	<p>Sex and Age Disaggregated Data for direct beneficiaries:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #c00000; color: white;"> <th colspan="9">Sex and Age</th> </tr> <tr> <th></th> <th>0-5</th> <th>6-12</th> <th>13-17</th> <th>18-49</th> <th>50-59</th> <th>60-69</th> <th>70-79</th> <th>80+</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>4.284</td> <td>6.462</td> <td>8.519</td> <td>14.272</td> <td>7.668</td> <td>4.500</td> <td>1.884</td> <td>959</td> </tr> <tr> <td>Female</td> <td>5.947</td> <td>7.013</td> <td>8.430</td> <td>17.387</td> <td>10.085</td> <td>4.294</td> <td>2.054</td> <td>959</td> </tr> </tbody> </table>	Sex and Age										0-5	6-12	13-17	18-49	50-59	60-69	70-79	80+	Male	4.284	6.462	8.519	14.272	7.668	4.500	1.884	959	Female	5.947	7.013	8.430	17.387	10.085	4.294	2.054	959
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Project Budget (USD)	1,000,000 USD																																				

Reporting Schedule

Type of Report	Due date
Situation report	10. July 2020. <i>First SitRep due</i> monthly for the first 3 months, than quarterly
Final narrative and financial report (60 days after the ending date)	30 April 2021.
Audit report (90 days after the ending date)	31 May 2021

¹ Average Household size in Somalia is 6-7 members per Household. While average household size in urban areas is 6; in rural areas the average household size is 7 in Somalia)

Please kindly send your contributions to either of the following ACT bank accounts:

US dollar

Account Number - 240-432629.60A
IBAN No: CH46 0024 0240 4326 2960A

Euro

Euro Bank Account Number - 240-432629.50Z
IBAN No: CH84 0024 0240 4326 2950Z

Account Name: ACT Alliance

UBS AG
8, rue du Rhône
P.O. Box 2600
1211 Geneva 4, SWITZERLAND
Swift address: UBSWCHZH80A

Please note that as part of the global approach for this Appeal, pledges/contributions are encouraged to be made towards the total budget of the Appeal ACT201, and subsequent allocations will be made based on the approved Sub-Appeals. For status of pledges/contributions, please refer to the spreadsheet accessible through this link <http://reports.actalliance.org/>, Appeal Code ACT201.

Please inform the Director of Operations, Line Hempel (Line.Hempel@actalliance.org) and Finance Officer, Marjorie Schmidt (Marjorie.Schmidt@actalliance.org) of all pledges/contributions and transfers. We would appreciate being informed of any intent to submit applications for back donor funding and the subsequent results. We thank you in advance for your kind cooperation.

For further information, please contact:

Africa

ACT Regional Representative, Elizabeth Kisiigha Zimba (Elizabeth.Zimba@actalliance.org)
Humanitarian Programme Officer, Caroline Njogu (Caroline.Njogu@actalliance.org)

Visit the ACT COVID-19 webpage: <https://actalliance.org/covid-19>

Alwynn JAVIER

Head of Humanitarian Affairs
ACT Alliance Secretariat, Geneva

BACKGROUND

Context and Needs

The Humanitarian situation in Somalia has already been in critical condition before the COVID-19 outbreak. According to 2020 Humanitarian Needs Overview (HNO)², 2.6 million persons are internally displaced (IDPs) and living in about 2,000 IDP sites across Somalia, with 1.7 million IDPs in need of humanitarian assistance. Among those, 80% are residing in urban and semi-urban settings. In 2020, the non-IDPs who are in need of humanitarian assistance have significantly increased to 3.4 million, leading to a total number of 5.2 million people in need. This figure was increased from 4.2 million in 2019. Only 52 percent of the Somali population have access to basic water supply³ and over 2.6 million IDPs living in the overcrowded sites with poor hygiene⁴. Food security has already deteriorated in 2019, with 6.3 million Somalis being acute food insecure. Among them, 2.1 million people are in IPC phase 3 and 4. Among the 5.2 million people in need of humanitarian assistance are 3.2 million children aged 0-17. Specifically, 1.37 million children are in need of emergency education response, of which 1 million are estimated to be IDP children. It is estimated that about 3 million school-aged children are still out of school. Gender Based Violence (GBV) and other grave protection risks, especially for girls, boys and women were already widespread, whereas IDP girls, boys and women are at high risk and suffer the greater brunt. Limited education and livelihood opportunities have also posed great risks for many young boys to be recruited by Al Shabaab and other militia groups. The political climate and insecurity coupled with recurrent climatic shocks, desert locust infestation, armed conflict and violence have also created a complex environment and protection risk for the overall population. Beginning of May 2020, Somalia has been hit by another flood, affecting 546,103 people of whom 216,895 people have been displaced and 16 others killed⁵. The situation has recently further exacerbated by the impact of the COVID-19 pandemic.

On March 16th, 2020, Somalia recorded the first confirmed case of Covid-19. As of May, 28th 2020, there have been 1,828 confirmed cases of COVID-19 with 72 confirmed deaths across the whole country. Among those, 95% of the confirmed cases are in Mogadishu. Daily average number of confirmed cases are between 50-60 cases. The median age of the confirmed cases is 31 years (age range: 20-84 years) and 15% are female. People with close contacts to infected people have been quarantined and only a few have been tested. This poses a dangerous turn of event. The Somalia Ministry of Health (MoH) has confirmed COVID-19 local transmission as cases were confirmed in people with no recent travel records.

The confirmed cases are likely to be much higher as Somalia has very limited testing capacities. Additionally, Somalia's public systems are relatively weak, to effectively respond to such an outbreak. More specifically, Somalia has only 15 intensive care unit beds in the whole country and there are fewer than two health care workers per 10,000 people, compared to the global standard of 25 per 100,000. To date, there are only 798 health care worker staff, who were trained to respond to COVID-19. Somalia ranks 194th of 195 countries, scores 16.6 in the Johns Hopkins Global Health Security Index for 2019 and received a zero mark in infection control practices and health care

² Somalia Humanitarian needs overview, 2020;

<https://reliefweb.int/sites/reliefweb.int/files/resources/2020%20Somalia%20Humanitarian%20Needs%20Overview.pdf>

³ UNICEF Somalia

⁴ WHO Somalia Bulletin, 27 March-3 April 2020

⁵ <https://reliefweb.int/report/somalia/somalia-flash-flooding-update-4-11-may-2020>

access. It has the lowest score for the health system; with only 0.3, 26.1 points below the average and risk environment categories; and 15.9 points, 39.1 points from the global average.

Multiple need assessments were carried out by different ministries at Federal Government (FGS) and Federal Member State (FMS) levels with the support of the UNs and NGOs. Based on the outcomes of the assessments, the Federal Government of Somalia has since activated various response measures such as establishment of national COVID-19 response committees; formation of an incident management system; temporary suspension of incoming and outgoing international flights; and establishment of isolation facilities across the country. The Government has also initiated comprehensive risk communication and community engagement strategies aimed at empowering communities to be active participants in the prevention and control of the COVID-19 outbreak. Some of these initiatives include restriction of mass gatherings; advice on Infection Prevention and Control (IPC) measures including social distancing; and hand and respiratory hygiene among others. Since 18th March 2020, the Somali government has decided to close all schools (institutions and universities) to prevent the transmission and spread of COVID-19 to the population. Due to uncertainty around COVID-19 transmission, the Ministry of Education, Culture and Higher Education (MoECHE) of the Federal Government of Somalia (FGS) announced that schools will not reopen for the rest of the 2019/2020 academic year. Under normal circumstances the academic year of 2020/2021 is due to commence in August 2020, however this will depend on the evolving situation. MoECHE also announced that examinations have been postponed and that further information regarding the new examination's timeline will be published⁶. The Federal government received medical supplies from Turkey, Jack Ma Foundation, UAE, IOM, USAID and WHO, to contribute to the response and containment of the COVID-19 outbreak in the country.

Overcrowding in IDP settlements, lack of access to water and hygiene support as well as noncompliance to the government-imposed restrictions have exacerbated the spread of COVID 19. Handwashing and social distancing are not easily available preventive options. Furthermore, false and misinformation, lack of access to right information, and limited knowledge on preventive measures lead to increased fatalities. It is even more challenging for adolescent girls and women to practice proper hygiene practices, due to the lack of sanitation materials. Prices for sanitation items are already skyrocketing in the local markets, with 10 times higher than before the corona virus outbreak. Community transmission is at its peak and spreading rapidly. Stigma associated to Covid-19 is also very high, resulting in affected people not coming forward for testing.

The countrywide lockdown has a severe economic impact. IDPs are among the hardest affected groups as they often depend on daily jobs in informal sector in the targeted towns. The majority of IDPs work as low skills and daily labourers in different sectors including construction, cleaning, plumbing, and furniture, and receive small and irregular incomes that are only enough for daily food. Since the COVID 19 hits Somalia, the IDPs' lives have changed dramatically as labour works have vanished, due to no demand in the market. Additionally, the majority of Somalis, especially IDPs and elderly people are highly dependent on remittance, to cover for food, such as rice, milk, wheat flour and vegetable cooking oil, and other basic needs. Since the COVID 19 outbreak, remittance has already declined by 50%^{7,8}. This will further increase the level of food insecurity with more people

⁶ Somalia Education Sector, COVID-19 Response Plan of Federal Government of Somalia, April 2020

⁷ <https://blogs.lse.ac.uk/crp/2020/04/07/remittances-affect-the-somali-covid-19-response/> 15.04.2020

⁸ <https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia%20COVID%20-19%20Impact%20Update%203%20%20...pdf>

in IPC Phase 4 (Emergency) or even 5 (famine). The pandemic has also caused high fluctuations and increase in prices of essential food and commodities both, in wholesales and retails across Somalia. Particularly in Puntland, the increase of commodity prices has worn off the purchasing power of the urban poor and IDPs as well as their resilience⁹. COVID-19 is exacerbating the existing problems and vulnerabilities, leading to further social exclusion, GBV and other social protection risks.

Humanitarian agencies are concerned that further spread of the virus could have a devastating impact, especially among IDP and the elderly. A full-scale outbreak will be likely to disrupt the ability of humanitarian agencies to respond to existing humanitarian needs. Somalia's COVID-19 response will also be impacted by the Al-Shabaab extremist group that holds sway in parts of the central and southern regions where it maintains its significant ability to produce violence and attacks including on civilians and operates a system of forced taxation along major roads. Lessons from previous pandemics inform that it is unlikely that Al-Shabaab will allow humanitarian partners to access areas under their control until they become overwhelmed.

Since the outbreak of the COVID 19 pandemic in Somalia, multiple appeals and response plans were launched. On March 26th, the Ministry of Health & Human Services of FGS launched the national preparedness and response plan for COVID-19 (NPRP) with a budget of USD 57.76 million for a six-month period. The FGS committed an initial budget of 5 Million USD to the COVID-19 response in the country. On March 27th, 2020, the government launched the Socio-Economic Impact and Response Plan. Aligning with the two plans, UNOCHA and cluster partners also launched Somalia Country Preparedness and Response Plan on April 20th 2020¹⁰. Education Sector Response Plan of the FGS MoHECs is forthcoming¹¹. Additionally, World Bank, Islamic Development Bank and the EU have committed 7.5 million USD, 3.2 million USD and 27 million EUR respectively to COVID 19 response, while Somalia Humanitarian Fund allocated a separate fund of 22 million USD. Despite crowdfunding from the donors, the committed fund remains insufficient to mitigate the outbreak in Somalia. Experts also warned that the outbreak of COVID 19 poses greater risk in Somalia like in any other fragile countries, if the preventive measures are not put in place urgently.

Capacity to respond

Lutheran World Federation (LWF) has a dual humanitarian and development mandate, and works in Somalia, Kismayu, since 2017. The operation was established after an in-depth assessment was undertaken that identified an important need for continued support to returnees from the Dadaab refugee camp in Kenya. Currently, LWF implements directly its projects and works mainly with returnees, Internally Displaced Persons (IDPs) and the host community in Kismayu, Jubbaland state of Somalia. Key thematic areas of focus include education, food security and livelihood, community services. Through these thematic areas, LWF targets in particular persons with disabilities (PwD), the elderly and children with disabilities (CwD), also through the proposed actions of this ACT Appeal.

LWF Kenia - Djibouti – Somalia program comprises of sound experience and know-how in Cash Voucher Assistance, having successfully implemented a fresh foods voucher program in Dadaab camp in collaboration with DKH and funded by BMZ in 2016/2017. This project supported over

⁹ Humanitarian Affairs and Disaster Management Agency (HADMA) impact assessment on COVID-19

¹⁰ <https://reliefweb.int/sites/reliefweb.int/files/resources/CPRP%20Final%20Subow%2C%2026%20April%20%281%29.pdf> [online, Status: April 27th 2020]

¹¹ Announced in the Somalia Education Cluster meeting April 16th 2020.

15,000 PWDs and elderly. The expertise gained through this project will be replicated in the planned project in Somalia.

In executing the Dadaab food voucher project, LWF relied heavily on its competent and professional staff both at the field location as well as at Nairobi. LWF emphasises teamwork and synergies across the board. LWF Somalia program employs 10 staff (7 M; 3 F), supported by the Nairobi regional office in finance and administration, and programmatic guidance through thematic advisers in child protection, education and human rights and advocacy. LWFs implementation strategies include service provision, community empowerment and outreach as well as engaging in a rights based approach to programming. This is essential given the need for sustainability on community level. Also, given the nature of LWFs program being locally grounded and globally connected, LWF strives to promote communities' agency in its project design processes, recognising that the right holders/beneficiaries have the ability to self-organise and support each other even more in times of emergency. In this case, LWF plans to work closely with the community structures already established in Kismayu that comprises of women groups and religious and traditional leaders. This has been made possible given the strong accountability mechanisms in place for the utilization of the communities. Furthermore, LWF Somalia has robust working relationship with three key ministries, namely; Ministry of Education, Ministry of Gender, Family affairs & Human rights, Ministry of Interior and specifically Jubbaland refugee and IDP agency (JRIA). These three mentioned authorities are extensively involved in supporting humanitarian work in Jubbaland relevant to LWF work in Somalia. Additionally, LWF work closely with Disability Aid Association (DAA), a local CBO that advocates for the right of persons with specific needs (PWDs and elderly). In the past 3 years, LWF implemented education, livelihood, food security and community resilience interventions, reaching over 10,000 PwD for approximately 5 million USD from different donors and partners. Among them are: Church of Sweden (COS); Australian Lutheran World Federation (ALWS); Evangelical Lutheran Church of Wuerttemberg (ELCW), LWF German National Committee (GNC), Radioaid (Sweden) and GIZ.

Diakonia Sweden (DS) has been successfully responding to emergencies in Somalia since 1994, particularly in Puntland State, and currently employs 7 staff (5 males; 2 females). Diakonia's expertise is in the sectors of WASH, Food Security and Nutrition as well as Non-Food Items, with Disaster Risk Reduction (DRR) and Gender Equality as cross cutting themes. Over the past 3 years, Diakonia Sweden reached 15, 336 people, including 47% women, 55% children and 2% elderly people, through WASH, Food Security and NFI interventions. These projects were mainly funded by Swedish Embassy to Somalia and SIDA with more than 6 million USD received. In 2011, a notably milestone was achieved, when Diakonia Sweden assisted Puntland Humanitarian Assistance and Disaster Management Agency (HADMA), in developing the disaster preparedness policy and strategy, funded by UNOCHA. Diakonia is closely engaging local authorities as well as traditional and religious leaders throughout its program cycles and is particularly closely working with relevant line ministries in Puntland; Ministry of HADMA and Ministry of Women Development and Family Affairs (MoWDAFA), among them.

Kaalo Aid Development (KAD) is a Somali humanitarian and development NGO, established in 1991 with an expertise in WASH, Food Security and Protection, including Community Based Psychosocial Support. It currently has presence in Puntland, Hirshabelle and Jubbaland States with 42 staff (15 males; 27 females) in six (6) offices. Diakonia Sweden and KAD partner since 1993 and in the past 3 years collaborated in 4 projects with a total funding of 700.000,00 USD received, including the SOM 171 ACT Appeal in the sectors of WASH, Food Security and Nutrition and NFI.

Norwegian Church Aid (NCA) has been working in Somalia since 1993 in Gedo, Nugaal, Banadir and Lower Shabelle regions of Jubbaland, Puntland and South-West State. NCA has over 25 years of experience in emergency response during drought, floods and protracted conflict situations in the sectors of WASH, Livelihoods and Education in Emergencies with Gender-Based Violence as a cross

cutting issue. NCA also focuses on resilience building and long-term development. NCA will implement proposed interventions directly, and through its three field offices in Gedo (Dollow and Garbaharrey), Mogadishu and Puntland (Garowe) which employ a total of 18 staff (5 females and 13 males) with expertise in various sectors. NCA has an office in Nairobi with a team of technical advisors who provide technical support and regularly monitor projects.

In the past 3 years, NCA received support from Norwegian Ministry of Foreign Affairs, Norwegian Agency for Development Cooperation (NORAD), United Nations Children's Fund (UNICEF), Somalia Humanitarian Fund SHF) and World Food programme (WFP) with the budget over 8 million USD. From 2016-2020, NCA reached 461.644 people, that is 287.341 (57.468 male, 71.835 female, 71.835 boys and 86.203 girls) through WASH interventions, including WASH vouchers.

NCA's added value lies in its adoption of a rights-based approach in implementation of project interventions which will endeavour to ensure that all persons in need within the target populations are reached. The project will continue advocating for the rights of target beneficiaries in its work in collaboration with the government and local leaders. NCA has cultivated positive relationships with the local communities and local authorities as well as influential traditional and religious leaders who as usual will play active role in the processes of projects planning, design, implementation and monitoring. The existing community structures, which NCA has invested to establish, will provide essential platform for local ownership and the legitimacy for NCA's continued presence in the target areas. Work with religious leaders who are key persons in the community and whose voice is listened to. Thus, NCA is in a vantage position to continue building on the lessons learnt and implement the best practices in order to maximize the impact of the interventions among the target beneficiaries.

Diakonie Katastrophenhilfe (DKH) has been present in Somalia since 1992 with offices in Nairobi and Mogadishu, responsible for the oversight and technical support for humanitarian and transitional aid activities implemented through local partners. Currently, DKH employs eight (8) people and is an active member in the shelter/NFI, Food Security and Nutrition, Livelihood; Education in Emergencies; and WASH clusters as well as the Cash Working group and Somalia NGO Consortium. Together with its partner organisations, Diakonie Katastrophenhilfe is currently active in Mogadishu, Banadir region, Beletweyne, Hiraan region, Jowhar, Middle Shabelle region and Hobyo, Mudug region. Diakonie Katastrophenhilfe sector of interventions are WASH, Livelihood, and Camp Management. Additionally, DKH and its partners integrate Cash Voucher Assistance, preparedness and Disaster Risk Reduction as cross cutting themes. DKH mainly targets IDPs, including school age children and most vulnerable people from the host communities. DKH employs a bottom-up model that reduces exclusion of minority groups while at the same time ensuring the urgent needs of the community are prioritized. Reports coming out Somalia indicate that 95% of the COVID-19 infections are in Banadir region and DKH is active in this region and having this project implemented in Mogadishu will be very appropriate and timely. Concretely, DKH will implement proposed actions through its three (3) implementing partners Daryeel Bulsho Guud (DBG), Centre for Peace and Democracy (CPD) and Sustainable Development and Peacebuilding Initiative (SYPD).

DKH added value is in its participatory approach to responding to humanitarian crisis. DKH works exclusively through local implementing partners and the value of this is in empowering local capacity. Through its model of 'network of local capacity' DKH puts the local community in the driver's seat of shaping and designing solutions for their problems. The approach hinges on the empowerment of local capacity in line with the localization agenda of the Grand Bargain of which DKH commits to. This leads to greater appreciation/buy-in of the project and increased ownership. DKH employs a bottom-up model that reduces exclusion of minority groups while at the same time ensuring the urgent needs of the community are prioritized. Gender and age consideration will be

at the centre of this action and shall not be biased to any group. DKH and partners will continue to promote the rights of all employing the most important principle of work which is impartiality and independence where everyone is keen not to become instruments for political, economic or military interests.

Initially, DKH had an office in Somalia together with Caritas Germany. In 2004 the country office was relocated to Nairobi and the implementing structure was transformed into the local NGO **Daryeel Bulsho Guud (DBG)** under the leadership of DKH. In 2014, DBG became an independent Somali NGO with sound knowledge and skills in Education in Emergencies and Cash Voucher Assistance in Mogadishu. Since 2004, DBG has supported over 3.2 million direct beneficiaries in South central Somalia in programs related to Shelter, WASH, Health, Food Security, Education, protection and Peace building projects with funds secured directly from various donor organizations and government ministries. DBG has presence in Banadir, Hiraan and Galmudug states with physical offices in Mogadishu, Dhusamareb and Guriel, with 61 (53 M; 8 F) employees spread across the three offices. DBG is an active member of the regional WASH, Education and Food security clusters for Banadir and Hiraan regions. DBG's response cut across both humanitarian and development domains. Over the last 3 years, DBG has mobilized a total of 6,996,809 USD received from various donors among them the German Federal Ministry for Economic Cooperation and Development (BMZ), the German Federal Foreign Office (GFFO), Somalia Stability Fund (SSF), Somalia Humanitarian Fund (SHF), WFP, USAID, among other reputable donors. The Organisation continues to maintain a close relationship with the relevant federal and state government ministries as they endeavour to support the local communities. Over time, DBG has established itself as a key player in delivery of education to the vulnerable IDP children located inside the congested and far-reaching IDP settlements in Mogadishu - Afgooye Corridor through the unique voucher for education (V4E) approach that targets households in a participatory, practical and collaborative fashion. Lastly, DBG comprises of 6 years of experience in EiE and Cash Voucher Assistance and has been involved in the development of the regional Banadir Education Strategy Development process through the regional education cluster. In the last 3 years, DBG and DKH have supported 8,880 (4,622boys; 4,258girls) IDP children of school going age (between 8 – 15 years) located inside camp K7-K20 with a total of Euro 995,842 mobilized funds. Over the years, DBG's partnership with DKH has delivered teacher training programs, infrastructure rehabilitation and WASH support in the 30 TLS. The current project is a continuation of a four-year initiative aimed at enhancing access to education for the targeted school going children of IDP households located inside K7 to K20 IDP settlements of Afgooye corridor in Mogadishu. The project ensures 3,000 children from the poorest and most vulnerable IDP households have access to education through provision of conditional vouchers for payment of school fees and learning materials. Currently, DKH and DBG are implementing primary education for vulnerable IDP households in IDP settlements in Mogadishu. The project supports 3,000 learners (1,650 M; 1,350 F) in 30 Temporary Learning Spaces (TLS). Each TLS has an average of 100 learners, 4 teachers and an all-inclusive Community Education Committees (CEC) made up of 15 members from the community. The current project is a continuation of a four-year initiative aimed at enhancing access to education for the targeted school going children of IDP households located inside K7 to K20 IDP settlements of Afgooye corridor in Mogadishu. **Centre for Peace and Democracy (CPD)** was founded in Mogadishu, Somalia in 2003 with a humanitarian and development mandate. Since 2016, DKH and CPD partnered for five (5) projects with a budget of 3.47 million Euros, including back donor funding. CPD employs 89 people (63 men; 26 women) in four (4) offices in Mogadishu, Nairobi, Adado and Hobyo districts in Somalia. CPD is a member of Food Security, WASH¹², Education in Emergencies (EiE), Health, Nutrition, Shelter, Protection, and CCCM clusters at FGS and FMS levels as well as a member in Somalia NGO Consortium, including the Cash Working group and Somalia Debt Relief Advocacy Working Group. CPD possesses sound

¹² CPD is the regional WASH cluster lead in Galmudug state.

knowledge and skills in WASH and Protection with integrated Cash Voucher Assistance programming; among others. Furthermore, it is well presented and accepted among Somalia civil society, communities and local authorities. Currently, CPD in partnership with DKH, is implementing two projects in Hobyo district aimed at recovery and improvement of livelihood for 6,077 (3,646M; 2,441F) targeted drought affected drop-out pastoralists and IDP households. The project aims at ensuring the households regain alternative livelihood options while at the same time they register improvement of their food security situation. DKH and CPD will incorporate COVID-19 proposed activities into the current project and ensure. **Sustainable Development and Peacebuilding Initiative** (SYPD) was founded in 2004 by Somalis with the aim of alleviating human suffering and promoting the peace process in Somalia and is an active member in the Cash Working Group of the Somalia NGO Consortium. SYPD has six (6) offices in Nairobi, Mogadishu, Beletweyne, Jowhar in Hirshabelle, Baidoa in South West State and Baled Hawo in Jubbaland; and with a total of 49 employees (36 males, 13 females). Since 2015, SYPD partnered with DKH in three (3) WASH projects with cash payments and vouchers as a modality, and with a budget of 2.3 million Euros, including back donor funding. Hence, SYPD comprises of sound knowledge and skills in WASH and Cash Voucher Assistance programming. Equally to CPD, SYPD is well accepted among the Somalia civil society, the communities and local authorities in its areas of operations. SYPD, in partnership with DKH, is currently implementing a project under the running ACT appeal SOM 201. The project focuses on responding to the humanitarian needs for the flood affected communities living in Beletweyne district through provision of emergency shelter and NFI kits, emergency food vouchers, emergency latrines and rehabilitation of irrigation channels. The project targets a total of 4,766 individuals (794 HHs). DKH and partners will operationalize this intervention into the current activities in WASH and Education projects and will leverage on the already existing capacity and resources on the ground. DKH adheres to the ACT-Code of Conduct and the international humanitarian standards, such as CHS and SPHERE. These standards have been disseminated to all the partners through intensive capacity building initiatives. The partners have an established relationship with the local government units both at the federal and state level; local community structures and also with other humanitarian players responding in their specific areas of operation. The partners are also active members of the regional and national humanitarian coordination platforms like the UN clusters and Somalia NGO consortium, Localisation consortium among other platforms.

Finn Church Aid (FCA) has been operating in Somalia since 2007, delivering high impact programmes contributing to building peace and stability, promoting livelihood of men, women and youth, and addressing acute humanitarian needs including EiE of IDPs, refugees and returnees in Puntland and Somaliland. Since 2013, FCA has expanded its operations to South West State of Somalia (SWS) and other federal member states, with a strong focus on peace and state building. In 2018, FCA launched its EiE programme in Baidoa. The support has enabled 4,412 children (1,903 girls; 2,509 boys) from IDP and host communities to access safe and inclusive learning opportunities, out of which 228 (80 girls; 158 boys) are children with disabilities (CWDs). Additionally, FCA is about to embark on the new EiE project in hard to reach area of Hudur, targeting 4,000 learners in 5 primary schools with financial support of ECHO HIP 2020. FCA is well-established and has strong presence and solid experience in working with IDPs in SWS. It also enjoys good reputation, has significant EiE capacity and are uniquely placed to work alongside other ASF members and other actors including governments at SWS and district levels. FCA is an active member of the Somalia Education Clusters at both federal and SWS levels. FCA is also a member of the Child Protection Sub-Cluster and Cash Working Groups in both Mogadishu and Baidoa. FCA will directly implement the proposed initiative and will ensure synergy with actors providing health and protection assistance to enhance its proposed school-based referral pathways. FCA will align this action with other projects on local governance currently implemented by FCA in SWS and capitalize on its resources, network and opportunities to enhance delivery. FCA's demonstrated experience and technical resources related

to conflict sensitivity, inclusion and gender mainstreaming at the global and country levels will greatly contribute to the integration of these aspects across all activities.

RESPONSE STRATEGY

The proposed action is aligned with the ACT Global Appeal, Somalia COVID-19 Preparedness Response Plan and other sector specific response plans, launched by different Ministries at both Federal Government of Somalia (FGS) and Federal Member State (FMS) levels. The action offers a multi-sectoral and integrated response with a wide geographical coverage and integrated in ongoing humanitarian programs of all requesting members in the sector of WASH, Food Security, Livelihood and Education. Additionally, Cash Voucher Assistance and Social Protection, including child protection, Gender Based Violence and Community Bases Psycho-social Support are cross-cutting issues throughout all sectors. Proposed action will benefit high numbers of the affected population, including IDPs, most vulnerable host community members, and people with disabilities, women, girls and boys, already identified through various needs assessments, which were carried out in a participatory manner with affected people, local authorities and key community members, including traditional and religious leaders, within the ongoing programs of LWF, NCA, DKH, FCA and Diakonia Sweden in the target areas. All requesting members, with the exception of LWF, are present for decades in Somalia, are well accepted and established in the communities they serve and are active members in various coordination platforms. Therefore, requesting members have a very thorough understanding of the needs of the targeted beneficiaries, specific to their age, gender and other needs. Furthermore, all requesting members comprise of sound experience in Cash Voucher Assistance. As active members of the Cash Working Groups at FMS and FGS levels, they constantly assess and monitor market developments in their target locations. Despite some fluctuations– it is assumed that markets in the target locations remain stable and accessible during the appeal duration, and in comparison, to developments in the past five years. Based on the price bulletin from April 2020, the market prices in food items experience some increase and decrease from month to month. However, the price development remained stable over the last five years¹³. Based on consultations with the regional Cash Working group and other agencies such as UNHCR and UNOCHA in April 2020, the markets are functional, and shops are open often on a daily basis. All people, regardless of their status, gender and age, have safe access to the markets, although opening hours have been shortened due to the government curfew to prevent the spread of the Covid-19. At the end of May, the government authorities have decided to ease the restrictions on inter-region movement triggered by COVID-19, consequently leading to uninterrupted supply flows and price reductions. Furthermore, traders can get items from the outside of the local area, are able to meet the local demands and have the capacity to restock basic goods such as food, although some roads to markets are blocked due to recent floods in some of the target areas (Beletweyne and some regions of Puntland). Nevertheless, they will be accessible by the latest in early June, due to reseeding water. Somali prefer cash transfer through mobile money and to a lesser degree through banks and Hawala systems. Everyone who has a local sim card can get their number activated to receive money without restriction and regardless of gender, age, political, religious or clan affiliation.

The proposed action by ACT Somalia Forum members is highly needed, timely and justified by the fact that Somalia has experienced very high number of confirmed COVID 19 infections and deaths, which are rising rapidly and exponentially on a daily basis. The outbreak has caused extreme and acute emergency needs, in addition to the already overstretched humanitarian assistance in the country, attributed mainly to its weakest health systems in the world and lack of testing capacity,

¹³ <https://reliefweb.int/report/somalia/somalia-price-bulletin-april-2020> [online, Status: 12th May 2020]

due to which the actual number might be much higher. According to WHO forecast, Africa, particularly the Horn of Africa is likely to become the hardest affected area by the COVID 19 outbreak. Somalia is assessed to be the second least prepared country for such a pandemic according to Johns Hopkins Global Health Security Index (see context and analysis).

Impact

Proposed intervention aims to contribute to improved and sustained access to humanitarian assistance across multiple response sectors (including education, WASH, food security and livelihood), and protection services for human assets and rights, social cohesion, and livelihoods, thus making a sound contribution to all three priorities of the Global Human Response Plan on i) contain the spread of the COVID-19 pandemic and decrease morbidity and mortality, ii) decreasing the deterioration of human assets and rights, social cohesion and livelihoods and iii) protect, assist and advocate for refugees, IDPs, migrants and host communities particularly vulnerable to the pandemic.

Outcomes

In order to achieve the envisioned impact, four (4) inter-related objectives are expected to attain to provide emergency response to COVID-19 in WASH, Food Security & Livelihood, Education in Emergencies and Social Protection. For more details and a better overview, please refer to the annexed log frame and performance measurement framework (Annexes 4 and 5).

1) [WASH] People and communities affected by the crisis have improved access to safe, appropriate and adequate WASH services and demonstrate improved hand hygiene practices [Costs: 219.730,- USD]. This objective will be monitored and reported quarterly by Diakonia Sweden with its local partner KAD, NCA and DKH with its local partners SYPD and CPD through three (3) performance indicators: (i) % of targeted households who correctly describe three measures to mitigate and prevent COVID 19 spread, with a baseline of 0 and a target value of 60; (ii) % of temporary water distribution points that have functional and accountable management system in place, with a baseline of 0 and a target value of 80; (iii) % of targeted people who report using hygiene items regularly after distribution of kits or hygiene vouchers, with a baseline of 0 and target value of 70. Sources of Verification (SoV) are: Key Informant Interviews (KII), Hygiene promoters reports, Phone/ online surveys at household (HH)-level, activity reports, pictures, technical assessment, and voice of beneficiaries (household phone call).

2) [Food Security & Livelihood] People with limited food supply and access will be able to meet their nutritional needs [Costs: 230.280,-USD]. The second objective will be monitored and reported quarterly by LWF through four (4) performance indicators based on own results framework and proposed standard indicators by the Cash Learning Platform (CALP): (i) % increase in monthly income and profits as reported by traders with a baseline 0 and a target value of 45; (ii) % of beneficiaries satisfied with quality and quantity of food available in the market/as supplied by contracted vendors, with a baseline of 0 and a target value of 70; (iii) % of beneficiaries report feeling safe receiving and using the cash/ voucher with a baseline of 0 and a target value of 70 and (iv) % of beneficiaries reporting no increase in tension or conflict in HH, community or other group with a baseline of 0 and a target value of 70 SoV are: Post Distribution Monitoring reports, case studies/ interviews, market surveys for traders, household surveys (phone, online)

3) [Education in Emergencies] Crisis affected learners have access to safe, inclusive and continued education during and after the COVID 19 outbreak [Costs: 207.583,-USD]. The third objective will

be monitored and reported quarterly by FCA and DKH with its local partner, DBG, through one (1) performance indicator; (i) % of crisis affected learners - boys and girls alike - who have access to safe, inclusive and continued education during and after the COVID-19 outbreak, with a baseline of 0 and a target value of 30. SoV are: HH verification surveys, Interviews/ Testimonials with targeted learners, teachers and caregivers.

4) **[Social Protection] Community resilience to COVID-19 outbreak is strengthened through advocacy, psychosocial support and social protection measures [Costs: 36.299,-USD]**. The last objective will be monitored and measured quarterly by DS and KAD, NCA, FCA, DKH as well as SYPD and CPD through three (3) performance indicators: (i) % of community COVID 19 hygiene promoters reporting increase in their knowledge on COVID 19 outbreak and its prevention and mitigation measures, with a baseline of 0 and a target value of 70; (ii) % of community members reporting access to PSS during the outbreak with a baseline of 0 and a target value of 30; (iii) % of community members who are aware of right to education and COVID 19 preventive and mitigating measures, with a baseline of 0 and a target value of 70. SoV are Pre and Post Tests, verification surveys (phone, online), case stories, and pictures.

The achievement of the four objectives is built on a set of assumptions. Despite political instability and protracted conflicts, it is assumed that the current security situation remains relatively stable in the target locations, allowing the requesting members to operate effectively and in particular the community hygiene promoters to have access to target beneficiaries. Furthermore, local authorities, traditional and religious leaders as well as the wider community (including women, youth and IDP representatives) remain willing and able to support program interventions in target locations, including ensuring the safe return of girls and CWDs to schools. This is very likely as all requesting members do have a strong and good relationship with traditional and religious leaders in its target areas. For the EiE interventions it assumed that appropriate mitigation measures will be timely taken by the Somali government at both Federal and State levels to ensure availability and standardised distance/alternative learning materials and programs at the beginning of the new school year in August 2020. Additionally, the members also expect that the positive development of the past two years continues, and caregivers understand the importance of children's right to education and are willing to ensure their children's safe return to schools. As the Covid-19 situation developments are unpredictable, the education response must also be agile and adapt to the needs of the teachers and learners in response to different possible scenarios where schools would be open or closed following government strategies, policies and recommendations. As traditional and religious leaders are highly respected and trusted within the Somali society, they play a paramount role to raise awareness of the people in hygiene and social distancing measures, especially in public places such as mosques and schools in order to prevent further spread of COVID 19. Equally important, the members assume that community hygiene promoters and frontline staff remain motivated and healthy to carry out proposed actions. Therefore, a sufficient number of Personal Protection Equipment kits (PPE), including medical masks, sanitizers and latex gloves, needs to be available for use. For the success in appeal implementation, it is important that the vast majority of target beneficiaries have access to radio and other media outlets for both COVID 19 hygiene promotion measures and continued alternative and distance learning. This positive assumption is reinforced by recent finding of the Somali Health and Demographic Survey 2020, published by the Somalia government and UNFPA in April 2020. It revealed that more than three-quarters of Somali households own simple mobile phones, and around six out of ten nomadic households own simple

mobile telephones with access to radio¹⁴. It is also crucial that hygiene and sanitation items, including Personal Protection Items are available in the local markets. All requesting members will procure PPE in adherence to safeguarding and Do-No Harm principles. Should PPE not be available in the local markets, requesting members will look for other alternative options. For instance, PPE could be produced by local groups, e.g. women associations that sew masks and make sanitizers.

Outputs

To achieve the first objective on **“People and communities affected by the crisis have improved access to safe, appropriate and adequate WASH services and demonstrate improved hand hygiene practices [WASH]”** two (2) outputs and 8 progress indicators have been formulated. All indicators will be monitored and reported on a monthly basis by DS and its local partner KAD, NCA, DKH with its local partners SYPD and CPD.

Output 1.1: People affected by the crisis are aware of key public health risks related to COVID-19 and are able to protect and prevent the spread of the disease. This output will be measured through three (3) progress indicators: (i) # of beneficiaries sensitized/trained on COVID-19 preventive actions, with a baseline of 0 and a target value of 180; (ii) # of beneficiaries reached through hygiene messaging, with a baseline 0 and a target value of 733.000 people; and (iii) # of religious leaders supporting adoption of appropriate behaviours during COVID 19 pandemic, with a baseline of 0 and a target value of 60. SoV are: training attendance lists, training reports, printed IEC materials, radio program records, awareness messages, lists of traditional and religious leaders, monitoring report, and pictures

To achieve this output three (3) activities will be implemented: Activity 1.1.1 *Training and engagement of COVID-19 Hygiene promoters and other community groups*. This activity will be implemented by Diakona Sweden and its local partner KAD in Bossaso and Garowe in Puntland, NCA throughout Puntland, Banadir region and Gedo region (Jubbaland) as well as DKH and its local partners SYPD and CPD in Beletweyne district (Hiraan region, Hirshabelle) and Hobyo district (Mudug region, Galmudug) respectively. Activity 1.1.2 *Provision of hygiene messaging on COVID 19 prevention through radio/ vehicle with loudspeakers and IEC materials* will be implemented by the same actors in the same target areas as stated above. Additionally, DKH and its local partner DBG will carry out this activity in the targeted TLS in IDP camps in Mogadishu. Activity 1.1.3 *Provision of hygiene demonstrations and education through religious leaders* will be carried out by NCA. IEC materials will be produced and radio programs will be developed and broadcast and vehicle will be rented. In total, 733.000 people, including hygiene promoters, women group -specialized on GBV-, religious and traditional leaders, IDPs and Community Education Committees (CECs) will benefit from this intervention.

Output 1.2: People affected by the crisis have safe access to equitable, sustainable and adequate quantity of water for drinking, cooking and maintaining personal and domestic hygiene. This output will be measured through four (4) progress indicators: (i) # of vulnerable households receiving WASH Cash Voucher Assistance, with a baseline of 0 and a target value of 280; (ii) # of hygiene kits distributed to the vulnerable householders in the target areas, with a baseline 0 and a target value of 1.200; (iii) # of Sanitary Kits distributed to adolescent girls and women, with a baseline of 0 and a target value of 940; (iv) # of vehicles and equipment used and places disinfected in the target

¹⁴ <https://reliefweb.int/report/somalia/somali-health-and-demographic-survey-2020>[online, Status: 12th May 2020]

locations with a baseline of 0 and a target value of 2. SoV are cash distribution forms, invoice forms, records from local trader receipts to include signature of trader and beneficiary, distribution list for hygiene kits, beneficiary lists, records from Water Committees, way in and way out bills for wash facilities, and pictures; report on daily disinfected placed, logbook, and BoQ

To achieve this output seven (7) activities will be implemented: Activity 1.2.1 *Distribution of COVID 19 adjusted WASH vouchers*, which will include cluster approved ‘top-up’ COVID-19 prevention items will be implemented by DKH and its local partner CPD in Hobyo district (Mudug region, Galmudug). Before the implementation of the WASH vouchers, participating traders will be given trainings on voucher distribution systems. Activity 1.2.2 *Provision of COVID 19 adjusted hygiene kits for vulnerable people in the host community and IDP settlement* will be implemented by Diakona Sweden and its local partner KAD in Bossaso and Garowe, NCA throughout Puntland, Banadir region and Gedo region (Jubbaland). Activity 1.2.3 *Distribution of COVID 19 adjusted sanitary kits for adolescent girls above 12 years* will be carried out by DKH and its local partner DBG in Mogadishu and NCA throughout Puntland, Banadir region and Gedo region (Jubbaland). Activity 1.2.4 – 1.2.5 *Provision of Personal Protection Equipment (PPE) to the community hygiene promoters, frontline staff and traditional and religious leaders and Establishment and management of temporary hand wash stations/facilities in IDP camps and in towns*, will be carried out by Diakonia Sweden and its local partner KAD in Bossaso and Garowe in Puntland and NCA throughout Puntland. Activity 1.2.6 *Operation and maintenance support of water facilities* will be carried out by NCA in its target locations. Lastly, activity 1.2.7 *Disinfection of public places, including schools*, carried out by Diakonia Sweden¹⁵. To carry out the proposed activities hygiene kits and sanitary kits in line with SPHERE and WASH cluster recommendations will be purchased. Furthermore, PPE, water facility and supply items will be purchased and a WASH vouchers will be printed. At least 10.000 people will directly benefit through proposed interventions.

The second objective on **“People with limited food supply and access will be able to meet their nutritional needs [Food Security & Livelihood]”** has one output aiming to ensure that People affected by the crisis will be enabled to access food security and other life-saving and basic needs through Cash Voucher Assistance.

Output 2.1 will be measured through (4) progress indicators; (i) # of PSNs registered to benefit from ASF COVID 19 emergency food assistance in Kismayu with 3.000 people as baseline and target value and (ii) value of vouchers distributed with a baseline of 65 USD, while the target value will be determined at the beginning of the appeal duration. The baseline value is based on the average Minimum Expenditure Basket (MEB) for Somalia and published by the Somalia Cash Working Group in November 2019. However, the MEB can differ by region and throughout the time, especially in light of the COVID 19 outbreak. Furthermore, (iii) # of people supported through food vouchers with a baseline and target value of 3.000; and (iv) # of vulnerable IDP households received multipurpose cash transfer with a baseline of 0 and target value of 700. LWF will monitor and report monthly on indicators i – iii in its target location Kismayu in Lower Shabelle region (Jubbaland). Diakonia Sweden, with its local partner KAD, and NCA will monitor and report monthly on indicators ii and iv in its target locations. SoV are: beneficiary lists, monthly food voucher distribution report, vendor beneficiary redemption report/ vouchers redeemed, monthly CCCM cluster report, monthly Jubbaland refugee & IDP agency updates, cash vouchers, and cash registration forms, invoice forms and records from local food traders for food vouchers.

¹⁵ FCA and DKH will disinfect schools and TLS too. However, this is reflected under Activity 3.1.2

To achieve this output four (4) activities will be implemented: Activities 2.1.1 *Launching of emergency ASF COVID 19 Food Security Project for PSNs*; 2.1.2 *Registration of HH for persons with specific needs*; and 2.1.3 *Mapping of Food vendors/traders for food voucher to beneficiaries for 6 months* will be implemented by LWF. Activity 2.1.4 *Provision of Multipurpose cash transfer for the vulnerable households in the IDPs settlement* will be implemented by Diakonia Sweden, with its local partner KAD, and NCA. This activity aims to ensure the livelihoods of the target beneficiaries, including food, by provision of a top up to cater for additional economic needs arisen through the COVID 19 pandemic in the target locations, and only if appeal funding allows. Depending on the market development the target locations, Diakonia Sweden, KAD and NCA might change the transfer modalities to restricted vouchers for WASH or in-kind distribution for WASH items. All four activities aim to reach at least 7.000 people in 1.200 HHs.

To achieve the third objective on **“Crisis affected learners have access to safe, inclusive and continued education during and after the COVID 19 outbreak [Education in Emergencies]”** three (3) outputs and 10 progress indicators have been formulated. Indicators will be monitored and reported on a monthly basis by FCA in Baidoa district in Bay region and Hudur district in Bakool region (South West State) as well as DKH and its local partner DBG in Mogadishu in Banadir region.

It is important to note that COVID-19 pandemic have affected the way education activities may be carried out. Relevant activities proposed in this action have taken into account alternative scenarios for schools being opened and schools remaining closed until end of action. It is also possible that schools would be opened and then closed again. Therefore, the proposed activities will be adjusted and aligned with the decision by both FGS and SWS governments.

Output 3.1: Teachers and learners will have improved knowledge and equitable access to COVID-19 safety and preventive measures in targeted schools and TLS. This output will be measured through four (4) progress indicators: (i) # of school-based COVID-19 emergency and contingency plans; (ii) # of learning sites with adequate and gender friendly WASH facilities and supplies; (iii) # of learning sites or school catchment areas reached with COVID 19 messaging and outreach campaigns; and (iv) # of school-based hygiene promoters and children’s club members trained on COVID-19 preventive measures and sanitation and healthy hygiene practices. For indicators i – iii the baseline is 0 and target value is 39, comprising of 9 targeted schools by FCA and 30 Temporary Learning Spaces (TLS) by DKH and DBG. For indicator iv the baseline is 0 and the target value is 180 children club members in 20 children clubs in 9 schools targeted by FCA and 60 hygiene promoters in 30 TLS. SoV are: School based emergency and contingency plans, WASH item distribution list, BoQ, pictures, COVID 19 messages, media reports, and attendance sheet.

To achieve this output six (6) activities will be implemented: Activity 3.1.1 *Supporting school-based COVID-19 emergency and contingency plan development, implementation and roll-out with strong leadership of school administrations and CECs*; Activity 3.1.2 *Provision of relevant PPEs for sensitisation and learning activities and hand washing soaps, sanitizer, water buckets and cleaning and disinfection materials for target schools and TLSs*; Activity 3.1.3 *Supporting school-based hygiene practices through trainings and outreach activities of COVID-19 hygiene promoters and children’s clubs*. Activity 3.1.4 *Provision of COVID 19 adjusted hygiene kits for learners*; Activity 3.1.5 *Setting up of hand washing stations with soap and water in target schools*; Activity 3.1.6 *Conducting community awareness and sensitization on COVID-19 preventive and lifesaving messages for target schools, TLSs and IDP and host communities during school closure and/or school opening*. Activities 3.1.1 – 3.1.3 & 3.1.6 will be implemented by FCA as well as DKH and its local partner DBG. Activities 3.1.4 - 3.1.5 will be implemented by DKH and DBG. At least 10.000 IDP and host community learners (4.350 girls; 5.650 boys), 240 teachers, 540 CEC members, 78 people from the school administration

and education authorities and 3,000 community members will directly benefit from these interventions.

Output 3.2: Learners' continued education is ensured during school closure or – in the event of phased reopening - through provision of alternative and distance learning guidance and opportunities. This output will be measured through three (3) progress indicators: (i) # of learners reached through radio messages and IEC materials, with a baseline and target value of 10.000; (ii) # of schools with accelerated learning /remedial/catch-up programme to make up for lost learning/teaching, with a baseline and target value of 39; and (iii) # of teachers, school administrations and CECs provided with access to psychosocial support, with a baseline of 0 and a target value of 450. SoV are: media monitoring reports, IEC materials produced, interviews, training reports, attendance lists, and education content/ curriculum produced.

To achieve this output, three (3) activities will be implemented: Activity 3.2.1 *Developing procedures, contents, and materials for catch-up classes and remedial programmes.* These materials will be developed in close coordination with the Education Clusters and MoECHE of the target locations. In case that the materials will be made available by the government, the partners will utilise the existing materials to ensure its alignment with national programme. In addition, it will also include key information on COVID-19 preventive messages developed by MoH; 3.2.2 *Disseminating contents of catch-up classes and remedial programmes through radio or alternative distance learning programme;* 3.2.3 *Provision of trainings on PSS to teachers, school administrations and CECs to promote well-being and learning outcomes of the learners during school closure and/or school opening.* The training methods utilised by the team will be flexible and vary between small group training sessions or online sessions facilitated by field teams, depending on locations and Covid-19 situation. All activities will be implemented by FCA and DKH, together with DBG in their respected target locations, benefitting at least 10.800 IDP and host community learners, teachers, school administration, CEC members and local education authorities.

Output 3.3.: Teachers and learners have access to COVID 19 adjusted teaching and learning materials. This output will be measured through three (3) progress indicators: (i) # of teachers provided with and trained on the use of new learning materials for the remedial/catch-up programmes, with a baseline 0 and target value of 120. (ii) # of students receiving vouchers for school fees, with a baseline and target value of 3.000; and (iii) # of learners provided with learning materials including home-learning material kits for learning outside of school/at home, with a baseline and target value of 10.000. SoV are distribution list, voucher redemption list, enrolment and retention data, post distribution monitoring reports, and project reports.

To achieve this output three (3) activities will be implemented: Activity 3.3.1 *Distributing learning materials, including home-learning materials kits for learning outside of learning sites/at home,* and Activity 3.3.2 *Training of teachers on home-learning or remedial and/or catch-up teaching including COVID-19 preventive classroom management and positive discipline.* Trainings will be implemented through small group information sessions on online sessions, depending on locations and Covid-19 situation. Activity 3.3.3 *Distribution of vouchers for learning materials, including radios for target learners.* The first and second activity will be implemented by FCA in Baidoa and Hudur. The second and third activity will be carried out by DKH and DBG, the third activity will be carried out by DKH, together with DBG. The activities are expected to reach at least 10.000 learners and 120 teachers.

The last and fourth objective on “**Strengthen community resilience to COVID-19 outbreak through advocacy, Psycho-social support and social protection measures**” [Social Protection] has one output; Community actors are supported with knowledge of COVID-19 and basic psychosocial

support skills and referral pathways. Output 4.1 will be measured through six (6) progress indicators; (i) # of women groups trained and strengthened to protect and report violence against women, with a baseline and target value of 6; monitored by Diakonia Sweden and its local partner KAD; (ii) # of advocacy events organised with a baseline of 0 and a target value to be determined; monitored by FCA, DKH and DBG; (iii) # of caregivers and community members accessing COVID-19 preventive messages and other important messages on education and safe return to school through radio programme and outreach activities, with a baseline and target value of 50.000; monitored by FCA, DKG and DBG; and (iv) # schools/TLS /committees with functional protection, case management and referral system, with a baseline and target value of 39; monitored by FCA, DKH and DBG; (v) the availability and use of hotline call centre by IDPs, with a baseline of 0 and a target value of 2, monitored by DS and KAD; (vi) # of reported cases of GBV and COVID 19 infected people from IDP camps, with a baseline of 0, while the target value cannot be determined at this point, monitored by DS and KAD. SoV are: training materials, attendance lists, reported cases, household interviews, case stories, media monitoring reports, and phone surveys in the community, daily hotline reporting sheets, List of reported cases

To achieve this output six (6) activities will be implemented: Activity 4.1.1 *Provision of radio messaging on right to education, COVID-19 preventive measures and PSS for caregivers and learners, including Children with Disabilities (CWD)* will be implemented by FCA. Activity 4.1.2 *Conducting Community sensitization and awareness raising on Right to Education, COVID-preventive measure, PSS and importance of safe return to schools*. While awareness raising on the Right to Education will be carried out by FCA in its target locations, awareness raising and community sensitization on COVID 19 preventive measures and PSS will be implemented by FCA, DKH and its local partner DBG. Activity 4.1.3 *Capacity building of community based COVID-19 promoters to monitor and alert relevant authorities on COVID-19 related violence, incl. GBV* will be implemented by Diakonia Sweden and its local partner KAD, while Activity 4.1.4 *Establishing and strengthening school based protection system and community based referral system to protect boys, girls and women* will be implemented by FCA, DKH and DBG. Activity 4.1.5 *Supporting local authorities on hotline operation centre*; and Activity 4.1.6 *Supporting the government on emergency and preparedness plans in target areas*, will be implemented by Diakonia Sweden and its local partner KAD in Bossaso and Garowe. At least 50.000 benefit directly through the proposed interventions.

Exit strategy

Building ownership, ensuring close engagement of the community, especially of traditional and religious leaders and local authorities, capacity building of government and local actors and active participation in various coordination platforms is prerequisite for enhancing sustainability in the proposed response. The appeal will therefore achieve sustainability through different activities that will be implemented by the ASF members. These include trainings on COVID 19 preventive measures for community hygiene promoters, religious and traditional leaders, PSS trainings for teachers, CECs and school administrations, trainings of teachers on remedial/catch-up classes, support of emergency and preparedness plans at community and school levels, support of local authorities in the setup of the government hotline for COVID 19 and GBV reporting, and setup of school-based protection mechanism and community-based referral pathways for case management on GBV and abuse against children. However, Somalia will be dealing with the impact of the COVID 19 pandemic for many more months to come and it will take at least 6 months or even a year to return to the pre COVID 19 situation, which will still require humanitarian assistance. In the unlikely event the COVID 19 outbreak in Somalia has been curbed earlier, requesting members will be able to down-scale the COVID 19 interventions as they are complementary to ongoing humanitarian response programs.

All the work will be adjusted to COVID 19, in a short and long-term view, including recovery aspect. Nevertheless, it is hoped that the expected outputs will yield lessons learned to prepare the targeted beneficiaries for similar pandemic diseases and enable requesting members and implementing partners to respond even more appropriately and efficiently in a similar disaster in the future.

PROJECT MANAGEMENT

Implementation Approach

The proposed action is aligned with the ACT Global Appeal, Somalia COVID-19 Preparedness Response Plan and other sector specific response plans, launched by different Ministries at both, Federal Government of Somalia (FGS) and Federal Member State (FMS) levels. The proposed actions offer a multi-sectoral and integrated response with a wide geographical coverage that will benefit high numbers of the affected population. Partnership among members of the ACT Somalia Forum will strengthen the nature of coordination, improve quality and effectiveness of proposed interventions and generate impact at scale. The complementary nature of this partnership will ensure highest quality of the action and integrated response to COVID-19 outbreak in Somalia. This is also possible as all requesting members and its local partners work in different regions of Somalia and have complementing and diverse expertise across different sectors including cash voucher assistance and social protection (see map below).

All response plans promote an integrated and multi sectoral approach with increased cash voucher assistance. This is geared towards a social safety net to address the ongoing protection and complex crisis, compounded through the COVID 19 outbreak. As the global COVID 19 pandemic is unprecedented, its full impact on the humanitarian and economic situation in Somalia is still not fully seen and comprehended. Therefore, a flexible and adaptive approach is imperative. Key to adaptive programming is the provision of multipurpose cash transfer and restricted vouchers - whenever possible - to the most vulnerable beneficiaries and other preparedness and crisis modifier activities in each targeted sector. It is hoped, that with this adaptive programming, linkages can be made to other projects addressing education, child protection, food security and WASH needs of targeted people, currently being implemented by the requesting members in the proposed target areas. Some experts suggested that the impact of the outbreak of the COVID 19 pandemic will take at least 6 months or even a year. Therefore, the needs will remain acute and in emergency phase, justifying the integrated response from the ACT Somalia Forum.

The continued spread of the COVID 19 in Somalia might limit humanitarian aid delivery, since the continued government imposed movement restriction for people and goods during Covid-19 pandemic has severe negative economic impacts and might lead to hunger and starvation as well as limited access to education and learning outcomes of children and youth, especially girls. In order to mitigate those risks, requesting members will monitor the situation and review newly available data and assessment findings on a daily basis and participate in relevant cluster and coordination platforms, such as the food, education and child protection cluster.

In addition, FCA and DKH will continue the dialogue and advocacy with relevant education authorities and provide alternative education forms. Priority messages are: (i) Schools and educators are essential ways for families and children to get information and critical life-saving messages; in this instance, education can help transmit important health and hygiene information; (ii) Even when schools close, education must continue. It is even more essential in times of crisis to help children and youth cope. It provides them with a sense of stability and predictability, which mitigates the effects of crisis and builds their resilience; and (iii) When formal schools are closed, non-formal

alternatives including distance learning and community-based education can allow children and youth to continue their learning at a critical time.

Similarly, NCA, in line with the Somalia WASH cluster, will continue to advocate for: (i) Uninterrupted supply chains for WASH commodities and services to maintain the movement of goods; (ii) Continued and equitable access to WASH commodities and services for all; and (iii) Maintained and sustained funding, with no diversion away from the existing commitments and priorities set for the WASH sector towards government officials at district, regional and Federal Member State levels.

As international members, LWF, NCA, Diakonia Sweden, FCA and DKH have already carried out COVID 19 pandemic advocacy activities at national and global levels. This happens through different platforms and channels in a coordinated effort through ACT Alliance Secretariat in Geneva and ACT EU in Brussels. Target audiences for these advocacy messages are governmental authorities, humanitarian umbrella organisations (e.g. VOICE and ICVA) and donors (e.g. DG – ECHO). Priority messages evolve mainly around additional and flexible funding to appropriately mitigate the spread of the global COVID 19 pandemic, especially in fragile and least developed countries, ensure flexible and adaptive programming and ensure further support to address secondary negative impacts on political and socio-economic situation through COVID 19 outbreak.

However, the dissemination of the correct preventive messages on COVID-19 could potentially create resentment from the communities, especially with regards to the social distancing and ban of overcrowded public gathering. This will be mitigated through the early engagement of the community members and active involvement of relevant authorities, including traditional and religious leaders, on dissemination and messages to assure buy-in and behavioural change. COVID 19 hygiene promotion messages will be disseminated in Somali, and which was adopted from WHO and UNICEF. Globally, an increase in domestic and gender-based violence against women and children has been registered and Somalia is no exception to it. Children are likely to be at risk of being exploited and abused during the COVID 19 outbreak and emergency response by different actors including requesting member staff, local partners and contractors. Therefore, all requesting members' staff, local partner and service providers will receive refresher trainings on the ACT child-safeguarding policy and commit to adhere to the child-safeguarding policy as an integral part of Memorandum of Understandings and contract. More importantly, protection and safeguarding mechanism, including for women and children, are integrated as crosscutting elements in proposed interventions. For instance, school-based protection mechanism, close community engagement and the setup of referral pathways to report on violence against children or Gender Based Violence will be ensured. The COVID 19 outbreak poses a risk for key partners such as teachers, CECs, community hygiene promoters and traditional and religious leaders as well as NGO staff to get infected too during relief operations. In a way to mitigate the risk to its most possible extend and in line with the Do-No-Harm principle and Core Humanitarian Standards (CHS), all involved will be trained on COVID 19 safety measurements and receive appropriate personal protection equipment (PPE) based on WHO and Federal Government Somalia guidelines. Furthermore, the requesting members will ensure that staff and key partners follow the guidelines and protocols concerning COVID 19 response put in place, including proper waste management of PPE.

Numerous stakeholders with a medium to strong interest in the project and level of engagement have been identified by LWF, NCA, DKH, FCA, Diakonia Sweden and respective local partners. These identified stakeholders have a relatively positive attitude towards the proposed COVID 19 response. Stakeholders range from government institutions across all levels (district, regional, Federal Member State and Federal Government), other national and international NGOs and Civil Societies,

UN Agencies, key community members and other members of the target IDP and host communities, including children.

As already established, building ownership and ensuring close engagement of the community, especially of traditional and religious leaders and local authorities is central to the proposed action. Religious leaders have a voice in Somalia and are listened to. Some radio sessions will incorporate them as they message on importance of COVID 19 preventive measures, and with a touch of qur'anic references. At community level, they are well respected, and their communication reach out community members more effectively. Because of the cultural sensitivity, their engagement will facilitate great buy-in and support from community leaders. Dialogue is paramount to get the support from community leaders for any intervention. They also play an important role in effectively spearheading the key messages on importance of education, and safely return of the children to school particularly for girls and CWDs. Early engagement and constant motivation for these actors to take part in the sensitisation activities, including radio programme, will create a positive environment and supporting circle among the community members toward the project objectives.

Community Education Committees (CECs), which also include traditional and religious leaders, and IDP settlement leaders play critical roles in building bridges among the targeted IDP and host communities, school administrations and the project staff. Outreach activities to be carried out by the CECs and supported by the IDP settlement leaders will help to bring about interests and support from other community members to prevent, mitigate and reduce the spread of COVID-19 outbreak. They are also key in supporting in beneficiary registration, provide support during post distribution monitoring and channel feedback from the community on the relevance and appropriateness of the actions. Similarly, COVID 19 hygiene promoters participate in awareness raising campaign, mobilise the community members and spearhead the priority messages. Furthermore, they promote information sharing and channel feedback from its community on the appropriateness and relevance of the proposed interventions. Teachers and school administrations are actively engaged and participate throughout the project cycle, particularly in development and roll-out of the School-Based COVID-19 Emergency and Contingency Plans.

The government calls for support of the international and national civil society to their COVID 19 response plan. Aligning proposed interventions with the plan as well as engaging government institutions across all levels throughout the project cycle results are key for a successful appeal implementation. In return, government institutions will ensure increased and safe access to the targeted locations, especially hard-to-reach areas, guarantee higher acceptance within the targeted communities and help identify the most vulnerable groups, such as IDP children, CWDs and elderly for COVID 19 specific assistance.

Implementation Arrangements

The ACT Somalia Forums Appeals Coordinator (DKH project coordinator), with the support of the Forums Convener (LWF Country Director), ensures that all the collected information on the COVID 19 situation and response in Somalia is updated and available regularly and timely through ACT situational reports, cooperation with OCHA staff though reporting to the Financial Tracking service and participation to ad hoc meetings and exchange of emails on level of preparedness. Furthermore, the Appeals Coordinator maintains communication with the ACT Regional Secretariat before, during and after a disaster for information sharing and alerts. At the end of the appeal, the Appeal Coordinator will lead and coordinate the appeal evaluation and will be responsible for compiling and consolidating the final narrative and financial report, the end of appeal evaluation report and audit reports provided by each requesting member. For all finance reporting and audit compilation,

the DKH Appeals Coordinator will be supported by DKH finance coordinator. In addition, the Forums Convener will lead joint fund-raising efforts among the requesting members, receive early warning information, call forum meetings when necessary and lead the workflow in the event of a sudden onset disaster. FCA communication officer, with the support of all requesting members, will coordinate and generate fast, high-quality and accurate articles and images from the ground, in particular case and success stories, and work with the Appeals Coordinator to disseminate content through members' and ACT websites and the ACT Media Bank. All requesting members will actively engage in forums meetings convened by the forum convener and continue to engage in relevant coordination platforms at FGS level and in their targeted locations (see 1.3) - to ensure continued relevance, appropriateness, efficiency and effectiveness throughout the appeal cycle and to share relevant information with other requesting members. As established earlier, all requesting members and its local partners work in different regions of Somalia and have complementing and diverse expertise across different sectors including cash voucher assistance and social protection, GBV and PSS. Expertise and knowhow will be shared among requesting members and local partners to ensure capacity building, knowledge management, capitalizing on lessons and best practices as well as ensuring one joint implementation approach. LWFs technical advisor for human rights and advocacy will be the focal point for coordinating and support the COVID 19 advocacy activities among all requesting members at local and national level before and during proposed actions.

Project Consolidated Budget

		Appeal Total	LWF	Diakonia Sweden	NCA	FCA	DKH
Direct Costs		887.151	183.375	175.620	182.925	171.258	173.973
1	Project Staff	96.489	16.636	15.991	22.489	19.336	22.036
1,1	Appeal Lead	15.680	3.136	3.136	3.136	3.136	3.136
1,2	International Staff	8.484	5.400	-	3.084	-	-
1,3	National Staff	72.324	8.100	12.855	16.269	16.200	18.900
2	Project Activities	693.892	150.500	137.570	133.280	129.255	143.287
2,1	Public Health	-	-	-	-	-	-
2,2	Community Engagement	36.299	-	21.000	-	6.900	8.399
2,3	Preparedness and Prevention	-	-	-	-	-	-
2,4	WASH	219.730	-	76.790	93.280	-	49.660
2,5	Livelihood	79.780	-	39.780	40.000	-	-
2,6	Education	207.583	-	-	-	122.355	85.228
2,7	Shelter and Household items	-	-	-	-	-	-
2,8	Food Security	150.500	150.500	-	-	-	-
2,9	MHPSS and Community Psycho-social	-	-	-	-	-	-

2,10	Gender	-	-	-	-	-	-
2,11	Engagement with Faith Leaders	-	-	-	-	-	-
2,12	Advocacy	-	-	-	-	-	-
3	Project Implementation	96.770	16.239	22.059	27.156	22.667	8.650
3.1.	Forum Coordination	13.900	900	4.000	1.000	6.000	2.000
3.2.	Capacity Development	3.100	-	600	2.500	-	-
4	Quality and Accountability	40.204	9.539	11.879	7.706	9.830	1.250
5	Logistics	37.367	3.600	5.580	15.950	6.837	5.400
6	Assets and Equipment	2.200	2.200	-	-	-	-
Indirect Costs		83.723	10.800	18.554	11.250	22.917	20.202
Staff Salaries		22.333	6.300	1.970	-	5.961	8.102
Office Operations		61.390	4.500	16.584	11.250	16.956	12.100
Total Expenditure		970.874	194.175	194.175	194.175	194.175	194.175
ICF (3%)		29.126	5.825	5.825	5.825	5.825	5.825
Total Expenditure + ICF		1.000.000	200.000	200.000	200.000	200.000	200.000

Project Monitoring, Evaluation and Learning

Performance and progress indicators, including baseline and target value, source of verification, frequency of and responsibility for data collection have already been described above. It should be emphasised that indicators, baseline and target value are developed based on COVID 19 response plans, Somalia Education Sector Response Plan, or derived from years of experience and successful program implementation of the requesting members. Through the jointly developed performance measurement matrix, requesting members will ensure the same data is collected with a clear and holistic picture on progress and performance quality during the appeals duration. Embedded in the organizational structure and ongoing country programs of each requesting member and its implementing partners, data will be collected in respective target locations. This will happen either through program staff with an expertise in Monitoring, Evaluation, Learning and Accountability (MEAL) or MEAL officers. Under the lead of the Appeals Coordinator and with the technical support from MEAL specialist from each requesting member and implementing partner, data collection tools for monitoring and evaluation will be developed jointly. Tools and methods will be developed in a way to take into account safety measures to prevent the risk of COVID 19 infections by staff and the targeted people and in line with government restrictions. As an example, Key Informant Interviews, Focus Group Discussions and household surveys might take place over phone or online. However, the method has to be constantly reviewed and adjusted frequently as the situation unfolds during the appeal duration. This will be done in the monthly coordination meetings via skype. Assigned officers from the requesting members will be responsible for data entry and cleaning, while the Appeal Coordinator will be responsible for the compilation and analysis of the gained information.

The ACT Somalia Forum has different mechanisms in place to ensure knowledge management. In addition to joint and participatory appeal development, program staff already meet online on a weekly basis to share updates on the humanitarian, political, socio-economic and security situation in their area of operations; gained from observations, discussions with implementing partners, participation in different coordination platforms and published assessments and information bulletins from other governmental and humanitarian actors. On an ad-hoc basis relevant new information are also shared through different messaging channels such as Skype and WhatsApp. Given the rapidly changing situation weekly meetings will continue throughout the appeal duration. The Appeals Coordinator will share highlights of the COVID 19 situation and its humanitarian impact with the regional ACT Secretariat and donor members through monthly situation reports, including pictures and case stories. At the start of the appeal, a kick-off meeting among program staff of requesting members and implementing partners will be held online to ensure common shared understanding on implementing approach, envisioned objectives, outputs and activities, the performance measurement plan and work plan. In addition to the weekly situation meetings, monthly coordination meetings will be held online among program staff of requesting members and implementing partners to see if implementation of proposed activities are in line with the work plan and target figures or need to be adjusted due to the changing situation. Three months before the end of the appeal a closure meeting will be held, with a main focus on preparing for an internal end-of-appeal evaluation, including success stories, and consolidated appeal auditing. Both, the evaluation and audit will be shared with the regional ACT Secretariat in Nairobi and donors. Key findings and recommendations as well as lessons learned and success stories will be presented through an online evaluation workshop/ webinar, facilitated by the Forums Convener and Appeals Coordinator.

Safety and Security plans

In line with the ACT Alliance security policy and as part of the Quality and Accountability Frameworks, all requesting members are committed to the Do No Harm and Duty of Care principles. Health, Safety and Security plans (HSS) and Security Standard Operation Procedures (SOPs) are in place; regulating procedures in different events such as lock down, kidnapping or evacuation. Corresponding security risk registers are updated frequently, and all staff received some kind of security training (e.g. HEAT), including refresher trainings. Similarly, all implementing partners comprise of Security and Safety SOPs. In light of the COVID 19 outbreak in Somalia, plans and SOP have been adjusted and some requesting members developed Business Continuity Plans. For reasons of confidentiality, details of the Business Continuity plans cannot be provided. Due to the decade long volatile security situation in Somalia and the constant access constraints (e.g. road blockages and thus travel only by air), requesting members are very much experienced in lock down situation and remote management. The COVID 19 restrictions are thus not severely changing the normalcy in program implementation or collaboration with partners, especially in the hard-to-reach areas. Furthermore, each requesting member comprises of Somalia security focal points, who monitor the security situation in the target locations on a daily basis through various sources, including UN INSO.

Multiple risks and risk mitigation responses have already been described in the implementation approach. In addition to these, the slow or sudden onset of natural disaster (drought, flood, desert locust infestation) leading to increased mass displacement and loss of livelihoods during Covid-19, especially in DKH target areas of Beletweyne and Hobyo has a critical impact on the COVID 19 response. Conflicts between Al-Shabaab, other non-governmental military forces and Somali forces are very likely to happen and could severely hamper the ACT Somalia Forum COVID 19 response as it limits humanitarian access to the neediest population during the COVID 19 pandemic. Furthermore,

conflicts between Al-Shabaab, other non-governmental military forces and Somali forces exposing humanitarian staff to insecurity, such as kidnapping during the COVID 19 pandemic and political conflict between FGS and FMS further hampers delivery of COVID 19 response activities.

For a comprehensive program and security risk overview, both external and internal please see Annex 3.

PROJECT ACCOUNTABILITY

Does the proposed response honour ACT's commitment to safeguarding including PSEA? All staff and volunteers of requesting members, particularly those involved with the response, will be required to sign the requesting members' Code of Conduct. If you don't have one, members can use [ACT's Code of Conduct](#).

Yes

No

Code of Conduct

Staff from all requesting members have signed and will adhere to ACT Alliance's Code of Conduct. Members will continue to ensure that staff, partners, volunteers, contractors, visitors, consultants and community stakeholders closely follow the code of conduct.

Safeguarding

All requesting members and partners will adhere to ACT Alliance's Child Safe-guarding policy, which seeks to promote greater accountability among staff, partners, community stakeholders and service providers towards children and prevention of sexual abuse and exploitation. For instance, LWF Somalia developed child safeguarding risk matrix for 2018/2019, and 2019/2020 and closely monitors its adherence by all stakeholders in Kismayu.

Lutheran World Federation is committed to accountability to the affected population and is working towards becoming Core Humanitarian Standards (CHS) compliance. LWF has carried out a Core Humanitarian Standard (CHS) self-assessment from which an improvement plan was developed and finalized in December 2017. LWF provides assistance without discrimination and takes proactive efforts to ensure empowerment and effective participation of traditionally marginalized groups. The organization uses a rights-based participatory approach to relief, recovery and development assistance and includes beneficiaries at all levels throughout its program, including in proposed interventions on food security for COVID 19 affected IDPs, returnees, elderly and People with Disabilities, including girls, boys, women and men. LWF established a **complaints response mechanism** (CRM), which allows project beneficiaries to submit complaints, make suggestions and give feedback about LWF's activities. Project beneficiaries are made aware of their options through regular information sessions and signboards in community centres to channel feedback through CRM. Complaints or feedback are made verbally to community focal points, LWF staff or through complaints boxes, telephone or email. All feedback is seriously considered and used to improve interventions. Allegations of sexual exploitation and abuse in direct conflict with LWF's Code of Conduct will be addressed urgently and confidentially through channels described in LWF's Complaints Mechanism. In Somalia, LWF currently has an active CRM structure in the IDP camps of Kismayu. The CRM structures meet on a monthly basis in the IDP communities supported by LWF, for example, and it's through these structures that both duty bearers and rights holders meet to discuss issues related to child protection e.g. sexual exploitation and abuse, child labour, and fraud. Conflict sensitivity analysis is an integrated part of LWFs quality and accountability framework. In a country with a long and recent history of conflict, like Somalia, conflict sensitivity and do no harm approaches are particularly important in all operations, organization and project design, staffing and activities. Under this project LWF will analyse and consider potential issues that may create/increase or remove/reduce human conflict and this include accurate targeting to minimize

inclusion/exclusion errors during beneficiary targeting, adherence to humanitarian principles to eliminate harmful and dangerous political, ideological and clan differences. Furthermore, participation and empowerment as one of LWF's strategic approaches involve people in all aspects of their development, from planning to implementation, monitoring and evaluation. All critical stakeholders and community leaders were consulted in the development and design of this project. The project relies on community led approaches in order to increase ownership, participation and sustainability of change. Through complementary project interventions, community members with rehabilitative skills will be trained and supported to provide psychosocial support, while the rehabilitative committees (consisting of PWDs and the elderly) will advocate for their rights alongside the local organisation DAA. Local leaders will also participate in the project through capacity building and subsequent advocacy on behalf of PWDs and the elderly, in cooperation with the rehabilitative committees and DAA. Through participation, the project increases people's capacity and resources for self-sufficiency.

Diakonia Sweden (DS) is a signatory to the CHS and finalizes the process of becoming CHS certified in the summer of 2020. Diakonia adheres all international human rights and humanitarian principles, and have child safeguarding policy and DO-NO-HARM principle through Diakonia's conflict mainstreaming toolbox. Diakonia Sweden integrates gender equality and social cohesion throughout its program, including a gender sensitive needs and gaps analysis. As a result, Diakonia Sweden will ensure the inclusion of most needy and vulnerable community groups including women, children, elderly and PWDs, during the project implementation. Due to its humanitarian and development mandate, Diakonia's human right promotion activities are already in place in Puntland, where Diakonia advocates towards the duty bearers to protect rights of the right holders, including women and children and trains right holders on their basic rights and how to advocate for themselves, towards duty bearers to ensure their basic rights. Diakonia and its local partner Kaalo Aid and Development (KAD) will closely work with the local authorities and the community in order to smooth the project activities and make it more community centred as well as community led and owned. Both, DS and KAD have **complaint and feedback mechanism** in place. Concretely, both organisations established a hotline number and Email address, where project beneficiaries can submit complains and feedback. Both organizations have dedicated staff to collect, classify and handle the received complaints and feedbacks as well to provide feedback to the complainants and feedback providers in order to close the feedback loop.

Diakonie Katastrophenhilfe will ensure to uphold and promote the highest ethical and professional standards throughout the implementation of this project. Guided by the ACT Alliance Child Safeguarding policy, DKH will ensure all the project staff and volunteers including staff of the implementing partners are aware and agree to adhere to this policy. Continuous sensitisation meetings will be held by the organization on the need to uphold child safeguarding and awareness on referral pathways in cases of a breach either by project staff/volunteer and any other community member. DKH and partner staff uphold a Do no Harm principle among other humanitarian principles and will ensure all project teams follow them. As is the practice of DKH where all the necessary trainings in relation to Code-of-Conduct and other humanitarian principles are offered during the implementation of a new project, this will also be adopted in this project and all the necessary trainings will be offered throughout the life of this project. DKH has a functional **Complaints Response Mechanism (CRM)** in place for gathering feedback from beneficiaries on their experience during project implementation while also allowing them to report incidences of exclusions and other and tracing actions done on each of the reported cases. The project will create a dedicated mail, phone number (including a toll-free number for reporting incidents) and install suggestion boxes within the communities and partner offices as appropriate. The staff and community will be encouraged to provide feedback on any issue that threatens their protection in order to ensure

safety and humanity of all stakeholders. Further to the reporting system, since DKH is working in 3 districts (Hoby, Beletweyne and Mogadishu) using the community structures, the project will establish a complaints desk to handle non-sensitive and sensitive issues and complaints as is appropriate to the community. Feedback will be recorded and tracked.

Norwegian Church Aid (NCA) will implement this project guided by values of upholding the integrity of project beneficiaries, ensuring that Human dignity is observed and that beneficiaries are as much as possible included in decision making on project initiatives. Communities will participate in setting up selection criteria and vetting of beneficiaries. Assistance provided will be unconditional and respecting the humanitarian principles and code of conduct as well as observing the Core Humanitarian Standards. NCAs complaints handling mechanisms will greatly enhance accountability of our actions towards the target communities as any concerns raised by the community will be handled and resolved through this mechanism which provides communities avenues to air their concerns at whatever level they feel comfortable to within the organizational structure. NCA will continue to prioritize the strengthening of safe measures in line with the 'Do No Harm' principles to ensure that interventions do not cause harm to the target population. Inclusion and participation of all relevant stakeholders in all processes will be a key priority. In addition, advocacy initiatives will ensure that the change advocated for works for the good of men, women boys and girls equally without discrimination.

Proposed actions will be implemented with Gender considerations at heart with full knowledge that emergencies affect men, women, girls and boys differently. All these groups will be part of the appeal activities from inception to the end. Men, women, boys and girls will participate in all project activities including trainings, awareness campaigns as well as cash interventions with the aim of strengthening their resilience and improving their coping strategies. They will equally be part of the project monitoring process and with equal access to the accountability mechanisms put in place.

Following the harsh socio- economic times that COVID 19 has exposed communities to, it is anticipated that there will a rise in domestic violence due to strained social and economic opportunities and increased demand on women and girls to care for the sick and other vulnerable groups within the community. The project will ensure that vulnerable women are prioritized for Cash assistance because a lack of economic independence compromises their empowerment and perpetuates gender inequality.

Finn Church Aid, as a certified Core Humanitarian Standards (CHS) and right based organisation, FCA adheres to all key international principles including humanitarian principles, human rights-based approach and Do-No-Harm principle. As an active member of INEE, FCA aims to address its minimum standard for education in emergencies. Active participation of direct beneficiaries and other stakeholders is ensured throughout the project cycle. Their needs, capacity gaps and priorities were documented and used in the design of the action. In addition, the Complaints Response Mechanism (CRM) will be established through feedback boxes, CRM focal point in each school supported by FCA CRM focal point, verbal communication and hotline number to be circulated to the surrounding communities through regular sensitization activities to inform the communities about the mechanism. This process will enable the project to identify and address unintended harm and allow people from all education background to engage in the process. All feedback will be handled in a confidential way, while outcomes will be used to adjust interventions.

FCA has an existing Gender Equality Strategy in place. The strategy aims to address the needs of men, women, girls and boys especially PWDs in all FCA programmatic portfolios and integrate gender as a crosscutting priority in all its interventions, including EiE and COVID-19 responses.

Gender analysis is central to FCA programming including design, management and monitoring and evaluation. Gender of different sexes and age groups were extensively consulted in FCA needs assessment and will be ensured during implementation and monitoring and evaluation of the action. FCA strives to achieve gender equity in selection of beneficiaries, with the immediate aim for at least 30% of girls and women.

Gender equality aspects will be included in all sensitisation, awareness raising and media campaigns. It will also be included in PSS and other trainings and session for teachers, CECs, other education personnel and community mobilisers. The campaigns will also focus on importance of girls' and CWDs' education, prevention of sexual exploitation and abuse and other GBV including early child marriage, and girls' safe return to schools after the reopening. Ensuring gender balanced composition in key structures such as CECs and Children's Clubs will also contribute to promote women's and girls' rights.

Conflict sensitivity / do no harm

See above

Complaints mechanism and feedback

See above

Communication and visibility

Requesting members will work with its communication units in their respective Head Offices to publish communications and case stories, including pictures on their websites and social media channels, such as Facebook, Twitter and Instagram. Similarly, communications and case stories will be shared with the ACT Secretariat communication unit in Nairobi, Geneva and Toronto for publication. On the ground, overall communication strategy will be emphasized on a low visibility profile. Affiliation with a Christian faith-based organization may create problems or pose threats for the project partners and beneficiaries. Problems may relate to the security of the staff and access to certain locations.

Annexes

Annex 1 – Summary Table

	Lutheran World Federation	Diakonia Sweden	Norwegian Church Aid																																																																								
Start Date	01.06.2020.	01.06.2020.	01.06.2020.																																																																								
End Date	28.02.2021	28.02.2021	28.02.2021																																																																								
Project Period (in months)	9	9	9																																																																								
Response Locations	Kismayu in Lower Juba region of Jubbaland	Bossaso and Garowe, in Puntland state	Gedo, Puntland and Banadir region																																																																								
Sectors of response	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input checked="" type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input type="checkbox"/></td> <td>WASH</td> <td><input type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input checked="" type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input checked="" type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input type="checkbox"/>	WASH	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Livelihood</td> <td><input checked="" type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Education</td> <td><input checked="" type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Education	<input checked="" type="checkbox"/>	Advocacy	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Public Health</td> <td><input type="checkbox"/></td> <td>Shelter and household items</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Community Engagement</td> <td><input type="checkbox"/></td> <td>Food Security</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Preparedness and Prevention</td> <td><input type="checkbox"/></td> <td>MHPSS and Community Psycho-social</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>WASH</td> <td><input checked="" type="checkbox"/></td> <td>Gender</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Livelihood</td> <td><input checked="" type="checkbox"/></td> <td>Engagement with Faith and Religious leaders and institutions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Educatio4n</td> <td><input checked="" type="checkbox"/></td> <td>Advocacy</td> </tr> </table>	<input type="checkbox"/>	Public Health	<input type="checkbox"/>	Shelter and household items	<input type="checkbox"/>	Community Engagement	<input type="checkbox"/>	Food Security	<input type="checkbox"/>	Preparedness and Prevention	<input type="checkbox"/>	MHPSS and Community Psycho-social	<input checked="" type="checkbox"/>	WASH	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	Livelihood	<input checked="" type="checkbox"/>	Engagement with Faith and Religious leaders and institutions	<input type="checkbox"/>	Educatio4n	<input checked="" type="checkbox"/>	Advocacy
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Targeted Recipients (per sector)	Food Security: 3.000 IDPs, PWD, including CWD and elderly (500 HHs) from the host community, IDPs and returnees	43,766 (11,776 male; 32,000 female), including IDPs, elders. Children, women, disabled people	721.000 IDP girls, boys, women and men and the most vulnerable of the host community																																																																								
Requested budget (USD)	200.000, - US\$	200.000, - US\$	200.000, - US\$																																																																								

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Project Period (in months)	9	9																																																
Response Locations	Hudur in Bakool region, South West State Baidoa in Bay region, South West State	Mogadishu, Banadir region Beletweyne district, Hiraan region, Hirshabelle Hobyo district, Mudug region, Galmudug																																																
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Targeted Recipients (per sector)	EiE: 7.000 learners age 6-17 (3.000 girls; 4.000 boys) from IDP and host community 120 teachers, 90 Community Education Committee members (CEC), 20 school administrations and other education personnel, 6.000 IDP and host community members and 14.000 community members (indirect)	Education and Psycho Social Support: 3.000 IDP learners (1.650 boys; 1.350 girls) WASH: 12.140 IDP and host community members (5.462 F; 6.678 M)																																																

Requested budget (USD)	200.000, - US\$	200.000, - US\$
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Annex 2 – Security Risk Assessment

Principal Threats:

Threat 1: Requesting members may be branded with the Christian tag, hence may be misunderstood to propagate a Christian agenda in Somalia.

Threat 2: Children are likely to be at risk of being exploited and abused during the outbreak and emergency response by different actors including RM staff, local partners and contractors

Threat 3: Dissemination of the correct preventive messages on COVID-19 could potentially create resentment from the communities especially with regards to the social distancing and ban of overcrowded public gathering

Threat 4: Increased crime rate due to government-imposed restrictions, including GBV

Threat 5: The COVID 19 outbreak poses a risk for key partners and NGO staff to get infected too during relief operations

Threat 6: Proposed interventions cause harm to the environment due to increased waste (e.g. PPE items just thrown away)

Threat 7: Slow or sudden onset of natural disaster (drought, flood, desert locust infestation) leading to mass displacement and loss of livelihoods during Covid-19 pandemic further weakening HH resilience

Threat 8: Conflicts between Al-Shabaab, other non-governmental military forces and Somali forces could hinder humanitarian access to the neediest population during the COVID 19 pandemic.

Threat 9: Conflicts between Al-Shabaab, other non-governmental military forces and Somali forces could expose humanitarian staff to insecurity, such as kidnapping during the COVID 19 pandemic

Threat 10: Political conflict between FGS and FMS further hampers delivery of COVID 19 response activities

<i>Impact</i>	Negligible	Minor	Moderate	Severe	Critical
<i>Probability</i> Very likely	Low Click here to enter text.	Medium Click here to enter text.	High Click here to enter text.	Very high Increased crime rate due to government-imposed restrictions, including GBV. Dissemination of the correct preventive messages on COVID-19 could potentially create resentment from the communities especially with regards to the	Very high Slow or sudden onset of natural disaster (drought, flood, desert locust infestation) leading to mass displacement and loss of livelihoods during Covid-19 pandemic further weakening resilience.

				social distancing and ban of overcrowded public gathering	
Likely	Low Click here to enter text.	Medium Click here to enter text.	High Children are likely to be at risk of being exploited and abused during the outbreak and emergency response by different actors including RM staff, local partners and contractors.	High The COVID 19 outbreak poses a risk for key partners and NGO staff to get infected too during relief operations	Very high Conflicts between Al-Shabaab, other non-governmental military forces and Somali forces hindering humanitarian access to the neediest population during the COVID 19 pandemic.
Moderately likely	Very low Political conflict between FGS and FMS further hampers delivery of COVID 19 response activities.	Low Click here to enter text.	Medium Click here to enter text.	High Requesting members may be branded with the Christian tag, hence may be misunderstood to propagate a Christian agenda in Somalia	High Conflicts between Al-Shabaab, other non-governmental military forces and Somali forces exposing humanitarian staff to insecurity, such as kidnapping during the COVID 19 pandemic
Unlikely	Very low Click here to enter text.	Low Proposed interventions cause harm to the environment due to increased waste (e.g. PPE items just thrown away).	Low Click here to enter text.	Medium Click here to enter text.	Medium Click here to enter text.
Very unlikely	Very low	Very low	Very low	Low	Low