

Requesting Organization :	Women and Child Care Organization				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Protection	GBV	100.00			
		100			
Project Title :	Prevention and Response to violence through life skills and life saving information, psychosocial support and health referrals in Middle Shabelle				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/P-HR-RL/98131	Fund Project Code :	SOM-17/3485/SA1 2017/Prot/NGO/4547		
Cluster :	Protection	Project Budget in US\$:	99,948.70		
Planned project duration :	8 months	Priority:	B - Medium		
Planned Start Date :	20/02/2017	Planned End Date :	20/10/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/10/2017		
Project Summary :	The proposal is aligned with the allocation strategy. The project shall focus on providing timely, effective and quality lifesaving protection response and service provision to prevent and or respond to Child/women rights violations and gender-based violence in the context of the protracted displacement and new displaced community due to the droughts. The project will also increase awareness on Gender based violence and Child protection services to the community and ensure timely referrals from the community members. The project activities will also enhance the skills and establish networks within the community and mobilize the leaders to collaborate and respond to protection issues.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	775	2,075	55	95	3,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	250	200	20	40	510
Trainers, Promoters, Caretakers, committee members, etc.	100	800	5	5	910
People in Host Communities	400	900	30	50	1,380
Indirect Beneficiaries :					
the GBV prevention and response and outreach activities will reach approximately 10,000 individuals.					
Catchment Population:					
Link with allocation strategy :					
<p>The proposal is aligned with the allocation strategy on provision of timely, effective and quality lifesaving protection response and service provision to prevent or respond to child rights violations and gender-based violence in the context of the drought in Somalia, The project will scale up on the protection activities by providing timely, effective and quality lifesaving protection response and service provision to prevent and or respond to Child/women rights violations and gender-based violence. Through implementation of the following activities.</p> <p>Activity 1.1.1 Case management including referral and follow-up of 100% of identified survivors (targeted minimum of 350), by GBV case workers and recording of cases through the GBVIMS. Follow up and identification to be conducted.</p> <p>Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons</p> <p>Activity 2.1.1 Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors.</p> <p>Activity 3.1.1 -Conduct training and capacity building for 100 teachers and health workers (50 in Jowhar and 50 in Balcad) on GBV core concepts, safe and ethical referral.</p> <p>Activity 3.1.2 -Conduct GBV mainstreaming training for 50 service providers both in Jowhar and Balcad to ensure a coordinated effort for timely and efficient referral of cases.</p>					

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
Salma Abdillahi Elmi	GBV Coordinator	protection.somalia@woccaorg.com	0721495606
Robbert van der Steeg	Director	robbert.vandersteeg@woccaorg.com	0734775122

BACKGROUND**1. Humanitarian context analysis**

According to the 2017 humanitarian needs overview, the number of people in need of humanitarian assistance has reached 5 million, more than 40 percent of the population. Over 1.1 million people are internally displaced, predominantly in urban centers such as Mogadishu, which hosts more than 400,000 displaced alone. The majority of those affected are women and children. Protection risks are increasing and the need to centralize protection throughout response activities to the most vulnerable is vital. Climatic shocks by the El Niño phenomena continued insecurity and armed conflict, recurrent human rights violations; political instability and major gaps in development programming contribute to high levels of protracted humanitarian needs in Somalia. Acute food insecurity and malnutrition rates remain prevalent, most notably in urban areas. Disease outbreaks re-occur due to poor health infrastructure and a lack of clean and safe water, sanitation and hygiene. Poor basic service delivery also weakens the coping capacity of millions of vulnerable Somalis. The lack of rule of law, pervasive protection violations, including forced evictions, gender-based violence, and exploitation, remain widespread and continue to affect the most vulnerable groups, especially women and girls, people with disabilities, the elderly and minority groups.

Based on the 2017 humanitarian needs overview Protection needs are on the rise, caused by negative coping mechanisms in response to drought and increased insecurity surrounding the political process in urban settings, along with localized clan conflicts that are intertwined with the broader non-international armed conflict. The use of non-traditional and unofficial armed groups has fostered an environment of impunity whereby the civilian population is faced with a heavily militarized and unaccountable group that does not adhere to any traditional or formal mediation mechanisms or platform. Protection violations include extrajudicial killings, arbitrary arrests, abductions, a rise in illegal checkpoints, and exposure to risk on hazardous routes. Moreover, insecurity has resulted in limited humanitarian access and movement of affected populations; populations that are in dire need of mobility in order to access basic services.

Gender-based violence (GBV) remains rampant and pervasive in Somalia, affecting mostly women and girls, and is particularly high in IDP settlements. According to Gender-based Violence Information Management System (GBVIMS) data for the first half of 2016, 76 per cent of GBV survivors were IDPs, while 99 per cent were female. Over half (52 per cent) of the reported GBV incidents were physical assault, followed by incidents of rape accounting for 16 per cent of reported GBV incidents; 68 per cent of GBV cases were categorized as intimate partner violence. Gender inequality, power imbalances, a weak functioning justice system, non-State fulfilment to international human rights treaties, protracted conflict and displacement all contribute to a protection environment that leaves women and girls especially vulnerable to gender-based violence.

2. Needs assessment

Based on the 2017 humanitarian needs overview million internally displaced persons (IDPs) and other vulnerable people, notably women, children, minorities, the disabled, child and female-headed households, survivors of violence, abuse and exploitation (particularly children), or older persons without support structures, are exposed to protection risks, such as forced evictions, discrimination based on status, child rights violations and child labour, family separations and gender-based violence (GBV), such as rape and sexual assault, due to conflict and protracted displacement as well as natural hazards. Settlements are often ungoverned or governed by gatekeepers, overcrowded and displaced people have limited access to protective shelter, safe water, and sanitation facilities as well as other basic needs. Forced evictions in the first half of 2016 caused the displacement of nearly 75,000 people. Protection needs are increasing, with further insecurity surrounding the political process in urban settings, along with localized clan conflict.

With the recent emergency, WOCCA will work towards providing immediate GBV services to the community members in Middle Shabelle. With this project WOCCA will continue support survivors and people at risk of sexual violence; there is a need to provide psycho-social support, referral to medical care and material assistance. The fact that these services are available also needs to be told to the community through campaigns, outreach activities and the use of networks within the IDP community.

WOCCA protection will work closely with the WASH team. To ensure awareness of water, sanitation and hygiene staff on basic issues related to gender and GBV including where survivors can report risk and access services. The protection team will also mainstream the hygiene messages into their awareness sessions to ensure we have an integrated approach to WASH programming and GBV risk reduction. The campaign will also target the newly displaced community members due to the drought to ensure they have access to the information they need not only on the GBV services but also other services that will help them cope with the shocks of the drought Overall, WOCCA will consider sets of interventions for carrying out emergency GBV prevention and response. This set of interventions will look at the individual level by ensuring direct intervention to address the needs and rights of survivors, community level WOCCA will mobilize the community to recognize the rights of women and children in order to develop support for effective GBV prevention and response and finally will at the societal level will work through it by training key stakeholders and actors on women and human rights and training the local authorities on GBV, ethical referral and guiding principles on GBV.

3. Description Of Beneficiaries

The project will target the community members in Middle Shabelle, this will include the IDPS in Jowhar and the community members who will be displaced by the drought. The protection response activities will target and support GBV survivors who are identified or come forward and their families. It will also target the other IDP members through awareness raising to create knowledge and dialogue on the risks, consequences and services available for survivors. This includes having focus group discussions with adolescent girls and boys to discuss/educate on GBV. Further, men and boys will also be targeted through sessions and with specific messages. GBV topics that will be discussed include sexual violence, domestic violence, FGM and early/forced marriage. Through comprehensive case management the project will benefit the GBV survivors by providing psycho-social support including referral for medical support.

4. Grant Request Justification

WOCCA'S core projects are protection-related, aimed at ensuring the protection of mainly women and children. Over 8 years WOCCA has been implementing GBV prevention and response projects. This includes providing timely and effective response to GBV survivors including direct provision of case management, psycho-social support and referral to medical care. The proposed project directly contributes to the cluster objective:

- By providing timely and effective lifesaving protection response and services to GBV survivors and those at risk and work towards prevention. to reduce the risk and consequences of GBV through timely access to services
- To create awareness on GBV and Increase access to GBV services and CP services.
- Building capacity to improve outreach so as to expand emergency GBV and CP responses into remote affected communities. This will ensure community members in remote areas have access to the information and access the services they need
- Furthermore, WOCCA will provide material assistance in a sensitive way to complement existing coping mechanisms and support recovery of survivors and reduce vulnerability of those most at risk.

5. Complementarity

Over 8 years WOCCA has been implementing GBV prevention and response projects in partnership with INTERSOS, UNFPA, DRC and Oxfam-Novib. Currently WOCCA is implementing small-scale projects in partnership with INTERSOS and UNFPA in Middle Shabelle region targeting the districts of Balcad and Jowhar.

This includes providing timely and effective response to GBV survivors including direct provision of case management, psychosocial support and referral to medical care. Furthermore, WOCCA provides material assistance in a sensitive way to complement existing coping mechanisms and support recovery of survivors and reduce vulnerability of those most at risk. WOCCA has been using GBVIMS since 2012, regularly attending the GBV working group meetings in Nairobi and is currently working on strengthening the referral system and coordination on GBV in Middle Shabelle region. WOCCA has also been conducting training on GBV mainstreaming to humanitarian actors and service providers in the region in order to improve identification and referral of cases. WOCCA has also done community awareness but there is a need to scale up these efforts and strengthen effective referral support for GBV survivors.

LOGICAL FRAMEWORK

Overall project objective

the overall objective of the project will support the community members and People affected by drought crisis in South Central Somalia are assisted in a timely manner and offered adequate protection through awareness raising and adopting an integrated multi-sectoral approach to support GBV survivors.

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 natural disasters.	Somalia HRP 2017	70
To improve operational response capacity through capacity development. Strategy advocacy and humanitarian dialogues	Somalia HRP 2017	30

Contribution to Cluster/Sector Objectives : The proposed project activities will contribute to the cluster objective:1. WOCCA will scale up response to violations by providing psycho-social support, immediate referral to medical service and support the survivors and those at risk with material assistance, WOCCA will also respond to the drought emergency by information gathering, information campaigns and developing the capacity of the community and other actors to ensure efficient and timely referral of survivors and establish emergency networks to ensure prevention and respond to Gender-based violence issues by the community members

Outcome 1

Outcome 1 : 350 GBV survivors (95% women, girls, 5% boys and men) provided with case management and psychosocial support including referral for medical support and material assistance

Output 1.1

Description

350 beneficiaries are supported with psycho social support, and referral to the health services.

Assumptions & Risks

- Security context does not dramatically change and formal and informal authorities continue to allow access to target areas
- Health facility staff will continue to support referral and treatment of GBV survivors

Activities

Activity 1.1.1

Standard Activity : Psychological support

Case management including referral and follow-up of 100% of identified survivors (targeted minimum of 350) by GBV case workers and recording of cases through the GBVIMS. Follow up and identification to be conducted. Follow up with the consent of the survivor will be conducted to ensure survivors is progressing well and has received quality services from other service providers as well as to refer them back to medical health centers if need be for further treatment. during the follow-up caseworkers may also identify new cases of Gender-based violence while they are interacting with the community

Activity 1.1.2

Standard Activity : Material Support

Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons. The method of provision is based on individual assessments and is intended to provide some support to the survivors to recover from the incident.

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					350

Means of Verification : -GBV IMS database

- Individual intake, consent, referral and follow up forms
- Material assistance distribution lists
- Material assistance/ transportation support form
- Monitoring site visits & reports
- Monthly reports including trend & gap analysis
- GBV survivor case management service satisfaction survey

Indicator 1.1.2	Protection	Material assistance support; 255 out of the 350 supported with material assistance					255
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Means of Verification : Material assistance distribution form

Material assistance request forms

Outcome 2

Strengthened capacity of communities including women, men, girls, and boys to reduce exposure to GBV risks and respond to incidents through community engagement on mitigation measures and support to reduce risks to the most vulnerable member's of the community by providing life saving information.

This will be important to build the technical capacity of the community for the purpose of saving lives and meeting the basic needs and developing the response capacity and also the awareness building is to ensure the new people coming to the area are aware of the services and how to access it.

Output 2.1

Description

2100 community members sensitized on GBV risk mitigation and prevention measure

Assumptions & Risks

- Security context does not dramatically change and formal and informal authorities continue to allow access to target areas

Activities

Activity 2.1.1

Standard Activity : GBV awareness campaign

Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors. This includes running small focus group discussion for adolescent boys and girls to discuss/educate on GBV. Further men and boys will also be targeted through sessions and with specific messages.GBV topics that will be discussed include sexual violence,FGM, domestic violence and early/forced marriage

WOCCA will also invite Imams to attend the campaign to talk about Islam views on violence against women and women's right in Islam and to re-enforce the message that Islam is against violence again women and that it promotes right of women and girls.

The campaign will also target the newly displaced community members due to the drought to ensure they have access to the information they need not only on the GBV services but also other services that will help them cope with the shocks of the drought

the awareness component is also important because it will give us the opportunity to gather information and use it an entry point to engage and consult with those at risk

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					2,100

Means of Verification : 2100 host community and IDPs reached by the GBV awareness campaigns

Signed participants list

Outcome 3

Strengthened referral with actors including services providers (health, education, WASH, Nutrition), community Health workers (CHWs). This will enable us to develop response capacity of the service providers during the emergency response

Output 3.1

Description

Number of people whose capacity has been build in terms of GBV management and service delivery

Assumptions & Risks

- Security context does not dramatically change and formal and informal authorities continue to allow access to target areas

Activities

Activity 3.1.1

Standard Activity : Capacity building

-Conduct training and capacity building for 100 teachers and health workers (50 in Jowhar and 50 in Balcad) on GBV core concepts, safe and ethical referral. Education and health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV. This training and incorporation into the reporting and referral system will improve outreach and response for those affected by GBV. the teachers and especially the health-workers are usually the first responders in emergency situations WOCCA will build their technical capacity on GBV to ensure safe, timely and efficient referral of GBV survivors. This training will give us the opportunity develop the response capacity.

Activity 3.1.2

Standard Activity : Capacity building

-Conduct GBV mainstreaming training for 50 service providers both in Jowhar and Balcad to ensure a coordinated effort for timely and efficient referral of cases. The training will also target new service providers in Middle shabelle to train them of existing referral pathways in the area and to include them in the referral pathway to improve our outreach activities and provide emergency services to survivors and those at risk.

GBV mainstreaming (will be for the technical staff) will be important since WOCCA is the only NGO funded under the SHF in Middle Shabelle and will be Important for coordination purposes and information sharing during the emergency period

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Protection	Number of people reached by campaigns conducted to inform communities on available services					150

Means of Verification : -participants list
-pictures
-training reports

Additional Targets :

M & R

Monitoring & Reporting plan

WOCCA will engage with the local authorities in seeking permission to implement the activities to ensure smooth running of the project. In addition we shall mobilize and sensitize the community on the project through the elders, community representatives and other stake holders. During this meeting the objectives and benefits of the project will be explained. After the mobilization, follow up and identification will be conducted by the case workers. Case management including referral and follow-up of up to 300 women and children survivors of GBV, will be done by trained case workers who will be recording the cases through the GBVIMS. The case workers will regularly visit health facilities, schools and target communities in each district, and work with community support workers. The GBV trend analysis reports will be prepared by the GBV coordinator, In case of gaps or other issues the GBV coordinator will take action or request support where necessary. The case workers will also be following up and coordinate with other service providers like INTERSOS providing the health services to the referred GBV survivors in Jowhar and Balcad town. INTERSOS health staff helping in the facilitation of some of the community engagement activities

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Case management including referral and follow-up of 100% of identified survivors (targeted minimum of 350) by GBV case workers and recording of cases through the GBVIMS. Follow up and identification to be conducted. Follow up with the consent of the survivor will be conducted to ensure survivors is progressing well and has received quality services from other service providers as well as to refer them back to medical health centers if need be for further treatment. during the follow-up caseworkers may also identify new cases of Gender-based violence while they are interacting with the community	2017		X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons. The method of provision is based on individual assessments and is intended to provide some support to the survivors to recover from the incident.	2017		X	X	X	X	X	X	X	X	X		

<p>Activity 2.1.1: Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors. This includes running small focus group discussion for adolescent boys and girls to discuss/educate on GBV. Further men and boys will also be targeted through sessions and with specific messages. GBV topics that will be discussed include sexual violence, FGM, domestic violence and early/forced marriage</p> <p>WOCCA will also invite Imams to attend the campaign to talk about Islam views on violence against women and women's right in Islam and to re-enforce the message that Islam is against violence against women and that it promotes right of women and girls.</p> <p>The campaign will also target the newly displaced community members due to the drought to ensure they have access to the information they need not only on the GBV services but also other services that will help them cope with the shocks of the drought</p> <p>the awareness component is also important because it will give us the opportunity to gather information and use it an entry point to engage and consult with those at risk</p>	2017		X	X	X	X	X	X									
<p>Activity 3.1.1: -Conduct training and capacity building for 100 teachers and health workers (50 in Jowhar and 50 in Balcad) on GBV core concepts, safe and ethical referral. Education and health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV. This training and incorporation into the reporting and referral system will improve outreach and response for those affected by GBV. the teachers and especially the health-workers are usually the first responders in emergency situations WOCCA will build their technical capacity on GBV to ensure safe, timely and efficient referral of GBV survivors. This training will give us the opportunity develop the response capacity.</p>	2017		X	X													
<p>Activity 3.1.2: -Conduct GBV mainstreaming training for 50 service providers both in Jowhar and Balcad to ensure a coordinated effort for timely and efficient referral of cases. The training will also target new service providers in Middle shabelle to train them of existing referral pathways in the area and to include them in the referral pathway to improve our outreach activities and provide emergency services to survivors and those at risk.</p> <p>GBV mainstreaming (will be for the technical staff) will be important since WOCCA is the only NGO funded under the SHF in Middle Shabelle and will be Important for coordination purposes and information sharing during the emergency period</p>	2017		X	X													

OTHER INFO

Accountability to Affected Populations

WOCCA has been working in middle Shabelle for the past 25 years and has developed a close relationship with the local authorities and the community members. Wocca identified knowledgeable individuals in the area; representatives from community-based organizations, IDP Community Elders, respected religious people to assist in getting more information on the current situation.

- The host community, internally displaced persons and the newly displaced will be involved throughout the project in its implementation, of the project activities in the targeted camps. Consultations will be done with authorities and persons of the male and female gender in order to ensure equal participation.
- Wocca will establish a central phone number where project beneficiaries can complain and complement the project activities. The phone will be managed by a WOCCA staff who is not directly involved in the project implementation to ensure impartiality
- Wocca will work on the do no harm principle and that through continuous on job training for the caseworkers to adhere to the guiding principles and ensure the safety of the survivor and respect the decisions they take

Implementation Plan

- WOCCA will engage with the local authorities in seeking permission to implement the activities to ensure the smooth running of the project. In addition, we shall mobilize and sensitize the community on the project through the elders, community representatives, and other stakeholders. During this meeting, the objectives and benefits of the project will be explained. After the mobilization, follow-up and identification will be conducted. Case management including referral and follow-up of up to 300 GBV survivors,
- The identification and support will be done by trained caseworkers who will be recording the cases through the case management forms and they will also be provide basic emotional support. To identify and support the survivors the case workers will regularly visit health facilities, schools, and target communities in each village and IDP camp. Apart from the case workers supporting the GBV survivors they will also be conducting the community engagement sessions and will be submitting the awareness report to the GBV field coordinator.
- The material assistance will be provided to the survivor and those at risk , the method of provision is based on individual assessments and is intended to provide some support to the survivors to recover from the incident.
- The selection criteria of the training participants will have to be focal points and are in direct contact with the community.
- The GBV trend analysis reports will be prepared by the GBV coordinator, In the case of gaps or other issues, the GBV coordinator will take action or request support where necessary. He/she will also ensure the work-plan is adhered to as well as conducting the training's for the teachers, health workers and will be conducting the Gender mainstreaming training.
- The GBV field coordinator will be sending the field reports to the project officer who will be compiling them together. The project officer will be in-charge of developing the work-plan and creating/adopting training materials for the field team.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
INTERSOS	Providing the health services to the referred GBV survivors in Jowhar and Balcad town • INTERSOS health staff helping in the facilitation of some of the community engagement activities
Somali red cross/MCH	To support GBV survivors with CMR treatment as well as referring cases to WOCCA for psychosocial support and material assistance in Balcad town
Middle shabelle GBV Working group	the working will help in GBV mainstreaming training and getting together of the different actors working in Middle shabelle

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 supports gender as a cross cutting theme and the activities are targeting both genders. Certain activities will have a specific approach to each target group. women and girls who are vulnerable to violence will be provided with psycho-social support and referral to medical services, however there are cases of boys who are violated and they will also receive the appropriate treatment they need. The project will target the community at large on equal basis for community training and life saving information.

Protection Mainstreaming

Women and girls will participate through out the project duration. WOCCA will adopt a participatory approach during the community outreach by involving men and women, boys and girl. Using the do no harm principle WOCCA will avoid any physical risk that will further affect the survivor negatively or put their lives at risk and will provide all with equal services irrespective of the persons age, religion or the clan they come from.

WOCCA will also adopt the integration approach by working with the other sectors within WOCCA and outside WOCCA by building their capacity and scaling up on the outreach activities during this emergency phase.

Country Specific Information

Safety and Security

There are no specific security risks beyond the usual in Somalia, WOCCA has been working in Middle shabelle for the past 25 years and has developed a close relationship with the community the project staff are members of the local community and threats to their lives are very minimal. Wocca assumes that the security situation in the area remains stable or improves so that the project can be executed according to plan. WOCCA will provide transport to beneficiaries in order to continue the services if need be or other ways depending on the situation. When engaging with survivors Wocca will keep a low profile in order to minimize exposure of the survivors.

Access

Wocca has been working in Middle Shabelle over 20 years. Normally each new project will be discussed with the authorities and permission will be sought. From there will be engagement with the village representatives in order to ensure smooth implementation. During the period wocca has been working in the area, there have never been cases of blocking of projects by the government of Somalia and this is also not expected to happen this time

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Project officer	D	1	700.00	8	100.00	5,600.00
	<i>Managing the project effectively and efficiently, communication to the donors, ensure timely reporting, delivery of project as per budget and schedule. The Nairobi support officer will be helping in the reporting, making sure the financials are in order, doing follow-ups, managing the GBVIMS database and provide training to the field staff.</i>						
1.2	Caseworkers	D	4	350.00	8	100.00	11,200.00
	<i>The caseworkers (2 in Jowhar and 2 in Balcad district) are responsible for assessing women and children's immediate needs related to their incidents of violence, developing immediate care, treatment goals, implementing, monitoring women and children clients' care action plans.</i>						
1.3	GBV Field coordinator	D	1	600.00	8	100.00	4,800.00
	<i>The GBV Field Coordinator is responsible for the correct and efficient implementation of the activities case management and prevention activities conducted by case workers, and provide continuous on job training for the caseworkers</i>						
	Section Total						21,600.00

Supplies, Commodities, Materials							
2.1	Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, dignity kit, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons.	D	255	100.00	1	100.00	25,500.00
<p><i>The material assistance is the support that is going to be given to the GBV survivor, this support will include transport (to and from the hospital), food for the survivor when they are taking they are on the CMR treatment, dignity kit (sanitary towels, soap and underwear) tailored to the specific needs of the survivor.</i></p> <ul style="list-style-type: none"> - Food support to the survivor: 40 USD - Transport: 10 USD - Dignity kit (sanitary towel, soap, underwear) : 20 USD - Mosquito Net: 5 USD - Blankets : 5 USD - Clothes: 20 USD 							
2.2	Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors.	D	2100	5.00	1	100.00	10,500.00
<p><i>USD 5 will be used for refreshment of the mobilization of 2100 participants. (B.O.Q attached)</i></p>							
2.3	Conduct training and capacity building for 100 teachers and health workers (50 in Jowhar and 50 in Balcad) on GBV core concepts, safe and ethical referral. Education and health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV	D	100	15.00	1	100.00	1,500.00
<p><i>the 100 participants will be given USD 5 as a transport to WOCCA office and 10 will be used for refreshment during the training from 8:00am to 12:pm. (B.O.Q attached)</i></p>							
2.4	Conduct GBV mainstreaming training for 50 service providers both in Jowhar and Balcad to ensure a coordinated effort and to ensure timely and efficient referral of cases	D	50	15.00	1	100.00	750.00
<p><i>the 50 participants will be given USD 5 as a transport to WOCCA office and 10 will be used for refreshment during the training. (B.O.Q attached)</i></p>							
Section Total							38,250.00
Travel							
5.1	Flight and Visas	D	2	580.00	1	100.00	1,160.00
<p><i>the project officer will be traveling twice from Nairobi to Mogadishu and back to provide support through training on GBV, case management, using the new updated case management forms and any other additional training or support required by the team on the ground. Flights are estimated 520 (return) while visa is costing 60 dollars. Accommodation will be paid for by Wocca's core fund.</i></p> <p><i>(B.O.Q attached)</i></p>							
5.2	Rental Cars	D	2	1,500.00	8	100.00	24,000.00
<p><i>the rental car will be used by the field team to conduct their activities and visit locations where they are doing the outreach activities and also using it to take the survivors to the hospital in emergency cases. This includes fuel and maintenance.</i></p> <ul style="list-style-type: none"> -Due to the outreach work wocca protection team will be doing they will have a different schedules and will not be able to share the car. -the team in Jowhar and Balcad will also be using the cars to do outreach work in isolated and villages not reached to create awareness on the services available. -the cars will also be used to transport emergency GBV cases that WOCCA will be called to respond too -No ambulance services - the protection project covers far more villages than the food security project and we have different project sites -The food security team will be using the car full time as well as the protection team which makes it very difficult for the teams to share. -one car being used for two projects , we might experience delays because of the over lapping schedules we have 							
Section Total							25,160.00
General Operating and Other Direct Costs							
7.1	Stationary	D	1	250.00	8	100.00	2,000.00
<p><i>This cost is for the purchase of Stationery and office materials for both teams in Jowhar and Balcad office. (see the attached B.O.Q)</i></p>							
7.2	Communication cost	D	1	300.00	8	100.00	2,400.00
<p><i>Communication with field, regional office, and Nairobi office.(B.O.Q attached)</i></p>							

7.3	Office rent	D	1	300.00	8	100.00	2,400.00
<i>This cost is contribution to Balcad office rent, with SHF contributing 300 USD every month for 8 months.</i>							
7.4	Utility	D	2	100.00	8	100.00	1,600.00
<i>office Monthly costs for the entire project. This cost is contributing to the Balcad office, with SHF contributing 100 USD for electricity and 100 USD for water bill every month for 8 months (B.O.Q attached)</i>							
Section Total							8,400.00
SubTotal			2,520.00				93,410.00
Direct							93,410.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,538.70
Total Cost							99,948.70

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Middle Shabelle -> Balcad	45	400	877	23	50	1,350	<p>Activity 1.1.1 : Case management including referral and follow-up of 100% of identified survivors (targeted minimum of 350) by GBV case workers and recording of cases through the GBVIMS. Follow up and identification to be conducted.</p> <p>Follow up with the consent of the survivor will be conducted to ensure survivors is progressing well and has received quality services from other service providers as well as to refer them back to medical health centers if need be for further treatment. during the follow-up caseworkers may also identify new cases of Gender-based violence while they are interacting with the community</p> <p>Activity 1.1.2 : Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons. The method of provision is based on individual assessments and is intended to provide some support to the survivors to recover from the incident.</p> <p>Activity 2.1.1 : Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors. This includes running small focus group discussion for adolescent boys and girls to discuss/educate on GBV. Further men and boys will also be targeted through sessions and with specific messages.GBV topics that will be discussed include sexual violence,FGM, domestic violence and early/forced marriage</p> <p>WOCCA will also invite Imams to attend the campaign to talk about Islam views on violence against women and women's right in Islam and to re-enforce the message that Islam is against violence again women and that it promotes right of women and girls.</p> <p>The campaign will also target the newly displaced community members due to the drought to ensure they have access to the</p>

							<p>information they need not only on the GBV services but also other services that will help them cope with the shocks of the drought</p> <p>the awareness component is also important because it will give us the opportunity to gather information and use it an entry point to engage and consult with those at risk</p> <p>Activity 3.1.1 : -Conduct training and capacity building for 100 teachers and health workers (50 in Jowhar and 50 in Balcad) on GBV core concepts, safe and ethical referral. Education and health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV. This training and incorporation into the reporting and referral system will improve outreach and response for those affected by GBV. the teachers and especially the health-workers are usually the first responders in emergency situations WOCCA will build their technical capacity on GBV to ensure safe, timely and efficient referral of GBV survivors. This training will give us the opportunity develop the response capacity.</p> <p>Activity 3.1.2 : -Conduct GBV mainstreaming training for 50 service providers both in Jowhar and Balcad to ensure a coordinated effort for timely and efficient referral of cases. The training will also target new service providers in Middle shabelle to train them of existing referral pathways in the area and to include them in the referral pathway to improve our outreach activities and provide emergency services to survivors and those at risk.</p> <p>GBV mainstreaming (will be for the technical staff) will be important since WOCCA is the only NGO funded under the SHF in Middle Shabelle and will be Important for coordination purposes and information sharing during the emergency period</p>
Middle Shabelle -> Jowhar	55	600	973	32	45	1,650	<p>Activity 1.1.1 : Case management including referral and follow-up of 100% of identified survivors (targeted minimum of 350) by GBV case workers and recording of cases through the GBVIMS. Follow up and identification to be conducted.</p> <p>Follow up with the consent of the survivor will be conducted to ensure survivors is progressing well and has received quality services from other service providers as well as to refer them back to medical health centers if need be for further treatment. during the follow-up caseworkers may also identify new cases of Gender-based violence while they are interacting with the community</p> <p>Activity 1.1.2 : Provide material assistance for GBV survivors and vulnerable persons at risk of GBV (dignity kits, tailored material support including food, blanket, mosquito net, and shelter that is plastic sheeting and lock door this will be based on the type of case) for up to 255 persons. The method of provision is based on individual assessments and is intended to provide some support to the survivors to recover from the incident.</p> <p>Activity 2.1.1 : Community engagement and awareness with 2100 male and female youth, adults and elders; to create awareness and dialogue on the risks, consequences and services available for survivors. This includes running small focus group discussion for adolescent boys and girls to discuss/educate on GBV. Further men and boys will also be targeted through sessions and with specific messages.GBV topics that will be discussed include sexual violence,FGM, domestic violence and early/forced marriage WOCCA will also invite Imams to attend the</p>

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Documents

Category Name	Document Description
Budget Documents	Consolidated BOQ-Budget line.xls
Budget Documents	Budget breakdown - 7.1-7.4.xls
Budget Documents	Consolidated BOQ-8-02-2017.xls
Revision related Documents	Comments-edited-6022017.docx
Revision related Documents	Comments-edited-8022017.docx
Revision related Documents	16. Memo for Food and NFI vouchers.pdf
Revision related Documents	Comments-edited-9022017.docx
Grant Agreement	HC signed WOVCA GA 4547.pdf
Grant Agreement	Grant Agreement (protection project) signed..pdf