



Project Proposal

Organization	ARC (American Refugee Committee)																																
Project Title	Empowering local communities to build safer environments by preventing and responding to GBV in South Central Somalia																																
CHF Code	CHF-DDA-3485-728																																
Primary Cluster	Protection	Secondary Cluster																															
CHF Allocation	Standard Allocation 1 (Feb 2015)	Project Duration	12 months																														
Project Budget	198,143.67																																
HRP Details	HRP Code	SOM-15/P-HR-RL/71687	HRP Budget	345,000.00																													
	HRP Project Ranking	A - HIGH	HRP Gender																														
Project Beneficiaries	<table border="1"> <thead> <tr> <th>Marker</th> <th>Men</th> <th>Women</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>2,000</td> <td>7,000</td> <td>9,000</td> </tr> <tr> <td></td> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> <tr> <td></td> <td>1,000</td> <td>2,500</td> <td>3,500</td> </tr> <tr> <td></td> <th colspan="2">Total</th> <th>12,500</th> </tr> <tr> <td colspan="4">Total beneficiaries include the following:</td> </tr> <tr> <td></td> <td>Internally Displaced People/Returnees</td> <td>2,000</td> <td>10,500</td> <td>12,500</td> </tr> </tbody> </table>				Marker	Men	Women	Total	Beneficiary Summary	2,000	7,000	9,000		Boys	Girls	Total		1,000	2,500	3,500		Total		12,500	Total beneficiaries include the following:					Internally Displaced People/Returnees	2,000	10,500	12,500
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Implementing Partners																																	
Organization focal point contact details	Name: Rebekka Bernholt Title: Senior Grants Manager Telephone: 0717 163782 E-mail: rebekkabernholt@gmail.com																																
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)	<p>Over 1.1 million people have been displaced by conflict in Somalia and are in need of protection and durable solutions (2015 Humanitarian Response Plan). According to the protection cluster, approximately 80,000 people were displaced during 2014 due to the ongoing AMISOM offensive, the majority moving towards Lower Juba, Benadir and Juba regions. Most IDPs live in crowded settlements, decreasing privacy and security for girls, boys, women, and men, and Kismayo is still recovering from floods. A report by Kisima Peace and Development Organisation (KPDO) in Kismayo found the humanitarian aid received was only food and a few NFIs, with clean water, education, and safe shelter lacking. Thus, the Protection Cluster has reemphasized the need for immediate response within the newly liberated areas. Women and girls, in particular, are at risk of sexual violence as they travel long, unsafe distances looking for food, firewood, water, and other basic necessities. Gender-based violence (GBV) is deeply rooted in Somali culture, which accepts and tolerates systematic inequality and violence between men and women. Women are often perceived as property with little decision-making power and deserving of less access to opportunities, thus putting girls at risk of forced and early marriage. Some women do seek assistance but many more affected by violence do not come forward, showing that the actual numbers are significantly higher (Protection Cluster estimates the reporting rate at <1%).</p>																																
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	<p>ARC, SAF and Muslim Aid are providing medical services and GBV community awareness in Kismayo, with ARC leading the GBV Working Group. In Dhobley, health services are provided by ARC, APD and Save the Children for 61,000 IDPs, and ARC has initiated specialized GBV interventions. A Dec 2014 ARC participatory assessment in Kismayo found that women and girls fear rape and harassment while carrying out daily tasks as well as intimate partner violence, forced marriage, and FGM, which are perpetrated by gangs, husbands, parents, and other men. Women separated from their husbands and widows are particularly vulnerable to abuse. The Jan-Dec 2014 GBVIMS report for Kismayo and Dhobley shows a total of 99 GBV cases reported to ARC, of which 35% involved rape, 14% sexual assault, and 29% physical assault. Of these, over 50% of cases were perpetrated by intimate partners, and 100% of survivors were women and girls. No male survivors of GBV, particularly rape, have requested assistance to date, but services are open and tailored to all survivors. Survivors fear seeking help due to a lack of supportive structures, security, and awareness of available services, and inadequate staff and government capacity remains due to the complexity of GBV interventions in this context. Thus, INGOs need to continue delivering life-saving, trusted services and ongoing technical supervision/mentoring while also supporting local groups to provide quality care for survivors and create safer environments.</p>																																
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	<p>ARC has set up comprehensive referral mechanisms and emergency medical and psychological assistance for survivors of GBV. Four health facilities were rehabilitated to provide confidential Clinical Management of Rape (CMR) services for survivors as part of the Minimum Initial Service Package (MISP). Twenty female and male health staff were trained on CMR and GBV topics to enable health workers to handle post-rape care and the general health and psychosocial needs of GBV survivors. Medical supplies, such as rape kits, laboratory reagents, examination sets, etc., were supplied to the health facilities managed by ARC. ARC protection staff also provide individual and family counseling, case management, and dignity kits for survivors who request assistance from the MCHs. To ensure timely referrals, Community Health Workers (CHWs) and other volunteers were trained as first-line responders to provide initial care for reporting survivors and refer to services according to each client's wishes. These volunteers facilitate household visits and community dialogue to increase awareness about services and assist in developing risk mitigation measures. To ensure proper coordination, ARC participates in all GBV working group meetings in Nairobi, Mogadishu and Kismayo. ARC also introduced the GBVIMS to document incident data about survivors securely – keeping confidentiality, privacy, and safety of survivors as the primary objective – and track GBV trends to inform future programming.</p>																																
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	Women, men, girls and boys affected by GBV have equal access to timely, effective and quality protection response services – especially those in need of an integrated case management and clinical response services should be able to access it.																																
Activity 1.1	Refresher training on CMR for 30 health workers (minimum 40% female) in Kismayo and Dhobley by the OB-GYN Doctor. Training will also include other GBV topics such as understanding the main types of GBV and its consequences and the roles of health workers in preventing and responding to GBV according to the guiding principles of working with survivors. There will also be ongoing treatment of survivors who report to the health facility (wounds, post rape care) in the confidential counseling rooms. Supplies such as rape kits (PEP and ECP which is given to rape survivors to prevent unwanted pregnancy) will be in place in the health facility.																																

Activity 1.2	Refresher trainings will be conducted for 10 volunteers in Kismayo and staff (at least 80% female) on GBV guiding principles, referral pathways for legal, security, and mental health services, and how to provide first-line psychosocial counseling for survivors. In Dhobley, 5 volunteers will be identified and trained on the same. There will be continuous mentoring of the volunteers to help them support survivors without doing more harm.			
Activity 1.3	Psychosocial support and case management will be provided for survivors in line with best practices. Referrals for security (police), legal aid, mental health, and economic or material support will be managed through case management services. Documentation of all GBV cases in the GBVIMS will be conducted by ARC staff. Emergency Hotline to promote follow-up of GBV cases between ARC staff and the volunteers who are based in the community. The Emergency Hotline number will be shared with the police, health workers, local leaders, religious leaders and some community members to promote timely referrals for survivors requesting assistance - conducted with extreme caution so as to not to put people's life at risk. ARC case managers and volunteers will facilitate women's group sessions as well in partnership with local women's groups.			
Indicators for outcome 1		Cluster	Indicator description	Target
	Indicator 1.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards	120
	Indicator 1.2	Protection	# of staff and volunteers (minimum 50% female) trained in GBV case management, guiding principles and referral pathway	26
	Indicator 1.3	Protection	# of survivors accessing and followed up using the emergency hotline	120
Outcome 2	Elders, religious leaders, formal and informal authorities, both male and female, have improved capacity to prevent and appropriately respond to incidents of GBV (Protection Cluster Output 3.1), and communities, including men, demonstrate increased capacity to prevent and mobilize civil society to mitigate risks of GBV.			
Activity 2.1	Community awareness sessions by volunteers using a questioning and benefits approach that promotes reflection to inspire people to change. Sharing IEC materials (referral pathway poster, picture cards, comics and stickers) with community women, men, and youth during awareness creation. They will then participate in community sensitization to inform community members about available services but also how to support survivors in the community. Community public events involving religious leaders, elders, to discuss key topics, identify risk factors and how they can contribute to mitigate some of the risk factors. Participation in the 16 Days of Activism to promote awareness raising on GBV. Conduct training for police, local authorities and government officials, Directorate of Health and Hospital Committee members, and other key leaders (including as many female authorities as possible) on international human rights, key protection and GBV fundamentals.			
Activity 2.2	Distribute all-in-one solar/wind-up torch, radio, and USB charger to women in 200 households. This multi-purpose tool includes solar and wind-up mechanisms for long-lasting use. The tool combines 1) a radio for increased household access to information, 2) a USB charger for personal and income-generating activities, and 3) a torch (flashlight) for increased personal and household safety as women and girls have stated that poor lighting leads to risks of abuse. Through a series of pre- and post-distribution questions, ARC will determine women's and men's perceptions of the benefits and challenges of this tool, looking at who "controls" the tool, actual or perceived improvements in safety, and unexpected benefits and challenges for women, girls, boys, and men within the household and the community.			
Activity 2.3	Engage 40 Role Model Men, including camp leaders, Imams and other male social leaders from existing structures and networks, as positive change agents in preventing violence against women and girls. These Role Model Men (RMM) (Nin kundayasho mudan) - 20 Kismayo and 20 Dhobley - will be vetted, trained, and mentored and will later guide 200 additional men - 100 from each Kismayo and Dhobley, divided into solidarity groups consisting of men from five households - during weekly sessions using the "engaging men for transformation" guide. Baseline and endline assessments will be carried out with participants to understand current attitudes and perceptions related to gender equitable norms and GBV and evaluate any changes in perceptions. Wives/partners may possibly take part in the survey. ARC staff will be trained on the Men Engage approach and how to mentor and support Role Model Men. Communication/IEC materials will also be created to reflect positive social behaviors and norms.			
Indicators for outcome 2		Cluster	Indicator description	Target
	Indicator 2.1	Protection	Number of people reached by campaigns conducted to inform communities on available services	12500
	Indicator 2.2	Protection	# of IDP households reporting perceived and/or actual increase in safety due to solar torch out of 200 households	150
	Indicator 2.3	Protection	Increase in knowledge on GBV and positive change in attitudes by 240 men	140
Outcome 3	ARC Staff, volunteers and partners in all sectors are trained on GBV fundamentals, referral pathways and mechanisms, and GBV risk reduction strategies per sector according to the IASC GBV Guidelines.			
Activity 3.1	Train and collaborate with staff and community based committees from the Health, Wash, Shelter and Education sectors on GBV concepts, guiding principles, international standards and how to mitigate protection risks when providing services to the community according to IASC GBV and Gender Guidelines per sector. Ensure that compositions of WUC water user committees and HUMC health unit management committee are 50% women. Liaise with each of the sector committees especially WUC & HUMC to document protection concerns at the service provision points and share it with the respective clusters for action.			
Activity 3.2	Participate in and/or facilitate GBV Working Groups in Kismayo and Dhobley. Promote coordination with the GBV Working Group and Protection Cluster and strengthen capacity on GBV mainstreaming to ensure risk reduction strategies and essential, minimum interventions among national NGO partners and CBOs through participating in coordination meetings in Benadir and Lower Juba Regions. Initiate and lead the development of GBV Standard Operating Procedures (SOPs) with GBV working group members in Kismayo and Dhobley according to the SOP guidelines for timely, coordinated referrals and quality interventions. ARC will ensure all activities are in line with the Protection Cluster and GBV Sub-Cluster strategies.			
Activity 3.3				
Indicators for outcome 3		Cluster	Indicator description	Target
	Indicator 3.1	Protection	Number of people reached by campaigns conducted to inform communities on available services	6000
	Indicator 3.2	Protection	# of working group members trained on SOPs and referral pathway	20
	Indicator 3.3			
WORK PLAN				
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	ARC directly implements all project activities with robust supervision and monitoring from project national and international level staff. All CMR and PSS capacity building will be done by the Obstetric and Gynecological doctors and case managers at ARC. The CMR services in the MCH will be provided by the trained medical workers according to the WHO protocols. ARC will work with CHWs and volunteers to provide first line GBV case response at the community level and offer referrals according to the wishes of each survivor. ARC believes in empowering community members to spearhead GBV prevention initiatives in the community. Role Model Men will be mentored to engage their fellow men as change agents to bring about change in the knowledge and positive attitudes of their fellow men. Couple counseling will be conducted by the religious leaders. ARC is an active member of the GBV WG and ensures that all activities are in line with the SOPs and the Protection Cluster and GBV Sub-Cluster Strategies. It also adheres to the IASC Handbook and the revised IASC GBV guidelines (soon to be distributed). ARC involves staff and key community members, including high numbers of women, in assessing the current situation to give a basis for program design, implementation and monitoring. All staff sign			

	codes of conduct to prohibit sexual exploitation and abuse, and ARC promotes integration of gender and protection in other sectors to mitigate risks and improve equitable, dignified access to essenti						
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 Refresher training on CMR for 30 health workers (minimum 40% female) in Kismayo and Dhobley by the OB-GYN Doctor. Training will also include other GBV topics such as understanding the main types of GBV and its consequences and the roles of health workers in preventing and responding to GBV according to the guiding principles of working with survivors. There will also be ongoing treatment of survivors who report to the health facility (wounds, post rape care) in the confidential counseling rooms. Supplies such as rape kits (PEP and ECP which is given to rape survivors to prevent unwanted pregnancy) will be in place in the health facility.	X	X	X	X	X	X
	Activity 1.2 Refresher trainings will be conducted for 10 volunteers in Kismayo and staff (at least 80% female) on GBV guiding principles, referral pathways for legal, security, and mental health services, and how to provide first-line psychosocial counseling for survivors. In Dhobley, 5 volunteers will be identified and trained on the same. There will be continuous mentoring of the volunteers to help them support survivors without doing more harm.	X	X	X	X	X	X
	Activity 1.3 Psychosocial support and case management will be provided for survivors in line with best practices. Referrals for security (police), legal aid, mental health, and economic or material support will be managed through case management services. Documentation of all GBV cases in the GBVIMS will be conducted by ARC staff. Emergency Hotline to promote follow-up of GBV cases between ARC staff and the volunteers who are based in the community. The Emergency Hotline number will be shared with the police, health workers, local leaders, religious leaders and some community members to promote timely referrals for survivors requesting assistance - conducted with extreme caution so as to not to put people's life at risk. ARC case managers and volunteers will facilitate women's group sessions as well in partnership with local women's groups.	X	X	X	X	X	X
	Activity 2.1 Community awareness sessions by volunteers using a questioning and benefits approach that promotes reflection to inspire people to change. Sharing IEC materials (referral pathway poster, picture cards, comics and stickers) with community women, men, and youth during awareness creation. They will then participate in community sensitization to inform community members about available services but also how to support survivors in the community. Community public events involving religious leaders, elders, to discuss key topics, identify risk factors and how they can contribute to mitigate some of the risk factors. Participation in the 16 Days of Activism to promote awareness raising on GBV. Conduct training for police, local authorities and government officials, Directorate of Health and Hospital Committee members, and other key leaders (including as many female authorities as possible) on international human rights, key protection and GBV fundamentals.	X	X	X	X	X	X
	Activity 2.2 Distribute all-in-one solar/wind-up torch, radio, and USB charger to women in 200 households. This multi-purpose tool includes solar and wind-up mechanisms for long-lasting use. The tool combines 1) a radio for increased household access to information, 2) a USB charger for personal and income-generating activities, and 3) a torch (flashlight) for increased personal and household safety as women and girls have stated that poor lighting leads to risks of abuse. Through a series of pre- and post-distribution questions, ARC will determine women's and men's perceptions of the benefits and challenges of this tool, looking at who "controls" the tool, actual or perceived improvements in safety, and unexpected benefits and challenges for women, girls, boys, and men within the household and the community.	X	X	X	X	X	X
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	Activity 3.1 Train and collaborate with staff and community based committees from the Health, Wash, Shelter and Education sectors on GBV concepts, guiding principles, international standards and how to mitigate protection risks when providing services to the community according to IASC GBV and Gender Guidelines per sector. Ensure that compositions of WUC water user committees and HUMC health unit management committee are 50% women. Liaise with each of the sector committees especially WUC & HUMC to document protection concerns at the service provision points and share it with the respective clusters for action.	X	X	X	X	X	X
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M & E DETAILS

Activity Description	M & E Tools to use	Means of verification	Month (s) when planned M & E will be done												
			1	2	3	4	5	6	7	8	9	10	11	12	
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	- Contact details - Data collection - Field visits - Photo with or without GPS	Participant lists, pre-and post training evaluations, Site visit and													

	and staff on a regular basis (minimum weekly) to ensure observed or reported protection threats (for overarching concerns and themes) and more specific beneficiary-reported protection cases are referred appropriately.
Select (tick) activities that supports the gender theme	<p><input checked="" type="checkbox"/> Activity 1.1: Refresher training on CMR for 30 health workers (minimum 40% female) in Kismayo and Dhobley by the OB-GYN Doctor. Training will also include other GBV topics such as understanding the main types of GBV and its consequences and the roles of health workers in preventing and responding to GBV according to the guiding principles of working with survivors. There will also be ongoing treatment of survivors who report to the health facility (wounds, post rape care) in the confidential counseling rooms. Supplies such as rape kits (PEP and ECP which is given to rape survivors to prevent unwanted pregnancy) will be in place in the health facility.</p> <p><input checked="" type="checkbox"/> Activity 1.2: Refresher trainings will be conducted for 10 volunteers in Kismayo and staff (at least 80% female) on GBV guiding principles, referral pathways for legal, security, and mental health services, and how to provide first-line psychosocial counseling for survivors. In Dhobley, 5 volunteers will be identified and trained on the same. There will be continuous mentoring of the volunteers to help them support survivors without doing more harm.</p> <p><input checked="" type="checkbox"/> Activity 1.3: Psychosocial support and case management will be provided for survivors in line with best practices. Referrals for security (police), legal aid, mental health, and economic or material support will be managed through case management services. 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They will then participate in community sensitization to inform community members about available services but also how to support survivors in the community. Community public events involving religious leaders, elders, to discuss key topics, identify risk factors and how they can contribute to mitigate some of the risk factors. Participation in the 16 Days of Activism to promote awareness raising on GBV. Conduct training for police, local authorities and government officials, Directorate of Health and Hospital Committee members, and other key leaders (including as many female authorities as possible) on international human rights, key protection and GBV fundamentals.</p> <p><input checked="" type="checkbox"/> Activity 2.2: Distribute all-in-one solar/wind-up torch, radio, and USB charger to women in 200 households. This multi-purpose tool includes solar and wind-up mechanisms for long-lasting use. The tool combines 1) a radio for increased household access to information, 2) a USB charger for personal and income-generating activities, and 3) a torch (flashlight) for increased personal and household safety as women and girls have stated that poor lighting leads to risks of abuse. Through a series of pre- and post-distribution questions, ARC will determine women's and men's perceptions of the benefits and challenges of this tool, looking at who "controls" the tool, actual or perceived improvements in safety, and unexpected benefits and challenges for women, girls, boys, and men within the household and the community.</p> <p><input checked="" type="checkbox"/> Activity 2.3: Engage 40 Role Model Men, including camp leaders, Imams and other male social leaders from existing structures and networks, as positive change agents in preventing violence against women and girls. 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BUDGET

A:1 Staff and Personnel Costs	1.1 International Staff									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	1.1.1	Emergency Coordinator	1	6000	12	months	72,000.00	68,400.00	3,600.00	5.00
	1.1.2	Grant Management Support	1	7000	12	months	84,000.00	75,600.00	8,400.00	10.00
	1.1.3	GBV/Protection Manager	1	4000	12	months	48,000.00	24,000.00	24,000.00	50.00
	1.1.4									
	1.1.5									
	1.1.6									
	1.1.7									
	1.1.8									
	1.1.9									
	1.1.10									
	1.1.11									
	1.1.12									
	1.1.13									
	1.1.14									
	1.1.15									
	1.1.16									

1.1.17									
1.1.18									
Subtotal						204,000.00	168,000.00	36,000.00	

Budget Narrative:**1.2 Local Staff**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
1.2.1	Project Officer Dhobley	1	1500	12	months	18,000.00	0.00	18,000.00	100.00
1.2.2	OBGYN Doctor	1	1500	12	months	18,000.00	16,200.00	1,800.00	10.00
1.2.3	Community Mobilizer	2	500	10		10,000.00	0.00	10,000.00	100.00
1.2.4	GBV Counsellor	1	1500	12	months	18,000.00	9,000.00	9,000.00	50.00
1.2.5	Cleaner MCH (Kismayo, Dhobley)	2	150	12	months	3,600.00	1,800.00	1,800.00	50.00
1.2.6	Community Volunteers (Kismayo, Dhobley)	10	74	11	months	8,140.00	0.00	8,140.00	100.00
1.2.7	Qualified Nurse (Kismayo and Dhobley)	3	400	11	months	13,200.00	0.00	13,200.00	100.00
1.2.8	Auxilliary Nurse (Kismayo and Dhobley)	3	300	11	months	9,900.00	0.00	9,900.00	100.00
1.2.9	Security Guards MCH and accessories (Kismayo and Dhobley)	2	300	12	months	7,200.00	3,600.00	3,600.00	50.00
1.2.10									
1.2.11									
1.2.12									
1.2.13									
1.2.14									
1.2.15									
1.2.16									
1.2.17									
1.2.18									
Sub Total						106,040.00	30,600.00	75,440.00	

Budget Narrative:**B:2 Supplies, Commodities, Materials**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
2.1.1	furniture in Dhobley- APD MCH	1	625	1	lumpsum	625.00	0.00	625.00	100.00
2.1.2	Solar Torches	200	30	1	lumpsum	6,000.00	0.00	6,000.00	100.00
2.1.3	supplies (Kismayo and Dhobley)	2	325	1	lumpsum	650.00	0.00	650.00	100.00
2.1.4	Baseline assessment & Endline with RMM, solidarity group and wives	2	1300	1	lumpsum	2,600.00	0.00	2,600.00	100.00
2.1.5	Training Costs	1	18460	1	lumpsum	18,460.00	0.00	18,460.00	100.00
2.1.6	Community events	3	1000	1	lumpsum	3,000.00	0.00	3,000.00	100.00
2.1.7	Dialogue sessions by RMM with solidarity group- Materials	40	40	1	lumpsum	1,600.00	0.00	1,600.00	100.00
2.1.8	IEC Materials	1	1000	1	lumpsum	1,000.00	0.00	1,000.00	100.00
2.1.9	Banners for community awareness session	1	100	1	lumpsum	100.00	0.00	100.00	100.00
2.1.10	Couple Counselling	4	250	1	lumpsum	1,000.00	0.00	1,000.00	100.00
2.1.11	Emergency Hotline- accessories	2	282	1	lumpsum	564.00	0.00	564.00	100.00
2.1.12									
2.1.13									
2.1.14									
2.1.15									
2.1.16									

2.1.17										
2.1.18										
Sub Total						35,599.00	0.00	35,599.00		

Budget Narrative:

**C:3
Equipment**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
3.1.1	Printer Kismayo & Dhobley	2	900	1	lumpsum	1,800.00	0.00	1,800.00	100.00
3.1.2									
3.1.3									
3.1.4									
3.1.5									
3.1.6									
3.1.7									
3.1.8									
3.1.9									
3.1.10									
3.1.11									
3.1.12									
3.1.13									
3.1.14									
3.1.15									
3.1.16									
3.1.17									
3.1.18									
Sub Total						1,800.00	0.00	1,800.00	

Budget Narrative:

**D:4
Contractual
Services**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
-4.1.1									
-4.1.2									
-4.1.3									
-4.1.4									
-4.1.5									
-4.1.6									
-4.1.7									
-4.1.8									
-4.1.9									
-4.1.10									
-4.1.11									
-4.1.12									
-4.1.13									
-4.1.14									
-4.1.15									

4.1.16										
4.1.17										
4.1.18										
Sub Total							0.00	0.00	0.00	

Budget Narrative:

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
5.1.1	Vehicle Rental Kismayo	1	1700	10	month	17,000.00	8,500.00	8,500.00	50.00
5.1.2	Vehicle Rental Dhobley	1	1700	12	month	20,400.00	12,240.00	8,160.00	40.00
5.1.3	Travel and per diem (NBO-MOG-Kismayo/Dhob)	2	1000	4	lumpsum	8,000.00	0.00	8,000.00	100.00
5.1.4									
5.1.5									
5.1.6									
5.1.7									
5.1.8									
5.1.9									
5.1.10									
5.1.11									
5.1.12									
5.1.13									
5.1.14									
5.1.15									
5.1.16									
5.1.17									
5.1.18									
Sub Total						45,400.00	20,740.00	24,660.00	

Budget Narrative:

F:6 Transfers and Grants to Counterparts

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
-6.1.1									
-6.1.2									
-6.1.3									
-6.1.4									
-6.1.5									
-6.1.6									
-6.1.7									
-6.1.8									
-6.1.9									
-6.1.10									
-6.1.11									
-6.1.12									
-6.1.13									
-6.1.14									

	6.1.15									
	6.1.16									
	6.1.17									
	6.1.18									
	Sub Total						0.00	0.00	0.00	
Budget Narrative:										
G:7 General Operating and Other Direct Costs	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	7.1.1	Communication Cost	1	1590	12	month	19,080.00	16,218.00	2,862.00	15.00
	7.1.2	Office rent	1	4000	12	month	48,000.00	45,600.00	2,400.00	5.00
	7.1.3	Utilities	1	2000	12	month	24,000.00	22,800.00	1,200.00	5.00
	7.1.4	Bank Charges	1	3000	1	lumpsum	3,000.00	0.00	3,000.00	100.00
	7.1.5	Stationary	2	1110	1	lumpsum	2,220.00	0.00	2,220.00	100.00
	7.1.6									
	7.1.7									
	7.1.8									
	7.1.9									
	7.1.10									
	7.1.11									
	7.1.12									
	7.1.13									
	7.1.14									
	7.1.15									
	7.1.16									
	7.1.17									
	7.1.18									
	Sub Total						96,300.00	84,618.00	11,682.00	
Budget Narrative:										
TOTAL							489,139.00	303,958.00	185,181.00	
H.8 Indirect Programme Support Costs	Code	Budget Line Description					Amount(USD)	Organization	CHF	%charged to CHF
	8.1.1	Indirect Programme Support Costs					0.00	0.00	12,962.67	7.00
	GRAND TOTAL							489,139.00	303,958.00	198,143.67
Other sources of funds										
	Description		Amount	%						
	Organization		303,958.00	60.54						
	Community		0.00	0.00						
	CHF		198,143.67	39.46						
	Other Donors	a)	0.00							
		b)	0.00							
	TOTAL		502,101.67							
LOCATIONS										
Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code	
Lower Juba	Afmadow	Dhobley	Capacity building, GBV awareness campaign, Health treatment and medical support for GBV	as described in the logframe, services for vulnerable population will be provided from Bosnia MCH	IDPs and host community	6000	0.40627	41.01238	NA-3716-Q12-001	

Lower Juba	Kismayo	Kismayo	Capacity building, GBV awareness campaign, Health treatment and medical support for GBV	as described in the logframe, activities for vulnerable populations will be provided from Bulo Abliko and Farjano MCH	IDPs and host community	12000	-0.36029	42.546261	SA-3801-J13-001
TOTAL						18,000			
DOCUMENTS									
Document Description									
1. Rapid assessment									
2. BOQ Protection									
3. 728- ARC- Budget & BoQ's									
4. Audit Letter- ARC- SA1 2015									