

<b>Requesting Organization :</b>	Candlelight for Environment Education and Health		
<b>Allocation Type :</b>	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
Food Security	Improved Food access: Blanket Household support-Food	20.00	
Water, Sanitation and Hygiene	Berkad NEW	20.00	
Education	Textbooks	15.00	
Health	General clinical services	30.00	
Nutrition	Stabilization centre (SC)	15.00	
		<b>100</b>	
<b>Project Title :</b>	Integrated emergency response and Early recovery support to drought affected communities in Togdheer region, Somaliland		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/R/FSC-WASH-Ed-H-Nut/NGO/6751
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	344,353.64
<b>Planned project duration :</b>	9 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	10/10/2017	<b>Planned End Date :</b>	10/07/2018
<b>Actual Start Date:</b>	10/10/2017	<b>Actual End Date:</b>	10/07/2018
<b>Project Summary :</b>	<p>The standing problems in the proposed areas include food insecurity, hygiene and sanitation problems and high death rates of animals. Outbreaks of Acute Watery Diarrhoea (AWD) have been reported in several parts too. Education interruption by this drought in particularly rural communities is very high as a large number of school have been closed as a result of this drought as recorded by the Regional Education Officers (REO) in Togdheer region. Several others are on the verge of closure if this trend is not controlled. This is attributed to the fact that many families have been forced to move to other areas in search for water and food. The nutritional vulnerability is evident among the children under five and pregnant/lactating women. FSNAU analyses (issued 29th May 2017) predict that communities in Eastern Somaliland in particular will continue to rely on support by aid agencies for the upcoming months:</p> <p>Hence, the proposed project's integrated and targeted intervention logic will chiefly put emphasis on addressing the critical needs of the affected households to help them recover from the effects of the drought but as well laying a basic foundation for fostering resilience and recovery. This is largely in line with the Humanitarian Response Plan strategy (HRP), strategic and cluster objectives that aim at ensuring that vulnerable and most affected communities have access to integrated lifesaving support. The project will improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods. 180 households will be selected giving more priority to households with children screened for malnutrition and those discharged from CTCs. This will help to reduce malnutrition levels that are reported to be high in the communities. The project will support the rehabilitation of 4 berkerds, provide hygiene kits to 200 households, conduct hygiene and sanitation awareness campaigns in order to provide access to safe water, sanitation and hygiene for people in emergency. In order to ensure that emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment; the project will conduct disease, malnutrition screening in the schools and offer treatment and other support to those that need it. Hygiene and sanitation awareness, and construction of hand washing facilities, formation of school hygiene clubs shall all be done to make schools a better place for learning and also encourage retention.</p> <p>Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality is another cluster objective that will be achieved through this integrated approach. Mobile teams consisting of a midwife, nurses, community mobilizers/ volunteers and a supervisor identified from the main urban center will be put in place to conduct disease and malnutrition screening based on Mid-Upper Arm Circumference (MUAC) and edema for all children 6-59 months and other vulnerable people in the target sites. Those found to have medical complications will be treated on site by the mobile teams. MAM and SAM cases with complications will be referred to the stabilization center in Burao. Nutritious food (RUSF &amp; RUTF) and other supplements and IYCF IEC materials will be obtained from Unicef and or WFP. Communications in this regards have been started with Unicef. Pregnant and Lactating Women (PLW) and Care takers will be targeted with Infant and Young Child Feeding (IYCF) promotion and sensitization activities. The IERTs will also conduct immunization for children under 5 and PLW. The project will be implemented in 6 villages spread out in 2 districts of Odweine and Burao in Togdheer region. It will directly reach out to 22,664 beneficiaries</p>		

<b>Direct beneficiaries :</b>				
Men	Women	Boys	Girls	Total
4,240	4,858	6,194	7,372	22,664

<b>Other Beneficiaries :</b>					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,484	1,500	1,558	1,834	6,376
People in Host Communities	2,756	2,358	3,415	4,046	12,575
Pregnant and Lactating Women	0	1,000	0	0	1,000
Children under 5	0	0	1,221	1,492	2,713

**Indirect Beneficiaries :**  
1000 - These will be people from the neighboring villages which are not part of the six being targeted, who will come to access treatment from the mobile teams and water from the rehabilitated water points and the sensitization campaigns

**Catchment Population:**  
50000

**Link with allocation strategy :**  
Food Security and Nutritional Analysis Unit (FSNU) – Somalia reports and reports from other INGOs/ NGOs have revealed that Togdheer region is among those regions that have been highly affected by the recurrent droughts. Food security, Nutrition, WASH and Health conditions have deteriorated. Several households in hard to reach and rural communities have been affected most. This allocation strategy aims at ensuring that vulnerable and most affected rural communities have access to integrated lifesaving health, WASH, and Nutrition services.  
In order to achieve the above, Candlelight will recruit and deploy Integrated Emergency Response Teams (IERTs) to operate in six rural villages including Gebagebo, Ceeldheere, Balicalanle, Codanle, Gudubi and Qolqolka Madobe Satellite. These will implement an Integrated Emergency Response project (Food security, Nutrition, Education, WASH and Health) aimed at providing access to lifesaving services among the most vulnerable and affected communities in rural areas. This is in line with the strategic objective of the allocation strategy. The IERTs will be comprised of health professionals and community volunteers who will respond to life threatening needs of the vulnerable communities in the project sites through implementing integrated response services. The project will improve household immediate access to food through provision of unconditional transfer to 180 households for a period of 3 months. The majority of these will be households with newly screened malnourished children (Referred to stabilization centers and those on the outpatient therapeutic feeding program) and households recently affected by AWD. This will increase access to food and help to reduce malnutrition levels that are reported to be high in the communities.  
The project will focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women. It will also promote Infant and Young Child Feeding (IYCF) best practices; all of which are in line with the nutrition cluster strategy and objectives.  
Using the IERTs Candlelight will respond primary healthcare needs or gaps in the rural and hard to reach areas. This will contribute to reduction of morbidity and mortality of vulnerable girls, boys, women and men in these areas. Essential primary health care services including reproductive healthcare will be taken closer to these vulnerable communities where such services are either non-existent or in very long distances and hard to access.

<b>Sub-Grants to Implementing Partners :</b>		
Partner Name	Partner Type	Budget in US\$

<b>Other funding secured for the same project (to date) :</b>	
Other Funding Source	Other Funding Amount

<b>Organization focal point :</b>			
Name	Title	Email	Phone
Elijah Mulumba	Programme Manager	m.elijah@candlelightsom.org	+252 63 4416009
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**BACKGROUND**  
**1. Humanitarian context analysis**

The humanitarian crisis in Somalia is among the most complex protracted emergencies worldwide. Growing conflict across the country and simultaneously environmental hazards, such as recurrent droughts hamper the livelihoods of Somalia's 12.3 million people. It has to be noted that the majority of Somalia's population suffers for years from not only recurrent droughts and deteriorated living conditions, but also from conflict and forced displacement, both further reducing the resilience and coping mechanism of the population.

Recent figures of UNOCHA suggest that about 6.7 million people and therefore more than half of the population in Somalia are in need of humanitarian assistance as of May 2017 (UNOCHA May 2017, Humanitarian Response Plan Somalia). Hereof, 1 million face food security "crisis" or "emergency" and 3.9 million remain highly vulnerable to shocks and will need assistance, including livelihood support to prevent them sliding into "crisis" or "emergency" phases.

Malnutrition rates remain elevated with about 388,000 children under 5 acutely malnourished. This includes 87,000 SAM and 301,000 MAM (FSNAU – Sept. 2017). As major parts of the Somali population depend on subsistence farming and pastoralism for their livelihoods, shocks like flooding and drought continue to cause instable livelihoods and decreased resilience. Moreover, health conditions remain instable too, with frequent outbreaks of acute watery diarrhea (AWD) as well as measles — with more cases among children under age 5.

The project region in Eastern Somaliland is considered amongst the worst affected by the protracted crisis and is ranked IPC phase 4 in terms of food emergency levels. Recent analysis undertaken by international organizations such as FAO, FSNAU suggest, that especially the regions of Sool, Sanaag and Togdheer have been hit hard by the drought: In Togdheer, MAM cases stand at 14,100 and SAM at 4,600 (FSNAU – Sept. 2017). Moreover, mortality has also increased in those regions. Pastoralists and agro-pastoralists have lost an estimated 60 % of their livestock. As a result, vulnerable households do rely on humanitarian support, since they find it more difficult to cope with consequences of recurrent droughts, displacement and food insecurity.

FSNAU analyses predict that communities in Eastern Somaliland in particular continue to rely on support by aid agencies for the upcoming months: Although the latest Gu rainfalls have been average in some parts of the country, still communities as well as livestock do suffer from the extremely hot and dry Jilaal season. They will need more time to recover and to stabilize, and in the light of the Hagaa dry season from July until September, FSNAU recommends to upscale livelihood support for the months to come as the drought this year has been that disastrous (FSNAU Quarterly Brief Somalia April 2017, issued 29th May 2017, see <http://www.fsnau.org/products/quarterly-briefs>).

Access to safe water and sanitation services in Togdheer region and in the project villages in particular is very low. This is mainly due to insufficient rains and a breakdown or lack of water and sanitation infrastructures such as berkerds, toilets. Open defecation is a common practice in the communities. This and other practices have led to the contamination of several open water sources.

Besides the use of unsafe water, the extremely poor sanitation conditions and very low level of hygiene education further exposes the communities to a variety of diseases including intestinal parasites, AWD, skin infections, eye diseases, and upper respiratory throat infections etc. These and other diseases lead them to high medical costs, increased rate of mortality as well as a negative impact on the ability to work due to poor health (Somaliland Rapid Drought Assessment Report, February 2017). Limited facilities and poor hygiene affect both girls and boys although poor sanitation conditions at schools have a stronger negative impact on

## **2. Needs assessment**

Eastern Somaliland is considered amongst the worst affected by the protracted crisis and is ranked IPC phase 4 in terms of food emergency levels. Recent analysis undertaken by international organizations such as FAO, FSNAU suggest, that especially the regions of Sool, Sanaag and Togdheer have been hit hard by the drought. Reports from the Ministry of livestock indicate that a majority of the households in the affected population have lost all their livestock. This has directly affected their sources of income, food, and the potential to recover post the crisis. Prices of food and other essential commodities have increased significantly.

The levels of acute malnutrition are critical among rural pastoral populations (15-30 % GAM). Moreover, mortality has also increased in those regions. Pastoralists and agro-pastoralists have lost an estimated 60 % of their livestock due to mortality. As a result, vulnerable households do rely on humanitarian support, since they find it more and more difficult to cope with consequences of recurrent droughts, displacement and food insecurity.

FSNAU analyses predict that communities in Eastern Somaliland in particular continue to rely on support by aid agencies for the upcoming months: Although the latest Gu rainfalls have been average in some parts of the country, still communities as well as lands and livestock do suffer from the extremely hot and dry Jilaal season. They will need more time to recover and to stabilize, and in the light of the upcoming Hagaa dry season from July until September, FSNAU recommends to upscale livelihood support for the months to come as the drought this year has been that disastrous.

Health conditions remain unstable too, with frequent outbreaks of acute watery diarrhea (AWD) as well as measles — with almost 90 per cent of the cases among children under age 5. This is partly attributed to the poor hygiene and sanitation practices. A survey by Oxfam in May 2017 revealed that sanitation coverage in Sool and Sanag is generally low with 82% of respondents reporting that they use the open field during the day while 85% use the open field to relieve themselves during the night.

The sanitary conditions of schools are appalling, creating health hazards and other negative impacts, thus making schools not safe for children. Although water and sanitation facilities are recognized as fundamental for hygienic behaviour and children's well-being, in practice, the sanitary conditions in the target schools are below standard. Water supply, sanitation and hand washing facilities are either non-existent, too few or inadequate due to poor maintenance of water systems and toilets or latrines

Drought related water shortages, food insecurity and malnutrition are fueling the rapid spread of the acute watery diarrhea and (AWD) cholera outbreak. The AWD/cholera outbreak has spread to new many regions including Togdheer. Scaling up lifesaving health response activities to contain the outbreaks including enhanced surveillance systems at district/community level to boost outbreak investigation, prevention and control as well as plan measles immunization campaigns in selected/hot-spots especially in IPC3/4 areas and in IDP populated areas. (Somalia: Humanitarian Dashboard - March 2017 - OCHA)

All the above scenarios are reflection of the situation in the target villages as confirmed by Candlelight field staffs that make regular visits to these communities. This proposed project is targeting the highly vulnerable and marginalized households including IDPs. Beneficiaries' numbers have been estimated based on information obtained from the community leaders and also school heads. For targeted interventions, the selection criteria shall be agreed upon with the community representatives/ leaders but will give high priority to the most vulnerable, women and children.

## **3. Description Of Beneficiaries**

This project will specifically target drought affected communities in hard to reach and rural communities. Priority will be given to those people who have been discharged from Cholera Treatment Centres, those screened for malnutrition and undergoing treatment. Pregnant and Lactating Women (PLW) who are at increased risk of malnutrition or any other complications will also be given higher priority. This project will directly benefit 22,664 individuals (men, women, boys and girls, children 6-59 months, Pregnant and Lactating Women). Beneficiary identification will be conducted by Candlelight but in close collaboration with community committees. The IERTs will also be instrumental in determining who benefits from what service. Candlelight project staff will also ensure fairness of the selection process in terms of gender.

As for the practical distribution of hygiene kits a registration list of beneficiary households will be generated. The list shows beneficiary details such as name, sex, age and the vulnerability e.g. Exposure to higher risk of AWD/ Cholera, Malnutrition etc. Each of the registered beneficiaries will be given an identification card. A day for distribution in each of the project villages shall be communicated to the benefiting households by the community mobilizers well in advance. A distribution report showing items distributed and the number of people receiving items against signature or fingerprint will be compiled.

#### 4. Grant Request Justification

The proposed intervention built on the Do No Harm principles acknowledges the consequences of recurrent droughts to the vulnerable families in Togdheer region of Somaliland. The project is targeting the most affected villages and where not many local aid agencies are active in. The project is part of Candlelight's overall emergency response plan towards drought affected communities in Somaliland. Considering the pressing needs described the proposed project will provide unconditional cash transfer (UCT) based on Somalia Cash working group guidelines, so that families are able to buy food and other basic needs to households in the worst affected areas. UCT shall help them to meet their immediate basic requirements. This will prevent such families from moving out of their villages and help their children to continue with education, as the cash transfers will secure sufficient food intake. . Access to nutrition treatment services is very limited in these villages due to the long distances to MCH and thus the importance of mobile teams to address the problem in the area. For those very complicated cases referral support especially transport to the nearest health center will be offered

In addition, the project will respond to the AWD (acute watery diarrhoea) outbreak through providing hygiene kits, NFIs and hygiene and sanitation awareness raising campaigns through drama, IEC materials distribution. Candlelight's experience from previous/ other projects shows that families could easily protect themselves better from AWD if they were aware about hygiene and sanitation.

In the light of recurrent droughts, in pre-assessments for the proposed interventions it became apparent, that most water storage facilities/ berkards had been destroyed by the extreme weather conditions. In order to prepare for the rains to come and store as much water as possible, several berkards will be rehabilitated. The underlying criteria for the rehabilitation are that as many people from the villages as possible can access water.

#### 5. Complementarity

Candlelight is implementing similar activities in the regions of Togdheer, Sool and Snanag. The activities are aimed at supporting drought and AWD affected communities to restore their livelihoods and protect themselves from the AWD/ Cholera epidemic. This particular Integrated Emergency Response Project will help to widen the reach of Candlelight given the fact that its resources are limited yet the need for support continues to exist and or increase in some communities. Candlelight project staff closely working alongside the mobile IERTs (health professionals and paramedics) in this project will have their technical knowledge and skills increased through knowledge and skills sharing.

#### LOGICAL FRAMEWORK

##### Overall project objective

Improve the livelihoods of the drought affected communities in Togdheer region of Somaliland through integrated emergency support interventions using Integrated Emergency Response Teams (IERTs) .

##### Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	100

**Contribution to Cluster/Sector Objectives :** Considering the pressing food security needs described, the proposed project will provide unconditional cash transfer (UCT), so that families are able to buy food and other basic needs. Atleast 50% of the targets for the UCT will be those households with children under treatment for SAM/MAM or those that have been affected by AWD. The cash transfer shall help them to meet their immediate food requirements. This will prevent such families from moving out of their villages in search of food and help their children to continue with education. Sufficient (quality and quantity) food intake will contribute to a reduction of malnutrition among the benefiting households. Beneficiary selection will be done in close coordination with the community representatives to ensure that those registered are the most vulnerable. Each of the benefiting households shall receive \$ 78 each month for a period of three months. The transfers shall be made using mobile phones (ZAAD)

##### Outcome 1

Livelihoods of 180 most vulnerable and marginalised drought affected households are rehabilitated and improved.

##### Output 1.1

##### Description

180 Vulnerable households receive and utilize cash transfers to meet their basic nutritional needs and to stabilize their food security situation.

##### Assumptions & Risks

Steady supply of food items in the local markets, Recipients of the UCT will use it for the required purposes

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,260

**Means of Verification :** Signed beneficiary lists  
Cash transfer lists from the distribution company

Indicator 1.1.2	Enabling Programmes	Number of Post Distribution Monitoring exercises conducted for project interventions					1
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**Means of Verification :** PDM report availability

##### Activities

##### Activity 1.1.1

**Standard Activity : Conditional or unconditional Cash transfer**

Community meetings for beneficiary identification and registration based on a set criteria. At least 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.

**Activity 1.1.2****Standard Activity : Conditional or unconditional Cash transfer**

Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits. The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.

**Additional Targets :****Water, Sanitation and Hygiene**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide access to safe water, sanitation and hygiene for people in emergency	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

**Contribution to Cluster/Sector Objectives :** The main activities planned under this cluster encompass the rehabilitation of water points/ berkards to enable collection and storage of more water for households and livestock. The berkards for rehabilitation will be identified together with the communities. The underlying rationale for the rehabilitation is that as many people from the villages as possible can access safe water, thus making a contribution to the cluster objective. In order to promote personal and community hygiene, communities will be mobilized and sensitized on hygiene and sanitation through drama, door to door approach and the use of IEC materials. The IEC materials will include posters, brochures and booklets. With approval from Oxfam, Candlelight may adapt IEC materials samples that have been developed with their support. These have been reviewed and have appropriate messages for the different target groups including children. Drama shows containing messages on good hygiene practices will be staged in the different communities including schools. Alongside the sensitization campaigns, hygiene kits comprising of a 20 liters Jerrycan, a 10 liters bucket, 5 pieces of soap and 200 tablets of Aquatabs (To be distributed in phases) will be procured and distributed to the 300 households. The target for the hygiene kits will mainly be those households/ people who are at very high risk of AWD/ cholera and or those who have been discharged from the Cholera Treatment Centers. All these interventions will improve hygiene and sanitation conditions among the target vulnerable communities

**Outcome 1**

Communities in 4 villages have improved access to water for household and livestock use through rehabilitated water points/ berkads.

**Output 1.1****Description**

4 berkerds in 4 villages including Gebagebo, Balicalanle, Codanle and Gudubi rehabilitated and handed over to communities for use. The exact locations within the villages including GPS coordinates will be determined after assessment and meeting/ consultations with the communities

**Assumptions & Risks**

Insufficient/ delay of Deyr rains

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					1,120

**Means of Verification :****Activities****Activity 1.1.1****Standard Activity : Water point construction or rehabilitation**

Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkards, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people each (1120 people) in the 4 villages. It is estimated that 1 berkard will serve 40 families for a period of three months.

**Outcome 2**

Improved hygiene and sanitation conditions of the target beneficiaries.

**Output 2.1****Description**

Hygiene kits procured and distributed to 300 HHs

**Assumptions & Risks**

Hygiene kits will be correctly used

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					1,400
<b>Means of Verification</b> : Hygiene kits distribution registers							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of hygiene kits procured and distributed					200
<b>Means of Verification</b> : Procurement and distribution records							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)</b>							
Conduct community meetings for the identification and registration of 200 households (1400 people - calculated based on 7 people per household). Candlelight project staff and community volunteers will conduct meetings with the local leaders/ elders to identify the most vulnerable households to receive hygiene kits. Registration for hygiene kits will be based on the level of vulnerability to AWD/ Cholera and also those Households with people discharged from CTCs.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)</b>							
Procure and distribute 200 hygiene kits. Each kit will comprise of a 20 litres Jerry can, a 10 litres bucket, 5 pieces/ bars of soap and 200 Aquatab tablets. Demonstrations will also be conducted on the proper use of the hygiene kits and aquatabs.							
<b>Output 2.2</b>							
<b>Description</b>							
Hygiene and sanitation promotion and awareness campaigns conducted in all project target areas using Drama, Door to Door approach and IEC materials							
<b>Assumptions &amp; Risks</b>							
Target beneficiaries will adopt the best practices that are promoted through the campaigns							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	Water, Sanitation and Hygiene	Number of IEC materials produced and distributed in the project sites					1,000
<b>Means of Verification</b> : IEC Procurement records, IEC distribution reports							
Indicator 2.2.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					15,000
<b>Means of Verification</b> : Hygiene promotion reports, Photos							
Indicator 2.2.3	Water, Sanitation and Hygiene	Number of Community mobilizers trained					18
<b>Means of Verification</b> : Training reports							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
<b>Standard Activity : Community Hygiene promotion</b>							
Adapt and print standard IEC materials with relevant information on hygiene and sanitation and other relevant topics. After consultation with Oxfam, Candlelight will adapt AWD/ Cholera IEC materials already developed with support from Oxfam. These will then be printed with logos of SHF and distributed/ posted in the project sites by the Community Mobilisers/ Volunteers							
<b>Activity 2.2.2</b>							
<b>Standard Activity : Community Hygiene promotion</b>							
Conduct hygiene and sanitation awareness campaigns in all project sites including schools. This will be done through a number of ways; 1 - drama shows, 2 - Standard IEC materials distributed in all project sites, 3 - Door to Door sensitization by the Trained community mobilizers. Focus will be on personal and communal best hygiene practices, waste management etc.							
<b>Activity 2.2.3</b>							
<b>Standard Activity : Community Hygiene promotion</b>							
Recruit and Train 18 Community Mobilisers/ Volunteers (3 from each village, atleast 1 of these shall be a female). These will be trained in community mobilization and sensitization techniques, health, nutrition, sanitation and hygiene education and promotion etc. These will be trained by the Integrated Emergency Response Team members.							
<b>Additional Targets :</b>							

Education							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Ensure emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment		2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.			100		
<p><b>Contribution to Cluster/Sector Objectives :</b> Several drop outs have been reported in the schools in the project areas and the reasons are largely related to the recurrent droughts and their resultant effects. Some children in these areas go looking for what to eat instead of attending school. Others have dropped out as a result of being sick and weak to attend classes. This integrated project will contribute to providing a remedy to some of the problems. The Unconditional cash transfers in the food security cluster will target households with children. This will enable them to stay in their villages instead of them moving in search for food. The WASH component will try to make schools safe for the children through hygiene education and awareness in the schools in the project area. The health and nutrition components will provide immediate lifesaving support/ treatment which will yield some form of stability among the vulnerable/ crisis affected children, thereby giving them the opportunity to stay in school.</p>							
<b>Outcome 1</b>							
Girls and Boys in the drought affected communities are able to learn in safe and protective learning spaces							
<b>Output 1.1</b>							
<b>Description</b>							
Hygiene and sanitation promotion/ campaigns conducted in all 6 schools in the target areas							
<b>Assumptions &amp; Risks</b>							
Children will adopt the best practices							
<b>Indicators</b>							
					End cycle beneficiaries		End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of school children (boys/girls) reached through hygiene promotion					802
<b>Means of Verification :</b> Project activities							
Indicator 1.1.2	Education	Number of teachers (M&F) trained					12
<b>Means of Verification :</b> Project reports							
Indicator 1.1.3	Education	Number hygiene promotion campaigns conducted in the schools					6
<b>Means of Verification :</b> Activity reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Hygiene promotion</b>							
Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Hygiene promotion</b>							
Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST)							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Hygiene promotion</b>							
Conduct hygiene promotion campaigns in each of the 6 schools in the project areas. This will be done through atleast 1 drama show in each of the schools and distribution of standard IEC materials							
<b>Output 1.2</b>							
<b>Description</b>							
Hand washing facilities set up in schools and hand washing demonstrations conducted.							
<b>Assumptions &amp; Risks</b>							
Children will adopt the best practices. There will be steady supply of water for the hand washing facilities							
<b>Indicators</b>							
					End cycle beneficiaries		End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Education	Number of hand washing facilities constructed					12
<b>Means of Verification :</b> Project records							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					802
<b>Means of Verification :</b> Project activity reports							

<b>Activities</b>
<b>Activity 1.2.1</b>
<b>Standard Activity : Hygiene promotion</b>
Construct 2 hand washing facilities/ stands (1 for boys and 1 for girls) in each of the 6 schools in the project area. These will be placed close to the latrines in the schools.
<b>Activity 1.2.2</b>
<b>Standard Activity : Hygiene promotion</b>
Conduction hand washing demonstrations and how to properly use hand washing facilities in the schools. This will be done by the trained Teachers, Community mobilizers with support/ supervision from the mobile IERTs reaching out to all students in the target schools. Each of the facilities will have more than one water outlet to ease usage by the pupils

<b>Output 1.3</b>																																																													
<b>Description</b>																																																													
School children screened for malnutrition and AWD/ cholera. Mobile IERTs will screen and treat those with minor issues on-spot while the ones with serious issues will be referred for specialized treatment to nearest health facilities or stabilization centers																																																													
<b>Assumptions &amp; Risks</b>																																																													
Health facilities and stabilization centers will be able to handle the referred cases. Supplies will be received from WFP on time																																																													
<b>Indicators</b>																																																													
<table border="1"> <thead> <tr> <th rowspan="2">Code</th> <th rowspan="2">Cluster</th> <th rowspan="2">Indicator</th> <th colspan="4">End cycle beneficiaries</th> <th>End cycle</th> </tr> <tr> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Indicator 1.3.1</td> <td>Education</td> <td>Number of school children(boys/girls) screened for AWD/Cholera</td> <td></td> <td></td> <td>431</td> <td>371</td> <td>802</td> </tr> <tr> <td colspan="8"><b>Means of Verification</b> : Project reports</td> </tr> <tr> <td>Indicator 1.3.2</td> <td>Education</td> <td>Number of children (boys/ girls) with minor health cases treated onspot by the IERTs</td> <td></td> <td></td> <td></td> <td></td> <td>200</td> </tr> <tr> <td colspan="8"><b>Means of Verification</b> : Treatment records</td> </tr> <tr> <td>Indicator 1.3.3</td> <td>Nutrition</td> <td>Number of Nutrition, Health and Hygiene Promotion Sessions conducted</td> <td></td> <td></td> <td></td> <td></td> <td>12</td> </tr> <tr> <td colspan="8"><b>Means of Verification</b> : Activity reports</td> </tr> </tbody> </table>	Code	Cluster	Indicator	End cycle beneficiaries				End cycle	Men	Women	Boys	Girls	Target	Indicator 1.3.1	Education	Number of school children(boys/girls) screened for AWD/Cholera			431	371	802	<b>Means of Verification</b> : Project reports								Indicator 1.3.2	Education	Number of children (boys/ girls) with minor health cases treated onspot by the IERTs					200	<b>Means of Verification</b> : Treatment records								Indicator 1.3.3	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					12	<b>Means of Verification</b> : Activity reports							
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<b>Standard Activity : Hygiene promotion</b>																																																													
Screening for AWD/ cholera and Malnutrition of all children in the schools in the target areas. IERTs will conduct screening for all the school children in the schools within the project target villages																																																													
<b>Activity 1.3.2</b>																																																													
<b>Standard Activity : Hygiene promotion</b>																																																													
On site treatment of children with minor health problems. After screening, the IERTs will then treat children with minor health problems.																																																													
<b>Activity 1.3.3</b>																																																													
<b>Standard Activity : Hygiene promotion</b>																																																													
Conduct 2 nutrition, health and hygiene promotion sessions in each of the 6 schools in the target areas. Community Mobilizers and the Trained teachers will conduct these sessions under the supervision of members of the IERTs.																																																													
<b>Additional Targets :</b>																																																													

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		2017-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk			100		
<p><b>Contribution to Cluster/Sector Objectives :</b> As a key component of the project, Candlelight will hire and deploy IERTs comprising of a qualified Nurses, Midwife and a Doctor. These will provide disease screening and surveillance and on spot support (treatment, counseling and guidance) in the project sites. Pregnant and Lactating Women will also be supported to access basic ANC and PNC support and counseling. Candlelight will procure the necessary drugs and equipment required by the mobile teams to effectively perform their roles. For cases that require more specialized and detailed treatment they will make referrals to the nearby health posts and stabilization centers. Candlelight will establish a working relationship with the existing health posts in the villages and the Regional hospital in Burao as these will act as referral points.</p> <p>Management of AWD/ cholera and other communicable diseases will also be achieved through health/ hygiene education. All these interventions combined will improve access to essential lifesaving health services for the crisis affected communities.</p>							
<b>Outcome 1</b>							
Vulnerable and marginalized people in drought affected areas supported to access essential life saving health services							
<b>Output 1.1</b>							
<b>Description</b>							
AWD/ Cholera and other communicable diseases screening conducted in project target areas.							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
		End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					10
<b>Means of Verification :</b> Training records							
Indicator 1.1.2	Health	Number of children 6 - 59 months, school children, women and other vulnerable people screened for AWD/ cholera and other communicable diseases					10,000
<b>Means of Verification :</b> Project records							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases							
<b>Output 1.2</b>							
<b>Description</b>							
AWD/ cholera and other communicable diseases managed at community level.							
<b>Assumptions &amp; Risks</b>							
Cholera epidemic continues in the target areas							
<b>Indicators</b>							
		End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of people (men, women, boys and girls) reached by health promotion message.	4,240	4,858	4,973	5,880	19,951

<b>Means of Verification</b> : Project reports							
Indicator 1.2.2	Health	Number of women, men and children treated for AWD/ Cholera and other communicable diseases.					3,500
<b>Means of Verification</b> : Project treatment records							
Indicator 1.2.3	Health	Number of severe cases referred to health facilities for specialized management/ treatment					600
<b>Means of Verification</b> : Project reports/ Referral records							
Indicator 1.2.4	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					3,713
<b>Means of Verification</b> : IERTs records							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Conduct health promotion and awareness in the 6 locations targeting different people. This will mainly be done by the trained Community Volunteers in each of the locations. This will be done through Door to Door approach, drama and the use of IEC materials							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Treat children, women and men for non complicated AWD/ Cholera and other communicable diseases. This will be done at community level by the IERTs							
<b>Activity 1.2.3</b>							
<b>Standard Activity : Secondary health care and referral services</b>							
Identify and refer patients with severe medical, AWD/ cholera cases to nearby health facilities for admission and or more advanced management/ treatment							
<b>Activity 1.2.4</b>							
<b>Standard Activity : Immunisation campaign</b>							
Conduct screening and immunization campaigns for most common immunization preventable diseases. This will be done by the IERTs and will be based on the results of the vaccination coverage exercise in the project sites							
<b>Additional Targets :</b>							
<b>Nutrition</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
<b>Contribution to Cluster/Sector Objectives :</b> Through this intervention, Candlelight aims at preventing and treating Acute malnutrition. IERTs will conduct community screening for malnutrition. This will then be followed by providing on site treatment for Moderate Acute Malnutrition (MAM), treatment for uncomplicated cases of Severe Acute Malnutrition (SAM) and referral of complicated SAM cases to stabilization centers such as the one in Burao. Mobile teams will also create awareness on best practices in Infant and Young Children Feeding (IYCF) especially promotion of breastfeeding. This integrated/ multi cluster project will improve access to quality lifesaving curative nutrition services in the project area. Candlelight will partner with WFP in order to get Ready-To-Use Foods (RUFs) and supplements for MAM and Unicef for Ready-To-Use Therapeutic Foods for SAM.							
<b>Outcome 1</b>							
Increased access to quality life saving preventive and curative nutrition services to children 6-59 months, school children and PLW.							
<b>Output 1.1</b>							
<b>Description</b>							
Screening and treatment for MAM offered by the mobile IERTs to malnourished children, PLW in the villages							
<b>Assumptions &amp; Risks</b>							
Nutritious foods and other required treatment will be available and or received on time from Unicef							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Nutrition	Number of IYCF promotion sessions held					100
<b>Means of Verification</b> : Project reports							
Indicator 1.1.2	Nutrition	Number of children under 5, PLW and others screened for MAM and SAM					3,713
<b>Means of Verification</b> : IERT screening records							
Indicator 1.1.3	Nutrition	Number of children receiving micro nutrients and Vit A supplements					600
<b>Means of Verification</b> : IERTs records							

Indicator 1.1.4	Nutrition	Number of PLW receiving multiple micronutrients						1,000
<b>Means of Verification</b> : Project records								
Indicator 1.1.5	Nutrition	Number of children in the communities receiving treatment for MAM						155
<b>Means of Verification</b> : Treatment records								
Indicator 1.1.6	Nutrition	Number of PLW and Care givers trained in IYCF						240
<b>Means of Verification</b> : Training reports								
Indicator 1.1.7	Nutrition	Number of PLW receiving ANC/PNC counseling and treatment						600
<b>Means of Verification</b> : IERTs records								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : Infant and young child feeding promotion</b>								
Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Community screening for malnutrition and referral</b>								
Conduct MAM and SAM screening for children, PLW. Screening for children 6-59 months will be based on MUAC and Oedema								
<b>Activity 1.1.3</b>								
<b>Standard Activity : Supplementation Vitamin A</b>								
Provide Vitamin A supplements and De-worming tablets to all eligible children in the target areas. This will be based on screening results								
<b>Activity 1.1.4</b>								
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>								
Provide micro nutrients supplementation (Vitamin A and Folic Iron), Fortified Blended Foods to PLW in the project sites.								
<b>Activity 1.1.5</b>								
<b>Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months</b>								
Provide children with Ready-To-Use Supplemental Foods" (RUSF) that have been approved by WFP - Targeted supplementary feeding. This will be done for a period of 3 months								
<b>Activity 1.1.6</b>								
<b>Standard Activity : Infant and young child feeding promotion</b>								
Conduct a 2 days training for 240 PLW, care givers in all the project sites. 40 people will be trained in each of the project villages. The trainees will include PLW, care givers and men/ fathers. These will be trained in Best practices in IYCF including breast feeding and locally available nutritious foods for children, how they are prepared.								
<b>Activity 1.1.7</b>								
<b>Standard Activity : Treatment of moderately malnourished pregnant and lactating women</b>								
Provide ANC/PNC counseling and treatment to PLW. Those with serious medical conditions will be referred to nearest health posts by the IERTs								
<b>Output 1.2</b>								
<b>Description</b>								
SAM cases referred to nearest health facility for specialized treatment								
<b>Assumptions &amp; Risks</b>								
RUTF will be available on the market								
<b>Indicators</b>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 1.2.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					100	
<b>Means of Verification</b> : Project records								
Indicator 1.2.2	Nutrition	Number of children receiving Ready-To-Use Therapeutic Foods"(RUTF) for treatment of SAM					86	
<b>Means of Verification</b> : Project records								
<b>Activities</b>								
<b>Activity 1.2.1</b>								
<b>Standard Activity : Community screening for malnutrition and referral</b>								
Refer cases of complicated SAM for children 6 - 59 months and PLW to nearest health facilities or Stabilization centers for specialized treatment								
<b>Activity 1.2.2</b>								
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>								

Provide Ready-To-Use Therapeutic Foods to SAM children.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The project's operational monitoring is based on the following components:

- **Monitoring Management Structure:** The project manager will oversee all project activities/staff, compile monthly reports and pay regular field visits to each target area to check that the right procedures, guidelines and criteria are observed and compile regular/ monthly activity reports. The project manager will also ensure that monitoring tools are applied, regularly meets with the finance staff to check on the budgets and project expenditures, and ensures that procurement rules are followed. The field officers report weekly to the project manager and provide relevant data for the monthly activity reports. An end of project report will be prepared.
- **Field Visits:** Candlelight project staff will make regular visits to the project areas, checking on quality of the work of the field teams, receiving feedback, discussing and resolving any issues, and exploring opportunities for better workflow.
- **Budget Monitoring:** Candlelight's monitoring plan includes also monthly financial control. Spending projection is prepared based on activity plan in the beginning of every month. Reconciliation of the projection with real expenses is then carried out at the end of the month.
- **PDM:** After the second cash transfer, a post distribution monitoring survey will be conducted in order to assess the satisfaction levels of the beneficiaries.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months.The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.	2017										X		
	2018												
Activity 1.1.1: Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students	2017											X	X
	2018	X	X	X	X	X							
Activity 1.1.1: Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites	2017											X	X
	2018	X	X	X									
Activity 1.1.1: Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.	2017										X	X	
	2018												
Activity 1.1.1: Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkerds, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people each (1120 people) in the 4 villages. It is estimated that 1 berkerd will serve 40 families for a period of three months.	2017										X	X	X
	2018												
Activity 1.1.2: Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases	2017											X	X
	2018	X											
Activity 1.1.2: Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits.The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.	2017												
	2018		X										
Activity 1.1.2: Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST)	2017												X
	2018												



### **Accountability to Affected Populations**

Candlelight appreciates and encourages stakeholders and beneficiaries' engagement and accountability as a key component of all its interventions (emergency or development) and as a key contributor to sustainability. During the pre-assessments for this project, beneficiaries have been consulted on their perceived needs, reflecting the proposed intervention logic and individual activities, such as cash transfer and NFI distribution. In addition, the project will strive to ensure effective participation of a broad spectrum of stakeholders: Several tested methodologies including but not limited to community meetings, FGDs, interviews shall be used to engage the different beneficiaries throughout the entire project cycle. Community or stakeholder participation in the project cycle may increase transparency and accountability and prevent any grievances among the benefiting communities. This is an integral part of the project's Do No Harm approach. For Candlelight, the accountability and participation concept also applies in terms of receiving beneficiary feedback for evaluation and learning purposes ("feedback loops"). Especially during field visits, project staff will give accountability to the beneficiaries and they will also have the opportunity to share their satisfaction level concerning the intervention. The midterm review/ PDM will take into account this information and provide grounds for corrective measures.

### **Implementation Plan**

This project will be hosted in one of Candlelight's Eastern region offices located in Burao. All the activities will be implemented by Candlelight. The Executive Director, Program Manager, Finance Coordinator, Human Resources Manager, Procurement Officer all based in Hargeisa and the Regional Representative based in Burao will play a supportive role to the project/ field staff.

The Executive Director, Regional Representative and Program Manager will play an oversight role to ensure project quality and effective implementation by the field staff. This will be through regular project site visits. The Finance Coordinator who is based in Hargeisa will ensure adherence to the donor financial requirements, reporting and will also provide technical support to the project finance officer. The Procurement Officer will be responsible for making all the project related procurements in accordance with the Donor's and Candlelight's procurement policies.

The Project Officer and the Field Assistants, who shall be based in Burao will be responsible for the implementation of all the project activities in accordance with the implementation plan. The field staff will work closely with the local/ community leaders especially during the beneficiaries' selection exercise.

### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
Health Poverty Action (HPA)	HPA runs the stabilisation centers that will be used as referral centres for management of complicated SAM
Unicef	Supply of nutrition supplies, IEC materials and other relevant Information sharing
Oxfam	Complimentarity and adaption of IEC materials developed with support from Oxfam

### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

### **Gender Marker Of The Project**

2a- The project is designed to contribute significantly to gender equality

### **Justify Chosen Gender Marker Code**

Throughout the project cycle, aspects of gender, cultural acceptability and vulnerability shall be considered. Several studies and Candlelight's own assessments suggest that women, children and elderly have been the most affected by the effects of drought. Candlelight recognizes the indispensable role played by women in terms of improving household food security and nutrition. It is against this background that this particular intervention will give priority to women. This will translate into project benefits accruing to all the members of the family. It is also anticipated that prioritizing women will further give them the power and voice in their communities; thus promoting gender equality. Furthermore, focus group discussions, community meetings will be based on gendered specific groups so that women can also have an opportunity to raise their voices.

### **Protection Mainstreaming**

Candlelight upholds the Do No Harm principles and these form the basis for the design and implementation of emergency and development programs. In this project as well, the dignity, rights and values of the benefiting vulnerable and marginalized communities will be put at the forefront. Women and children who are in most cases affected most will be given higher priority.

### **Country Specific Information**

#### **Safety and Security**

Based on the long experience working in the proposed project areas, Candlelight staff face no major security threats in the project area. The organization has built trust of the communities over time. Candlelight will closely work with the local leadership as a means of ensuring the safety and security of the Integrated Emergency Response Teams and all the other project staff while conducting their activities in the project sites.

#### **Access**

Candlelight has a well equipped and fully functional office with competent staff in the proposed project area. This will make it much easier to implement the proposed activities. The IERTs will always camp at strategic places that can be easily accessed by the communities.

### **BUDGET**

<b>Code</b>	<b>Budget Line Description</b>	<b>D / S</b>	<b>Quantity</b>	<b>Unit cost</b>	<b>Duration Recurrence</b>	<b>% charged to CHF</b>	<b>Total Cost</b>
<b>1. Supplies (materials and goods)</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>2. Transport and Storage</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>3. International Staff</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>4. Local Staff</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>5. Training of Counterparts</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>6. Contracts (with implementing partners)</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>7. Other Direct Costs</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>8. Indirect Costs</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>11. A:1 Staff and Other Personnel Costs: International Staff</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	
<b>12. A:1 Staff and Other Personnel Costs: Local Staff</b>										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	<b>Section Total</b>								<b>0.00</b>	

13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
20. Staff and Other Personnel Costs								
1.1	Project manager	s	1	800.00	9	100.00	7,200.00	
	<i>The project manager will coordinate the project and will also ensure that the project achieves its deliverables. Will be responsible for monitoring and supervising all the other project staff and preparing project field reports. S/He will spend 100% of his time on the project to ensure its successful implementation (100% will charge of 800).</i>							
1.2	Candlelight Program Manager	s	1	1,700.00	9	25.00	3,825.00	
	<i>Will provide support to project staff and ensure that project complies with the donor's and Candlelight requirements. Will also be responsible for regular communication with the donor. Will dedicate 25% of his time to the project (25% for \$1700)</i>							
1.3	Project accountant	s	1	1,000.00	9	50.00	4,500.00	
	<i>S/he will be responsible for all finance and accounting issues of the project and ensuring compliance with the finance policies and procedures. Will be responsible for preparing and submitting timely project financial reports. Will dedicate 50% of his/ her time to the project (50% of \$1000 will charge for this project)</i>							
1.4	Procurement officer	s	1	800.00	9	30.00	2,160.00	
	<i>S/he will be responsible for managing all the procurement related activities in the project. S/he will also ensure that Candlelight and Donor agency procurement policies are followed and adhered to. S/he will spend 30% of his/ her time on the project</i>							

1.5	Nurse	s	6	400.00	9	100.00	21,600.00
	<i>The nurses will be responsible for providing diagnosis, on site treatment of minor cases, education, referral and follow up of their clients. They will also be responsible for preventive and case management of acute watery diarrhea and referral for very sick patients to CTCs or any other centers. They will participate in community health, nutrition and hygiene education awareness). 6 nurses (2 for each team) will be recruited. They will dedicate 100% of their time to the project. Atleast 1 nurse in each of the IERTs shall have good knowledge of nutrition related work.</i>						
1.6	Midwife	s	3	400.00	9	100.00	10,800.00
	<i>1 midwife will be recruited for for each of the 3 teams making a total of 3 midwives. These will be responsible for educating, counseling and treating women of childbearing age (WCBA) and pregnant and lactating women, providing them with iron folic acid ,micro-nutrient . They will also refer PLW for ANC/ PNC. They will dedicate 100% of the time to the project.</i>						
1.7	WASH Engineer	s	1	1,200.00	4	25.00	1,200.00
	<i>The WASH engineer will be responsible for all the engineering works especially the rehabilitation of berkads. He will design BoQs and supervise all the rehabilitation works. He will dedicate 25% of his time to the project (25% of \$1200). The engineer will only be contracted for 4 months since the engineering work is not much</i>						
1.8	Supervisor	s	1	800.00	9	100.00	7,200.00
	<i>1 supervisor who is at a level of a doctor shall be hired. S/he will be responsible for supervising the IERTs and providing them will all the necessary support and technical advise. S/he will spend 100% of his/ her time on the project</i>						
1.9	Community Mobilisers	s	18	200.00	9	100.00	32,400.00
	<i>3 Community mobilizers shall be recruited from each of the project sites. These will be provided with an incentive of \$ 200 each month in appreciation of their services.</i>						
	<b>Section Total</b>						<b>90,885.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Hygiene kits	D	200	23.48	1	100.00	4,696.00
	<i>200 hygiene kits will be procured. Each kit will comprise of a 20 litres Jerry can, a 10 litres bucket, 5 pieces/ bars of soap and 200 Aquatab tablets. The beneficiaries of the kits will be those households that have been discharged from the CTCs or those that are highly vulnerable to AWD/ Cholera</i>						
2.2	Information Education and Communication materials	D	1	6,035.00	1	100.00	6,035.00
	<i>An assortment of IEC materials including posters, booklets, stickers of different sizes such as A1, A3 and A5 and having different messages for Hygiene and sanitation awareness, IYCF promotion shall be procured. More details in the BoQ</i>						
2.3	Banners	D	4	50.00	1	100.00	200.00
	<i>Each of the 3 IERTs shall have one banner. 1 other banner shall be used during the drama shows. This therefore brings the total number of banners to 4.</i>						
2.4	Megaphones	D	6	24.00	1	100.00	144.00
	<i>Candlelight will procure 6 megaphones, 1 for each village. These will be used for community mobilization and sensitization by the project staff especially the Community Mobilizers</i>						
2.5	Community meetings for sites selection activities, mobilizations,	D	6	150.00	2	100.00	1,800.00
	<i>Before the start of project implementation, Candlelight will organize project inception meetings in each of the target villages. These meetings will be used as platforms to share the project activities with the target communities. Atleast 2 meetings shall be conducted in each of the project sites. The budget will cater for snacks during the meetings</i>						
2.6	Essential medicines	D	1	11,936.70	1	100.00	11,936.70
	<i>Assorted medicines will be procured for use by the 3 IERTs. These will be used to deliver emergency lifesaving health services to the vulnerable and affected people in the 6 target sites. A detailed BoQ is provided</i>						
2.7	Unconditional Cash Transfer	D	180	78.00	3	100.00	42,120.00
	<i>Each of the 180 households mostly comprising of households with children screened and undergoing treatment for malnutrition. These will receive a monthly transfer of \$78 for 3 months. The rate of \$78 is calculated considering 80% of the full Monthly Expenditure Basket (MEB) for Togdheer, and according to the revised rates proposed by the FSL cluster. The amounts will be sent via telephone mobile money transfer on a monthly basis. Candlelight will contract Telesom company to offer this money transfer service.</i>						
2.8	Water Points - Rehabilitation of berkads	D	4	7,000.00	1	100.00	28,000.00
	<i>Rehabilitation of 4 berkads. 1 berkad in each of the 4 villages of Gebagebo, Balicalanle, Codanle, Gudubi and Qolqolka Madobe Satellite. This will be preceded by community consultations/ meetings to select the berkads, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. Rehabilitation works shall include re-plastering of berkad walls, putting a roof to cover the top- More details in BoQ</i>						
2.9	Construct two hand washing facilities/stands	D	6	590.00	1	100.00	3,540.00

	<i>Each of the 6 schools will receive 2 hand washing facilities (1 for boys and 1 for girls) costed at 650 USD. Each facility will have atleast 2 water taps. They will also be provided with a start up package of soap (Hand washing)</i>							
2.10	School Hygiene clubs	D	1	300.00	6	100.00		1,800.00
	<i>After the training for teachers, they will be encouraged to form hygiene and sanitation clubs in their schools. Each of the clubs will be supported with simple items like stationery, cleaning kits etc.</i>							
2.11	Referral of costs for identified serious cases	D	600	40.00	1	100.00		24,000.00
	<i>IERTs will refer serious cases for specialized treatment to health posts and or stabilization centers. This money will be used to contribute to transport costs for those referred. It is estimated that 600 people will be referred. 40 USD has been estimated as a cost for hiring a vehicle to transport the referred patients. This may however be negotiated based on the distance to be covered</i>							
2.12	Training for IERTs	D	1	2,064.00	1	100.00		2,064.00
	<i>IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care on malnutrition, and immunization, counseling and guidance to PLW as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM). This will be a 5 days training for 12 people. A knowledgeable and experienced trainer will be hired to conduct the training</i>							
2.13	Training for Community mobilisers	D	1	2,083.00	1	100.00		2,083.00
	<i>18 Community Mobilisers/ Volunteers (3 from each village, at least 1 of these shall be a female). These will be trained in community mobilization and sensitization techniques, health, nutrition, sanitation and hygiene education and promotion etc. The training will be for 4 days and will be conducted by the Integrated Emergency Response Team members.</i>							
2.14	Training for PLWs and Care takers	D	6	1,580.50	1	100.00		9,483.00
	<i>240 PLW, care givers, 40 people from each project site will be trained in Best practices in IYCF including breast feeding and locally available nutritious foods for children, how they are prepared. They will also be trained in best care practices. The training will be for 2 days and will be facilitated by a knowledgeable facilitator.</i>							
2.15	Training for teachers	D	1	1,758.00	1	100.00		1,758.00
	<i>2 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST). The training will be for 4 days and will be conducted by the IERTs.</i>							
2.16	Unconditional Cash Transfer fees	D	1	1,263.60	1	100.00		1,263.60
	<i>Telesom charges 3% of the total money transferred as cash transfer fees and sim card registration</i>							
2.17	IERT team furniture	D	3	200.00	1	100.00		600.00
	<i>3 sets of furniture will be procured for use by IERTs. The furniture will include 2 tables and 5 chairs for each of the teams. (See BoQ for details)</i>							
	<b>Section Total</b>							<b>141,523.30</b>
<b>22. Equipment</b>								
3.1	IERT team Equipment	D	3	366.00	1	100.00		1,098.00
	<i>3 sets of medical and nutrition Equipment will be procured for use by IERTs. These will include among others thermometers, BP machines, MUAC tapes, weight scales (See BoQ for details)</i>							
	<b>Section Total</b>							<b>1,098.00</b>
<b>23. Contractual Services</b>								
4.1	Post Distribution Monitoring	D	1	4,270.00	1	100.00		4,270.00
	<i>Post distribution Monitoring (PDM) shall be conducted for UCT, Hygiene kits, rehabilitated berkerds. The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions. An independent consultant will be hired by Candlelight to conduct this exercise. The money budget shall be used to pay for consultancy fees. See BoQ for details</i>							
4.2	Hygiene and Sanitation awareness through Drama	D	12	400.00	1	100.00		4,800.00
	<i>This money will be used to hire an already established and experienced drama team to stage drama shows in the target villages. However the content/ messages in the drama shall be first agreed upon by Candlelight to ensure that its good for all the audience including children. 1 show will be staged in each of the 6 villages and atleast 1 show in each of the schools in the project sites</i>							
	<b>Section Total</b>							<b>9,070.00</b>
<b>24. Travel</b>								
5.1	Field trips cost for project team accommodations and perdiem/lunch	s	4	300.00	7	100.00		8,400.00

	<i>Other members of the project team (Program Manager, Finance and others who are based in Hargeisa) shall be entitled to \$30 each as per diem and DSA. This will support Hargeisa based staff to travel to the regional offices and to the project villages for monitoring project activities and giving field staff/ IERTs any support that they may need</i>						
5.2	Trnsport for IERTs	s	3	1,800.00	8	100.00	43,200.00
	<i>1 car shall be rented for each of the 3 IERTs. The cars will be rented on a monthly basis at a cost of 1800 USD each month. The cost includes fuel as well</i>						
5.3	Transport for other Project staff	s	1	1,800.00	9	100.00	16,200.00
	<i>1 car will be rented to transport other project staff (Project manager, Program Manager, Logistics and Finance person). This will be rented on a monthly basis at a cost of 1800 USD each month. The purpose of this is to enable other project staff other than the IERTs to travel to the project villages for monitoring the activities of the IERTs</i>						
	<b>Section Total</b>						<b>67,800.00</b>

## 25. Transfers and Grants to Counterparts

NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>

## 26. General Operating and Other Direct Costs

7.1	Office Stationery and supplies cost	s	1	224.67	9	100.00	2,022.03
	<i>This includes costs of office stationery (paper, pens, charts,) and supplies for printers</i>						
7.2	Project staff Communication cost	s	1	480.00	9	100.00	4,320.00
	<i>This includes costs for airtime for the IERTs while in the field and for the office as well</i>						
7.3	Utilities	s	1	567.50	9	100.00	5,107.50
	<i>This includes cost of electricity, water for the office</i>						
	<b>Section Total</b>						<b>11,449.53</b>

<b>SubTotal</b>			1,082.00				<b>321,825.83</b>
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Direct							151,691.30
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Support							170,134.53
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## PSC Cost

PSC Cost Percent							7.00
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PSC Amount							22,527.81
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<b>Total Cost</b>							<b>344,353.64</b>
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## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name
		Men	Women	Boys	Girls	Total		
Togdheer -> Burco -> Ceel-Dhere	15	470	539	808	662	2,479	Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months.The monthly transfer rate has been decided upon by the Food Security Cluster	

								<p>during project reviews.</p> <p>Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites</p> <p>Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.</p> <p>Activity 1.1.2 : Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases</p> <p>Activity 1.1.2 : Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits. The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.</p> <p>Activity 1.1.2 : Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST)</p> <p>Activity 1.1.3 : Conduct hygiene promotion campaigns in each of the 6 schools in the project areas. This will be done through atleast 1 drama show in each of the schools and distribution of standard IEC materials</p> <p>Activity 1.2.1 : Conduct health promotion and awareness in the 6 locations targeting different people. This will mainly be done by the trained Community Volunteers in each of the locations. This will be done through Door to Door approach, drama and the use of IEC materials</p> <p>Activity 1.2.1 : Refer cases of complicated SAM for children 6 - 59 months and PLW to nearest health facilities or Stabilization centers for specialized treatment</p> <p>Activity 1.2.1 : Construct 2 hand washing facilities/ stands (1 for boys and 1 for girls) in each of the 6 schools in the project area. These will be placed close to the latrines in the schools.</p>
Togdheer -> Burco -> Coodanle	17	670	772	940	1,160	3,542	<p>Activity 1.1.1 : Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkerds, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people</p>	

each (1120 people) in the 4 villages. It is estimated that 1 berkard will serve 40 families for a period of three months.

Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students

Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.

Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites

Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.

Activity 1.1.2 : Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases

Activity 1.1.2 : Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits. The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.

Activity 1.1.2 : Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST)

Activity 1.1.3 : Conduct hygiene promotion campaigns in each of the 6 schools in the project areas. This will be done through atleast 1 drama show in each of the schools and distribution of standard IEC materials

Activity 1.2.1 : Conduct health promotion and awareness in the 6 locations targeting different people. This will mainly be done by the trained Community Volunteers in each of the locations. This will be done through Door to Door approach, drama and the use of IEC materials

Activity 1.2.1 : Refer cases of complicated SAM

								for children 6 - 59 months and PLW to nearest health facilities or Stabilization centers for specialized treatment
Togdheer -> Burco -> Geba Gebo	17	605	693	850	1,040	3,188	<p>Activity 1.1.1 : Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkerds, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people each (1120 people) in the 4 villages. It is estimated that 1 berkerd will serve 40 families for a period of three months.</p> <p>Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students</p> <p>Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.</p> <p>Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites</p> <p>Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.</p> <p>Activity 1.1.2 : Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases</p> <p>Activity 1.1.2 : Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits. The exercise will be done once and will aim at understanding the appropriateness and effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.</p> <p>Activity 1.1.2 : Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health</p>	

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Togdheer -> Burco -> Ballicalanle	17	672	770	945	1,155	3,542	<p>Activity 1.1.1 : Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkards, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people each (1120 people) in the 4 villages. It is estimated that 1 berkard will serve 40 families for a period of three months.</p> <p>Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students</p> <p>Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.</p> <p>Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites</p> <p>Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and malnutrition surveillance and screening respectively, Integrated Management of Acute Malnutrition (IMAM) etc.</p> <p>Activity 1.1.2 : Conduct disease screening/ surveillance in the project sites including all the schools in the project areas. This will be done by the IERTs with the support of the Community Mobilisers. Children 6 - 59 months, school children, women and men will be screened for AWD/ cholera, communicable and immunization preventable diseases</p> <p>Activity 1.1.2 : Conduct one Post distribution Monitoring (PDM) for UCT, and Hygiene kits. The exercise will be done once and will aim at understanding the appropriateness and</p>	

							<p>effectiveness of the different interventions such as cash transfers ability to meet community needs caused by the drought. More specifically the PDM will examine whether the money reached the intended recipients, the recipients experienced any obstacles in accessing the money. The PDM will also examine whether the hygiene kits reached the intended beneficiaries and are being used to serve the intended purpose.</p> <p>Activity 1.1.2 : Train 12 teachers (2 from each school - with 1 female and 1 male). The purpose of the training will be to increase teachers knowledge concerning water, hygiene and sanitation issues and skills in basic health education. They will also be encouraged to form and support school hygiene clubs through Child Hygiene And Sanitation Training (CHAST)</p> <p>Activity 1.1.3 : Conduct hygiene promotion campaigns in each of the 6 schools in the project areas. This will be done through atleast 1 drama show in each of the schools and distribution of standard IEC materials</p> <p>Activity 1.2.1 : Conduct health promotion and awareness in the 6 locations targeting different people. This will mainly be done by the trained Community Volunteers in each of the locations. This will be done through Door to Door approach, drama and the use of IEC materials</p> <p>Activity 1.2.1 : Refer cases of complicated SAM for children 6 - 59 months and PLW to nearest health facilities or Stabilization centers for specialized treatment</p>
Togdheer -> Owdweyne -> Gudubi	17	1,075	1,232	1,512	1,848	5,667	<p>Activity 1.1.1 : Rehabilitation of 4 berkerds. 1 berkerd in each of the 4 villages of Gebagebo, Balicalanle, Codanle, and Gudubi. This will be preceded by community consultations/ meetings to select the berkards, hiring of masoneries, In-House preparation of BoQs by Candlelight WASH Engineer, procurement of construction materials and commencement of rehabilitation works. After rehabilitation, the berkerds will be handed over to the respective communities ready for use by atleast 160 households of 7 people each (1120 people) in the 4 villages. It is estimated that 1 berkard will serve 40 families for a period of three months.</p> <p>Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students</p> <p>Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.</p> <p>Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites</p> <p>Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment. They will also be trained in disease and</p>

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Togdheer -> Owdweyne -> QoIQolka Madoobe Satellite	17	746	854	1,134	1,512	4,246	<p>Activity 1.1.1 : Production and distribution of brochures with messages of good Hygiene and Sanitation practices to students</p> <p>Activity 1.1.1 : Community meetings for beneficiary identification and registration based on a set criteria. Atleast 50% of these will be the households with children found to be malnourished. Signing of an MoU/ Agreement with a money transfer agency (Telesom) that Candlelight is already working with on other projects. Make a monthly transfer of \$78 (80%) of the MEB for Togdheer to each of the 180 households (1,260 people - calculated based on 7 people per household) for a period of 3 months. The monthly transfer rate has been decided upon by the Food Security Cluster during project reviews.</p> <p>Activity 1.1.1 : Promotion of appropriate breast feeding among PLW and caregivers with malnourished children. This will be done through one on one and group counseling sessions by the IERTs and distribution of IEC materials in the project sites</p> <p>Activity 1.1.1 : Recruit and Train IERTs. 3 IERTs will be formed and each team will be comprised of 3 people. 1 Doctor will also be recruited to oversee the activities of the Teams. All together the people to be trained are 10 including 6 nurses, 3 midwives and 1 doctor/ supervisor. IERTs will be trained to enable them provide integrated community-based management of childhood illnesses, outpatient therapeutic care and counseling and guidance as well as managing referrals for specialized treatment.</p>	

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Activity 1.2.1 : Refer cases of complicated SAM for children 6 - 59 months and PLW to nearest health facilities or Stabilization centers for specialized treatment

Activity 1.2.1 : Construct 2 hand washing facilities/ stands (1 for boys and 1 for girls) in each of the 6 schools in the project area. These will be placed close to the latrines in the schools.

Documents	
Category Name	Document Description
Project Supporting Documents	Candlelight Memo for Cash Grants.pdf
Project Supporting Documents	Candlelight BoQ 29092017 - Revised.xls
Budget Documents	Candlelight BoQ 29092017 - Revised.xls
Budget Documents	Candlelight BoQ 04102017 - Revised.xls
Budget Documents	Candlelight BoQ 04102017 - Final.xls
Budget Documents	BOQ for barkeds NFIs & Hgyine kits.xls
Budget Documents	mother & baby delivery kit.xlsx
Budget Documents	BOQ for barkeds & Hgyine kits.xls
Budget Documents	Annex02a_Budget guidance.pdf
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	IERTs project BOQ 18092017_Candlelight.xls
Budget Documents	Annex09_SHF_visibility_20170509.pdf

Budget Documents	Copy of IERTs project BOQ 18092017_Candlelight OCHA comments.xls
Budget Documents	15. Memo for cash grants.docx
Grant Agreement	HC signed Candlelight GA 6751.pdf
Grant Agreement	Candlelight Grant Agreement.pdf