

<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	GBV	100.00		
		<b>100</b>		
<b>Project Title :</b>	Strengthening comprehensive multi-sectoral responses for survivors of gender-based violence (GBV) and mainstreaming GBV in humanitarian action in Dayniile and Kaxda in Mogadishu			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Prot/UN/3916	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	129,999.65	
<b>Planned project duration :</b>	9 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	10/11/2016	<b>Planned End Date :</b>	09/08/2017	
<b>Actual Start Date:</b>	10/11/2016	<b>Actual End Date:</b>	09/08/2017	
<b>Project Summary :</b>	<p>The aim of this project is to enhance timely, effective, quality and comprehensive lifesaving Gender based Violence (GBV) services, targeting 1,500 GBV survivors from the displaced communities in Dayniile and Kaxda in Mogadishu, Banadir region. This target is projected from the current trends reported by the implementing partners proposed from the 3 family centers and the 2 safe homes in the target locations. The proposed activities include support to implementation/roll out of the Clinical Management of Rape (CMR) Protocol which covers medical assistance, legal and psychosocial support and provision of dignity kits to 1,500 GBV survivors. This activities would be done in collaboration with Save Somalia Women and Children (SSWC) and Women Pioneers for Peace and Life (HINNA) in order to strengthen their timely response/service provision to GBV survivors.</p> <p>This project seeks to roll out the Gender-based Violence Information Management System (GBVIMS) and case management in order to enhance GBV data collection and analysis and inform evidence-based programming by training 15 men and 25 women GBV service providers and support them in the provision of quality and effective services to the GBV survivors. It seeks to mainstream GBV in humanitarian action based on the updated GBV guidelines and enhance linkages between the clusters and GBV mitigation and response by strengthening the capacities of 10 men and 10 women focal points of the clusters in the field. It also seeks to enhance the capacities of 10 men and 20 women case management workers on case management steps, tools and Standard Operating Procedures (SOPs) and 10 men and 20 women on clinical management of rape (CMR) Protocol and survivor centred responses. It targets the GBV survivors from the displaced communities in Dayniile and Kaxda and more specifically along the K7-K14 road to Afgoye, and in-line with the 'do no harm' principle, the GBV survivors from the host community where appropriate. It also seeks to strengthen GBV service delivery and promote the effective implementation of referral pathways. This project also seeks to enter a long term social/behavioral change process that engages all actors in society, which is critical both for prevention. Men will particularly be engaged as champions against any type of GBV in their respective localities. SSWC and HINNA will also implement community engagement and mobilization activities for 100 women, 100 girls, 200 boys and 480 men.</p> <p>UNFPA has the comparative advantage of procuring quality dignity kits in a short time frame based on the standards, technical expertise in rolling out the GBVIMS and the GBV guidelines and as the lead agency of the GBV Sub Cluster and the national consolidating agency of the GBVIMS in Somalia is considered. UNFPA ensures due coordination service delivery with other humanitarian actors to avoid duplication of interventions that are aligned with the GBV working group strategy.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
520	1,375	250	355	2,500

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	385	1,105	220	275	1,985
People in Host Communities	90	200	30	80	400
Aid Agencies	45	70	0	0	115
Other	0	0	0	0	0
Other	0	0	0	0	0

**Indirect Beneficiaries :**

The indirect beneficiaries include family members of women, girls, boys and men who will receive the GBV services including the dignity kits, approximately 11,000 beneficiaries (1,600 women, 4,550 girls, 2,000 boys and 1,600 men from the IDP community; 250 women, 300 girls, 150 boys, 250 men from host community; and 300 humanitarian workers from other clusters)

**Catchment Population:**

GBV survivors from the displaced communities in Dayniile and Kaxda and more specifically along the K7-K14 road to Afgoye.

**Link with allocation strategy :**

This project is in line with the Somalia Humanitarian Fund strategy for the Integrated Response to the Displaced Communities in Mogadishu. The activities also contribute to the Humanitarian Response Plan strategic objective, "Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable." The proposed activities ensure provision of time-critical, life-saving assistance to the GBV survivors in the priority locations. This project also mitigates GBV risks by mainstreaming GBV prevention and response in other clusters.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
Save Somalia Women and Children (SSWC)	National NGO	29,450.00
Women Pioneers for Peace and Life (HINNA)	National NGO	27,450.00
		<b>56,900.00</b>

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Walter Mendonca-Filho	Deputy Representative	mendonca-filho@unfpa.org	+254 780 400269

**BACKGROUND****1. Humanitarian context analysis**

UNHCR estimates that there are approximately 1.1 million displaced persons in Somalia who continue to live in deplorable, overcrowded settlements in appalling conditions and exposed to protection risks and with limited access to basic services. Mogadishu hosts the largest estimated protracted IDP population in Somalia with more than half residing in the outskirts along the Afgoye corridor. The IDPs remain susceptible to environmental shocks, clan conflicts, military operations, natural disasters and forced evictions which increases the vulnerability of the population compounded by the protracted conflict, which have continued to create new displacements along the Afgoye corridor. These aggravates the humanitarian crisis as the GBV incidents continue to be reported.

GBV remains a key protection concern for IDP women and girls in Somalia. GBVIMS and other assessments continue to show high prevalence of sexual violence and other forms of GBV among the women and girls, particularly those living in the IDP settlements. The number of the GBV incidents reported through the GBVIMS increased by reduced by 8.7% compared to the first quarter of 2015. According to the GBVIMS data for January to August 2016, 73% of the GBV survivors are IDPs and 99% are female.

The protective environment for the IDPs and civilians affected by the conflict still requires strengthening. GBV risks reportedly include cases of sexual violence during clan conflict with women and girls from rival clans being targeted. IDPs and the poor in particular remain susceptible to environmental and conflict related shocks and epidemiological emergencies which increases the vulnerability of the population compounded by the protracted conflict. GBV incidences are reportedly caused by the many evictions since early 2016 and the intrusion by armed groups in the settlements. Women and girls who have been abused often undergo prolonged psychological pain and rejection by their families and communities. Critical gaps remain in the provision of life saving humanitarian responses including medical, psychosocial services and material assistance in order address the immediate needs of the GBV survivors and enhance the resilience of the communities in order to mitigate the impact of future disasters.

**2. Needs assessment**

This project is based on the data from the GBVIMS, the GBV Sub Cluster 4W matrix, GBV Sub Cluster meeting minutes at the national and field levels and the 2016 Humanitarian needs overview. Mogadishu GBV Sub Cluster members continually note the concern of protracted crisis and humanitarian emergencies in Mogadishu that contribute to the occurrence of GBV. Despite modest in the political and the legislative reforms, the humanitarian context in Somalia has not changed significantly from 2015. Cyclical drivers of humanitarian needs include drought, floods, evictions, displacement, conflict and insecurity. The implementation of the 2014 to 2016 GBV Working Group strategy has greatly contributed to the improvement of services, including incident reporting and better harmonized interventions. However, critical gaps remain in the provision of life saving humanitarian responses including medical, legal, psychosocial services and material and livelihood assistance in order address the immediate needs and enhancing the resilience of the communities in order to mitigate the impact of future disasters. Humanitarian agencies face funding constraints thus unable to meet the specific needs of GBV survivors.

In early 2016, Mogadishu Gender based Violence (GBV) sub cluster members reported a sharp increase in the number of reported GBV incidents in Daynille, Dharkenley and Hodan districts of Mogadishu. Mogadishu GBV sub cluster and the GBVIMS Task Force raised this concern with the national GBV Sub Cluster. The national GBV sub cluster advised that that a small team comprised of service providers in the three locations conduct assessment in order to determine the reasons for the increase in the number of reported GBV incidents. The national GBV sub cluster also requested UNHCR as the GBVIMS consolidating agency for South Central zone to analyze the data for the three districts from January to December 2015 and identify the months when the increase in GBV incidents was recorded. The number of reported GBV incidents including rape in the 3 districts increased steadily by 1.12% in February compared to January, 1.25% in March, 1.35% in April, 1.37% in May and 1.35 in June. The numbers declined in July by 1% and 1.2% in August. The numbers increased again in September by 1.37%, October by 1.39%, November and December by 1.3%. The number of incidents declined in July and August and increase in September to November as indicated above.

Mogadishu GBV Sub Cluster identified agencies in the three locations and established three teams (one for each location) that conducted the assessment. The assessment teams noted the correlation between increase in the number of reported GBV incidents and multiple evictions and the deteriorating security in the three locations. In 2014 and January 2015, there was minimal increase or decrease in the number of GBV incidents recorded. Evictions were carried out during the months whereby the increase in the number of incidents was recorded. Incident by district analysis showed Denyile district to have the highest cases of physical assault and sexual violence, followed by Dharkenley and Hodan districts respectively. Forced eviction of IDPs and urban poor from public and private land and buildings in Mogadishu and other major towns of South Central Zone continues to be a key Protection concern. Evictions regularly result in new and arbitrary displacements. IDP were forcefully evicted to the outskirts of the three districts which increased their vulnerability. The increase in the reported GBV incidents was reportedly due to the intrusion by armed groups in the settlements and deteriorating security in Mogadishu. Following the concerns of the increase in the number of GBV incidents reported in the three locations, UNFPA scaled up interventions at the three family centres. UNFPA also prepositioned post rape treatment kits in Mogadishu for timely response to the needs of GBV survivors in three locations and other locations

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

2,500 direct beneficiaries.

Breakdown per Category:

1,500 GBV survivors

880 community members for the GBV prevention and campaigns

120 Aid workers (humanitarian GBV service providers and humanitarian workers from other clusters)

Breakdown per Gender and Age Group

Female: 1,730

Male: 770

Children under 18: 605

Adults: 1,895

Breakdown per Displacement Status and Humanitarian Agency

IDPs: 1,980

Host communities: 400

Aid workers (Humanitarian GBV service providers and humanitarian workers from other clusters): 120

While the direct beneficiaries are 2,500, the indirect beneficiaries is approximated at 11,000 IDP and host communities and aid agencies (GBV service providers and humanitarian workers from other clusters).

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

Emergencies impact differently on women, girls, boys and men. Accordingly, their needs vary particularly in the midst of weak physical and social protection services. As indicated, displaced women and girls are more at risk of GBV. Increased sexual violence, intimate partner violence, sexual exploitation and abuse and forced/ early marriages are usually exacerbated by weak rule of law and non-functional governance structures. This project will focus on strengthening availability of life-saving GBV services through scaling up interventions including clinical management of rape for survivors of sexual violence and other medical, legal, psychosocial support and meeting the immediate needs of GBV survivors and vulnerable women and girls through dignity kits distribution. Somalia Humanitarian Fund (SHF) will support the scaling up of time critical lifesaving GBV interventions in Dayniile and Kaxda districts of Mogadishu. The proposed activities will urgently address the needs of the GBV survivors and bring back life and dignity to them. This project also intends to enhance the comprehensive multi-sectoral services for GBV survivors by mainstreaming GBV in other clusters based on the updated GBV guidelines and enhance GBV data collection and analysis through GBVIMS.

This project is crucial in order to meet the GBV, Protection Cluster and the Humanitarian Response Plan Strategy targets and save lives through provision of time critical lifesaving GBV response interventions. It is in line with the National Action Plan on Ending Sexual Violence in conflict Child Protection Working Group strategy and the GBV working group strategy. It seeks to enhance the service delivery and scale up interventions in order to improve the quality of care. The target locations have the highest priority humanitarian needs as identified by the GBVIMS, GBV service providers and the IDP Profiling Exercise conducted in 2015. The urgent needs of the GBV survivors is also justified by the limited services in the target locations due to funding constraints experienced by GBV service providers in Dayniile and Kaxda against the increasing needs of GBV services. Pre-positioned stocks for dignity kits may be depleted due to the increasing needs.

### **5. Complementarity**

The proposed activities will strengthen and scale up the multi-sectoral service delivery for GBV survivors. In any emergency context, response to GBV survivors requires multi-sectoral response from case workers, health and psychosocial support service providers. A multi-sectoral support will be used where appropriate, in order to maximize impact and ensure that the beneficiaries benefit from a package of basic services. SSWC, and HINNA are operational in the priority locations and provide comprehensive services to GBV survivors. SSWC has a one stop centre that provides comprehensive GBV services to the survivors and a safe home in Mogadishu. HINNA has a family centre in Dayniile that provide comprehensive services to GBV survivors. Their reach includes IDP settlements in other districts of Mogadishu. These ongoing interventions are UNFPA-funded. The proposed project will scale up the above ongoing interventions in these locations. UNFPA will procure the dignity kits for SSWC and HINNA to complement their health, psychosocial services and material assistance in a timely manner in line with standards. The NGOs will also implement community engagement and mobilization activities.

As the lead agency for the GBV Sub Cluster and the national consolidating agency for the GBVIMS, UNFPA will work closely with other clusters to sensitize them on the linkage of GBV and their sectoral work and capacitate them to integrate GBV mitigation and response in their interventions. In this way, clusters will complement and enhance comprehensive services provided for GBV survivors. This project will also be implemented in collaboration with other actors, relevant government ministries and stakeholders to avoid overlaps and increase coverage. The proposed activities will also complement the following ongoing UNFPA-funded activities: Somali Community Concern (SCC) GBV response activities and the safe home in Afgoye and Organization for Somalis' Protection and development (OSPAD) and Somali Relief, Rehabilitation and Development Organisation (SORRDO) family centres in Hodan and Dharkenley districts of Mogadishu for the GBV survivors. They will also complement the GBV activities implemented by other GBV partners in Mogadishu and Afgoye. As the lead agency of the GBV Sub Cluster, UNFPA will coordinate with other GBV actors in order to avoid duplication and maximize impact.

## LOGICAL FRAMEWORK

### Overall project objective

The overall objective of this project is to enhance the comprehensive service delivery and scale up interventions for 1,000 GBV survivors in Dayniile and Kaxda districts of Mogadishu. The proposed activities are:

- Scaling up GBV interventions including clinical management of rape for survivors of sexual violence and other medical, legal, psychosocial support for GBV survivors.
- Procurement of 1,000 dignity kits to be distributed to SSWC and HINNA.
- Strengthened capacities for 40 GBV service providers on GBV data collection and analysis for evidence-based programming, 20 cluster focal points trained on GBV mainstreaming, 30 case management workers on case management steps, tools and Standard Operating Procedures (SOPs), and 30 GBV service providers trained on clinical management of rape (CMR) Protocol and survivor centred responses.
- Community engagement of the project will detail out the prevention and risk reduction dimension for 880 community members which will be largely led by men and boys to ensure protection of all from any form of GBV.

This is based on UNFPA's comparative advantage of procuring the dignity kits and as lead agency of the GBV Sub Cluster and the national consolidating agency for the GBVIMS. The focal points of other clusters will benefit from capacity building on the GBV mainstreaming so that clusters mainstream GBV in their interventions in order to mitigate GBV risks. Domestic violence remains the most pervasive manifestation of violence against women and girls in Somalia. Men are often the perpetrators of domestic violence. Although the project targets women and girls, UNFPA will engage men and boys, women and girls and community based structures in the prevention activities as they are the key decision makers in the communities.

### 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	95
To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues	Somalia HRP 2016	5

**Contribution to Cluster/Sector Objectives :** This project contributes to the Humanitarian Response Plan strategic objective, "Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable." The proposed activities ensure provision of time-critical, life-saving assistance to the GBV survivors in the priority locations. This project also mitigates GBV risks by mainstreaming GBV prevention and response in other clusters. It contributes to the Protection Cluster 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 and objective 3) To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogue. It also contributes to the 2013-2016 GBV Strategy, and the National Action Plan on Ending Sexual Violence in conflict and Child Protection strategy

### Outcome 1

Enhanced access to critical life-saving GBV services in Dayniile and Kaxda

### Output 1.1

#### Description

Improved quality, availability, accessibility, and utilization of comprehensive GBV services in Dayniile and Kaxda

#### Assumptions & Risks

The assumption is that improved quality and availability of services will contribute to accessibility and utilization of comprehensive GBV services by the survivors. Insecurity and the social stigma towards GBV survivors may hamper access to and utilization of GBV services.

#### Activities

##### Activity 1.1.1

##### Standard Activity : Post Rape Treatment

Provision of time critical, life saving assistance to 500 GBV survivors in line with standards (350 women, 60 girls, 50 boys and 40 men)

##### Activity 1.1.2

<b>Standard Activity : Dignity Kits</b>							
Procurement of 1,000 dignity kits and make available to SSWC and HINNA for 1,000 GBV survivors (850 women and 150 girls)							
<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					500
<b>Means of Verification</b> : Progress reports, CMR Task Force distribution, registry at the hospitals/ health clinics for the records on GBV survivors accessing services							
Indicator 1.1.2	Protection	Number of dignity kits procured and made available to SSWC and HINNA					1,000
<b>Means of Verification</b> : Progress reports, registry at the hospitals/ health clinics for the records on GBV survivors accessing services							
<b>Outcome 2</b>							
Strengthened capacities of GBV service providers and humanitarian workers from other clusters to track, address and mitigate GBV							
<b>Output 2.1</b>							
<b>Description</b>							
Increased capacities of GBV service providers in Dayniile and Kaxda to track GBV incident trend and address GBV mitigation and response based on multi-sectoral approach, and humanitarian workers from other clusters on the updated GBV guidelines							
<b>Assumptions &amp; Risks</b>							
Assumption is that GBV service providers in Dayniile and Kaxda and cluster focal points will apply the knowledge and skills they have acquired from the capacity building activities and in their interventions. Regular follow up will be conducted through Mogadishu GBV Sub Cluster.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Capacity building</b>							
Train at least 15 men and 25 women GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Capacity building</b>							
Train at least 10 men and 10 women cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines.							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Capacity building</b>							
Refresher training of 10 men and 20 women case management workers on case management steps, tools and Standard Operating Procedures (SOPs)							
<b>Activity 2.1.4</b>							
<b>Standard Activity : Capacity building</b>							
Conduct training on clinical management of rape (CMR) Protocol and survivor centred responses for 10 men and 20 women							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Protection	Number of GBV service providers trained on GBVIMS data collection and analysis					40
<b>Means of Verification</b> : Monthly GBVIMS reports							
Indicator 2.1.2	Protection	Number of cluster focal points trained on GBV mainstreaming					20
<b>Means of Verification</b> : Progress reports, pre and post test training reports							
Indicator 2.1.3	Protection	Number of case management workers on case management steps, tools and Standard Operating Procedures (SOPs)					30
<b>Means of Verification</b> : Progress reports, pre and post test training reports							
Indicator 2.1.4	Protection	Number of GBV service providers trained on clinical management of rape (CMR) Protocol and survivor centred responses					30
<b>Means of Verification</b> : Progress reports, pre and post test training reports							
Indicator 2.1.5	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					0
<b>Means of Verification</b> :							
<b>Outcome 3</b>							

Enhanced communities' knowledge, attitudes and behaviours on GBV prevention and mobilization for use of available services for survivors

**Output 3.1**

**Description**

Increased communities' knowledge, attitudes and behaviours on GBV prevention and mobilization for use of available services for survivors

**Assumptions & Risks**

Assumption is that communities in Dayniile and Kaxda will enhance the protection of women, girls, boys and men and mitigate GBV risks following the prevention and community engagement activities and enhance the use of available services for survivors

**Activities**

**Activity 3.1.1**

**Standard Activity : GBV awareness campaign**

Conduct community engagement activities with 100 women, 100 girls, 200 boys and 480 men community members on the prevention of GBV and utilization of available services

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					880

**Means of Verification** : Progress reports, number of GBV survivors accessing services following community engagement activities on prevention activities

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The proposed project will be implemented and monitored through a results-based management (RBM) approach. UNFPA has RBM strategy that enhances organization's processes, products and services, which facilitates the achievement of intended results. The project will also be monitored through the UNFPA GBV in Emergencies Minimum Standards which set out the minimum GBV response actions to be taken to respond to any emergency situation. UNFPA also has office in Mogadishu which oversees the project activities in the South Central Zone. The GBV coordinator in Mogadishu and the Gender technical team in Nairobi will assume the 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 proposed project interventions and ensure timely implementation of the activities and efficient use of resources. UNFPA implementing partners comply with UNFPA policies and procedures. The partners will submit quarterly financial and progress reports. Joint monitoring and field visits will be organized by both the finance and program staff of UNFPA and implementing partners during the implementation period. Project monitoring will be also conducted through Mogadishu GBV Sub Cluster. The achievements will be reported to the Protection Cluster and UNOCHA as contribution to GBV Sub Cluster Strategy and the Humanitarian Response Plan. UNFPA will also evaluate the results of the project interventions and document best practices and lessons learnt for similar future interventions. A consolidated result-based project status implementation report of this SHF project will be provided by UNFPA one month after the end of the project.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of time critical, life saving assistance to 500 GBV survivors in line with standards (350 women, 60 girls, 50 boys and 40 men)	2016											X	X
	2017	X	X	X	X	X	X	X					
Activity 1.1.2: Procurement of 1,000 dignity kits and make available to SSWC and HINNA for 1,000 GBV survivors (850 women and 150 girls)	2016											X	X
	2017												
Activity 2.1.1: Train at least 15 men and 25 women GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis	2016												
	2017		X	X									
Activity 2.1.2: Train at least 10 men and 10 women cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines.	2016												
	2017			X	X								
Activity 2.1.3: Refresher training of 10 men and 20 women case management workers on case management steps, tools and Standard Operating Procedures (SOPs)	2016												
	2017		X	X									
Activity 2.1.4: Conduct training on clinical management of rape (CMR) Protocol and survivor centred responses for 10 men and 20 women	2016												
	2017			X	X								
Activity 3.1.1: Conduct community engagement activities with 100 women, 100 girls, 200 boys and 480 men community members on the prevention of GBV and utilization of available services	2016											X	X
	2017	X	X	X	X	X	X	X					

## OTHER INFO

### Accountability to Affected Populations

This project targets the displaced communities in Dayniile and Kaxda districts of Mogadishu. The proposed project promotes accountability to the affected population by mitigating GBV risks and responding to the needs of GBV survivors. It is in line with the “do not harm” as it seeks to address the needs of GBV survivors from the IDP and host communities and other persons of concern. It is 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. It is in line with the humanitarian principles and the rights-based approach as its aims to promote and protect human rights and the Age, Gender, Diversity Mainstreaming principle and the Protection-related accountability initiatives. The proposed project also strives to enhance accountability by engaging different stakeholders including the beneficiaries throughout the project phases.

UNFPA project priorities are in response to reports of field findings and consultations with the partners and direct beneficiaries. The Ministry of Women and Human Rights Development (MOWHRD) is UNFPA’s local partner for GBV activities in South Central Zone. The MOWHRD was involved in the assessment in the three districts of Mogadishu following the increase in the reported GBV incidents. The MOWHRD is responsible for the overall coordination of the GBV activities in SCZ. This project will be community led, owned and implemented with innovations to come from the targeted beneficiaries. In line with cluster strategies, UNFPA will maintain its commitment in engaging with affected communities at all phases of the program cycle. UNFPA’s M&E framework ensures that each project implemented is carried out effectively and continually reviewed in line with community needs and humanitarian frameworks.

UNFPA will also utilize GBV-related accountability initiatives like the 2015 IASC GBV Guidelines. The guidelines and standards enable the affected populations to play a decision-making role in processes that affect them. The GBV service providers work with the focal points and the leaders in the communities in the implementation of the activities. The focal points undertake regular checks on site security and create complaint and feedback mechanisms for community. The mechanisms incorporate commitments on accountability to affected populations in the trainings for the partners, mentoring and coaching and providing information to affected people about services and support available in local languages and ensuring that information on the project is available using relevant communication mechanisms.

### Implementation Plan

UNFPA will procure the 1,000 dignity kits and distribute to SSWC and HINNA, based on the standard set by GBV Sub Cluster to meet the hygiene and other health needs of the GBV survivors. The selection of SSWC and HINNA is based on their technical skills and expertise in GBV programming in Dayniile and Kaxda and other parts of Mogadishu. SSWC and HINNA in Dayniile and Kaxda will also receive GBVIMS training, mentoring and coaching in order to strengthen or start regular collection and analysis of GBV data. In this regard, UNFPA will work closely with UNHCR, the GBVIMS consolidating agency for South Central. SSWC and HINNA in Dayniile and Kaxda are expected to provide monthly consolidated GBVIMS data to UNHCR, who in turn share the consolidated monthly report with UNFPA, the national GBVIMS consolidating agency.

GBV mainstreaming training for focal points from other clusters will be implemented in coordination with the Protection Cluster, the Inter Cluster Coordination Group (ICCG) and OCHA. The training will be conducted by trained and experienced facilitators from UNFPA and GBV sub-cluster, based on the updated global GBV guidelines of the Inter-Agency Standing Committee, targeting the focal points from other clusters in Mogadishu. This is to ensure life-saving and life-enhancing humanitarian interventions carried out by other clusters will address GBV mitigation and response.

Overall, the project will be implemented based on UNFPA’s comparative advantage on addressing the needs of women and girls within an integrated and multi-sectoral approach and working closely with service providers by providing technical support to ensure quality of services as the lead agency of Somalia GBV Sub Cluster. The reporting lines, distribution of labour and financial arrangements will be clearly defined in the Agreement with the Implementing partners. The MOWHRD will be responsible for the overall coordination of the project in collaboration with the GBV Sub Cluster and other stakeholders. UNFPA will provide technical support to the partners. All the reports will be sent to UNFPA through the MOWHRD.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNHCR	As the GBVIMS consolidating agency for South Central Zone for the GBVIMS capacity building, mentoring and coaching of GBVIMS data gathering organizations, consolidation of the monthly report submitted to UNFPA. As the national GBVIMS consolidating agency, UNFPA has been providing the technical support on GBVIMS related activities in Somalia.
Mogadishu GBV Sub Cluster	Mogadishu GBV Sub Cluster will be actively involved in the implementation and monitoring of the activities to ensure coordination and accountability.
Protection Cluster, Inter Cluster Coordination Group and OCHA	UNFPA will work closely with the Protection Cluster, the Inter Cluster Coordination Group and OCHA on GBV mainstreaming of focal points of clusters and mainstreaming GBV in the humanitarian interventions.
Ministry of Women and Human Rights Development	For the coordination of GBV interventions

### Environment Marker Of The Project

### 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 multi-sectoral GBV services. Although the focus is women and girls, boys and men will also benefit from the dignity kits, other GBV services that will enhance the quality of care for men and boys and capacity building that will contribute to gender equality by mainstreaming GBV in other clusters. It addresses the different needs of women, girls, boys and men through GBV mitigation and GBV response.

**Protection Mainstreaming**

GBV is a cross cutting issue and therefore should be integrated in all aspects of emergency humanitarian responses. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. Accordingly, all humanitarian interventions should promote and respect human rights and enhance the protection of women, girls, boys and men. In this regard, this project intends to mainstream and mitigate GBV in other clusters and ensure integrated approach. The GBV sub cluster will continue to work closely with other sectors in order to promote GBV mainstreaming in other sectors.

The safety and dignity of GBV survivors and the Do No Harm principles will be taken into account during the implementation of the project. This enables equal and impartial access to services and the targeting of vulnerable groups and persons of concern. This project targets the IDPs. However, in line with the “do no harm” principle, it will also include the vulnerable GBV survivors from the host community and other persons of concern where appropriate. This project enables equal and impartial access to assistance and services and the targeting of GBV survivors and vulnerable community members and persons of concern. The services will be provided by the GBV service providers who have already assessed and planned the needs.

UNFPA partners work with focal points in the communities who assist in identifying and referring the survivors for services. This is achieved with the coordination with community focal points and other GBV service providers. UNFPA has mechanisms that support the development of self-protection capacities and assist the people affected by emergencies to claim their rights like incorporation of protection principles into aid delivery whereby humanitarian actors can ensure that their activities target the most vulnerable, enhance safety, dignity, and promote and protect the human rights of the beneficiaries. UNFPA also has a feedback mechanism so IDPs communicate about the services through the community focal points.

**Country Specific Information**

**Safety and Security**

Security and access remain challenging in many areas of Somalia, including Dayniile and Kaxda. This project will be implemented in collaboration with the Ministry of Health as well as key GBV service providers who have operational in the priority locations and are accepted by local communities. The NGOs have GBV prevention and response activities and also have a good working relationship with the local authorities. Conflict is a concern for UNFPA and partner staff. UNFPA is a member of the UN Security Management team which includes local field structures as well as tailored protocols for Somalia and oversight at the country level. UNDSS and the SMT provides recommendations and consultation on security policy and criteria in coordination with the designated security representative of the SRSG. The staff also undergo a series of security trainings and are properly equipped with personal protective equipment and communication devices. UNFPA does its best to ensure that all staff have the proper knowledge, training and equipment to ensure their safety. UNFPA also follows UNDSS protocols for including security clearance and convoy travel for vehicles.

**Access**

UNFPA is implementing the proposed activities in the target locations through SSWC and HINNA. UNFPA has a well-established relationship with the Federal Government of Somalia, key stakeholders and the local communities in the target locations. The local NGO have access in the target locations and are well-known by the communities. The GBV Coordinator for South Central Zone and UNFPA staff in Mogadishu also have access in the target locations for monitoring of the activities.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Project Coordinator	D	1	1,000.00	9	100.00	9,000.00
	<i>Salary for the Project Coordinator for 9 months @ \$1,000 per months</i>						
	<b>Section Total</b>						<b>9,000.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Procurement of 1,000 dignity kits and make available to SSWC and HINNA @ \$35	D	1000	35.00	1	100.00	35,000.00

	<p>1,000 dignity kits for 1,000 vulnerable GBV survivors. One dignity kit per household of the GBV survivor. The distribution of the dignity kits is not one-time distribution. It is determined by the vulnerability and the specific needs of each GBV survivor and is part of the comprehensive GBV response to the needs of the GBV survivor depending on the specific need of each survivor. It is expected that 1,000 will be distributed during the project implementation</p> <p>The contents of the dignity kits are:</p> <ul style="list-style-type: none"> <li>o Sanitary towels of ultra slim size, individually wrapped in packets containing 14 napkins each.(Quantity:2 Packets )</li> <li>o Individual bar of toilet soap 150grams weight (Quantity: 6pieces per kit)</li> <li>o Manual Toothbrush suitable for use at least 3 months (Quantity: 1)</li> <li>o Standard Toothpaste 125 ML (Quantity: 1)</li> <li>o 100% cotton Female Underwear [full brief panties of medium size [Large] (Quantity: 3)</li> <li>o Durable Hair Comb of medium size (Quantity: 1)</li> <li>o Headscarf of size 40.55" wide by 37" deep, polyester material</li> <li>o Body lotion/ rubbing oil (200ml with Flip Open or Screw Cap suitable for all skin types (Quantity: 1)</li> <li>o Gram Translucent PVC Bag with UNFPA logo at the middle (to package items in Numbers 1 to 8) Must have durability for at least 3 years (Quantity: 1)</li> <li>o A bucket with UNFPA Logo</li> <li>o Washing Powder</li> <li>o Shampoo</li> <li>o Dress (dirac)</li> <li>o Laundry soap</li> <li>o Mosquito nets (maro kaneeco)</li> <li>o Rubber Slippers</li> <li>o Unbreakable plastic-comp, jelly comp (15-20cm)</li> <li>o Pail with cover</li> <li>o Cups</li> <li>o Coconut oil</li> <li>o Body cream</li> <li>o Bathing soap</li> <li>o Solar powered flash light</li> <li>o Whistle</li> <li>o Diaper</li> <li>o Nail cutter</li> <li>o Face towel</li> <li>o Bath towel</li> </ul>							
2.2	Train at least 15 male and 25 female GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis @ \$3,000	D	2	3,000.00	1	100.00	6,000.00	
	<p>Training for 15 male and 25 female GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis: \$6,000</p> <p>1) Venue: @ \$100 x 2 trainings x 3 days = \$600</p> <p>2) Lunch and refreshment: @33.5 x 40 participants x 3 days = \$4,020</p> <p>3) Banner: @ \$50</p> <p>4) Pens: @ \$0.15 x 20 participants x 2 trainings = \$6</p> <p>5) Marker pens: @ \$1 x 20 = \$40</p> <p>6) Notebooks: @\$0.5 x 20 participants x 2 trainings = \$20</p> <p>7) Flip charts: @\$5.4 x 5 units x 2 trainings = \$54</p> <p>8) Bus: @176.66 x 6 days (3 days each x 2 trainings) = \$1059.96</p> <p>9) Sundries: @\$150 Sundries include communication expenses during training like telephone calls, internet, printing of the certificates, bank service charges, festival celebrations like 16 Days of Activism and Human Rights Day incorporated in the trainings and other unforeseen expenses.</p> <p>Total: \$6,000 (\$3,000 per training x 2 trainings)</p>							
2.3	Train at least 10 male and 10 female cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines @\$3,000	D	1	3,000.00	1	100.00	3,000.00	
	<p>Training for 10 male and 10 female cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines: \$3,000</p> <p>1) Venue: @ \$100 x 1 training x 3 days = \$300</p> <p>2) Lunch and refreshment: @33.5 x 20 participants x 3 days = \$2,010</p> <p>3) Banner: @ \$50</p> <p>4) Pens: @ \$0.15 x 20 participants x 1 training = \$3</p> <p>5) Marker pens: @ \$1 x 10 = \$10</p> <p>6) Notebooks: @\$0.5 x 20 participants x 1 training = \$10</p> <p>7) Flip charts: @\$5.4 x 5 units x 1 training = \$27</p> <p>8) Bus: @85 x 6 days (3 days each x 1 training) = \$510</p> <p>9) Sundries: @80</p> <p>Total: \$3,000</p>							
2.4	Refresher training of 10 male and 20 female case management workers on case management steps, tools and Standard Operating Procedures (SOPs) @ \$4297.5	D	1	4,297.50	1	100.00	4,297.50	

	<p>Refresher training of 10 male and 20 female case management workers on case management steps, tools and Standard Operating Procedures (SOPs): \$4297.5</p> <p>1) Venue: @ \$100 x 1 training x 3 days = \$300</p> <p>2) Lunch and refreshment: @33.5 x 30 participants x 3 days = \$3,015</p> <p>3) Banner: @ \$50</p> <p>4) Pens: @ \$0.15 x 20 participants x 2 trainings = \$6</p> <p>5) Marker pens: @ \$1 x 40 pieces = \$40</p> <p>6) Notebooks: @ \$0.5 x 40 pieces = \$20</p> <p>7) Flip charts: @ \$5.4 x 10 pieces = \$54</p> <p>8) Bus: @ \$120.42 x 6 days (3 days each x 2 times, morning and evening) = \$722.52</p> <p>9) Sundries: @90</p> <p>Total: \$4,297.5</p>						
2.5	Conduct training on clinical management of rape (CMR) Protocol and survivor centred responses for 10 males and 20 females @ \$4297.5	D	1	4,297.50	1	100.00	4,297.50
	<p>Training on clinical management of rape (CMR) Protocol and survivor centred responses for 10 males and 20 females: \$4297.5</p> <p>1) Venue: @ \$100 x 1 training x 3 days = \$300</p> <p>2) Lunch and refreshment: @33.5 x 30 participants x 3 days = \$3,015</p> <p>3) Banner: @ \$50</p> <p>4) Pens: @ \$0.15 x 20 participants x 2 trainings = \$6</p> <p>5) Marker pens: @ \$1 x 40 pieces = \$40</p> <p>6) Notebooks: @ \$0.5 x 40 pieces = \$20</p> <p>7) Flip charts: @ \$5.4 x 10 pieces = \$54</p> <p>8) Bus: @ \$120.42 x 6 days (3 days each x 2 times, morning and evening) = \$722.52</p> <p>9) Sundries: @90</p> <p>Total: \$4,297.5</p>						
2.6	Custom clearance costs and other associated costs like insurance and freight costs estimated at \$1,000	D	1	1,000.00	1	100.00	1,000.00
	Approximate costs for custom clearance costs and other associated costs like insurance and freight costs						
	<b>Section Total</b>						<b>53,595.00</b>
<b>Transfers and Grants to Counterparts</b>							
6.1	Grant for SSWC (see the attached breakdown of the budget)	D	29450	1.00	1	100.00	29,450.00
	<p>Activities:</p> <p>1) Provision of comprehensive GBV services to at least 250 GBV survivors in line with standards @ \$11.4 x 250 GBV survivors x 9 months = \$25,650</p> <p>2) Community engagement activities with 50 women, 50 girls, 100 boys and 240 men community members on the prevention of GBV and utilization of available services @\$200 x 9 months = \$1,800</p> <p>3) Support costs for the running of SSWC safe home for the GBV survivors @222.2 x 9 months = \$1999.8</p> <p>Total: \$29,450</p>						
6.2	Grant for HINNA (see the attached breakdown of the budget)	D	27450	1.00	1	100.00	27,450.00
	<p>Activities:</p> <p>1) Provision of comprehensive GBV services to at least 250 GBV survivors in line with standards @ \$11.4 x 250 GBV survivors x 9 months = \$25,650</p> <p>2) Community engagement activities with 50 women, 50 girls, 100 boys and 240 men community members on the prevention of GBV and utilization of available services @\$200 x 9 months = \$1,800</p> <p>Total: \$27,450</p>						
	<b>Section Total</b>						<b>56,900.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Communication, stationery, internet etc. (see the attached BOQ)	D	1	2,000.00	1	100.00	2,000.00

<p>Approximate costs for communication, stationery, internet etc.: \$2,000  1) Communication: @ \$100 x 9 months = \$900  2) Pens: @ \$0.15 x 200 pieces = \$30  3) Notebooks: @ \$0.2 x 200 pieces = \$40  4) Other stationery e.g. highlighters, staplers, pins: @ \$10.5 x 9 months = \$94.5  5) Office premises @ \$53.9 x 9 months = \$485.1  6) Internet: @ \$50 x 9 months = \$450  Total: \$2,000</p>							
<b>Section Total</b>							<b>2,000.00</b>
<b>SubTotal</b>					57,908.00	<b>121,495.00</b>	
Direct							121,495.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							8,504.65
<b>Total Cost</b>							<b>129,999.65</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	
Banadir -> Mogadishu -> Mogadishu	65	60	1,010	65	500	1,635	Activity 1.1.1 : Provision of time critical, life saving assistance to 500 GBV survivors in line with standards (350 women, 60 girls, 50 boys and 40 men) Activity 2.1.1 : Train at least 15 men and 25 women GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis Activity 2.1.2 : Train at least 10 men and 10 women cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines.
Banadir -> Mogadishu-Dayniile	35	20	540	35	270	865	Activity 1.1.1 : Provision of time critical, life saving assistance to 500 GBV survivors in line with standards (350 women, 60 girls, 50 boys and 40 men) Activity 2.1.1 : Train at least 15 men and 25 women GBV service providers in Dayniile and Kaxda on GBVIMS tools, data collection and analysis Activity 2.1.2 : Train at least 10 men and 10 women cluster focal points of clusters training on GBV mainstreaming training based on the updated global guidelines.
<b>Documents</b>							
Category Name		Document Description					
Project Supporting Documents		BOQ -UNFPA Mogadishu.xlsx					
Project Supporting Documents		2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf					
Project Supporting Documents		GBVIE.Minimum.Standards.Publication.FINAL ENG.pdf					
Project Supporting Documents		Post Rape Treatment kits.docx					
Project Supporting Documents		BOQ -UNFPA Mogadishu.xlsx					
Project Supporting Documents		BOQ -UNFPA Mogadishu Final.xlsx					
Project Supporting Documents		UNFPA Dignity kits.docx					
Project Supporting Documents		BOQ -UNFPA Communicatin.xlsx					

Project Supporting Documents	BOQ -UNFPA Communication Final.xlsx
Budget Documents	Breakdown of Budget for Partners.xlsx
Budget Documents	Updates Breakdown of Budget for Partners.xlsx
Budget Documents	Final Updateed Breakdown of Budget for Partners.xlsx
Budget Documents	Final Updateed Breakdown of Budget for Partners.xlsx