OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Health Education and Pastoralist Liaison
Allocation Type :	Reserve 2017

Primary Cluster	Sub Cluster	Percentage
Nutrition		33.00
Health		33.00
Water, Sanitation and Hygiene		34.00
		100

Project Title :	Integrated Emergency Health Nutrition and WASH Response Project in Taleex of Sool Region and Buuhodle District of Togdheer Region
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-17/3485/R/Nut-H-WASH/NGO/6273
Cluster :		**Project Budget in US$:**	375,526.13
Planned project duration :	6 months	**Priority:**	
Planned Start Date :	06/07/2017	**Planned End Date :**	05/01/2018
Actual Start Date:	15/07/2017	**Actual End Date:**	15/01/2018

Project Summary :

The project aims to address the humanitarian challenges of a classified hard to reach populations in Taleex and Buhoodle districts that are seriously affected by drought-related illness such as AWD/Cholera & measles and malnutrition-related complications. This will be achieved through the establishment of six integrated emergency response outreach teams that consist medical doctor as team leader, Registered Nurses, Midwife, CHW, and WASH Officer that have the necessary skills to provide integrated lifesaving Nutrition/health/WASH and nutrition outreach services. The project will ensure increased access to integrated lifesaving health, WASH, and nutrition services for women, children, youth, and men along with the most vulnerable pregnant and lactating women, elderly and persons with disabilities and will complement the ongoing services. In the nutrition component, the IERTs will be recruited and trained on skills to implement IMAM approach with the purpose of early detection and treatment of U5 boys and girls with moderate and severe acute malnutrition. Thereafter, the IERTs will screen, identify, and treat children with moderate and severe acute malnutrition and refer complicated cases to the nearest TSFP service center. The pregnant/lactating women will receive multiple micro-nutrient supplementation, while benefitting Infant Young Child Feeding (IYCF) counseling services. Breastfeeding promotion is provided throughout the course of the project. In the health services, outreach teams will provide a lifesaving health services to villagers in the remote districts. Such health services include Safe Motherhood services & treating people with common health problems. Those with AWD/Cholera, measles, pneumonia through case management, serious cases will be referred to the nearest HF for further treatment. In the project WASH component, The public Health Officer in collaboration with WASH officer (ERT) will organise and train one community/village based WASH promoter one per village for 48 villages for five days of gender balanced, in order to provide skills to improve the overall village hygiene & sanitation conditions undertaking hygiene and sanitation promotion awareness sessions, demonstrate House hold water treatment, mobilise villagers to carry out cleaning campaigns, undertake house-to-house visits and improve sanitation and optimal hygiene practices.
The WASH Officer (IERT), in collaboration with the trained Village based WASH promoter will rapidly assess hygiene and sanitation conditions of each village, through a transit walk, to inspect village drinking water sources for possibility of water contamination, Prevalence of Open Defecation (OD) practice, excreta and solid waste disposal practices in each village. Based on the findings, they will organise an intense sanitation & hygiene awareness promotion sessions by highlighting the relationship acute water diarrhea and poor hygiene practices. Also, the Public Health Officer in collaboration WASH Officer (IERT) and Village Bases WASH promoter will organise household-based water treatment sessions and the use of aqua tabs, which vividly is explained links between unsafe drinking water and water-borne diseases, particularly AWD/Cholera. This will be enriched with culturally appropriate and effective IEC materials. The team will also sanitation kits to caretakers in community MCHs, health centers/CTCs and district hospitals. Furthermore, HEAL management has discussed with UNICEF, especially, the health & nutrition section for the project coordination & its supplies and made the commitment to provide the project supplies including nutrition & EPI supplies. HEAL will work with WASH/Health/Nutrition Cluster coordination and Line-Ministries particularly the MOH for coordination and support of the Response. The project aims to reach 34,289 beneficiaries comprising of women (8179), boys(10451), girls (10041) and Men(5500).

Direct beneficiaries :

Men	Women	Boys	Girls	Total

5,550	8,247	10,451	10,041	34,289

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Agro-Pastoralists	5,500	0	0	0	5,500
Pregnant and Lactating Women	0	8,197	0	0	8,197
Children under 5	0	0	10,451	10,041	20,492
Trainers, Promoters, Caretakers, committee members, etc.	50	50	0	0	100

Indirect Beneficiaries :

Name of Locality Ind Beneficiaries .(67% of Total beneficiaries)
Taleex/Sool 34,395
Buhodle/Togdheer 33,812
Total : 68,171

Catchment Population:

Link with allocation strategy :

The project is to implement an integrated emergency health,nutrition and WASH for drought affected communities in hard to reach villages in taleex and Buhoodle districts. The overall project objectives is to establish integrated emergency response teams(IERTS),that will ensure access to integrated lifesaving health nutrition and WASH services to vulnerable and most affected by AWD/cholera and measles in hard to reach area of Taleex & Buhoodle districts. However,the proposal is aligned to the humanitarian Response plan and will contribute to the achievement of the strategic objective on provision of timely and quality live saving assistance to targeted people in humanitarian crisis. People living in Sool and Togdheer RegionS who are in emergency situation especially in uncovered areas of Taleex and Buhoodle districts are the target population of this Integrated emergency Health and nutrition Intervention. According to the needs assessment the target population of these area are presenting high rates of malnutrition combined with outbreaks of communicable diseases. The mass displacement of crisis affected people and severe food insecurity has been aggravated by inadequate quality basic humanitarian services in the area. Sool and parts of Togdheer Region are undeserved compared to the adjacent regions in Somaliland and Puntland as a result of being a dispute area. In order to meet the need for access to emergency services delivery to the most vulnerable in mobile units, this project proposal will organise and equip 6 Integrated Emergency Response Teams. The teams will consist of health professionals and paramedics identified from main urban cities. They will be provided with refresher training on key functions and will be deployed to affected sites including rural villages of Taleex and Buhoodle Districts. The teams will be the core group of the service delivery and in linkage with existing national, sub-national and district cluster/sector coordination groups.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Ahmed Abdi Nour	Chairman of the Board	Kijandhe@gmail.com	002522634428369
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BACKGROUND

1. Humanitarian context analysis

Due to the protracted drought situation as a result of the 2015/17 El-Nino, the Humanitarian situation in Somalia continues to deteriorate from the severe drought into the brink of another famine, after consecutive seasons of poor rainfall and lack of water, killing livestock and crops failing. This has left around 6.2 out of 12.3 million people in Somalia in need of humanitarian assistance. Nearly 3 million people face food insecurity and nearly 5.5 million people are at risk of contracting water-borne diseases. By early-2017, nearly 80% of the rural people had been internally displaced in search of food, water, shelter and medical care, lacking adequate emergency assistance. As a result, AWD/Cholera outbreak was reported parts of the country including Buhoodle and Taleex among the worst drought impacted. Use of unsafe water, open defecation, dead animal carcass, lack of HH latrine access/excreta and solid waste disposal has worsened the WASH conditions among agro-pastoral population of Buhoodle and in Taleex districts. The food insecurity and malnutrition, are among the drivers for the possible epidemic in the two livelihood zones. Buhoodle has 5 Health Centers and 5 PHUs while Taleex has only 2 HCs and 7 PHUs with inadequate staff and supplies, given the fast territory and difficult terrain poor roads, most people are unable to reach HFs to access live-saving services.

In Sool region, a total of 90 AWD/Cholera cases 1 deaths were recorded during the reporting week, according to the Weekly Epidemiological Report (Sitrep 21 (22 – 28 May 2017), with 1.6% overall Case-Fatality Rate (CFR)
According to recent, FSNAU Food security update, April/2017, the only available sources of income for pastoralist are limited social support, cash for work from aid agencies and limited livestock sale. In Buhodle and in Taleex there has been 34 new cases of AWD/Cholera, 30 in Buhoodle and 4 in Taleex (DailyAWD/Cholera Situational Report of Somaliland Ministry of Health, 11 to 14 June 2017). In the Somali contexts, movements of people are highly interconnected due to trade activities including livestock and other goods. On the other hand, there is high mobility situation due to displaced people coming and going within Somali regions increasing the likelihoods of AWD/Cholera epidemic. Comparison of malnourished cases admitted to treatment service during thesame period of last year with this year indicates over 200% admission overall with the top five admissions of IMAM Sool is included.
Results from integrated nutrition, morality and food security surveys conducted in four worst affected (IPC Phase 4) areas indicate a deterioration of the situation. Most of the IPC outcome indicators increase from IPC3 (Crisis) into IPC4 (Emergency) in Northland Inland Pastoral in Northwest Somalia including Buhoodle and Tallex, (FSNAU, Jilaal Impact Household Survey Result, April 2017). Nutrition status and morbidity increased. GAM of children in Buhoodle and Talleex increased from 18% to 25.7%. the SAM was 3.0% progressing to 6.9 % and the morbidity was 50.1%, however with slight decrease to 47.7%, a possibility caused by people in search for medical care in elsewhere. Widespread outbreak of Measles has been reported all Taleex and Buhoodle area.

In order to address the humanitarian challenges HEAL will establish an integrated WASH, health and nutrition response to vulnerable and most acute watery diarrhea (AWD)/cholera affected communities in hard to reach area of 48 Villages in Talleex and Buuhoodle Districts. This is basically an outreach project. With a focus on providing life-saving services basically case management including measles and acute watery diarrhea , Referral, Health education, sanitation and hygiene promotion, support hygiene kit and Information education and communication material distribution, screening and treatment of acute malnutrition infancy young child feeding promotion ,capacity building of staff and community

2. Needs assessment

The current Emergency Humanitarian situation of Eastern Regions of North-west Somalia (Somaliland) especially Rural and IDP populations Buhoodle and Talleex districts, is calling time-fast, specifically needs identified lifesaving services to the most vulnerable under-five children and pregnant and lactating women. Such needs are essentially interlinked and caused by combination of persistent drought situation and poor sanitation and hygiene practice. In Northland Inland Pastoral and in Northeast and Northwest Somalia including Buhoodle and Taleex, the overall livelihoods, food consumption, nutrition and morbidity are all classified emergency situation where an integrated emergency response and greater access for lifesaving is urgent (FSNAU, Jilaal Impact Household Survey Result, April 2017). According to this, during post Deyr, the food consumption situation was 61 % crisis progressing to 75 % in Jilaal, nutrition and morbidity, the SAM was 3.0% progressing to 6.9 % and the morbidity was 50.1%, however with slight decrease to 47.7%, a possibility caused by people in search for medical care in elsewhere. In Sool region a total of 90 AWD/cholera cases 1 deaths were recorded during the reporting week, according to the weekly Epidemiological report (Sitrep 21 (22 – 28 May 2017), with 1.6% overall Case-Fatality Rate (CFR). In Buhoodle a total of 142 AWD/cholera cases and 1 deaths were reported in week 21. Recently, there has been in Buhoodle and in TalEex 34 new cases of AWD/Cholera, 30 in Buhoodle and 4 in Tallex (Daily AWD/Cholera Situational Report of Somaliland Ministry of Health, 11 to 14 June 2017). This shows that major driver of AWD and Cholera are directly caused poor sanitation environment conditions and hygiene practices. Cumulative AWD/cholera cases and deaths from week 1 to 21 is showing the Ayn Region (Buuhoodle) is 3195 live cases and 68 deaths while in Sool Region (Talleex) the cumulative is 210 live cases and 5 deaths. The nutrition situation is also aggravating in the rural locations of Talleex and Buhoodle districts. GAM rates are increasing to 25.7% while SAM is 6,9%. This is almost doubling from GAM of 18% in Post Dayr/2016/17. If the food security projections of April-June/2017 most likely scenario in rural areas of Buuhoodle and Talleex is not averted from 19% to 29% Catastrophe (IPC5), the GAM and SAM Rates of Buuhoodle will of course double if not tribled between 30-45% and 10-19% respectively, with a projection of 11,500 GAM and 4500 SAM Children, being nearly half of all 22.492 <5 children living in the rural areas of Buuhoodle and Taleex districts. The Ministry of Health (MoH) lacks the necessary capacity and resources to respond the ongoing crisis. There are also few integrated health facilities but have limited capacity due to major stock-outs of supplies and some areas had no functioning health facilities, long walking distance to access lifesaving service due to poor roads & insecurity. Thus, there is an imperative need to address these humanitarian challenges through establishing an integrated emergency IERT outreach teams in hard to reach target area has also, significant comparative advantage for integrating health/nutrition/WASH activities.
HEAL is planning to create linkage with the Rural MCHs/HCs and PHUs of Buuhoodle and Taleex districts. There is urgent need to scale up in the provision of integrated health, nutrition WASH services to vulnerable and acute watery diarrhea most affected population. HEAL is proposing to integrate capacity building for Integrated emergency response teams (IERTs), community nutrition workers and community members on prevention of diarrhea and other epidemic disease acute malnutrition, as well as sensitization on community based approaches for safe motherhood health and infancy young child feeding practices.
The project aims to reach 34,289 beneficiaries comprising of boys(10,451), girls (10,041),PLW (8,197),men (5,500) Community Leaders (100).

3. Description Of Beneficiaries

The Total population (direct and indirect) beneficiaries of this Emergency project is 102,460 crisis affected persons living within 48 rural villages of Buhodle and Taleex districts to benefit the IERT services. The number of direct beneficiaries of this project is 34,289 whose vulnerabilities, like PLW and <5 year children, make them eligible for all the service package in the proposal. They comprise of 8,197 pregnant lactating women and 20,492 <5 children and 5,500 men living within 48 target villages of Buuhodle and Taleex Districts as well as 100 members of the Community committees. The selected 48 villages are constituting the majority of the rural area of Taleex and Buhoodle districts and are all uncovered by emergency health, nutrition and WASH, while most of the Humanitarian index rates are showing critical levels as mentioned in all of the above sections. The rural population in these two districts are badly affected by the recurrent drought resulting Emergency situation, The two districts include within the Northern Inland Pastoral where all IPC outcome indicators manifest emergency (IPC 4) according to area classification summary report by FSNAU in April/2017. Therefore, on the basis of the existing humanitarian context and needs, the following figures are the identified direct identified groups of project beneficiaries of this integrated emergency intervention:

DIRECT BENEFICIARIES:

District <5 Children PLW Men CC Total Direct Benefic.
Taleex 10,252 4,101 2500 50 16,903
Buuhoodle 10,240 4,096 3000 50 17,386

Total 20,492 8,197 5,500 100 34,289

INDIRECT BENEFICIARIES:

Indirect Beneficiaries of the proposal is 68,171 persons who are the rest of the target population other than the above mentioned direct beneficiaries.

These districts are predominantly pastoral communities prone to recurrent droughts. Sool & South & east of Togdheer Region were hard hit by several consecutive poor rainfalls due to the Al-Ninno. This severe droughts cause acute water shortage, livelihood crisis, diminished food access, rapid increase of staple food prices, Lack of livestock pasture & water has increase the migration of pastoral communities travelling long distance in search of water and pasture for their livestock. Many poor households migrated to rural villages looking for humanitarian assistance. Drought related disease such as Acute watery diarrhea/cholera, Measles outbreaks & high malnutrition are reported many parts of the country.

4. Grant Request Justification

In Sool Region as elsewhere in Somalia, the health care services delivery is very low, the few existing health facilities locate in the region & district towns. Although the health seeking behavior of the rural people is challenged, the have to walk long distance to access basic health care services in the nearest health facilities, this has aggravated the poor transportation and poor roads infrastructure. The episodes of spontaneous conflicts of radical elements & clan conflicts have limited the presence of humanitarian partner organisations. Furthermore, Somalia have one of the highest infant and child mortality rate in the world. In Somaliland, Sool region has the highest infant mortality rate, 51 deaths per one thousand live births and under-five mortality rate is 76 per thousand live births.The situation got worse in Buuhoodle and Taleex as elsewhere indue to limited access to health & nutrition services as well as poor infrastructure such as roads that make difficult access to such services in other and close areas to obtain such highly needed services limited number of humanitarian organizations. The overall health situation in Sool Region remains poor with some of the worst health indicators in Somaliland. Most common causes of morbidity and mortality are Diarrheal disease, tuberculosis, respiratory infections, measles, malaria and malnutrition mostly affecting under five children, lactating & pregnant women.

Sool and Togdheer Regions are among one of the hard hit by the drought situation in Somaliland, and thus badly affecting the whole population. Despite of this, lack of adequate and clean water, higher water prices and tendency to use contaminated and unsafe water, high magnitude of population displacement resulting lack sanitation given a compromised provision of Health and WASH services, there is an increased risk of AWD/Cholera for the entire population. In addition, there are limited Health services by few Health facilities in the two districts. An estimated 102,460 people living in the rural areas of Taleex and Buuhodle are deprived of basic Humanitarian services. Buuhoodle has 5 Health Centers and 5 PHUs while Taleex has only 2 HCs and 7 PHUs which are all barely functioning and understaffed with inadequate and irregular supplies. Given the fast territory and difficult terrain with poor road infrastructure, most people are unable to reach the few health facilities in the area.

Core of this integrated Emergency Response Team (IERT) will be composed by staffs who have been working within the areas of Health, WASH and Nutrition for at least past 2 years, all of which have experience in working in hard to reach area, and many of them have also protection background.
Therefore the objective of this project is to provide integrated lifesaving health/wash/nutrition services to vulnerable and most acute watery diarrhea (AWD)/cholera affected communities in hard to reach area of Taleex district of Sool Region and Buuhoodle of Togdheer region in order to reduce the incidence and mortality of AWD through WASH intervention , high maternal and child mortality rates while also strengthening the referral system and increasing the community awareness/ collaboration. Henceforth, the humanitarian context of the crisis affected population of the target locations are facing critical public health, WASH and Nutrition in the emergency pre-famine situation. Therefore, this grant request is a humanitarian appeal to respond and avert the impact of severe drought situation for the vulnerable target population through integrated emergency live-saving Health/WASH/Nutrition services. HEAL is best suited for meeting all the above elaborated requirements because of more than 20 years experience in working at community based Health nutrition and WASH, partnership building and excellence and quality performance

5. Complementarity

The proposed project will be implemented in a hard reached district in Taleex & Buhoodle district whereby the presence of aid & humanitarian presence is limited as a result of spanteanous eruption clan armed hostilities. However, this proposed project is intended to complement the existing emergency and resilience interventions of WFP food distribution, ongoing WASH projects,sanitation kits distribution supported by UNICEF, Food security and other live saving programs such as food and water distribution in the two project target districts. HEAL will ensure to avoid overlapping and will also be used referral for cases that need threapeutic supplementary feeding program (TSTP) to be complementary each other so as to maximize impact. We have discussed with UNICEF Hargeisa resident officer in particular the health & nutrition section for the project coordination and made the commitment to provide the project supplies including nutrition & EPI supplies. The project will collaborate the existing regional & district health service delivery system to be part of the ongoing health service for complementary.
However, the proposed project allowing guaranteeing the full complementary of the intervention with those already on-going maximizes the impact of the response. If approved, this project will guarantee coherence with the ongoing response, while strengthening the impact on the whole population of the area.
Specifically the project will further complement to other ongoing and planned Humanitarian support within the area. To enhance greater impact of the overall drought response programme. The intervention will work alongside the ongoing WASH, Food security and live saving programs such as food and water distribution, protection programs and Emergency health and nutrition services in coordination with other implementing partners at the different levels. The intervention will support the existing social and economical structures and services delivery

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the proposed project is to establish an integrated emergency response that ensures access to lifesaving Health/WASH/Nutrition services to vulnerable and most AWD/cholera affected communities through the establishment of IERT outreach teams in hard to reach area of Buhodle district in Togdheer Region and Taleex district in Sool Region at end of 2017.

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality lifesaving curative nutrition services through systematic identifi cation, 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	50
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency,micronutrient interventions and optimal maternal nutrition.	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	50

Contribution to Cluster/Sector Objectives : This project proposal will contribute to Support the nutrition cluster objectives through nutrition sensitive and nutrition specific service delivery ensuring equal access to all people in need. It also contributes to the restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions.
The project will support in the reduction of malnutrition related morbidity and mortality through the provision of curative and preventive nutrition services to the drought affected communities. it aims to Improved or stabilized nutrition status of U5 and PLW in crisis affected areas through the following actions and strategies;
- Children and women will have Improved and sustain access to and utilization of quality basic nutrition services
- Establishing 6 mobile Emergency (6 teams) and support covering in locations in Buuhoodle and Taleex districts.
- A total of 20,492 (80%) children < 5 will be nutritionally screened and an estimated 3607 moderately malnourished and 2,049 severely malnourished will have access to nutrition rehabilitation through OTP and SC
- Ensuring sustainability of IMAM interventions by strengthening local technical capacity for integration of IMAM into the Primary Health Care system through the functional MCH facilities.
- Establishing linkages with reliable 24/7 referral services to the nearest Stabilization Centres in Lascaanood or other Hospital to treat referred Complicated SAM children. Treatment of medical complications and nutritional management of cases at SC will be as per the IMAM guidelines for Somalia.

- Prevention of malnutrition through improved knowledge and practice of essential nutrition behaviors at Household level. Additionally, PLWs and caregivers will be counselled on appropriate IYCF/IYCF-E and provide advice and information to the communities and donors that BMS donations are not distributed or accepted. in addition, Provision of MMN supplementation to the pregnant and lactating mothers

Outcome 1

Outcome 1: Increased access for children (6-59months) and Pregnant and Lactating Women to quality curative and promotive nutrition services.

Output 1.1

Description

Output 1.1: 28689 Children and pregnant lactating women have an access to and utilization of quality basic nutrition services.

Assumptions & Risks

Community participation is essential for the sustenance of the intervention

Availability of nutrition supplies and fund

Security status of the area

Pasture and water for the livestock will reduce food insecurity of the local population.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					20,492
Means of Verification : Monthly Nutrition monitoring Reports (screening, admissions, cured, referred etc) Program performance indicators Field supervision							
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					8,197
Means of Verification : Training Reports Photos							
Indicator 1.1.3	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					20,492
Means of Verification : Monthly progress reports Monthly Supplies update							
Indicator 1.1.4	Nutrition	Number of NHHP sessions held per month					48
Means of Verification : Monthly reports Moinitoring reports							
Activities **Activity 1.1.1**							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Screening, Identification & treatment of severe acute malnutrition targeting 20,492 of the 0-59months old children (10,246 girls and 10,246 boys), by the Integrated Emergency Mobile Teams and referral of complicated cases to the nearest Stabilization and MAM Children to the nearest TSFP center							
Activity 1.1.2							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Screening & provisioning of multiple micro-nutrients supplementation (MMN) for 8,197 pregnant and lactating women during outreach services.							
Activity 1.1.3							
Standard Activity : Supplementation Vitamin A							
Provide Vitamin A Supplementation for gender aggregated 20,492 children between 6-59months old living in the target locations of Buhodle and Taleex Districts							
Activity 1.1.4							
Standard Activity : Nutrition health and Hygiene promotion							
Conducting at least once a monthly promotional session per village (#48) on priority topic/area on Nutrition, Hygiene, Health by each of the 6 IERTs and Community mobilizers to link Malnutrition, diseases and poor hygiene practices and behaviors using C4D methodology and tools.							
Output 1.2							
Description							
Output 1.2: 6557 pregnant and lactating women access to knowledge and practice of essential nutrition behavior and through nutrition awareness sessions							
Assumptions & Risks							
Community participation is essential for the sustenance of the intervention Timely availability of nutrition supplies and fund will contribute to management of malnutrition Security status of the area							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					8,197
Means of Verification : Monthly progress reports Field monitoring reports							
Indicator 1.2.2	Nutrition	% of children 13-59 months dewormed					16,393
Means of Verification : Monthly Nutrition monitoring Reports (promotion activities) Program performance indicators Field supervision							
Indicator 1.2.3	Nutrition	Number of IERT staff/workers trained in IYCF-E and IMAM guidelines					12

Means of Verification : Training Reports
Monitoring reports

Activities

Activity 1.2.1

Standard Activity : Infant and young child feeding promotion

Organize nutrition promotion sessions for 8,197 pregnant/lactating and caregivers on optima IYCF care practices including exclusive breastfeeding for the first 6 months of baby's life. Discussion topics can be directly on breastfeeding benefits and importance at difficult times and saves a lot of children from malnutrition,

Activity 1.2.2

Standard Activity : Deworming

Provide Deworming for gender aggregated 16,393 children between 13-59months old living in the target locations of Buhodle and Taleex Districts

Activity 1.2.3

Standard Activity : Capacity building

1.1. 12 staff male/female) workers from the 6 (IERTs) will be trained to delivering at least 5 out of 9 components of the BNSP and on IMAM guidelines.

Additional Targets :

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-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 project will contribute to the overall humanitarian response of the country by supporting to ensure that timely and quality integrated services are delivered to the affected communities.
It will contribute to the Health sector objectives by the efficient response to disease outbreaks, timely identification, treatment, and case management of communicable diseases and prevention of outbreaks will be managed through functional early warning system and increased availability of stocks of medicines, vaccines and medical supplies.
The project will contribute to the efforts in mitigation and risk reduction through live-saving services in the pre-famine situation in Somalia.
The intervention will support the health cluster/sector plans to provide critical live-saving intervention to to vulnerable people in order to prevent avoidable morbidity, mortality and disability.
The IERTs will help support the already weak health system capacity and fewer partners in the target areas

The Emergency intervention will contribute into the protection of vulnerable and minor groups such as the poor, the socially disregarded or segregated groups, disabled persons and others. HEAL keeps in mind that the times of emergency there are increased chances of abuse and marginalization of these groups, therefore throughout the different stages of the intervention total inclusion will be exercised by all program staff'
In addition to that, child labour, abuse and other forms of maltreatment will not be allowed. HEAL will be committed to its Child safe-guiding policy, ensuring that there will be no any kind of child abuse forms happening in all program stages and locations by its staff other intermediate persons.

Outcome 1

Increase access to basic emergency lifesaving health care services to vulnerable and most AWD/cholera affected communities in hard to reach area of Taleex & Buhoodle targeting 20,492 <5 year children, 8,197 Pregnant and lactating women, 5,500 men and 100 community leaders

Output 1.1

Description

34,298 direct beneficiaries (women,children,men,boys & girls) to access critical life-saving health interventions to vulnerable people and work jointly to prevent avoidable
Morbidity, mortality, and disability

Assumptions & Risks

Clan hostilities may hinder outreach teams to reach certain Communities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					35
Means of Verification : Patient Registers Monthly morbidity and mortality reports Quarterly and end project report Biweekly Situation Reports Field Monitoring reports							
Indicator 1.1.2	Health	Number of severe cases referred to Health facility					500

Means of Verification : Patient Registers
Monthly morbidity and mortality reports
Quarterly and end project report
Biweekly Situation Reports

Indicator 1.1.3	Health	Number of Integrated emergency response Teams (IERT) trained on proper case management of AWD/Cholera					6

Means of Verification : Photos, training report

Indicator 1.1.4	Health	Coverage of measles vaccination (%)					80

Means of Verification : < 5 Register
Monthly, Quarterly and end project report
Biweekly Situation Reports
Field Monitoring reports

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide basic live saving health care services to 34,289 direct beneficiaries (20,492 under five children, 8,197 PLW, 5500 men, 100 other) beneficiaries living in 48 rural and IDPs villages in Buhodle and Taleex by six Mobile integrated emergency response teams (IERTs), providing integrated preventive and curative services to control endemic and epidemic diseases such as AWD/cholera and measles through active case finding and proper case management and referral of serious cases to nearest functioning HF

Activity 1.1.2

Standard Activity : Secondary health care and referral services

Identify and refer patients with medical severe cases that requires admission at health facilities after providing primary health services, increasing percentage of population covered by functioning health facility by type of health facility from 18% to 57%.

Activity 1.1.3

Standard Activity : Secondary health care and referral services

Train 24 from the 6 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera

Activity 1.1.4

Standard Activity : Immunisation campaign

Immunize (80%) of total < 5 children (18,442) against measles to prevent measles outbreaks and detect children with measles & treat them to prevent complications.

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 need	Integrated response (Baidoa, Banadir and Somaliland)	100

Contribution to Cluster/Sector Objectives : The majority of the crisis affected communities were having serious or severe shortage of water and hygiene services. this has resulted into the increase of AWD in many regions.
The IDP drought affected people use to drink contaminated water from poor sanitation and other environmental hazards from animal carcass. The WASH component will support
in the promotion of hygiene and sanitation of the target populations to enhance improved hygiene and sanitation practices thus break the transmission of infectious diseases

Outcome 1

Community knowledge, attitude and practice on improved hygiene practices is enhanced to prevent acute watery diarrhea and other diseases related to unsafe water, targeting 34,289 beneficiaries comprising of boys(10,451), girls (10,041),PLW (8,197),men (5,500) and 100 community Leaders in rural Buuhoodle and Taleex districts

Output 1.1

Description

Reduced acute watery Diarrhea/cholera and other sanitation related disease through access to Safe clean water, sanitation and Hygiene Promotion to vulnerable and most AWD/cholera affected communities in hard to reach area of Taleex and Buhodle with target number of 34,289 beneficiaries (10,451 boys, 10,041 girls, 8,187 PLW, 5,500 men and 100 Comm.leaders)

Assumptions & Risks

insecurity among crisis affected communities

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					34,289

Means of Verification : photos, Field monitoring reports							
Indicator 1.1.2	Water, Sanitation and Hygiene	# Village WASH promoters trained for the project target villages in Taleex & Buhodle, trained on the link between poor hygiene & sanitation awareness promotion & community social mobilisation skills. # of functioning Village WASH promoters.					48
Means of Verification : Training reports Field Monitoring reports							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of Hygiene kits distribution to discharged patients from CTC					500
Means of Verification : Patient Registers Monthly morbidity and mortality reports Quarterly and end project report Biweekly Situation Reports Field Monitoring reports							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of women HH attended the participatory house hold water treatment sessions in each village.					8,197
Means of Verification : Monthly progress reports							

Activities

Activity 1.1.1

Standard Activity : Community Hygiene promotion

In collaboration with Village Management Committees, school teacher, religious leaders, women groups and other community opinion leaders, the WASH Promoter (IERT) and Village Based WASH promoter will Organize and conduct Hygiene and Sanitation Promotion awareness for 48 villages, highlighting the relationship between unsafe drinking water and diarrheal diseases(AWD/Cholera, dysentery,typhoid and hepatitis), how drinking water can be easily contaminated, source, handling and household level, appropriate hand washing at critical times, importance of proper human excreta disposal. by Using different approaches, observation, discussion, IEC materials using C4D standard messages on AWD/Cholera, etc.) . The specific activities will include social mobilization, women's group discussions, and general public awareness on improved environmental hygiene in 48 Villages.

Activity 1.1.2

Standard Activity : Capacity building (water committees and WASH training)

-In collaboration village elders,religious leaders(Sheikhs), village Management committees,women groups and youth leaders facilitate the selection & training of 48 village WASH promoters. The villages based WASH promoters will be a gender balanced. IERT led by the WASH Officer will facilitate a participatory training for 48 community/village based WASH promoters on skills to mobilise communities, how to conduct participatory hygiene & sanitation promotion awareness campaigns,role and responsibilities of community/village Based WASH promoters, how to work with VDCs and working relationship with IERTs and using appropriate C4D methodology so that The village based WASH promoters will, in turn, organise hygiene and sanitation promotion, establish community support groups to sensitize & mobilize villagers to carry out cleaning campaigns, undertake house-to-house visits and improve overall sanitation & optimal hygiene practices of the village.

Activity 1.1.3

Standard Activity : Hygiene kit distribution (complete kits of hygiene items)

-Support the distribution of 500 hygiene kits to discharged patients from CTC and organise selected target approach & bucket disinfection at water points.

Activity 1.1.4

Standard Activity : Household water treatment

-Organize and conduct participatory home-based water treatment promotion for safe house hold water handling and storage for HH women and women group in villages. Household water treat is imperative during emergencies, in particular during droughts, water scarcity and increased prices forces them vulnerable people to drink from contaminated source. However, treating water at the household level has been shown to be one of the most effective and cost-effective means of preventing waterborne disease (AWD/Cholera). Thus, training women on household water treatment and safe storage (HWTS) will helps vulnerable communities to take charge of their own water security by providing them with the knowledge and tools to treat their own drinking water.

Additional Targets :

M & R

Monitoring & Reporting plan

HEAL will work out an M&R plan to closely monitor and evaluate the progress of the implementation of the Planned project activities and measure the realization of the expected results. The M&E plan will focus on input, process, output and outcome indicators of the project. We will use our organizational M.E. framework and the project results framework to develop a comprehensive M.E. plan that includes baseline, monitoring, review, evaluation and reporting processes. We will also conduct regular monitoring, reviews and evaluation in order to measure the progress of the project against the plan, set the targets and propose necessary remedial measures to improve the performance of the project. The activities, time-frame and responsible people in the M&R Plan include:
Disease surveillance and epidemiological reporting on (SITREP) Bi-weekly basis
Monitoring how the IERTs reach target beneficiaries and provision of outreach services, Patient Registers, Cards, tally sheets, Monthly Team Movement Plan used for recording and reporting (Responsible by Team Leader, Supervisors)
HH NHHP Activities (screening, counseling, case finding by promoters) supervision Daily, , APN (Responsible by the IERTs members)
Review meetings, Nutrition WG and Cluster meetings Monthly , quarterly and annual to identify progress achievements, gabs, challenges etc according to PD, work-plans (Responsible by the HEAL Nutrition and Health Coordinator)
Stock management and Financial reports FACE Form, liquidation, variance sheets etc) Monthly, quarterly or as agreed through the PCA (Responsible by the Finance officer and admin and Logistic officer of HEAL)
Financial Spot Checks, follow ups and recommendations (by UNOCHA
Review of daily and monthly reports Daily/Monthly
Submission of monthly/quarterly monitoring reports to MOH and other partners Weekly update, Monthly, Quarterly and final Focusing performance indicators and target versus achieved measurement using agreed partner monitoring and reporting Tools (Responsible by the program Coordinator and assisted by the Executive Director of HEAL) Also UNOCHA will do using own monitoring tools
Monthly Country 4W Single Reporting Matrix - Monthly (Responsible by the the HEAL Program Coordinator)
Evidence based project progress documentations, photos, and reporting that is applicable
Beneficiary registration and record keeping, client cards and referral sheets will be maintained
Joint supervision with Nutrition, Health and WASH Units of MOH and Local Health authorities with feedback and recommendations in written form

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: In collaboration with Village Management Committees, school teacher, religious leaders, women groups and other community opinion leaders, the WASH Promoter (IERT) and Village Based WASH promoter will Organize and conduct Hygiene and Sanitation Promotion awareness for 48 villages, highlighting the relationship between unsafe drinking water and diarrheal diseases (AWD/Cholera, dysentery,typhoid and hepatitis), how drinking water can be easily contaminated, source, handling and household level, appropriate hand washing at critical times, importance of proper human excreta disposal. by Using different approaches, observation, discussion, IEC materials using C4D standard messages on AWD/Cholera, etc.) . The specific activities will include social mobilization, women's group discussions, and general public awareness on improved environmental hygiene in 48 Villages.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.1: Provide basic live saving health care services to 34,289 direct beneficiaries (20,492 under five children, 8,197 PLW, 5500 men, 100 other) beneficiaries living in 48 rural and IDPs villages in Buhodle and Taleex by six Mobile integrated emergency response teams (IERTs), providing integrated preventive and curative services to control endemic and epidemic diseases such as AWD/cholera and measles through active case finding and proper case management and referral of serious cases to nearest functioning HF	2017							X	X	X	X	X	X
	2018												
Activity 1.1.1: Screening, Identification & treatment of severe acute malnutrition targeting 20,492 of the 0-59months old children (10,246 girls and 10,246 boys), by the Integrated Emergency Mobile Teams and referral of complicated cases to the nearest Stabilization and MAM Children to the nearest TSFP center	2017							X	X	X	X	X	X
	2018												
Activity 1.1.2: Identify and refer patients with medical severe cases that requires admission at health facilities after providing primary health services, increasing percentage of population covered by functioning health facility by type of health facility from 18% to 57%.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.2: -In collaboration village elders,religious leaders(Sheikhs), village Management committees,women groups and youth leaders facilitate the selection & training of 48 village WASH promoters. The villages based WASH promoters will be a gender balanced. IERT led by the WASH Officer will facilitate a participatory training for 48 community/village based WASH promoters on skills to mobilise communities, how to conduct participatory hygiene & sanitation promotion awareness campaigns,role and responsibilities of community/village Based WASH promoters, how to work with VDCs and working relationship with IERTs and using appropriate C4D methodology so that The village based WASH promoters will, in turn, organise hygiene and sanitation promotion, establish community support groups to sensitize & mobilize villagers to carry out cleaning campaigns, undertake house-to-house visits and improve overall sanitation & optimal hygiene practices of the village.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.2: Screening & provisioning of multiple micro-nutrients supplementation (MMN) for 8,197 pregnant and lactating women during outreach services.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.3: Provide Vitamin A Supplementation for gender aggregated 20,492 children between 6-59months old living in the target locations of Buhodle and Taleex Districts	2017							X	X	X	X	X	X
	2018												

Activity 1.1.3: -Support the distribution of 500 hygiene kits to discharged patients from CTC and organise selected target approach & bucket disinfection at water points.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.3: Train 24 from the 6 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera	2017							X	X	X	X	X	X
	2018												
Activity 1.1.4: Conducting at least once a monthly promotional session per village (#48) on priority topic/area on Nutrition, Hygiene, Health by each of the 6 IERTs and Community mobilizers to link Malnutrition, diseases and poor hygiene practices and behaviors using C4D methodology and tools.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.4: Immunize (80%) of total < 5 children (18,442) against measles to prevent measles outbreaks and detect children with measles & treat them to prevent complications.	2017							X	X	X	X	X	X
	2018												
Activity 1.1.4: -Organize and conduct participatory home-based water treatment promotion for safe house hold water handling and storage for HH women and women group in villages. Household water treat is imperative during emergencies, in particular during droughts, water scarcity and increased prices forces them vulnerable people to drink from contaminated source. However, treating water at the household level has been shown to be one of the most effective and cost-effective means of preventing waterborne disease (AWD/Cholera). Thus, training women on household water treatment and safe storage (HWTS) will helps vulnerable communities to take charge of their own water security by providing them with the knowledge and tools to treat their own drinking water.	2017							X	X	X	X	X	X
	2018												
Activity 1.2.1: Organize nutrition promotion sessions for 8,197 pregnant/lactating and caregivers on optima IYCF care practices including exclusive breastfeeding for the first 6 months of baby's life. Discussion topics can be directly on breastfeeding benefits and importance at difficult times and saves a lot of children from malnutrition,	2017							X	X	X	X	X	X
	2018												
Activity 1.2.2: Provide Deworming for gender aggregated 16,393 children between 13-59months old living in the target locations of Buhodle and Taleex Districts	2017							X	X	X	X	X	X
	2018												
Activity 1.2.3: 1.1. 12 staff male/female) workers from the 6 (IERTs) will be trained to delivering at least 5 out of 9 components of the BNSP and on IMAM guidelines.	2017							X					
	2018												

OTHER INFO

Accountability to Affected Populations

In respect to the rights of beneficiaries HEAL will be accountable to the affected population so that their needs are met, therefore HEAL will promote participation to enable the affected people become central decision makers throughout the different stages of the project. HEAL is both emergency and development oriented organization and respects international Humanitarian laws to ensure the rights and the well being of affected communities, through community empowerment, resilience and ownership. building
ACCOUNTABILITY AND THE AFFECTED POPULATION :
- NEEDS ASSESSMENT: Through community meetings, focus group discussions, will be done at the initial stage of the intervention in order to understand and respect the local culture, perceptions on health/wash/nutrition related problems/concerns and behaviors, in order to best respond to their needs. available services/gabs, the vulnerable groups to these problems, including the women, children, special needs and IDPs, human resource persons and enhanced service utilization.
- PLANNING and DESIGN: Through Micro-planing and mapping The affected population will have an access to as much possible information relating to the project scope and design and how they think it can address identified specific needs. Focusing on the services and providers IERT staff, CHWs, direct beneficiaries, ind. beneficiaries. and resources like financing and logistics, the role of the community and other partners, duration and limitations of the emergency program. The community entry points will be The district/Village level Administration, Health Authorities, Community Health Committees, WES Committees and women groups and will be the center pole throughout the project management cycle. Also The National and Zonal Health, WASH and Nutrition Authorities/Officers and Sector/Cluster Coordination Working Groups will be consulted. IER Team Movement Plans will be shared with all concerned.
- IMPLEMENTATION: The Emergency Response Intervention will be a Community Co-Management project throughout its cycle, thus opinions and ideas that best fit will be validated and incorporated into the planning and smooth implementation of the project channeled through regular monthly, quarterly review meetings with the community leaders and representatives of the different community sections, women and men, boys and girls who will participate the implementation of this emergency community response initiative. Information sharing will be open mechanism to all sections so that complains and feedback is conceived with confidentiality respected.
All sectors of the affected community will also participate the awareness and community Mobilization campaigns and will be the key actor that lead in all promotional and behavioral change activities.
DO-NO-HARM:
- To put the principles into practice, HEAL will approach the Do-No-Harm principle by learning and knowing the context and reality of the area during the entire project cycle, so that it will be possible to create a platform for change by the affected community. The affected communities, will equally benefit the project regardless of their gender, clan, location, class and other considerations. HEAL will strive that this emergency Response becomes community supportive and by all means avoid or minimize any unintentional (inadvertent) harm while assisting the affected communities. HEAL will train project staff at all levels with humanitarian law, child safeguarding and protection components.
- Affected communities regardless of their class, gender, clan and other considerations will benefit from the services rendered by this project. There will be no disparity in access to the services by the poor and the better-off. The social mobilization activities will be equally implemented in all target locations and communities;

Implementation Plan

This project will be implemented integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Taleex and Buhoodle. Each integrated emergency response teams (IERT) will constitute of (doctor who lead, 2 nurse, midwife and community health workers and WASH Officer) screener, register, infancy young child feeding promoter, community hygiene prompter and community volunteer can be deployed into target areas to provide timely relief and essential life-saving services to people affected in target areas. The Integrated Emergency intervention will be coordinated through the respective clusters and the Operational Working Group, will abide by core humanitarian principles ensuring acceptable standards of direct delivery, accountability, and monitoring and will observe closely for any unnecessary risks to which beneficiaries might be exposed. The IERTs will perform mass hygiene promotion campaigns targeting people in the villages, water points and market centers. Door to door visit, public meetings, hygiene promotion training will be carried out as well. Hygiene kits will be provided to villages for cleaning campaigns, Hygiene kits will be distributed at HF, hospital, CTC for caretaker. Water sources will be protected, in the short term chlorination at sources and household level will be emphasized. Distribution of IEC materials will complement the participatory hygiene promotion sessions. The provision of chlorine and aqua tabs whose use will be extensively explained during the training sessions is critical. The staff will apply the hygiene promotion guidelines and other essential materials to train the community on hygiene promotion best practices and community mobilization. It will also conduct 3 days workshops targeting villages to sensitize the community and form community support groups to carry out weekly clean up campaigns and community sensitizations.
Through IERT will provide of case management includes measles and acute watery diarrhea, capacity building of staff on proper diarrhea case management and referral. Community health workers will detect active case of acute malnutrition and refer to IERT if without medical complication and to stabilization center if with medical complication .they will follow up progress of case. IERT will be trained on infancy young child feeding practice and integrated management acute malnutrition (IMAM).IYF promoter will perform breast feeding promotion and infancy young child feeding support through consulting one to one and 2 days' workshop, IERT will treat acute malnutrition case and referral with medical complication to stabilization center the project catchment area.
Nutrition supply (plumbnut/ RUTF and others WASH (Hygiene kit, chlorine) and health (Drugs) will be received from UNICEF and WHO. Discussion with UNICEF Health/Nutrition section on nutrition, health sanitation kits and made the commitment to provide HEAL the necessary supply for this section. HEAL is close partner of UNICEF/WFP working with emergency trusted and have good track record in project management.
SUPERVISION, REPORTING LINES: (Supportive supervision);
National inter cluster (Health. WASH, Nutrition) Working group is to provide strategic guidance and leadership, Identification of gabs by working with the MOH of Somaliland.
At Regional level health/Nutrition management teams consisting of MOH/HEAL and other partners will support the day to day operational issues of the IERTs and do joint supportive supervision and monitoring to safeguard quality of services and reporting.
The project will be coordinated with other partners in the ground including MOH/UNICEF/WHO to provide the technical and financial support of the project.
HEAL will closely work with line Ministries, communities and beneficiaries,local Authorities and community leaders have had a great role in the planning, implementation and monitoring of program at commun

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Regional Drought Committee	- HEAL will be working with different actors in the current drought response during the project and afterword.
MOH/UNICEF/Clusters Coordination Teams	- Strategic Guidance and leadership - Ensure service profession - Overall coordination and facilitation (central), technical and logistic support (Regional)
WHO/UNICEF	Will provide the technical and Supplies support of the project
Regional/district and Locan Community Administrative Authority	- Facilitation, support and security - Advocacy and governance issues - Organizing Mobilization and other promotional activities
Religious and educational organizations/institutions, traditional Leaders and Business people	- Planning and implementation of the project and sustainability
WFP	-is active partner in nutrition emergency intervention,HEAL will coordinate ongoing activities of this agency.
Other INGO/LNGO.. (American Refugee Council - ARC)	- Partnership and coalition building, Information sharing and avoiding gabs and duplication of services - Mainstreaming protection and advocacy
Other INGO/LNGO and Humanitarian agencies (SRCS)	- Partnership and coalition building, Information sharing and avoiding gabs and duplication of services - Mainstreaming protection and advocacy

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will contribute to gender equality significantly as women's empowerment and community-based governance is imperative to the successful implementation and sustainability of the project. Project beneficiaries are gender aggregated while majority of them (nearly 55%) are women and girls as direct project beneficiaries.
HEAL will exercise at a all to unconditional access to basic live saving services targeted to pregnant and lactating women. On the other side the project staff will guide local community leaders inclusive selection and retention of female nutrition promoters to be able to reach as much household heads and caretakers as possible and provide basic life saving services through women to women strategy; On the other hand, HEAL will modestly ensure that the male-dominated culture will not prevent access to service provision, while at the same time respecting and working closely with the local community structures. HEAL will make sure that this emergency intervention will also promote capacity building in a wide range of areas, including local community resilience and livelihood strategies, advocacy for advancing the rights of vulnerable children, women's empowerment and community-based governance as imperative to the successful implementation and sustainability of the project.

Protection Mainstreaming

The Emergency intervention will contribute into the protection of vulnerable and minor groups such as the poor, the socially disregarded or segregated groups, disabled persons and others. HEAL keeps in mind that the times of emergency there are increased chances of abuse and marginalization of these groups, therefore throughout the different stages of the intervention total inclusion will be exercised by all program staff. The beneficiaries will be served according to the prioritized needs assessment and therefore service provision will be based solely on their specific needs, with a total disregard to any other kind of influence. The program is build to ensure meeting humanitarian needs by embracing the SPHERE Standards. Rape is not so common in the target locations, however, HEAL being aware that its cultural practice to not reveal the information to avoid stigmatization of ones own daughter/sister etc. therefore is under-reported. These obscure perceptions can be overcome by mainstreaming and awareness raising and enhancement of fundamental right and dignity of everybody especially the vulnerable and the disadvantaged .HEAL will ensure increased partnership and mainstreaming of protection is aligned in all Humanitarian response operations. The project will prevent any form of abuse and maltreatment of women and children, especially sexual violation and child labor in ex-change of project services, job opportunity and aid donation, through Do-No-Harm and Interest sensitivity. HEAL will Train all project staff and IERTs, promoters and will advocate for the prevention and elimination of any form of human rights violation and abuse, neglect and maltreatment of the project target beneficiaries, and instead will prioritize safety and dignity of beneficiaries, through community mobilization and awareness campaign. The emergency response project will facilitate Support mechanism and referral services for the victims and survivors.

Country Specific Information

Safety and Security

Parts of the project target locations (Buuhodle and Taleex districts) are among the disputed area between Somaliland and Puntland Authorities. However, This does not interfere ongoing humanitarian activities for the last several years since tensions are eased. To implement the planned project interventions and services HEAL will abide and respect different authority laws and rules and will collaborate everyone in order to create solidarity for responding to the humanitarian needs of affected population, thus all HEAL implemented humanitarian programs could earn everyone's respect.
HEAL will practice neutrality and impartiality throughout its humanitarian operations. HEAL will not take sides of conflict and will be neutral to all possible issues and escalations of insecurity. At the same time HEAL will implement the planned intervention according to the needs of the local community and therefore will be impartially serving solely to this need. However, this does not mean that HEAL will send its staff in potential risk location, All project staff including IERTs, supervisors and promoters are recruited from the target locations wherever possible.

Access

HEAL will collaborate and with different Administrative, Health and local community Leaders regarding the different aspects of the project management cycle.
HEAL is a local NGO and has been working since early 1990-ties and is therefore able to operate in all target locations and any other place of the country. HEAL has implemented several emergency interventions last year in these regions.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**

6. Contracts (with implementing partners)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
8. Indirect Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
11. A:1 Staff and Other Personnel Costs: International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
12. A:1 Staff and Other Personnel Costs: Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
13. B:2 Supplies, Commodities, Materials							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
14. C:3 Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
15. D:4 Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
16. E:5 Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
17. F:6 Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**

18. G:7 General Operating and Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
20. Staff and Other Personnel Costs							
1.1	Project Coordinator	D	1	1,500.00	6	100.00	9,000.00
	Responsible project Day to day activities,planning,monitoring & Reporting. as well as the overall coordination, programming mainstreaming, Human resource development and excellence of performance as well as rational utilization of resources. The project coordinator is also responsible for ensuring that the project activities are aligned with the provided humanitarian strategic goals He or she will receive the here mentioned amount for basic monthly salary only, except for travel perdiums. Project Coordinator will be paid 1500$ per month for 6 months. There will be one project coordinator						
1.2	Doctor	D	6	900.00	6	100.00	32,400.00
	Team leader, Provide integrated response services to affected communities. Each Integrated Emergency Response Team (IERT) will have one doctor, so 6 doctors for 6 teams. The Doctor will be paid a monthly salary of 900$ for 6 months. There will be 6 doctors in total.						
1.3	Qualifies Nurses	D	12	400.00	6	100.00	28,800.00
	The role of the qualified nurse is diverse and integral to the emergency response. He or She will be professional degree holder from accredited health academy with enough experience selected according to HEAL recruitment policy. Provision of integrated response services to affected communities. Referral services, integrated curative and preventive Health, nutrition and Hygiene services provision. Emergency and conventional case management according to the latest national treatment guidelines and protocols. Training of front-line workers/volunteers and community resource persons. Documentation and reporting activities. Each Integrated Emergency Response Team (IERT) will have 2 qualified nurses (one for adult Outpatient Department (OPD) and the other for the <5 clinic) so 12 nurses for the teams. Monthly salary of each Nurse will be $400.00 for 6 months.						
1.4	Midwife	D	6	400.00	6	100.00	14,400.00
	Provision of integrated response services to affected communities. She will be professional degree holder from accredited health academy with enough experience selected according to HEAL recruitment policy.Referral services, quality standard Health, nutrition and Hygiene services provision, including Basic Emergency Obstetric Care, Antenatal care (ANC)/Postnatal Care (PNC) and Each Integrated Emergency Response Team (IERT) will have one midwife, so 6 M/wives in total (1 for each of the 6 teams) 400$ is paid for each midwife for 6 months						
1.5	Community Health Workers	D	6	200.00	6	100.00	7,200.00
	one Community Health Worker (CHW) for each 6 Integrated Emergency Response Team (IERT) and will responsible for community social mobilisation ,education and awareness as well as follow up of malnutrition cases and track defaults and mobilising community to bring their children for immunization. There will be one Community Health Worker (CHW) in each of the 6 Integrated Emergency Response Teams (IERTs). 200$ is paid on Monthly basis for 6 months. Total Community Health Workers (CHWs) is 6						
1.6	Public Health Officer	D	1	700.00	6	100.00	4,200.00
	Provide technical support to team and on job training for community hygiene promoters and ensure proper hygiene messages reached to community. S/he participate WASH cluster meeting.100% of his/her salary will be charged this project. Each of the 6 Integrated Emergency Response Teams (IERTs) will be seconded with one Public Heath Officer who will be paid with 700$ per month. Total Public Health officers will be 6.						
1.7	Registrars	D	6	300.00	6	100.00	10,800.00
	Registrar per outreach team will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient Therapeutic Program (OTP) registers. Will be paid an all-inclusive salary of @USD 300 per month for 6 months will contribute 100% of the total cost. There will be a Total of 6 registrars.						
1.8	Infant Young Feeding Promotors	D	6	400.00	6	100.00	14,400.00
	One for each outreach team and will perform infancy young child feeding promotion through face to face and campaign targeting pregnant and lactating women as well as men. The 6 Infant and Young Child Feeding (IYCF) promoters one to each Integrated Emergency Response Teams (IERT) will be paid with 100$ per month for 6 months.						
1.9	Screeners (one person/mobile team)	D	6	300.00	6	100.00	10,800.00

	Will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the Integrated Management of Acute Malnutrition (IMAM) guidelines.four screeners will be employed with all inclusive salary of USD 200 per month for 6 month. SHF will pay 100% of the total cost.						
1.10	Health Management Information Officer	D	1	800.00	6	100.00	4,800.00
	He/she will be responsible the collection,Recording , analysis & submit to share the data timely to donor & other project stakeholders. The total 1 Health Management Information System (HMIS) Officer will paid with 800$ per month						
1.11	HEAL Executive Director	S	1	1,500.00	6	20.00	1,800.00
	HEAL executive director will be gatekeeper for the project & serve as trouble shooter,liaison with Ministry Of Health (MOH) senior officer,Regional Authority & project funding agency. Only 20% of the salary of executive director is charged this project						
1.12	Finance Officer	D	1	800.00	6	50.00	2,400.00
	Finance officer or the project accountant will be responsible to ensure the proper utilization/deployment of project funds. He/she will also responsible to submit timely financial reports. Thus 50% of his monthly salary will be charged to this project.						
1.13	Cashier	D	1	500.00	6	50.00	1,500.00
	The cashier will be responsible preparation of project staff payroll and disbursement, receive payment by cash, check, preparation of vouchers, keeps project checks, identify prices of goods, services and tabulate bills using calculators and cash registers. Assist the project account on financial reporting. However, 50% of the cashier monthly salary will be charged to this project.						
1.14	Human Resource & Administration Officer.	S	1	700.00	6	50.00	2,100.00
	Provides administrative support in terms of recruitment of project staff, staff appraisal on their performance, recruitment, staff record management, staff leave management and payrolls. 50% of his/her salary will be charged to this project. The monthly amount paid by the project is 350$ for six months.						
1.16	Community/Village WASH Promoters	D	48	150.00	6	100.00	43,200.00
	The project will recruit community/village based WASH promoter will be selected one person very each village to linkages between community and Integrated Emergency Response Teams (IERTs). organise villagers to carry out cleaning campiagns,house-to-house follow-up visits, assist the WASH officer Integrated Emergency Response Teams (IERT) during training women on household water treatment and dissemination health education and message during awareness campaign, House-to -house follow up visits. The project will pay an incentive $150 per month for 48 villages. for a project period of six months						
1.15	Store keeper for project supplies	D	2	500.00	6	100.00	6,000.00
	UNICEF in partnership with Ministry of Health & Ministry of Water will provide the project supplies from their warehouse in Hargeisa of about 86 tones during the project lifespan. Thus, the project will hire two person for the storage,issue and ensuring project supplies are properly used, preserved and well secured. The two storekeepers will be paid each 500$ on monthly bases for six months						
	Section Total						**193,800.00**
21. Supplies, Commodities, Materials							
2.2	Procurement of stationary items for the teams	D	2	90.00	6	100.00	1,080.00
	Register for Outpatient Departments (OPDs), Antenatal Natal Care (ANC) under five children etc for mobile teams and raining stationary stationary.						
2.3	Training on Integrated Management of Acute Malnutrition Guidelines for 12 staff members from 6 IERTs for 5 days	D	1	5,483.00	1	100.00	5,483.00
	The purpose of this 5 days Training is to enable the health workers to correctly organize and manage the activities of Management of Acute Malnutrition. *12 staff Members from the 6 Integrated Emergency Response Teams (IERTs) will receive initial 5 days training on Integrated Management of Acute Malnutrition (IMAM) Guidelines by 2 facilitators. The Training Outline include the sequence of Management of Acute Malnutrition patient services follow, roles and responsibilities of programme managers/Supervisors of Emergency nutrition programs through mobile teams. Health and nutrition education* *Reporting statistics, Stock control, Home visiting and monitoring* *Defaulter tracing. (Cost of Facilitator fee, Lunch and refreshment, transportation and perdium of participants and training materials/stationary as shown in the budget break-down). The participants are 1 Community Health Woerker and 1 under-five Nurse from each of the Integrated Emergency Response Teams (IERTs)*						
2.4	Training on Case Management for 24 staff members from 6 Integrated Emergency Response Team for 5 days	D	1	9,008.00	1	100.00	9,008.00
	24 staff Members from the 6 Integrated Emergency Response Teams (IERTs) will receive initial 5 days training on Clinical case management by 2 facilitators only once. The purpose of this 5 days Training is to enable the health workers to proper case management of Acute Watery Diarrhea/Cholera and other common illnesses. The Training Outline include the clinical assessment, planning and implementation of care plan, standard treatment protocols, referral services, follow up, roles and responsibilities of Integrated Emergency Response programs through mobile teams. Health and nutrition education, Reporting, statistics, Stock control, Home visiting and monitoring. *(Cost of the training include Facilitator fee, Lunch and refreshment, transportation and perdium of participants and training materials/stationary as per attached break down) The participants of the training are 1 doctor, two nurses from each of the 6 Integrated Emergency Response Teams (IERT). This is one time training.*						

2.5	Training 48 Village/community WASH Promotors 1persons each Village x 48 villages	D	1	10,643.00	1	100.00	10,643.00
	A Village Village/Community WASH Promoters will be trained one per each village. The will be responsible mobilization, community hygiene sanitation awareness Promotion of villages. The purpose of training Village WASH promoters is to mobilize villagers conduct community hygiene and sanitation promotion sessions for the villages,organize house-to-house visit. Organize village cleaning campaigns. (48 participants, 3 days training course only one time) (Cost of Facilitator fee, Lunch and refreshment, transportation and perdium of participants and training materials/stationary) during the training period.						
2.6	Warehouse Rental for the project Health, Nutrition and WASH supplies	D	2	175.00	6	100.00	2,100.00
	UNICEF in partnership with Ministry of Health/Ministry of Water Resources will provide the project supplies from their supplies hub in Hargeisa of about 86 tones. These include health, nutrition and WASH supplies. Therefore, the project requires safe storage as well as rational utilization by the direct beneficiaries of the project. In order to avoid theft, loss of property and damage, The project will acquire 2 storage facilities one in Buhodle and the other in Talex which are the strategic support locations for the Integrated Emergency Response Teams (IERTs) day to day operations through rental cost of 175$ each per month. Conditions should be such as to minimize deterioration or contamination and prevent damage. Each of the storage facility will be 86 MC strong building with enough ventilation, free from moisture with adequate protection.						
2.7	Transportation of project supplies from the field store(taleex & Buhoodle) to the outreach teams.	D	2	350.00	6	100.00	4,200.00
	UNICEF in partnership with Ministry of Health will provide the project supplies from MOH/UNICEF/Ministry of Water Resources supplies Hub of 86 tones including Health, nutrition and WASH supplies. UNICEF is be responsible the transportation of these supplies from Hargeisa warehouse to district stores in Taleex & Buhoodle. Thus, this project should transport supplies from the district supplies stores to deliver outreach teams working for beneficiaries scattered in 48 communities once per month. The costing is a lump sum per trip according to our field experience $350 per trip, per month/district. The two districts are hard to reach, hostile areas with no road infrastructure of difficult terrain to operate. Thus, these trucks require security escort.						
2.1	Information Education and Communication (IEC) Material development and printing	D	10000	1.00	1	100.00	10,000.00
	Development and printing of 10,00 peaces of Information Education and Communication (IEC) materials for dissemination of standard Communication for Development Messages on Acute Watery Diarrhea/Cholera during Hygiene promotion sessions. Details of different Information Education and Communication (IEC) materials will include: *A4 Stickers/poster each $1.00 (2500), A3 Stickers/posters each $1.35 (1600), Leaflets: each $0.85 (5890), Banners; each $34.35 (10). Total cost of 10,000$*						
	Section Total						**42,514.00**
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
24. Travel							
5.1	DSA for staff of 6 Integrated Emergency Response Teams (IERTs) (36staff/126days/10$	D	36	10.00	126	100.00	45,360.00
	The Integrated Emergency Response Teams (IERTs) staff are outreach are to get allowance in hazard hard to reach locations and will be away from their home for 21 days a month. The Unit of 36 staff from 6 outreach Integrated Emergency Response Teams (IERTs) with a 10$ unit prize per day for 21 days a month for six months (The numbers of this narration is 36staff/10$/21days/6months)						
5.2	DSA for Supervision	D	3	40.00	24	100.00	2,880.00
	The Project Coordinator, public health Officer and Health Management Information Officer (HIMS) Officer and sometimes the Executive Director (Key HEAL staff) will get allowance in hazard hard to reach locations and will be away from their home for 4 days a month. The Unit of 3 staff with a 40$ unit prize per day for 4 days a month for six months (The numbers of this narration is 3 staff/40$/4 days/6 months)						
5.3	Vehicle hire for Mbile Integrated Emergency Response Teams (IERTs) 6 TEAMS)	D	6	1,785.00	6	100.00	64,260.00
	The project total Integrated Emergency Response teams for two districts (Taleex & Buhoodle) is six outreach teams, three outreach teams per districts for successful project implementation. The two districts are hard to reach areas with no road infrastructure of difficult terrain to operate. The area is hostile sporadic armed conflicts erupt spontaneously. The vehicles will be hired from the local communities in Taleex & Buhoodle wouldn't allow outside competitors. The vehicles might require security clearance or security escort in certain villages in Taleex & Buhoodle.						
5.4	Vehicle Hire for Supervision and monitoring	D	1	1,785.00	1	100.00	1,785.00

	vehicle hire for project supervision & monitoring of the project by the project coordinator/s.						
	Section Total						**114,285.00**
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
26. General Operating and Other Direct Costs							
7.1	HEAL Office Rent Hargeisa	D	1	600.00	6	10.00	360.00
	Only 10% of HEAL office rent is here charged this project. The other % will be charged to other ongoing projects.						
	Section Total						**360.00**
SubTotal			10,161.00				**350,959.00**
Direct							347,059.00
Support							3,900.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							24,567.13
Total Cost							**375,526.13**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Sool -> Taleex	50	2,550	4,101	5,229	5,024	16,904	
Sool -> Taleex -> Buq-Dheer							Activity 1.1.1 : Screening, Identification & treatment of severe acute malnutrition targeting 20,492 of the 0-59months old children (10,246 girls and 10,246 boys), by the Integrated Emergency Mobile Teams and referral of complicated cases to the nearest Stabilization and MAM Children to the nearest TSFP center Activity 1.1.1 : Provide basic live saving health care services to 34,289 direct beneficiaries (20,492 under five children, 8,197 PLW, 5500 men, 100 other) beneficiaries living in 48 rural and IDPs villages in Buhodle and Taleex by six Mobile integrated emergency response teams (IERTs), providing integrated preventive and curative services to control endemic and epidemic diseases such as AWD/cholera and measles through active case finding and proper case management and referral of serious cases to nearest functioning HF Activity 1.1.1 : In collaboration with Village Management Committees, school teacher, religious leaders, women groups and other community opinion leaders, the WASH Promoter (IERT) and Village Based WASH promoter will Organize and conduct Hygiene and Sanitation Promotion awareness for 48 villages, highlighting the relationship between unsafe drinking water and diarrheal diseases(AWD/Cholera, dysentery,typhoid and hepatitis), how drinking water can be easily contaminated, source, handling and household level, appropriate hand washing at critical times, importance of proper human excreta disposal. by Using different

approaches, observation, discussion, IEC materials using C4D standard messages on AWD/Cholera, etc.) . The specific activities will include social mobilization, women's group discussions, and general public awareness on improved environmental hygiene in 48 Villages.
Activity 1.1.2 : -In collaboration village elders,religious leaders(Sheikhs), village Management committees,women groups and youth leaders facilitate the selection & training of 48 village WASH promoters. The villages based WASH promoters will be a gender balanced.
IERT led by the WASH Officer will facilitate a participatory training for 48 community/village based WASH promoters on skills to mobilise communities, how to conduct participatory hygiene & sanitation promotion awareness campaigns,role and responsibilities of community/village Based WASH promoters, how to work with VDCs and working relationship with IERTs and using appropriate C4D methodology so that The village based WASH promoters will, in turn, organise hygiene and sanitation promotion, establish community support groups to sensitize & mobilize villagers to carry out cleaning campaigns, undertake house-to-house visits and improve overall sanitation & optimal hygiene practices of the village.

Activity 1.1.2 : Screening & provisioning of multiple micro-nutrients supplementation (MMN) for 8,197 pregnant and lactating women during outreach services.
Activity 1.1.2 : Identify and refer patients with medical severe cases that requires admission at health facilities after providing primary health services, increasing percentage of population covered by functioning health facility by type of health facility from 18% to 57%.
Activity 1.1.3 : Provide Vitamin A Supplementation for gender aggregated 20,492 children between 6-59months old living in the target locations of Buhodle and Taleex Districts
Activity 1.1.3 : -Support the distribution of 500 hygiene kits to discharged patients from CTC and organise selected target approach & bucket disinfection at water points.
Activity 1.1.4 : Conducting at least once a monthly promotional session per village (#48) on priority topic/area on Nutrition, Hygiene, Health by each of the 6 IERTs and Community mobilizers to link Malnutrition, diseases and poor hygiene practices and behaviors using C4D methodology and tools.
Activity 1.1.3 : Train 24 from the 6 (integrated emergency response team) at least 50% female on proper case management of Acute watery diarrhea/cholera
Activity 1.1.4 : -Organize and conduct participatory home-based water treatment promotion for safe house hold water handling and storage for HH women and women group in villages. Household water treat is imperative during emergencies, in particular during droughts, water scarcity and increased prices forces them vulnerable people to drink from contaminated source. However, treating water at the household level has been shown to be one of the most effective and cost-effective means of preventing waterborne disease (AWD/Cholera). Thus, training women on household water treatment and safe storage (HWTS) will helps vulnerable communities to take charge of their own water security by providing them with the knowledge and tools to treat their own drinking water.

Activity 1.2.1 : Organize nutrition promotion sessions for 8,197 pregnant/lactating and caregivers on optima IYCF care practices including exclusive breastfeeding for the first 6 months of baby's life. Discussion topics can be directly on breastfeeding benefits and importance

							at difficult times and saves a lot of children from malnutrition, Activity 1.2.2 : Provide Deworming for gender aggregated 16,393 children between 13-59months old living in the target locations of Buhodle and Taleex Districts
Sool -> Taleex -> Carmo							
Sool -> Taleex -> Ceel Dareer							
Sool -> Taleex -> Daran Taleex							
Sool -> Taleex -> Arooley							
Sool -> Taleex -> Hah Suga							
Sool -> Taleex -> Halin							
Sool -> Taleex -> Higlo Ceelcowsle							
Sool -> Taleex -> Baar Madoobeye							
Sool -> Taleex -> Kal-Cad							
Sool -> Taleex -> Kalnool							
Sool -> Taleex -> Kheyra Xerta							
Sool -> Taleex -> Maysamo							
Sool -> Taleex -> Qawlo							
Sool -> Taleex -> Shaxda							
Sool -> Taleex -> Timir							
Sool -> Taleex -> Weylo							
Sool -> Taleex -> X Halin							
Sool -> Taleex -> Yibaal							
Togdheer -> Buuhoodle	50	3,050	4,096	5,222	5,017	17,385	
Togdheer -> Buuhoodle -> Beras							
Togdheer -> Buuhoodle -> Booc							
Togdheer -> Buuhoodle -> Ceegaag							
Togdheer -> Buuhoodle -> Dhallaamo Cune							
Togdheer -> Buuhoodle -> Dharkeyn-Genyo							
Togdheer -> Buuhoodle -> Dhoobo Gadud							
Togdheer -> Buuhoodle -> Dullo Carcaraaf							
Togdheer -> Buuhoodle -> Gabdho Haways							
Togdheer -> Buuhoodle -> Gebi Cas							
Togdheer -> Buuhoodle -> Geed Dheer							
Togdheer -> Buuhoodle -> Gocondhaale							
Togdheer -> Buuhoodle -> Hadh Wanaag							
Togdheer -> Buuhoodle -> Horufadhi							
Togdheer -> Buuhoodle -> Muusa Qudaar							
Togdheer -> Buuhoodle -> Qabri Hululul							
Togdheer -> Buuhoodle -> Bali Cad							
Togdheer -> Buuhoodle -> Qararo							
Togdheer -> Buuhoodle -> Bali-Hadhac							

Togdheer -> Buuhoodle -> Qorilugud							
Togdheer -> Buuhoodle -> Sarmaan Tuke							
Togdheer -> Buuhoodle -> Sarmanyo							
Togdheer -> Buuhoodle -> Shululux							
Togdheer -> Buuhoodle -> Xaare							
Togdheer -> Buuhoodle -> Xamar Lagu Xidh							
Togdheer -> Buuhoodle -> Xidh Xidh							
Togdheer -> Buuhoodle -> Yagoori							

Documents

Category Name	Document Description
Project Supporting Documents	Est. Village Populations.xlsx
Project Supporting Documents	Est. Village Populations.xlsx
Budget Documents	SAMPLE OF boq.xls
Budget Documents	Budget breakdown training 1.xlsx
Budget Documents	Budget breakdown training 2.xlsx
Budget Documents	Budget breakdown training 3.xlsx
Budget Documents	All Travel BOQs-23.xlsx
Budget Documents	Budget breakdown training 1-23.xlsx
Budget Documents	BOQs 24-7-2017-Final.xls
Budget Documents	BOQs 24-7-2017-Final-Final.xls
Budget Documents	Budget breakdown training 2-23.xlsx
Budget Documents	Budget breakdown training 3-23.xlsx
Budget Documents	IEC Material Break Down-23.xlsx
Budget Documents	Starionary Costs Break down-23.xlsx
Budget Documents	Starionary Costs Break down-23_OCHA comments 2.xlsx
Budget Documents	BOQs 24-7-2017.xls
Revision related Documents	List of Project locations-SHF FFF.xlsx
Grant Agreement	Hc signed HEAL GA 6273.pdf