

Requesting Organization :	International Rescue Committee				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Protection	GBV	100.00			
		100			
Project Title :	Provision of emergency GBV services in South Gaalkacyo and Hobyo in Somalia				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Prot/INGO/4594		
Cluster :		Project Budget in US\$:	250,000.02		
Planned project duration :	8 months	Priority:			
Planned Start Date :	01/05/2017	Planned End Date :	31/12/2017		
Actual Start Date:	22/05/2017	Actual End Date:	22/01/2018		
Project Summary :	<p>The proposed project is designed to provide immediate lifesaving services and risk mitigation to GBV survivors and vulnerable women and girls through the following interventions: clinical care for sexual assault survivors (CCSAS), case management (CM); psycho social support (PSS) services including hotline services and in safe spaces with social networking and access to information regarding available GBV services. The IRC will also provide risk reduction through engaging community protection groups, distributing dignity kits, whistles and solar lanterns to vulnerable women and girls, and conducting safety audits and unconditional cash transfer to female headed households at risk of GBV, among other interventions. The proposed project will therefore increase accessibility, quality and coordination of GBV services for drought affected communities in Mudug region (Galkacyo south and Hobyo districts) and will directly be implemented by the IRC</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	555	4,148	410	1,565	6,678
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	166	1,244	124	469	2,003
People in Host Communities	389	2,904	286	1,096	4,675
Indirect Beneficiaries :					
12500					
Catchment Population:					
Link with allocation strategy :					
<p>The proposed project aligns with the integrated approach within the strategy. The IRC will provide timely and life saving services including CCSAS, Case management and Psycho social support services, which are integrated with health care. Activities for women and girls to build their network and provision of unconditional cash transfer to female headed households at risk of GBV directly integrates livelihood strategies for vulnerable women and girls, promoting early recovery and local integration. Furthermore, dignity kits will improve the hygiene of women and girls, therefore integrating health and WASH components. The IRC will increase community awareness by engaging community volunteers through radio programs, community sessions, training and dialogues to promote timely access and utilization of the available services.</p>					
Sub-Grants to Implementing Partners :					
Partner Name	Partner Type		Budget in US\$		
Other funding secured for the same project (to date) :					
Other Funding Source			Other Funding Amount		

Organization focal point :

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BACKGROUND**1. Humanitarian context analysis**

GBV remains a threat to public health and human rights programming in Somalia. Gender Based Violence Information Management System (GBVIMS) data for June, 2016, revealed that 1,956 new GBV incidents including 1,452 new incidents of sexual violence were reported during the second quarter of 2016 to 34 organizations providing services to GBV survivors in Somalia. 99% of all GBV reported cases were females, with physical violence being the highest at 51%, followed by rape at 17% and sexual assault at 14%. In terms of case context, intimate partner violence (IPV) accounted for 68%, followed by child abuse at 18% and harmful traditional practice, including FGM at 7% of all reported cases. 73% of the survivors reporting GBV are Internally Displaced People (IDP), 25% are from the host communities and the remaining 2% are returnees, refugees and asylum seekers. This indicates that women and girls, especially in the displaced population, are particularly at risk of GBV. The living conditions in which IDPs survive put women and girls at additional risk due to housing and latrines that lack any method to be secured like locks, a lack of lighting, minimal camp security (especially at night) and journeys outside of the camp to collect necessary resources such as firewood and water, and to earn a living. GBV incidents remain a significant protection concern in Mudug, Bari and Galgaduud regions with recent displacements recorded because of the drought. Women and children remain the most affected, living in very severe conditions and vulnerable to GBV (including IPV, sexual violence and increased harmful social norms such as early/forced marriage for girls). Most of the cases are reported to occur at night, when IDP settlements are plunged in darkness so there is need to reduce GBV risks by providing solar lanterns to the vulnerable women and girls.

The inter-agency monitoring of drought report in Galmudug indicates there is scarcity of water (with increased water prices selling between \$4-6), food and income. This has further increased vulnerability of women and girls to GBV as they travel long distance to collect water, exposing them to sexual violence, even if it is generally not documented and underreported.

2. Needs assessment

The needs of beneficiaries have been informed from the gender assessments by the IRC's Women's Protection and Empowerment program in Mudug, Banadir, Galgaduud and Nugaal from Oct 17th - 27th, 2016, the Inter-Agency Initial Drought Assessment for Galmudug, South Mudug and Galgaduud Regions from December 18th – 27th, 2016, and the GBVIMS Trends and Patterns of GBV in Somalia Report in June, 2016.

The IRC's assessment revealed still existing gaps in the provision of comprehensive, survivor-centered basic services, including post-rape care, CM and PSS. Much as there are service providers in the regions, there was still a gap in the quality of services. Health facilities remain inadequate to respond to survivors with quality life-saving interventions, such as CCSAS and PSS (including lack of confidential rooms for counselling GBV survivors). There were also further challenges with the level of women's access and utilization of available GBV services. 75% of women mentioned that there is fear of being identified as a GBV survivor due to stigma from the community, which is still a big issue in the community. The women recommended conducting community awareness about available services and community support towards GBV survivors to access and utilize these services. In addition, the women in Gaalkacyo recommended psychosocial support through already existing safe spaces to enable them to network and emotionally support each other, and engage in different activities. GBV incidents remain a significant concern with increased drought related displacement. The inter-agency monitoring of drought report further indicated that a lack of resources increases the vulnerability of women and girls to GBV since they travel long distances to collect water and firewood, exposing them to sexual abuse and rape. Besides, in some instances where men have migrated away with the livestock in search of pasture and water, women have been left behind with all family responsibilities and very little in terms of resources such as livestock. Their vulnerabilities have been exposed hence the increase exposure to sexual exploitation in an effort to access humanitarian assistance. This requires unconditional cash intervention to enable women provide food to their families and reduce further risks of GBV. More outreach services, including conducting safety audits to observe risks women and girls are exposed to, and providing protection items like solar lanterns, whistles and dignity kits were recommended by the women in these communities, especially with increased displacements due to the drought that have increased women's vulnerability to GBV.

3. Description Of Beneficiaries

The IRC will target drought-affected populations in Hobyo, and Gaalkacyo. 12,500 women and men, boys and girls will be reached indirectly through community based volunteers, community health workers (CHW) and radio campaigns. 6,678 beneficiaries (555 men, 4,148 women, 410 boys, and 1,565 girls) will be reached through direct participation in activities and services. While the majority seeking CCSAS and PSS services will be females due to their vulnerability to GBV, GBV services will be provided equally to women and girls, men and boys who experience GBV incidents, irrespective of their age groups. Protection items like solar lanterns and whistles will be distributed to identified women who are vulnerable to sexual assault at night due to poor lighting systems. Vulnerable women and girls (including GBV survivors) will be identified in these communities, who will be given dignity kits to maintain their hygiene status and dignity. Vulnerable female headed households will be selected by the community to benefit from unconditional cash transfer to provide basic needs for their families and reduce risks of sexually being exploited. Scaling up awareness raising and community based activities will prioritize male engagement, working with them as gatekeepers, and community protection networks who can recommend and support survivors' utilization of available services. These men will be selected by community members and leaders to represent their interests and it will be based on the level of trust and respect that each one holds in the community. Approximately 30% of the targeted beneficiaries will be displaced populations, while roughly 75% of those seeking services and PSS for GBV will be females.

4. Grant Request Justification

The IRC has been operating in Gaalkacyo since 2012, implementing GBV projects funded by ECHO and Irish Aid. However, the Irish Aid project ended in 2016, and currently the IRC has limited funding for protection activities in Mudug region. SWACEDA and KAALO as joint implementing partners have overwhelming needs from drought affected communities in Galgaduud and Bari regions respectively, but do not have funding to respond quickly to the plight of women and girls who are most affected by this environmental shock. Based on the needs of women and girls established from the assessments, the IRC is seeking to consolidate the expertise obtained from ECHO's current support of Gaalkacyo South Hospital in providing CCSAS, CM, and PSS services, and reach out to other displaced population in Gaalkacyo. SWACEDA and KAALO will also support case management and psychosocial support to GBV survivors, create awareness through community mobilization of available services and distribute protection items to vulnerable women and girls. This is intended to provide much needed support to at risk drought affected women and girls and survivors of GBV in Hobyo, Gaalkacyo, Dhusamareb and Bosaso through access to treatment and counselling and provision of psychosocial support through safe spaces (including context appropriate activities). The IRC will also engage community based structures in creating GBV awareness regarding available lifesaving services and putting in place risk mitigation measures to protect women and girls from further harm. The opportunity for the IRC, SWACEDA and KAALO to address these gaps in psychosocial service provision through direct CM and the establishment of a network of psychosocial first aid volunteers and CHWs is essential to not only provide support to survivors but to also help them navigate the referral mechanisms that will be put in place. Establishing a hotline in underserved, rural and drought-affected areas such as in Hobyo and Dhusamareb increases service providers' potential to provide information and facilitate survivors' access to health-sector supported CCSAS and psychosocial care within the necessary time periods. The IRC has expertise in cash transfer programming and will implement and oversee the registration of and distribution to all beneficiaries. The IRC will use Galaxy, an IRC-approved money transfer company, to disburse the funds, including baseline assessment, routine monitoring, post distribution monitoring and endline assessment to measure the impact of this intervention.

5. Complementarity

The IRC is already working in Gaalkacyo South to provide GBV services through funding from ECHO and DfID. This funding from CHF will provide the IRC, with much needed emergency support during this drought period.

LOGICAL FRAMEWORK

Overall project objective

Increase accessibility, quality and coordination of GBV services for drought affected communities in Mudug, Galgaduud and Bari regions. The IRC has extensive experience in the area and the availability of CCSAS, CM and PSS services therein. The IRC believes that building on existing structures in Gaalkacyo, and extending GBV emergency outreach services to present the best and comprehensive approach toward increasing GBV survivors' access to quality service provision.

Protection

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or natural disasters.	Somalia HRP 2017	100

Contribution to Cluster/Sector Objectives : The proposed project is aligned with Protection cluster objective that emphasizes provision of necessary support in a priority manner to all vulnerable persons and those with specific needs, including GBV survivors. Besides, it contributes to the humanitarian response plan and the Somalia GBV Working Group (GBV WG) strategy. This funding will supplement ECHO funding and support health facilities' provision of timely and quality CCSAS, PSS, and CM services, risk mitigation mechanisms and community sensitization on available services and help seeking behaviors of drought affected communities in Gaalkacyo and Hobyo.

Outcome 1

The IRC is currently supporting Gaalkacyo South Hospital as the only health referral facility available to GBV survivors. With this intervention, and in coordination with other GBV implementing partners, the IRC and aim to enhance the accessibility of GBV services, with a special consideration toward increasing the availability and proximity of services to drought affected communities, enhancing the quality of CCSAS service delivery, and increasing the availability of drugs/equipment in line with WHO guidelines (this will be provided through ECHO funding).

Output 1.1

Description

With the proposed activity, CCSAS services will be integrated into health care in Gaalkacyo South Hospital, with a GBV nurse who will provide clinical care services to GBV survivors. With supplemental funding from ECHO, the IRC will support the procurement and pre-positioning of essential CCSAS drugs and medical equipment for the treatment of GBV survivors in Gaalkacyo South Hospital, which will be in line with international guidelines and CCSAS standards. With support from UNFPA for post-rape kits.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					20

Means of Verification : Use of the GBVIMS

Activities

Activity 1.1.1

Standard Activity : Capacity building

The IRC will provide CCSAS refresher training and mentoring to supported health facilities. Health staff in Gaalkacyo South Hospital and GBV WG members will receive one refresher training, formal, on the job training, and continuous mentoring on CCSAS, caring for child survivors and caring for male survivors. The IRC technical team will continuously work with staff to establish goals, monitor performance, identify and correct problems, and proactively improve the quality of services. Weekly monitoring visits and case management meetings will be held to ensure challenges are addressed in a timely manner.

Activity 1.1.2

Standard Activity : Health treatment and medical support for GBV

The IRC will provide CCSAS equipment and supplies. Under the proposed intervention, and in close collaboration and coordination with UNFPA and the Clinical Management of Rape Task Force (CMR TF) members, and with supplemental funding from ECHO, the IRC will ensure the availability of complete post-rape treatment kits (PRTKs) and basic equipment for the facilities, and training on the equipment during the capacity building (mentoring and on job training).

Activity 1.1.3

Standard Activity : GBV referral centres

The IRC will establish a specific referral mechanism among the Gaalkacyo South Hospital, GBV partners, and IDPs/vulnerable communities in Gaalkacyo and Hobyo, to increase access to services, scope of care available and follow up on protocol adherence. An in-depth service mapping will be conducted by the IRC's 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. Referral mechanisms to ensure GBV survivors' access to other services (e.g. PSS) will be developed for each health facility based on Gaalkacyo GBV Standard Operating Procedures (SOPs).

Outcome 2

GBV survivors' access to quality case management (CM) services is improved (in line with GBV WG 2014-2016 strategy outcome 2.2). The IRC will provide CM services in Gaalkacyo South Hospital and outreach areas of Hobyo through hotline services provided by Case Workers.

Output 2.1

Description

GBV CM and PSS services are available for GBV survivors. CM and PSS services will be provided in Gaalkacyo South Hospital, and through outreach to drought affected communities in Hobyo. The IRC staff providing CM and PSS will receive On the job training and mentoring on a continuous basis. This process will rely on the quality CM monthly report tool. Caseworkers will be evaluated on a monthly basis by the Response Officer. Quarterly knowledge, skills and attitude assessments will be conducted with all staff who provide CM services, and mentoring plans will be developed to ensure improvement in any identified areas. The technical support and skills development training will include supervisory skills transfer during weekly, monthly, and quarterly assessments of staff. GBVIMS will be used by Case Workers who will receive technical support from the IRC on data analysis, quality monitoring and maintenance.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Protection	Percentage of GBV survivors who received complete CM and PSS in line with international standards					100

Means of Verification : Use of the GBVIMS

Indicator 2.1.2	Protection	Number of people reached by campaigns conducted to inform communities on available services					3,000
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Means of Verification : Number of attendees registered

Activities

Activity 2.1.1

Standard Activity : Psycho-social Support

The IRC will provide case management and psycho social services directly in Gaalkacyo South and Hobyo districts through trained Case Workers to facilitate psychosocial counselling to survivors and provide basic emotional support to the targeted drought affected communities. Hotline services will be provided to GBV survivors in Hobyo and other parts of Gaalkacyo South. This is to enable survivors from more rural and underserved drought-affected areas to access information about services and actions can be taken to provide services in a timely fashion. The hotline additionally provides a key way for survivors curious about services to access information in a manner that is anonymous, reducing the normal risks faced by survivors when deciding whether or not they want to seek services.

Activity 2.1.2

Standard Activity : GBV referral centres

The IRC will work with community women's groups, leaders and the Ministry of Women Development and Family Affairs to establish safe spaces for women and girls to strengthen their networks in Gaalkacyo South in 2016. Building on this, women and girls will further be engaged in focus group discussions to recommend context-appropriate psycho social activities that will build their social networks. In Hobyo, this will be a new approach requiring the engagement of relevant stakeholders to ensure women and girls can easily visit the space, seek information and support, and/or join in organized group activities. Key activities identified by women and girls in Gaalkacyo and included; tie-dye for cloth making, women's and girls' sessions, and a radio program for the voices of women. Women and girls in Hobyo will identify appropriate activities and will be supported by the IRC. More support will be needed for women who need sewing machines to build their skills, as well as connecting them with market opportunities within the region. Listening sessions will be conducted on a quarterly basis with women and girls in the form of focus group discussions to better understand how the intervention has benefited them and get their recommendations in order to improve the program.

Activity 2.1.3

Standard Activity : Psycho-social Support

In Gaalkacyo and Hobyo, a network of 15 community-based volunteers, including CHWs, will be trained and mentored through monthly meetings to be first points of contacts for GBV survivors within their communities. These volunteers will then be provided with training on GBV basic concepts, guiding principles, provision of psychosocial first aid and the referral mechanisms and pathways for their respective communities. After monitoring their progress and the level of knowledge/skills attained, they will be linked to safe spaces where women and girls will be engaged in psycho social support activities to increase support and awareness of their presence in the communities.

Outcome 3

Improved community protection mechanisms for women and girls in an emergency context. The IRC will provide technical support to community leaders, including ethnic clan leaders, religious leaders, and gate keepers who are involved in the community support to survivors and protective mechanisms for women and girls, with on the job training on GBV prevention and response. Action plans will be developed by these groups to ensure women are protected and supported when they go through violence in their communities. Cash transfers will be provided to female headed households at risks of GBV to promote protection against sexual exploitation due to lack of basic needs.

Output 3.1

Description

Communities, including women and girls, act to reduce the vulnerability of women and girls and support their timely and safe access to services. Different groups will be involved in risk reduction including community leader councils, gate keepers, women's groups and other community leaders.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					3,000
Means of Verification : Number of attendees registered							
Indicator 3.1.2	Protection	Number of individuals supported by solar lanterns reporting reduction of GBV risk					30
Means of Verification : Number of solar lanterns issued							
Indicator 3.1.3	Protection	Number of women and girls benefiting from dignity kits					100
Means of Verification : Use of the GBVIMS Number of dignity kits distributed							
Indicator 3.1.4	Protection	Number of women enabled to meet basic needs as a result of unconditional cash transfers					178

Means of Verification : Post distribution assessments and reports

Activities

Activity 3.1.1

Standard Activity : Capacity building

The IRC will support the work of 15 community leader councils to increase survivor-centered responses by community protection mechanisms. The IRC will work with communities in Gaalkacyo and Hobyo to establish and provide technical support to community leaders, including ethnic clan leaders and religious leaders to improve community support to survivors and protective mechanisms for women and girls. This will be done through on the job training on GBV prevention and response, and ensuring that their action plans are monitored and reviewed. Monthly meetings will be conducted with the 15 leaders during which the IRC will facilitate GBV discussion sessions on the risks that women and girls face. Based on findings, advocacy will be conducted with the camps' managers on issues that are raised.

Activity 3.1.2

Standard Activity : Dignity Kits

The IRC will procure and preposition protection items for vulnerable women and girls. Based on assessment reports, women's vulnerability is increased in the drought affected communities of Hobyo, Gaalkacyo, Dhushmareb and Bosaso due to poor lighting in the displaced camps and other protection and hygiene risks. The IRC, will procure and distribute solar lanterns and whistles to female-headed households and other women at risk of GBV due to poor lighting systems that expose them to sexual violence at night. In addition, the IRC, will procure dignity kits to be distributed to vulnerable women and girls who cannot afford basic hygiene items to maintain their human dignity.

Activity 3.1.3

Standard Activity : GBV awareness campaign

The IRC will develop information, education and communication (IEC) materials and conduct community awareness about GBV risks and available services. In consultation with the community and in coordination with the GBV WG, culturally appropriate health and case management IEC materials will be developed to ensure consistent messaging and sharing of training resources. Based on programmatic lessons learned, social dynamics specific to Somalia, feedback from community representatives and their familiarity with the context, the IRC, 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.

Activity 3.1.4

Standard Activity : Assessment/studies/surveys/profiling

The IRC, in collaboration with displaced community members, will conduct safety audits in camps to ascertain protection risks that can be used to inform and advocate for actions to address those risks. In addition, focus group discussions will be conducted with women and girls to further validate key protection issues that need immediate attention from stakeholders. Their priority protection concerns will be shared during protection meetings and also during monthly meetings that will be conducted with the community leaders (under activity 3.1.1).

Activity 3.1.5
Standard Activity : Material Support
<p>The IRC will implement cash transfer programming for vulnerable female headed households at risks of sexual exploitation and other GBV cases and oversee the registration of and distribution to all beneficiaries. The IRC will use Galaxy, an IRC-preapproved money transfer company, to disburse the funds. The IRC proposes to conduct two UCT distributions to 178 female headed households from the drought region of Mudug with 30% will be from the IDPs. Each household will receive 130 USD monthly for a period of 2 months, for 260 USD. With the proposed distribution schedule, the beneficiaries will be cushioned during the lean months as well as months when beneficiaries can restart their livelihood activities (particularly May, and July). The IRC proposes to provide 68% and 70%, respectively (130 USD) of the MEB under the proposed Action, as it is assumed that the beneficiary households may receive remittances from their families abroad or may have some other means. By providing only a share of the Minimum Expenditure Basket, the IRC is able to reach more beneficiaries. IRC field teams in collaboration with key community representatives and the relevant line ministry will develop the selection criteria. By ensuring a community-agreed approach to identifying the beneficiaries and with community leader buy-in, the security of the beneficiaries will be ensured. Upon finalization of the selection criteria, the community representatives and IRC staff will sign the beneficiary lists, and share with the community and the IRC Somalia head office based in Nairobi for auditing purposes. Once registered, the selected beneficiaries will receive UCT distribution identity cards with their picture and serial number, which will be used as identification during the cash distributions. To measure the impact of the UCT, the IRC will conduct a series of M&E activities, including a baseline, routine monitoring of field sites, post-distribution monitoring (PDM) and final end line assessment of results. The IRC will train enumerators on how to use the data collection tools and travel to field sites</p>
Additional Targets :

M & R
Monitoring & Reporting plan
<p>The IRC prioritizes effective planning, Monitoring & Evaluation (M&E) and reporting to ensure the needs of the beneficiaries are met. Quarterly action plans and monitoring tools will be developed by the Program Coordinator, M&E Manager and the program team as well as incorporating M&E plans for field staff, to track the progress of activities, outputs, achievements and challenges. The analysis of the data on a monthly and quarterly basis will inform decision making on program progress and strategies in terms of best practice and review of lessons learned in the course of implementation. The IRC will also conduct field monitoring visits, follow up with weekly work plans and monthly progress reports as well as through staff meetings, strategic planning sessions, community meetings and inter-agency coordination events. Communities' participation is encouraged through established feedback mechanisms. For quality assurance, the Technical Unit based in HQ will provide technical support to the program team.</p>

Workplan														
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1.1: The IRC will provide CCSAS refresher training and mentoring to supported health facilities. Health staff in Gaalkacyo South Hospital and GBV WG members will receive one refresher training, formal, on the job training, and continuous mentoring on CCSAS, caring for child survivors and caring for male survivors. The IRC technical team will continuously work with staff to establish goals, monitor performance, identify and correct problems, and proactively improve the quality of services. Weekly monitoring visits and case management meetings will be held to ensure challenges are addressed in a timely manner.	2017					X								
Activity 1.1.2: The IRC will provide CCSAS equipment and supplies. Under the proposed intervention, and in close collaboration and coordination with UNFPA and the Clinical Management of Rape Task Force (CMR TF) members, and with supplemental funding from ECHO, the IRC will ensure the availability of complete post-rape treatment kits (PRTKs) and basic equipment for the facilities, and training on the equipment during the capacity building (mentoring and on job training).	2017					X								
Activity 1.1.3: The IRC will establish a specific referral mechanism among the Gaalkacyo South Hospital, GBV partners, and IDPs/vulnerable communities in Gaalkacyo and Hobyo, to increase access to services, scope of care available and follow up on protocol adherence. An in-depth service mapping will be conducted by the IRC's 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. Referral mechanisms to ensure GBV survivors' access to other services (e.g. PSS) will be developed for each health facility based on Gaalkacyo GBV Standard Operating Procedures (SOPs).	2017					X	X	X	X					
Activity 2.1.1: The IRC will provide case management and psycho social services directly in Gaalkacyo South and Hobyo districts through trained Case Workers to facilitate psychosocial counselling to survivors and provide basic emotional support to the targeted drought affected communities. Hotline services will be provided to GBV survivors in Hobyo and other parts of Galkacyo South. This is to enable survivors from more rural and underserved drought-affected areas to access information about services and actions can be taken to provide services in a timely fashion. The hotline additionally provides a key way for survivors curious about services to access information in a manner that is anonymous, reducing the normal risks faced by survivors when deciding whether or not they want to seek services.	2017					X	X	X	X	X	X			

Activity 2.1.2: The IRC will work with community women's groups, leaders and the Ministry of Women Development and Family Affairs to establish safe spaces for women and girls to strengthen their networks in Gaalkacyo South in 2016. Building on this, women and girls will further be engaged in focus group discussions to recommend context-appropriate psycho social activities that will build their social networks. In Hobyo, this will be a new approach requiring the engagement of relevant stakeholders to ensure women and girls can easily visit the space, seek information and support, and/or join in organized group activities. Key activities identified by women and girls in Gaalkacyo and included; tie-dye for cloth making, women's and girls' sessions, and a radio program for the voices of women. Women and girls in Hobyo will identify appropriate activities and will be supported by the IRC. More support will be needed for women who need sewing machines to build their skills, as well as connecting them with market opportunities within the region. Listening sessions will be conducted on a quarterly basis with women and girls in the form of focus group discussions to better understand how the intervention has benefited them and get their recommendations in order to improve the program.	2017					X	X	X	X	X	X									
Activity 2.1.3: In Gaalkacyo and Hobyo, a network of 15 community-based volunteers, including CHWs, will be trained and mentored through monthly meetings to be first points of contacts for GBV survivors within their communities. These volunteers will then be provided with training on GBV basic concepts, guiding principles, provision of psychosocial first aid and the referral mechanisms and pathways for their respective communities. After monitoring their progress and the level of knowledge/skills attained, they will be linked to safe spaces where women and girls will be engaged in psycho social support activities to increase support and awareness of their presence in the communities.	2017					X	X	X	X	X	X									
Activity 3.1.1: The IRC will support the work of 15 community leader councils to increase survivor-centered responses by community protection mechanisms. The IRC will work with communities in Gaalkacyo and Hobyo to establish and provide technical support to community leaders, including ethnic clan leaders and religious leaders to improve community support to survivors and protective mechanisms for women and girls. This will be done through on the job training on GBV prevention and response, and ensuring that their action plans are monitored and reviewed. Monthly meetings will be conducted with the 15 leaders during which the IRC will facilitate GBV discussion sessions on the risks that women and girls face. Based on findings, advocacy will be conducted with the camps' managers on issues that are raised.	2017					X	X	X	X	X	X									
Activity 3.1.2: The IRC will procure and preposition protection items for vulnerable women and girls. Based on assessment reports, women's vulnerability is increased in the drought affected communities of Hobyo, Gaalkacyo, Dhusmareb and Bosaso due to poor lighting in the displaced camps and other protection and hygiene risks. The IRC, will procure and distribute solar lanterns and whistles to female-headed households and other women at risk of GBV due to poor lighting systems that expose them to sexual violence at night. In addition, the IRC, will procure dignity kits to be distributed to vulnerable women and girls who cannot afford basic hygiene items to maintain their human dignity.	2017					X	X													
Activity 3.1.3: The IRC will develop information, education and communication (IEC) materials and conduct community awareness about GBV risks and available services. In consultation with the community and in coordination with the GBV WG, culturally appropriate health and case management IEC materials will be developed to ensure consistent messaging and sharing of training resources. Based on programmatic lessons learned, social dynamics specific to Somalia, feedback from community representatives and their familiarity with the context, the IRC, 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.	2017					X	X	X	X	X	X									
Activity 3.1.4: The IRC, in collaboration with displaced community members, will conduct safety audits in camps to ascertain protection risks that can be used to inform and advocate for actions to address those risks. In addition, focus group discussions will be conducted with women and girls to further validate key protection issues that need immediate attention from stakeholders. Their priority protection concerns will be shared during protection meetings and also during monthly meetings that will be conducted with the community leaders (under activity 3.1.1).	2017					X	X	X												

<p>Activity 3.1.5: The IRC will implement cash transfer programming for vulnerable female headed households at risks of sexual exploitation and other GBV cases and oversee the registration of and distribution to all beneficiaries. The IRC will use Galaxy, an IRC-preapproved money transfer company, to disburse the funds. The IRC proposes to conduct two UCT distributions to 178 female headed households from the drought region of Mudug with 30% will be from the IDPs. Each household will receive 130 USD monthly for a period of 2 months, for 260 USD. With the proposed distribution schedule, the beneficiaries will be cushioned during the lean months as well as months when beneficiaries can restart their livelihood activities (particularly May, and July). The IRC proposes to provide 68% and 70%, respectively (130 USD) of the MEB under the proposed Action, as it is assumed that the beneficiary households may receive remittances from their families abroad or may have some other means. By providing only a share of the Minimum Expenditure Basket, the IRC is able to reach more beneficiaries. IRC field teams in collaboration with key community representatives and the relevant line ministry will develop the selection criteria. By ensuring a community-agreed approach to identifying the beneficiaries and with community leader buy-in, the security of the beneficiaries will be ensured. Upon finalization of the selection criteria, the community representatives and IRC staff will sign the beneficiary lists, and share with the community and the IRC Somalia head office based in Nairobi for auditing purposes. Once registered, the selected beneficiaries will receive UCT distribution identity cards with their picture and serial number, which will be used as identification during the cash distributions. To measure the impact of the UCT, the IRC will conduct a series of M&E activities, including a baseline, routine monitoring of field sites, post-distribution monitoring (PDM) and final end line assessment of results. The IRC will train enumerators on how to use the data collection tools and travel to field sites</p>	2017						X X
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OTHER INFO

Accountability to Affected Populations

The IRC together will involve the leaders in the community with the affected population in all planning and preparation related to the activities proposed. The IRC has maintained a strong relationship with the local government in Mudug, which will allow us to approach the community with acceptance from local leaders in order to gain the trust of the local community and provide the most effective services. In addition, feedback mechanisms will be put in place to involve beneficiaries in target communities. For example, listening sessions with women and girls in safe spaces will be conducted to get their feedback on services provided to them and recommendations for future programming.

Implementation Plan

At the start of the implementation, a work plan will be developed by the IRC, to enable monitoring of activity progress. Procurement of program items, including health facility supplies will be prioritized in the first quarter. Capacity At the start of the implementation, a work plan will be developed by the IRC to enable monitoring of activity progress. Procurement of program items, including health facility supplies will be prioritized in the first quarter. Capacity building of program staff, GBV working group and community volunteers will be conducted in the first and second quarters to ensure the right knowledge and skills are given to service providers to minimize any further harm to GBV survivors and affected communities. There will be continuous mentoring on CCSAS, CM and PSS, and monitoring of trained community volunteers to ensure quality and timely services are provided to the beneficiaries. The technical team will analyze the feedback from the monitoring and adjust programming accordingly. Provision of CCSAS, case management and psycho social care, including management of hotline services and activities in safe spaces, will be ongoing during the implementation period. GBVIMS will be utilized to collect and analyze trends to report GBV cases. Report will be done on a weekly and monthly basis by the IRC including provision of regular safe space attendance and activity records.

Establishment of community-based outreach activities in the first quarter will ensure that the wider community, including women, girls, boys and men are informed of where and how to access GBV services, and why it's important to support GBV survivors who seek to do so. Selection of UCT beneficiaries and distribution will be prioritized in the first quarter of the project to allow adequate time to monitor the implementation and its results on the beneficiaries.

Besides progress reports, the IRC will continuously get feedback from the community through different mechanisms (including survivor satisfactory survey, listening sessions with women and girls in safe spaces, feedback during community awareness and with community leaders) and UCT assessments for the results. This will further inform the progress and any changes that need to be incorporated for a successful programming.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender themes will be supported through the following: Data, training and other support related to GBV survivors is disaggregated by sex and age, as well as all other relevant characteristics. Also, IEC material will be developed on the basis of the different needs of men, women, girls and boys. Cash transfers will specifically target female headed households vulnerable to GBV. The project will regularly share the analysis on GBV patterns with all other relevant actors in the appropriate coordination mechanisms (e.g. GBV WG, Protection cluster, etc.) to respond appropriately to concerning trends.

Protection Mainstreaming

The IRC's Standards for Professional Conduct describe the core values that guide our work. This ensures that all of the IRC 's programming takes into account the safety and security of all our beneficiaries, ensures that the IRC and local partner staff do not discriminate against anyone and allows all those in need to access our services.

Country Specific Information**Safety and Security**

The security situation in Somalia is dynamic and fluctuates based on the influence of multiple actors, including government forces, local authorities, non-state actors and clan leaders. However, the IRC and the local partners are independent, neutral and impartial to the conflict in Somalia. Given the likelihood of rapid changes in the security situation, Nairobi-based staff receive daily updates from the field on the latest security situation. There are two specific security contexts that impact the IRC's areas of operations: the context in South Gaalkacyo and South Mudug, and North Gaalkacyo and North Mudug. This revolves around the division of Gaalkacyo town into south and north. As some of IRC's activities in Gaalkacyo occur in both the north and the south, security considerations are always taken into account before monitoring visits are undertaken to ensure staff safety.

Access

The IRC operates an office in Gaalkacyo and has full access to the area in which we intend to operate either directly or through partners.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Training of Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Contracts (with implementing partners)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. Other Direct Costs							
NA	NA	NA	0	0.00	0	0	0.00

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

19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
20. Staff and Other Personnel Costs							
1.1	GBV Nurse	D	1	843.22	8	100.00	6,745.76
	<i>The (Gender Based Violence) GBV Nurse, based in Gaalkacyo South Hospital will be paid \$843.22 monthly salary. This staff will provide CCSAS to GBV survivors for 8 Months</i>						
1.2	Case Worker	D	2	1,064.00	8	100.00	17,024.00
	<i>The Case Workers, based in Gaalkacyo South Hospital will be paid \$1,064 monthly salary. This staff will provide Case management in Hobyo district</i>						
1.3	Sr. Prevention Officer	D	1	1,815.45	8	20.00	2,904.72
	<i>The Senior Prevention Officer based in Gaalkacyo will be paid \$1,815.45 basic monthly salary charged at 20% to this grant per the IRC's shared cost methodology. This staff will work with community volunteers and leaders to implement risk mitigation activities</i>						
1.4	WPE technical Monitoring	D	1	500.00	10	100.00	5,000.00
	<i>The Technical monitoring and technical support team is responsible for ensuring that the IRC proposes sound activities in line with the organization as well as global standards, They also monitor the program to ensure that the activities are being carried out as planned. This monitoring will take place once over a period of 10 days charged at \$500 per day at 100%</i>						
1.5	Support staff costs	S	54	2,099.84	8	3.43	31,114.59
	<i>The main office support staff are responsible for ensuring that the organization's operations are running accordingly. The main office support staff comprises of the Country Director, Deputy Director of Programs, Finance, HR, supply chain and grants. The Gaalkacyo support staff are responsible for ensuring that the administration of the program activities are supported in Somalia are running accordingly. The Gaalkacyo office support staff comprises of the Field Coordinator, Finance, HR, supply chain and security staff. The average monthly cost for the support staff is \$2,099.84 charged for 8 months to this grant and allocated at 3.43% to this grant per the IRC's shared cost methodology</i>						
1.6	Response Officer	D	1	1,396.50	8	25.00	2,793.00
	<i>The response officer will provide capacity building on Case management, supervise GBV Nurse and Case Workers to ensure quality and timely response services are provided to GBV survivors and will ensure appropriate psycho social activities are implemented with women and girls in safe spaces and will be paid \$1,396.50 per month for 8 months charged to this grant at 25% per the IRC's shared program cost methodology</i>						
	Section Total						65,582.07
21. Supplies, Commodities, Materials							
2.1	CCSAS refresher training for health staff	D	1	1,500.00	1	100.00	1,500.00
	<i>One training on clinical care for sexual assault survivors (CCSAS) will be held for 22 health workers at an estimated cost of \$1,500 per training to cover the cost of meals, stationery, banners and hall rental. The IRC will provide CCSAS refresher training and mentoring to supported health facilities. Health staff in Gaalkacyo South Hospital and GBV Working Group members will receive one refresher training, formal, on the job training, and continuous mentoring on CCSAS, caring for child survivors and caring for male survivors</i>						
2.2	PFA training for community volunteers in Hobyo	D	1	2,000.00	1	100.00	2,000.00
	<i>One training on Psycho social First Aid (PFA) will be held for 25 community volunteers at an estimated cost of \$2,000 per training to cover the cost of meals, stationery, banners and hall rental. These volunteers will be provided with training on GBV basic concepts, guiding principles, provision of psychosocial first aid and the referral mechanisms and pathways for their respective communities. After monitoring their progress and the level of knowledge/skills attained, they will be linked to safe spaces where women and girls will be engaged in psycho social support activities to increase support and awareness of their presence in the communities.</i>						
2.3	Procurement of dignity kits	D	100	140.00	1	100.00	14,000.00
	<i>100 Dignity kits will be procured at a cost of \$140 per dignity kit for a total of \$14,000. Dignity kits will improve the hygiene of women and girls, therefore integrating health and WASH components to this grant</i>						
2.4	Procurement of solar lanterns	D	30	1,400.00	1	100.00	42,000.00
	<i>30 solar lanterns will be procured at a cost of \$1,400 for a total of \$42,000. Since most of the cases are reported to occur at night, when IDP settlements are plunged in darkness, there is need to reduce GBV risks by providing solar lanterns to the vulnerable women and girls.</i>						
2.5	Hotline maintenance	D	1	4,080.00	1	100.00	4,080.00

	<i>The hotline maintenance costs covers 24 hrs monitoring of the hotline maintenance for 8 months including monthly airtime and information sharing materials for hotline awareness. The hotline provides a key way for survivors curious about services to access information in a manner that is anonymous, reducing the normal risks faced by survivors when deciding whether or not they want to seek services.</i>						
2.6	Case management and referrals	D	1	6,561.00	1	100.00	6,561.00
	<i>Case management and referrals have been estimated at lumpsum of \$6,561 for survivor transport to health facility, meals and other critical material needs of survivors. Targeting</i>						
2.7	Safe space activities	D	1	7,200.00	1	100.00	7,200.00
	<i>This includes \$3,000 estimated for establishment and maintenance of safe spaces (cleaning and small rehabilitation needed) and \$4,200 estimated for purchase of items for women and girls (tie and dye, henna, radio program etc)</i>						
2.8	Incentives for community volunteers	D	30	50.00	3	100.00	4,500.00
	<i>30 Community volunteers will be paid an incentive of \$50 for 3 months. Community Volunteers will be linked to safe spaces where women and girls will be engaged in psycho social support activities to increase support and awareness of their presence in the communities.</i>						
2.9	Community leader council meetings	D	1	402.00	3	100.00	1,206.00
	<i>An amount of \$402 will be used to purchase refreshments for three meetings with GBV sessions and follow up on action plans with community leaders. The IRC anticipates having at least 22 community leaders per meeting</i>						
2.10	Development of IEC/BCC materials for GBV awareness	D	1	1,500.00	1	100.00	1,500.00
	<i>An amount of \$1,500 has been budgeted for developing and designing GBV Information, Education & Communication (IEC) materials needed for community awareness on available services and risk mitigation per the BOQ attached for 22 participants</i>						
2.11	Safety Audits	D	2	450.00	1	100.00	900.00
	<i>IRC will carry out safety audits to observe risks women and girls are exposed to, and providing protection items for an amount of \$450 per audit for Transport, stationary and refreshment @450 for 2 safety audits conducted by staff and community volunteers per the BOQ attached</i>						
2.12	Listening sessions with women and girls	D	4	250.00	1	100.00	1,000.00
	<i>IRC will carry out end Listening sessions for women and girls for feedback from women and girls regarding protection issues for the 4,418 women and 1,565 girls targeted by this project. These listening sessions are based on the number of women and girls who will attend the listening sessions and are beneficiary driven. From experience around 20-25 women attend the sessions per the BOQ provided</i>						
2.13	GBV services awareness/community mobilization	D	1	1,500.00	1	100.00	1,500.00
	<i>IRC will carry out community mobilization sessions for awareness raising in the community regarding GBV issues. From experience around 20-25 women attend the sessions per the BOQ provided</i>						
2.14	Emergency unconditional cash transfer (UCT) for vulnerable female headed H/Hs	D	178	130.00	2	100.00	46,280.00
	<i>2 UCT distribution at \$130@household for 178 female headed households</i>						
2.15	Money transfer fees for UCT	D	1	46,280.00	1	5.00	2,314.00
	<i>Transfer fees at 5% of funds transferred (\$46,280) charged by transfer agent.</i>						
2.16	UCT Assessments	D	2	1,500.00	1	100.00	3,000.00
	<i>This cost will cover end line and baseline assessments for UCT</i>						
	Section Total						139,541.00
22. Equipment							
3.1	Hotline phones	D	2	100.00	1	100.00	200.00
	<i>2 hotline phones at \$100 each for Galkacyo and Hobyo to be used by Case worker and GBV Nurse respectively</i>						
3.2	Clinic equipment	D	1	3,500.00	1	100.00	3,500.00
	<i>A lumpsum estimated cost of \$3,500 for clinic items including; cabinets for keeping confidential case files, chairs, table, mats, water + tablets and cleaning items</i>						
	Section Total						3,700.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
24. Travel								
5.1	Local travel operations	S	1	1,500.00	8	24.00		2,880.00
	<i>This will cover the cost of transporting staff within South Gaalkacyo budgeted for at \$1,500 per month for 8 months and charged to this grant at 24% per the IRC's shared program cost methodology</i>							
5.2	Local travel Gaalkacyo (program)	D	3	550.00	1	100.00		1,650.00
	<i>This cost will cater for travel cost for WPE staff within Gaalkacyo at \$550 per person charged at 100% to this grant per the IRC's shared cost methodology</i>							
5.3	Local travel Hobyo (program)	D	1	150.00	8	100.00		1,200.00
	<i>This cost will cater for travel cost for WPE staff within Hobyo at \$150 per person charged at 100% to this grant for 8 months</i>							
5.4	Regional International Travel (operations)	S	8	1,400.00	1	23.41		2,621.92
	<i>This cost will cover the cost of travel between Nairobi and Gaalkacyo for operations staff allocated at 23.41% to this grant per the IRC's shared cost methodology</i>							
5.5	Vehicle hire (Gaalkacyo)	D	3	2,100.00	8	9.00		4,536.00
	<i>The IRC hires 3 vehicles in Gaalkacyo at a cost of \$2,100 each for 8 months charged to this grant at 9% per the IRC's shared program costs</i>							
5.6	Vehicle maintenance	S	3	525.00	8	2.00		252.00
	<i>Vehicle maintenance for 3 vehicles charged at \$525 per month for 8 months allocated to this grant at 2% per the IRC's shared cost methodology</i>							
	Section Total							13,139.92
25. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0		0.00
	NA							
	Section Total							0.00
26. General Operating and Other Direct Costs								
7.1	Office, warehouse and Guesthouse rent	S	3	3,970.00	8	3.51		3,344.33
	<i>The rental costs for the office, guest house and storage warehouses has been charged at 3,970 for 8 months charged to this grant at 3.51% per the IRC's shared program cost methodology. The IRC maintains an office , warehouse and guesthouse in Nairobi and Gaalkacyo South. The offices are used for the day to day operations of the organization, the warehouses store program and office supplies and the guesthouses house program staff during work related travel outside their official posts.</i>							
7.2	Utilities	S	1	2,000.00	8	5.50		880.00
	<i>Utility costs for the organization facilities for 8 months has been charged at \$2000 per month allocated at 5.5% per the IRC's shared program cost methodology</i>							
7.3	Communication	S	1	5,125.00	8	5.72		2,345.20
	<i>Communication costs such as Internet, telephone, airtime and postage have been charged for 8 months at a cost of 5125 per month and allocated to this grant at 5.72% per the IRC's shared cost methodology</i>							
7.4	Office and equipment maintenance	S	1	1,900.00	8	4.95		752.40
	<i>Maintenance costs have been charged for 8 months at a cost of \$1,900 per month and allocated to this grant at 4.95% per the IRC's shared cost methodology</i>							
7.5	Office supplies and consumables	S	1	2,908.60	8	6.68		1,554.36
	<i>Office supplies and consumables such as printing paper, stationery , printer ink etc have been charged to this grant at \$2,908.6 per month for 8 months allocated at 6.68% per the IRC's shared cost methodology</i>							
7.6	Software costs	S	3	3,500.00	1	2.00		210.00
	<i>Software costs have been charged for once for 3 units at a cost of \$3,500 and allocated to this grant at 2.00% per the IRC's shared cost methodology</i>							

7.7	Bank charges	S	1	3,500 .00	8	9.27	2,595.60
<i>Bank costs have been charged for 8 months at a cost of \$3,500 per month and allocated to this grant at 9.27% per the IRC's shared cost methodology</i>							
Section Total							11,681.89
SubTotal			448.00				233,644.88
Direct							185,094.48
Support							48,550.40
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							16,355.14
Total Cost							250,000.02

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Gaalkacyo	67	245	2,090	205	782	3,322	
Mudug -> Hobyo	33	310	2,058	205	783	3,356	

Documents

Category Name	Document Description
Project Supporting Documents	A sample of BOQ.xlsx
Budget Documents	Bill of Quantity for IRC Somalia - March 30 2017.xlsx
Budget Documents	BOQ for IRC Somalia - April 19 2017.xlsx
Budget Documents	IRC Cash compliance Memo.pdf
Grant Agreement	HC sugned IRC GA 4594.pdf
Grant Agreement	IRC Signed agreement.pdf