

<b>Requesting Organization :</b>	INTERSOS				
<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>	Strengthening & Improving the protective environment for the most vulnerable internally displaced populations/returnees and host communities through gender-based violence response, mitigation and mainstreaming in Baidoa north IDPs, Baidoa district, Bay region				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>	SOM-16/WS/86642	<b>Fund Project Code :</b>	SOM-16/3485/R/Prot/INGO/2547		
<b>Cluster :</b>	Water, Sanitation and Hygiene	<b>Project Budget in US\$ :</b>	103,830.03		
<b>Planned project duration :</b>	9 months	<b>Priority:</b>	A - High		
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/05/2017		
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/05/2017		
<b>Project Summary :</b>	<p>The objective of this intervention is to strengthen case management and referral services for survivors of gender-based violence (GBV) and unaccompanied and separated children (UASC). This includes providing training and mentoring to the GBV and CP staffs of INTERSOS, The project provides immediate assistance to vulnerable populations. GBV survivors will receive case management and psycho-social support (PSS), including emergency care, referral to INTERSOS medical teams trained in case management of rape (CMR), tailored material assistance, basic emotional support, and follow up on the services will be provided. Capacity building with formal and informal authorities will be strengthened and improved. Further, the intervention provides training and technical support for health workers engaged in CMR, as well as for additional health and protection staff, in order to equip participants with the skills to provide compassionate, confidential, and competent clinical care to survivors of GBV. INTERSOS will be closely working within the cluster system in Bay region, training staff from different clusters on GBV mainstreaming and distribute gender mainstreaming booklet relevant to their clusters.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	270	560	570	600	2,000
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	150	430	70	100	750
Children under 18	0	0	500	500	1,000
Staff (own or partner staff, authorities)	120	130	0	0	250
<b>Indirect Beneficiaries :</b>					
The GBV and CP will reach approximately 10,000 individuals in the community outreach services( women: 4500, Men, 2500,Girls 1500 and Girls 1500) areas targeted for community mobilization includes health facilities, Nutrition centers, Education facilities and water points area.					
<b>Catchment Population:</b>					
There are currently 9,327 households living in the 72 IDP camps in Baidoa according to the research. In Somalia the average house hold has 5 members meaning an approximately 45,000 IDPs living in poor less protected condition these overcrowded IDPs triggers their susceptibility to violations of their rights. In this regard an approximate of 10,000 Men, women, Girls and Boys will indirectly benefit from the project especially through community sensitization campaigns in relation to GBV causes, Consequences, Importance of timely reporting of cases, Services available in different service providers and prevention child separation and tracing availability for UASC.					
<b>Link with allocation strategy :</b>					

There are still an estimated 1.1 million internally displaced people (IDPs) in Somalia who are exposed to highest degree of rights violations, such as gender-based violence and one of the world's poorest countries, is also one of the least protective environments for children and a difficult place to be a woman. Much of the country has been entrenched in civil conflict for 19 years with children as young as nine pulled from school, separated from their caregivers, and forced to fight. The local administration does not have the capacity to provide Women and children with adequate protective environment that defends their rights. Somali women and children have become gradually more vulnerable to all forms of violence, abuse and exploitation, much of it practiced in a climate of total impunity. The internally displaced persons, children from minority groups, the very poor, orphans, children with special needs, working children, children living in the streets, militia children and children in conflict with the law, are all in special need of protection. In most of these categories, girls are especially disadvantaged facing further sexual abuse and gender based violence. Young people have had little opportunity for education, or have had their education interrupted. They are frequently exposed to violence, risk of HIV and AIDS and drug abuse (especially khat). These challenges, coupled with unemployment, have worsened young people's overall vulnerability to different forms of violence and exploitation, and increased their involvement in criminal activities, including piracy and armed conflict, as they search for alternative livelihoods. IDP children are particularly vulnerable to abuse, neglect and exploitation. Many IDP families are female-headed with children being raised without father figures.

In post-conflict, humanitarian and emergency settings, as in the case of Somalia, women are still much more likely to be poorer, illiterate, and to have less access to reproductive health and other basic services and to decision making processes. Access to health facilities in Somalia is limited. Sexual and gender-based violence (SGBV) survivors suffer numerous downfalls, among them, weak clinical management and referral mechanisms, poor data collection and limited access to medical kits. Due to the ruinous state of the health system in Somalia following more than two decades of conflict, few of the rape survivors have been able to access appropriate post-rape care services, including post-exposure prophylaxis for the prevention of HIV transmission and emergency contraception (Human Rights Watch). Poor access to health services for GBV survivors has been attributed to lack knowledge on consequences of rape (normally they wash with water and then put a herbal treatment), lack of privacy at clinics, concerns over stigma and potential repercussions (divorce or ostracism from community). In addition, 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, requiring GBV- mainstreaming activities throughout the cluster system as part of the integrated response. In this regards, INTERSOS is committed by strengthening & Improving the protective environment for the most vulnerable internally displaced populations/returnees and host communities through gender-based violence response, mitigation and mainstreaming in Baidoa north IDPs, Baidoa district, Bay region

**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
Andrea Martinotti	Head of Mission	somalia@intersos.org	+254734000710

**BACKGROUND**

**1. Humanitarian context analysis**

The current population of Somalia is estimated to be 12.3 million (UNFPA). Out of the above population, an estimated 3.2 million of the people are in humanitarian need. On July 24 2015, Dinsoor and Bardhere in the neighbouring Gedo region has been taken over by African union mission in Somalia (AMISOM) and Somali National (SNA) military, the majority of the IDPs fled from the areas of conflict to Baidoa, where they can access humanitarian aid. Most internally displaced populations (IDPs) have created new temporary shelters in the city while others have joined their relatives. Local and international humanitarian agencies have been trying to respond to this situation, with INTERSOS providing gender-based violence (GBV) and child protection (CP) response by providing clinical services to the GBV survivors. It is widely acknowledged that during emergency and displacement risk of gender-based violence particularly sexual assault and rape increases (accounting for 36% and 40% of GBV cases respectively). Preliminary inter-agency rapid assessments (July 2015) in Baidoa district shows that more than 1,130 displaced households have arrived and are now living in already crowded conglomeration of IDP camps in Baidoa town. Among those displaced are many unaccompanied and separated children (UASC) boys and girls at risk of exploitation, neglect, sexual and physical violence (current IDTR case load shows 20-50% of cases are also GBV survivors). Baidoa GBV trend analysis (April 2015- April 2016) show that those most vulnerable are displaced persons (77% cases) and women and girls (85% and 14% cases). Furthermore, the development of the GBV working group strategy, which included consultations with actors in Bay region, noted significant gaps in GBV and CP prevention, response and coordination which INTERSOS is committed to supporting in Baidoa district

**2. Needs assessment**

Baidoa trend analysis from April 2015 to April 2016, shows key Gender Based Violence concerns are sexual violence and intimate partner (95 rape, or 40.9%, 40 physical assault, or 17.238.7%, 90 sexual assault, or 36.6%, 7 forced marriage or 2.6% (all female, 15% under 18 years and denial of resource 2.6% Those particularly vulnerable to sexual violence are displaced populations, minority clans and female headed households. However, an INTERSOS and Bay GBV working group end-line assessment (March 2016) show that there are significant barriers for survivors seeking support that needs to be improved: 1) Limited awareness of the consequences of Gender Based Violence and Child Protection and available services; 2) Fear of retaliation by perpetrators; 3) Blaming of survivors and lack of confidentiality in the community and service providers. Furthermore, there are low levels of knowledge among humanitarian workers to respond and mitigate GBV in-line with the Inter Agency Standing Committee guidelines on GBV. Gaps to address are: 1) strengthen community engagement and awareness of GBV and services available, and promote community-based mechanisms for; 2) improve the quality of response services, particularly medical care, Psycho social support, case management and safe spaces; 3) Engage with formal and informal security and justice actors on human rights and protection of survivors and support in referring cases; 4) strengthen knowledge and practice of humanitarian actors on GBV and CP. Displacement and family breakdown means children are at high risk of separation which puts them at risk of trafficking, Child labor, sexual exploitation and recruitment in armed groups. Unaccompanied and separated children (UASC) girls are often hidden as they are absorbed into community structures and words as a servants. There is a crucial need to increase and sustain the provision comprehensive case management, psycho-social support, interim care and tracing services for these children.

### 3. Description Of Beneficiaries

Those particularly vulnerable to sexual violence are displaced populations, returnees, minority clans, female headed households, children under 18, elderly and persons living with disability. These beneficiaries will be the prime project target with the aim of improving access for GBV survivors and UASC (women, girls and boys) and tailored interventions to promote equal access to services for women, girls, boys, timely, competent, confidential and compassionate case management, psychosocial and medical care for IDPs and host communities in target areas of north Baidoa IDP settlements. Baidoa GBV trend analysis (April 2015- April 2016) show that those most vulnerable are displaced persons (77% cases) and women and girls (85% and 14% cases this clearly show that IDPs more susceptible to violations of their rights compared to the host communities.

### 4. Grant Request Justification

INTERMEDIOS is the only organization actively providing GBV support and identification tracing and reunification (IDTR) for UASC in Baidoa in partnership with a local NGO for the past four years. Furthermore, INTERMEDIOS has a long-term engagement with the community in Baidoa for the past 13 years and currently operates multi-sectoral projects in Education, livelihoods, WASH and Returns in the district (and is the Education Cluster focal point in Baidoa) from which to build strong community-based response and cluster coordination. The present action will complement and reinforce the only existing GBV case management and psycho social support in Baidoa town which are currently supported by INTERMEDIOS. INTERMEDIOS have been conducting the following activities which support the proposed activities: 1. Capacity building of GBV and CP staffs by INTERMEDIOS Protection Coordinator to provide case management, basic emotional support and life saving material assistance to survivors. Case workers ensure GBV is an issue to discuss in a safe and confidential manner in communities and at the GBV working group. 2. Training of health workers in clinical management of rape survivors (working in SAMA, 8 Maternal and child health centers in the different sections of the town and the regional hospital), 3. Service mapping of key service providers (health, police, NGOs) finalized and GBV focal points appointed within INTERMEDIOS multi-sectoral programmes (Education, Water sanitation and hygiene (WASH), returns and livelihoods) to provide safe referral of GBV cases. 4. Services awareness raising among communities.

### 5. Complementarity

The proposed intervention will be complementary to INTERMEDIOS programs already ongoing in Baidoa. INTERMEDIOS have been working on Education in Baidoa with an active SHF, on WASH with an active UNICEF PCA targeting host communities in several district of Baidoa and in few rural areas of Baidoa District. According with the Strategic Reserve Allocation for 2016 and the needs to implement holistic methodologies INTERMEDIOS seeks to complement the ongoing project especially targeting the IDPs communities located in IDP sites north of Baidoa. Moreover the intervention is designed to be complementary to a, protection, health and Wash proposal that will be submitted under this allocation. Activities are planned to complement each other in order to maximize resources and to build on already ongoing interventions in areas where INTERMEDIOS has been working for the past years. This project will actively complement education, protection and health activities planned in 15 IDPs sites north of Baidoa.

## LOGICAL FRAMEWORK

### Overall project objective

To strengthen & improve the protective environment for the most vulnerable IDPs, returnees and host community (women, men, boys and girls) by improving GBV response, mitigation and mainstreaming in Baidoa district, Bay region and support practical GBV mainstreaming in critical areas affected by displacement (to contribute to the Protection Cluster response plan overall objective, cluster objective 1, 2 and 3 and link with the GBV 2014-16 strategy key result areas 1, 2 and 4).

### 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	50
To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs	Somalia HRP 2016	30
To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues	Somalia HRP 2016	20

**Contribution to Cluster/Sector Objectives :** According to the SHF allocation strategy an estimated 1.1 million internally displaced people (IDPs) in Somalia who are exposed to highest degree of rights violations, such as gender-based violence or forced evictions. 95% of all forced evictions affected IDPs, resulted in further rights violations, loss of shelter, livelihoods and access to humanitarian services. Housing, land and property rights violations therefore are a central element to address in an integrated response. In addition, 75 per cent of all Gender Based Violence (GBV) incidents recorded occurred in IDP settlements, requiring GBV-mainstreaming activities throughout the cluster system as part of the integrated response therefore, INTERMEDIOS is committed to strengthen & improve the protective environment for the most vulnerable IDPs, returnees and host community (women, men, boys and girls) by strengthening GBV and CP response, mitigation and mainstreaming in Baidoa district, Bay region and support practical GBV mainstreaming in critical areas affected by displacement (to contribute to the Protection Cluster response plan overall objective, cluster objective 1, 3 and 4 and link with the GBV 2014-16 strategy key result areas 1, 2 and 4).

### Outcome 1

Improved access for GBV survivors and UASC (women, girls and boys) and tailoring interventions to promote equal access to services for women, girls, boys timely, competent, confidential and compassionate case management, psychosocial and medical care for IDPs and host communities in target areas of Baidoa north IDPs conglomeration. The capacity of LNGOs providing GBV and health services will be strengthened to provide services based on MHPSS standards, case management standards and WHO CMR guidelines (contributing to Protection Cluster response plan priority activity and GBV strategy key result area 2, outcome 2.1 medical response, 2.2 case management and psychosocial and 2.3 post-incident safety).

### Output 1.1

#### Description

Case management, psycho social support, and interim care for gender-based violence survivors and vulnerable children provided and the capacity of the GBV and CP staffs developed through technical support sessions and orientations and improving health facilities with PEP kits to provide competent, confidential and compassionate clinical care of sexual assault survivors to reduce the risk of pregnancy, STIs including exposure to HIV, tetanus and other complications from physical injuries that may be sustained during an assault as well as providing tailored material assistance to GBV survivors. Survivor will be provided with transportation cost to access medical response and based on the needs assessment survivor who fit the criteria will be provided with dignity kits.

#### Assumptions & Risks

Protection actors and willing and highly interested to participate in the capacity building opportunities and show certain degree commitment after the training and community groups are willing to participate and be actively engaged in the protection of children and the prevention of GBV. Protective services are available and of good quality. To mitigate these, a participatory approach will be applied all along the project for community ownership. Regarding the protective services, as well as conducting a service mapping, INTERSOS coupled this with a capacity assessment and gap analysis.

#### Activities

##### Activity 1.1.1

##### Standard Activity : Psychological support

Case management and psychosocial support for 250 GBV survivors (women and girls) in Baidoa district provided by 2 GBV case workers (specifically focusing on child sexual abuse which will link with proposed CHF outcome 2 community-based mechanisms for referral and knowledge of services. Technical support sessions on case management and PSS (for 25 persons including GBV and CP WG members). Provided by GBV prevention & response officer and case workers.

##### Activity 1.1.2

##### Standard Activity : Material Support

To support case management process and the most vulnerable GBV survivors and CP cases tailored material assistance to 153 GBV survivors ( women and girls), dignity kits for 123 rape and sexual assault survivors and vulnerable IDPs and referral support (transportation costs to health centers for 100 survivors) will be provided.

##### Activity 1.1.3

##### Standard Activity : Health treatment and medical support for GBV

Case workers will provide accompaniment and transportation support for survivors to access health facilities. This project will build on CHF 2015 funding for CMR training for health staff in Baidoa by providing continued technical support in-line with WHO CMR guidelines and provide orientation on GBV guiding principles and referral for 40 health facility and outreach staff for 20 front-line service providers (including CHWs & CNWs). This will link with proposed CHF outcome 2 community-based mechanisms for referral and knowledge of services and contributes to GBV strategy outcome 2.1 and adherence to ethical standards to improve referral mechanisms for survivors.

#### Indicators

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					170
<b>Means of Verification</b> : Service satisfaction survey reports Pre-post training test & reports GBVIMS/ case management data Partner monitoring reports							
Indicator 1.1.2	Protection	Number of male/female survivors who receive psychosocial assistance in line with set standards					250
<b>Means of Verification</b> : Service satisfaction survey reports Pre-post training test & reports GBVIMS/ case management data Partner monitoring report							
Indicator 1.1.3	Protection	Number of male/female survivors receiving material assistance in line with set standards					153

**Means of Verification** : Material support distribution signed forms PDM survey, monthly reports

#### Outcome 2

Strengthened capacity of communities, formal and informal authorities (50% men and 50% women) to prevent and respond to GBV and CP issues and contribute to strengthened adherence IASC GBV minimum standards in emergency response through building the capacity of humanitarian actors. (to contribute to Protection Cluster objective 3 and 4, and GBV strategy outcomes 1 community prevention, 3.2 formal and informal justice systems and 3.3 security and humanitarian actors and 4.2 GBV mainstreaming).

#### Output 2.1

##### Description

Formal and informal authorities trained on protection principles, best interests of survivors and referrals of cases identified. Teachers trained to identify and refer child abuse cases, and raise child protection awareness issues in schools as well clusters trained on GBV mainstreaming. Community engagement and sensitization will be conducted with the aim of increasing the knowledge of the community on GBV causes and consequences, services available, importance of timely reporting of cases, GBV guiding principles and referral.

#### Assumptions & Risks

The security situation is stable and authorities willing to attend the training and applies the skills gained.

#### Activities

##### Activity 2.1.1

##### Standard Activity : GBV awareness campaign

Community-led GBV awareness campaign to improve access to response services will be supported by the community mobilization officer. This will include initial identification and training on GBV core concepts, safe referral, and basic emotional support and community mobilization methods for 24 community volunteer focal points in each target location. The awareness campaign will utilize community awareness resources developed by INTERSOS on referral and service availability (inter-active GBV mainstreaming curriculum components and GBV/CP IEC flip books) targeting also community education committees (CECs). At least one awareness sessions per month will be supported, in addition to general peer-to-peer awareness. This will contribute to GBV strategy key result area 1 and Protection cluster response plan activities under objective 3.

#### Activity 2.1.2

##### Standard Activity : Increased access to services/ advocacy for people with disabilities

Recent GBV WG assessments on barriers for access to service led by INTERSOS on April 2016 in Baidoa show that security of survivors and access to justice is a major gap. Community Mobilization Coordinator will conduct 24 awareness sessions (1285 persons) for clan elders, imams, community leaders, community police (madani), CEC and CHW, formal and non-formal authorities (50% women and 50% men) on CP basics, GBV causes and consequences, services available, importance of timely reporting of cases, GBV guiding principles and referral (in at least 50% of target villages, depending on the security situation). This will contribute to GBV strategy key result area 3 (outcome 3.2 and 3.3) and Protection cluster response plan activities under objective 3. Recreational activities will be conducted for children for psychological support .

#### Activity 2.1.3

##### Standard Activity : Capacity building

Education facilities are a key site for identification of vulnerable children requiring psychosocial support. Therefore, 25 teachers (12 men and 13 female) in Baidoa district will be trained on GBV awareness, and psychosocial support for children and safe and compassionate referral. This will contribute to Protection cluster response plan activities under objective 3. In order to strengthen the capacity of humanitarian actors to mainstream GBV and CP in emergency response based on the updated IASC guidelines (particularly from Health, WASH and Education clusters) INTERSOS will conduct 1 training in potential displacement area preferably Baidoa.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					1,285
<b>Means of Verification</b> : Pre-post training test & reports Community awareness reports							
Indicator 2.1.2	Protection	Number of functional community-based mechanisms to prevent, identify and response to GBV and child concerns					12
<b>Means of Verification</b> : Monthly reports, field report and individual interviews							
Indicator 2.1.3	Protection	Number of teachers and other staffs from other sectors trained GBV mainstreaming					150

**Means of Verification** : Pr-post training reports, Participants list, Pictures with GPS coordinates

**Additional Targets** : The project in addition to the direct beneficiaries (GBV survivors, UASC and individuals that participated in the capacity building opportunities) will reach the community through awareness rising and outreach, the project will also target the local community advocates in engaging them with the aim of increasing their GBV and CP knowledge and skills and actively reports cases of violence. Through continued support of cluster activity coordination the project will reach both local and international education partners in Baidoa.

#### M & R

##### Monitoring & Reporting plan

INTERSOS will ensure that the project is monitored and evaluated reliably via effective project monitoring and control mechanisms. These monitoring and evaluating mechanisms will provide an understanding of the project's progress through regular progress tracking so that appropriate corrective actions can be taken in a timely manner when the performance deviates significantly from the original plan and strategy. INTERSOS's monitoring and evaluation procedures will be based on its framework of Learning through Evaluation with Accountability and Planning. The monitoring and evaluation process will be based on a detailed monitoring and evaluation plan and indicator tracking table (ITT), which will be established at the onset of the project. These indicators will be used to measure accomplishments, dis aggregate data by sex, age, location, and social vulnerability (i.e. the disabled, the elderly, etc.). Project progress will be monitored on monthly, quarterly and annual basis to ensure the achievement of project deliverables and to measure results against the set objectives.

The monitoring process will commence with project implementation and will be the prime responsibility of the Project Manager and project Officers. The project will have a dedicated GBV/CP Project Manager who will be responsible for ensuring standard project monitoring procedures are correctly adhered to in accordance with SHF rules, regulations, and guidelines. Additionally, the M&E officer will work closely to set up the monitoring plan and follow up to ensure outputs are properly measured. Day-to-day monitoring will be carried out through designated M&E staff through reports from the field, distribution lists, delivery Notes, contact, and pictures with GPS if applicable. INTERSOS will also have a Baidoa Field Coordinator who will also provide support to the project's implementation, mentoring, and M&E. International staff will only be able to monitor field activities if security allows.

INTERSOS's project staff will develop monthly internal project reports that will be shared with the Program manager. These reports will provide the information needed for supervisors and senior staff to guide any adjustment to programming that proves necessary. At the end of each quarter, the project staff will develop a quarterly narrative report. Meanwhile, the Program manager will be assigned to this project to support the field team to set-up proper M&E processes. Based on agreed processes and indicators, the Project Manager and the field protection staffs especially the GBV and CP field coordinator Officer will lead quarterly monitoring activities involving representatives from the key stake holders and communities. Technical and financial oversight will be provided not only at the national level but also by responsible backstopping officers in INTERSOS In Nairobi.

Participatory methods will be used to collect feedback from beneficiary communities during project period in order to make the project implementation and knowledge management process effective. The participatory methodologies that will be used will also include focus group discussions, stakeholder meetings etc. Close involvement of beneficiary communities will also ensure commitment, ownership, and follow-up from beneficiaries as well as from local authorities and other the feedback collected will provide quantitative gender segregated data as well as qualitative data that will greatly inform both internal quarterly reports and the interim and final reports and ensure organizational learning.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Case management and psychosocial support for 250 GBV survivors (women and girls) in Baidoa district provided by 2 GBV case workers (specifically focusing on child sexual abuse which will link with proposed CHF outcome 2 community-based mechanisms for referral and knowledge of services. Technical support sessions on case management and PSS (for 25 persons including GBV and CP WG members). Provided by GBV prevention & response officer and case workers.	2016									X	X	X	X
	2017	X	X	X	X	X							
Activity 1.1.2: To support case management process and the most vulnerable GBV survivors and CP cases tailored material assistance to 153 GBV survivors ( women and girls), dignity kits for 123 rape and sexual assault survivors and vulnerable IDPs and referral support (transportation costs to health centers for 100 survivors) will be provided.	2016									X	X	X	X
	2017	X	X	X	X	X							
Activity 1.1.3: Case workers will provide accompaniment and transportation support for survivors to access health facilities. This project will build on CHF 2015 funding for CMR training for health staff in Baidoa by providing continued technical support in-line with WHO CMR guidelines and provide orientation on GBV guiding principles and referral for 40 health facility and outreach staff for 20 front-line service providers (including CHWs & CNWs). This will link with proposed CHF outcome 2 community-based mechanisms for referral and knowledge of services and contributes to GBV strategy outcome 2.1 and adherence to ethical standards to improve referral mechanisms for survivors.	2016									X	X	X	X
	2017	X	X	X	X	X							
Activity 2.1.1: Community-led GBV awareness campaign to improve access to response services will be supported by the community mobilization officer. This will include initial identification and training on GBV core concepts, safe referral, and basic emotional support and community mobilization methods for 24 community volunteer focal points in each target location. The awareness campaign will utilize community awareness resources developed by INTERSOS on referral and service availability (inter-active GBV mainstreaming curriculum components and GBV/CP IEC flip books) targeting also community education committees (CECs). At least one awareness sessions per month will be supported, in addition to general peer-to-peer awareness. This will contribute to GBV strategy key result area 1 and Protection cluster response plan activities under objective 3.	2016												
	2017	X				X							
Activity 2.1.2: Recent GBV WG assessments on barriers for access to service led by INTERSOS on April 2016 in Baidoa show that security of survivors and access to justice is a major gap. Community Mobilization Coordinator will conduct 24 awareness sessions (1285 persons) for clan elders, imams, community leaders, community police (madani), CEC and CHW, formal and non-formal authorities (50% women and 50% men) on CP basics, GBV causes and consequences, services available, importance of timely reporting of cases, GBV guiding principles and referral (in at least 50% of target villages, depending on the security situation). This will contribute to GBV strategy key result area 3 (outcome 3.2 and 3.3) and Protection cluster response plan activities under objective 3. Recreational activities will be conducted for children for psychological support .	2016												
	2017	X		X									



A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

2a- The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

The main aim of the action is to address gender disparity and discrimination through targeted actions to support gender-responsive services and more equal relationships between men and women (based on human rights and community engagement to tackle harmful social norms). The activities proposed, GBV prevention and response and support for UASCs, will be based on the specific needs both throughout all stages of the project. The focus of the project is women and girls as the main survivors of GBV (and UASC girls are often "hidden"), but also men and boys as survivors, UASCs and as allies for prevention and response to protection issues in the community. Technical support and capacity building components will aim for equal participation of men and women, where possible. Collection of sex and age disaggregated data is always ensured through using the GBVIMS and IACPIMS. Implementation of activities is based on mixed and gender-appropriate team to provide effective support to survivors and UASC.

**Protection Mainstreaming**

Women and girls will participate in the selection of sites. Community participation in project planning and implementation will be given importance in order to strengthen local leadership and mobilization skills. Within Somalia, men and women are not seen as equals. Gender roles based on sex are clearly defined, and Somalis are expected not to defy these social norms. Women are traditionally caretakers within the family structure and home. Because of a complex religious structure ruled by former extremists, women's voices and roles were marginalized. Somalia is mainly a patriarchal society, where men are traditionally the leaders and make decisions for both communities and families. It is with this in mind that Intersos is encouraging women participation.

This project will work to ensure that disability, age, and gender never constrain the ability of all people to access health and protection services, and that INTERSOS minimum standards for protection mainstreaming are applied in all project activities. People living with disabilities will participate in project activities by contributing to decision-making such as project locations.

During community outreach meetings, both men and women will discuss and contribute ideas on how to improve project operations. INTERSOS will adopt a participatory monitoring and evaluation approach involving men and women, boys and girls and the elderly. Focus Group Discussions and key informant interviews will target vulnerable groups such as the disabled for feedback on project interventions. Evaluation will be used to gauge how effectively the project has addressed the rights and needs of different categories of vulnerable people in the project area.

Using do no harm principles, INTERSOS will seek to avoid physical or psychosocial risks that would be detrimental to project beneficiaries, and will serve all people irrespective of age, sex or clan. Complaint mechanisms will be established to monitor project implementation and ensure that the voices of beneficiaries are heard. INTERSOS will extend beyond traditional platforms for feedback, such as suggestion boxes and mobile phone lines, ensuring that a mechanism for confidential personal feedback is available even to those who are illiterate. INTERSOS is intentionally carrying out feedback mechanism through these ways to address the limited mobility of women, Within Baidoa, Protection M&E Officer will be stationed to provide support and assistance to beneficiaries throughout the life of the project.

**Country Specific Information**

**Safety and Security**

The security situation In Baidoa is not critical, INTERSOS has its own security procedures and staff are encouraged to undertake a comprehensive planning process (CPP) that involves security analysis of the visited area; the head of mission then approves or cancels the mission depending on the security situation. INTERSOS recruits local staff who are familiar with the context which supports the "ownership" and local "rooting" of the project on the one hand, but also reduces the risk of kidnapping of international staff on the other hand. This has enhanced programme ownership and reduced security threats for the organization. All INTERSOS staffs undergoes security training and basic first aid training. The security staff as well as a security manager will be in charge of the general security of the project and its staff. INTERSOS has security officers present on the ground and conducts regular analysis of the security situation. Maintaining the safety and security of staff during travel is an essential part of the security management process. The INTERSOS Security policy states that all visitors are to notify the The head of mission in advance of their intention to visit the field.

**Access**

INTEROS is a leading protection actor, with high technical capacity, institutional knowledge and over 20 years' experience in the Somali context, especially in South Central, INTERSOS have been working in Baidoa IDPs nearly 10 years with strong knowledge of the local context and developed a good report with the administration. Since there are greater protection concerns in IDP camps, INTERSOS will target Baidoa north IDPs conglomeration in Baidoa district, Bay region, depending on security access during the project period which is expected to be normal under the protection targeted areas are intended to coincide with education, WASH, Health projects with the intention of providing multi-sectoral response. INTERSOS has 100% access to the project locations and uses the local staffs with strong contextual and technical knowledge.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Gender Based Violence project manager(30%) 50% dedicated to the project	D	1	3,000.00	9	30.00	8,100.00
	<i>The Gender Based Violence manager oversees all aspects of the project, Provide technical backstopping and guidance.</i>						
1.2	Gender Based Violence response officer(30%)	D	1	600.00	9	30.00	1,620.00
	<i>The Gender Based Violence response will provide case management services and support referrals of survivors for medical response and basic emotional support.</i>						

1.3	Gender Based Violence Case Worker(30%)	D	2	460.00	9	30.00	2,484.00
	<i>Gender Based Violence case workers of (INTERSOS) will provide case management and basic emotional support and referral for GBV cases and UASC;the organization will contribute 30%</i>						
1.4	Community Mobilizer /coordinator (30%)	D	1	600.00	9	30.00	1,620.00
	<i>SHF will contribute 30% to the cost Community Mobilizer Coordinator will be in charge of organizing meetings and sessions on GBV and CP with the community and support community awareness and engagement.</i>						
1.5	Protection Monitoring &Evaluation Manager	D	1	600.00	9	100.00	5,400.00
	<i>The organization will contribute 100% to the cost and SHF will contribute 100% to the cost M&amp;E Database officer will manage the CPIMS /GBV database and provide technical support to the field level and refresher training. CHF will contribute 100% to the cost.</i>						
1.6	Finance Officer	S	1	780.00	9	11.12	780.62
	<i>National Finance and Administration staff will support in the preparation of interim and final financial reports. The staff will be responsible in collecting all relevant documents from the field (prepared by the field admin staff) and making sure that the documents are well supported as per the finance and procurement guidelines.</i>						
1.7	Field Admin Officer	S	1	600.00	9	22.23	1,200.42
	<i>The field admin will assist in the management of the expenses in the field, provide a monthly report to the finance officer and guarantee the correctness of the supporting documents transmitted to the country office. He will ensure that funds are spent as per the approved fund requests by the project manager and report any balances thereof.</i>						
	<b>Section Total</b>						<b>21,205.04</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Dignity Kit for 123 beneficiaries including Gender Based Violence survivors and other Vulnerable women	D	123	57.00	1	100.00	7,011.00
	<i>Dignity Kit will be procured according to INTERSOS procedures and based on the SHELTER Cluster general standards - see attached the BoQ</i>						
2.2	Emergency support for Safe Space (Non Food Item, plastic sheet, torches and lockable doors)	D	1	2,500.00	1	100.00	2,500.00
	<i>Emergency support for safe spaces will be provide to women and UACs in need of foster family in secure place. See attached BoQ</i>						
2.3	Material Assistance for Unaccompanied And Separated Children and other vulnerable children	D	153	84.50	1	100.00	12,928.50
	<i>Material assistance will be provided to GBV survivors and UASC . See attached BoQ</i>						
2.4	Transportation costs to health center for Gender Based Violence survivors - Baidoa	D	1	2,000.00	1	100.00	2,000.00
	<i>places. Transportation cost for survivors of sexual violence; taxi will be hired to transport the case from the IDP camps and villages to Sama Hospital and other MCHs providing compassionate clinical services. See attached BoQ</i>						
2.5	Information Education and Communication Materials	D	1	1,800.00	1	100.00	1,800.00
	<i>Information Education and Communication materials will be developed for the community awareness campaigns in relation to the GBV consequences, Services available, Importance of timely reporting and prevention of child separation.</i>						
2.6	Purchase of materials for recreational activities	D	1	2,000.00	1	100.00	2,000.00
	<i>Items for 1 recreational activities will be purchased and provide to the teachers to enhance the psychological development of the children.</i>						
2.7	Gender Based Violence main streaming training for Education, Health and WASH front line staff	D	1	3,170.00	1	100.00	3,170.00
	<i>Gender Based Violence mainstreaming training's for 4 days (20 persons for each workshop) - see BoQ for details.</i>						
2.8	Technical support on Clinical Management of Rape (CMR) for health staff of Mother Child Health outside Baidoa town	D	1	2,000.00	1	100.00	2,000.00
	<i>1 technical support session (2 days) on Clinical Management of Rape for 20 health staff</i>						
2.9	Orientation for frontlines staff on safe and compassionate referral ( health, Wash, teacher, focal points in villages	D	1	1,200.00	1	100.00	1,200.00
	<i>1 orientation for frontlines staff (20 persons each sessions). 100 persons in total. - see BoQ for details</i>						
2.10	Phychosocial Support Workshop for teachers (25 participants each workshop)	D	1	1,600.00	1	100.00	1,600.00
	<i>1 workshops of 3 days for 25 teachers each workshop - see BoQ for details</i>						
2.11	Technical support sessions on case management and Psychosocial Support to GBV/CP WG members	D	1	1,525.00	1	100.00	1,525.00

	1 technical support sessions on case management and PSS to 25 person each workshop - see BoQ for details						
2.12	Identification Documentation Tracing and Reunification Child Protection workshop for formal and informal authorities	D	1	2,045.00	1	100.00	2,045.00
	1 Gender Based Violence workshop for formal and informal authorities for 20 participants - see BoQ for details						
2.13	Gender Based Violence Awareness raising session	D	1	200.00	12	100.00	2,400.00
	12 Gender Based Violence awareness session ( 20 person each sessions) - see BoQ for details						
	<b>Section Total</b>						<b>42,179.50</b>
<b>Travel</b>							
5.1	Vehicle rental for monitoring and evaluation	D	1	1,800.00	9	100.00	16,200.00
	Vehicle rental costs inclusive of driver, fuel and maintenance is \$1800 per month. \$1800 rental based on \$60 per day rate for the GBV response officer to monitor and to provide technical support to the health staff of Sama hospital and MCHs and to the LNGOs case workers.						
5.2	Flights and visa for field staff(Mogadishu-Baidoa-Mogadishu)	D	3	360.00	2	100.00	2,160.00
	Flight to Baidoa to mogadishu for 3 staffs attending training's.						
5.3	Mission costs-perdiem	D	1	2,820.00	1	100.00	2,820.00
	see BoQ for details Mission costs per-diem: accomodation costs for all the staff who will be on mission in Mogadishu and Baidoa Flights and Visa for field staff: are needed for the staff in Baidoa and for the LNGO staff to travel to Mogadishu for traning and to Nairobi for coordination meetings.						
5.4	Flight Nairobi-Baidoa-Nairobi-1 staff, travelling one flight per month for 8 months.	D	1	1,110.00	4	100.00	4,440.00
	The GBV project manager will travel to and from Somalia for attending cluster meetings.						
5.5	Security Management - for the guards on Baidoa site, for the staff on missions , airport pickups and field missions.	D	2	120.00	7	100.00	1,680.00
	Security Management: It includes security costs for M&E missions of expatriate staff on mission. It will include both the cost of compound management where expats will stay, escort cars, armed escort, PEP equipment rental, etc. It may refer to costs incurred in missions either in Baidoa or Mogadishu (where meetings with senior field staff will be organized in case security in Baidoa will not be conducive).						
	<b>Section Total</b>						<b>27,300.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Bank and transfer Charges and commission 2%	S	1	1,236.02	1	100.00	1,236.02
	Bank costs for the bank operations of CHF dedicated bank account for the operations related to this project and cost of money transfer from Kenya to Somalia at a rate of 2%for the estimated amount to be transferred to Somalia by the money transfer agent.						
7.2	Communication cost (see attached breakdown)	S	1	4,680.00	1	53.85	2,520.18
	he communication cost is for 13 national staff and GBV project manager. An approximation of Hormuud charges per month for the Organization according to th local market trades. - see BoQ for details.						
7.3	Office Rent Baidoa office	S	1	600.00	9	11.12	600.48
	Office rent: three month rent for Baidoa office.						
7.4	Office Running costs Baidoa office	S	1	2,000.00	1	50.00	1,000.00
	office running costs: payment of electricity and water bills for the smooth running of the office.						
7.5	Office supplies and stationery	S	1	2,475.00	1	40.25	996.19

	office running costs: Payment of the office supplies and stationery. This stationery is meant to be a contribution for both Baidoa and Mogadishu (coordination) office.						
	<b>Section Total</b>						<b>6,352.87</b>
<b>SubTotal</b>	308.00						<b>97,037.41</b>
Direct							88,703.50
Support							8,333.91
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							6,792.62
<b>Total Cost</b>							<b>103,830.03</b>
<b>Grand Total CHF Cost</b>							<b>103,830.03</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	
Bay -> Baidoa -> Baidoa/Horseed/Laanta 3Aa	20	70	70	30	30	200	Activity 2.1.3 : Education facilities are a key site for identification of vulnerable children requiring psychosocial support. Therefore, 25 teachers (12 men and 13 female) in Baidoa district will be trained on GBV awareness, and psychosocial support for children and safe and compassionate referral. This will contribute to Protection cluster response plan activities under objective 3. In order to strengthen the capacity of humanitarian actors to mainstream GBV and CP in emergency response based on the updated IASC guidelines (particularly from Health, WASH and Education clusters) INTERSOS will conduct 1 training in potential displacement area preferably Baidoa.
Bay -> Baidoa -> Baidoa/Horseed/Laanta 5Aa	20	30	300	60	160	550	Activity 1.1.2 : To support case management process and the most vulnerable GBV survivors and CP cases tailored material assistance to 153 GBV survivors ( women and girls), dignity kits for 123 rape and sexual assault survivors and vulnerable IDPs and referral support (transportation costs to health centers for 100 survivors) will be provided.
Bay -> Baidoa -> Baidoa/Isha/Laanta 1Aad	20	20	150	20	60	250	Activity 1.1.3 : Case workers will provide accompaniment and transportation support for survivors to access health facilities. This project will build on CHF 2015 funding for CMR training for health staff in Baidoa by providing continued technical support in-line with WHO CMR guidelines and provide orientation on GBV guiding principles and referral for 40 health facility and outreach staff for 20 front-line service providers (including CHWs & CNWs). This will link with proposed CHF outcome 2 community-based mechanisms for referral and knowledge of services and contributes to GBV strategy outcome 2.1 and adherence to ethical standards to improve referral mechanisms for survivors.

Bay -> Baidoa -> Balan Baale	20	100	200	50	50	400	Activity 2.1.2 : Recent GBV WG assessments on barriers for access to service led by INTERSOS on April 2016 in Baidoa show that security of survivors and access to justice is a major gap. Community Mobilization Coordinator will conduct 24 awareness sessions (1285 persons) for clan elders, imams, community leaders, community police (madani), CEC and CHW, formal and non-formal authorities (50% women and 50% men) on CP basics, GBV causes and consequences, services available, importance of timely reporting of cases, GBV guiding principles and referral (in at least 50% of target villages, depending on the security situation). This will contribute to GBV strategy key result area 3 (outcome 3.2 and 3.3) and Protection cluster response plan activities under objective 3. Recreational activities will be conducted for children for psychological support .
Bay -> Baidoa -> Mursal	20	50	200	300	50	600	Activity 2.1.1 : Community-led GBV awareness campaign to improve access to response services will be supported by the community mobilization officer. This will include initial identification and training on GBV core concepts, safe referral, and basic emotional support and community mobilization methods for 24 community volunteer focal points in each target location. The awareness campaign will utilize community awareness resources developed by INTERSOS on referral and service availability (inter-active GBV mainstreaming curriculum components and GBV/CP IEC flip books) targeting also community education committees (CECs). At least one awareness sessions per month will be supported, in addition to general peer-to-peer awareness. This will contribute to GBV strategy key result area 1 and Protection cluster response plan activities under objective 3.

Documents	
Category Name	Document Description
Budget Documents	Protection BoQ.
Project Supporting Documents	Trends and patterns of GBV from April 2015- April 2016
Project Supporting Documents	Baidoa KAP GBV endline Survey- Final report.docx
Budget Documents	Budget and BOQs 29 06 2016.xlsx
Project Supporting Documents	Baidoa KAP GBV endline Survey- Final report.docx
Budget Documents	Budget and BOQs 4. 07 2016- CHF COMMENTS.xlsx
Budget Documents	2547 INTERSOS- BoQ's-ek.xlsx
Budget Documents	Budget and BOQs 12. 07 2016- CHF COMMENTS.xlsx
Budget Documents	2547 INTERSOS- BoQ's- 18.7.16.xlsx
Project Supporting Documents	Standerized Dignity Kits distribution guideline.xlsx
Project Supporting Documents	Distribution of Material Assistance -updated.docx
Budget Documents	Copy of 2547 INTERSOS- BoQ's- 05 08 2016.xlsx
Budget Documents	Copy of Copy of 2547 INTERSOS- BoQ's- 09 08 2016.xlsx
Budget Documents	2547 INTERSOS- BoQ's- 10 08 2016.xls