© OCHA Coordination Saves Liv	es					Projec	t Proposa					
Organization	INTERSOS (INTERSOS)						<u> </u>					
Project Title		of at-risk populations by improving gen aming in humanitarian response in pric			BV) prevention and	response in Baidoa	(Bay region) and					
CHF Code	CHF-DMA-0489-471											
Primary Cluster	Protection			Seco	ondary Cluster							
CHF Allocation	Standard Allocation 1 (Ma	ay 2013)			12 months							
Project Budget	296,683.00											
CAP Details	CAP Code	SOM-13/P-HR-RL/56526		CAP	Budget		1,989,130.00					
	CAP Project Ranking	A - HIGH	CAP Gender Marker									
Project Beneficiaries	-		Men		Women	Total						
Toject Deficitionalies	Danafisian, Cumman,		IVICII		Women	Total						
	Beneficiary Summary											
			Boys		Girls	Total						
		Total										
	Total beneficiaries incl	ude the following:										
	Internally Displaced Peo	ple/Returnees	3	8	250	288						
	Staff (own or partner sta	ff, authorities)	17	0	170	340						
	Trainers, Promoters, Car	retakers, committee members, etc.	15	0	135	285						
mplementing Partners	Partner				Budget							
, ,	Trauma Counselling Cer	nter (TCC)			60,400.00	-						
					60,400.00	-						
Organization focal point	Name: Domenica Costar	ntini Title: Somalia Protection Coor	dinator									
contact details	Telephone: +254 70000	04133 E-mail: protection@intersos.	org									
BACKGROUND INFORM	•											
Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newes data available (indicate source) (Maximum of 1500 characters)	vulnerability and at increa high levels of displacement external shocks limit the part adopt risky and sometime for survival intensifies the vulnerability and risk of exp by the UN SRSG on sexu prevention of sexual viole	asecurity, drought and massive displactive sed risk of gender-based violence (Gont and food insecurity. While the humbouppulation's access to basic services as harmful coping strategies, including potential for intimate partner violence exploitation. High levels of GBV and lact all violence. Following this visit, a joint nice (7th May 2013) affirmed a commit commitment by improving the capacity s.	BV). During the far anitarian response causing fluctuating collection and sale. Furthermore, the ek of capacity to pr communiqué of the tment to prevent a	mine of has so levels e of fi moda revented for the first transfer of	of 2011-12 Bay reg stabilized previously s of vulnerability. A irewood and payme alities of aid assista t and respond was deral Republic of So spond to sexual vice	ion was one of the my famine affected pops a result women and ent of debt through for ance have sometimes noted on a recent high malia and the United plence across the could be a sometime and the united of the could be across	nost affected, with ver- pulations, perpetual d children are forced reed marriage. Press e exacerbated gh-level visit to Soma d Nations on the nty. INTERSOS					
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulte whom, how and when?). List any baseline data	Counselling center (TCC) rape and 48% were physis management of rape survare currently no safe shelf support for health staff in assistance and safe shelf limited practical involvement have identified this gap in awareness of services in	ganization actively providing GBV serv. 231 GBV cases were reported by wo ical/domestic violence. Over the last y vivors (CMR). However, due to post-raters or material support for survivors the two recently operational hospitals, er support. Communities, authorities agent for GBV prevention and response. In which we have a compared to strengther partners in other humanitarian priori	men and children ear INTERSOS ha pe kits pipeline ga o access services.  2) reception of Gland humanitarian a Non-GBV humanitERSOS/LNGO hen engagement of	over the best ov	the last 8 months (the building capacity or ape survivors we necessary to improses, 3) supply and lack awareness of a actors across all seen working to esta	GBVIMS, August 201 in case management of provided with posture the quality of care management of post GBV risks and consectors, and the new ablish referral system	2- April 2013); 31% of the and clinical arape treatment, ther by 1) CMR technical arape drugs, 4) mate equences and have government authoritical and increase					
<ol> <li>Activities. List and describe the activities that yo organization is currently implementing to address thes needs</li> </ol>	groups. The present action in partnership with TCC. It case workers and 4 communications assistance GBV working group. 2. Treferral pathway establish	ave been providing protection, educated in will complement and reinforce the of NTERSOS have been conducting the nunity based social workers by INTER to survivors. Case workers ensured raining of health workers in clinical material and capacity building of LNGO catalth, police, NGOs) finalized and GBV	nly existing GBV s following activities SOS GBV special GBV is an issue to nagement of rape se workers conduct	ervice which ist to disc survi	es in Baidoa town who support the proport the proport the provide case manales in a safe and covers (working in SAD) effectively assists	which are currently subsed activities: 1. Cal agement, basic emotion confidential manner in AMA and the regional sexual violence cases	ipported by INTERSO pacity building of GB' onal support and life communities and at hospital), confidentia s; 3. Service mapping					

		cluding elders	ovide safe referral of GBV cases. 4. Services awareness raising and engagement with men, women and youth s, religious and other leaders. INTERSOS will work through TCC with a strong supervision by the GBV field codificer	_
LOGICAL FRAMEWORK				
Objective 1	-	nose at high r	violence (GBV) prevention, mitigation and response in Somalia by strengthening the quality of care for children isk in Baidoa district and supporting practical mainstreaming of GBV minimum standards among humanitarian	
Outcome 1	Women and ch of Baidoa town	ildren GBV su	urvivors are provided with timely, confidential and comprehensive case management and medical response in	target areas
Activity 1.1	Provision of GE town	3V services in	cluding case management, safe shelter, basic emotional support and health referral to the main health facilitie	s in Baidoa
Activity 1.2	workers. The m standby in case will host the sur manner. Provis	aterial assista an emergend vivor for a pe ion of life savi	rial assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments I ance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families cy safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the form friod of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in ing material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the osocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services.	es will be on ester families a dignified ne IASC
Activity 1.3	in the district (1	formal trainin nd referral at	Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the Mog and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be to	case
Indicators for outcome 1		Cluster	Indicator description	Target
	Indicator 1.1	Protection	Number of people facing specific protection risks accessing specialised services	288
	Indicator 1.2	Protection	GBV survivors that receive psychosocial and material assistance in line with set standards	288
	Indicator 1.3	Protection	GBV survivors that receive medical assistance, including post-rape treatment within 72 hours	100
Outcome 2	Increased awar	eness of GB\	/ services and response referral system among target communities, civil society and formal and informal author	rities
Activity 2.1	To conduct 10	GBV field coo	ordination meetings with elders, village leaders, etc to link them into the GBV referral system.	
Activity 2.2				
Activity 2.3				
Indicators for outcome 2		Cluster	Indicator description	Target
	Indicator 2.1	Protection	<u> </u>	
			I Number of people facing specific protection risks accessing specialised services	288
	Indicator 2.2	Protection		288
	Indicator 2.2	Protection Protection	Community members with knowledge of response and reporting on GBV incidents	
Outcome 3	Indicator 2.3 Strengthened in	Protection	Community members with knowledge of response and reporting on GBV incidents	250
Activity 3.1	Indicator 2.3  Strengthened in technical support Conduct 16 three Health, Shelter leaders and eld reserved to GB International Gl Guidelines (still cluster will be p	Protection  mplementation  protection  protection  produced and  protection  produced and  protection  protection  produced and	Community members with knowledge of response and reporting on GBV incidents  of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training rainistreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, E y clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan lear nation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each worbers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by coulding trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the trument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each distributed according to the action plans developed during the training.	250 0 and ducation, ders, village kshop will bene ASC GBV a specific
	Indicator 2.3  Strengthened in technical support of the served to GB International G Guidelines (still cluster will be possible of the interests of and initiatives uprogrammes. F	Protection  Implementation  In Food securit Iders) in coordin  V active mem  BV Capacity be a drafted doc  roduced and  Its will be apport  Its wi	Community members with knowledge of response and reporting on GBV incidents  of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, E by clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan lead nation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workbers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by coulding trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the cument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each	250 0 and ducation, ders, village kshop will be ne ASC GBV n specific air. The ll represent to all debate s in their
Activity 3.1	Indicator 2.3  Strengthened in technical support technical support Conduct 16 through Health, Shelter leaders and eleaters and eleaters and eleaters and eleaters (still cluster will be pure GBV focal poin Action Plan ince	Protection  mplementation  protection  produced and  gradient of the companies of the condition of the companies of the compa	Community members with knowledge of response and reporting on GBV incidents  of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training rainistreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, E y clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan lead relation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each work bers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by coulding trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the cument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each distributed according to the action plans developed during the training.  Sointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chin GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points with their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities ill regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and the control of the graph of the protection cluster and the graph of the	250 0 and ducation, ders, village kshop will be ne ASC GBV n specific air. The Il represent o all debates s in their d GBV WG
Activity 3.1  Activity 3.2	Indicator 2.3  Strengthened in technical support of the served to GB International Gluidelines (still cluster will be possible international Gluidelines). GBV focal poin Action Plan incompartments of and initiatives of the interests of and initiatives of the interest of the interest of and initiatives of the interest of the intere	Protection  Implementation  In Food securit Iders) in coordin  V active mem  BV Capacity b  a drafted doc  roduced and  Its will be appoint  to women and g  undertaken in  ocal Points wi  ve field. Spec  luster IDP/hos  in the camps,  and conduct	Community members with knowledge of response and reporting on GBV incidents  of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, E y clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan lead nation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each work bers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by concluding trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the sument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each distributed according to the action plans developed during the training.  Sointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chin GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points with their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities are infected to the focal points during the three days training.  Set community villages/camp safety audits in priority areas to review cluster response implications for girls, boys prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plans.	250 0 and ducation, ders, village kshop will be ne ASC GBV n specific air. The ll represent to all debate s in their d GBV WG
Activity 3.1  Activity 3.2  Activity 3.3	Indicator 2.3  Strengthened in technical support technical support Conduct 16 through Health, Shelter leaders and eld reserved to GB International GI Guidelines (still cluster will be programmes of and initiatives uprogrammes. Fin their respection Conduct inter-cand men living implementation	Protection  Implementation of the e-day GBV in Food security lers) in coordin V active mem BV Capacity be a drafted docuroduced and its will be appointed that nor women and guides that the same and conduct uster Indiana that the same and conduct uster Indiana that the same and	Community members with knowledge of response and reporting on GBV incidents  of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Expedition of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training unainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Expedition of IASC GBV guidelines as well as informal and formal authorities (Police, religious leaders, clan lead nation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each work bers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by contained trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the sument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each distributed according to the action plans developed during the training.  Sometime of the GBV WGs chair and co-chair and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair and will be responsible to implement that gender-based violence minimum standards are integrated into their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into their clusters. Focal points will ensure that gender-based violence minimum standards are integrated in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated in their clusters. Focal points	250 0 and ducation, ders, village kshop will b ne ASC GBV n specific air. The ll represent o all debate s in their d GBV WG
Activity 3.1  Activity 3.2  Activity 3.3	Indicator 2.3  Strengthened in technical support technical support Conduct 16 through Health, Shelter leaders and elor reserved to GB International Gilling Guidelines (still cluster will be programmes. Fin their respection of the interests of the interest	Protection  mplementation  produced and GBV in  Food securit  lers) in coordin  V active mem  By Capacity b  a drafted doc  roduced and  ats will be apport  ludes that nor  women and g  undertaken in  ocal Points wi  ve field. Spec  luster IDP/hos  in the camps,  , and conduct  uster Indi  ttection Num  expe	Community members with knowledge of response and reporting on GBV incidents  on of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, E by clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan lead reation with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each work bers of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by concluding trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the sument) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each distributed according to the action plans developed during the training.  Sointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chin GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will ensure that gender-based violence minimum standards are integrated in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities ill regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster are iffic ToR will be design for the focal points during the three days training.  Set community villages/camp safety audits in priority areas to review cluster response implications for girls, boys prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.  Cator description  there of functioning multi-sectoral response mechanisms supported and capacitated, number of cases having	250 0 and ducation, ders, village kshop will be ne ASC GBV n specific air. The Il represent o all debates is in their d GBV WGs

	W(	DRK	PL	ΑN
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Project workplan for activities defined in the Logical framework

Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
Activity 1.1 Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities in Baidoa town	Х	Х	Х	Х	Х	Х
Activity 1.2 Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)	х	х	х	х	х	X
Activity 1.3 Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).	Х		Х		Х	
Activity 2.1 To conduct 10 GBV field coordination meetings with elders, village leaders, etc to link them into the GBV referral system.		Х	Х	Х	Х	Х
Activity 2.2						
Activity 2.3						
Activity 3.1 Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workshop will be reserved to GBV active members of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by one International GBV Capacity building trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the IASC GBV Guidelines (still a drafted document) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each specific cluster will be produced and distributed according to the action plans developed during the training.	х					
Activity 3.2 GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities in their programmes. Focal Points will regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.		х	х	х	х	X
Activity 3.3 Conduct inter-cluster IDP/host community villages/camp safety audits in priority areas to review cluster response implications for girls, boys, women and men living in the camps, prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan implementation, and conduct an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.		Х	Х	Х	Х	Х

# M & E DETAILS

				Mon	th (	s) w	hen	plai	nnec	ИМ	& E	will b	e dor	ne .
Activity Description	M & E Tools to use	Means of verification	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1 Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities in Baidoa town	Data collection     Field visits     Individual interview     Survey	- GBV IMS and case management records - Service user feedback survey - Field monitoring reports	Х	Х	Х	X	Х	Х	Х	X	X	х	х	X
Activity 1.2 Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)	- Field visits - Post Distribution Monitoring	- Material assistance procurement & distribution documentation - Post-distribution monitoring survey - Field monitoring reports		X		X		X		X		х		X
Activity 1.3 Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in	- Contact details - Field visits	- Training attendance lists,		Х	Х		Х	Х		Х	Х		х	Х

Select (tick) activities that

supports the gender theme

 $http://funding.ochasomalia.org/chf/printchfproject.aspx?recordid=1945[11/28/2013\ 11:57:43\ AM]$ 

focal points will be identified and at the two hospitals and in well fu	2 mentoring sessions). Among the support to provide case managem inctioning MCHs of Baidoa district be baseline for the selection of MC	ent and referral (Return	- KAP survey - Photo with or without GPS data	report & photos - Pre and post KAPs survey for training participants											
Activity 2.1 To conduct 10 Gi leaders, etc to link them into the	BV field coordination meetings with GBV referral system.	elders, village	- KAP survey - Photo with or without GPS data	- Meeting attendance lists & photos - Pre and post KAPs surveys for meeting participants and target communities on knowledge of services	,	X								Х	
Activity 2.2															
Activity 2.3															
workshop). Target participants and Health, Shelter, Food security clu and formal authorities (Police, relielders) in coordination with the Prareas location. Several seats in emembers of the GBV WGs to prewill be designed and tested by on for a maximum of 3 months. The of the IASC GBV Guidelines (still Somali context. Posters, waterpro	day GBV mainstreaming trainings humanitarian actors from WASH, sters and Return programme as weigious leaders, clan leaders, village rotection Cluster and the GBV WGs ach workshop will be reserved to Cepare together Action Plans. The trailer International GBV Capacity build training curricula will be based on a drafted document) adapted and origuidelines, GBV check lists for eibuted according to the action plans	Education, ell as informal e leaders and s of the 3 priority GBV active aining curricula ling trainer hired the last version pre-tested in the each specific	- Other - Photo with or without GPS data	- Somalia-specific GBV mainstreaming curriculum & supporting materials											
Activity 3.2 GBV focal points will be appointed and will be reimplement the Action Plans with the support of the GBV WGs of Action Plan includes that non GBV actors will put in place GBV standards to reduce or mitigate the risk of GBV. Focal points will interests of women and girls in their clusters. Focal points will based violence minimum standards are integrated into all debate undertaken in their clusters. Focal points will conduct joint aware actors including GBV prevention activities in their programmes. I regularly and actively attend the monthly GBV WGs as well as well as well as the protection cluster and GBV WGs in their respective field. Sp design for the focal points during the three days training.		and co-chair. The ndatory' present the e that gender-nd initiatives so with the GBV al Points will nonthly report to	- Contact details - Field visits - Photo with or without GPS data - Survey	- Training attendance lists, report & photos - Pre and post KAPs surveys for training participants		X	X	X	X	X	X	X	X	X	
in priority areas to review cluster men living in the camps, prepare standards, support joint-monitorin	ster IDP/host community villages/ci response implications for girls, boy cluster action plans to implement 0 ig of action plan implementation, ar on GBV mainstreaming training an	rs, women and GBV minimum nd conduct an	- 3rd party monitoring - Field visits - Other - Photo with or without GPS data	- Safety audit reports - GBV mainstreaming action plans and implementation monitoring reports - Evaluation/ lessons learnt report					х	х	X	X	X	X	
OTHER INFORMATION			'												
Coordination with other	Organization	Activity													
Organizations in project area	Trauma Counselling Center	Activity 1.1													
	Trauma Counselling Center     Trauma Counselling Center	Activity 1. 1													
	3. INTERSOS	activity 1.3													
		activity 1.3													
	4. Trauma Counselling Center a	activity 3.1													
5. INTERSOS 6. INTERSOS		activity 3.2													
Gender theme support	Yes	1													_
Outline how the project supports the gender theme	The project focuses on preven and target communities to und take practical measures to miti	lerstand the differ	ent vulnerabilities and risks fa	actors faced by men,	vomer	, boy	s an	d gir	ls in	a hı	ımaı	nitari	an cri	sis a	nd

are specifically tailored for women, man, boys and girls. Special needs of each person are taken into consideration throughout all stages of project cycle. Collection of data (always disaggregated by sex and age) is conducted by gender balanced teams. Capacity building components will guarantee equal participation of men and women. Taking into consideration their specific needs and risks, the project gives additional focus to girls and women.

Activity 1.1: Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities

Activity 1.2: Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)

Activity 1.3: Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).

Activity 2.1: To conduct 10 GBV field coordination meetings with elders, village leaders, etc to link them into the GBV referral system.

Activity 2.2:

Activity 2.3:

Activity 3.1: Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workshop will be reserved to GBV active members of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by one International GBV Capacity building trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the IASC GBV Guidelines (still a drafted document) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each specific cluster will be produced and distributed according to the action plans developed during the training.

Activity 3.2: GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities in their programmes. Focal Points will regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.

Activity 3.3: Conduct inter-cluster IDP/host community villages/camp safety audits in priority areas to review cluster response implications for girls, boys, women and men living in the camps, prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan implementation, and conduct an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.

#### **BUDGET**

#### 1.1 Supplies, commodities, equipment and transport

#### 1.1.1 Supplies (materials and goods)

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Information materials (leaflets, posters, banners) GBV main streaming	6000	1	1	6,000.00	0.00	6,000.00	
	Transportation costs to health center for GBV survivors - Baidoa	1000	1	1	1,000.00	0.00	1,000.00	
	Tailored material assistance (for instance food, kichten tools, blancket) for 288 beneficiareis	3000	1	1	3,000.00	0.00	3,000.00	
	Emergency support for provision of safe shelter ( NFI, plastic sheet, torches and lockable doors) for 288 beneficiaries	2000	1	1	2,000.00	0.00	2,000.00	
	Dignity kits	65	300	1	19,500.00	0.00	19,500.00	
	Interviewers for base line and end line survey - 100%	800	1	2	1,600.00	0.00	1,600.00	
	Subtotal Supplies				33,100.00	0.00	33,100.00	11.9

## 1.1.2 Transport and Storage

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Vehicle rental for Baidoa case workers	1300	1	12	15,600.00	0.00	15,600.00	
	Flights and visa for field staff	400	3	12	14,400.00	0.00	14,400.00	
	Mission costs-perdiem	250	5	12	15,000.00	0.00	15,000.00	
	Flight kenya somalia-3 staff, travelling one flight per month for 10 months.	1100	3	10	33,000.00	0.00	33,000.00	
	Safety Audit Excercise (conducted by 8 interviewers)	1500	1	1	1,500.00	0.00	1,500.00	
	Security Management - for the guards on Baidao site, for the staff on missions , airport pickups and field missions.	7000	1	1	7,000.00	0.00	7,000.00	
	Subtotal Transport and Storage				86,500.00	0.00	86,500.00	31.2

1.2 Personnel (staff, consultants, travel and training)

### 1.2.1 International Staff

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	GBV main streaming trainer specialist	5500	1	2	11,000.00	0.00	11,000.00	
	GBV project manager	3000	1	6	18,000.00	1,000.00	17,000.00	
	Financial/Program Supervision (senior staff)	1500	1	1	1,500.00	0.00	1,500.00	
	Subtotal International Staff				30,500.00	1,000.00	29,500.00	10.6

1.2.2 Local Staff

Code Budget Line Description

		Code	Budget Line	e Descr	ription				Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	Total	
			National st	aff trair	ner - 100%				1300	1	12	15,600.00	0.00	15,600.00		
			Monitoring	and ev	aluation office	r - 100	1%		1000	1	12	12,000.00	0.00	12,000.00	1	
			National Fi	nance a	and Administra	ition sta	aff - 12%		1750	3	6	31,500.00	24,000.00	7,500.00	1	
			GBV respoi	nse offi	cer - 100%				500	1	12	6,000.00	0.00	6,000.00	)	
			Community	/ mobili	zer - 100%				500	1	12	6,000.00	0.00	6,000.00	)	
			Case work	er-Baid	oa - 100%				400	3	11	13,200.00	0.00	13,200.00	)	
			Support/Lo	gistic S	staff - 33%				500	6	3	9,000.00	6,000.00	3,000.00	)	
				Subto	tal Local Stat	ff						93,300.00	30,000.00	63,300.00	) 2:	2.8
1.3 Trai	ining	Code	Budget Line	e Descr	ription				Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF	-
Counter	rparts		GBV main s participants days)	streami is 20 a	ng training (Ti and the duration	he num on of th	nber of ne training	is 3	3250	2	8	52,000.00	0.00	52,000.00		
		1		ants ea	health worker ach and the du				3250	1	1	3,250.00	0.00	3,250.00		
			CMR Mento session)	oring fo	llow up session	n ( 3 p	ersons eac	:h	800	3	1	2,400.00	0.00	2,400.00		
					aising session- for 10 month		- one awar	reness	100	1	10	1,000.00	0.00	1,000.00		
			Subtota	ıl Trair	ning of Coun	terpar	ts					58,650.00	0.00	58,650.00	2	1.2
1.4 Con	ntracts	Code Bud	get Line De	scriptic	on		Unit Cost	Units	s Ti	meframe	Amou	nt(USD) O	rganization	CHF % of CHI	F Total	
(with implem partner	-		Subtotal Co									0.00	0.00	0.00	(	0.0
1.5 Oth Direct (		Code	Budget Line	e Descr	iption				Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF	<del>,</del>
			Bank and to	ransfer	Charges and	commis	ssion		2224	1	1	2,224.00	0.00	2,224.00		
			Office runn	ing cos	sts				400	1	12	4,800.00	800.00	4,000.00		
			Sub	total O	ther Direct (	Costs						7,024.00	800.00	6,224.00		2.2
				тс	OTAL							309,074.00	31,800.00	277,274.00		
2.0 Indi	irect											Amount(USD)	Organization	CHF	% of CHF	
			Indirect Co	sts								19,409.00	0.00	19,409.00	6.99	)99
				GR	AND TOTAL							328,483.00	31,800.00	296,683.00	100	0.0
Other s	sources	of funds														_
		Descript	ion		Amou	nt %	6									
		Organiza			31,800											
		Commun					.00									
		CHF	ı cy		296,683		00.00									
		Other Do	nore	a)		00										
		Other DO	. 101 3	а) b)		00										
		TOTAL		D)												
		TOTAL			296,683.	00										
LOCATIO	ONS															
Region	District	Location	Activity	,								Beneficia Descript		Latitude L	.ongitude	Ρ.
Bay	Baidoa	Baidoa			V services inc ain health faci				safe shelte	er, basic er	motional and h	nealth IDP/Return and host community		3.11718 4	3.6469	N/ 38 X0
Ray	Raidoa	Raidoa	Women	nd chil	dron GBV sur	vivoro	are provide	مناء طائنين ام	maly confi	dontial and	aamarahansi	IDD/Poture	288	3 11719 /	3 6460	NIA

Women and children GBV survivors are provided with timely, confidential and comprehensive

Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV  $\,$ 

case management and medical response in target areas of Baidoa Town

Unit Cost Units Timeframe Amount(USD) Organization CHF % of CHF

IDP/Returnees 288

IDP/Returnees 288

and host

community

3.11718

3.11718

43.6469

43.6469

NA-

3802-

NA-

X04-001

Bay

Bay

Baidoa

Baidoa

Baidoa

Baidoa

			survivors based on individual assessments by GBV case workers. The material assistance will be also allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner	and host community				3802- X04-001
Bay	Baidoa	Baidoa	Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).	Health staff from Baidoa district	20	3.11718	43.6469	NA- 3802- X04-001
Bay	Baidoa	Baidoa	Support the trained community-based GBV focal points, youth peer mobilisers and community leaders in target communities to conduct GBV service awareness campaigns and link their communities into the GBV referral system. 10 larger community discussions will be facilitated with the INTERSOS community mobiliser supporting, there will be further smaller sessions (30 seessons) conducted by the community leaders, peer mobilisers and GBV focal points on a voluntary basis.	community members and authorities	300	3.11718	43.6469	NA- 3802- X04-001
Bay	Baidoa	Baidoa	Identify and train community-based multi-sectoral GBV focal points (in particular Community Health Workers, Community Education Committees, Water User Committees), youth peer mobilisers and community leaders (including religious leaders, elders and village leaders).	community leaders and youth	40	3.11718	43.6469	NA- 3802- X04-001
Bay	Baidoa	Baidoa	Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location.	humanitarian actors and formal and informal authorities	320	3.11718	43.6469	NA- 3802- X04-001
Bay	Baidoa	Baidoa	GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minumun standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors having in their programmes GBV prevention activities. Focal Points will relugarly and actively attend the monthly GBVWGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.	Humanitarian actors, formal and non formal authorities	100	3.11718	43.6469	NA- 3802- X04-001
TOTAL	_				1,456			

## DOCUMENTS

Document Description

- 1. Bill of Quantities
- 2. Training Manual GBV
- 3. Training Manual CMR
- 4. Bill of quantities
- 5. Audit compliance Memo
- 6. Bill of quantities revised