

<b>Requesting Organization :</b>	American Refugee Committee				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Protection	GBV	100.00			
		<b>100</b>			
<b>Project Title :</b>	Integrated response to the displaced communities in Dalxiska IDP Settlements in Kismayo				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Prot/INGO/2544		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	99,531.42		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/08/2017		
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/08/2017		
<b>Project Summary :</b>	<p>The IDPs Population in Dalxiska settlement in Kismayo stands at 3,636 households (HH). In Kismayo, the main protection issues relate to widespread violence against women and girls, child abuse, congestion of the IDP camps with the increasing number of IDPs and lack of alternative fuel for cooking. The proposed action aims to provide IDPs with a safer and more protective environment through community support groups, comprehensive case management services, capacity building of different stakeholders on GBV prevention and response and installation of solar streetlights at the identified hotspots in the IDP settlements. The expected results of this holistic GBV program are that existing capacities will be strengthened and made sustainable in Dalxiska.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
1,090	2,190	500	500	4,280	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People/Returnees	1,090	2,190	500	500	4,280
<b>Indirect Beneficiaries :</b>					
The project will reach a total of 21,400 (10,950 women, 5,450 men, 2,500 girls and 2,500 boys) indirect beneficiaries.					
<b>Catchment Population:</b>					
Dalxiska Settlement in Kismayo with a population of 18,180 persons with 3,636 HH in 36 IDP settlements.					
<b>Link with allocation strategy :</b>					
<p>The proposed project is aligned with the cluster objectives. The project shall focus on provision of timely and quality life saving protection response in regards to service provision. In Kismayo, ARC GBV prevention and response activities will build on and further enhance the skills and networks established with camp and traditional leaders through the community-based protection. The project, will enhance the outcomes of existing project by improving the protective environment, in particular by bringing the community together across age and other divides, enhancing social cohesion and mobilizing leaders and community members to collaborate to prevent and respond to protection issues. This action would complement the overall existing response by focusing on capabilities of communities in Dalxiska.</p>					
<b>Sub-Grants to Implementing Partners :</b>					
<b>Partner Name</b>	<b>Partner Type</b>		<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					
<b>Other Funding Source</b>			<b>Other Funding Amount</b>		

**Organization focal point :**

Name	Title	Email	Phone
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**BACKGROUND****1. Humanitarian context analysis**

During the past year, the protective space for IDPs in Somalia has been increasing, especially in urban areas where access to humanitarian services is available. UNHCR currently estimates there are 1.1 million IDPs in Somalia due to the prolonged conflict. The protracted and new displacements in the country caused by insecurity and lack of accessibility and limited support or access to humanitarian support has forced people to live in abject poverty in need of basic life saving support. Gender-based violence, incidents of insecurity exacerbated by lack of strong government presence in Somalia, and control by Al-Shabaab (AS) in some areas within South Central Somalia disproportionately impacts women and girls and has long lasting negative effects.

Kismayo has suffered significantly from civil conflict, flooding, famine, and the presence of AS. Kismayo has an estimated population of 221,000, including 40,000 IDPs, while in Dalxiska camp, there are 3,636 households living in 36 settlements. On average, 26% of the households were reported to be from the host community. The number of new arrivals in Kismayo is on the rise due to the availability of humanitarian services. A total of 419 households arrived in the 36 settlements in the last month (Kismayo Shelter Cluster Mapping exercise June 2016). Political gains have been made in the area, following the signing in May 2015 of memorandums of understanding (MOUs) between the Federal Government and the Interim Juba Administration and the Interim South - West Administration, respectively, on the establishment of a regional police, UNSOM assisted with the screening and vetting of 200 prospective police officers in Kismayo. On 1 August 2015, 300 delegates representing Lower Juba, Middle Juba and Gedo regions unanimously approved the interim constitution for "Jubbaland State" in Kismayo.

**2. Needs assessment**

GBV still remains a major protection concern in Somalia that needs to be addressed and prioritized by all if the rights of women and girls are to be protected and realized. According to the statistical data generated from the consolidated Gender Based Violence Information Management system (GBVIMS), Somalia GBV sub cluster bulletin, January-March 2016, the protective environment remains weak for the IDPs and civilians affected by the conflict. IDP women and girls and women and girls from minority clans suffer due to lack of access to justice, due process, and clan protection. These violations are aggravated due to weak rule of law and non-functional governance structures. According to the GBVIMS data for first quarter of 2016, 75% of the GBV survivors are IDPs while 99% are female, indicating that IDP women and girls are mostly at risk of GBV. In Kismayo, the main protection issues relate to violence and discrimination against minority nationalities and groups, prevalence of harmful traditional practices affecting particularly girls and young women, such as early marriage and female genital mutilation (FGM), abuse and neglect of children, and widespread domestic and intimate partner violence mostly affecting women. Also, cases of rape and sexual assault in connection to firewood collection continue to exist. From the GBVIMS data analysis for Kismayo January to May 2016, 50% of all the reported cases are rape; 36% happened in the bush when women and young girls look for firewood, 27% of the rapes cases happened at the survivor's home, and 18% happened at the IDP settlement.

While the number of reported GBV cases has increased in recent years, many cases go unreported. In February 2016, ARC Somalia surveyed 996 IDPs about protection issues targeting role model men. Fifty-five percent of the role model men believed that an attempted rape is not a problem since nothing happened. This perception from men is a concern, as they do not see the impact of the said problem. When it comes to rape incidents, shame is a contributing factor for survivors not seeking help, which was indicated by 60% of the respondents. The community will label, abuse and even ostracize women as most of the time they are blamed for the problem. Seventy percent of the interviewed men shared that women who are survivors of rape will not share their private issues with others at the courts as they believe their privacy will not be upheld, thus stopping them from getting help. Therefore, this data indicates that GBV often goes under-reported due to social pressure, gender norms and expectations in some communities.

**3. Description Of Beneficiaries**

This project will target the IDP population living in Dalxiska camp. Protection response programming will target self-presenting/identifying GBV survivors and their families; prevention programming will target the communities in which survivors live with emphasis on cultural and household opinion makers (adolescents and youth, elders, Ugas, imams, teachers, etc.). Through the provision of comprehensive case management and capacity building sessions, this project will ultimately benefit GBV survivors, both female and male, of any displacement status while also mitigating GBV risks. Provision of energy saving Jiko to GBV survivors and installation of solar streetlights in the hotspot will be undertaken as identified by community members. ARC will work with service providers in Kismayo to improve service delivery.

**4. Grant Request Justification**

ARC has been implementing GBV prevention and response activities in South Central Somalia since 2011 in particular Mogadishu. At Kismayo level, ARC provides comprehensive case management services through the GBV Stop Centre in Kismayo general hospital and two MCH providing safe and confidential counseling to GBV survivors. ARC is also a co-chair of the Protection Cluster and GBV Working Group in Kismayo alongside the Ministry of Family Affairs and Human Rights in the Jubbaland State of Somalia. ARC's role has been to coordinate all GBV and protection related activities in Kismayo through an interagency and multi-sectoral coordination mechanism. This therefore means that ARC has the technical expertise at the field level with competent GBV and protection staff to ensure that programming is of high quality and meets the needs of the persons of concern. ARC will draw from its past experiences implementing GBV programs in Kismayo and will incorporate learning from previous projects. The proposed project will directly contribute to Sector Objective Number 1: To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster. The proposed activities include lighting of hotspot areas, provision of material support to reduce risks of GBV and formation of support groups to prevent & respond to GBV. ARC is proposing to not only address protection-related concerns in Dalxiska IDP settlement but to also provide comprehensive GBV services to identified survivors.

**5. Complementarity**

ARC has excellent complementary sectors providing essential services that the protection unit can tap into, such as shelter, health and livelihood opportunities. In this regard, the GBV survivors have been supported with different services from other sectors such as health and provision of micro finance through livelihood sector. This has had positive effects on reducing survivors' vulnerability and most importantly their risk of GBV. ARC is working closely with multiple sectors and actors including UNFPA, UNOCHA, UNHCR Protection and Community Services, NRC, IOM, SWACEDA, CEDA, SEDHURO among other actors in ensuring that services offered to survivors are easily accessible, prompt, confidential, and appropriate according to GBV guiding principles and that mechanisms of preventing GBV are put in place. Moreover, the programming will continue to focus on the reduction of risk factors such as working with community committees in the camp while strengthening and enhancing the existing protective structures.

## LOGICAL FRAMEWORK

### Overall project objective

The overall objective of this project is for IDPs to have an enhanced protective space during displacement and for GBV survivors to have access to quality life-saving services. ARC will secure the dignity of women, men, boys and girls through activities such as public awareness of GBV, strengthening community structures and supporting community-led initiatives. ARC also intends to mitigate risks of GBV through the provision of energy saving Jikos and installation of solar streetlights to improve the lighting conditions of the camp at night.

### 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 disaster	Somalia HRP 2016	100

**Contribution to Cluster/Sector Objectives :** The proposed activities are in line with the cluster objective and it is envisioned that it will contribute to safety and promote community-led intervention in providing temporary safe spaces for GBV survivors through the use of safe home volunteers, (Safe home volunteers will be used to provide safe shelters as a short term intervention since in Kismayo there is no safe houses or Haven for GBV survivors), provision of lighting in camps, comprehensive case management and capacity development. The safe home volunteers will be selected from the community members who have been playing an active role in responding and preventing GBV and have undergone several trainings on GBV. The response activities will be implemented to address protection issues targeting IDPs in Dalxiska. Further, the action will promote the prevention and response to GBV by deepening the knowledge, skills and engagement of community members in Dalxiska Camp- especially when it comes to breaking the taboo of domestic and intimate partner violence. It is envisioned that the protection needs that will be identified by the community will be associated to GBV in regards to discussion on where to erect solar street lights. Awareness raising and training of community leaders will be done frequently with support from community volunteers. Protection needs including human rights violations will be monitored and the appropriate intervention selected.

### Outcome 1

Increased access to timely, effective and quality life saving protection response services for GBV survivors

### Output 1.1

#### Description

Clinical response services are available for and accessible to GBV survivors in a timely and effective manner

The ARC GBV team will organize a refresher training with the health staff in Kismayo in GBV Guiding Principles and in providing medical services to survivors, in addition to ensuring that the focal points are linked to PEP kits which are available in ARC's health facilities in Kismayo for adults and children. In addition to trainings of specialized service providers, GBV staff will continue to provide ongoing technical support. The interagency referral pathway is already in place and referrals is expected from other organizations. Monitoring checklists will be used by the Reproductive Health and GBV Program Officers for CMR focal points at health facilities.

Through these services, the survivor-centered approach will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. In particular, the consent and confidentiality, non-discrimination, dignity, safety, and empowerment of the survivor will be prioritized. Services are provided within health facilities by service providers who also see other types of cases to ensure minimization of stigma and risks to survivors and staff. Care is survivor-centered to allow survivors to access information they need to make their own decisions and is based on consent at each stage of the process.

### Assumptions & Risks

ARC maintains good relations with all stakeholders working in Kismayo. The security situation remains calm to such an extent that ARC is able to access the target beneficiaries. Local leaders and communities support the project and are willing to work within the framework of humanitarian principles.

### Activities

#### Activity 1.1.1

**Standard Activity : Psycho-social Support**

Provide Case Management services through psychosocial support, documentation and referrals

ARC will provide all reporting GBV survivors with timely services through the case management process. This shall include safe and proper documentation of cases; psychosocial support both at individual level and appropriate referrals for other services through the referral pathway, as per the survivors' wishes and needs.

In addition, individual safety plans will be developed with survivors in the case of imminent intimate partner violence. All provided support and services will respect the confidentiality and wishes of the survivor as per the GBV Guiding Principles. Information dissemination at the camp level will be done on a daily basis by community volunteers to ensure information on where to access services is available to the community and also share the GBV hotline for survivors to call. The GBV stop Centre and the 2 Maternity Child Health Clinics have counseling and examination rooms including a trained psychosocial counselor who is in charge of the hotline and provide counseling to the survivors.

ARC will continue to utilize the GBV Information Management System (GBVIMS). According to GBVIMS best practices, ARC uses a coding system for survivors, caseworkers, and incidents to anonymize the documents with sensitive information. All data is centralized and secured in an electronic database with restricted access through passwords, with no paper trail other than the survivor files kept by the case workers, and is stored in a secured and locked location. Only one trained focal point per GBV team has access to the system to enter data, as it is password protected. Caseworkers keep the GBV Intake Forms in lockable cabinets together with the client files. Procedures for destroying data during an evacuation are in place as per the GBVIMS data protection protocol checklist.

The GBVIMS has proven useful in the context of Somalia to track GBV trends, including types of violence, by whom they were committed, when they occurred and by whom they were reported. ARC will continue to use the system to generate trend analysis in order to inform programming and sharing with UNHCR's GBV focal point for consolidation while following the laid down procedures and protocols as stipulated in the information sharing protocol (ISP).

#### Activity 1.1.2

##### Standard Activity : Material Support

Distribute 100 Energy saving Jikos, 100 Dignity Kits to GBV survivors and installation of solar streetlight in Dalxiska settlement.

ARC is a member of the Global Reference Group for the updated Interagency Standing Committee (IASC) GBV guidelines, which enables communities, governments, and humanitarian organizations to establish and coordinate multi-sectoral interventions, to prevent and respond to GBV throughout all stages of humanitarian response.

As per the IASC Guidelines on integrating GBV prevention into all humanitarian interventions, ARC will distribute energy saving Jikos to GBV survivors identified through the case management in Dalxiska camp to reduce their frequency of going to the bush to fetch firewood. Three streetlights will be installed at the existing hotspots as identified by community members in Dalxiska settlement. Dignity kits will also be distributed to GBV survivors who are in need and also for proper hygiene. A post-distribution assessment will be conducted to assess the effectiveness of the Jiko and solar streetlights for GBV prevention.

#### Activity 1.1.3

##### Standard Activity : Increased access to services/ advocacy for people with disabilities

train 40 Community members on basic counseling and psychosocial wellbeing

The training will aim at improving the community members' knowledge and practices. This activity will include young single mothers and caregivers of persons living with disabilities who have been facing discrimination in the camp including the minority communities; this information will be selected from the incident recorders. Topics to be discussed will focus on violence reduction strategies, importance of self-care as well as other related topics. These sessions shall be aimed at reducing effects of the family burden on the caregiver and the resultant negative impact it has on their psychosocial wellbeing and their ability to cope with it; it will also empower caregivers to offer basic counseling to the people they take care of as well as allow them to reach out to other caregivers.

#### Activity 1.1.4

##### Standard Activity : Psycho-social Support

Form Community based Support groups who will act as GBV responders and Safe Home Volunteers

Two community support groups will be formed comprising 10 persons each, will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors and will act as GBV responders and Safe Home Volunteers who shall be engaged in providing basic support and referrals to GBV survivors and other persons facing protection risks and in need of psychosocial support. Safe Home Volunteers will also provide temporary safe spaces to persons of concern, specifically women and children facing immediate physical danger of sexual and/or physical violence as their case is being intervened and a solution is sought. ARC shall also endeavor to strengthen the capacity of support group structures to be able to prevent & respond to GBV through monthly meetings and on-the-job coaching. The safe home volunteers will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors. Currently we do not have safe houses or haven to shelter GBV survivors and most of the cases they go to stay with someone they identify which exposes them to further risks. This volunteers will form part of support group working with ARC prevention and response in providing an alternative for such cases

#### 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					70

**Means of Verification** : Project Progress Monitoring

Indicator 1.1.2	Protection	Number of IDP households having access to lighting					2,000
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**Means of Verification** : Surveys

Indicator 1.1.3	Protection	% of survivors who receive CMR services within 72-120 hours of sexual violence incidents						90
<b>Means of Verification</b> : ARC Progress Reports								
Indicator 1.1.4	Protection	Number of persons reached through community support groups						50
<b>Means of Verification</b> : Minutes, Photos, support group list								
<b>Output 1.2</b>								
<b>Description</b>								
Improved coordination and capacity of local authorities, cluster focal persons and community sector committees on protection mainstreaming								
<b>Assumptions &amp; Risks</b>								
ARC maintains good relations with all stakeholders working in Kismayo. Security situation remains calm to such an extent that ARC is able to access the target beneficiaries. Local leaders and communities support the project and are willing to work within the framework of humanitarian principles. The security situation remains calm and ARC has adequate access to the target beneficiaries								
<b>Activities</b>								
<b>Activity 1.2.1</b>								
<b>Standard Activity : Capacity building</b>								
Train 20 partner members who are part of the GBV WG on the updated IASC GBV guidelines, GBV SOPs and best practices.								
<b>Activity 1.2.2</b>								
<b>Standard Activity : Capacity building</b>								
A total of 40 community based committees and cluster focal persons shall be trained on GBV prevention and response, including aspects of protection mainstreaming, PSEA, and human rights. The community based committees will be conducting quarterly awareness sessions to inform the community members on available services for Gender based violence and ensure referrals are made on time as they continue with information dissemination at the camp level on various sectoral issues.								
<b>Indicators</b>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 1.2.1	Protection	Number of partners staff trained on IASC guidelines					20	
<b>Means of Verification</b> : Participant details, photos, pre- and post-evaluation questionnaires								
Indicator 1.2.2	Protection	Number of people reached by campaigns conducted to inform communities on available services					240	
<b>Means of Verification</b> : Progress reports								
<b>Outcome 2</b>								
Increased community awareness on GBV								
<b>Output 2.1</b>								
<b>Description</b>								
Participation of community in SGBV prevention and response enabled and sustained								
ARC will conduct public awareness on GBV and will provide mentoring support to GBV responders and safe home volunteers, which is expected to increase community members in preventing and responding to GBV. ARC will adopt the use of weekly information dissemination on Gender, Human Rights, Protection from Sexual Exploitation and Abuse (PSEA) and existing referral pathways conducted by the community mobilizer and the volunteers in the camp.								
<b>Assumptions &amp; Risks</b>								
ARC maintains good relations with all stakeholders working in Kismayo. Security situation remains calm to such an extent that ARC is able to access the target beneficiaries. Local leaders and communities support the project and are willing to work within the framework of humanitarian principles. The security situation remains calm and ARC has adequate access to the target beneficiaries								
<b>Activities</b>								
<b>Activity 2.1.1</b>								
<b>Standard Activity : GBV awareness campaign</b>								
Conduct awareness campaigns through calendar events								
ARC will engage community members in GBV prevention and response activities through celebration of key events, such as the International Women's Day, International Day of Zero Tolerance for Female Genital Mutilation and 16 Days of Activism. ARC will also use radio programs, roadshows, forums, participatory and educative theatres and IEC materials to communicate key GBV prevention and response messages to the community.								
<b>Activity 2.1.2</b>								
<b>Standard Activity : GBV awareness campaign</b>								

Conduct training for 40 PoC on GBV prevention and response

The training will increase awareness on the effects of Intimate Partner Violence (IPV) and enhance basic communication skills as well as share information about the available services for GBV survivors in the community through the existing referral pathways. The participants will be identified by the camp leaders committee, various women and men group leaders, and other people suggested by the community. The PoCs identified for the training will be people who are able to influence the community to adopt change and support GBV survivors to access help in the camp.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					2,000

**Means of Verification** : Project Progress Monitoring

**Additional Targets** :

**M & R**

**Monitoring & Reporting plan**

The security situation in Kismayo does not prohibit ARC staff from making regular field-monitoring visits to project sites. A detailed M&E plan has been designed to collect appropriate data on project activities to indicate progress and provide documentation of activities. ARC will fully cooperate with any and all donor reporting requirements as outlined in the Project Partnership Agreement, including formal joint monitoring and review.

To ensure strong linkages with ARC's existing project, monitoring and evaluation of the currently supported GBV project will continue through the length of this project. Reports will be sent to SHF on a quarterly basis utilizing the agreed-upon format to detail progress, challenges, successes, and lessons learned to refine future programming design and ensure sustainability

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
	Activity 1.1.1: Provide Case Management services through psychosocial support, documentation and referrals	2016									X	X	X
	2017	X	X	X	X	X	X	X	X				

ARC will provide all reporting GBV survivors with timely services through the case management process. This shall include safe and proper documentation of cases; psychosocial support both at individual level and appropriate referrals for other services through the referral pathway, as per the survivors' wishes and needs. In addition, individual safety plans will be developed with survivors in the case of imminent intimate partner violence. All provided support and services will respect the confidentiality and wishes of the survivor as per the GBV Guiding Principles. Information dissemination at the camp level will be done on a daily basis by community volunteers to ensure information on where to access services is available to the community and also share the GBV hotline for survivors to call. The GBV stop Centre and the 2 Maternity Child Health Clinics have counseling and examination rooms including a trained psychosocial counselor who is in charge of the hotline and provide counseling to the survivors.

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<p>Activity 1.1.2: Distribute 100 Energy saving Jikos, 100 Dignity Kits to GBV survivors and installation of solar streetlight in Dalxiska settlement.</p> <p>ARC is a member of the Global Reference Group for the updated Interagency Standing Committee (IASC) GBV guidelines, which enables communities, governments, and humanitarian organizations to establish and coordinate multi-sectoral interventions, to prevent and respond to GBV throughout all stages of humanitarian response.</p> <p>As per the IASC Guidelines on integrating GBV prevention into all humanitarian interventions, ARC will distribute energy saving Jikos to GBV survivors identified through the case management in Dalxiska camp to reduce their frequency of going to the bush to fetch firewood. Three streetlights will be installed at the existing hotspots as identified by community members in Dalxiska settlement. Dignity kits will also be distributed to GBV survivors who are in need and also for proper hygiene. A post-distribution assessment will be conducted to assess the effectiveness of the Jiko and solar streetlights for GBV prevention.</p>	2016																		X			
	2017																					
<p>Activity 1.1.3: train 40 Community members on basic counseling and psychosocial wellbeing</p> <p>The training will aim at improving the community members' knowledge and practices. This activity will include young single mothers and caregivers of persons living with disabilities who have been facing discrimination in the camp including the minority communities; this information will be selected from the incident recorders. Topics to be discussed will focus on violence reduction strategies, importance of self-care as well as other related topics. These sessions shall be aimed at reducing effects of the family burden on the caregiver and the resultant negative impact it has on their psychosocial wellbeing and their ability to cope with it; it will also empower caregivers to offer basic counseling to the people they take care of as well as allow them to reach out to other caregivers.</p>	2016																			X		
	2017																					
<p>Activity 1.1.4: Form Community based Support groups who will act as GBV responders and Safe Home Volunteers</p> <p>Two community support groups will be formed comprising 10 persons each, will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors and will act as GBV responders and Safe Home Volunteers who shall be engaged in providing basic support and referrals to GBV survivors and other persons facing protection risks and in need of psychosocial support. Safe Home Volunteers will also provide temporary safe spaces to persons of concern, specifically women and children facing immediate physical danger of sexual and/or physical violence as their case is being intervened and a solution is sought. ARC shall also endeavor to strengthen the capacity of support group structures to be able to prevent &amp; respond to GBV through monthly meetings and on-the-job coaching. The safe home volunteers will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors. Currently we do not have safe houses or haven to shelter GBV survivors and most of the cases they go to stay with someone they identify which exposes them to further risks. This volunteers will form part of support group working with ARC prevention and response in providing an alternative for such cases</p>	2016																			X		
	2017																					
<p>Activity 1.2.1: Train 20 partner members who are part of the GBV WG on the updated IASC GBV guidelines, GBV SOPs and best practices.</p>	2016																				X	
	2017																					
<p>Activity 1.2.2: A total of 40 community based committees and cluster focal persons shall be trained on GBV prevention and response, including aspects of protection mainstreaming, PSEA, and human rights. The community based committees will be conducting quarterly awareness sessions to inform the community members on available services for Gender based violence and ensure referrals are made on time as they continue with information dissemination at the camp level on various sectoral issues.</p>	2016																				X	X
	2017																					
<p>Activity 2.1.1: Conduct awareness campaigns through calendar events</p> <p>ARC will engage community members in GBV prevention and response activities through celebration of key events, such as the International Women's Day, International Day of Zero Tolerance for Female Genital Mutilation and 16 Days of Activism. ARC will also use radio programs, roadshows, forums, participatory and educative theatres and IEC materials to communicate key GBV prevention and response messages to the community.</p>	2016																				X	X
	2017	X	X																			

Activity 2.1.2: Conduct training for 40 PoC on GBV prevention and response	2016												X	X
The training will increase awareness on the effects of Intimate Partner Violence (IPV) and enhance basic communication skills as well as share information about the available services for GBV survivors in the community through the existing referral pathways. The participants will be identified by the camp leaders committee, various women and men group leaders, and other people suggested by the community. The PoCs identified for the training will be people who are able to influence the community to adopt change and support GBV survivors to access help in the camp.	2017	X												

**OTHER INFO**

**Accountability to Affected Populations**

ARC, through its standing presence in Kismayo, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to ARC by potential beneficiaries as well as local authorities. ARC, as a matter of principle and tradition holds a stakeholder, grant opening workshop with all stakeholders invited every time before the launch of every project. The grant opening workshop is meant to introduce beneficiaries and stakeholders to the project, highlighting the key entitlements, the beneficiary selection criteria used or to be used, the design of the project and implementation policy of ARC and donor requirements. This act of inclusivity in program launching and implementation opens up the program to public scrutiny and healthy beneficiary/donor/implementer dialogue. Further, ARC conducts regular community meetings. During these meetings the beneficiaries are informed about the project and their feedback is sought. This feedback is then communicated to ARC Management and the project design is changed accordingly (within donor rules and regulations). Do no Harm has been considered in the design stage of the project and will be ensure during the implementation. At the end of the project, the community feedback is sought again and lessons learned are incorporated into new project designs. At its core, this is a project that acknowledges the essential role that different stakeholders play in GBV programming in humanitarian settings. ARC is committed to accountability towards the beneficiaries of the projects that the organization implements. In Kismayo and in line with ARC principles, the proposed project will be anchored in beneficiary buy-in and ownership mechanisms accountable to the civil society in the entire Jubbaland Administration and Kismayo in particular. ARC and the line government authorities in collaboration with the key project stakeholders in Kismayo will conduct the process of recruiting key positions for this project. The hiring process will be transparent and will ensure fair distribution of the staff members among the different communities. ARC takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities (PWDs), and people from the minority clans. Memberships of entities formed either to provide oversight or play different roles like vetting, endorsements or grievance solving process must draw its membership from the youth, women, men and Government cadre. ARC actively coordinates with all relevant bodies and stakeholders including the local and national level cluster system, the United Nations and other donors, international and local organizations, and all local and national level authorities. ARC incorporates transparent and community-led approaches in this and all projects, and communities will be engaged in all aspects of project design, implementation, and monitoring. Project activities will connect and be coordinated with existing and future projects in the protection sector, including the ongoing CHF project in Kismayo as well as the health components of ongoing ARC/OFDA funded 2 MCH in Kismayo, and the just ended WHO supported mobile clinic in Dalxiska. Beneficiaries will benefit from ARC's active programming in Kismayo in the sectors of health, WASH, livelihood, and shelter through messaging on available services and overlapping catchment areas. Additionally, ARC operates with a 'Do No Harm' framework and is committed to dynamic programming that is responsive to community feedback and changes in the context or setting. ARC takes a "whole of community" approach, which means that women, men, girls, and boys (including local leadership) are involved and engaged in the process of designing the project, which allows for greater community ownership and a sense of everyone being in the struggle together. As staff and volunteer safety can be a risk in GBV programming,

**Implementation Plan**

ARC Somalia's field office in Kismayo will directly manage the implementation of this proposed project. The field office also provides technical, administrative and operational support. ARC is proposing to implement this project through ARC staff in close coordination with local authorities. The GBV Manager will provide overall management of the projects with support from the GBV officer and Psychosocial counselor who will be involved with direct project implementation. All protection staff in Kismayo reports to the Protection Manager who inturn reports to the Lower Juba Program Manager. The Lower Juba Manager reports to the ARC Head of Programs who reports to the Country Director. Financial management within ARC is headed by the Financial Controller based in Nairobi. The Finance Manager overseas the day to day operation and reporting and closely works with the Kismayo Based Finance Manager and Officer to ensure that all financial matters are in accordance with ARC and CHF rules and regulations. ARC actively coordinates with all relevant bodies and stakeholders including the local and national level cluster system, the United Nations and other donors, international and local organizations, and all local and national level authorities. ARC incorporates transparent and community-led approaches in this and all projects, and communities will be engaged in all aspects of project design, implementation, and monitoring. Beneficiaries will benefit from ARC's active programming in Kismayo in the sectors of health, WASH, protection, livelihood and shelter through messaging on available services and referrals using the developed and endorsed interagency referral form by the GBV sub cluster members. ARC will seek to protect the most vulnerable people in the community by providing enhanced mechanisms for preventing and responding to GBV through a multi-sectoral mechanism. The response component shall seek to offer psychosocial support to GBV survivors through the case management process that would include referrals to other partners for cases needing further assistance. Initiatives under the prevention component will seek to engage the community and community structures to provide them with knowledge, resources and skills they need to effect change in social and gender relations in their own communities to more effectively address gender-based violence and create community ownership. ARC is the protection cluster focal point in Lower Juba and conducts the monthly protection cluster coordination meeting to which all protection actors. OCHA and the relevant ministries are invited. Outcomes of the meetings are shared with all actors and the cluster. This is the main mechanism used to maximize efficiency and impact and avoid duplication. ARC will adhere to the implementation and M&A plan as submitted in the proposal. Before commencing the implementation a stakeholder meeting will be called and share the project activities with concerned partners and government ministries. Further, ARC will coordinate with the security department in government/ district commissioners office.



**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
SWACEDA	GBV partner in Kismayo that conducts GBV prevention and response services. ARC will work with SWACEDA on ensuring survivors of GBV receive appropriate service without duplication. The proposed activities will be implemented through information sharing and ensuring solutions for difficult cases are discussed through case management meetings.
SEDHURO	GBV/child protection (CP) partner in Kismayo that conducts GBV prevention and awareness campaigns. ARC as the co-chair of the Protection Cluster will work with SEDHURO throughout the implementation period in ensuring child rights violations are documented and that identified cases are referred for appropriate support.
CEDA	CP partner conducts awareness campaigns. ARC will continue to work with CEDA as the project unfolds in ensuring cases of child violations are reported and that support is provided as needed.
PAC	GBV partner that supports medical services at the Kismayo General Hospital. Cases of rape, sexual assault and severe physical assault cases that require doctors' intervention will be referred to PAC for further assistance and evidence collection in case the GBV survivor wishes to pursue a legal course of action.
NRC	Case referral for provision of support to GBV survivors (i.e. emergency cash grants). ARC will continue to work with NRC through referral of GBV cases. Cases of GBV that require further interventions will be linked up with NRC for their support.
Ministry of Gender, Family Affairs and Human Rights	ARC works closely with the ministry in supporting comprehensive GBV prevention and response services and coordination in lower juba. The ministry in collaboration with co-chairs both the protection cluster and GBV sub cluster meetings in Kismayo.
Jubbaland IDP and Refugee Affairs(JRIA)	The commission ensures IDPs and refugees living in Kismayo are provided with appropriate intervene in a dignified manner. The proposed activities will be implemented through information sharing at the cluster level and adequate support to the IDPs.
Jubbaland IDP and Refugee Affairs(JRIA)	The commission ensures IDPs and refugees living in Kismayo are provided with appropriate intervene in a dignified manner. The proposed activities will be implemented through information sharing at the cluster level and adequate support to the IDPs.

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

2b- The principal purpose of the project is to advance gender equality

**Justify Chosen Gender Marker Code**

ARC will ensure equal participation of women, men, girls and boys in all stages of the project. People of different ages and genders will be adequately represented in forums, trainings and GBV prevention and response initiatives. ARC understands the intended population has different needs between women, girls, boys and men and that access to services and resources is also different for each group. The proposed activities are designed in a way that doesn't expose community members to further risk but rather plays a role in protecting and preserving the dignity of IDPs.

**Protection Mainstreaming**

As ARC is keen to mainstream protection into all of its interventions, the ARC GBV team will work on building the capacity of staff from different sectors (Health, WASH, livelihood and Shelter) from ARC as well as other agencies on protection mainstreaming. In addition to providing specialized refresher training to health staff and community health workers on Clinical Management of Rape. ARC is committed to ensuring that protection is mainstreamed into all program responses. Protection activities will be integrated to improve the community with the aim of mitigating the risk and exposure of affected populations to threats, to empower beneficiaries to claim their rights, and to prompt duty-bearers to comply with their obligations.

**Country Specific Information****Safety and Security**

The security situation in Somalia has remained volatile with heightened incidents of armed attacks and military operations especially in Jubbaland State. The operational context within Lower Juba remains fluid. AMISOM-backed forces have established a presence in most major cities, however regular asymmetrical attacks from AS and frequent infighting from rival clans/political factions force the majority of the population to live in often contested areas and to navigate complex conflict environments. While little change to the security and operational context is expected during the implementation period, activities and implementation strategies remain flexible, and procedures are in place to mitigate risks at all project levels. ARC's direct implementation methodology is designed to establish linkages of all interventions within targeted communities, building well-established relationships with local government ministries, local and international partners, and identified community members to allow for easy movement and flexibility to mitigate obstacles associated with the Somalia-specific operational context.

**Access**

ARC has been working in Kismayo since 2011 and enjoys the support of the community and the authorities. ARC expects to keep good relationships to all actors in Kismayo and expects that this will allow ARC to work in Dalxiska IDP camp without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the centre of all ARC interventions. ARC has a comprehensive field security manual that informs all staff and all programs. A dedicated Security Manager further ensures safety and security of all ARC projects, staff and resources.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Country Director	s	1	9,000.00	12	3.00	3,240.00
	<i>The Country Director provides overall leadership and management to ARC's Somalia program and is responsible for the final budgetary oversight. The Country Director is based in Mogadishu with travel to Nairobi to coordinate with donee and UN agency headquarters. 3% of his salary, including all benefits will be charged to this project while 97% will be charged to ARC.</i>						
1.2	Finance Controller	s	1	6,000.00	12	3.00	2,160.00
	<i>The Finance Controller provides overall leadership and management to ARC's Somalia program and is responsible for the final budgetary oversight. The Finance Controller is based in Mogadishu with travel to Nairobi. 3% of his salary, including all benefits will be charged to this project while 97% will be charged to ARC.</i>						
1.3	Grant Management Support	D	1	5,700.00	12	3.00	2,052.00
	<i>This position ensures all donor requirements are met and all reporting is up to the donors' standard and manages the grant. \$5,700/month x 12 months x 3% LOE = \$2,052</i>						
1.4	Protection Manager	D	1	2,700.00	12	30.00	9,720.00
	<i>The position has overall responsibility for all Protection, GBV prevention and response activities in Somalia Program. \$2,700/month x 12 months x 30% LOE = \$14,400</i>						
1.5	GBV Officer	D	1	1,700.00	12	50.00	10,200.00
	<i>The position is responsible for day-to-day implementation of the GBV projects in Kismayo. \$1,700/month x 12 months x 50% LOE = \$10,200</i>						
1.6	Psychosocial Counselor	D	1	1,000.00	12	50.00	6,000.00
	<i>The position will support the day-to-day psychosocial counselling for GBV survivors in Kismayo. \$1000/month x 12 months x 50% LOE = \$6,000</i>						
1.7	Protection Mobilizer	D	1	600.00	12	50.00	3,600.00
	<i>This position will support the GBV prevention component and will work with community volunteers in ensuring GBV Prevention and response activities have been shared with the community. \$600/month x 12 months x 50% LOE=3,600</i>						
1.8	Community Volunteers	D	10	100.00	12	50.00	6,000.00
	<i>This is a community based position expected to work in the communities and increase awareness among the beneficiaries through day to day information dissemination, . \$100/month x 12 months 50% LOE=\$6,000</i>						
1.9	Qualified Nurse	D	1	450.00	12	50.00	2,700.00
	<i>This position works at the GBV stop centre in Kismayo General Hospital and will be able to provide clinical services to GBV survivors.. \$450/month x 12 months x 50% LOE</i>						
1.10	Auxillary Nurse	D	1	360.00	12	50.00	2,160.00
	<i>This position works at the GBV stop centre in Kismayo General Hospital and will be able to provide clinical services to GBV survivors.. \$360/month x 12 months x 50% LOE</i>						
	<b>Section Total</b>						<b>47,832.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Dignity Kits for GBV Survivors	D	96	68.00	1	100.00	6,528.00
	<i>Dignity kits comprising of Dirac, Dshawl, Sanitary pads, Panties, Bucket, bar soap, powder soap and peticoat will be distributed to 100 GBV survivors. \$6,528/year x 100% LOE = \$6,528</i>						
2.2	Energy saving Jiko	D	100	50.00	1	100.00	5,000.00
	<i>Energy saving Jikos will be distributed to GBV survivors who are at risk of further violence due to their frequent visit to the bush to fetch firewood. This Jikos will save them frequenting the bush as it will last for some days. \$5000/year x 100% LOE = \$5,000</i>						
2.3	Installation of Solar street lights	D	3	2,500.00	1	100.00	7,500.00

	<i>Installation of solar street light will be done at the identified hotspot within Dalxiska IDP camp. The lights will have 60W single LED with solar panel 200W* 1PC. Mono/polycrystalline silicon with a battery 12V/250AH*1-PC. Gel storage battery. 8 metres height. \$7,500/year x 100% LOE = \$7,500</i>						
2.4	Emergency Hotline	D	1	15.00	12	100.00	180.00
	<i>Utilization of emergency hotline will be used for community to call the caseworkers at the GBV stop centre and share their concerns. A monthly airtime of \$15 will be purchased and used. \$15/month x 12 months x 100% LOE = \$180</i>						
2.5	Capacity building	D	1	9,114.00	1	100.00	9,114.00
	<i>various training will be conducted to the identified community members and agency workers on GBV, IASC guidelines and so on. \$9,114/year x 100% LOE = \$9,114</i>						
2.6	Material Support for Safe Home Volunteers	D	20	51.00	1	100.00	1,020.00
	<i>Support to safe volunteers and GBV responders will be targeted in provision of some items which include mattresses, mosquito nets and Bed sheets. The support involves provision of the mentioned items for accommodating and keeping survivors in a safe environment away from harm of their perpetrators while their cases are being deliberated on. \$1,020/year x 100% LOE = \$1,020</i>						
2.7	Calendar Events	D	3	675.00	1	100.00	2,025.00
	<i>Celebration of the international calendar days will be marked within the community. \$2,025/year x 100% LOE = \$2,025</i>						
	<b>Section Total</b>						<b>31,367.00</b>
<b>Travel</b>							
5.1	air travel and accomodation	s	1	4,000.00	1	50.00	2,000.00
	<i>In country flights to/from Kismayo, Mogadishu to /Nairobi for technical support, training and coordination meetings at the national level. See attached BOQ</i>						
5.2	vehicle	s	1	2,000.00	12	30.00	7,200.00
	<i>ARC proposes to rent one vehicle to be able to bring staff to the project sites</i>						
	<b>Section Total</b>						<b>9,200.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	office rent	s	1	5,000.00	12	2.40	1,440.00
	<i>The office rent will be 2.4% during the project implementation. Kismayo Office will utilize this amount. 5000/month x2.40%</i>						
7.2	communication	s	1	1,800.00	12	4.72	1,019.52
	<i>Internet (office) and Staff airtime. \$1800/month x4.72</i>						
7.3	stationary	s	1	843.00	1	50.00	421.50
	<i>These include materials such as Stationery, toners, cartridges, etc., for use in the office and by the project team. 843/year x50%</i>						
7.4	Bank charges (1.5% transfer rate)	s	1	300.00	1	100.00	300.00
	<i>ARCs bank charges 1.5% for each transfer that goes to Somalia.</i>						
7.5	utilities	s	1	3,000.00	12	4.00	1,440.00
	<i>ARC is requesting SHF to cover a small percentage of the utilities. See attached BOQ</i>						
	<b>Section Total</b>						<b>4,621.02</b>
<b>SubTotal</b>			250.00				<b>93,020.02</b>
Direct							73,799.00
Support							19,221.02
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							6,511.40
<b>Total Cost</b>							<b>99,531.42</b>
<b>Grand Total CHF Cost</b>							<b>99,531.42</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Dalxiiska	100	1,090	2,190	500	500	4,280	<p>Activity 1.1.1 : Provide Case Management services through psychosocial support, documentation and referrals</p> <p>ARC will provide all reporting GBV survivors with timely services through the case management process. This shall include safe and proper documentation of cases; psychosocial support both at individual level and appropriate referrals for other services through the referral pathway, as per the survivors' wishes and needs. In addition, individual safety plans will be developed with survivors in the case of imminent intimate partner violence. All provided support and services will respect the confidentiality and wishes of the survivor as per the GBV Guiding Principles. Information dissemination at the camp level will be done on a daily basis by community volunteers to ensure information on where to access services is available to the community and also share the GBV hotline for survivors to call. The GBV stop Centre and the 2 Maternity Child Health Clinics have counseling and examination rooms including a trained psychosocial counselor who is in charge of the hotline and provide counseling to the survivors.</p> <p>ARC will continue to utilize the GBV Information Management System (GBVIMS). According to GBVIMS best practices, ARC uses a coding system for survivors, caseworkers, and incidents to anonymize the documents with sensitive information. All data is centralized and secured in an electronic database with restricted access through passwords, with no paper trail other than the survivor files kept by the case workers, and is stored in a secured and locked location. Only one trained focal point per GBV team has access to the system to enter data, as it is password protected. Caseworkers keep the GBV Intake Forms in lockable cabinets together with the client files. Procedures for destroying data during an evacuation are in place as per the GBVIMS data protection protocol checklist.</p> <p>The GBVIMS has proven useful in the context of Somalia to track GBV trends, including types of violence, by whom they were committed, when they occurred and by whom they were reported. ARC will continue to use the system to generate trend analysis in order to inform programming and sharing with UNHCR's GBV focal point for consolidation while following the laid down procedures and protocols as stipulated in the information sharing protocol (ISP).</p> <p>Activity 1.1.2 : Distribute 100 Energy saving Jikos, 100 Dignity Kits to GBV survivors and installation of solar streetlight in Dalxiska settlement.</p> <p>ARC is a member of the Global Reference Group for the updated Interagency Standing Committee (IASC) GBV guidelines, which enables communities, governments, and humanitarian organizations to establish and coordinate multi-sectoral interventions, to prevent and respond to GBV throughout all stages of humanitarian response.</p> <p>As per the IASC Guidelines on integrating GBV</p>

prevention into all humanitarian interventions, ARC will distribute energy saving Jikos to GBV survivors identified through the case management in Dalxiska camp to reduce their frequency of going to the bush to fetch firewood. Three streetlights will be installed at the existing hotspots as identified by community members in Dalxiska settlement. Dignity kits will also be distributed to GBV survivors who are in need and also for proper hygiene. A post-distribution assessment will be conducted to assess the effectiveness of the Jiko and solar streetlights for GBV prevention.

Activity 1.1.3 : train 40 Community members on basic counseling and psychosocial wellbeing

The training will aim at improving the community members' knowledge and practices. This activity will include young single mothers and caregivers of persons living with disabilities who have been facing discrimination in the camp including the minority communities; this information will be selected from the incident recorders. Topics to be discussed will focus on violence reduction strategies, importance of self-care as well as other related topics. These sessions shall be aimed at reducing effects of the family burden on the caregiver and the resultant negative impact it has on their psychosocial wellbeing and their ability to cope with it; it will also empower caregivers to offer basic counseling to the people they take care of as well as allow them to reach out to other caregivers.

Activity 1.1.4 : Form Community based Support groups who will act as GBV responders and Safe Home Volunteers

Two community support groups will be formed comprising 10 persons each, will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors and will act as GBV responders and Safe Home Volunteers who shall be engaged in providing basic support and referrals to GBV survivors and other persons facing protection risks and in need of psychosocial support. Safe Home Volunteers will also provide temporary safe spaces to persons of concern, specifically women and children facing immediate physical danger of sexual and/or physical violence as their case is being intervened and a solution is sought. ARC shall also endeavor to strengthen the capacity of support group structures to be able to prevent & respond to GBV through monthly meetings and on-the-job coaching. The safe home volunteers will be selected from the community members who are known to be playing an active role in responding to and preventing GBV. The selected group will in turn be trained in order to avoid further risks to the GBV survivors. Currently we do not have safe houses or haven to shelter GBV survivors and most of the cases they go to stay with someone they identify which exposes them to further risks. This volunteers will form part of support group working with ARC prevention and response in providing an alternative for such cases

Activity 2.1.1 : Conduct awareness campaigns through calendar events

ARC will engage community members in GBV prevention and response activities through celebration of key events, such as the International Women's Day, International Day of Zero Tolerance for Female Genital Mutilation and 16 Days of Activism. ARC will also use radio programs, roadshows, forums, participatory and educative theatres and IEC materials to communicate key GBV prevention and response

messages to the community.  
 Activity 2.1.2 : Conduct training for 40 PoC on GBV prevention and response

The training will increase awareness on the effects of Intimate Partner Violence (IPV) and enhance basic communication skills as well as share information about the available services for GBV survivors in the community through the existing referral pathways. The participants will be identified by the camp leaders committee, various women and men group leaders, and other people suggested by the community. The PoCs identified for the training will be people who are able to influence the community to adopt change and support GBV survivors to access help in the camp.

Documents	
Category Name	Document Description
Budget Documents	ARC Somalia Protection BOQs.XLS
Budget Documents	ARC PROTECTION BOQ 2016.xls
Budget Documents	ARC 2544 BOQs - ek.xlsx
Budget Documents	Revised ARC 2544 BOQs - 14.07.16.xls
Budget Documents	ARC 2544 BOQs - 18.7.16.xlsx
Budget Documents	15.8 .2017 ARC 2544 BOQs - 18.7.16 (1).xlsx
Grant Agreement	Annex B signed.pdf
Grant Agreement	signature page.pdf