

For 'new-line' in text fields press [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*	Gruppo per le Relazioni Transculturali			
(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*	Strengthening Response Mechanisms for High-Risk Groups and Survivors of Gender-Based Violence by Providing Community-Based Approaches and Services in Gaalkacyo.			
(D) CAP Project Code	SOM-12/P-HR-RL/48492	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*	\$ 392,940.00	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	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)			
	Total beneficiaries	Men	Women	Total
	22147	24532	46679	
	Total beneficiaries include the following:			
	Children under 18	10015	10144	20159
	Committees	50	50	100
	People in Host Communities	2000	2000	4000
		0	0	0
(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	Budget:	\$ -
		Remaining	Budget:	\$ 392,940
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*	Eliana Irato	Title	Regional Representative
	Email*	eliana.irato@grtitalia.org	Phone*	0734144571
	Address	GRT Office P.O Box 757/76 Nairobi		

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>Gaalkayo District is characterized by being divided into two different regional administrations: Puntland in the north, and Galmudug to the south. This administrative/political division reflects in some way the area's clan composition, mainly the Darod to the north, and the Hawiye to the south, with a number of derived sub-clans. However, although the district's division has pervasive consequences on conflict dynamics, it should not be viewed as an ineluctable – or even the principal – driver of insecurity. Actors of insecurity include piracy groups, who use Gaalkayo as a logistics base and are involved in a number of violent and non-violent activities, such as prostitution, killings, car accidents, and drug and alcohol use. Street gangs and violent Islamic groups are also present.</p> <p>Protection Cluster members in Gaalkayo continue to report an increase of GBV incidences possibly due to the deteriorating security situation as a result of piracy no longer being as lucrative as in the past: as a consequence, many pirates remain in Gaalkayo and are idle, which coupled with a high level of impunity, means that women and girls become targets. Members noted that many of the GBV incidences reported occurred in the IDP settlements that host minority clans.</p> <p>Sources: - Safety and security District baseline report - Gaalkayo (Observatory of Conflict and Violence Prevention (OCVP) - 2012 - Violence in the Lives of Girls and Women in the Somali Republic (UNDP, UNPOS, UN Women) - 2012 - Protection Cluster Report, June and July 2012</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>The situation in Gaalkayo remains critical in terms of violence against women and girls. Most of the protection mechanisms have failed due to the influx of IDPs and the subsequent collapse of family and clan based protection and support. There is a discrepancy between the quality of services delivered and the efforts allocated to training local actors implementing multi-sectoral responses. The settlements are not designed considering women and girls needs, for example latrines are not single sex, shelters are unsafe and are not lockable from the inside to prevent GBV. After a GBV incident, survivors are even more vulnerable while staying in the same shelter (especially in case of rape or domestic violence) where violence can be repeated and limiting their possibility to access legal services (which might put them even more at risk). Reporting rates to the police are low: only 6 percent of assault are actually reported. Main reason for not reporting are lack of services and embarrassment in the case of sexual violence are key factors as to why violence survivors and their families remain silent. Even where financial assistance is offered, such as for medical expenses, girls and women refuse to go to a hospital or medical centre.</p> <p>The level of coordination is low: SOPs have been developed by the GBVWG in 2010, but have not been updated and therefore there is no clear mapping of available services, which lead to poor case management of survivors. GBVIMS training has been conducted, but few organisations are actually using the newly introduced tool.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs.(maximum 1500 characters)	<p>GRT is currently implementing a UNICEF funded GBV programme in Gaalkayo aiming at ensuring provision of qualitative and comprehensive care for GBV survivors using a community-based approach that also enhance mechanisms protecting vulnerable women and girls and prevent new case of GBV incidents. The identification of the survivors is made by trained community members (IDP focal points and Committee Members) with the help of a dedicate phone line to encourage self referral (to reduce under reporting caused by stigma). GRT team in Gaalkayo ensure survivors access to the minimum package of services, providing individual and tailored psycho social support (including counselling, family mediation, livelihood opportunities and dignity kits distribution, etc.), organising and supervising timely and comprehensive medical referrals and ensuring access to legal services for the person in needs. Disaggregated data are collected using GBVIMS, compiled into monthly analysis shared to other GBV partners (according to Information Sharing protocols) and at cluster and multicluster level in order to answer uncovered survivors needs. Attention is paid also to prevention activities, being the involvement of community members the key for programme success: so called "opinion leaders" are trained on GBV basic concept and are asked to design strategies to prevent GBV incidents in their own community. Moreover, the community is provided with whistle and solar torches as tools to increase the security in IDPs Settlements.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To strengthen the operational multi-sectoral response to GBV survivors needs in Gaalkacyo		
(B) Outcome 1*	500 Gender-based violence survivors (among them 20 men and boys and 480 women and girls and at least 30 % minors) benefit		
(C) Activity 1.1*	500 Gender Based Violence survivors are identified by 21 Focal Points in the IDPs settlements and 4 Facilitators in HC, previously tr		
(D) Activity 1.2	100% of the identified GBV survivors (willing and in need) are timely referred for appropriate medical care to already identified health		
(E) Activity 1.3	Awareness initiatives will be conducted to increase GBV survivors access to services.		
(F) Indicator 1.1*	Protection	Number of individuals having experienced fundamental human ri	Target* 600
(G) Indicator 1.2	Protection	Number of GBV survivors in need of medical support receiving a	Target 250
(H) Indicator 1.3	Protection	Number of GBV survivors benefiting from comprehensive case n	Target 500
(I) Outcome 2	Survivors security is enhanced through the creation of community-based protection mechanisms.		
(J) Activity 2.1	10 HC and IDPs families will be selected as "foster" families (and will then act as safe shelters) for GBV survivors and children facin		
(K) Activity 2.2	Portable Solar Torches and Whistles will be distributed in 21 IDPs settlement as simple and effective tools to mitigate exposure to p		
(L) Activity 2.3	Trainings will be organised i) for Community Elders on conflict prevention and resolution, for ii) selected foster families on basic GBV		
(M) Indicator 2.1	Protection	Number of community-driven coping mechanisms supported and	Target 100
(N) Indicator 2.2	Protection	Number of IDPs Settlement accessing specialised services	Target 21
(O) Indicator 2.3	Protection	Number of Community-driven coping mechanisms supported an	Target 20
(P) Outcome 3	Multi sectoral and Multi Level Response to GBV survivors in Gaalkayo is analysed and GAPS identified for advocacy		
(Q) Activity 3.1	Identified GBV incidents and case management related data will be collected through GBVIMS and shared into appropriate fora on		
(R) Activity 3.2	1 service delivery GAP analysis will be developed on the basis of the GBVIMS data analysis and shared with appropriate stakeholde		
(S) Activity 3.3			
(T) Indicator 3.1	Protection	Number of training sessions for PMN/PMT reporters, profiling exi	Target 500
(U) Indicator 3.2	Protection	Number of training sessions for PMN/PMT reporters, profiling exi	Target 50
(V) Indicator 3.3	Protection		Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>GRT approach is direct implementation of activities with the active participation of the community. GBV survivors, identified by IDPs focal points, will receive counselling package(set up of tailored pss rehabilitation plan and at least 5 follow up visits). 100% of identified survivors and additional 100 vulnerable women - in order to mitigate protection risks - will benefit from "Dignity Kits" (contents selected on the basis of UNICEF list and distributed following UNICEF Guidelines). 40 among the most vulnerable survivors will directly benefit from livelihood opportunities (Vocational Trainings and Business Start up kits) and synergies will be created with other agencies ongoing livelihood programmes (i.e. Veterinaires Sans Frontieres). Referrals for legal support will be ensured upon consent. Security needs of survivors will be tackled according to outcome 1.2.Livelihood opportunities will be provided by local trainers on the basis of agreed vulnerability criteria. Medical referrals will be supervised and monitor by GRT to MSF-H supported health facility and other medical partners. Access to legal services will be facilitated by GRT through a GBV Working Group partner. Distribution of risk mitigation tools will be organized by GRT once the community members have agreed on a distribution strategy. Identification of potential foster family will be conducted after a detailed clans mapping of the Gaalkacyo IDPs/Host Community areas in order to ensure the highest level of security possible for the survivors. Focus Group Discussions will be conducted with opinion leaders from the identified settlements in order to ensure community protection mechanisms of the resettled survivors. Once the families identified, minimum standards will be set up in terms of shelter package, field visit to the families shelter/house will be conducted as well as a security audit. During the sheltering period, GRT will daily visit the survivor and organize for the survivor reintegration in her community. Trainings on conflict prevention and resolution will be offered to IDPs Committees. Awareness Raising Methodology will be tailored on the message and efforts will be made to measure the outcomes.</p> <p>In regards to risks management, the GRT approach of direct implementation reduces the risk of Implementing Partners malversation. In addition, any GRT staff is recruited after presenting one form of ID, cross checking their references and after signing GRT Codes of Conduct (Focal Points and Facilitators are also signing the codes of Conduct). Any breach of the Code of Conduct will result in immediate closing of professional collaboration. FP and Facilitators are selected by their own community based on the role that they are already playing at their grassroots level and their legitimacy is assessed by GRT national staff. GRT senior staff will conduct regular field visits and will organize meetings and FGDs with final beneficiaries in order to get first hand information on the quality of service provided and the community perception regarding the intervention. Moreover, project documents will be submitted to local authorities (following Puntland law) and an MoU will be signed with the in line Minister.</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) *

a) GBVIMS report and analysis will be produced on a monthly basis.
 b) Monthly statistics and quarterly reports on projects activities and achievements.
 c) Individual files for each beneficiary composed by GBV reporting tool, psycho social rehabilitation plan and follow-up form.
 d) Daily visits to survivors hosted by foster families
 e) Survivor's psycho social rehabilitation indicators are established to determine the degree of recovery. At each follow-up session, psycho social assistants are able to determine whether the survivor is recovering or not.
 f) Monthly meetings with medical partners to share and cross-check information on the assistance accorded to survivors through mutual referral activities.
 g) Training evaluation filled by participants in order to evaluate contents of trainings, teaching methodology and class experience.
 h) An interim report will be carried out by GRT management on project learning and identification of good practices for dissemination.
 i) Field missions from GRT Regional Office in Nairobi, are foreseen to control the adherence of project activities.
 j) Moreover GRT has the following administrative and financial internal monitoring: monthly accounting through an ad hoc software; procedure of purchase double checked from field office and Regional Office, following donors' guidelines, budget control from PM, Administrator and HQ.
 k) Communication/Report with OCHA: All the previously cited documents will be shared with the CHF Board and comprehensive activity reports will be regularly submitted according to CHF M&E plan.
 l) OCHA field mission will be facilitated in order to assess the quality of the program, conduct evaluations and/or attend selected activities.
 m) Regular Risks Assessments will be conducted and will update the contextual analysis, the programme analysis, the threat analysis and the vulnerability analysis according to the Somalia UNCT risk management model.
 n) Moreover, in terms of financial and HR risks, GRT approach of direct implementation reduces the risk of Implementing Partners malversation. In addition, any GRT staff is recruited after presenting one form of ID, cross checking their references and after signing GRT Codes of Conduct (Focal Points and Facilitators are also signing the codes of Conduct). FP and Facilitators are selected by their own community based on the role that they are already playing at their grassroots level and the GRT team cross-checked their records.

(B) Work Plan
 Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

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* 500 Gender Based Violence	X	X	X	X	X	X
1.2 100% of the identified GBV	X	X	X	X	X	X
1.3 Awareness initiatives will	X	X	X	X	X	X
2.1 10 HC and IDPs families	X	X	X	X	X	X
2.2 Portable Solar Torches	X	X	X	X	X	X
2.3 Trainings will be organized	X	X	X	X	X	X
3.1 Identified GBV incidents	X	X	X	X	X	X
3.2 1 service delivery GAP	X	X	X	X	X	X
3.3 0						

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities in project area
 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

Organization	Activity
1 VSF-Germany	Livelihood Activities
2 GECPD	Safe Shelter, Livelihood
3 Médecins Sans Frontières	Health Support
4 TASS	GBV Survivors Case management
5 Legal Aid	Legal Assistance to GBV survivors
6	
7	
8	
9	
10	

(B) Cross-Cutting Themes
 Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

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.
Gender	Yes	a) Data related to GBV survivors are collected by sex and age, as well as all
Capacity Building		