

<b>Requesting Organization :</b>	United Nations Population Fund				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Protection		100.00			
		<b>100</b>			
<b>Project Title :</b>	Scaling up responses to gender based violence in the drought affected regions of Puntland and Somaliland				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/2470/R/Prot/UN/2511		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	99,974.38		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	30/03/2016	<b>Planned End Date :</b>	29/09/2016		
<b>Actual Start Date:</b>	30/03/2016	<b>Actual End Date:</b>	29/09/2016		
<b>Project Summary :</b>	<p>This project aims strengthening the service delivery and scale up interventions for 1,500 GBV survivors in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions. The proposed activities are procurement of 30 post rape treatment kits and make available to all the clinical management of rape service providers in the drought affected regions of Puntland and Somaliland, in collaboration with Puntland and Somaliland Ministries of Health, procurement of 1,500 dignity kits and make available to WAAPO, Baahikoob and Muslim Aid for dispensation to GBV survivors based on their specific needs and training of 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions on the application of clinical management of rape (CMR) protocol to provide safe, ethical and respectful services to survivors of sexual violence/rape including best practices on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination. The project targets GBV survivors from both IDPs and host communities, refugees, returnees and other affected persons. It seeks to strengthen service delivery in a coordinated way, especially based on the UNFPA mandates as sole procurement entity of post rape treatment kits for Somalia, comparative advantage of procuring quality dignity kits in a short time frame and technical expertise in rolling out the CMR protocol.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	200	400	100	300	1,000
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 18	0	0	50	280	330
Other	10	25	5	10	50
Returnees	10	25	5	10	50
Other	30	100	20	50	200
<b>Indirect Beneficiaries :</b>					
While the number of direct project beneficiaries is 1,000, the indirect beneficiaries are 4,000 IDPs both men and women (2,000), women in host communities (800), men in host communities (300), girls (550), boys (200), physically challenged (50) and IDP returnees (100)					
<b>Catchment Population:</b>					
GBV survivors among the Internally displaced persons and from the host community. Although the project targets 1,000 GBV survivors, around 4,000 communities members in the target locations including the returnees, refugees, other persons of concern and affected persons will also benefit from the services.					
<b>Link with allocation strategy :</b>					
This project is in line with the SHF Strategic Reserve Allocation. The activities contribute to the first objectives of the SHF Strategic Reserve Allocation strategy, "Lifesaving response to drought affected people in the worst affected parts of Awdal Bari, Nugaal, Sanaag, Awdal and Sool regions and pockets in Woqooyi Galbeed and Awdal region" as identified in the annexed drought conditions map annexed. This objective on drought response is aligned with the CERF Rapid Response strategy and prioritises the same geographic areas, therefore ensuring the most effective use of the available pooled fund resources. Accordingly, the activities support time critical core GBV response activities in the priority locations.					

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Grace Kyeyune	Deputy Representative, UNFPA Somalia	kyeyune@unfpa.org	+254 20 7625743
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**BACKGROUND****1. Humanitarian context analysis**

Climate is critical to the survival of a large proportion of Somalia's population. Accordingly, the timing and amount of rainfall determines the production levels for livestock and cropping. Any fluctuations will result in the already weak coping mechanisms and drive the vulnerable groups further into crisis. In Puntland and Somaliland, rainfall was below average during the 2015 Gu (April to June) and Karan (August to September) seasons. The out of season moderate rainfall in November and Hays rainfall in December in Guban Pastoral Livelihood Zone did not extend to other locations that experienced below average Deyr. Therefore, the drought conditions extended to the Northern Inland Pastoral Livelihood Zone along the Bari, Nugaal, Sanaag and Sool regions. The most vulnerable are the poor pastoralists that could not afford to transport their animals to areas that had better pasture and water as well as those facing increasing indebtedness to survive due to high costs of water due to the drought. The humanitarian situation in the drought affected regions is expected to deteriorate due to the depletion of the available water resources in affected areas and following the harsh Jilaal season ending in March and the probability of below normal Gu rainfall. According to FSNAU the number of people projected to be in emergency and crisis in the seven regions of Puntland and Somaliland has risen from 330,000 to 385,000 (cf. FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition assessment in Somalia). The water resources and pasture have depleted triggering livestock migration and competition for pasture among pastoralists. A large number of people have migrated the worst drought-affected areas and moved to places with water and better pasture such as the Pastoral Livelihood Zones along the coast of Awdal and Woqooyi Galbeed regions.

Food insecurity aggravates protection concerns as it regularly results in increased sexual and gender-based violence (cf. FSNAU press release of the assessment report, August 31, 2015). Incidents of gender-based violence, including sexual violence and domestic violence, increase in emergencies due to the collapse of the social order and the breakdown of community and traditional protection mechanisms. The protective environment which is already fragile is expected to deteriorate under the current drought in Puntland and Somaliland. In emergencies, GBV incidents occur as the populations feel and settle in insecure environments; most of those migrating are women and children as men migrate with livestock in search of pasture and water. Food insecurity also puts women and children at increased risk of GBV through harmful coping mechanisms. Limited livelihoods options and economic hardships are key risk factors for sexual exploitation. As parents experience challenges feeding their children, the crisis could result in an increase of harmful practices such as early/forced marriages. Food insecurity may also lead to increased violence (?) due to conflict over scarce resource that may generate violence, including GBV and increased exposure to sexual violence and abuse, as women and children have walk long distances to find food and water. Access to the scarce resources may create tensions and heightens risk of sexual violence and even domestic violence. Women, men, boys and girls who can no longer sustain themselves during such crisis, often engage in risky and unconventional coping mechanisms and high possibility of exposure to sexual exploitation and abuse for survival. The lack of security and physical protection in the affected locations further increases the vulnerability of women, men, boys and girls. These factors also put women and children at increased risk of STI and HIV.

**2. Needs assessment**

This project is based on the data from the Gender-based Violence Information Management System (GBVIMS), the GBV Sub Cluster 4W matrix and the following multi-sectoral assessments:

- 1) FSNAU/FEWSNET and partners, Feb 2016: Major findings and recommendations from the 2015/2016 post Deyr seasonal food security and nutrition assessment in Somalia;
- 2) FSNAU Technical Series Report No. VII 61, October 16, 2015, Post Gu 2015 Nutrition Analysis;
- 3) Interagency joint assessment in Puntland (13-18 February 2016);
- 4) SWALIM's Somalia Rainfall Outlook for Gu 2016, 29 February 2016;
- 5) Save the Children Rapid Needs Assessment of the Drought Situation in Bari, Nugaal and Sanaag Regions, February 2016;
- 6) Action Aid Drought Needs Assessment in Somaliland, November 23 - December 2, 2015.

The above assessments reveal time critical humanitarian needs in Awdal, Bari, Nugaal, Sanaag, Sool and Woqooyi Galbeed regions. About 80 per cent of Berkeds which are the main sources of water in most of the locations have dried up. Prices of water increased from \$5 to \$8 per barrel. Unemployment rates increased following poor labour market. Exploitation of girls and boys aged 12-18 and exposure to potential situations of violence, abuse or economic exploitation as children are sent to work independently or with other families has also been reported as well as increase of work pressure on women exposing them to health risks. The most significant safety concerns facing women and girls in their community include sexual violence and abuse and the risk of attack when traveling outside the community. Accordingly, critical life-saving response activities are crucial including interventions targeting survivors of sexual violence. The protective environment is expected to deteriorate as the food security situation worsens due to the drought, and as families move in search of water and pasture, putting women and children at increased risk of GBV through harmful coping mechanisms. The above assessments highlighted the need to scale up lifesaving interventions in the severely drought affected areas in Somaliland and Puntland, specifically the worst hit districts of Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions targeting the most vulnerable communities. The GBVIMS consolidated data for 2015 reveal high number of GBV cases and the emergency situation could further deteriorate such trend.

### **3. Description Of Beneficiaries**

Total: 1,000 Beneficiaries include GBV survivors, clinical management or rape service providers and other GBV service providers in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions.

Female: 700  
Male: 300  
Children (under 18): 350  
Adult (18-59): 600  
Elderly (above 59): 50  
IDPs: 700  
Migrants: 50  
Returnees: 50  
Host communities: 200

While the number of direct project beneficiaries is 1,000, the indirect beneficiaries are 4,000 IDPs both men and women (2,000), women in host communities (800), men in host communities (300), girls (550), boys (200), physically challenged (50) and IDP returnees (100).

### **4. Grant Request Justification**

Conflict impacts differently on women, girls, boys and men. Their needs are also different, particularly in the midst of weak physical and social protection services. As noted above, exploitation of girls and boys aged between 12 and 18 was reported during the assessment in Bari, Woqooyi Galbeed and Sanaag regions in February 2016. Another assessment also reported that parents sent children to work independently or with other family members, exposing them to violence, abuse or economic exploitation. The protective environment is expected to deteriorate as the food security situation worsens due to the drought, and as families move in search of water and pasture, putting women and children at increased risk of GBV through harmful coping mechanisms. Weakened protection mechanism and heightened tension could also result in increased incidences of domestic violence. This project focuses on GBV service provision to women and girls that have been exposed to sexual violence and other forms of GBV by strengthening access to quality services in particular health, case management and material assistance. Somalia Humanitarian Fund (SHF) will support the scaling up of time critical lifesaving GBV interventions in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions. The interventions will urgently address the prioritized time-critical needs of GBV survivors and bring back life and dignity to them. Proposed activities include procurement and distribution of post rape treatment kits and dignity kits and capacity building of GBV service providers in order to enhance the quality of service provision and initiating the roll out of the GBV guidelines for the drought response. All reported cases to service providers are expected to receive relevant services.

The project is crucial in order to meet the GBV, Protection Cluster and the Humanitarian Response Strategy targets and save lives through time critical GBV response interventions. It seeks to strengthen the service delivery and scale up interventions in order to improve the quality of care. The selected regions and locations have the highest priority humanitarian needs as identified by the assessments. The urgent needs of the GBV survivors is also justified by the limited services due to the funding constraints in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions. Pre-positioned stocks may run out due to the increasing needs due to the drought and other emergencies in the two zones. Reports indicate that the number of GBV service providers in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions have reduced compared to the previous months due to lack of adequate resources. At least three key GBV partners in Puntland and Somaliland are not reporting due to funding gaps. GBV in emergencies is critical in order to save the lives of the survivors and restore their dignity. It is vital and crucial to consider GBV as a life-saving priority in order to save lives and assist the survivors to recover holistically.

### **5. Complementarity**

GBV interventions will strengthen the service delivery and scale up interventions for GBV survivors. In any emergency context, response to GBV survivors requires multi-sectoral support from case workers, health service and psychosocial support providers. A multi-sectoral approach will be used where appropriate in order to maximize impact and ensure that the beneficiaries benefit from a package of basic services. The available bilateral funding for GBV interventions will complement the CERF funds. Although men and boys also suffer from GBV, this project will focus mostly on women and girls who have been largely targeted for GBV due to unequal power dynamics in Somalia. GBV partners will work closely with other clusters in order to ensure mainstreaming of GBV in other sectors. The activities will be implemented in collaboration with other actors, relevant government ministries and stakeholders to avoid overlaps and increase coverage.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The overall objective of this project is to strengthen the service delivery and scale up interventions for 1,000 GBV survivors in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions. The outputs include procurement of 30 post rape treatment kits and distribution to all the clinical management of rape service providers in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions, in collaboration with Puntland and Somaliland Ministries of Health, procurement of 1,500 dignity kits for distribution to GBV survivors by Baahikoob and WAAPO, and strengthened capacities of 26 male and female medical staff in providing CMR services in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions. GBV interventions will strengthen the service delivery and scale up interventions for GBV survivors. In any emergency context, response to GBV survivors requires multi-sectoral support from case workers, health service and psychosocial support providers. A multi-sectoral approach will be used where appropriate in order to maximize impact and ensure that the beneficiaries benefit from a package of basic services. The available bilateral funding for GBV interventions will complement the CERF funds. Although men and boys also suffer from GBV, this project will focus mostly on women and girls who have been largely targeted for GBV due to unequal power dynamics in Somalia. GBV partners will work closely with other clusters in order to ensure mainstreaming of GBV in other sectors. The activities will be implemented in collaboration with other actors, relevant government ministries and stakeholders to avoid overlaps and increase coverage.

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			70		
To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues		Somalia HRP 2016			30		
<p><b>Contribution to Cluster/Sector Objectives :</b> This project is in line with the 2016 Humanitarian Response Plan (HRP) strategic objective 1, "Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable". Life-saving interventions listed under this objective include access time-critical needs of GBV survivors. These needs are also in line with those identified in the Humanitarian Needs Overview.</p> <p>It is in line with the following objectives of the Protection Cluster for 2016:</p> <p>Objective 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.</p> <p>Objective 3) To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues.</p> <p>The contributes to the indicator #1 of objective 1, "number of persons reached by preventive GBV and child protection interventions" and indicator #1 of objective 3, "number of civil society members and authorities reached through training and advocacy and have an increased prevention and response capacity".</p> <p>This project is also contributes to the Somali GBV Sub Cluster Group Strategy 2014-2016 and the National Action Plan on Ending Sexual Violence in conflict. It contributes to the second objective in the GBV strategy of "response" and the strategic goal of "to reduce GBV through prevention including conflict related violence and by providing quality and timely multi-sectoral services to survivors". The Strategy was approved by the UN Country Team on 20 February 2014 and by the Humanitarian Country Team on 25 February 2014. It is in line with Outcome 2.1 of the GBV strategy on "improved access for survivors to competent, confidential and compassionate clinical care".</p>							
<b>Outcome 1</b>							
Enhanced access to critical lifesaving GBV services in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions of Puntland and Somaliland access							
<b>Output 1.1</b>							
<b>Description</b>							
Improved quality, availability, accessibility, and utilization of comprehensive clinical management of rape services in Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions.							
<b>Assumptions &amp; Risks</b>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Post Rape Treatment</b>							
Procurement of 30 post rape treatment kits and make available to all the clinical management of rape service providers in Awdal, Bari, Nugaal, in collaboration with Puntland and Somaliland Ministries of Health							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Dignity Kits</b>							
Procurement of 1,500 dignity kits and make available to WAAPO, Baahikoob and Muslim Aid for dispensation to GBV survivors based on their specific needs.							
<b>Indicators</b>							
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					1,500
<b>Means of Verification :</b> 30 post rape treatment kits and 1500 dignity kits procured and made available to GBV service providers							
<b>Output 1.2</b>							
<b>Description</b>							
Strengthened capacities of clinical management of rape service providers in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions of Puntland and Somaliland in order to respond to and ensure survivors' access to GBV related services, particularly reaching out to rural areas.							
<b>Assumptions &amp; Risks</b>							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Capacity building</b>							

Train 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions on the application of clinical management of rape protocol to provide safe, ethical and respectful services to survivors of sexual violence/rape including best practices on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	Number of male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions trained on the application of clinical management of rape protocol					26

**Means of Verification** : 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions

Indicator 1.2.2	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					26
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**Means of Verification** : 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regi

#### Additional Targets :

#### M & R

#### Monitoring & Reporting plan

UNFPA has office in Hargeisa covering Somaliland and Garowe covering Puntland. Gender Programme Officers in the 2 field offices together with Gender technical team in Nairobi will assume overall responsibility of project implementation, monitoring and reporting. The programme and finance team at the national and field levels will closely monitor the financial utilization of the project proposed interventions to ensure timely implementation. They will each monitor and supervise the implementation by the local implementing partners. Joint monitoring and field visits will be organized by both the finance and program staff during implementation period. This result of the proposed interventions will be reported to OCHA as contribution to GBV WG strategy implementation. UNFPA will also evaluate the results of the rapid response interventions and document best practices and lessons learnt for similar future interventions. A consolidated result-based project status implementation report of this SHF project from the field from both the implementing partners and national project consultant coordinators will be provided by UNFPA one month after the end of the project for onward submission to OCHA.

#### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
		Activity 1.1.1: Procurement of 30 post rape treatment kits and make available to all the clinical management of rape service providers in Awdal, Bari, Nugaal, in collaboration with Puntland and Somaliland Ministries of Health	2016			X	X						
Activity 1.1.2: Procurement of 1,500 dignity kits and make available to WAAPO, Baahikoob and Muslim Aid for dispensation to GBV survivors based on their specific needs.	2016			X	X								
Activity 1.2.1: Train 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions on the application of clinical management of rape protocol to provide safe, ethical and respectful services to survivors of sexual violence/rape including best practices on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination.	2016			X	X								

#### OTHER INFO

#### Accountability to Affected Populations

The implementation of the project is going to be community-led and owned with overall coordination by the Ministry of Health for the dispensation of the post rape treatment kits, and UNFPA as the National Chair of GBV Sub Cluster and chair of CMR Task Force will ensure timely and adequate ongoing consultations with the communities. This project targets the displaced persons and populations living in Awdal, Nugaal, Woqooyi Galbeed, Sanaag, Sool and Bari regions of Puntland and Somaliland. It seeks to address the needs of GBV survivors. It is in line with the 'do no harm' principle as both IDPs and host communities as well as the refugees and other affected people will be targeted. It is also in line with IASC principle of the centrality of protection in humanitarian action as it identifies the groups that are most at risk and takes into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons. It is also in line with the humanitarian principles and the rights-based approach as its aims is promoting and protecting human rights as well as the Age, Gender, Diversity Mainstreaming (AGDM) principle and the Protection-related accountability initiatives. The NGOs that will implement this project have the knowledge and experience in ensuring that the GBV activities are guided by the GBV standards.

#### Implementation Plan

UNFPA supplies the post rape treatment kits to all the partners in Somalia including other UN agencies and the local and international NGOs. In this way, UNFPA is able to ensure timely procurement and distribution of post rape treatment kits as UNFPA procures on behalf of Ministries of Health and health service providers. UNFPA and the Ministries of Health of Puntland and Somaliland will distribute the post rape treatment kits to all the clinical management of rape service providers in the drought affected regions for timely response to the specific needs of GBV survivors. UNFPA will procure the dignity kits and distribute to the three (3) well skilled, result oriented and timely responsive local non-governmental organizations, namely Baahikoob and Women Action for Advocacy and Progress Organization (WAAPO) in Somaliland and Muslim Aid in Puntland.

The selection of the NGOs is based on their technical skills and expertise in GBV programming in the drought affected regions. WAAPO and Baahikob cover most of Somaliland with their interventions, while other NGOs covered selected locations of Somaliland only. WAAPO is also the only NGOs with a safe house in Somaliland. Similarly, although Muslim Aid interventions cover the drought affected regions either directly or through referrals. Accordingly, WAAPO, Baahikob and Muslim Aid will scale up clinical management of rape for all the cases reported and lead in the provision of dignity kits for all the drought affected regions. In order to maximize impact, UNFPA and the Ministries of Health will pilot the roll out of the CMR Protocols among the CMR service providers in the drought affected regions. The three NGOs have the knowledge and experience in ensuring that the GBV activities are guided by the GBV standards. UNFPA's comparative advantage on addressing the needs of women and girls within an integrated response works closely with service providers by providing technical support to ensure quality of services and by leading coordination as GBV Sub Cluster chair. Currently, UNFPA is partnering with both international and local organizations, including the government in some cases in implementing GBV projects in the drought affected regions.

#### **Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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#### **Environment Marker Of The Project**

N/A: Not applicable, only used for a small number of services

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

This project focuses on service provision to women and girls that have been exposed to sexual violence and other forms of GBV by strengthening access to quality services in particular clinical management of rape. Although the focus is on women and girls, boys and men will also benefit from the dignity kits and the capacity building activities that will enhance the quality of care for the GBV survivors including men and boys. The interventions contribute to gender equality. It addresses the different needs of women, girls, boys and men through response activities to the specific needs of women, girls, boys and men.

#### **Protection Mainstreaming**

GBV is a cross-cutting issue and therefore should be integrated into all aspects of emergency humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All sector activities should promote and respect human rights and enhance protection of women, girls, men and boys. The factors that contribute to GBV in Somalia are complex and varied. The protective environment which is already fragile in Puntland and Somaliland is only expected to deteriorate under the current circumstances. The GBV Sub Cluster will share the checklist with other clusters. GBV partners will continue to work closely with other sectors in order to ensure mainstreaming of GBV in other sectors.

#### **Country Specific Information**

#### **Safety and Security**

Security and access remain challenging in many areas of Somalia. Referral and coordination is weak, resulting in the delay in access to services for the survivors. This project will be implemented in collaboration with the Ministries of Health as well as national NGOs who have experience of working in sensitive areas and are more accepted by local communities.

#### **Access**

UNFPA is currently implementing activities in the target locations through well skilled, result oriented local and international NGOs. Implementation of the activities will be carried out by the national NGOs who have experience of working in sensitive areas and are more accepted by local communities. The implementation will also be coordinated by national staff based in the sub offices in Hargeisa and Garowe. They will each monitor and supervise the day to day implementation by the implementing partners. The NGOs also have the knowledge and experience in ensuring that the GBV activities are guided by the GBV standards. UNFPA has a well-established relationship with the local communities and key stakeholders in the priority locations. UNFPA has also been supporting Somaliland and Puntland governments, who would ensure ownership and sustainability of the project activities. UNFPA is the lead for the GBV Sub Cluster in Somaliland and Puntland and currently coordinating responses for the drought response in the two zones.

#### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Supplies, Commodities, Materials</b>							
2.1	Procurement of 30 post rape treatment kits and make available to all the clinical management of rape service providers in the drought affected regions of Puntland and Somaliland, in collaboration with Puntland and Somaliland Ministries of Health	D	30	801.00	1	10000.00 %	24,030.00
2.2	Procurement of 1,500 dignity kits and make available to WAAPO, Baahikoob and Muslim Aid for dispensation to GBV survivors based on their specific needs.	D	1500	35.00	1	10000.00 %	52,500.00

2.3	Train 26 male and female medical staff in health clinics/hospitals from Awdal, Bari, Nugaal, Sanaag, Sool and Waqooyi Galbeed regions on the application of clinical management of rape protocol to provide safe, ethical and respectful services to survivors of sexual violence/rape including best practices on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination.	D	3	3,000.00	1	10000.00 %	9,000.00
<b>Section Total</b>							<b>85,530.00</b>
<b>Travel</b>							
5.1	3 missions to the field from Nairobi by the Project Evaluator	D	3	1,040.00	3	5000.00 %	4,680.00
5.2	DSA for 1 PC coordinator/consultant for 2 nights in each zone 2 missions: \$191x2 zones x 2 nights (average DSA for Puntland and Somaliland)	D	4	171.00	2	5000.00 %	684.00
5.3	Vehicle hire to project locations	D	4	200.00	5	2100.00 %	840.00
<b>Section Total</b>							<b>6,204.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	General operations - communication, stationery and internet	D	1	10,000.00	1	1700.00 %	1,700.00
<b>Section Total</b>							<b>1,700.00</b>
<b>SubTotal</b>			1,545.00				<b>93,434.00</b>
Direct							93,434.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							6,540.38
<b>Total Cost</b>							<b>99,974.38</b>
<b>Grand Total CHF Cost</b>							<b>99,974.38</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Awdal	15	40	110	35	65	250	
Awdal -> Baki							
Awdal -> Borama							
Awdal -> Lughaye							
Awdal -> Zeylac							
Bari	18	40	110	35	65	250	
Bari -> Bandarbayla							
Bari -> Bossaso							

Bari -> Caluula							
Bari -> Iskushuban							
Bari -> Qandala							
Bari -> Qardho							
Nugaal	18	40	110	35	65	250	
Nugaal -> Burtinle							
Nugaal -> Eyl							
Nugaal -> Garowe							
Sanaag	15	40	110	35	65	250	
Sanaag -> Ceel Afweyn							
Sanaag -> Ceerigaabo							
Sanaag -> Laasqoray							
Sool	15	40	110	35	65	250	
Sool -> Caynabo							
Sool -> Laas Caanood							
Sool -> Taleex							
Sool -> Xudun							
Woqooyi Galbeed	19	40	110	35	65	250	
Woqooyi Galbeed -> Berbera							
Woqooyi Galbeed -> Gebiley							
Woqooyi Galbeed -> Hargeysa							

**Documents**

Category Name	Document Description
Signed Project documents	final dna - somaliland 18 12 15.pdf
Project Supporting Documents	20160225Inter-agency assessment.pdf
Project Supporting Documents	PL Drought Assessment_Jan 2016_SJ.pdf
Project Supporting Documents	final dna - somaliland 18 12 15.pdf
Project Supporting Documents	BOQ for UNFPA.docx.xlsx