



## Project Proposal

Organization	IRC (International Rescue Committee)																															
Project Title	Enhancing the quality and accessibility of GBV service provision for Garowe IDPs																															
CHF Code	CHF-DDA-3485-730																															
Primary Cluster	Protection	Secondary Cluster																														
CHF Allocation	Standard Allocation 1 (Feb 2015)	Project Duration	12 months																													
Project Budget	199,995.16																															
HRP Details	HRP Code	SOM-15/P-HR-RL/71932	HRP Budget	630,661.00																												
	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>550</td> <td>900</td> <td>1,450</td> </tr> <tr> <td></td> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> <tr> <td></td> <td>120</td> <td>120</td> <td>240</td> </tr> <tr> <td></td> <th colspan="2">Total</th> <td><b>1,690</b></td> </tr> <tr> <td colspan="4"><b>Total beneficiaries include the following:</b></td> </tr> <tr> <td>Internally Displaced People</td> <td>526</td> <td>859</td> <td>1,385</td> </tr> </tbody> </table>				Marker	Men	Women	Total	Beneficiary Summary	550	900	1,450		Boys	Girls	Total		120	120	240		Total		<b>1,690</b>	<b>Total beneficiaries include the following:</b>				Internally Displaced People	526	859	1,385
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Implementing Partners	Partner	Budget																														
	Kaalo Aid & Development Organization	38,350.00																														
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Organization focal point contact details	<b>Name:</b> Felix Leger <b>Title:</b> Country Director <b>Telephone:</b> +07357562413 <b>E-mail:</b> felix.leger@rescue.org																															

### BACKGROUND INFORMATION

<p><b>1. Project rationale.</b> 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>	<p>Puntland currently hosts approximately 130,000 Internally Displaced Persons (IDPs) (OCHA, Snapshot, 01/2014), an estimated of 35% of which live in 16 sub-settlements in Garowe. Women and girls are extremely susceptible to gender based violence (GBV) in the IDP camps and violence remains largely unreported due to the cultural taboo of the subject. According to a recent GBVIMS report 3 rape cases per month are reported in IDP camps in Garowe on average. It is likely that this represents only a portion of the GBV that is actually taking place. To complement lifesaving interventions in Garowe IDP settlements, particularly Jowle and Ajuraan, scaling up services to address GBV and child protection is essential. A lack of services in Garowe exacerbates issues surrounding GBV. IRC seeks to increase the sustainability and quality of GBV service provision by focusing efforts on building the capacity of LNGOs and increasing access to services by: (1) partnering with Kaalo Aid &amp; Development Organization (KADO) in providing Clinical Care for Sexual Assault Survivors (CCSAS) and Case Management (CM), (2) facilitating CCSAS and CM trainings open to other LNGOs, and (3) supporting UNICEF standard operating procedures (SOPs) which enable thoughtful coordination and implementation. *Note that total number of targeted beneficiaries does not equal the number reflected in overall beneficiaries. This is because the latter includes the number of IRC, implementing partner, and LNGO staff trained.</p>
<p><b>2. Needs assessment.</b> 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>	<p>In Garowe, 2 local NGOs provide GBV response and prevention services and disseminate information related to GBV. IRC's Dec 2014 GBV assessment in Ajuraan and Jowle IDP camps of Garowe assessed protection concerns facing women and girls in the area. 5 focus group discussions (FGDs), 2 in Ajuraan and 3 in Jowle, took place with separate groups of females and males, as well as safety audits that assessed potential protection hazards in the IDP settlements. 100% of those interviewed indicated GBV is an existing issue and that very few survivors report cases. Public trust in local authorities to protect the safety and privacy of those who report and charge perpetrators is severely lacking. In examining the work of 2 LNGOs working in the area, IRC found both offer CM services without having ever or rarely received CM training. IRC found that they generally do not follow basic GBV international standards. Their capacity to raise awareness on service accessibility is also critically deficient as messages were often inappropriately adapted to the target audiences. CCSAS services were not offered and the only supplies are post rape treatment kits (PRTKs) that do not include all treatments required by the WHO Case Management for Rape (CMR) protocols. IRC will engage local authorities and the MOH as stakeholders in addressing GBV, work closely with the MOH and LNGOs to increase access to quality services, conduct community sensitization campaigns, and develop strong referral pathways.</p>
<p><b>3. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs</p>	<p>IRC is currently working in Kalkaal MCH (Burtinle/Nugaal) in collaboration with the MoH for the provision of reproductive health and CCSAS services including capacity building of clinical and non-clinical health staff, direct health care provision, community sensitization on GBV issues, and the importance of timely reporting of sexual assault incidents. IRC is actively involved in the WG at both national and field levels: IRC financially and technically contributed to the development of SOPs for the GBV WG in Garowe; supported the distribution of a service directory among key community members to enhance survivors' access to services and incident reporting rates; involved 14 LNGOs in a capacity building on CCSAS, CM, and referrals with the Garowe GBV WG; is co-leading with UNICEF the response section of the GBV WG 2014-2016 operational plan in Garowe; is co-chairing the CMR Task Force at the national level; developed a GBV Mainstreaming tool with INTERSOS; and hosted an open CCSAS training for WG members in Mogadishu. IRC's CCSAS training tool has been standardized across the WG. To address the above needs and gaps, IRC will focus on building the capacity of LNGOs to: 1) establish of a specific referral mechanism, organize CCSAS capacity building, and ensure the availability of CCSAS drugs and basic equipment in the health facilities; 2) ensure GBV survivors access to quality CM services; (3) increase community engagement of GBV survivors protection.</p>

### LOGICAL FRAMEWORK

<p><b>Objective 1</b></p>	<p>To enhance access to and quality of services for GBV survivors in Garowe IDP camps. Based on its experience in the area and the availability of GBV services therein, IRC believes that continuous technical support to Existing MCHs and LNGOs presents the best and most sustainable approach toward increasing GBV survivors' access to quality service provision.</p>
<p>Outcome 1</p>	<p>GBV survivors' access to competent, compassionate and confidential clinical care enhanced (in line with GBV WG 2014-2016 strategy's outcome 2.1). Currently, 2 health facilities (Garowe General Hospital and 1 Private Clinic-Dr. Habibo Clinic) are included in the Garowe GBV WG SOPs as the only health referral facilities available to GBV survivors. With this intervention and in coordination with other GBV implementing partners, IRC aims at enhancing 1) the accessibility of services, with a special consideration toward increasing the availability and proximity of services to IDP</p>

	communities, 2) enhancing the quality of CCSAS service delivery and 3) the availability of drugs/equipment in line with WHO guidelines.																
Activity 1.1	Organization of Clinical Care for Sexual Assault Survivors (CCSAS) capacity building opportunities. Management of mentoring sessions on CCSAS, improving service delivery, sharing challenges and successes and addressing practical issues for clinical and non-clinical staff from the 2 above-mentioned health facilities. Trainings will directly target the GBV staff of the LNGO "Kaalo Aid & Development" GBV. Due to their proximity to the communities, inclusion of community-based health facilities in the provision of CCSAS represents a critical point to enhance GBV survivors' access to service provision and to ensure appropriate follow up as per WHO guidelines.																
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Activity 1.3	Establish a specific referral mechanism among Kaalo Aid & Development Organization, Garowe General Hospital, GBV partners and IDPs in Garowe to increase access to services, scope of care available and follow up protocol adherence. An in-depth service mapping will be conducted by IRC GBV & Health staff to assess the level and the quality of health care provided in the different facilities (e.g. surgical intervention for fistula, HIV treatment availability), from which the health-facility referral mechanism will be informed on accurate service information. Referral mechanisms to ensure GBV survivors' access to other services (e.g. psychosocial) will be developed for each health facility based on Garowe GBV SOPs.																
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Outcome 2	GBV survivors' access to quality case management (CM) services is improved (in line with GBV WG 2014-2016 strategy outcome 2.2).																
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Outcome 3	GBV survivors' protection is enhanced through increased and targeted community engagement. (In line with GBV WG 2014-2016 strategy's outputs 1.1.2 and 2.2.1). The current unavailability of culturally appropriate and standardized IEC material together with the low capacity of local service providers to appropriately and effectively raise awareness on GBV topics represents a big challenge for GBV actors.																
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	<p>planning and mobilization. Activity 2.1 Conduct training for local case management service providers on CM guidelines and tools: IRC trainings and implementing partner implementation of CM. Activity 2.2 Technical support, supervision and case audits: Ongoing visits with implementing partner staff. Activity 2.3 Case Management Data will be collected and shared; Selected local CM organization will be trained to collect GBV related data through the GBVIMS: IRC will facilitate LINGOs data collection through the GBVIMS and sharing of monthly reports. Activity 3.1 Develop culturally appropriate health and case management IEC materials: Organize local collaboration, testing and printing. Activity 3.2 Conduct trainings for CHWs and CM staff on new IEC materials Activity 3.3 Conduct community sensitization campaigns: Develop tools, train, mobilize and assist LINGOs, CHWs.</p>																																																																						
<p>Project workplan for activities defined in the Logical framework</p>	<table border="1"> <thead> <tr> <th data-bbox="422 247 1104 304">Activity Description</th> <th data-bbox="1104 247 1169 304">Month 1-2</th> <th data-bbox="1169 247 1234 304">Month 3-4</th> <th data-bbox="1234 247 1299 304">Month 5-6</th> <th data-bbox="1299 247 1364 304">Month 7-8</th> <th data-bbox="1364 247 1429 304">Month 9-10</th> <th data-bbox="1429 247 1526 304">Month 11-12</th> </tr> </thead> <tbody> <tr> <td data-bbox="422 304 1104 472"><b>Activity 1.1</b> Organization of Clinical Care for Sexual Assault Survivors (CCSAS) capacity building opportunities. Management of mentoring sessions on CCSAS, improving service delivery, sharing challenges and successes and addressing practical issues for clinical and non-clinical staff from the 2 above-mentioned health facilities. Trainings will directly target the GBV staff of the LINGO "Kaalo Aid &amp; Development" GBV. 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X	X	X	X	X	<b>Activity 2.3</b> CM Data will be collected and shared into appropriate fora; Selected local CM organization will be trained to collect GBV related data on a regular basis through the GBV Information Management System (GBVIMS). The LINGO will be included as data-gathering agency into the already developed Garowe GBVIMS Information Sharing Protocol. IRC Somalia GBV Coordinator will ensure participation into the GBVIMS Task Force at the Nairobi level.		X	X	X	X	X	<b>Activity 3.1</b> Develop culturally appropriate health and case management IEC materials in coordination with the GBV WG to ensure consistent messaging and sharing of training resources. Based on programmatic lessons learned, social dynamics specific to Somalia, feedback from community representatives and its familiarity with the context, IRC program staff in collaboration with GBV WG members and health staff will develop IEC material in line with GBV and WHO international standards. Prior to finalization, the IEC material will be field-tested with a variety of community members to enhance its effectiveness and impact.		X	X				<b>Activity 3.2</b> Conduct trainings for CHWs and case management staff on newly developed IEC materials. Health and case management staff will be involved in specific trainings to enhance their capacity to safely and appropriately raise awareness among communities. Training's will concentrate on 1) approaches to awareness raising, 2) communication principles and strategies, 3) MAST (Message, Audience, Strategy and Timing), and 4) Monitoring and evaluation of awareness raising impact. As one practical outcome of the training, participants will develop concrete awareness raising action plans.			X				<b>Activity 3.3</b> Conduct community sensitization campaigns to enhance GBV survivors' access to quality health and case management services. Based on the awareness raising action plans developed during the training's outlined in activity 3.2, participants will conduct community sensitization campaigns among IDP and host communities in Garowe. Community sensitization campaigns will be evaluated before, during and after the implementation through different approaches (e.g., KAP surveys observations, interviews and focus groups).	X					X
Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12																																																																	
<b>Activity 1.1</b> Organization of Clinical Care for Sexual Assault Survivors (CCSAS) capacity building opportunities. Management of mentoring sessions on CCSAS, improving service delivery, sharing challenges and successes and addressing practical issues for clinical and non-clinical staff from the 2 above-mentioned health facilities. Trainings will directly target the GBV staff of the LINGO "Kaalo Aid & Development" GBV. Due to their proximity to the communities, inclusion of community-based health facilities in the provision of CCSAS represents a critical point to enhance GBV survivors' access to service provision and to ensure appropriate follow up as per WHO guidelines.	X	X																																																																					
<b>Activity 1.2</b> Provision of CCSAS drugs and basic equipment. The availability of Post Rape Treatment Kits (is a significant challenge in Somalia; PRTKs do not include all drugs and treatments outlined by WHO protocols and facilities (especially MCHs), and facilities do not have the necessary equipment to provide basic services. Under the proposed intervention and in close collaboration and coordination with UNFPA and the CMR Task Force (TF) members, IRC will ensure the availability of complete PRTKs and basic equipment for the facilities and training on the equipment during the capacity building activity (activity 1.1.).		X			X																																																																		
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**M & E DETAILS**

Activity Description	M & E Tools to use	Means of verification	<i>Month (s) when planned M &amp; E will be done</i>											
			1	2	3	4	5	6	7	8	9	10	11	12
<p><b>Activity 1.1</b> Organization of Clinical Care for Sexual Assault Survivors (CCSAS) capacity building opportunities. Management of mentoring sessions on CCSAS, improving service delivery, sharing challenges and successes and addressing practical issues for clinical and non-clinical staff from the 2 above-mentioned health facilities. Trainings will directly target the GBV staff of the LINGO "Kaalo Aid &amp; Development" GBV. Due to their proximity to the communities, inclusion of community-based health facilities in the provision of CCSAS represents a critical point to enhance GBV survivors' access to service provision and to ensure appropriate follow up as per WHO guidelines.</p>	<ul style="list-style-type: none"> <li>- Contact details</li> <li>- Data collection</li> <li>- Field visits</li> <li>- Photo with or without GPS data</li> </ul>	<p>-Training reports -Pictures -Pre &amp; post results -Health facilities books- Survivor databases</p>	X	X	X	X	X	X	X	X	X	X	X	X
	<ul style="list-style-type: none"> <li>- Data collection</li> <li>- Distribution monitoring</li> </ul>	<p>-Drugs database -Pictures with GBS data -Delivery notes</p>												



Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> <b>Activity 1.1:</b> Organization of Clinical Care for Sexual Assault Survivors (CCSAS) capacity building opportunities. Management of mentoring sessions on CCSAS, improving service delivery, sharing challenges and successes and addressing practical issues for clinical and non-clinical staff from the 2 above-mentioned health facilities. Trainings will directly target the GBV staff of the LNGO "Kaalo Aid & Development" GBV. Due to their proximity to the communities, inclusion of community-based health facilities in the provision of CCSAS represents a critical point to enhance GBV survivors' access to service provision and to ensure appropriate follow up as per WHO guidelines.
	<input checked="" type="checkbox"/> <b>Activity 1.2:</b> Provision of CCSAS drugs and basic equipment. The availability of Post Rape Treatment Kits (is a significant challenge in Somalia; PRTKs do not include all drugs and treatments outlined by WHO protocols and facilities (especially MCHs), and facilities do not have the necessary equipment to provide basic services. Under the proposed intervention and in close collaboration and coordination with UNFPA and the CMR Task Force (TF) members, IRC will ensure the availability of complete PRTKs and basic equipment for the facilities and training on the equipment during the capacity building activity (activity 1.1.).
	<input checked="" type="checkbox"/> <b>Activity 1.3:</b> Establish a specific referral mechanism among Kaalo Aid & Development Organization, Garowe General Hospital, GBV partners and IDPs in Garowe to increase access to services, scope of care available and follow up protocol adherence. An in-depth service mapping will be conducted by IRC GBV & Health staff to assess the level and the quality of health care provided in the different facilities (e.g. surgical intervention for fistula, HIV treatment availability), from which the health-facility referral mechanism will be informed on accurate service information. Referral mechanisms to ensure GBV survivors' access to other services (e.g. psychosocial) will be developed for each health facility based on Garowe GBV SOPs.
	<input checked="" type="checkbox"/> <b>Activity 2.1:</b> Conduct training for local CM service providers on CM guidelines and tools. The case management capacity building process will start with a 5-day theoretical refresher training. Although the LNGO participated in a CM training organized by IRC in 2013, the refresher trainings will concentrate on the main steps of CM and on the tools recently developed by the CM Task Force. Trainings will be open to other GBV WG members already operating in Garowe. Specific sessions on CM supervision will be organized for senior program staff (where available) or management staff.
	<input checked="" type="checkbox"/> <b>Activity 2.2:</b> Conduct regular technical support and supervision sessions with identified service providers. On-the-job technical support and supervision sessions will be conducted with the organizations' technical staff and supervisors. While respecting safe information practices IRC GBV staff will conduct case audits and discuss the CM process followed for individual care. IRC staff will also participate as observers in regular CM Meetings organized by the Kaalo Aid & Development Organization .
	<input checked="" type="checkbox"/> <b>Activity 2.3:</b> CM Data will be collected and shared into appropriate fora; Selected local CM organization will be trained to collect GBV related data on a regular basis through the GBV Information Management System (GBVIMS). The LNGO will be included as data-gathering agency into the already developed Garowe GBVIMS Information Sharing Protocol. IRC Somalia GBV Coordinator will ensure participation into the GBVIMS Task Force at the Nairobi level.
	<input checked="" type="checkbox"/> <b>Activity 3.1:</b> Develop culturally appropriate health and case management IEC materials in coordination with the GBV WG to ensure consistent messaging and sharing of training resources. Based on programmatic lessons learned, social dynamics specific to Somalia, feedback from community representatives and its familiarity with the context, IRC program staff in collaboration with GBV WG members and health staff will develop IEC material in line with GBV and WHO international standards. Prior to finalization, the IEC material will be field-tested with a variety of community members to enhance its effectiveness and impact.
	<input checked="" type="checkbox"/> <b>Activity 3.2:</b> Conduct trainings for CHWs and case management staff on newly developed IEC materials. Health and case management staff will be involved in specific trainings to enhance their capacity to safely and appropriately raise awareness among communities. Training's will concentrate on 1) approaches to awareness raising, 2) communication principles and strategies, 3) MAST (Message, Audience, Strategy and Timing), and 4) Monitoring and evaluation of awareness raising impact. As one practical outcome of the training, participants will develop concrete awareness raising action plans.
	<input checked="" type="checkbox"/> <b>Activity 3.3:</b> Conduct community sensitization campaigns to enhance GBV survivors' access to quality health and case management services. Based on the awareness raising action plans developed during the training's outlined in activity 3.2, participants will conduct community sensitization campaigns among IDP and host communities in Garowe. Community sensitization campaigns will be evaluated before, during and after the implementation through different approaches (e.g., KAP surveys observations, interviews and focus groups).

**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	Technical Staff M&E	1	225	18	days	4,050.00	0.00	4,050.00	100.00
	1.1.2	WPE coordinator	1	5054	12	months	60,648.00	45,667.94	14,980.06	24.70
	1.1.3									
	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						64,698.00	45,667.94	19,030.06		
<b>Budget Narrative:</b>										
<b>1.2 Local Staff</b>										
Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF	
1.2.1	Senior GBV manager	1	3351.6	12		40,219.20	23,729.33	16,489.87	41.00	
1.2.2	GBV officer	1	1473.64	12		17,683.68	0.00	17,683.68	100.00	
1.2.3	Field Manager - Garowe	1	3491.25	12		41,895.00	31,421.25	10,473.75	25.00	
1.2.4	Finance Officer - Garowe	1	1466.33	12		17,595.96	13,196.97	4,398.99	25.00	
1.2.5	Logs/Admin Assistant	1	941.64	12		11,299.68	8,474.76	2,824.92	25.00	
1.2.6										
1.2.7										
1.2.8										
1.2.9										
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										
<b>Sub Total</b>						128,693.52	76,822.31	51,871.21		
<b>Budget Narrative:</b>										
<b>B:2 Supplies, Commodities, Materials</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	2.1.1	CCSAS drugs	1	3517.32	1	lump sum	3,517.32	0.00	3,517.32	100.00
	2.1.2	KAP Survey	2	1550	1	lump sum	3,100.00	0.00	3,100.00	100.00
	2.1.3	IEC Material Field Testing	4	200	1	lump sum	800.00	0.00	800.00	100.00
	2.1.4	CCSAS Theoretical Training	1	3280	1	lump sum	3,280.00	0.00	3,280.00	100.00
	2.1.5	CCSAS Mentoring Sessions	4	826	1	lump sum	3,304.00	0.00	3,304.00	100.00
	2.1.6	Workshops	4	826	1	lump sum	3,304.00	0.00	3,304.00	100.00
	2.1.7	Case Management Theoretical Training	1	4272	1	lump sum	4,272.00	0.00	4,272.00	100.00
	2.1.8	Awareness Raising Theoretical Training	1	1502	1	lump sum	1,502.00	0.00	1,502.00	100.00
	2.1.9	Normal Visibility	1	700	1	lump sum	700.00	0.00	700.00	100.00
	2.1.10	IEC Material Development and Printing	1	2535	1	lumpsum	2,535.00	0.00	2,535.00	100.00
	2.1.11	Vehicle Rental -Garowe	2	2500	12	month	60,000.00	45,000.00	15,000.00	25.00
	2.1.12	Meetings & Conferences	1	648	4	quarter	2,592.00	1,944.00	648.00	25.00
	2.1.13									
2.1.14										
2.1.15										
2.1.16										
2.1.17										
2.1.18										

<b>Sub Total</b>							88,906.32	46,944.00	41,962.32	
<b>Budget Narrative:</b>										
<b>C:3 Equipment</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	3.1.1	Laptops	2	1400	1	pcs	2,800.00	0.00	2,800.00	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									
	<b>Sub Total</b>							2,800.00	0.00	2,800.00
<b>Budget Narrative:</b>										
<b>D:4 Contractual Services</b>	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										
<b>Sub Total</b>						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	Local Travel - Garowe	1	1207.34	12	Trips	14,488.08	10,866.06	3,622.02	25.00
5.1.2	Airfare - Monitoring Unit	1	2000	1	Trips	2,000.00	0.00	2,000.00	100.00	
5.1.3	Field Program Staff	1	1100	1	Trips	1,100.00	0.00	1,100.00	100.00	
5.1.4	Perdiem - Field Program Staff	7	45	5	Trips	1,575.00	0.00	1,575.00	100.00	
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										
<b>Sub Total</b>						19,163.08	10,866.06	8,297.02		

**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	Kaalo Aid & Development- staff & personnel	1	5500	1	lump sum	5,500.00	0.00	5,500.00	100.00
6.1.2	Kaalo Aid & Development- supplies, commodities, materials	1	32100	1	lump sum	32,100.00	0.00	32,100.00	100.00	
6.1.3	Kaalo Aid & Development- General operating & other costs	1	750	1	lump sum	750.00	0.00	750.00	100.00	
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										
	<b>Sub Total</b>						38,350.00	0.00	38,350.00		
<b>Budget Narrative:</b>											
<b>G:7 General Operating and Other Direct Costs</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF	
	7.1.1	Office rent - Nugaal Region	1	2000	12	months	24,000.00	18,000.00	6,000.00	25.00	
	7.1.2	Office Supplies - Garowe	1	1500.25	12	lump sum	18,003.00	13,502.25	4,500.75	25.00	
	7.1.3	Electricity -Nugaal Region	1	700	12	months	8,400.00	6,300.00	2,100.00	25.00	
	7.1.4	Water -Nugaal Region	1	215	12	months	2,580.00	1,935.00	645.00	25.00	
	7.1.5	Gas -Nugaal Region	1	85	12	months	1,020.00	765.00	255.00	25.00	
	7.1.6	Telephone charges - Nugaal Region	1	1000	12	months	12,000.00	9,000.00	3,000.00	25.00	
	7.1.7	Internet Charges - Nugaal Region	1	1500	12	months	18,000.00	13,500.00	4,500.00	25.00	
	7.1.8	Bank Fees Nugaal Region	1	1200	12	months	14,400.00	10,800.00	3,600.00	25.00	
	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										
		<b>Sub Total</b>						98,403.00	73,802.25	24,600.75	
<b>Budget Narrative:</b>											
	<b>TOTAL</b>						441,013.92	254,102.56	186,911.36		
<b>H.8 Indirect Programme Support Costs</b>	Code	Budget Line Description					Amount(USD)	Organization	CHF	%charged to CHF	
	8.1.1	Indirect Programme Support Costs					0.00	0.00	13,083.80	7.00	
	<b>GRAND TOTAL</b>							441,013.92	254,102.56	199,995.16	
<b>Other sources of funds</b>											
	<b>Description</b>		<b>Amount</b>	<b>%</b>							
	<b>Organization</b>		254,102.56	55.96							
	<b>Community</b>		0.00	0.00							
	<b>CHF</b>		199,995.16	44.04							
	<b>Other Donors</b>	<b>a)</b>	0.00								
		<b>b)</b>	0.00								
	<b>TOTAL</b>		<b>454,097.72</b>								
<b>LOCATIONS</b>											
<b>Region</b>	<b>District</b>	<b>Location</b>	<b>Standard Cluster Activities</b>	<b>Activity</b>			<b>Beneficiary Description</b>	<b>Number</b>	<b>Latitude</b>	<b>Longitude</b>	<b>P.Code</b>
Nugaal	Garowe	Garowe	Assessment/studies/surveys/profiling, Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	Enhancing the quality and accessibility of GBV service provision for Garowe IDPs through CCSAS, CM, service awareness, local capacity building, community protection and referral systems building.			IDPs and Host Community	1960	8.40635	48.48188	NC-3913-Q11-006
<b>TOTAL</b>								<b>1,960</b>			
<b>DOCUMENTS</b>											
<b>Document Description</b>											

1. Annex - Implementation Description
2. Garowe IDP GBV Assessment - December 14
3. Proposal Revision Submission Overview
4. Proposal Revision Submission Overview Version 2 - 4 Feb 2015
5. Revised BOQs - 4 Feb 2015
6. 10 March - Revised BoQs, Budget Tool, Budget Narrative
7. 10 March - Letter re: Proposed Budget Changes
8. Cooments on the budget -for quality check
9. Audit Letter- IRC- SA1 2015