



## Project Proposal

Organization	RI (Relief International UK)				
Project Title	Strengthening Protection Referral Pathways in Hiraan				
CHF Code	CHF-DDA-3485-731				
Primary Cluster	Protection	Secondary Cluster			
CHF Allocation	Standard Allocation 1 (Feb 2015)	Project Duration	12 months		
Project Budget	146,939.89				
HRP Details	HRP Code	SOM-15/P-HR-RL/71813	HRP Budget	1,358,422.00	
	HRP Project Ranking	A - HIGH	HRP Gender		
Project Beneficiaries			<b>Men</b>	<b>Women</b>	<b>Total</b>
	Beneficiary Summary		10	210	220
			<b>Boys</b>	<b>Girls</b>	<b>Total</b>
			0	0	0
		<b>Total</b>		<b>220</b>	
Implementing Partners					
Organization focal point contact details	<b>Name:</b> Shueyb Youb <b>Title:</b> East Africa Program Manager <b>Telephone:</b> +254739907684 <b>E-mail:</b> shueyb.youb@ri.org				
<b>BACKGROUND INFORMATION</b>					
<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)	Intensified fighting as a result of the AMISOM continued military offensive against al Shabaab (AS) in South Central Somalia has displaced thousands of civilians, disrupted agricultural production, and restricted the flow of trade. Maaxas district, located 125 kilometres from Beletweyne, was under AS control until March 2014. Despite its proximity to Beletweyne, no INGOs are currently present. The most recent inter-agency assessment, conducted in May 2014, reported there are no functional health centers in town, and that AS control over the southern side restricts market access and trade from Mogadishu. As a result, food commodities have "increased between 70% to 163%," reportedly the highest experienced in Maaxas in the last decade. No organization is supporting the protection of children and women, or monitoring GBV or other protection risks. Prevalence of FGM was reportedly high. There is a need to better understand the protection risks of women, youth, and other vulnerable groups and to ensure protection care is made available. In order to respond to the unmet humanitarian needs, RI proposes "Strengthening Protection Referral Pathways in Hiraan" a one-year integrated protection and health program in Maaxas. Through training sessions and workshops, RI will build the capacity of community institutions and the Somalia health workforce, strengthen protection referral pathways, and improve community awareness of protection issues.				
<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	Capacity: RI is currently implementing Girls Education Challenge, a DFID-funded project that aims to improve girls' access to education by mitigating protection risks, promoting community awareness, and sensitizing parents, teachers, and other stakeholders in education on the importance of gender equality. Part and parcel of RI's approach is low-profile GBV awareness raising and sensitization through "champions" selected at the community, school, and national levels. RI also manages three primary child and maternal health care clinics in Beletweyne. Gaps / Needs: Unmet protection and health needs were identified through a rapid assessment RI conducted in Hiraan region in May 2014 and November 2014. According to the majority (64%) of key informants and community leaders surveyed, children and youth are committing acts of violence. The inter-agency report also reported that an estimated 80 children had been abducted by al Shabaab. Conflict was most commonly gang-related (33%), civil violence (25%) or sexual violence (20%). The vast majority respondents (over 80%) in Hiran indicated they would first seek treatment and support for GBV from a health facility. Although RI was unable to collect primary quantitative data in Maaxas, the UN OCHA inter-agency mission assessment supplemented RI's findings.				
<b>3. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs	RI's proposed "Strengthening Referral Pathways in Hiraan" program will train 20 health staff in Maaxas and Beletweyne. Trainings will include: the clinical management of rape (CMR), GBV, mental health and psychosocial support, caring for child survivors of abuse, and caring for survivors of SGBV. RI will also provide stipends / incentives to community health and protection workers who will receive training on community outreach and awareness raising. Lastly, in collaboration with local health care workers, traditional healers, elders, and trained community health and protection workers, RI will initiate a low-profile GBV sensitization campaign. This campaign will aim to sensitize all service and care providers on the pathways and referral networks in place for GBV and SGBV. Throughout project implementation, RI will adhere to international guidelines on the clinical management of rape survivors. RI's interventions are closely in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming.				
<b>LOGICAL FRAMEWORK</b>					
<b>Objective 1</b>	To improve the treatment of rape and GBV at the facility and community-level in Hiraan				
Outcome 1	Improved capacity of local health care providers in clinical management of rape (CMR) and gender-based violence (GBV) management				
Activity 1.1	Conduct one baseline survey to assess capacity gaps of existing health care providers in GBV and CMR management. Identify a total of 20 health care providers to be trained in CMR and GBV management. Identify potential community champions and existing community outreach workers through a mapping and landscape assessment, community stakeholder consultation, and focus group discussions.				
Activity 1.2	Train 20 health professionals in the clinical management of rape (CMR). Selected health care providers in Maaxas will travel to RI-supported facilities in Beletweyne for a three-day exchange visit and workshop on CMR.				
Activity 1.3	Train 20 health professionals in GBV, SGBV and the caring of child survivors.				
<b>Indicators for outcome 1</b>		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>	
	Indicator 1.1	Health	Number of Assessments/surveys conducted	1	
	Indicator 1.2	Protection	Number of health professionals trained on the clinical management of rape (CMR)	20	
	Indicator 1.3	Protection	Number of health professionals trained on GBV, SGBV, and the caring of child survivors.	20	

Outcome 2	Strengthened referral pathways and linkages between health care providers in Hiraan			
Activity 2.1	Establish one GBV referral center which is equipped and supported according to international guidelines on CMR in Maaxas.			
Activity 2.2	Throughout the training, participants will be encouraged to identify potential "champions," or leaders of change in their community. Ten community volunteers / champions will be selected. A series of training workshops will be held for local health outreach workers / volunteers and champions from Maaxas. All participants will be trained in GBV awareness and sensitization, community outreach, and established referral pathways. Participants will visit health facilities, meet health staff, and receive a brief training on CMR so that they are better able to understand the importance of medical treatment and facility-based care.			
Activity 2.3				
Indicators for outcome 2		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>
	Indicator 2.1	Health	Number of health facilities supported	1
	Indicator 2.2	Food Security	Number of community volunteers trained on community outreach and GBV awareness raising	10
	Indicator 2.3			
Outcome 3	Enhanced community awareness and sensitization on GBV			
Activity 3.1	In collaboration with the local health care workforce, community volunteers and champions in Maaxas will conduct one GBV sensitization campaign, targeting local health care providers and traditional healers. This will be to sensitize all service and care providers on the pathways and referral networks in place for GBV, SGBV and children.			
Activity 3.2				
Activity 3.3				
Indicators for outcome 3		<b>Cluster</b>	<b>Indicator description</b>	<b>Target</b>
	Indicator 3.1	Protection	Number of people reached by campaigns conducted to inform communities on available services	200
	Indicator 3.2	Health		0
	Indicator 3.3			

**WORK PLAN**

Implementation: Describe for each activity how you plan to implement it and who is carrying out what

An experienced Protection Coordinator will oversee program delivery and be responsible for coordinating with other international and local agencies. RI will first conduct a capacity needs assessment on protection risks and health care service providers in Maaxas (Activity 1.1). Health staff from Beletweyne will assist the Program Coordinator in carrying out the survey. Mobile phones will be used to ease data collection and analysis. Once health staff have been identified in Maaxas, RI will then organize a training on CMR. The Program Manager or a trainer of trainers (TOT) will conduct and facilitate this training. RI will then conduct a SGBV and GBV training for local health care providers. This training will have a component on child protection. Volunteer champions will then be identified throughout the training (Activity 2.1 and 2.2). Facilities with trained health staff will be selected and equipped with PEP kits to ensure clinical criteria is met. Ten community volunteers will then be trained on awareness raising and community outreach (Activity 2.2). Finally, upon completion of the training sessions, a low-profile GBV sensitization campaign will be organized by trained community volunteers (Activity 3.1).

Project workplan for activities defined in the Logical framework	<b>Activity Description</b>	<b>Month 1-2</b>	<b>Month 3-4</b>	<b>Month 5-6</b>	<b>Month 7-8</b>	<b>Month 9-10</b>	<b>Month 11-12</b>	
	<b>Activity 1.1</b> Conduct one baseline survey to assess capacity gaps of existing health care providers in GBV and CMR management. Identify a total of 20 health care providers to be trained in CMR and GBV management. Identify potential community champions and existing community outreach workers through a mapping and landscape assessment, community stakeholder consultation, and focus group discussions.	X						
	<b>Activity 1.2</b> Train 20 health professionals in the clinical management of rape (CMR). Selected health care providers in Maaxas will travel to RI-supported facilities in Beletweyne for a three-day exchange visit and workshop on CMR.	X	X					
	<b>Activity 1.3</b> Train 20 health professionals in GBV, SGBV and the caring of child survivors.							
	<b>Activity 2.1</b> Establish one GBV referral center which is equipped and supported according to international guidelines on CMR in Maaxas.		X	X				
	<b>Activity 2.2</b> Throughout the training, participants will be encouraged to identify potential "champions," or leaders of change in their community. Ten community volunteers / champions will be selected. A series of training workshops will be held for local health outreach workers / volunteers and champions from Maaxas. All participants will be trained in GBV awareness and sensitization, community outreach, and established referral pathways. Participants will visit health facilities, meet health staff, and receive a brief training on CMR so that they are better able to understand the importance of medical treatment and facility-based care.			X	X			
	<b>Activity 2.3</b>			X	X			
	<b>Activity 3.1</b> In collaboration with the local health care workforce, community volunteers and champions in Maaxas will conduct one GBV sensitization campaign, targeting local health care providers and traditional healers. This will be to sensitize all service and care providers on the pathways and referral networks in place for GBV, SGBV and children.					X	X	
<b>Activity 3.2</b>								

**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		
<b>Activity 1.1</b> Conduct one baseline survey to assess capacity gaps of existing health care providers in GBV and CMR management. Identify a total of 20 health care providers to be trained in CMR and GBV management. Identify potential community	- Data collection - Survey	Data is geo-referenced and time-stamped through mobile phones.	X	X												



1.1.5									
1.1.6									
1.1.7									
1.1.8									
1.1.9									
1.1.10									
<b>Subtotal</b>						5,760.00	0.00	5,760.00	

**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	Protection Project Manager	1	2200	12	Month	26,400.00	0.00	26,400.00	100.00
1.2.2	Project Assistant	1	1200	12	Month	14,400.00	0.00	14,400.00	100.00
1.2.3	Community Mobilizer	1	800	12	Month	9,600.00	0.00	9,600.00	100.00
1.2.4	Admin / Finance Officer	1	835	5	Month	4,175.00	0.00	4,175.00	100.00
1.2.5	Logistics Assistant	1	1280	3.5	Month	4,480.00	0.00	4,480.00	100.00
1.2.6	Guard	3	350	12	Month	12,600.00	0.00	12,600.00	100.00
1.2.7									
1.2.8									
1.2.9									
1.2.10									
<b>Sub Total</b>						71,655.00	0.00	71,655.00	

**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	Monitoring and Evaluation Support	1	200	3	months	600.00	0.00	600.00	100.00
2.1.2	Capacity and needs assessment	1	1200	1	Lumpsum	1,200.00	0.00	1,200.00	100.00
2.1.3	CMR training	1	1500	1	Lumpsum	1,500.00	0.00	1,500.00	100.00
2.1.4	Training on SGBV, GBV, and caring of child survivors	1	1500	1	Lumpsum	1,500.00	0.00	1,500.00	100.00
2.1.5	Training for community outreach workers and champions	1	750	1	Lumpsum	750.00	0.00	750.00	100.00
2.1.6	Stipends for community outreach volunteers	10	130	4	Lumpsum	5,200.00	0.00	5,200.00	100.00
2.1.7	Vehicle Rental	1	2300	12	month	27,600.00	0.00	27,600.00	100.00
2.1.8	Equipment and materials for trainings/demonstrations	1	582	1	lumpsum	582.00	0.00	582.00	100.00
2.1.9									
2.1.10									
<b>Sub Total</b>						38,932.00	0.00	38,932.00	

**Budget Narrative:**

**C:3 Equipment**

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
3.1.1	Laptop Computer	2	750	1	Lumpsum	1,500.00	0.00	1,500.00	100.00
3.1.2	Mobile phones for monitoring visits	2	80	1	Lumpsum	160.00	0.00	160.00	100.00
3.1.3									
3.1.4									
3.1.5									
3.1.6									
3.1.7									

3.1.8										
3.1.9										
3.1.10										
<b>Sub Total</b>							1,660.00	0.00	1,660.00	

**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									
<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	Round Trip Flights to Field Sites (within Somalia)	2	500	1	Lumpsum	1,000.00	0.00	1,000.00	100.00
5.1.2	Flight to and from Nairobi for Program Coordinator	2	950	1	Lumpsum	1,900.00	0.00	1,900.00	100.00
5.1.3	Flight to and from Nairobi for Program Manager	2	950	1	Lumpsum	1,900.00	0.00	1,900.00	100.00
5.1.4									
5.1.5									
5.1.6									
5.1.7									
5.1.8									
5.1.9									
5.1.10									
<b>Sub Total</b>							4,800.00	0.00	4,800.00

**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									

6.6.10											
<b>Sub Total</b>							0.00	0.00	0.00		
<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	Rent	1	500	12	Months	6,000.00	0.00	6,000.00	100.00	
	7.1.2	Office supplies	1	150	12	Months	1,800.00	0.00	1,800.00	100.00	
	7.1.3	Electricity	1	100	12	Months	1,200.00	0.00	1,200.00	100.00	
	7.1.4	Water	1	50	12	Months	600.00	0.00	600.00	100.00	
	7.1.5	Communications	1	200	12	Months	2,400.00	0.00	2,400.00	100.00	
	7.1.6	Bank Transfer Costs	1	210	12	Months	2,520.00	0.00	2,520.00	100.00	
	7.1.7										
	7.1.8										
	7.1.9										
	7.1.10										
	<b>Sub Total</b>							14,520.00	0.00	14,520.00	
<b>Budget Narrative:</b>											
<b>TOTAL</b>							137,327.00	0.00	137,327.00		
<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	9,612.89	7.00	
	<b>GRAND TOTAL</b>							137,327.00	0.00	146,939.89	
<b>Other sources of funds</b>											
<b>Description</b>		<b>Amount</b>	<b>%</b>								
<b>Organization</b>		0.00	0.00								
<b>Community</b>		0.00	0.00								
<b>CHF</b>		146,939.89	100.00								
<b>Other Donors</b>		a)	0.00								
		b)	0.00								
<b>TOTAL</b>		<b>146,939.89</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>
Hiraan	Bulo Burto	Maxaas	Assessment/studies/surveys/profiling, Capacity building, GBV awareness campaign, GBV referral centres, Health treatment and medical support for GBV				Host, Returnees	220	4.39202	46.0884	NB-3815-Q24-001
<b>TOTAL</b>								<b>220</b>			
<b>DOCUMENTS</b>											
<b>Document Description</b>											
1. BOQ - Protection 1st Allocation (RI)											
2. Responses to OCHA Comments (RI)											
3. Comments on the budget that requires to be addressed - REVISED.xlsx											
4. Audit Letter- RI- SA1 2015											
5. 731 RI- Budget & BoQ's											