

For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)
 Please do not change the format of the form (including name of page) as this may prevent proper registration of project data.



For new proposals, please complete the tab for 'Project Document', 'Budget' and 'Locations'
 Mandatory fields are marked with an asterisk

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario		
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO		
(C) Project Title*	Integrated support for prevention and mitigation of SGBV in 5 IDP settings in Mogadishu, Zona K.		
(D) CAP Project Code	SOM-12/P-HR-RL/48466	Not required for Emergency Reserve proposals outside of CAP	
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations	
(F) CHF Funding Window*	Standard Allocation 2 (Oct 2012)		
(G) CAP Budget	\$ -	Must be equal to total amount requested in current CAP	
(H) Amount Request*	\$ 333,034.00	Equals total amount in budget, must not exceed CAP Budget	
(I) Project Duration*	12 months	No longer than 6 months for proposals to the Emergency Reserve	
(J) Primary Cluster*	Protection		
(K) Secondary Cluster	Health	Only indicate a secondary cluster for multi-cluster projects	
(L) Beneficiaries	Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		
		Men	Women
	Total beneficiaries	2530	4620
	Total beneficiaries include the following:		
	Internally Displaced People	2530	4620
	Women of Child-Bearing Age	0	2530
	Staff (own or partner staff, authorities)	10	36
	Promoters, Caretakers, committee mem	20	50
(M) Location	Precise locations should be listed on separate tab Regions: <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed		
(N) Implementing Partners	(List name, acronym and budget)		
	1	Budget:	\$ -
	2	Budget:	\$ -
	3	Budget:	\$ -
	4	Budget:	\$ -
	5	Budget:	\$ -
	6	Budget:	\$ -
	7	Budget:	\$ -
	8	Budget:	\$ -
	9	Budget:	\$ -
	10	Budget:	\$ -
		Total	\$ -
		Remaining	\$ 333,034
Focal Point and Details - Provide details on agency and cluster focal point for the project (name, email, phone).			
(O) Agency focal point for project:	Name*	Fabio Gigantino	Title
	Email*	kenya@cosvnairobi.org	Phone*
	Address	Plot 47, Rhapsa Road - Westlands, Nairobi - Kenya	

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	<p>Relentless fighting, human rights abuses, crippling natural disasters have displaced hundreds of thousands of civilians within Somalia and also exacerbated the already desperate humanitarian situation of existing internally displaced people (IDPs), in particular children and women among them. Latest figures from UNHCR show 12,000 more people have been displaced within Somalia since the beginning of April due to drought, civil unrest and lack of livelihoods, on top of 7,000 displaced in the first quarter of the year for the same reasons. Large-scale population movements of people continue to take place mostly towards the capital Mogadishu. The displaced are coming from Bay, Bakool, Lower Shabelle, Lower Juba due to the current humanitarian crisis. During conflict, flight and displacement, women and children are at heightened risk. They are more vulnerable to exploitation and abuse. Women and girls are often the systematic target of sexual violence, have special health needs that are often neglected and lack the protection formerly afforded by their families and communities. Children are often separated from those who care for them and exposed to sexual abuse and exploitation and recruitment into armed forces. Many IDPs are separated from their traditional support mechanisms, including clan protection.</p> <p>IDPs, which traditionally belong to minority clans, once forced outside their traditional clan boundaries, often have little recourse to systems of justice when violations against them take place. Of particular concern are the more than 120,000 IDPs living in Mogadishu with a growing number of displaced persons in Zone K settlements, in particular women and children. Zona-K, covering a total area of 2,132 sq km, is home to one of the biggest concentration of IDPs in Mogadishu, with an estimated 18,000 people living in shanty dwellings. The area is divided into three sections: the National University, the National Range (Eisha Baidoa) and the Ex-Milk Factory.</p> <p>In the IDP settlements of Zona K, the breakdown of family and community structures has lead to the spread of protection risks for the most vulnerable groups. Women and children, in particular, are frequently exposed to violence, exploitation, harmful practices and negative coping mechanisms. Occurrences of rights violations are highly under-reported because of the limited availability of protection services and the social isolation and stigmatization faced by the victims.</p> <p>Gender-Based Violence remains a critical protection concern, but local actors operating in the camps are discouraged from reporting adequately on GBV concerns mainly due to the extreme scrutiny and threat associated with collecting such information. Besides stigma, underreporting of GBV cases is further compounded by the breakdown in community structures due to displacement and limited access to confidential reporting mechanisms. Therefore, reports on GBV have been sporadic and anecdotal, and at best non-representative of the genuine levels of GBV that women and girls are faced with. Although the exact numbers of survivors of GBV is unknown, certain indicators suggest that GBV incidents in huge IDPs settlements like Zona K are on the rise. These indicators include the dwindling protection environment, increased vulnerability of women and girls during displacement, and assessments of refugee populations in Kenya and Ethiopia indicating that women and girls are exposed to GBV, particularly rape, during flight.</p> <p>On the other side, during displacements (and conflict), traditional protective and support mechanisms are destroyed leaving families more vulnerable to family separation, violence, abuse and exploitation. Traumatic events and separation of families often</p>
(B) Describe in detail the capacities and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	<p>Between the 22th and the 30th of September 2012, COSV field staff based in Mogadishu carried out a rapid protection-education assessment in 10 IDPs umbrella camps in Mogadishu, Zona K (Hodan district – Benadir Region), which revealed very urgent needs and gaps to be addressed. Specifically, the assessment was conducted in the following areas of Zona K: - IIDLE umbrella camp; MADAG umbrella camp; DUGAAL umbrella camp; MABDA umbrella camp; MARIAMA umbrella camp; MEDISHINO umbrella camp; NAAFAC umbrella camp; RUWEYDA umbrella camp; SOWDO umbrella camp; XIRSI-RUUG umbrella camp. The main objectives of the assessment were to highlight key protection and education concerns and recommend the best ways to rapidly help the people in need in the most populated areas of Zona K.</p> <p>An assessment matrix was elaborated by COSV regional and field staff to identify gaps and needs and provide quick and urgent recommendations. Additional sectors - like Shelter - were added to provide more in depth and integrated recommendations. In terms of geographical zones, during the assessment a special focus was put on Kabka (IIDLE camp), Xirsi-Ruug, Madag, Mabda and Maryama sub-camps, where COSV is currently running a Health programme funded by the CHF within the Tri-cluster strategy. The above mentioned 5 sub-camps have been identified as the target areas for the present intervention.</p> <p>The assessment methodology included mostly observation and engagement with individual interviews with elders, camp leaders, women, youth and children observation. Interview questionnaires solicited information regarding the general problems in the camp, the services available, and more specifically safety and security concerns for women and girls, with a special focus on women and child protection.</p> <p>According to the team's observations on the IDPs and the data collected during the assessment, the dwellers in the visited settlements comprise secondary displaced and newly displaced IDPs. The last date IDPs groups came in the 5 target camps was the 22nd of September for Kabka camp, the 25th of September for Madag and Mabda camp, the 21st of September for Mariama camp, the 18th of September for Xirsi-Ruug camp.</p> <p>Thus, if we combine information provided by COSV assessment team and the last data provided by UNHCR, which is currently (October 2012) analyzing the data from an assessment done in Camp 77 and Zona K based on a shelter count from satellite imagery, we can estimate that around 3,600 HHs are currently living in these 5 IDPs settlements, with approximately 720 PLW, 4,140 WCA, 3,600 under 5 children (2,160 females, 1,440 males), 3,240 girls aged 2-17 and 3,060 boys aged 2-17. The monitoring NGOs estimated to be around 90% occupancy in Zona K.</p> <p>In the camps of Kabka, Xirsi-Ruug, Madag and Mabda almost 90% of families have nomad and agro-pastoralist background, while an estimated 40% of the population of Mariama camp is composed by urban poor.</p> <p>However, in relation to possible cultural matters, interviews revealed that the majority of the families' members would allow their children be involved in formal/non-formal education and recreational activities. Unfortunately, at the present time, there is only one functioning school - in Kabka camp, with total enrollment figures of 80 boys and 55 girls-, while no schools, no CFS, no recreational areas / activities have been found in the rest of the target 4 sub-camps.</p> <p>Moreover, interviews, matrix's results and observations in the camps showed that the displaced people living in the 5 settlements</p>

<p>(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)</p>	<p>In previous and current initiatives, COSV has always mainstreamed key protection issues into its integrated Health, Nutrition, WASH, Education and Shelter Programme.</p> <p>Under the Health/ Nutrition Programme, COSV ensures equal access to effective, safe and quality health services to prevent avoidable morbidity, mortality and disability. Beneficiaries are involved from the outset in health assessments, paying special attention to women and children and other vulnerable groups, and local health workers where possible.</p> <p>Health workers operating in COSV health facilities in Mogadishu, Lower Shabelle and Gedo, provides basic education sessions - with a special focus on PLW and WCBA- which address key protection messages on SGBV and the protection of women's children. Moreover, COSV health staff operating in health facilities with no psycho-social support is made aware of the nearest facility where this support is provided and referral procedures are created to address such cases whose complications cannot be addressed within the local health system.</p> <p>In Merka Regional Hospital, COSV has promoted Mental health services that are culturally appropriate and ethically sound for populations affected by violence and trauma.</p> <p>COSV assures that consultations and documentation are private and confidential. On the other side, COSV nutrition programmes are designed in a manner that take into account the special needs of vulnerable groups, such as pregnant and lactating women, under 5 year olds and the elderly. The use of substitute mothers who have been breast-feeding their own infants is encouraged for infants whose mothers have died or cannot lactate.</p> <p>The presence of unaccompanied minors is duly documented and registered by COSV health staff in all the health facilities. Furthermore, in the implementation of WASH activities, women, girls, boys and men are involved in all consultations and assessments to identify safety and security risks, and to identify locations of water points and sanitation facilities that are accessible and safe. COSV always assures that water sources are located in a visible location and not more than 500 meters from the settlement in order to avoid the risk of physical attacks. Sanitation facilities are designed to ensure privacy and safety. Bathing facilities and toilets have doors and facilities well lit and located in visible and central locations.</p> <p>With specific regard to the 5 IDPs settlements of Kabka, Hersi-Ruug, Madag, Mabda and Maryama of Zona K, Mogadishu, COSV is currently running a health program to ensure equitable access to life saving health care services and reduce avoidable morbidity and mortality among secondary displaced and newly displaced populations in the target IDP. The establishment of outreach mobile clinics with qualified health staff started addressing - during the month of June 2012- some key protection issues particularly related to SGBV and women. However, staff, mobile clinics and referral health facilities should be equipped and trained in order to provide specific and qualified services in terms of SGBV and women, girls, men and boys protection.</p> <p>Moreover, in COSV Education program implemented in 8 schools in Lower Shabelle, 1 school in Mogadishu and 3 schools in Gedo Region, the topic of GBV was included in schools education sessions which involved pupils, teachers and CECs.</p>
---	---

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	Strengthen the protective environment of women, girls, men and boys survivors or under risk of rights violations through the provision of medical services and emotional support and referral		
(B) Outcome 1*	Increased access to gender sensitive emergency treatment through the provision of medical services and emotional support and referral		
(C) Activity 1.1*	Equipping the 5 mobile clinics being run by COSV in the target areas for first medical intervention, first emotional support and referral		
(D) Activity 1.2	Implementation of 2 trainings (an initial training and a refresher one) of 26 medical staff (2 from each mobile clinic, 8 from each hospital - 80% females and 20% males) and 10 Social Workers		
(E) Activity 1.3	GBVIMS training for 26 health staff (2 from each mobile clinic, 8 from each hospital - 80% females and 20% males) and 10 Social Workers		
(F) Indicator 1.1*	Health	Number of health facilities supported	Target* 7
(G) Indicator 1.2	Protection	Number of medical staff (26) successfully trained and able to	Target 36
(H) Indicator 1.3	Protection	Number of health staff and Social Workers trained on GBVIMS	Target 36
(I) Outcome 2	HHs with SGBV survivors, SGBV survivors and other especially vulnerable displaced groups provided with gender sensitive livelihood opportunities and small businesses for 90 GBV survivors, vulnerable women (non GBV survivors)		
(J) Activity 2.1	Identify gender sensitive livelihood opportunities and small businesses for 90 GBV survivors, vulnerable women (non GBV survivors)		
(K) Activity 2.2	Provide training in vocational, life and business skills for 90 beneficiaries of livelihood opportunities and small businesses.		
(L) Activity 2.3	Set-up of a post-monitoring system to follow up each of the 90 GBV survivors, vulnerable women and vulnerable HHs to ensure the		
(M) Indicator 2.1	Protection	Number of people provided with protection through productive livelihood opportunities	Target 90
(N) Indicator 2.2	Protection	Number of vulnerable people and HHs acquiring vocational, business and life skills	Target 90
(O) Indicator 2.3	Protection	70% of the 90 GBV survivors, vulnerable women or vulnerable HHs	Target 63
(P) Outcome 3	Enhanced community awareness on GBV prevention and mitigation matters in 5 IDP settings in Mogadishu, Zona K		
(Q) Activity 3.1	Constitution and training of 5 women protection committees (each comprising four men and six women)		
(R) Activity 3.2	Community awareness campaigns on GBV prevention and mitigation promoted by the 5 women protection committees with the support of COSV		
(S) Activity 3.3	Implementation of 2 Knowledge, Attitudes and Practices (KAP) surveys, one before and one at the end of the awareness raising campaign		
(T) Indicator 3.1	Protection	Number of training sessions for PMN/PMT reporters, profiling experts and community health workers	Target 1
(U) Indicator 3.2	Protection	Number of displaced people with access to awareness raising in IDP camps	Target 11
(V) Indicator 3.3	Protection	Percentage of people who became aware of key GBV and child protection issues	Target 60%
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>The project will adopt an inter-cluster strategy.</p> <p>Once the project has started, COSV will be engaged with Protection clusters (being already involved in the Health one) and will fulfill all the clusters' requirements (4W matrix, GBV WG). COSV will constantly consult with the relevant partners in the areas of operation and the relevant cluster focal points, in order to strengthen coordination and information sharing mechanisms.</p> <p>Protection activities will be indeed integrated with the Health program that COSV is currently implementing in the 5 target IDPs settlements of Kabka, Hersi-Ruug, Madag, Mabda and Maryama in Zona K, the aim of which is to ensure equitable access to life saving health care services and reduce avoidable morbidity and mortality among secondary displaced and newly displaced populations in the target IDPs camps.</p> <p>The already existing mobile clinics will be provided with 5 additional SGBV-focused health staff (100% female) and 10 Social Workers (2 per each clinic, 50% male and 50% female), while both mobile clinics and the 2 referral secondary health facilities will receive necessary medical supplies like post-rape treatment kits (post-exposure prophylaxis and emergency contraceptives, etc..)</p> <p>At the same time, 26 medical staff (2 from each mobile clinic, 8 from each hospital - 80% females and 20% males) will be trained twice (initial training and a refresher one) on SGBV information, prevention and awareness, emotional support, patients' referral system, SGBV Post-Exposure Prophylaxis, STIs and Emergency contraception, with the support of Standard Operating Procedures tools for response to SGBV and referral system.</p> <p>The use and correct application of Standard Operating Procedures will be monitored during the quarterly monitoring missions of COSV senior health staff and during the refresher training.</p> <p>On the other side, the 10 selected Social Workers (2 in each mobile clinic, 50% male and 50% female) will be trained on how to provide psychosocial support and identify projects' beneficiaries among the target communities according to specific criteria. □</p> <p>The 26 newly recruited health staff and the 10 newly recruited Social Workers will be also trained on GBVIMS and will be given a relevant task of data collection, monitoring and sharing.</p> <p>Key points will also be the establishing/strengthening of the referral mechanism from the outreach mobile clinics to the 2 hospitals (Benadir and Egyptian hospitals), in order to ensure the provision of adequate health service and the follow up of the patients.</p> <p>According to the level of trauma identified in the SGBV survivors, patients will be referred to the newly trained medical staff - which will be able to provide emotional support-, while SGBV survivors with deeper psychological trauma will be referred to the Counseling center of Benadir Hospital, where currently only 2 psychologists are providing proper psychological support to the severe cases.</p> <p>Due to the nature of SGBV related problems, and the cultural Somali environment, 100% of the new health staff for the mobile clinics will be composed by women, while social workers will be 50% male and 50% female.</p> <p>Moreover, in order to ensure a real capacity to make a living and face reduced levels of violence, gender sensitive livelihood opportunities and small businesses, as well as training in vocational and life skills, will be provided to 90 GBV survivors, vulnerable women or vulnerable HHs identified.</p>		

5. MONITORING AND EVALUATION (to be completed by organization)

(A) Describe how you will monitor, evaluate and report on your project activities and achievements, including the frequency of monitoring, methodology (site visits, observations, remote monitoring, external evaluation, etc.), and monitoring tools (reports, statistics, photographs, etc.). Also describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) *

The program implementation and performance will be assessed through a regular monitoring, done at different levels. A field based specialized human resource - a protection and a livelihood specialist- will oversee the day to day management of the activities in the field.

The Programme Coordinator based in Nairobi will be responsible for ensuring that the program is implemented in accordance with activities, timetable and budget set in the programme document while the Protection and Livelihood specialist will provide technical support to project implementation and representation and coordination of the project at the Nairobi level.

Quarterly monitoring missions from the regional office to the 5 target areas will ensure that programme is adequately implemented in the field, and will identify and address - together with the field staff- any operational and programmatic issue.

Health staff and Social workers involved in the project will be trained for the first time on GBVIMS, and COSV will become member of GBV Working Group.

A supervisor of the Mobile Teams will support the SGBV programme by evaluating SGBV activities and the functioning of GBVIMS.

The SGBV Mobile Team supervisor will be in charge of collecting and analyzing the data flow from the field, as well as monitoring and evaluating reports drafted by COSV Somalia staff deployed in the target areas with the aim of improving the reporting tools and drafting donors and COSV internal progress reports. Data will be age and sex disaggregated wherever possible.

During the implementation of the project, COSV will be also collecting photos and success stories that will be shared with OCHA and CHF Secretariat through interim and final reports.

Monthly financial monitoring against disbursement plan will be conducted by the Programme administrator based in Nairobi with the support from the field finance officer.

Equal participation of women and men from the target communities will be ensured in evaluation and review of project results, and the project's gender marker will be strictly respected. □

Together with people of concern, COSV will develop and adopt monitoring and evaluation tools that look at the impact of the programme on beneficiaries' vulnerability. □

Specifically, a post-monitoring system to follow up each of the 90 GBV survivors and vulnerable women and HHs will be set up with the aim of measuring the appropriateness and effectiveness of the livelihood assets provided and to ensure real beneficiaries' capacity to make a living and face reduced levels of violence.

The post monitoring system will be set up and carried out by SCORE, a Somali NGO specialized in the implementation of post monitoring and evaluation under the Italian Cooperation funds.

An expert consultant will be in charge of carrying out 2 Knowledge, Attitudes and Practices (KAP) surveys, one at the beginning and one at the end of the project, with data collection at baseline and end, in order to measure the impact of the awareness raising campaign. Both surveys will be conducted among a sample of 150 people in each of the 5 target IDPs settlement involved in the community mobilization, with a total sample of 750 people.

Activity	Timeframe					
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* Equipping the 5 mobile clinics	X					
Implementation of 2 trainings (an initial training and a refresher one) of 26 medical staff (2 from each mobile clinic, 8 from each hospital - 80% females and 20% males) on SGBV information, prevention and awareness, emotional support, patients' referral system, SGBV Post-Exposure Prophylaxis, STIs and Emergency contraception.						
Implementation of 1 training of 10 social workers (2 in each mobile clinic, 50% male and 50% female) on beneficiary identification mechanism and delivery of psychosocial support to the target communities.						
1.2	X			X		
1.3 GBVIMS training for 26 staff	X					
2.1 Identify gender sensitive communities	X	X	X			
2.2 Provide training in vocational skills	X	X	X			
2.3 Set-up of a post-monitoring system					X	X
3.1 Constitution and training of community health workers	X					
3.2 Community awareness campaigns		X	X		X	X
3.3 Implementation of 2 Knowledge, Attitudes and Practices (KAP) surveys	X					X

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities in project area	Organization	Activity
List any other activities by your or any other organizations, in particular those in the same cluster, and describe how you will coordinate your proposed activities with them	1 COSV - CHF	Provision of Basic Health care Services to reduce avoidable morbidity and mortality
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	

(B) Cross-Cutting Themes	Cross-Cutting Themes (Yes/No)	Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note	Gender Yes	The project ensures a holistic, gender and age diversity sensitive protection	
	Capacity Building		