© OCHA Coordination Saves Lives							Pro	ect Prop	oosa
Organization	RI (Relief International	al UK)							
Project Title	Strengthening Protect		l Pathways in	Hiraan					
CHF Code	CHF-DDA-3485-731	don receiva	ii i aliiways iii	Tillaali					
	Protection			Socondary Clust	or.				
Primary Cluster CHF Allocation		I (Ech 2015)		Secondary Clust	ei 		12 mont	ho.	
	Standard Allocation 1	i (Feb 2015)	·	Project Duration			12 1110111	115	
Project Budget	146,939.89	2014	1.45/D	LIDD Dodgest	4 250 400 00				
HRP Details	HRP Code		I-15/P- RL/71813	HRP Budget	1,358,422.00				
	HRP Project Ranking	1 A - H	IIGH	HRP Gender					
Project Beneficiaries		,		Marker Men	Women	Total			
	Beneficiary Summar	rv		10	210		220		
		.,		Boys	Girls	Total			
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				Total			220		
mplementing Partners									
Organization focal point contact details	Name: Shueyb Youb	Title: Eas	st Africa Progra	am Manager					
uetalis	Telephone: +254739	9907684 E -	-mail: shueyb	.youb@ri.org					
BACKGROUND INFORMATION									
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arget region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs LOGICAL FRAMEWORK Objective 1 Dutcome 1 Activity 1.1	was under AS contro assessment, conduct market access and tr experienced in Maxarisks. Prevalence of F. groups and to ensure Referral Pathways in the capacity of commawareness of protect Capacity: RI is currer protection risks, prom gender equality. Part community, school, a protection and health to the majority (64%) also reported that an w%) or sexual violence a health facility. Altho supplemented RI's fir RI's proposed "Streng clinical management SGBV. RI will also protection and networks management of rape protection mainstrear. To improve the treatm Improved capacity of Conduct one baseling care providers to be through a mapping at Train 20 health profein Beletweyne for a the Train 20 health profein Train 20 he	I until March led in May 2' and e from Mc as in the last FGM was reperotection of the last FGM was reperoted for institution issues. The last part of the last	agricultural pre 2014. Despiti va 2014. Despiti va 2014. Despiti va 2014. Pespiti va 1014. reported ogadishu. As a t decade. No oportedly high. Care is made a ne-year integrations and the summity awarene of RI's approal levels. RI also is identified thromants and core of children hace vast majority unable to collection of RI's approal of RI's intervention with a care provider assess capacid MR and GBV at the care provider assess capacid RI's intervention with a care provider assess capacid RI's and GBV at the care provider assess capacid RI's and GBV at the care provider assess capacid RI's and GBV are assessment and change visit are care provider assessment and care are a care and car	oduction, and restricte e it's proximity to Bele there are no function a result, food commor organization is supported in the survey of the su	ed the flow of trade. Maabueyne, no INGOs are all health centers in towr dities have "increased briting the protection of chetter understand the protespond to the unmet health program in Maaxabree, strengthen protection of chetter understand the protespond to the unmet health program in Maaxabree, strengthen protection of awareness raising and arents, teachers, and ot awareness raising and ary child and maternal health RI conducted in Hile eyed, children and yout I Shabaab. Conflict was 0%) in Hiran indicated the data in Maaxas, the land will train 20 health staff bosocial support, caring for and protection workers kers, traditional healers, its campaign will aim to a text implementation, RI which in which relevant cluster price unity-level in Hiraan ment of rape (CMR) and ealth care providers in Grotential community childer consultation, and for MR). Selected health care.	axas district, located currently present. The control of the tween 70% to 163% and the tween 70% to 163% aldren and women, coetion risks of wome manitarian needs, Res. Through training son referral pathways on referral pathways that aims to improve ging the restakeholders in esensitization through ealth care clinics in the case of the care committing actions and region in May 20 are committing actions to commonly garely would first seek to JN OCHA inter-ager in Maaxas and Beleon child survivors of a who will receive trail elders, and trained sensitize all service all adhere to internationation and approached the sensitize and approached gender-based violents.	1125 kilone most roll of very thing the most roll of very thing. The most roll of the most	metres from Belet ecent inter-agenc a southern side re edly the highest ring GBV or other, and other vulner so "Strengthening and workshops, Forove community on on the important ince. The inter-age 1 (33%), civil viole and support for 0 on assessment. Trainings will include and caring for survivormunity outreatity health and proprovides on the clelines on the clin the grate gender and on a support for 0 on assessment.	weyne, cy estricts r protection and continued are continued as a continued as a continued are continued as a continued as a continued as a continued are continued as a
arget region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs LOGICAL FRAMEWORK Objective 1 Dutcome 1 Activity 1.1	was under AS contro assessment, conduct market access and tr experienced in Maxarisks. Prevalence of Ingroups and to ensure Referral Pathways in the capacity of commawareness of protect Capacity: RI is currer protection risks, prom gender equality. Part community, school, a protection and health to the majority (64%) also reported that an %) or sexual violence a health facility. Altho supplemented RI's fir RI's proposed "Streng clinical management SGBV. RI will also prowawareness raising. Liworkers, RI will initiat and referral networks management of rape protection mainstrear To improve the treating Improved capacity of Conduct one baseling care providers to be to through a mapping an Train 20 health profesin Beletweyne for a the Train 20 health profesin Conduct one baseling care providers to be to the selection of the select	I until March led in May 2' and e from Mo as in the last FGM was rep protection or Hiraan" a or unnity institution issues. Intly implementating command parcel or and national I needs were of key informestimated 86 (20%). The bugh RI was indings. In the stippen of the protection of	agricultural pre 2014. Despitic 1014. Pespitic 1014	oduction, and restricte e it's proximity to Bele there are no function a result, food commor organization is supported in the survey of the su	ed the flow of trade. Maabueyne, no INGOs are all health centers in towr dities have "increased butter understand the protection of chatter understand the protespond to the unmet husealth program in Maaxabree, strengthen protection of chatter understand the protection of chatter understand the protection of the unmet husealth program in Maaxabree, strengthen protection wareness raising and any child and maternal health children and yout I Shabaab. Conflict was 50%) in Hiran indicated the data in Maaxas, the law was a conflict was 50% in Hiran indicated the data in Maaxas, the law was solved in the well of the was solved in the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the well of the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the was solved in Hiran indicated the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the w	axas district, located currently present. The control of the tween 70% to 163% and the tween 70% to 163% aldren and women, coetion risks of wome manitarian needs, Res. Through training son referral pathways on referral pathways that aims to improve ging the restakeholders in esensitization through ealth care clinics in the case of the care committing actions and region in May 20 are committing actions to commonly garely would first seek to JN OCHA inter-ager in Maaxas and Beleon child survivors of a who will receive trail elders, and trained sensitize all service all adhere to internationation and approached the sensitize and approached gender-based violents.	1125 kilone most roll of very thing the most roll of very thing. The most roll of the most	metres from Belet ecent inter-agenc a southern side re edly the highest ring GBV or other, and other vulner so "Strengthening and workshops, Forove community on on the important ince. The inter-age 1 (33%), civil viole and support for 0 on assessment. Trainings will include and caring for survivormunity outreatity health and proprovides on the clelines on the clin the grate gender and on a support for 0 on assessment.	weyne, cy estricts r protection and the control of
target region based on newest data available (indicate source)	was under AS contro assessment, conduct market access and trexperienced in Maxarisks. Prevalence of Figroups and to ensure Referral Pathways in the capacity of commawareness of protect Capacity: RI is currer protection risks, promigender equality. Part community, school, a protection and health to the majority (64%) also reported that an %) or sexual violence a health facility. Altho supplemented RI's fir RI's proposed "Streng clinical management SGBV. RI will also proposed awareness raising. Luworkers, RI will initiat and referral networks management of rape protection mainstrear. To improve the treatm Improved capacity of Conduct one baseling care providers to be to through a mapping and Train 20 health professin Beletweyne for a the Train 20 health professin Beletweyne for a the Indicator 1.1 Health and reference and the profession below the profession and the profession	I until March led in May 20 and from Mo as in the last FGM was reperotection of the protection of the last FGM was reperotection of the protection of the last FGM was reperotection of the last FGM was reperoted for in the last FGM was reperted for the last FGM was reperted fo	agricultural pre 2014. Despiti va 12014. Despiti va 12014. Despiti va 12014. Despiti va 12014. Pospiti va 12014. As a tidecade. No oportedly high. Care is made a ne-year integritions and the sunting Girls Editunity awarene of RI's approalevels. RI also a identified thromants and coround the collection of the collecti	oduction, and restricte e it's proximity to Bele there are no function a result, food commoc organization is suppo There is a need to be available. In order to I available and sess, and sensitizing p ch is low-profile GBV manages three prim ough a rapid assessn munity leaders surv d been abducted by a respondents (over 80 ect primary quantitativ ys in Hiraan" program tal health and psycho to to community health local health care wor tization campaign. Th BV. Throughout proje ns are closely in line the facility and commu- try gaps of exisiting he management. Identify to, community stakeho nagement of rape (CM and workshop on CMR and the caring of child in coription sessments/surveys of	ed the flow of trade. Maabueyne, no INGOs are all health centers in towr dities have "increased butter understand the protection of chatter understand the protespond to the unmet husealth program in Maaxabree, strengthen protection of chatter understand the protection of chatter understand the protection of the unmet husealth program in Maaxabree, strengthen protection wareness raising and any child and maternal health children and yout I Shabaab. Conflict was 50%) in Hiran indicated the data in Maaxas, the law was a conflict was 50% in Hiran indicated the data in Maaxas, the law was solved in the well of the was solved in the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the well of the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the was solved in Hiran indicated the well of the was solved in Hiran indicated the well of the was solved in Hiran indicated the w	axas district, located currently present. The content of the third that AS control tween 70% to 163% aldren and women, cection risks of wome manitarian needs. Res. Through training son referral pathways that aims to improve git aims to improve gi	125 kilone most rome most rome. The most rome most rome most reducation of "champ Beletwey 2014 and so of viole ng-relate treatment rocy missing the most rome most reducation of "champ Beletwey 2014 and so of viole ng-relate treatment rocy missing the most reducation of most reducation of most reducation of most rome most rome most reducation of most reducation of most reducation of the most reducation of	metres from Belet ecent inter-agenc a southern side re edly the highest ring GBV or other, and other vulner so "Strengthening and workshops, Forove community on on the important ince. The inter-age 1 (33%), civil viole and support for 0 on assessment. Trainings will include and caring for survivormunity outreatity health and proprovides on the clelines on the clin the grate gender and on a support for 0 on assessment.	weyne, ry estricts r protect able protect able protect rable protect rable results and results are results results and results

Activity 2.1				es between health care provide equipped and supported acco		al guide	lines	on C	MR	in Mar	ıxas.	_		
Activity 2.2	Throughout the volunteers / cha from Maaxas. A	training, partion Impions will be Il participants visit health fa	cipants will be e selected. A s will be trained cilities, meet h	encouraged to identify potent series of training workshops w in GBV awareness and sensi nealth staff, and receive a brie	ial "champions," or ill be held for local tization, community	leaders health o	of coutrea	hange ach w and es	e in t orke	their co ers / vo lished i	ommunit lunteers referral p	and path	d champ ways.	oions
Activity 2.3			,											
·		Chrotor	Indianta	v description					_			_		Tauma
Indicators for outcome 2	Indicator 2.4	Cluster		r description										Targe
	Indicator 2.1	Health		of health facilities supported				ODV						1
	Indicator 2.2	Food Securi	ty Number	of community volunteers train	ea on community o	outreaci	i and	GBV	awa	irenes	s raising			10
	Indicator 2.3								_			_		
Outcome 3	Enhanced comr	hanced community awareness and sensitization on GBV collaboration with the local health care workforce, community volunteers and champions in Maaxas will conduct one GBV sensitization car												
Activity 3.1		ealth care pro	viders and tra	ditional healers. This will be to										
Activity 3.2														
Activity 3.3														
Indicators for outcome 3		Cluster	Indicator de	scription										Targe
	Indicator 3.1	Protection	Number of p	eople reached by campaigns	conducted to inform	n comm	unitie	es on	ava	ilable s	ervices			200
	Indicator 3.2	Health												0
	Indicator 3.3													
WORK PLAN									_			_		
Project workplan for	community outr	each (Activity nity volunteers	2.2). Finally, u	ure clinical criteria is met. Ten pon completion of the training		rofile G	3V se	ensitiz	zatio	n camp	oaign wi	ill be	organiz	zed by
Project workplan for activities defined in the Logical framework	providers in GB' in CMR and GB	onduct one bas V and CMR ma V managements	nagement. Idea t. Identify poten apping and land	assess capacity gaps of exisiting nitify a total of 20 health care pro- tial community champions and e scape assessment, community s	viders to be trained xisting community	Mont 1-		Ionth 3-4		fonth 5-6	Month 7-8		9-10	Mon 11-
	Activity 12 Tr	riders in Maaxa	s will travel to F	the clinical management of rape RI-supported facilities in Beletwe			X	>						
		ina iromonop o												
	health care provexchange visit a	•	rofessionals in	GBV, SGBV and the caring of ch	ild survivors.				L			_		
	health care provexchange visit a	ain 20 health p	3V referral cente	GBV, SGBV and the caring of cher which is equipped and support				>		Х		\dagger		
	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Th "champions," or be selected. A s volunteers and sensitization, cofacilities, meet health and the sensitization, cofacilities, meet health are sensitized to the sensitization and the sensitization are sensitized to the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization are sensitization ar	ain 20 health p stablish one GB delines on CMI proughout the trailing trailing training training from munity outres lealth staff, and	BV referral centers in Maaxas. raining, participinge in their cong workshops with Maaxas. All pach, and establineceive a brief		ed according to y potential rs / champions will h workers / awareness and ants will visit health			>	(x	>	ζ		
	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Th "champions," or be selected. A s volunteers and sensitization, cofacilities, meet health and the sensitization, cofacilities, meet health are sensitized to the sensitization and the sensitization are sensitized to the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization and the sensitization are sensitized to the sensitization are sensitization ar	ain 20 health p stablish one GB delines on CMI proughout the trailing trailing training training from munity outres lealth staff, and	BV referral centers in Maaxas. raining, participinge in their cong workshops with Maaxas. All pach, and establineceive a brief	er which is equipped and support ants will be encouraged to identiti munity. Ten community volunted Il be held for local health outreac articipants will be trained in GBV shed referral pathways. Participi training on CMR so that they are	ed according to y potential rs / champions will h workers / awareness and ants will visit health			>	:			×		
	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Estinternational gui Activity 2.2 Tr "champions." or be selected. As syolunteers and esensitization, cofacilities, meet understand the Activity 2.3 Activity 3.1 In champions in M providers and tr	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres of the Maaxas. It is a Maaxas. It is a Maaxas. All pach, and established in the Maaxas. All pach, and established it receive a brief medical treatment with the local he buct one GBV s. This will be to	er which is equipped and support ants will be encouraged to identiti munity. Ten community volunted Il be held for local health outreac articipants will be trained in GBV shed referral pathways. Participi training on CMR so that they are	ed according to y potential ers / champions will h workers / awareness and ants will visit health better able to volunteers and local health care			>		X		×	Х	
	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Estinternational gui Activity 2.2 Tr "champions." or be selected. As syolunteers and esensitization, cofacilities, meet understand the Activity 2.3 Activity 3.1 In champions in M providers and tr	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres of the Maaxas. It is a Maaxas. It is a Maaxas. All pach, and established in the Maaxas. All pach, and established it receive a brief medical treatment with the local he buct one GBV s. This will be to	er which is equipped and support ants will be encouraged to identif imunity. Ten community voluntee Il be held for local health outreac articipants will be trained in GBV shed referral pathways. Participitraining on CMR so that they are nt and facility-based care. alth care workforce, community ensitization campaign, targeting o sensitize all service and care p	ed according to y potential ers / champions will h workers / awareness and ants will visit health better able to volunteers and local health care)	(X	>	×	x	
M & E DETAILS	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Tr "champions," or be selected. A s volunters on constitization, confacilities, meet hunderstand the Activity 2.3 Activity 3.1 In champions in M providers and tr pathways and re	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres in Maaxas. It is Maaxas. It is many participange in their cong workshops with Maaxas. All pach, and establist receive a brief medical treatment with the local he but one GBV s. This will be to.	er which is equipped and support ants will be encouraged to identif imunity. Ten community voluntee Il be held for local health outreac articipants will be trained in GBV shed referral pathways. Participitraining on CMR so that they are nt and facility-based care. alth care workforce, community ensitization campaign, targeting o sensitize all service and care p	ed according to y potential ers / champions will h workers / awareness and ants will visit health better able to volunteers and local health care					x	>	×		
	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Tr "champions," or be selected. A s volunters on constitization, confacilities, meet hunderstand the Activity 2.3 Activity 3.1 In champions in M providers and tr pathways and re	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres in Maaxas. It is Maaxas. It is many participange in their cong workshops with Maaxas. All pach, and establist receive a brief medical treatment with the local he but one GBV s. This will be to.	er which is equipped and support ants will be encouraged to identif imunity. Ten community volunter il be held for local health outreac articipants will be trained in GBV shed referral pathways. Particip training on CMR so that they are not and facility-based care. alth care workforce, community v ensitization campaign, targeting o sensitize all service and care p BV, SGBV and children.	ed according to y potential pres / champions will h workers / awareness and ants will visit health better able to rolunteers and local health care roviders on the			nth (s		x x	>>	x x x 18. E	E will be	
M & E DETAILS Activity Description	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Tr "champions," or be selected. A s volunters on constitization, confacilities, meet hunderstand the Activity 2.3 Activity 3.1 In champions in M providers and tr pathways and re	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres in Maaxas. It is Maaxas. It is many participange in their cong workshops with Maaxas. All pach, and establist receive a brief medical treatment with the local he but one GBV s. This will be to.	er which is equipped and support ants will be encouraged to identif imunity. Ten community volunter il be held for local health outreac articipants will be trained in GBV shed referral pathways. Particip training on CMR so that they are nt and facility-based care. alth care workforce, community v ensitization campaign, targeting o sensitize all service and care p BV, SGBV and children. M & E Tools to use	y potential srs / champions will h workers / awareness and ants will visit health better able to rolunteers and local health care roviders on the Means of verification		Mon	nth (s		x	>>	x x x 18. E	E will be	
M & E DETAILS Activity Description	health care provexchange visit at Activity 1.3 Tr Activity 2.1 Es international gui Activity 2.2 Tr "champions," or be selected. A s volunters on constitization, confacilities, meet hunderstand the Activity 2.3 Activity 3.1 In champions in M providers and tr pathways and re	ain 20 health p stablish one GE delines on CMI roughout the treatment of training champions from mmunity outres eath staff, and importance of rocallaboration was assas will concaditional healer	NV referral centres in Maaxas. It is Maaxas. It is many participange in their cong workshops with Maaxas. All pach, and establist receive a brief medical treatment with the local he but one GBV s. This will be to.	er which is equipped and support ants will be encouraged to identif imunity. Ten community volunter il be held for local health outreac articipants will be trained in GBV shed referral pathways. Particip training on CMR so that they are not and facility-based care. alth care workforce, community v ensitization campaign, targeting o sensitize all service and care p BV, SGBV and children.	ed according to y potential res / champions will h workers / awareness and ants will visit health b better able to rolunteers and local health care roviders on the			nth (s		x x	>>	x x x 18. E	E will be	e done

Activity 3.2	- Individual interview												
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.	- Contact details - Photo with or without GPS data	Photographic records.							x	X	х	х	
Activity 2.3													
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.	- Contact details - Field visits	Contact information will be collected. RI staff (Program Manager) will be facilitating the training. Internal training reports will also be produced.			X	Х	х	х	х	Х	Х	Х	
Activity 2.1 Establish one GBV referral center which is equipped and supported according to international guidelines on CMR in Maaxas.	- Data collection - Survey	Photographic and patient records.				Х	Х						
Activity 1.3 Train 20 health professionals in GBV, SGBV and the caring of child survivors.		Contact details of trainees will be recorded.	Х	Х	Х								
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.	- Contact details	Contact details of trainees will be recorded.	Х	Х	Х								

Coordination with other	Organization	Activity				
Organizations in project area	Hiraan Community Development Organization	WASH				
	Community Relief and Development Organisation/CRDO	Community development				
	3. Upper Land Rainbow Unified Relief and Development Organisation (URURDO)	Community development				
	Hiraan Community Development Organisation/HICDO	Community development				
Gender theme support	Yes					
Outline how the project supports the gender theme	works to ensure trainees and Sexual and Gender Based V planning to secure dignity kit	in line with relevant cluster priorities and approaches, and integrate gender and protection mainstreaming. RI actively beneficiaries compose an equal balance of women and men. Additionally, throughout the project, RI will conduct iolence (SGBV) training for health staff, community outreach volunteers, and community champions. Moreover, RI is s (post-exposure prophylaxis kits) from United Nations Populations Fund (UNFPA) in order to ensure supported facilities anagement of rape (CMR) and psychosocial support.				
Select (tick) activities that supports the gender theme	health care providers to b	ne baseline survey to assess capacity gaps of exisiting health care providers in GBV and CMR management. Identify a total of 20 be trained in CMR and GBV management. Identify potential community champions and existing community outreach workers and scape assessment, community stakeholder consultation, and focus group discussions.				
		ealth professionals in the clinical management of rape (CMR). Selected health care providers in Maaxas will travel to RI-supported or a three-day exchange visit and workshop on CMR.				
	Activity 1.3: Train 20 he	ealth professionals in GBV, SGBV and the caring of child survivors.				
	Activity 2.1: Establish of	one GBV referral center which is equipped and supported according to international guidelines on CMR in Maaxas.				
	community volunteers / c champions from Maaxas.	It the training, participants will be encouraged to identify potential "champions," or leaders of change in their community. Ten hampions will be selected. A series of training workshops will be held for local health outreach workers / volunteers and .All participants will be trained in GBV awareness and sensitization, community outreach, and established referral pathways. th facilities, meet health staff, and receive a brief training on CMR so that they are better able to understand the importance of cility-based care.				
	Activity 2.3:					
		ation with the local health care workforce, community volunteers and champions in Maaxas will conduct one GBV sensitization health care providers and traditional healers. This will be to sensitize all service and care providers on the pathways and referral V, SGBV and children.				
	Activity 3.2:					

BUDGET

A:1 Staff and
Personnel
Costs

1.1 Interi	national Staff								
Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
1.1.1	Program Coordinator	1	4800	1.2	Month	5,760.00	0.00	5,760.00	100.00
_1.1.2									
_1.1.3									
_1.1.4									

]								
	1.1.5									
	1.1.6									
	1.1.7									
	1.1.8									
	1.1.9									
	1.1.10									
		Subtotal					5,760.00	0.00	5,760.00	
	Budget Na	arrative:								
	1.2 Local	Staff								
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged t
	1.2.1	Protection Project Manager	1	2200	12	Month	26,400.00	0.00	26,400.00	100
	1.2.2	Project Assistant	1	1200	12	Month	14,400.00	0.00	14,400.00	100
	1.2.3	Community Mobilizer	1	800	12	Month	9,600.00	0.00	9,600.00	100
	1.2.4	Admin / Finance Officer	1	835	5	Month	4,175.00	0.00	4,175.00	100
	1.2.5	Logistics Assistant	1	1280		Month	4,480.00	0.00	4,480.00	100
	1.2.6	Guard	3	350		Month	12,600.00	0.00	12,600.00	100
			- 1				,,,,,,,,			
	1.2.7									
	1.2.9									
	1.2.10									
		Sub Total					71,655.00	0.00	71,655.00	
	Budget Na	arrative:								
B:2 Supplies, Commodities,	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged CHF
Vlaterials	2.1.1	Monitoring and Evaluation Support	1	200	3	months	600.00	0.00	600.00	100
	2.1.2	Capacity and needs assessment	1	1200	1	Lumpsum	1,200.00	0.00	1,200.00	100
	2.1.3	CMR training	1	1500	1	Lumpsum	1,500.00	0.00	1,500.00	100
	2.1.4	Training on SGBV, GBV, and caring of child survirors	1	1500	1	Lumpsum	1,500.00	0.00	1,500.00	100
	2.1.5	Training for community outreach workers and champions	1	750	1	Lumpsum	750.00	0.00	750.00	100
	2.1.6	Stipends for community outreach volunteers	10	130	4	Lumpsum	5,200.00	0.00	5,200.00	100
	2.1.7	Vehicle Rental	1	2300	12	month	27,600.00	0.00	27,600.00	100
	2.1.8	Equipment and materials for trainings/demonstrations	1	582	1	lumpsum	582.00	0.00	582.00	100
	2.1.9									
	2.1.10	Sub Total					38,932.00	0.00	38,932.00	
							30,732.00	0.00	36,732.00	
	Budget Na	1		1		ı	1			ı
C:3 Equipment	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged CHF
	3.1.1	Laptop Computer	2	750	1	Lumpsum	1,500.00	0.00	1,500.00	100
	3.1.2	Mobile phones for monitoring visits	2	80	1	Lumpsum	160.00	0.00	160.00	100
	_ 3.1.3 _									
	_ 3.1.4 _									
	_ 3.1.5 _									
	_ 3.1.6 _									
		-								

		7	I I	1						
	3.1.8									
	3.1.9									
	3.1.10									
		Sub Total					1,660.00	0.00	1,660.00	
	Budget N	arrative:								
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									
		Sub Total					0.00	0.00	0.00	
	Budget N	arrative:	·			·				
E:5 Travel	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
	5.1.1	Round Trip Flights to Field Sites (within Somalia)	2	500	1	Lumpsum	1,000.00	0.00	1,000.00	100.
	5.1.2	Flight to and from Nairobi for Program Coordinator	2	950	1	Lumpsum	1,900.00	0.00	1,900.00	100.
	5.1.3	Flight to and from Nairobi for Program Manager	2	950	1	Lumpsum	1,900.00	0.00	1,900.00	100.
	5.1.4									
	5.1.5									
	5.1.6									
	5.1.7									
	5.1.8									
	5.1.9									
	5.1.10									
		Sub Total					4,800.00	0.00	4,800.00	
	Budget N	arrative:								l
F:6 Transfers and Grants to Counterparts	Budget N Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
and Grants to			Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
and Grants to	Code		Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
and Grants to	Code		Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
and Grants to			Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
and Grants to			Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
and Grants to			Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
and Grants to			Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
and Grants to	Code 6.1.16.1.26.1.36.1.46.1.56.1.6		Units		Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF

							1	1	- 1							_
	6.6.10															
			Sub Tota	ıl								0.00	0.00	0.00		
	Budget N	larrative:														
G:7 General Operating	Code	Budget Line	Description			Units	Unit Cost	Duration	Tir	meUnit	t	Amount(USD)	Organization	CHF	%charg	ed to
and Other Direct Costs	7.1.1	Rent				1	500	12	М	onths		6,000.00	0.00	6,000.00		100.
	7.1.2	Office suppl	ies			1	150	12	Mo	onths		1,800.00	0.00	1,800.00		100.
	7.1.3	Electricity				1	100	12	М	onths		1,200.00	0.00	1,200.00		100.
	7.1.4	Water				1	50	12	М	onths		600.00	0.00	600.00		100.
	7.1.5	Communicat	tions			1	200	12	М	onths		2,400.00	0.00	2,400.00		100.
	7.1.6	Bank Transf	er Costs			1	210	12	Mo	onths		2,520.00	0.00	2,520.00		100.
	7.1.7															
	7.1.8															
	7.1.9															
	7.1.10															
			Sub Tota	ıl								14,520.00	0.00	14,520.00		
	Budget N	larrative:														
			TOTAL									137,327.00	0.00	137,327.00		
H.8 Indirect Programme	Code	Budget Line	Description								,	Amount(USD)	Organization	CHF	%charge	ed to
Support Costs	8.1.1	Indirect Prog	gramme Supp	ort Costs								0.00	0.00	9,612.89		7.
			GRAND	TOTAL								137,327.00	0.00	146,939.89		
Other sources	of funds											<u> </u>	<u> </u>			
	Descript	tion		Amount	%											
	Organiz	ation		0.00	0.00											
	Community 0.00 0.00															
	CHF			146,939.89	100.00											

LOCATIONS

TOTAL

b)

0.00

146,939.89

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
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
TOTAL						220			

DOCUMENTS

Document De	scription
1. BOQ - Prot	ction 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- Bud	get & BoQ's

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