

<b>Requesting Organization :</b>	WARDI Relief and Development Initiatives				
<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>	Promoting protective environments through essential, emergency GBV prevention and response interventions in Kaxda IDPs in Banadir a region				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Prot/NGO/3897		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	100,090.41		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/12/2016	<b>Planned End Date :</b>	30/11/2017		
<b>Actual Start Date:</b>	01/12/2016	<b>Actual End Date:</b>	30/11/2017		
<b>Project Summary :</b>	<p>Under this project, Comprehensive Gender based violence -GBV prevention and response activities will to be introduced, A survivor centered approach will be adopted to deal with the cases of gender based violence with privacy and confidentiality, psycho-social counseling and case management shall be provided to the survivors and women at-risk of gender based violence or any harmful behavior/act , WARDI is planning to train Community Safety &amp; Awareness mobilizers in approaches to proper survivor centered care, and raising awareness in communities about available confidential services and referral networks, provide basic health, reproductive health, family planning and treatment of sexual transmitted infection, WARDI will also Continue of one-stop centers in health center to meet the needs of survivors with dignity, privacy, confidentiality, safety of survivors and family .</p> <p>The project will also provide multi-sector response (clinical management of rape, psycho social support, legal aid) to the survivors. the project will improve capacity of service providers to provide quality of services, strength resilience of the Internal displaced people (IDP) and poor host community through awareness.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
1,920	6,400	2,000	2,000	12,320	
<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	800	4,000	800	800	6,400
Internally Displaced People/Returnees	400	1,600	800	800	3,600
Trainers, Promoters, Caretakers, committee members, etc.	720	800	400	400	2,320
<b>Indirect Beneficiaries :</b>					
300 people including returnee					
<b>Catchment Population:</b>					
30,000 people including people in Humanitarian Emergency					
<b>Link with allocation strategy :</b>					
<p>The proposal is in line with the strategic objectives of the Protection Cluster for 2016 (HRP 2016) and directly supports the strategic objective of this SHF allocation. The proposal will be implemented within the geographic scope and the prioritized activities at Kaxda IDPs; project is complementary with WASH, health and Nutrition interventions implementing in Kaxda IDPs;. the IDPs forcibly evicted from Mogadishu city joined settlements in Kaxda periphery district where living conditions are deplorable, services are limited or not existing and where human rights violations are commonly reported; there is already reported the upsurge in GBV incidences caused by the many evictions that continued in early 2016 and the increased intrusion by armed groups in the settlements. Thus, this project Support the GBV survivors</p> <p>The project intervention will respond three out of six Priorities for protection cluster 2016, which are :</p> <ol style="list-style-type: none"> <li>1. Protection and prevention of GBV and child rights violations and effective protection service delivery in humanitarian crisis</li> <li>2. Being a catalyst on durable solutions for Internal Displaced People IDPs</li> <li>3. Building up community protection capacity</li> </ol>					

**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
Hussein Abdi Isak	Chairman	wardiorg@yahoo.com	+252615501688

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

There are 1.1 million internally displaced people in Somalia who continue to live in crowded settlements, exposed to protection risks and with limited access to basic services including health, protection, sanitation and hygiene facilities, majority of the internally displaced persons live in Banadir region(OCHA Humanitarian Need Overview (HNO) 2016). According to the internal displacement profiling in Mogadishu 2016, 400,000 of the internally displaced people live in Mogadishu. The most vulnerable of these IDPs reside in Kaxda district, which has the second highest number of settlements with estimated displaced persons 76,739. The majority of displaced persons came from regions surrounding Banadir, mainly from Lower Shabelle, and Middle Shabelle, but also from Bay. These regions have suffered a combination of conflict and natural disaster over the last four years. They were among the hardest hit areas during the 2011 famine and are territories that have undergone military offensives and substantial clan conflicts, these IDPs live in IDPs settlements with deplorable conditions; services are limited or none existence and human rights violations are commonly reported, in which most affected being women, children and minorities.

According to 'OCHA Somalia Humanitarian Need Overview HNO 2016 'the population in emergency and crisis are found in Banadir where the current malnutrition rates indicate a sustained serious level of acute malnutrition since Deyr 2014/15 with GAM and SAM prevalence of 14.7% and 3.5 % respectively, Furthermore, FSNAU noted, food insecurity aggravates protection concerns as it regularly results in increased sexual and gender-based violence ( FSNAU presentation of the findings of the report released on Aug 31, 2015).

GBV incidences increase in emergencies due to the collapse of the social order and breakdown of community and traditional protection mechanisms. Food insecurity also puts women and children at increased risk of GBV through harmful coping mechanisms and increased exposure to sexual violence and abuse. It may also lead to conflict over scarce resources and generate violence, including GBV.

**2. Needs assessment**

The ongoing evictions continued military offensive and increased food insecurity in pockets of southern Somalia has increased the number of displacements and has further aggravated the humanitarian crisis in Mogadishu, where worrying humanitarian needs continue to be reported, About 4.9 million people are in need of life-saving and livelihoods support and 1.1 million remain internally displaced.Armed conflict, clan violence, widespread human rights violations, political instability and insecurity, and low levels of basic development indicators persist in the country. This is exacerbated by high malnutrition rates, extensive food insecurity, vulnerable livelihoods, poor health infrastructure, recurrent disease outbreaks, a lack of clean and safe water, poor provision of basic services, including education, and pervasive protection violations. Internally displaced persons are particularly vulnerable, and in urgent need of protection, including durable solutions

Gender Based Violence is highly prevalent and multifaceted problem, which hinders women and girls' personal development and active participation in the public arena and hugely contributes to the low status of women in society. Gender Based Violence is widespread in Somalia; despite uncertain statistics and data about the scope of the violence,The protective environment remains weak for the Internal Displaced Persons and civilians affected by the conflict. Women and girls from IDPs and minority clans suffer due to lack of access to justice, due process, and clan protection. These violations are aggravated due to weak rule of law and nonfunctional government structures. According to the Gender Based Violence International Monitoring data for first quarter of 2016, 75% of the Gender Based Violence survivors are Internal Displaced Peoples while 99% are female, indicating that the Internal Displaced women and girls are mostly at risk of Gender Based Violence. Mogadishu Gender Based Violence sub cluster members indicated increased partners reporting of Gender Based Violence cases in Daynille, Dharkenley (Kaxda) and Hodan districts of Banadir region, the majority of cases reported were rape (41 per cent) followed by physical assault (39 percent), sexual assault (11percent), denial of resources (4 per cent), psychological abuse (3 per cent), and forced marriage (2 per cent),

A rapid assessment undertaken by WARDI in Kaxda District between 28th and 29th August 2016 to assess the prevailing humanitarian situation has shown that the entire district is timing with camps that keep coming up by the day, these camps are often overcrowded, and lack basic services, as far as protection concern, there is one Gender Based Violence stop center that is serving the entire population. Women and girls who are the primary drawers of water spend more than 20 minutes to collect water, long distance to water source exposes women and girls to risk of Gender Based Violence, the absence of protection mainstreaming has increased the vulnerability of the target population even further at risk; the case of Gender Based Violence occurs mostly in the night time due to lack of light and the absence of security forces looking the security of the Internal Displaced settlements.

To handle these, WARDI will scale up its protection activities and continue to train Community Safety & Awareness mobilizers in approaches to proper survivor centered care, and raising awareness in communities about available confidential services and referral networks, advocating protection mainstreaming in all sectors including WASH, Health and Nutrition.

**3. Description Of Beneficiaries**

Women and girls among the Internal Displaced People and other vulnerable groups including men and boys. will directly benefit from this project.

**4. Grant Request Justification**

The proposed district is one of the recommended districts for SHF reserve allocation 2016. The proposed project intends to reduce the number of Gender Based Violence that will address the immediate felt needs of the target populations as Somali Humanitarian Fund strategic reserve allocation 2016 prioritized to support Gender Based Violence survivors and awareness creation on Improvised Explosive Devices (IED). Despite collective efforts WARDI has identified a continued critical gap in access to quality health and emotional support services for Somalia particularly women and girls who are survivors of Gender Based Violence. Currently WARDI is implementing Gender Based Violence projects in different districts in Banadir region in partnership with DRC and UNFPA, the organization has wide experience and expertise addressing Gender Based Violence prevention and response in Banadir through combat to gender based violence with three interrelated sets of activities: prevention, response (survivor assistance) and coordination. A number of gaps still exist in providing "a survivor centered approach, Under this project WARDI aims to cover a number of priority gaps need to be covered in Gender Based Violence Working Group strategy 2014-2016 by end of the project.

### 5. Complementarity

WARDI is currently implementing the following activities in Kaxda district:

1. Ongoing Gender Based Violence stop center with UNFPA
2. WASH project in collaboration with IOM
3. Ongoing Essential Package of Health Services (EPHS) project with UNICEF
3. Completed Cash for Voucher with Catholic Relief Services (CRS)

WARDI has selected some of the locations for this allocation for integration where possible. Thus, this proposal will complement the ongoing interventions in the target Internal Displaced locations to increase synergy and to effectively address the gaps of protection in general and Gender Based Violence in particular, specifically in the locations not targeted by ongoing interventions to ensure Multi-Sectorial response. WARDI will further coordinate with active organizations in protection, education, health, nutrition and WASH.

### LOGICAL FRAMEWORK

#### Overall project objective

To improve gender based violence risk prevention, increase response and access to comprehensive services for IDPs and other vulnerable groups among women, men, boys and girls affected by conflict, gender based violence, human rights violations in Kaxda District Banadir

#### Protection

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	60
To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues	Somalia HRP 2016	40

**Contribution to Cluster/Sector Objectives :** The project activities, objectives ,output and outcomes are contributing to protection cluster objectives particularly objective (1 ) , the selected interventions includes (Prevention and Response of GBV,CMR services ,psycho social support, provision of PEP kits, treatment of STI and objective (2) to improve operational capacity through capacity development, strategic and humanitarian dialogue.

#### Outcome 1

Improved availability, accessibility, and utilization of comprehensive GBV services to women, girls, boys and men IDPs and host community in Kaxda District, Mogadishu

#### Output 1.1

##### Description

Increased capacity to prevent gender - based violence and harmful practices and enable the delivery of services, including in humanitarian setting with equal access to women, girls, men and boys IDPs and host communities in Kaxda district.

##### Assumptions & Risks

Displacement, IDPs evictions, security

##### Activities

##### Activity 1.1.1

##### Standard Activity : GBV awareness campaign

Conduct five community dialogues campaigns on GBV prevention/available services among 250 community members (including religious leaders, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community dialogues will lead to make easy the mobilization of 12,320 IDPs and host community.

##### Activity 1.1.2

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

Strengthening two GBV stop centers within the existing health facilities in Kaxda district (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors). The GBV stop Centers will be specialized free-of-charge referral center where survivors of Gender Based Violence can find comprehensive services such as: medical care; psycho-social support; police and legal support, and collection of legal evidence. The centers will work closely with police stations, IDPs and host community leaders in surrounding areas, hospitals and health centers. In order to effectively respond to and prevent child domestic and gender-based violence, it is paramount that survivors receive comprehensive services. This will guarantee their medical, psychological and psycho-social wellbeing, avoid stigmatization and ensure protection and justice. The two GBV stop centers will serve equally men, women, boys and girls who are GBV survivors.

##### Activity 1.1.3

##### Standard Activity : Capacity building

Conduct 5 days training to 10 nurses/midwives working in two GBV stop centers in Kaxda district on psychosocial support with collaboration of GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force. The training will include: (1) disseminating knowledge about psychological reactions in the aftermath of traumatic experiences to the staffs and volunteers; (2) teaching on how to deal with acute trauma survivors in an age-appropriate and gender-sensitive emphatic way; and (3) stress-management, in order to support them in coping with the psychological stress associated with working in the field of gender-based violence.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					250

**Means of Verification** : awareness reports , photos, attendance sheet

Indicator 1.1.2	Protection	Number of GBV stop centers strengthened					2
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**Means of Verification** : Stop centers report , PEP kit utilization

Indicator 1.1.3	Protection	Number of nurses/midwives trained on Clinical Management (CMR) of Rape					10
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**Means of Verification** : Photos, attendance sheet, training report and telephone number of the staffs

**Output 1.2**

**Description**

Survivors of GBV composing women, girls, men and boys have safe access to community-based multi-sectoral support including timely referral services.

**Assumptions & Risks**

good security, availability of powerful legal entities (police, court) and beneficiaries readiness to report

**Activities**

**Activity 1.2.1**

**Standard Activity : Capacity building**

Train 12 community volunteers with equal share of men and women on psycho social support in Kaxda district  
Trained volunteers will organized counselling sessions , GBV topics to the community to prevent and response to GBV

**Activity 1.2.2**

**Standard Activity : Dignity Kits**

Distribution of dignity kits to 500 GBV women survivors in Kaxda district. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This activity will contribute to psycho social and emotional support to GVB survivors and gives heals and well being of survivors

**Activity 1.2.3**

**Standard Activity : Psycho-social Support**

Provide psyhosocial support including procurement and distribution of Solar torches for 65 IDP households who are at risk of GBV. This will reduce risk of GBV incidence and access to lighting to households.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	Number of community volunteers trained					12

**Means of Verification** : Training reports, attendance sheet, photos, modules of training and telephone contacts of the trainees

Indicator 1.2.2	Protection	Number of women survivors received Dignity Kit					500
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**Means of Verification** : Signed distribution list, photos and telephone contacts of the beneficiaries

Indicator 1.2.3	Protection	Number of IDP households having access to lighting					65
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**Means of Verification** : Photos, signed distribution forms and telephone contacts of the beneficiaries

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

Participatory monitoring and evaluation will be employed with regard to frequency, keeping track/ assessing the effectiveness of the interventions with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Our project M&E Officer together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The field's reports will be sent to the Program Manager who will then assemble the project team to analyze and match actual reporting with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan. Disparities will be explained and appropriate remedial action taken in consultation with the program manager. In this project, WARDI will use four tier level monitoring approaches (i) reporting against agree work plan (ii) staff field visit, meetings, supervision and technical support, (iii) Baseline assessment and post project assessment will be conducted to measure the impact of the intervention (iv) Community Feedback and Response Mechanism (CFRM) to check on satisfaction, curb aid diversion and re-evaluation and possible re-adjustments of the intervention. The PM develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities WARDI regularly update the 4W matrix and inform the protection cluster and OCHA on the progress. An evaluation will be conducted every month during the project duration to measure effects and/or impact made by the project and learned lessons accordingly. Finally, the IDP committees will sign off on progress and completion of the project, witnessed (co-signed) by IDP Chairman. In addition to internal monitoring, WARDI will hire an independent monitoring person/firm to monitor and evaluate the project activities and its impact. Confidentiality of the survivors will be observed, but for transparency and accountability the telephone contacts of the community volunteers, survivors who received dignity kits will be collected and shared with UNOCHA and protection cluster. WARDI will organize joint monitoring missions with OCHA/protection cluster partners after the project is completed.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct five community dialogues campaigns on GBV prevention/available services among 250 community members (including religious leaders, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community dialogues will lead to make easy the mobilization of 12,320 IDPs and host community.	2016												X
	2017	X		X			X			X			
Activity 1.1.2: Strengthening two GBV stop centers within the existing health facilities in Kaxda district (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors). The GBV stop Centers will be specialized free-of-charge referral center where survivors of Gender Based Violence can find comprehensive services such as: medical care; psycho-social support; police and legal support, and collection of legal evidence. The centers will work closely with police stations, IDPs and host community leaders in surrounding areas, hospitals and health centers. In order to effectively respond to and prevent child domestic and gender-based violence, it is paramount that survivors receive comprehensive services. This will guarantee their medical, psychological and psycho-social wellbeing, avoid stigmatization and ensure protection and justice. The two GBV stop centers will serve equally men, women, boys and girls who are GBV survivors.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Conduct 5 days training to 10 nurses/midwives working in two GBV stop centers in Kaxda district on psychosocial support with collaboration of GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force. The training will include: (1) disseminating knowledge about psychological reactions in the aftermath of traumatic experiences to the staffs and volunteers; (2) teaching on how to deal with acute trauma survivors in an age-appropriate and gender-sensitive emphatic way; and (3) stress-management, in order to support them in coping with the psychological stress associated with working in the field of gender-based violence.	2016												X
	2017												
Activity 1.2.1: Train 12 community volunteers with equal share of men and women on psycho social support in Kaxda district Trained volunteers will organized counselling sessions , GBV topics to the community to prevent and response to GBV	2016												X
	2017	X											
Activity 1.2.2: Distribution of dignity kits to 500 GBV women survivors in Kaxda district. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This activity will contribute to psycho social and emotional support to GVB survivors and gives heals and well being of survivors	2016												X
	2017	X	X	X	X	X	X	X	X	X			
Activity 1.2.3: Provide psyhosocial support including procurement and distribution of Solar torches for 65 IDP households who are at risk of GBV. This will reduce risk of GBV incidence and access to lighting to households.	2016												X
	2017	X	X										

**OTHER INFO**

**Accountability to Affected Populations**

WARDI will hold at the inception of the project, community mobilization, and sensitization meetings with all stakeholders to officially launch the project. During the sensitization meetings, the project objectives, implementation strategies, scope, beneficiary selection criteria, beneficiary entitlement and roles and duties of each stakeholder including Monitoring & Evaluation roles will be discussed and agreed. WARDI will develop elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be given one day workshop on how to use the complaint/feedback system to enhance transparency and accountability. Hot-line telephone will be established and the community will make aware of the hotline telephone number; the aim of the hotline is: to report the beneficiaries their claims, if they are not satisfied the services that the center offered to them, the hotline care will respect the confidentiality of the beneficiaries' complain. Community ownership of the project will be done through formation of structures such as Beneficiary Representatives, and Camp Committees (consisting of women and men), in order to meet the protection needs of the affected community, WARDI will involve the target community through its leaders and engendered GBV community committees (composing male and female), selected members from the beneficiaries and community leaders in the first stage of planning of the project to ensure community participation, the number of the GBV community committees will be 7 (3 men and 4 women). The organization will establish engendered committees (women participation will be strictly adhered) that will have hand-in-hand working relations with the project team and beneficiary communities; both sides will exchange any information related to the management and implementation of the project activities. Community Feedback and Response Mechanism (CFRM) will also be used to make sure that the beneficiaries are satisfied with services provided and complaints can be channeled to the right direction. There will be comprehensive checklists based on the consultations with the target communities that will be applied to facilitate the CFRM process; there will be direct contact between community leaders and project team as technique of CFRM to act accordingly in case of complaints. WARDI will adhere the principles of "do no Harm" through not creating any partial, nepotism, conflict oriented and sensitive issues within the project beneficiaries. WARDI will adhere to these principles of "do no harm" at all times throughout the project cycle by involving all categories of the community.

**Implementation Plan**

Project Coordinator will develop detailed project operational plan of the project and how each activities will be implemented, WARDI proposes two Gender Based Violence stop centers in two health facilities in Kaxda, to provide medical services to Gender Based Violence survivors, WARDI has agreement with UNFPA to provide Post Exposure of Prophylaxis (PPP) kits and supplies to ensure steady supply. Qualified nurses will be engaged to diagnose and treat the Sexual Transmitted Infection (STI) and post rape psycho-social services. GBV Information Management (GBV MI) will ensure timely reporting to GBV focal point in the zone. Transport (project vehicle) will be standby to ensure time refer of the survivors to the two stop centers. The target communities will be involved from the project design, plan, implementation through series of meetings and other informal forums. Quarterly meetings will be held with the community members and other stakeholders to update them the project activities and get their valuable input on how best to achieve the desired goals. WARDI is planning to use an integrated community based protection approach to address both GBV cases focusing in Kaxda district, where WARDI already is actively engaged in GBV activities in partnership with UNFPA and communities to enhance the protection environment for survivor of GBV and child right violations or abuses. Therefore, WARDI will work towards strengthening the capacity, skills and coordination of Community Based networks and build community resilience to prevent and respond to the myriad of challenges facing the women, girls, men and boys in Kaxda. The staffs that will involve this project include: Project Coordinator, GBV Information Management officer (GBV IM), Clinical Management of Rape (CMR) officer, , nurses and caseworkers.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Catholic Relief Services _CRS	Food security
Muslim Aid - UK	contacted to them for coordination as they had health center to Kaxda. Unfortunately, the project stopped due to lack of funding
Protection cluster	WARDI will participate the protection cluster at field and Nairobi level. The cluster will coordinate the protection activities in the country in order to avoid duplication of activities and high light the gaps
IOM	Health services with the partnership of WARDI
Mercy USA	Mercy has one health post in the district but due to lack of funding this health post is not functioning properly

**Environment Marker Of The Project**

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 project enhance gender equality by ensuring equal participation of all gender – women, men ,boys and girls. The GBV survivors in Somalia are mostly women and girls, thus this project will ensure that all sectors of the community including minorities will get the services equally.

**Protection Mainstreaming**

Protection mainstreaming will be considered at all levels of project cycle and project activities, WARDI will ensure protection mechanism will be put in place. WARDI will use "Do no harm" method that everybody will be consulted and beneficiaries will be selected with the presence of local authority to avoid conflict of interest.

**Country Specific Information**

**Safety and Security**

The security situation in Kaxda has been relatively calm for the last six months compared to other areas in Mogadishu although there has been some Al Shabaab insurgents seen in the area but operating under cover due to the heavy presence of security providers such as the AMISOM regiments operating in the district as well as some civilian police force. WARDI has a longstanding presence in Mogadishu since its establishment and has good understanding of the context. Teams involved in operations are regularly trained by a Security Manager. WARDI has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI also maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups. WARDI has analyzed the security context in each proposed target location for this project. The target IDP locations are within the main Afgoye corridor and accessible to the project staff. WARDI is currently implementing WASH, food security, Health and Nutrition projects in Kaxda district with out any security problem. Rapid needs assessment and technical assessments were done in the target locations by project staff without security challenges. Security in Somalia is dynamic and the district security focal point will be analyzing security situation and advice the front line staff the situation every morning. It is anticipated that the security will remain calm and allow smooth implementation of activities within the project time frame. WARDI will identify the risk of conflict in the project area and immediately avert this risk, the organization will closely engage the local leaders, government officials and the community to sort out any possible threat and the committee will be trained on Disaster risk reduction and conflict resolution mechanism measures.

#### Access

The project locations can be easily accessed by the local and international organizations and no incidents were reported recently. WARDI has been operating in the project location since the last four years, Thus, the relationship between WARDI and the community in the district is very strong, which enabled WARDI to implement many projects such as, Protection WASH, Nutrition, Health and food security, this shows how WARDI has cordial relationship with the communities of which it is helping, WARDI enjoys full access from all corners of the district including the government, civil societies, beneficiaries as well as the needy people including the IDPs/Returnees. WARDI has main office in Mogadishu, which allows easily accessing the targeted locations.

#### 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	Protection officer	D	1	1,200.00	12	40.00	5,760.00
	<i>Protection officer will responsible for over all project implementation, coordination and reporting of programming of the project. The project officer will work on this project 40% of his/her working time. The salary of the protection officer is 1200 USD/month, SHF will pay 40% of his/her salary, while WARDI will cover the remaining 60% from the other ongoing protection projects.</i>						
1.2	Clinical Mmanagement of Rape (CMR) officer	D	1	800.00	12	60.00	5,760.00
	<i>CMR officer will be responsible for planning health-care services for GBV survivors and training health-care providers. The CMR officer will work on this project 60% of his/her working times. SHF will pay 60% of the salary, which is 800 USD/month, while WARDI will cover the remaining 40% from other protection projects.</i>						
1.3	Finance officer	D	1	600.00	12	10.00	720.00
	<i>Finance officer be responsible for the preparation of financial documents, make payments, recording of daily transactions and maintaining of Cash Books and Bank statements, prepare all the financial reports of the project and will keep in record. The finance officer will be responsible for handling all finance related works of this project as well as other projects of this allocation. The salary of finance officer is US\$600. SHF will pay 10% of his salary from this project.</i>						
1.4	Logistic officer	S	1	2,000.00	12	5.00	1,200.00
	<i>Logistics Officer will spend 10% of his working time to this project. His main responsibilities towards this project includes but not limited to: ensure the proper functioning of supply chain including procurement planning, purchasing of goods and services, their transport and storage, evaluate/report the need and ensure the proper use of equipment, assess and ensure the functioning of the means of communication appropriate. Responsible for the security of the project staff, transportation of the project staff from/to their homes and to/from the site/office, as well as security of project materials and assets. He assesses, monitors and reports the security situation and develops security procedures relevant to the context. His salary is USD2000/month. He spends 5% of his time of working to this project. SHF will pay 5% of the salary, while WARDI will cover the remaining 95% from other projects.</i>						
1.5	M&E officer	S	1	2,500.00	12	5.00	1,500.00
	<i>The M&amp;E Coordinator will spend 5% of his time on this project. He will be responsible for overall M&amp;E and learning needs of this project and will come up with findings based on real data to show performance of the project. The project staff will get support through M&amp;E findings in enhancing flow of information and its management. The M&amp;E Coordinator will play role in promoting of key learning for the improvement of the project and for wider leaning of the organization. His salary is USD2, 500/month. SHF will pay through this project 5% of his salary, while WARDI will cover the remaining 95% from other projects.</i>						
1.6	Nurses/midwives	D	4	400.00	12	100.00	19,200.00
	<i>Nurses/midwives responsibilities are: To understand the symptoms of GBV; provide the patient with information on GBV and its consequences on women's health; ask questions about GBV in case of clinical symptoms that indicate possible experience of GBV; create a friendly and confidential environment, listen to the patient and give her validating messages; collect the patient's medical history and undertake a medical examination; provide appropriate medical and psychological care; document the health consequences of GBV; provide the patient with information and referral to other service providers, as needed (such as specialized medical); assist the patient in safety planning; and ensure follow-up care. 4 nurses /midwives for two GBV stop centers to provide medical services to GBV survivors, monthly salary of one nurse/midwife is USD400/month. SHF will pay 100% of the salaries.</i>						

1.7	Case workers	D	4	400.00	12	100.00	19,200.00
	<i>The Gender Based Violence Case Worker (GBV CW) is a key position in the GBV project, ensuring the provision of comprehensive and appropriate case management support services available to vulnerable women and girls, including survivors of gender based violence (GBV), in target IDP settlements. 4 case workers for monthly salary of USD400/month/person. The case workers will be selected and recruited in cooperation with the GBV officer. SHF will pay 100% of the case workers salaries.</i>						
	<b>Section Total</b>						<b>53,340.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Purchase of Dignity kits	D	500	60.00	1	100.00	30,000.00
	<i>Distribution of dignity kits to 500 GBV women survivors in Kaxda district. One dignity kit composes (3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap). The total cost of the dignity kit is USD30,000. SHF will pay 100% of the cost. (BOQ)</i>						
2.2	Solar torches/Lamp	D	65	25.00	1	100.00	1,625.00
	<i>Provision of psychosocial support including procurement and distribution of solar torches to IDP households who are GBV survivors or at risk to GBV. The torches are used in the nighttime for lighting. The total cost of solar torches is US\$1,625. SHF will pay 100% of the cost.</i>						
2.3	Training of 10 nurses/midwives	D	1	3,298.00	1	100.00	3,298.00
	<i>WARDI will conduct 5 days training to 10 nurses/midwives working in two GBV stop centers in Kaxda district on psychosocial support with collaboration of GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force. The training will include: (1) disseminating knowledge about psychological reactions in the aftermath of traumatic experiences to the staffs and volunteers; (2) teaching on how to deal with acute trauma survivors in an age-appropriate and gender-sensitive emphatic way; and (3) stress-management, in order to support them in coping with the psychological stress associated with working in the field of gender-based violence. The total budget of the training is USD3,298; the training cost is included US\$ 1200 for refreshment (lunch and tea), US\$ 98 for stationery, US\$ 500 for venue rent, US\$ 1000 for facilitators and US\$ 500 for DSA for the participants. SHF will pay 100% of the expenses.(attached BOQ)</i>						
2.4	Train 12 community volunteers	D	1	3,620.50	1	100.00	3,620.50
	<i>WARDI will train 12 community volunteers with equal share of men and women on psychosocial support in Kaxda district. The total budget of the training is USD3,620.50; the budget cost is included US\$ 1400 for refreshment (lunch and tea), US\$ 120.50 for stationery, US\$ 500 for venue hire, US\$ 1000 for facilitators and US\$ 600 for DSA for participants. SHF will pay 100% of the cost. (attached BOQ)</i>						
2.5	Community dialogues/awareness campaigns	D	1	3,350.00	1	100.00	3,350.00
	<i>In this project WARDI will conduct five community dialogue campaigns on GBV prevention/available services among 250 community members (including religious leaders, community leaders, youth groups, women groups and local authority) to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community dialogues will lead to make easy the mobilization of 12,320 IDPs and host community. The budget for the community dialogues/awareness campaigns is USD3,350. the budget composes US\$2500 for refreshment (tea and soda), US\$500 venue rent and US\$350 stationery. SHF will pay 100% of the expenses.</i>						
	<b>Section Total</b>						<b>41,893.50</b>
<b>SubTotal</b>			581.00				<b>95,233.50</b>
Direct							92,533.50
Support							2,700.00
<b>PSC Cost</b>							
PSC Cost Percent							5.10
PSC Amount							4,856.91
<b>Total Cost</b>							<b>100,090.41</b>

## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	100	1,920	6,400	2,000	2,000	12,320	<p>Activity 1.1.1 : Conduct five community dialogues campaigns on GBV prevention/available services among 250 community members (including religious leaders, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community dialogues will lead to make easy the mobilization of 12,320 IDPs and host community.</p> <p>Activity 1.1.2 : Strengthening two GBV stop centers within the existing health facilities in Kaxda district (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors). The GBV stop Centers will be specialized free-of-charge referral center where survivors of Gender Based Violence can find comprehensive services such as: medical care; psycho-social support; police and legal support, and collection of legal evidence. The centers will work closely with police stations, IDPs and host community leaders in surrounding areas, hospitals and health centers. In order to effectively respond to and prevent child domestic and gender-based violence, it is paramount that survivors receive comprehensive services. This will guarantee their medical, psychological and psycho-social wellbeing, avoid stigmatization and ensure protection and justice. The two GBV stop centers will serve equally men, women, boys and girls who are GBV survivors.</p> <p>Activity 1.2.1 : Train 12 community volunteers with equal share of men and women on psycho social support in Kaxda district Trained volunteers will organized counselling sessions , GBV topics to the community to prevent and response to GBV</p>

## Documents

Category Name	Document Description
Signed Project documents	Memo for food_NFI vouchers_internal controls1.pdf
Project Supporting Documents	Revised BOQs - Protection final Revision.xlsx
Project Supporting Documents	Template memo for Food vouchers_NFI vouchers_ internal controls.docx
Project Supporting Documents	Final revised 20 Nov .Wardi BOQ 3897.xlsx
Budget Documents	cost sharing under this SHF allocation projects.xlsx
Budget Documents	BOQ TRAINING PR.xlsx
Budget Documents	Memo for food_NFI vouchers_internal controls 17nov2016.pdf
Revision related Documents	cost sharing under this SHF allocation projects.xlsx
Revision related Documents	updated cost sharing under this SHF allocation projects final.xlsx
Revision related Documents	Dignity kits Breakdown.xlsx
Revision related Documents	BOQs - Protection final Revision.xlsx
Revision related Documents	Final revised 11 Nov .Wardi BOQ 3897.xlsx
Grant Agreement	HC signed GA for WARDI 3897.pdf

