



## Project Proposal

Organization	UNFPA (United Nations Population Fund)				
Project Title	Scaling up Gender Based Violence Prevention, Risk Mitigation and Referral systems for Service Delivery and Response in Doolow, Garowe, Galkaacyo, Hiraan and Lower Shabelle				
CHF Code	CHF-DDA-3485-732				
Primary Cluster	Protection		Secondary Cluster		
CHF Allocation	Standard Allocation 1 (Feb 2015)		Project Duration		12 months
Project Budget	399,905.21				
HRP Details	HRP Code	SOM-15/P-HR-RL/71836	HRP Budget	1,870,750.00	
	HRP Project Ranking	A - HIGH	HRP Gender Marker		
Project Beneficiaries			<b>Men</b>	<b>Women</b>	<b>Total</b>
	Beneficiary Summary		925	3,600	4,525
			<b>Boys</b>	<b>Girls</b>	<b>Total</b>
			300	300	600
			<b>Total</b>		<b>5,125</b>
	<b>Total beneficiaries include the following:</b>				
Internally Displaced People		770	2,930	3,700	
Trainers, Promoters, Caretakers, committee members, etc.		325	300	625	
Implementing Partners	Partner				Budget
	SSWC (Lower Shabelle)				38,000.00
	WARDI (Hiraan)				38,000.00
	HDC (Doolow)				38,000.00
	GMC (Galkaacyo)				38,000.00
	Muslim Aid (Garowe)				38,000.00
					190,000.00
Organization focal point contact details	<b>Name:</b> Grace Kyeyune <b>Title:</b> Deputy Representative				
	<b>Telephone:</b> +254-207625743 <b>E-mail:</b> kyeyune@unfpa.org				
<b>BACKGROUND INFORMATION</b>					
<b>1. Project rationale.</b> Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	Sexual violence (SV), physical violence and other forms of gender-based violence (GBV) remain a major protection concern in Somalia as suggested by the Somalia GBV Working Group Strategy. The decades of conflict, insecurity, environmental shocks and harmful traditional practices, such as, FGM and early/forced marriages, have increased women and girls' risks of GBV. For example, UNHCR provided an estimation of about 40,000-44,000 people being on the move since the offensive begun in March 2014 and immediately the realization of conflict-related SV. GBVIMS and interagency assessments show a continued high prevalence and increasing trend in reporting of SV and other forms of GBV. Between July 2013 and June 2014, about 5,600 GBV cases are reported according to the estimated figures from GBVIMS. Displacement and deterioration of social/traditional protection mechanisms have been noted to put women and girls further at risk to GBV particularly in the IDP settlements. Chances of abuse of power, including Sexual Exploitation and Abuse, in IDP's areas are high. According to the Minimum Initial Service Package calculator, approximately 6,700 IDP women and girls are subjected to rape and other forms of GBV. Limited protection and security actors are equally noted to be a great challenge to protection of women and girls, particularly IDPs, on GBV, and most of them are not trained to attend to GBV cases from a human rights perspective and with gender sensitivity.				
<b>2. Needs assessment.</b> Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	While there exists an acute need for quality and timely support to GBV survivors, capacities of service providers and other national actors are still weak to promote GBV prevention and protection innovations. Despite the ongoing efforts, a number of gaps still exist in achieving a standard comprehensive package of care for survivors. The limited understanding of proper case management amongst service delivery partners remains a huge concern. Access to justice support for GBV survivors is extremely limited, hence hindering further protection. The recent UNFPA/UNDP-supported assessment of legal aid providers by LAW reveals that gaps in law, policy and practice on the investigation and prosecution of GBV offences make it difficult for survivors to access to the formal justice system, and therefore, exposes them and their family members to a greater fear/insecurity. UNFPA has piloted the provision of protection support of health, legal, security and psychosocial services through 10 one-stop centers in Puntland and South Central. While this model of service provision was found to be effective in meeting the needs of survivors, coverage is still limited, so is the capacity of centers in terms of technical knowledge of case managers and needed facilities, such as supplies, confidential office space among others. Thus, having more human and technical resources and well-coordinated and functional referral pathways to support more survivors was highlighted as a gap.				
<b>3. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs	Since August 2014, in Hiraan, Middle and Lower Shabelle, UNFPA is collaborating with local partners to implement activities on GBV protection-related emergency risk reduction and response. UNFPA is providing technical, financial support as well as supply (post rape treatment kits) to health service providers and ensuring that a range of appropriate medical response and psychosocial interventions are in place and accessible by the survivors. Furthermore, community education campaigns from protection perspective are being organized to facilitate access to multisectoral services and to promote local prevention and mitigation measures. Also during 2014, UNFPA supported an establishment of one-stop centers in 6 locations (1 in Puntland and 5 in South Central). This model of service provision has been proven to be effective in meeting the needs of the survivors, including reduction of time and cost for travel and ensuring confidentiality, privacy, and protection assurance of both survivors and family members. Based on these interventions, this project aims at strengthening of existing multisectoral and integrated protection mechanism and capacity strengthening of services providers to provide quality standardized life-saving support (health, PSS, legal and case management) through one-stop centers. It seeks to facilitate a long term social/behavioural change process, which is critical both for prevention as well as for ensuring access to the available services.				

LOGICAL FRAMEWORK									
<b>Objective 1</b>	To promote and protect the dignity of women, men, boys, and girls through ensuring adequate prevention and mitigation of GBV cases and facilitating timely multisectoral response to survivors								
Outcome 1	GBV survivors have highly acceptable safe/protective access to life-saving health services and psychosocial support/counselling, in line with the global GBV guidelines, including that for the clinical management of rape and case management services								
Activity 1.1	Facilitate training and mentoring of case managers, including health service providers, on quality care provision to GBV survivors and refresher training for GBV one-stop center staff on comprehensive GBV case management, including legal aid								
Activity 1.2	In collaboration with the GBV prevention actors, service providers and health sector partners, support the implementation of CMR protocols that are currently being developed with the support of the GBV Area of Responsibility colleague and ensure availability of minimum 50 post rape treatment kits to treat SV survivors. UNFPA will strengthen collaboration with MoH, MOWDAFA, MOWHRD, Ministry of Justice across the country to develop and implement CMR protocols and other GBV guidelines.								
Activity 1.3	Strengthen GBV one-stop centers through which survivors can access basic psychosocial support, life-saving information about services, protection and referrals, including legal aid. UNFPA will facilitate development of standard guidelines for one-stop centers, training and mentoring of psychosocial service providers on provision of sex and age differentiated basic counseling for GBV survivors and provision of life-saving and prevention/protection information. An assessment will be done to improve effectiveness of these centers.								
<b>Indicators for outcome 1</b>		<b>Cluster</b>	<b>Indicator description</b>			<b>Target</b>			
	Indicator 1.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards			600			
	Indicator 1.2	Protection	Number of GBV stakeholders, including service providers, case managers and support staff, trained to deliver quality comprehensive support to survivors and their families within the one-stop centers			100			
	Indicator 1.3	Protection	Number of GBV survivors referred and received timely and high quality psychosocial support and life-saving information			1200			
Outcome 2	GBV survivors have safe access to community-based multi-sectoral support and timely referral services								
Activity 2.1	In collaboration with GBV WG and UNICEF, facilitate training and mentoring of community volunteers and case management teams at IDP settlements to support timely referral and ethical accompaniment for GBV survivors, with particular attention to children (both boys and girls)								
Activity 2.2	In collaboration with GBV WG and Child Protection WG, develop standardized Somalia-specific functional, appropriate GBV response referral pathways and promote its dissemination by all GBV WG members and GBV actors, including those in the rural communities. Jointly with the GBV WG and Child Protection WG, standardized client satisfaction form will be developed and disseminated for utilization by all the service providers.								
Activity 2.3	Facilitate training of community police, community GBV monitors and legal actors on the protection of women and girls dignity when exposed to GBV risk and on ensuring timely referrals to access to the needed services								
<b>Indicators for outcome 2</b>		<b>Cluster</b>	<b>Indicator description</b>			<b>Target</b>			
	Indicator 2.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards			600			
	Indicator 2.2	Protection	Availability of functional referral pathways jointly developed by GBV service providers, including legal aid actors			2			
	Indicator 2.3	Protection	Number of male and female community police, GBV monitors and legal actors trained on community GBV mitigation and mobilization for utilization of available services			100			
Outcome 3	Enhanced community actors' knowledge and leadership in engaging their respective communities on GBV prevention, risk reduction and access to available services								
Activity 3.1	Facilitate training of community-based GBV actors and service providers on use and rolling out of the GBV harmonized prevention and response messages, including appropriate referral pathways with a perspective of cultural and religious sensitivity								
Activity 3.2	Provide training to community outreach volunteers from local women's associations and male/youth networks on GBV prevention, risk reduction and response								
Activity 3.3	Collaborating with local NGOs to organize community-led conversations and focus group discussions/sessions by community outreach volunteers at IDP settlements, targeting clan and traditional elders, religious leaders and male and female community leaders on GBV prevention, risk reduction, its consequences and community response to ensure protection of survivors and their families								
<b>Indicators for outcome 3</b>		<b>Cluster</b>	<b>Indicator description</b>			<b>Target</b>			
	Indicator 3.1	Protection	Number of people reached by campaigns conducted to inform communities on available services			1500			
	Indicator 3.2	Protection	Number of community-based GBV actors and service providers trained on GBV prevention and response harmonized messages			100			
	Indicator 3.3	Protection	Number of community outreach volunteers/monitors (from male and female groups/networks) trained on GBV prevention, referrals, monitoring and reporting			200			
<b>WORK PLAN</b>									
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	UNFPA will lead in facilitating the implementation of all the activities proposed in this proposal, particularly those related to capacity strengthening through training, making available standardized information package on GBV prevention, mitigation/reduction and response, and resources needed by the local actors and beneficiaries right through the project implementation. UNFPA will manage Activity 1.1, 2.1, 2.3, 3.1 and 3.2 with close collaboration with local partners for a collective and nationally-led and owned actions. UNFPA will utilize and strengthen existing partnerships with local organizations, particularly for strengthening the operations of the one stop centers providing comprehensive responses/services for GBV survivors. Grants, information package, post rape treatment kits and technical advice will be provided to partners, including SSWC in Lower Shabelle, WARDI in Hiraan, HDC in Doolow, GMC in Galkaacyo and Muslim Aid in Garowe, for them to reach out to the wider population in their respective communities and strengthening their quality reporting. This modality applies for Activity 1.3 and 3.3. Under Activity 1.2, UNFPA will coordinate with GBV AoR and multisectoral national partners to develop, agree and implement the CMR protocol and procure/distribute 50 post-rape treatment kits for one-stop centers according to the procedures set out by CMR Task Force under GBV WG. UNFPA will lead Activity 2.2 in close consultation with GBV WG and national partners.								
Project workplan for activities defined in the Logical framework	<b>Activity Description</b>			<b>Month 1-2</b>	<b>Month 3-4</b>	<b>Month 5-6</b>	<b>Month 7-8</b>	<b>Month 9-10</b>	<b>Month 11-12</b>

	<b>Activity 1.1</b> Facilitate training and mentoring of case managers, including health service providers, on quality care provision to GBV survivors and refresher training for GBV one-stop center staff on comprehensive GBV case management, including legal aid					X	X	X	X				
	<b>Activity 1.2</b> In collaboration with the GBV prevention actors, service providers and health sector partners, support the implementation of CMR protocols that are currently being developed with the support of the GBV Area of Responsibility colleague and ensure availability of minimum 50 post rape treatment kits to treat SV survivors. UNFPA will strengthen collaboration with MoH, MOWDAFA, MOWHRD, Ministry of Justice across the country to develop and implement CMR protocols and other GBV guidelines.	X	X	X	X								
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	<b>Activity 2.2</b> In collaboration with GBV WG and Child Protection WG, develop standardized Somalia-specific functional, appropriate GBV response referral pathways and promote its dissemination by all GBV WG members and GBV actors, including those in the rural communities. Jointly with the GBV WG and Child Protection WG, standardized client satisfaction form will be developed and disseminated for utilization by all the service providers.	X	X										
	<b>Activity 2.3</b> Facilitate training of community police, community GBV monitors and legal actors on the protection of women and girls dignity when exposed to GBV risk and on ensuring timely referrals to access to the needed services				X	X							
	<b>Activity 3.1</b> Facilitate training of community-based GBV actors and service providers on use and rolling out of the GBV harmonized prevention and response messages, including appropriate referral pathways with a perspective of cultural and religious sensitivity		X										
	<b>Activity 3.2</b> Provide training to community outreach volunteers from local women's associations and male/youth networks on GBV prevention, risk reduction and response		X	X									
	<b>Activity 3.3</b> Collaborating with local NGOs to organize community-led conversations and focus group discussions/sessions by community outreach volunteers at IDP settlements, targeting clan and traditional elders, religious leaders and male and female community leaders on GBV prevention, risk reduction, its consequences and community response to ensure protection of survivors and their families				X	X	X						

**M & E DETAILS**

Activity Description	M & E Tools to use	Means of verification	Month (s) when planned M & E will be done												
			1	2	3	4	5	6	7	8	9	10	11	12	
<b>Activity 1.1</b> Facilitate training and mentoring of case managers, including health service providers, on quality care provision to GBV survivors and refresher training for GBV one-stop center staff on comprehensive GBV case management, including legal aid	- Data collection - Field visits	quarterly report, field visit report, pre- and post-training test, training report, project report				X			X			X			X
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<b>Activity 2.3</b> Facilitate training of community police, community GBV monitors and legal actors on the protection of women and girls dignity when exposed to GBV risk and on ensuring timely referrals to access to the needed services	- Data collection - Field visits - Individual interview	Quarterly report, documented referral pathway, project report				X			X			X			X
<b>Activity 3.1</b> Facilitate training of community-based GBV actors and service providers on use and rolling out of the GBV harmonized prevention and response messages, including appropriate referral pathways with a perspective of cultural and religious						X			X			X			X

<b>Activity 3.2</b> Provide training to community outreach volunteers from local women's associations and male/youth networks on GBV prevention, risk reduction and response	- Data collection - Field visits	quarterly report, field visit report, pre- and post-training test, training report, project report		X		X		X		X
<b>Activity 3.3</b> Collaborating with local NGOs to organize community-led conversations and focus group discussions/sessions by community outreach volunteers at IDP settlements, targeting clan and traditional elders, religious leaders and male and female community leaders on GBV prevention, risk reduction, its consequences and community response to ensure protection of survivors and their families	- Data collection - Field visits - Focus group interview - Individual interview	quarterly report, field visit report, pre- and post-training test, training report, project report		X		X		X		X

**OTHER INFORMATION**

Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th data-bbox="430 413 641 441">Organization</th> <th data-bbox="641 413 1518 441">Activity</th> </tr> </thead> <tbody> <tr> <td data-bbox="430 451 641 546">1. GBV Working Group</td> <td data-bbox="641 451 1518 546">All these activities are expected to contribute to the implementation of the GBV WG Strategy, Protection Cluster Response Plan, and hence, the project implementation will also be linked to the GBV working group coordination mechanisms and field based protection cluster structures. Regular monitoring, reporting, coordination and experience-sharing will be carried out through this mechanism. Cooperation and coordination with other UN agencies will be also ensured through GBV Working Group coordination mechanism.</td> </tr> <tr> <td data-bbox="430 556 641 638">2. Line Ministries</td> <td data-bbox="641 556 1518 638">UNFPA is currently supporting line ministries, including MOWHRD, MOWDAFA, MOH, Ministry of Justice, Ministry of Youth, as well as civil society organizations on the enactment of the Sexual Offences Bill, policies, such as zero tolerance to FGM, national action plan on child marriage, development of CMR protocol and harmonization of advocacy messages. Linkages and coordination will be ensured between these ongoing UNFPA support and the activities proposed under this project.</td> </tr> </tbody> </table>	Organization	Activity	1. GBV Working Group	All these activities are expected to contribute to the implementation of the GBV WG Strategy, Protection Cluster Response Plan, and hence, the project implementation will also be linked to the GBV working group coordination mechanisms and field based protection cluster structures. Regular monitoring, reporting, coordination and experience-sharing will be carried out through this mechanism. Cooperation and coordination with other UN agencies will be also ensured through GBV Working Group coordination mechanism.	2. Line Ministries	UNFPA is currently supporting line ministries, including MOWHRD, MOWDAFA, MOH, Ministry of Justice, Ministry of Youth, as well as civil society organizations on the enactment of the Sexual Offences Bill, policies, such as zero tolerance to FGM, national action plan on child marriage, development of CMR protocol and harmonization of advocacy messages. Linkages and coordination will be ensured between these ongoing UNFPA support and the activities proposed under this project.
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Gender theme support	Yes
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Outline how the project supports the gender theme	Since the main objective of this project is to promote and protect the dignity of women, men, boys, and girls through ensuring adequate prevention and mitigation of GBV cases and facilitating timely multisectoral response, supporting of the gender theme is parts and parcel of the project. The project will strengthen capacity of service providers to provide services in a way to respect human rights of GBV survivors as well as equip community people to prevent and mitigate risks of human rights violation (e.g., GBV).
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Select (tick) activities that supports the gender theme	<table border="1"> <tr> <td data-bbox="430 793 462 819"><input checked="" type="checkbox"/></td> <td data-bbox="462 793 1518 850"> <b>Activity 1.1:</b> Facilitate training and mentoring of case managers, including health service providers, on quality care provision to GBV survivors and refresher training for GBV one-stop center staff on comprehensive GBV case management, including legal aid                     </td> </tr> <tr> <td data-bbox="430 850 462 934"><input checked="" type="checkbox"/></td> <td data-bbox="462 850 1518 934"> <b>Activity 1.2:</b> In collaboration with the GBV prevention actors, service providers and health sector partners, support the implementation of CMR protocols that are currently being developed with the support of the GBV Area of Responsibility colleague and ensure availability of minimum 50 post rape treatment kits to treat SV survivors. 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<input checked="" type="checkbox"/>	<b>Activity 1.3:</b> Strengthen GBV one-stop centers through which survivors can access basic psychosocial support, life-saving information about services, protection and referrals, including legal aid. UNFPA will facilitate development of standard guidelines for one-stop centers, training and mentoring of psychosocial service providers on provision of sex and age differentiated basic counseling for GBV survivors and provision of life-saving and prevention/protection information. An assessment will be done to improve effectiveness of these centers.																		
<input checked="" type="checkbox"/>	<b>Activity 2.1:</b> In collaboration with GBV WG and UNICEF, facilitate training and mentoring of community volunteers and case management teams at IDP settlements to support timely referral and ethical accompaniment for GBV survivors, with particular attention to children (both boys and girls)																		
<input checked="" type="checkbox"/>	<b>Activity 2.2:</b> In collaboration with GBV WG and Child Protection WG, develop standardized Somalia-specific functional, appropriate GBV response referral pathways and promote its dissemination by all GBV WG members and GBV actors, including those in the rural communities. Jointly with the GBV WG and Child Protection WG, standardized client satisfaction form will be developed and disseminated for utilization by all the service providers.																		
<input checked="" type="checkbox"/>	<b>Activity 2.3:</b> Facilitate training of community police, community GBV monitors and legal actors on the protection of women and girls dignity when exposed to GBV risk and on ensuring timely referrals to access to the needed services																		
<input checked="" type="checkbox"/>	<b>Activity 3.1:</b> Facilitate training of community-based GBV actors and service providers on use and rolling out of the GBV harmonized prevention and response messages, including appropriate referral pathways with a perspective of cultural and religious sensitivity																		
<input checked="" type="checkbox"/>	<b>Activity 3.2:</b> Provide training to community outreach volunteers from local women's associations and male/youth networks on GBV prevention, risk reduction and response																		
<input checked="" type="checkbox"/>	<b>Activity 3.3:</b> Collaborating with local NGOs to organize community-led conversations and focus group discussions/sessions by community outreach volunteers at IDP settlements, targeting clan and traditional elders, religious leaders and male and female community leaders on GBV prevention, risk reduction, its consequences and community response to ensure protection of survivors and their families																		

**BUDGET**

<b>A:1 Staff and Personnel Costs</b>	<b>1.1 International Staff</b>									
	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	1.1.1	Gender Advisor/GBV Technical Specialist (P4)	1	11000	12	month	132,000.00	132,000.00	0.00	
	1.1.2	GBV and Humanitarian Specialist (P3)	1	6164.71	12	month	73,976.52	52,523.33	21,453.19	
	..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						205,976.52	184,523.33	21,453.19		
<b>Budget Narrative:</b>										
<b>1.2 Local Staff</b>										
Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF	
1.2.1	Project Coordinator	1	2500	12	months	30,000.00	9,300.00	20,700.00		
1.2.2										
1.2.3										
1.2.4										
1.2.5										
1.2.6										
1.2.7										
1.2.8										
1.2.9										
1.2.10										
<b>Sub Total</b>						30,000.00	9,300.00	20,700.00		
<b>Budget Narrative:</b>										
<b>B:2 Supplies, Commodities, Materials</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	2.1.1	Post-rape treatment kits	50	804	1	time	40,200.00	0.00	40,200.00	
	2.1.2	training and mentoring of case managers and legal aid providers	5	2000	1	time	10,000.00	0.00	10,000.00	
	2.1.3	training and mentoring of psychosocial service providers	5	2000	1	time	10,000.00	0.00	10,000.00	
	2.1.4	Training and mentoring of community volunteers and case management teams	5	2000	1	time	10,000.00	0.00	10,000.00	
	2.1.5	Training of community police, community GBV monitors and legal actors	5	2000	1	time	10,000.00	0.00	10,000.00	
	2.1.6	Training of community-based GBV actors and service providers	5	2000	1	time	10,000.00	0.00	10,000.00	
	2.1.7	Training of community outreach volunteers	5	2500	1	time	12,500.00	0.00	12,500.00	
	2.1.8									
	2.1.9									
	2.1.10									
<b>Sub Total</b>						102,700.00	0.00	102,700.00		
<b>Budget Narrative:</b>										
<b>C:3 Equipment</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	3.1.1	laptop	2	1500	1	time	3,000.00	0.00	3,000.00	
	3.1.2									
	3.1.3									
	3.1.4									
	3.1.5									
	3.1.6									
	3.1.7									
	3.1.8									
	3.1.9									
	3.1.10									
<b>Sub Total</b>						3,000.00	0.00	3,000.00		

<b>Budget Narrative:</b>										
<b>D:4 Contractual Services</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	4.1.1	development of referral pathways and one-stop center standards	1	250	17	days	4,250.00	0.00	4,250.00	
	4.1.2	printing of information package	1	1200	1	time	1,200.00	0.00	1,200.00	
	4.1.3									
	4.1.4									
	4.1.5									
	4.1.6									
	4.1.7									
	4.1.8									
	4.1.9									
	4.1.10									
<b>Sub Total</b>						5,450.00	0.00	5,450.00		
<b>Budget Narrative:</b>										
<b>E:5 Travel</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	5.1.1	monitoring travel by project coordinator	5	1800	2	time	18,000.00	7,560.00	10,440.00	
	5.1.2									
	5.1.3									
	5.1.4									
	5.1.5									
	5.1.6									
	5.1.7									
	5.1.8									
	5.1.9									
	5.1.10									
<b>Sub Total</b>						18,000.00	7,560.00	10,440.00		
<b>Budget Narrative:</b>										
<b>F:6 Transfers and Grants to Counterparts</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	6.1.1	sub-grant to SSWC	1	38000	1	time	38,000.00	0.00	38,000.00	
	6.1.2	sub-grant to WARDI	1	38000	1	time	38,000.00	0.00	38,000.00	
	6.1.3	sub-grant to HDC	1	38000	1	time	38,000.00	0.00	38,000.00	
	6.1.4	sub-grant to GMC	1	38000	1	time	38,000.00	0.00	38,000.00	
	6.1.5	sub-grant to Muslim Aid	1	38000	1	time	38,000.00	0.00	38,000.00	
	6.1.6									
	6.1.7									
	6.1.8									
	6.1.9									
	6.6.10									
<b>Sub Total</b>						190,000.00	0.00	190,000.00		
<b>Budget Narrative:</b>										
<b>G:7 General Operating and Other Direct Costs</b>	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	7.1.1	general operational costs	1	40000	1	time	40,000.00	20,000.00	20,000.00	

7.1.2											
7.1.3											
7.1.4											
7.1.5											
7.1.6											
7.1.7											
7.1.8											
7.1.9											
7.1.10											
<b>Sub Total</b>							40,000.00	20,000.00	20,000.00		

**Budget Narrative:**

<b>TOTAL</b>							595,126.52	221,383.33	373,743.19		
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<b>H.8 Indirect Programme Support Costs</b>	Code	Budget Line Description			Amount(USD)	Organization	CHF	%charged to CHF
	8.1.1	Indirect Programme Support Costs			0.00	0.00	26,162.02	7.0000
	<b>GRAND TOTAL</b>					595,126.52	221,383.33	399,905.21

**Other sources of funds**

Description	Amount	%
<b>Organization</b>	221,383.33	35.63
<b>Community</b>	0.00	0.00
<b>CHF</b>	399,905.21	64.37
<b>Other Donors</b>	a)	0.00
	b)	0.00
<b>TOTAL</b>	<b>621,288.54</b>	

**LOCATIONS**

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Gedo	Doolow	Doolow	Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	support multisectoral service provision and community outreach on GBV prevention and response	women, men and youth	975	4.16358	42.07617	NB-3813-W02-001
Hiraan	Bulo Burto	Bulo Burto	Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	support multisectoral service provision and community outreach on GBV prevention and response	women, men and youth	975	3.851941	45.565115	NA-3803-D13-001
Lower Shabelle	Kurtunwaarey	Kurtunwaarey	Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	support multisectoral service provision and community outreach on GBV prevention and response	women, men and youth	975	1.61101	44.330299	NA-3810-K19-002
Mudug	Gaalkacyo	Gaalkacyo	Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	support multisectoral service provision and community outreach on GBV prevention and response	women, men and youth	975	6.76924	47.430611	NB-3808-F21-001
Nugaal	Garowe	Garowe	Capacity building, GBV awareness campaign, GBV referral centres, Post Rape Treatment	support multisectoral service provision and community outreach on GBV prevention and response	women, men and youth	975	8.40635	48.48188	NC-3913-Q11-006
<b>TOTAL</b>						<b>4,875</b>			

**DOCUMENTS**

Document Description
1. breakdown of sub-grant to partner organizations
2. BOQ