

Organization	ARC (American Refugee Committee)			
Project Title	Prevention of GBV and Medical Response for Survivors in Kismayo			
CHF Code	CHF-DMA-0489-465			
Primary Cluster	Protection	Secondary Cluster		
CHF Allocation	Standard Allocation 1 (May 2013)	Project Duration	12 months	
Project Budget	286,885.00			
CAP Details	CAP Code	SOM-13/P-HR-RL/56411	CAP Budget	500,000.00
	CAP Project Ranking	A - HIGH	CAP Gender Marker	
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary			
		Boys	Girls	Total
		Total		
	Total beneficiaries include the following:			
	Internally Displaced People/Returnees	3,360	6,240	9,600
Children under 18	1,440	2,160	3,600	
Implementing Partners				
Organization focal point contact details	Name: Lyndsay Hockin Title: Senior Grants Manager			
	Telephone: 254(0)706614684 E-mail: LyndsayH@arcrelief.org			

BACKGROUND INFORMATION

1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	As the second major city of Somalia, Kismayo has suffered significantly from civil conflict, flooding, famine, and the presence of AS. In October 2012, a coalition of forces liberated Kismayo Town from AS (OCHA Report, 11.2012). As a previously inaccessible area, Kismayo's estimated population of 110,000, including 21,000 IDPs, has been without humanitarian response for over 4 years (IOM, 01.2012). According to IOM, IDPs in Kismayo Town live under "inhabitable conditions." January assessments by WHO/IOM of Farjano and Faanole settlements found living conditions and access to basic services to be "10 times worse [compared to] IDPs in Mogadishu." IDPs are mainly Bantu, and vulnerable due to their lack of local protection and coping mechanisms as an ethnic group with low social status in Somalia. This vulnerability, coupled with the presence of armed groups, absence of police, and limited proximity of basic goods and services (firewood, water etc) has created situation where the incidence of GBV represents the most common protection issue, particularly rape and sexual assault (KISIMA RNA, 03.2013). Conflict in Kismayo and its inaccessibility to aid actors has left the health system in decay with few qualified health workers and no dedicated medical services for clinical management of rape or other forms of GBV (IOM, 01.2013). New access offers the opportunity to establish medical services for survivors, as well as strengthen local efforts to prevent GBV.
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	From the Protection Cluster Annual Report 2012, GBV in all forms was found to be the most preoccupying protection concern, particularly affecting females. UN estimates suggest 1 in 10 girls and women will experience rape, while 1 in 4 women will experience physical abuse (UN Journalist interview, 01.13). In Kismayo, interviews conducted with health workers found that incidences of rape and sexual assault are common. A sample assessment conducted in Kismayo by Kisima found incidence of rape (20%), sexual assault (15%), physical assault (27%), with 87% of incidences occurring to persons under 18. These findings require further investigation as they suggest a higher than normal reporting rate, but reflect the trend of widespread GBV suspected (KISIMA, 03.13). The Protection Cluster reported that while partners attempted to implement GBV response programs, impact is limited by the lack of qualified staff equipped to provide CMR and PSS. Only 25 qualified clinicians are known in Kismayo; CMR services are not available. Perpetrators are from wide range of backgrounds, but are often army or militia, posing in uniform, security guards or male street youth (Health Worker Interview, Kismayo Hospital 05.13). Fear of reprisal and the lack of police or judicial response prevent survivors from reporting. Limited reporting is also caused by authorities unaware of how to appropriately respond to incidences of GBV and the absence of safe, confidential spaces for survivors to come forward.
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	In January 2013, ARC became one of the first INGOs to lead an inter-agency assessment in Kismayo. Since, ARC has established an office in Kismayo Town, with 2 permanent staff and rotating senior management. In May, ARC entered into a partnership with UNHCR and began targeted distribution of 4000 NFIs. In June, ARC will begin implementing environmental health campaigns through cash for work (ICRC). In July, ARC will rehabilitate an emergency obstetric (CEmOC) and pediatric ward in Kismayo Hospital, providing in-patient and surgical care for MCH, in partnership with ICRC (surgical trauma ward) and WHO (equipment/supplies), and open 2 integrated MCH clinics in Kismayo Town (out-patient, counseling). In Mogadishu, ARC has been providing clinical response to GBV survivors since August 2012 at 2 MCH clinics and Banadir Hospital, recognizing the best practice of integrating GBV response services with existing health services. ARC actively participates in the GBV WG in Nairobi and Mogadishu, and coordinates activities through the recently established CMR Task Force. ARC is the GBV WG Focal Point for Health Cluster. ARC's MD-OBG-GYN has been trained on WHO CMR protocols. In March 2013, ARC received funding from OFDA to continue and scale up GBV prevention and response programming in Mogadishu, though not for Lower Juba Region. ARC hopes to leverage this experience and its presence in Kismayo, integrating preventative and clinical GBV response services with health programming.

LOGICAL FRAMEWORK

Objective 1	Women, men, girls and boys affected by gender-based violence have equal access to timely and effective response and support services (Protection Cluster Objective 1) and the capacity of communities, civil society, and formal and informal authorities to prevent and address the specific protection
-------------	--

	needs related to GBV of women, men, boys and girls is strengthened (Protection Cluster Objective 3).								
Outcome 1	Clinical response services are available for and accessible to GBV survivors in a timely and effective manner (Protection Cluster Output 1.1).								
Activity 1.1	Qualified health workers from Kismayo Hospital, ARC and other health partner MCH clinics are identified, including hiring of a medical doctor and receive specialized training on clinical management of rape according to WHO CMR protocols. -Provide CMR services at 3 health facilities (2 MCH clinics - outpatient/confidential counseling; Kismayo Hospital obstetric ward), including provision of PSS / Counseling, and use of GBV Information Management System (GBVIMS) (sex/age disaggregated reporting) -Provide all health workers at 3 supported health facilities with protection and GBV awareness training, GBV IMS and case management, and confidential counseling, referral and reporting procedures. ARC will be operating a CEmOC and pediatric in-patient centre at Kismayo Hospital and 2 MCH clinics in Kismayo Town, allowing for linkage of GBV medical response services and some operational cost sharing.								
Activity 1.2	3 health facilities (2 MCH, obstetric ward in Kismayo Hospital) are supported to provide CMR services, including provision of post-rape kits, STI and HIV/AIDS rapid testing materials, and medical equipment for surgical care (at Kismayo Hospital only). Establish confidential counseling rooms in each facility for women, men, boys and girls to receive preventative advice and responsive counseling.								
Activity 1.3	Build upon existing ad hoc health referral systems to formalize referral and integrate GBV case management, including coordination of referral reporting system and use of GBV Information Management System (GBV IMS) standard forms and procedures.								
Indicators for outcome 1		Cluster	Indicator description				Target		
	Indicator 1.1	Protection	Number of individuals having experienced fundamental human rights violations accessing specialised services				300		
	Indicator 1.2	Protection	Number of qualified health workers trained in CMR				20		
	Indicator 1.3	Protection	Number of health facilities equipped for GBV medical response with confidential counseling rooms				3		
Outcome 2	Community level medical and PSS support services are available for and accessible to GBV survivors in a timely and effective manner (Protection Cluster Output 1.1).								
Activity 2.1	CHWs are identified and receive training on key Protection topics, GBV topics, provision of PSS to GBV survivors and families, and community mobilization on sensitive topics. CHWs and community protection focal points receive training on GBV Information Management System (GBVIMS) standard initial assessment forms, confidentially gathering sex/age disaggregated data and reporting through GBV IMS, and appropriately referring GBV survivors to support services.								
Activity 2.2	CHWs and focal points provide follow up household level PSS for all types of GBV and non-medical support service referral to GBV survivors. CHWs will distribute dignity kits to survivors. Dignity kit items are described in the Document Tab attachment.								
Activity 2.3									
Indicators for outcome 2		Cluster	Indicator description				Target		
	Indicator 2.1	Protection	Number of people facing specific protection risks accessing specialised services				1800		
	Indicator 2.2	Protection	# of CHWs and Community focal points trained in GBV topics, delivery of PSS, GBV IMS and referral				20		
	Indicator 2.3	Protection	# of male/female survivors who receive PSS, HH follow up support and/or referral to non-medical services				300		
Outcome 3	Elders, religious leaders, formal and informal authorities have the capacity to prevent and appropriately respond to incidences of GBV (Protection Cluster Output 3.1) and communities have the capacity to prevent and mobilize civil society to reduce the incidence of GBV (Protection Cluster Output 3.1).								
Activity 3.1	-Conduct training for police, local authorities and government officials, Directorate of Health and Hospital Committee members, and other key leaders on international human rights standards, key protection and GBV awareness, and appropriate protocols for addressing and referring cases of GBV; - Provide on-job training and technical assistance to local authorities, Directorate of Health and Hospital Committee members on protocols and procedures to confidentially receive reports on GBV, and manage and refer cases of GBV; -Engage with local Imams to incorporate protection and GBV prevention messages in Friday Prayers and madrassa teachings to reach men and boys.								
Activity 3.2	-Community protection focal points are identified and receive training with CHWs on key protection and GBV topics, awareness of available GBV services and how to access these (specifically CMR), confidentiality, techniques to engage community groups on sensitive GBV topics, and mobilize community members to prevent, report and seek services (CMR Referral / PSS Training); -Equip community focal points and CHWs with mobile phones and airtime subsidy to establish reporting phone tree for incidence of GBV and reporting of community protection concerns.								
Activity 3.3	-Conduct small awareness meetings for community members to discuss GBV topics, develop community-owned prevention and mitigate strategies, and be aware of focal points, available GBV services, and how to access these services; -Conduct radio programs on protection concerns and culturally appropriate GBV issues, as collected generally by CHWs and community protection focal points and documented in monthly reports; -Support local NGOs to facilitate 2-3 community events to promote human rights, general protection messages, and culturally acceptable GBV prevention messages.								
Indicators for outcome 3		Cluster	Indicator description				Target		
	Indicator 3.1	Protection	Number of community-driven coping mechanisms supported and capacitated				5		
	Indicator 3.2	Protection	# of those in positions of authority trained on gender sensitive approaches to prevention and response of GBV				30		
	Indicator 3.3	Protection	% of persons in sample survey able to identify at least 2 key GBV prevention messages and/or available medical response services				80		
WORK PLAN									
Project workplan for activities defined in the Logical framework	Activity Description			Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
	Activity 1.1 Qualified health workers from Kismayo Hospital, ARC and other health partner MCH clinics are identified, including hiring of a medical doctor and receive specialized training on			X	X	X	X	X	X

leaders on international human rights standards, key protection and GBV awareness, and appropriate protocols for addressing and referring cases of GBV; - Provide on-job training and technical assistance to local authorities, Directorate of Health and Hospital Committee members on protocols and procedures to confidentially receive reports on GBV, and manage and refer cases of GBV; -Engage with local Imams to incorporate protection and GBV prevention messages in Friday Prayers and madrasa teachings to reach men and boys.

Activity 3.2: -Community protection focal points are identified and receive training with CHWs on key protection and GBV topics, awareness of available GBV services and how to access these (specifically CMR), confidentiality, techniques to engage community groups on sensitive GBV topics, and mobilize community members to prevent, report and seek services (CMR Referral / PSS Training); -Equip community focal points and CHWs with mobile phones and airtime subsidy to establish reporting phone tree for incidence of GBV and reporting of community protection concerns.

Activity 3.3: -Conduct small awareness meetings for community members to discuss GBV topics, develop community-owned prevention and mitigate strategies, and be aware of focal points, available GBV services, and how to access these services; -Conduct radio programs on protection concerns and culturally appropriate GBV issues, as collected generally by CHWs and community protection focal points and documented in monthly reports; -Support local NGOs to facilitate 2-3 community events to promote human rights, general protection messages, and culturally acceptable GBV prevention messages.

BUDGET

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
1.1 Supplies, commodities, equipment and transport								
1.1.1 Supplies (materials and goods)								
	Confidential counseling room - health facility	1000	3	1	3,000.00	0.00	3,000.00	
	File cabinets & stationary	500	3	1	1,500.00	0.00	1,500.00	
	PEP Kits (in kind)	0	0	0	0.00	0.00	0.00	
	Assistance to local authorities / health officials for GBV response plans	1500	1	1	1,500.00	0.00	1,500.00	
	Phone tree support	45	24	9	9,720.00	0.00	9,720.00	
	Community meetings - Imams & leaders	600	4	1	2,400.00	0.00	2,400.00	
	Communications - Radio Discussions	1000	1	4	4,000.00	0.00	4,000.00	
	Community events	3000	3	1	9,000.00	0.00	9,000.00	
	Information, Education and Communication (IEC) materials	3000	1	1	3,000.00	0.00	3,000.00	
	Dignity kits	30	150	1	4,500.00	0.00	4,500.00	
	M&E - survey	3355	1	1	3,355.00	0.00	3,355.00	
	Subtotal Supplies				41,975.00	0.00	41,975.00	15.7
1.1.2 Transport and Storage								
	Vehicle rental	1800	1	12	21,600.00	0.00	21,600.00	
	Air Travel (NBO - MOG - Kismayo)	700	4	1	2,800.00	0.00	2,800.00	
	Referral vehicle rental (for disable or physically incapacitated)	1500	1	9	13,500.00	0.00	13,500.00	
	Subtotal Transport and Storage				37,900.00	0.00	37,900.00	14.1
1.2 Personnel (staff, consultants, travel and training)								
1.2.1 International Staff								
	Country Director (5%)	300	1	12	3,600.00	0.00	3,600.00	
	Emergency Coordinator (5%)	200	1	12	2,400.00	0.00	2,400.00	
	Finance Director (5%)	280	1	12	3,360.00	0.00	3,360.00	
	Grant Management Support (5%)	280	1	12	3,360.00	0.00	3,360.00	
	Subtotal International Staff				12,720.00	0.00	12,720.00	4.7
1.2.2 Local Staff								
	Finance Officer (Kismayo)	900	1	12	10,800.00	0.00	10,800.00	
	Subtotal Local Staff				10,800.00	0.00	10,800.00	4.0
1.3 Training of Counterparts								
	CMR/PSS Training - Qualified HWs	160	25	1	4,000.00	0.00	4,000.00	
	CMR Referral / PSS - CHWs & community focal points	60	34	1	2,040.00	0.00	2,040.00	

	Protection/GBV Training - Formal/Informal Authorities	45	55	1	2,475.00	0.00	2,475.00		
	Subtotal Training of Counterparts				8,515.00	0.00	8,515.00	3.2	
1.4 Contracts (with implementing partners)	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		Qualified Nurse	460	7	12	38,640.00	0.00	38,640.00	
		Auxiliary Nurse	345	7	12	28,980.00	0.00	28,980.00	
		Midwife	460	1	12	5,520.00	0.00	5,520.00	
		Community health workers	150	10	12	18,000.00	0.00	18,000.00	
		Transport incentive & visibility for focal points	50	12	9	5,400.00	0.00	5,400.00	
		Security - escort & office	250	5	12	15,000.00	0.00	15,000.00	
		Medical Doctor / Manager	1500	1	12	18,000.00	0.00	18,000.00	
		Subtotal Contracts				129,540.00	0.00	129,540.00	48.3
1.5 Other Direct Costs	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		Stationary and office materials	300	1	12	3,600.00	0.00	3,600.00	
		Rent	900	1	12	10,800.00	0.00	10,800.00	
		Communications	400	1	12	4,800.00	0.00	4,800.00	
		Utilities	400	1	12	4,800.00	0.00	4,800.00	
		Bank Transfer Costs	2510	1	1	2,510.00	0.00	2,510.00	
		Subtotal Other Direct Costs				26,510.00	0.00	26,510.00	9.9
	TOTAL				267,960.00	0.00	267,960.00		
2.0 Indirect Costs					Amount(USD)	Organization	CHF	% of CHF Total	
		Indirect Costs			18,925.00	0.00	18,925.00	7.0626	
	GRAND TOTAL				286,885.00	0.00	286,885.00	100.0	

Other sources of funds

Description	Amount	%
Organization	0.00	0.00
Community	0.00	0.00
CHF	286,885.00	100.00
Other Donors	a) 0.00	
	b) 0.00	
TOTAL	286,885.00	

LOCATIONS

Region	District	Location	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Lower Juba	Kismayo	Kismayo	CMR/PSS services, GBV IMS & case management / referral, community level CMR referral/PSS, engagement of formal and informal leaders and authorities in prevention, community mobilization on awareness of GBV services and prevention	IDPs and vulnerable community members, primarily girls, adolescent females & women (response services); men & boys (few response services; prevention/mitigation)	20000	-0.36029	42.546261	SA-3801-J13-001
TOTAL					20,000			

DOCUMENTS

Document Description

1. JRC Review - ARC Responses
2. Dignity Kit Description
3. Protection BOQs Revised
4. JRC 2nd Review - ARC Responses
5. JRC 3rd Review - ARC Responses
6. Revised Protection BOQs 7.17.13

7. Revised BOQs - Email Comments Aug 6

8. Revised BOQs August 20