

Requesting Organization :	Gruppo per le Relazioni Transculturali				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Protection	GBV	100.00			
		100			
Project Title :	Strengthening prevention and response mechanisms for Gender Based Violence survivors and children in Bosaso (Bari) Garowe (Nugaal) and Galkaiyo (Mudug) communities affected by drought				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/P-HR-RL/101477	Fund Project Code :	SOM-17/3485/SA1 2017/Prot/INGO/4612		
Cluster :	Protection	Project Budget in US\$:	200,593.86		
Planned project duration :	10 months	Priority:	B - Medium		
Planned Start Date :	28/02/2017	Planned End Date :	28/12/2017		
Actual Start Date:	28/02/2017	Actual End Date:	28/12/2017		
Project Summary :	<p>The project aims at identifying and support vulnerable population in drought-affected areas in Puntland exposed to Gender Based Violence (GBV) including children survivors of violence.</p> <p>The project tackles both prevention and response realms through a combination of activities which rely on the consolidated experience in the sector together with long-term presence of GRT in the area of intervention.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
1,496	2,020	200	275	3,991	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	1,113	1,608	177	252	3,150
Staff (own or partner staff, authorities)	31	60	0	0	91
Other	352	352	23	23	750
Indirect Beneficiaries :					
Indirect beneficiaries are 10,000. This is an estimation of people reached through radio broadcast during the awareness campaigns (at least 3 times those directly reached during awareness campaign).					
Catchment Population:					
Link with allocation strategy :					
<p>In line with the Protection cluster strategy to support the Integrated Approach, the proposed project mainly aims at scaling up Gender Based Violence and Child Protection services in drought-affected areas in Puntland with direct implementation.</p> <p>The project will contribute to key results set by GBV sub-cluster in terms of service provision and response, particularly in the area of improved access for survivors to clinical care, quality case management and PsychoSocial Support (PSS).</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
Massimiliano Reggi	Regional Representative	m.reggi@gritalia.org	+254717723089
Fardosa Muse	Protection Coordinator	field.protection@gritalia.org	+254722 818225

BACKGROUND**1. Humanitarian context analysis**

The devastating drought across Somalia, particularly in Puntland has directly affected approximately 150,000 people and displaced an additional 12,000 people, according to an Inter-Agency Assessment conducted in September 2016. The continuing drought has led to severe shortage of water and pasture, consequently this has led to deteriorated in livestock health conditions, declining livestock production and increased livestock deaths. Water and pasture availability continue to be diminished as the drought toll takes effect, leading to deaths of livestock and migration of the affected population as they solely depend on the livestock.

Since the start of 2016, three humanitarian appeals have been issued by the government emphasizing the severity of the drought and requesting the humanitarian community and donors to provide assistance to drought affected communities in Puntland. Data from the Early Warning-Early Action database and dashboard confirms the aggravating drought situation in Puntland. The 2015/16 Deyr (October-December) rains were poor, followed by a poor 2016 Gu (April-June) rains. In terms of severity, Bari, Nugaal and parts of Sool regions are considered the most affected areas with rural/pastoral communities in remote locations reported to be hardest hit. Additionally, extreme water and pasture shortages were the main concerns expressed by the pastoral communities visited. In Gaalkacyo district, the villages of Agaran, Ba'adweyn/ Margaga, Harfo, Beyra, Godod, Gacnoflae, Ceelbardale and Guco are facing severe drought conditions as most of the pastoralists communities in the region have moved away from their usual areas in search of water and pasture. (Inter-agency assessment conducted in Mudug region, Puntland in December 2016).

Livestock prices have been steadily declining since February 2016, as has the terms of trade between goats and cereals, thus impacting people's access to food. Milk prices have more than doubled in the same period which is putting the lives of vulnerable people such as children and elderly people at risk. Large numbers of livestock are likely to perish in Bari and Nugaal regions as the situation deteriorates further due to poor deyr rains, which could undermine the majority of people's livelihoods and food sources. The decline is likely to be worsened in more remote rural markets. An extreme water shortage prevails, resulting in a 300 per cent increase in the cost of water since June 2015 from the equivalent of us \$5 for a 200 liters barrel of water to \$15 in some parts of Puntland -(UNOCHA).

The high number of arrivals placed enormous pressure on basic services, such as food, water and sanitation, education, protection, non food items, health and resulted in new arrivals living in deplorable conditions on the outskirts of the camps in influx areas. As the crisis is prolonged it becomes more difficult to secure resources to support themselves, many of whom are entirely dependent on humanitarian assistance. All communities assessed indicated that majority of the remote areas rely on community security rather than other forms of law and order enforcements such as police or army. Persons with disabilities were present in all the assessed locations, while people with chronic illness are reported in almost 80 % of the assessed locations. Older persons considered as destitute were found in every location that was assessed. About 40 % of the assessed communities are headed or cared for by older persons who themselves need care-(Inter-agency report)

2. Needs assessment

Gender-based violence in particular sexual violence is a serious life threatening protection issue, mostly affecting women and children. It is well documented that Gender Based Violence is prevalent in the context of emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence simply because of their gender, age, and status in society.

During crises such as armed conflict and natural disaster, risk of Gender Based Violence particularly sexual assault and rape increases significantly. Among those displaced are many women, elderly and unaccompanied and separated children (UASC) boys and girls at risk of exploitation, neglect, sexual and physical violence as access to GBV services and information has been made more difficult due to intensifying droughts. The incidents of gender based violence in Somalia increased during 2016 due largely to military offences, displacement primarily in south and central Somalia, forced evictions, drought and floods (Protection cluster factsheet).

Violence against women and girls remains one of the most serious and deeply rooted protection concerns in Somalia. From October 2015 to January 2017 GRT documented 536 GBV cases in Puntland region. Among the cases documented 202 were from Gaalkacyo, 199 from Garowe and 135 from Bosaso. The forms of violence reported were 409 cases of physical assault, 30 Rape, 74 sexual assaults, 11 psychological/emotional abuse, 11 denial of resources, opportunities and services, and 1 forced marriage. With the ongoing emergencies, the cases are likely to double in numbers. In the last two months of November and December, the number of GBV cases have quadrupled compare to the previous months according to our GBVIMS report). The displaced persons, host community members undergoing the crises, returnees, minority groups, female and child headed households, orphans and unaccompanied children, the elderly and persons living with disability are the most affected by sexual and gender based violence.

According to Gender Based Violence Information Management System in 2016, 99 % of the survivors recorded by the GBVIMS were female, while 76 % of the survivors came from the IDP community. Out of all cases, physical assault is the most reported form of GBV at 52.5 % followed by rape at 16.8%, sexual assault is reported to be at 13.9 %, denial of resources opportunities and services is at 6.9 percent, psychological abuse is at 6.7 % while forced marriage is at 3.3 % " Somalia Gender Based Violence Sub Cluster Bulletin".

3. Description Of Beneficiaries

Targets population exposed/vulnerable to gender based violence living in drought-affected areas, with primary focus on those affected by multiple vulnerability (including female headed households, children under 18, elderly and persons living with disability, minority clan). These beneficiaries will be the primary project target with the aim of improving access for GBV survivors and UASC (women, girls and boys) and tailor interventions to promote equal access to services for women, men, boys and girls, timely, competent, confidential and compassionate case management, psychosocial and medical care for IDPs and host communities in the targeted areas. The project will directly reach 800 out of this 500 women, 50 Men, 100Boys, 140 Girls and 60 Elderly persons .

4. Grant Request Justification

In line with the Protection cluster strategy to support the Integrated Approach, the proposed project mainly aims at scaling up GBV in area of displacement in Puntland with direct implementation.

It is evident from the ground that GBV is a real menace in the region, which needs sustained programming for prevention and response to mitigate its negative consequences to the individual, family and the community at large. The 536 GBV cases reported from October 2015 to January 2017, and the increase of reported cases in the last two months of November and December 2016, is an indication that GBV is on the rise, due to emergencies such as drought, flood, forced eviction and military offences, which will undoubtedly continue into 2017. Access to GBV services and information has been made more difficult due to intensifying droughts.

Increased efforts will be needed to facilitate the dissemination of anti- GBV information for prevention including trainings and workshops. GRT will identify, interview, refer and followed up GBV cases in a safe and confidential way that safeguards the safety and security of the beneficiaries as well as the case workers. The GBV survivors, clients with PTSD and those with psychosocial needs will undergo psychological fast aid, individual as well family and group counseling for positive coping mechanisms from those with similar experiences.

GRT will improve and maintain safe case management and referral procedures and established channels for family and community mediation through religious figures and family elders for rehabilitation and local integration. ITS (Individual tailored support) to the most vulnerable GBV survivors will be provided in form of non- food provisions to alleviate survivor's needs and enable early recovery.

GRT will also provide 450 dignity kits to Gender Based Violence (GBV) survivors as part of the emergency response. The kits are provided to women and girls of reproductive age. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives.

GBV awareness will be enhanced through marking of international calendar events such as 16 Days of Activism, the International Women's Day and the International Day of the African Child in coordination with GBV stakeholders.

5. Complementarity

GRT has established GBV and CP protection activities (both prevention and response) in Puntland with support from UNHCR, UNICEF, IOM, CHF, MAE, EU and has been actively and directly engaged in the sector in Puntland since 2009.

The proposed project benefits from the well-established case management service provision whereby protection partners refer cases to GRT, particularly when a survivors needs assistance in medical services and psycho-social/emotional support. Survivors also directly refer to GRT staff in person or through apposite support line as well as through the focal persons trained by GRT in a vast number of IDP camps in Puntland. GRT' transcultural approach results in high levels of acceptance from local communities and trust. In addition GRT works closely with General hospitals in four locations (Bosaso, Qardo, Garowe, Galkayo) and the hospitals are equipped with GRT trained focal points trained in GBV concepts.

The project will mainly complement with previous projects ended in 2016 (or ending before the eventual start of the proposed one) such as: GBV and CP related, including alternative care in Puntland, ref. PCA/NEZ/2015/7119 (UNICEF), child trafficking and protection of GBV survivors in Garowe, ref. SOM/IMPL/SOM/SG/August2016 (IOM/EU), Mental Health and Psychosocial support, in Bosaso and Garowe, Ref. DCI-NSAPVD/2012/284-185 (EU) and Ref. SOM/NOVATION/00083594/2015/003 (UNOPS).

The project will complement with on-going projects in Puntland including: strengthening civil society and security forces partnership in ending violence against children and women, Ref. EIDHR/2015/369-557(EU), primary health care and GBV response to refugees and asylum seekers SOM01/2017/000000520/000 (UNHCR). Mental Health related activities in Puntland (direct services, mainstreaming and capacity building) are core business of the NGO and are directly linked to protection activities which benefit from the organization culture on the MHPSS and trained staff.

LOGICAL FRAMEWORK

Overall project objective

To provide timely access to quality protection services to respond to GBV and violence against children in drought affected areas.
To support community preventive measures to GBV in drought affected areas.

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 protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs	Somalia HRP 2017	20
To improve operational response capacity through capacity development. Strategy advocacy and humanitarian dialogues	Somalia HRP 2017	10
<p>Contribution to Cluster/Sector Objectives : By scaling up of GBV and Child Protection services in areas of displacement, the project will contribute to key results set by GBV sub-cluster in terms of service provision and response, particularly in the area of improved access for survivors to clinical care, quality case management and PSS.</p> <p>While a strong focus will be on emergency services and early recovery actions, the project will contribute also to another key result area, that of prevention, by empowering communities in the prevention of GBV and supporting community-led awareness campaigns and initiatives.</p> <p>Through comprehensive case management, Gender-based violence Survivors and children survivors of violence will benefit from psychosocial support services on the basis of their specific needs, provided by professional counselors and social workers trained by GRT. Reported cases will be documented and appropriately referred for various services within the referral pathway. Marital disputes resulting from intimate partner violence (IPV) will be mediated through religious leaders, elders and immediate family members in the context of Somali social-cultural framework and believes.</p> <p>In order to ensure a protective environment for the vulnerable in the community, Focal Points from IDP settlements in the three areas of operation will be identified and capacity build to flag out GBV cases, offer basic emotional support to them and refer them to GRT for further support. To encourage reporting of GBV cases, 1 Support lines in Galkaio) will be made 24 hours operative and maintained for use by the community members to report fresh incidents. . This will ensure that referrals are very effective and sufficient in all the targeted areas GRT will specifically target health care staffs who directly deal with GBV cases in each locations with training on caring for GBV survivors, to ensure that medical staff who have direct contact with GBV survivors are well trained to compassionately examine, interview and give relevant medical information as well as preserve evidence and present it in court when called upon in case of prosecution. GRT will sign agreements with the 3 health care providers in the 3 target areas of Bosaso, Garowe and Galkacaiyo to provide health services for survivors willing to benefit from the medical services, sponsored by GRT.</p> <p>This will ensure that rape survivors, benefit from Post Rape treatment (upon consent) within 72 hours. GBV training will be conducted for health workers, to equip them with necessary skills to identify, assist and refer GBV survivors. Health workers will be trained on clinical rape management, guiding principles of GBV programming and case management. GRT will conduct needs assessment and identify needy GBV survivors to be assisted with ITS in Bosaso ,Garowe and Galkaio alone.</p> <p>Awareness creation and community sensitization will be boosted, in coordination with other stakeholders, particularly during 3 International calendar events: (i) International Women's day and (ii) 16 days of activism, (iii) International Day of African Child. IEC materials with relevant messages in line with the events will be developed during the occasions. Advocacy and humanitarian dialogue will be enhanced through consultative meetings with all NGO and government officials as well as with focal point persons in each project location organized on a monthly basis.</p>		
Outcome 1		
Quality comprehensive health, psychosocial care and material support for GBV survivors and children victims of violence is provided		
Output 1.1		
Description		
Quality health care to GBV survivors and children survivors of violence is timely provided		
Assumptions & Risks		
MoU with health service providers is signed		
Activities		
Activity 1.1.1		
Standard Activity : Health treatment and medical support for GBV		
Safe and confidential identification of GBV survivors and children survivors of violence, referral and follow-up. The identification of the survivors will be at individual level through trained focal points, or self-referral without involving any other member of the community who may compromise their security. The survivors themselves will also be requested to keep the identification visit to themselves and not share with people they do not trust. Referral will be through phone calls to make sure that only those working in the case have the information. Follow ups will also be done through support lines and confidential visits.		
Activity 1.1.2		
Standard Activity : Psycho-social Support		
Direct emotional support , orientation and confidential documentation. The survivors will receive initial individual sessions and psycho-social support in private spaces away from the community. The incident interviews will be done in special rooms without others listening to the stories. The documents thereof will be stored in lockable cabinets to ensure their safety. Case codes will be developed to refer to the case details without any identifiable information- names, locations etc being stored with the incident details.		
Activity 1.1.3		
Standard Activity : Psycho-social Support		

Development of short and long term Psychosocial rehabilitation plans for survivor (counseling and family/community mediation). Short term rehabilitation will involve psychological first aid, short individual counseling sessions to survivors who have lower trauma. Long term rehabilitation will involve follow up counseling sessions, group counseling sessions and community support committee meetings with individuals at their homes, and with their families to mediate Intimate partner violence (IPV).

Activity 1.1.4

Standard Activity : Health treatment and medical support for GBV

Medical support for survivors with existing health providers.

Survivors who need medical attention will be referred (and whenever necessary accompanied) to trusted medical providers who have an MOU with GRT in the areas of operation. After the treatment, the bill will be presented to GRT for payment. Monitoring of medical referral is done by GRT Protection coordinators during missions and by GRT field staff.

Activity 1.1.5

Standard Activity : Capacity building

Training in PSS(related to GBV) and Clinical Management of Rape(CMR) for (health) service providers.

Focal points, religious and traditional elders will be trained on GBV issues such as prevention response, confidentiality, safety and security of the survivors as they mostly deal with cases related to GBV, while PSS and CMR training will be provided to the health care workers to handle the survivors with compassion and in a confidential way. Clinical management of women, men and children who have been raped is intended for qualified health-care providers in developing protocols for the management of rape survivors in each location.

Activity 1.1.6

Standard Activity : Material Support

Provision of dignity kits for 450 GBV survivors.

The kits are provided to women and girls of reproductive age. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives. Dignity kits will comprise of sanitary towels, bathing and washing soaps, emergency clothing for survivors such as Clothing material (dirac), Gorgorad (petticoat), Garbassar (scarf), Underwear (kastuumo), Sanitary cloths/pads, Safety pin - Medium size, nickel free, Bucket with lid (20 Litres), Water container Juba (1 Litre), washing Soaps – clothes, Bathing Soap –, tourches Bag (or similar) for packing all items together for distribution, targeting 450 beneficiaries across the 3 locations (Bosaso, Garowe and Galkaiyo).

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					787
Means of Verification : MoU and referral system agreement; Individual health referral form; report from GRT medical partners; GBVIMS database; monthly statistical reports;							
Indicator 1.1.2	Protection	# identified survivors assisted through psychosocial support (including PSS specialized care for 50%)					900
Means of Verification : programme related activity reports; support line databases; counselling/family mediation reports							
Indicator 1.1.3	Protection	# survivors in need receive material support for early recover					450
Means of Verification : distribution plan; vulnerability criteria; GRN;							
Indicator 1.1.4	Protection	# health service providers and focal points trained on GBV concepts and CMR					91
Means of Verification : training report; participants attendance list; pictures							

Outcome 2

Community preventive mechanisms related to GBV are enforced

Output 2.1

Description

Population is sensitized on protection issues

Assumptions & Risks

Activities

Activity 2.1.1

Standard Activity : GBV awareness campaign

Large scale awareness campaigns on GBV and protection issues.

Awareness campaigns will be conducted during 3 calendar events to sensitize the community on the causes and negative effects of GBV, and to lobby the government to support the fight against it. The events will include International Womens Day, Day of African child and the 16 Days of Activism and will be implemented together with key stakeholders.

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					3,000

Means of Verification : awareness reports; pictures; radio messages;

Additional Targets :

M & R

Monitoring & Reporting plan

GRT uses internally developed tools to monitor and plan activities, which are developed based on the agreed project logframe before the beginning of the project.

The project/area coordinator is responsible for updating the monitoring tool on a monthly basis from information received weekly by the field staff involved in direct implementation with beneficiaries. The tool is shared by the coordinator with senior management for monitoring of progresses as well as basis to develop and approve the related planning tool.

This ensure that adherence to targets ad indicators is monitored in a timely manner, that relevant staff is involved with clear roles and responsibilities and that proper planning is revised periodically on a result-based manner.

In addition to the above, quarterly monitoring of activities is done on-site by area coordinator though field missions with the purpose of meeting the beneficiaries (on-site visit, interviews), stakeholder and authorities. This in the framework of quality check of services provided and ensures proper coordination with stakeholders and adherence with local policies.

A mid-term joint monitoring mission is also conducted jointly with senior staff from the regional office and/or local coordination office on project implementation progress so as to inform possible reviews to guide the project to conclusion with targets met as planned.

Information are collected according to the international standards respecting the principle of confidentiality and shared for coordination purposes (including GBVIMS and info to the clusters) anonymously.

As for reporting, weekly reports will be compiled into monthly reports by project staff which will be submitted to the Protection Coordinator as appropriate. The monthly reports are compiled into quarterly reports with specific progress on each indicator by the Protection Coordinator and Regional representative to be shared with other stakeholders and project donors.

All reporting to external audience (i.e. to donors) pass through internal validation by regional office/headquarter.

Effective donor communication and reporting is maintained through the preparation and submission of progressive technical and financial reports, describing activities carried out and those foreseen in accordance with the Project's Logical Framework and work plan.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Safe and confidential identification of GBV survivors and children survivors of violence, referral and follow-up. The identification of the survivors will be at individual level through trained focal points, or self-referral without involving any other member of the community who may compromise their security. The survivors themselves will also be requested to keep the identification visit to themselves and not share with people they do not trust. Referral will be through phone calls to make sure that only those working in the case have the information. Follow ups will also be done through support lines and confidential visits.	2017	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Direct emotional support , orientation and confidential documentation. The survivors will receive initial individual sessions and psycho-social support in private spaces away from the community. The incident interviews will be done in special rooms without others listening to the stories. The documents thereof will be stored in lockable cabinets to ensure their safety. Case codes will be developed to refer to the case details without any identifiable information- names, locations etc being stored with the incident details.	2017	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Development of short and long term Psychosocial rehabilitation plans for survivor (counseling and family/community mediation). Short term rehabilitation will involve psychological first aid, short individual counseling sessions to survivors who have lower trauma. Long term rehabilitation will involve follow up counseling sessions, group counseling sessions and community support committee meetings with individuals at their homes, and with their families to mediate Intimate partner violence (IPV).	2017	X	X			X	X			X	X		
Activity 1.1.4: Medical support for survivors with existing health providers. Survivors who need medical attention will be referred (and whenever necessary accompanied) to trusted medical providers who have an MOU with GRT in the areas of operation. After the treatment, the bill will be presented to GRT for payment. Monitoring of medical referral is done by GRT Protection coordinators during missions and by GRT field staff.	2017	X	X	X	X	X	X	X	X	X	X	X	X

Activity 1.1.5: Training in PSS(related to GBV) and Clinical Management of Rape (CMR) for (health) service providers. Focal points, religious and traditional elders will trained on GBV issues such as prevention response, confidentiality, safety and security of the survivors as they mostly deals with cases related to GBV, while PSS and CMR training will be provided to the health care workers to handle the survivors with compassion and in a confidential way. Clinical management of women, men and children who have been raped is intended for qualified health-care providers in developing protocols for the management of rape survivors in each locations .	2017			X	X										
Activity 1.1.6: Provision of dignity kits for 450 GBV survivors. The kits are provided to women and girls of reproductive age. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives. Dignity kits will comprise of sanitary towels, bathing and washing soaps, emergency clothing for survivors such as Clothing material (dirac) ,Gorgorad (petticoat) ,Garbassar (scarf) ,Underwear (kastuumo), Sanitary cloths/pads , Safety pin - Medium size, nickel free ,Bucket with lid (20 Litres) ,Water container Juba (1 Litre) , washing Soaps – clothes , Bathing Soap – , tourches Bag (or similar) for packing all items together for distribution ,targeting 450 beneficiaries across the 3 location (Bosaso, Garowe and Galkaiyo.)	2017			X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.1: Large scale awareness campaigns on GBV and protection issues. Awareness campaigns will be conducted during 3 calendar events to sensitize the community on the causes and negative effects of GBV, and to lobby the government to support the fight against it. The events will include International Womens Day, Day of African child and the 16 Days of Activism and will be implemented together with key stakeholders.	2017			X			X							X	

OTHER INFO

Accountability to Affected Populations

Needs assessment and project design was formulated after consultations with key stakeholders from the affected populations including Focal Points and former survivors. GRT also participated the inter-agency drought assessment Puntland. During case management and case referral, the survivor centered approach will be used for them to take lead in the interventions to assist them.

To receive feedback and complains from the beneficiaries, complaint/ suggestion boxes is made available at the office and support lines are active in each location.

The feedback will also be received during FGDs with beneficiaries in the field during monitoring visits at least on a quarterly basis.

Communication and information sharing with the beneficiaries will be done through focal points, religious and community leaders as well as local authority officials

As for the training participation, key stakeholders will be involved in selection of key persons to attend the planned workshops, and defining their roles thereafter. This includes also consultation with other NGOs that may have conducted complementary trainings before.

The awareness campaigns will be planned and conducted with the leadership of the affected communities (community driven) in coordination with local stakeholders, similarly to what done previously in the occasion of significant sensitization events.

The principle of conflict sensitivity, inclusiveness and constant consultations in project activities will be used to ensure the principles of Do No Harm. There will be monthly meeting with field staff, and quarterly meetings with the project coordinator and manager to allow, besides the monitoring of activities, a continuous reflection on the analysis of the context, even though GRT has well established presence in the area.

The project will work within the accepted humanitarian standards and work on the equality principle for total inclusion of all stakeholders and beneficiaries.

GRT staff also must adhere to the organization policies (i.e. Child Protection) and code of conduct which are an integral part of the work and commitment toward the application of humanitarian principles.

Implementation Plan

The project is directly implemented by GRT and provides a number of services with trained staff (i.e. psychosocial support, psychological first aid, family/community mediation, orientation and referral, site visiting) and referring for those not directly provided.

GRT always monitor and evaluate referral pathways to ensure an appropriate response for survivors, based on the centrality and uniqueness of the survivor. For effective service provision, GRT will liaise directly with service providers to assist survivor of Gender Based violence, ensuring that services are quick and carried out with ease and without delay.

Expected services include access to justice where possible, medical attention and provision of transport fees or means to reach these services. The referral system is in line with GBV WG guidelines, which is established for Puntland. The entire process is facilitated by the fact that GRT is an active member of GBV/CP coordination working groups in Puntland and co-chair of the GBV one in Bosaso.

For provision of medical services, GRT will work in collaboration with health service providers for medical referrals under regulation of Memorandum of Understanding signed with the aforementioned. Meetings with the "referral partners" are also organized particularly if we receive complaints from the survivors after the referral is performed

Local Authorities are regularly met by GRT and particularly for the organization of community events and large scale awareness; this is done together with other relevant stakeholders.

Cluster coordination will be through GBV /CP Working group in both Nairobi and field level, while internally GRT has Regional Staff Coordination Meetings (once a week, a person from Coordination Team is present), General Coordination Meetings (every three months with all the Protection Coordinator, members from Coordination Team and Regional Representative).

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
GECPD (Galkayo)	Mutual (inter-agency) case referral
INTERSOS (Galkayo)	Mutual (inter-agency) referral; trainings

TASS (Bosaso and Garowe)	Mutual (inter-agency) referral (in particular we refer child survivors to their safe house, dignity kits); coordination (case management meetings)
Matakal /Muslim Aid (Garowe)	Mutual (inter-agency) referral (we refer medical cases including PEP kit; they refer for counseling)
Care International (Bosaso and Garowe)	Coordination on referral (particularly medical); dignity kits and support to relocation)
IRC (Garowe)	Dignity kits; coordination on referral
KAALO (Bosaso and Garowe)	Livelihood support; legal support
DRC (Bosaso)	Mutual (inter-agency) referral; coordination; trainings
Genral Hospitals (all main towns in Puntland)	Medical referral (regulated by MoU)
MOWDAFA (all Puntland)	Although is not an organization, we included as collaboration with the Ministry is crucial; particularly overall coordination; large scale awareness campaigns; alternative care (foster families)

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 specifically target gender base violence survivors and children affected by violence . It will provide service for all GBV survivors and children regardless of their gender, religion, race, status and age . This is ensure that GRT assistance must meet the distinct needs of women, men ,boys and girls, to generate positive and sustainable outcomes to the project . Clear distinction of beneficiaries (gender and age) is part of the need assesment and reflected in the relevant activities.

Protection Mainstreaming

The four principles of safety, respect, confidentiality and non-discrimination will guide case management at all times. GBV cases will be interviewed in private rooms in a confidential manner, and the initial intake forms and consent forms (with identifiable information) kept in separate lockable cabinets to preserve the identities of the survivors. Survivor information will only be shared with their informed consent, and with the people they approve such information to be shared, and only for service provision. The survivor centered approach will be applied to enhance the dignity of beneficiaries by making them take lead in implementing the intervention plan for their recovery after GBV incidents. The principle of non-discrimination is applied, enabling all clients seeking GBV services to be served on an equal basis, their clans, gender, disability and economic status notwithstanding. Interviews will be conducted impartially to ensure that the beneficiaries are given services based on their vulnerability and need alone. During case management and psychosocial support sessions, the clients will be given vital information on GBV and ways in which they can empower themselves to avoid the factors that predispose them to GBV. All focal point persons, community leaders and elders who will be involved with GBV service delivery will be sensitized on the sensitivity of GBV information and how it impacts on the security and safety of the survivors and the service providers.

Country Specific Information

Safety and Security

Somalia remains one of the most insecure contexts for humanitarian interventions. Environmental emergencies (droughts), poverty and conflicts, widespread protection and human rights violations, insecurity have caused unprecedented levels of displacements of population. Even though Puntland doesn't reach picks of risks compared to other areas in South-Central Somalia, recurrent political instability is of concern, particularly in Galkayo, as recent 2016 clashes has demonstrated. GRT adopts a number of mitigation measures to address the risks entailed by working in the context. Principles of neutrality and impartiality are of utmost importance and all GRT staff is trained to adopt them in practice at all levels (adherence to GRT Code of Conduct and Child Protection Policy, among others, is mandatory for each GRT employee). GRT management and coordination staff is trained on security matters, through NGO safety programmes (i.e. INSO). Involvement of stakeholders and beneficiaries during project lifecycle is part of the transparency process. GRT reputation in the project locations is built on such bases, including the fact that all GRT staff in Puntland, including higher managerial positions, is Somali. The organization keeps a low-profile in the area (i.e. organization visibility) and has established trust-based relations with key focal persons in the area. All offices have security 24h. Protection related activities which are implemented within GRT premises are protected for the safety of both staff and beneficiaries and to ensure confidentiality as well. See also "Access" section for more information.

Access

GRT has access to all implementation sites. We operates almost entirely through our trained local staff and, in sensitive areas, both directly and through Focal Points (trained by GRT) and community volunteers. Occasional field visits by regional /international staff is under security escorts according to local rules of engagement and after having consulted relevant security agencies and coordiantion bodies on the same (i.e. INSO)

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Protection Coordinator	D	1	3,069.00	10	14.00	4,296.60
	<i>The Protection Coordinator will be based in Nairobi, 14% of her monthly salary of US \$ 3069, will be charged to this project over a period of 10 months. The position is directly involved in overseeing project implementation by providing technical support to the field staff to meet both project and donor requirements.</i>						
1.2	GBV Officer	D	1	844.00	10	100.00	8,440.00
	<i>The GBV Officer will be based in Galkaiyo, 100% of his monthly salary of US \$844, will be charged to this project over a period of 10 months. The position will be responsible in designing, planning and implementing Gender Based Violence (GBV) activities working closely with the Protection Coordinator and GBV case manager to ensure delivery of project goals are achieved</i>						
1.3	GBV Case Manager	D	1	675.00	10	100.00	6,750.00
	<i>The GBV Case manager will be based in Galkaiyo. 100% of his monthly salary of US \$675, will be charged to this project over a period of 10 months.. The position will be responsible in attending to reported GBV cases & clearly documenting referrals done & ensuring follow-up of all cases reported.</i>						
1.4	GBV Counsellor	D	2	675.00	10	100.00	13,500.00
	<i>The 2 GBV Counselors will be based in Bosaso and Garowe, 100% of their monthly salary of US \$675 each, will be charged to this project over a period of 10 months. The positions will be responsible for providing psychosocial support to GBV Survivors.</i>						
1.5	Finance Officer	D	1	1,000.00	10	30.00	3,000.00
	<i>The Finance officer will be based in Nairobi, 30% of her monthly salary of US \$1000, will be charged to this project over a period of 10 months. Working together with the project coordinator and field staff, she will manage the project finances and administrative requirements of this project.</i>						
	Section Total						35,986.60
Supplies, Commodities, Materials							
2.1	Identification of survivors (Focal Points in IDP camps) + Focal point meetings + Support line	D	1	1,695.00	10	100.00	16,950.00
	<i>31 focal points (10 Bosaso, 10 Garowe & 11 Galkaiyo) will be engaged in identification of GBV survivors at the IDP's camp level for 10 months . The cost per month is estimated at US \$ 1695 which includes : Galkayio support line at US \$ 25, focal points monthly allowance at US \$ 50 per focal point totaling to US \$ 1,550 and refreshments for focal points coordination meetings cost at US \$ 40 per location totaling to US \$ 120, { (25+ (31*50)+ (40*3)= 1695) thus for 10 months the total will be US \$ 16950. The support line is an a 24 hour emergency line that GBV survivors can call in for assistance. Find attached breakdown in the BOQ.</i>						
2.2	Dignity Kits	D	516	65.80	1	100.00	33,952.80
	<i>GRT will identify 516 GBV survivors in need of dignity kits with a target of distributing them to beneficiaries in Bosaso ,Garowe & Galkaiyo. The distribution will be done once every month for 10 months to meet basic and emergency needs of displaced women and girls of productive age that require to maintain feminine hygiene ,dignity and respect. The dignity kits comprises of dresses (dirac), shawls, sanitary cloth, panties, bar soap, powder soap, petticoat and head scarf. The Total cost estimated for is US \$33,954.86. Find attached breakdown in the BOQ.</i>						
2.3	Medical referral costs	D	787	22.50	1	100.00	17,707.50
	<i>GRT is targeting to assist 787 GBV survivors in need of medical care with an approximation of the total project cost being US \$ 17,707.5 calculated based on previous GBV medical referral costs. The medical care cost will vary depending on the needs of the beneficiaries thus average cost calculated per survivor US \$ 22.5 is an approximation and they will include but not limited to, Consultation , Laboratory , X - ray , Ultra sound, medication. Find attached breakdown in the BOQ.</i>						
2.4	2 trainings in each location for (i) Focal points/ Community elders, (ii) Health care providers on CMR and GBV related topics	D	6	972.00	1	100.00	5,832.00
	<i>In each location GRT will hold 2 different trainings on GBV/ CP related issues and CMR to (i)Focal point/ Community elders and (ii) Health worker to enhance community capacity to prevent and respond to Gender Based Violence. The training will target 30 health workers, 30 community elders and 31 focal points across the three locations. The estimated cost per training in all three locations Bosaso, Garowe and Galkayio is US \$ 3536 for Focal point/ Community elders and US \$ 2296 for Health workers. The Unit cost of US \$ 972 per training is the average cost of the 6 trainings. Total estimated cost(rounded) is 5,832 for the activity. Find attached breakdown in the BOQ.</i>						
2.5	Marking 3 calender events in 2 project locations (Awareness raising)	D	2	1,190.00	3	100.00	7,140.00

	GRT will mark 3 international calendar events such as (i) "16 Days of Activism", (ii) "International Women's Day" and (iii) "International day of the African child" in 2 project locations (Bosaso and Galkayo) and 3 days events with the community members which will enhance raising awareness on issues affecting women and children. This will be done in coordination with GBV stakeholders. The unit cost of US \$ 1190 per event per location is the average cost calculated for 2 locations (Bosaso and Galkayo) and 3 events (1190*2*3= 7140). Find attached breakdown in the BOQ.						
2.6	Case management (Printing of incident forms)	D	3	50.00	10	100.00	1,500.00
	<i>When supporting survivors through case management, there is a number of information that must be gathered and filed. To do this, there is need to print all the forms that ease the data gathering. US \$50 is estimated to be spent monthly per location for this purpose for a period of 10 months for Galkayo, Garowe and Bosaso for a total cost of US \$1,500. The unit quantity of 3 represents 3 locations.</i>						
2.7	Lockable cabinet for storing GBV incident forms	D	3	200.00	1	100.00	600.00
	<i>Lockable cabinets will be used to store the GBV incident forms and is accessible only to responsible individuals to ensure there is no breach of confidentiality and safety and security of survivors are maintained. The lockable cabinets (one in each location) will be in Garowe, Galkayo and Bosaso where case management is done.</i>						
	Section Total						83,682.30
Contractual Services							
4.1	IT support (Financial software)	D	1	464.00	1	100.00	464.00
	<i>GRT uses an online financial system which is cloud based to host all its financial data. US \$ 464 is a onetime standard charge for hosting this project in the financial system.</i>						
4.2	Vehicle rental	D	1	1,800.00	10	100.00	18,000.00
	<i>GBV survivors in need of medical care are accompanied to the health facility by GRT GBV staff. Often, the cases need urgent intervention. The transport costs have been calculated for the rent of a minibus which is at the full disposal of the project including fuel, driver and maintenance totaling to US \$1800 per month.</i>						
4.3	security costs for GBV survivors and staff accompanying the survivors	D	3	900.00	10	45.00	12,150.00
	<i>Security for the confidential spaces/offices will be contracted to ensure security for GRT staff and GBV survivors who are expected to visit GRT spaces for emotional support sessions, counselling and orientation as well as for distribution of dignity kits where applicable. Cost is US \$ 900 per (3) confidential spaces/offices. Request is of a contribution of 45% towards the total costs of service, the difference being covered by GRT.</i>						
	Section Total						30,614.00
Travel							
5.1	Flight costs	D	1	8,333.00	1	100.00	8,333.00
	<i>This is the cost for flight travels for monitoring missions for the Protection Coordinator and the Puntland Coordinator. The average cost of one-way flight (see relevant BoQ for calculation) is based on standard charge for flight (Nairobi - Galkayo US \$550, Galkayo Garowe US \$195, Garowe - Bosaso US \$256, Bosaso - Nairobi US \$500 and Nairobi-Garowe US \$160). There are 5 monitoring missions foreseen; to minimize costs, monitoring missions in different locations (7 days each) are combined (1. Nairobi-Galkayo - Garowe Nairobi; 2. Nairobi - Bosaso - Garowe- Nairobi; 3. Nairobi-Galkayo - Garowe -Nairobi; 4. Bosaso-Garowe- Galkayo- Bosaso; 5. Nairobi- Garowe- Galkayo- Nairobi). Four missions are carried out by international staff, 1 by local Puntland coordinator. Find attached breakdown in the BOQ.</i>						
5.2	Airport visas	D	1	100.00	4	100.00	400.00
	<i>Puntland Authorities charge Entry and Exit taxes to international staff going in and out of Puntland. For one monitoring mission, the costs for visa incurred in Puntland are i) processing of visa @ US\$20, ii) entry visa @ US\$30, iii) Security check @ US\$20 and iv) Exit visa @ US\$30. Therefore, in mission, Puntland visas amount to US \$100 (entry and exit). Find attached breakdown in the BOQ.</i>						
5.3	Security costs while on mission	D	1	160.00	35	100.00	5,600.00
	<i>The Protection Coordinator and Puntland field coordinator will need SPU security escort while in Galkayo for the monitoring missions. Estimated costs for the SPU is US \$30 per one guard and each mission will use three guards per day for the 5 missions, in addition to the Security charges, a car hire for the SPU team at US \$70 per day will be needed as this is the standard practice for security in Galkayo. Therefore the total security cost is(30*3) +70= 160. In Bosaso and Garowe SPU security escort and car hire for SPU is foreseen for going and coming to/from airport to town. The unit 35 is total days for the 5 missions.</i>						
5.4	Per diem on mission	D	5	50.00	14	100.00	3,500.00
	<i>Per diem on mission will also cover for food and accommodation for one interim mission and the standard rate is US \$ 50 per day. In total there are 5 missions of 14 days: (i) 1 mission of 14 days for Puntland Coordinator and (ii) 4 missions of 14 for Protection Coordinator (half mission in Bosaso/Galkayo, half in Garowe).</i>						

5.5	Communication (mission cost)	D	5	20.00	1	100.00	100.00
<p><i>This is a standard rate of US \$20 for the GRT staff on mission in the field for 5 missions. This will be used by the Protection Coordinator for communication with other offices while on monitoring missions.</i></p>							
Section Total							17,933.00
General Operating and Other Direct Costs							
7.1	Office rent	D	1	2,400.00	10	41.00	9,840.00
<p><i>Office rent for (Galkaiyo is based on actual costs incurred by GRT in 2016 for office space only US \$400\$, the office space of Garowe and Bosaso we incurred US \$2,000 per month (US \$1000 each office). 41% of the cost will be charged to this project.</i></p>							
7.2	Telephone and internet (Galkaiyo Office)	D	1	180.00	10	100.00	1,800.00
<p><i>Telephone cost is estimated at 20\$ while internet charges is 160\$ form Golis for Telecommunications Company. The costs are based on actual costs incurred in 2016. The total foreseen cost for a period of 10 months will be 1,800\$</i></p>							
7.3	Stationery and supplies	D	1	2,000.00	1	100.00	2,000.00
<p><i>Stationery and office supplies cost is based on the average monthly cost in Galkayo, Bosaso and Garowe. All stationery and material are bought from reputable stores in the respective locations. The estimated costs for the 3 offices is 2000 \$.See BOQ attached .</i></p>							
7.4	Bank charges	D	1	2,855.00	1	100.00	2,855.00
<p><i>Bank charges are foreseen at a rate of 1.7%. The charges will be incurred to transfer funds from the regional office to Somalia.</i></p>							
7.5	Office utilities (Galkaiyo Office)	D	1	276.00	10	100.00	2,760.00
<p><i>Utilities' cost are based on the average monthly cost in Galkayo (electricity Bill US \$180 and water Bill US \$ 96, total US \$276 per month). The estimated costs for the 10 month period is 2,760\$.</i></p>							
Section Total							19,255.00
SubTotal			1,347.00				187,470.90
Direct							187,470.90
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,122.96
Total Cost							200,593.86
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bari -> Bossaso -> Bossaso	30	502	656	70	100	1,328	<p>Activity 1.1.1 : Safe and confidential identification of GBV survivors and children survivors of violence, referral and follow-up. The identification of the survivors will be at individual level through trained focal points, or self-referral without involving any other member of the community who may compromise their security. The survivors themselves will also be requested to keep the identification visit to themselves and not share with people they do not trust. Referral will be through phone calls to make sure that only those working n the case have the information. Follow ups will also be done through support lines and confidential visits.</p> <p>Activity 1.1.2 : Direct emotional support , orientation and confidential documentation. The survivors will receive initial individual</p>

								<p>sessions and psycho-social support in private spaces away from the community. The incident interviews will be done in special rooms without others listening to the stories. The documents thereof will be stored in lockable cabinets to ensure their safety. Case codes will be developed to refer to the case details without any identifiable information- names, locations etc being stored with the incident details.</p> <p>Activity 1.1.3 : Development of short and long term Psychosocial rehabilitation plans for survivor (counseling and family/community mediation).</p> <p>Short term rehabilitation will involve psychological first aid, short individual counseling sessions to survivors who have lower trauma. Long term rehabilitation will involve follow up counseling sessions, group counseling sessions and community support committee meetings with individuals at their homes, and with their families to mediate Intimate partner violence (IPV).</p> <p>Activity 1.1.4 : Medical support for survivors with existing health providers.</p> <p>Survivors who need medical attention will be referred (and whenever necessary accompanied) to trusted medical providers who have an MOU with GRT in the areas of operation. After the treatment, the bill will be presented to GRT for payment. Monitoring of medical referral is done by GRT Protection coordinators during missions and by GRT field staff.</p> <p>Activity 1.1.5 : Training in PSS(related to GBV) and Clinical Management of Rape(CMR) for (health) service providers.</p> <p>Focal points, religious and traditional elders will trained on GBV issues such as prevention response, confidentiality, safety and security of the survivors as they mostly deals with cases related to GBV, while PSS and CMR training will be provided to the health care workers to handle the survivors with compassion and in a confidential way. Clinical management of women, men and children who have been raped is intended for qualified health-care providers in developing protocols for the management of rape survivors in each locations .</p> <p>Activity 1.1.6 : Provision of dignity kits for 450 GBV survivors.</p> <p>The kits are provided to women and girls of reproductive age. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives. Dignity kits will comprise of sanitary towels, bathing and washing soaps, emergency clothing for survivors such as Clothing material (dirac) ,Gorgorad (petticoat) ,Garbassar (scarf) ,Underwear (kastuumo), Sanitary cloths/pads , Safety pin - Medium size, nickel free ,Bucket with lid (20 Litres) ,Water container Juba (1 Litre) , washing Soaps – clothes , Bathing Soap – , tourches Bag (or similar) for packing all items together for distribution ,targeting 450 beneficiaries across the 3 location (Bosaso, Garowe and Galkaiyo.)</p> <p>Activity 2.1.1 : Large scale awareness campaigns on GBV and protection issues.</p> <p>Awareness campaigns will be conducted during 3 calendar events to sensitize the community on the causes and negative effects of GBV, and to lobby the government to support the fight against it. The events will include International Womens Day, Day of African child and the 16 Days of Activism and will be implemented together with key stakeholders.</p>
Mudug -> Gaalkacyo -> Gaalkacyo	40	502	748	80	105	1,435	<p>Activity 1.1.1 : Safe and confidential identification of GBV survivors and children survivors of violence, referral and follow-up.</p> <p>The identification of the survivors will be at individual level through trained focal points, or self-referral without involving any other member of the community who may compromise their security. The survivors themselves will also be</p>	

requested to keep the identification visit to themselves and not share with people they do not trust. Referral will be through phone calls to make sure that only those working in the case have the information. Follow ups will also be done through support lines and confidential visits.

Activity 1.1.2 : Direct emotional support , orientation and confidential documentation. The survivors will receive initial individual sessions and psycho-social support in private spaces away from the community. The incident interviews will be done in special rooms without others listening to the stories. The documents thereof will be stored in lockable cabinets to ensure their safety. Case codes will be developed to refer to the case details without any identifiable information- names, locations etc being stored with the incident details.

Activity 1.1.3 : Development of short and long term Psychosocial rehabilitation plans for survivor (counseling and family/community mediation).

Short term rehabilitation will involve psychological first aid, short individual counseling sessions to survivors who have lower trauma. Long term rehabilitation will involve follow up counseling sessions, group counseling sessions and community support committee meetings with individuals at their homes, and with their families to mediate Intimate partner violence (IPV).

Activity 1.1.4 : Medical support for survivors with existing health providers.

Survivors who need medical attention will be referred (and whenever necessary accompanied) to trusted medical providers who have an MOU with GRT in the areas of operation. After the treatment, the bill will be presented to GRT for payment. Monitoring of medical referral is done by GRT Protection coordinators during missions and by GRT field staff.

Activity 1.1.5 : Training in PSS(related to GBV) and Clinical Management of Rape(CMR) for (health) service providers.

Focal points, religious and traditional elders will be trained on GBV issues such as prevention response, confidentiality, safety and security of the survivors as they mostly deal with cases related to GBV, while PSS and CMR training will be provided to the health care workers to handle the survivors with compassion and in a confidential way. Clinical management of women, men and children who have been raped is intended for qualified health-care providers in developing protocols for the management of rape survivors in each location .

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Activity 2.1.1 : Large scale awareness campaigns on GBV and protection issues.

Awareness campaigns will be conducted during 3 calendar events to sensitize the community on the causes and negative effects of GBV, and to lobby the government to support the fight against it. The events will include International Womens Day, Day of African child and the 16 Days of

							Activism and will be implemented together with key stakeholders.
Nugaal -> Garowe -> Garowe	30	492	616	50	70	1,228	<p>Activity 1.1.1 : Safe and confidential identification of GBV survivors and children survivors of violence, referral and follow-up. The identification of the survivors will be at individual level through trained focal points, or self-referral without involving any other member of the community who may compromise their security. The survivors themselves will also be requested to keep the identification visit to themselves and not share with people they do not trust. Referral will be through phone calls to make sure that only those working n the case have the information. Follow ups will also be done through support lines and confidential visits.</p> <p>Activity 1.1.2 : Direct emotional support , orientation and confidential documentation. The survivors will receive intitial individual sessions and psycho-social support in private spaces away from the community. The incident interviews will be done in special rooms without others listening to the stories. The documents thereof will be stored in lockable cabinets to ensure their safety. Case codes will be developed to refer to the case details without any identifiable information- names, locations etc being stored with the incident details.</p> <p>Activity 1.1.3 : Development of short and long term Psychosocial rehabilitation plans for survivor (counseling and family/community mediation). Short term rehabilitation will involve psychological first aid, short individual counseling sessions to survivors who have lower trauma. Long term rehabilitation will involve follow up counseling sessions, group counseling sessions and community support committee meetings with individuals at their homes, and with their families to mediate Intimate partner violence (IPV).</p> <p>Activity 1.1.4 : Medical support for survivors with existing health providers. Survivors who need medical attention will be referred (and whenever necessary accompanied) to trusted medical providers who have an MOU with GRT in the areas of operation. After the treatment, the bill will be presented to GRT for payment. Monitoring of medical referral is done by GRT Protection coordinators during missions and by GRT field staff.</p> <p>Activity 1.1.5 : Training in PSS(related to GBV) and Clinical Management of Rape(CMR) for (health) service providers. Focal points, religious and traditional elders will trained on GBV issues such as prevention response, confidentiality, safety and security of the survivors asthey mostly deals with cases related to GBV, while PSS and CMR training will be provided to the health care workers to handle the survivors with compassion and in a confidential way. Clinical management of women, men and children who have been raped is intended for qualified health-care providers in developing protocols for the management of rape survivors in each locations .</p> <p>Activity 1.1.6 : Provision of dignity kits for 450 GBV survivors. The kits are provided to women and girls of reproductive age. The kits comprise of basic necessities that displaced women and girls require to maintain feminine hygiene, dignity and respect in their daily lives. Dignity kits will comprise of sanitary towels, bathing and washing soaps, emergency clothing for survivors such as Clothing material (dirac) ,Gorgorad (petticoat) ,Garbassar (scarf) ,Underwear (kastuumo), Sanitary cloths/pads , Safety pin - Medium size, nickel free ,Bucket with lid (20 Litres) ,Water container Juba (1 Litre) , washing Soaps – clothes , Bathing Soap –, tources Bag (or</p>

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Documents	
Category Name	Document Description
Budget Documents	BL 2.3.xlsx
Budget Documents	BL 2.4.xlsx
Budget Documents	BL 2.8.xlsx
Budget Documents	BL 5.1.xlsx
Budget Documents	BL 5.2.xlsx
Budget Documents	BL 7.3.xlsx
Budget Documents	BOQs for SHF_All_15 2 17.xlsx
Budget Documents	BOQs for SHF_All_16 2 17.xlsx
Budget Documents	BOQs for SHF_All_17 2 17.xlsx
Budget Documents	BL 7.6.xlsx
Budget Documents	BL 7.8.xlsx
Budget Documents	BL 2.10.xlsx
Budget Documents	BL 2 2.xlsx
Budget Documents	BOQs for SHF_all.xlsx
Budget Documents	BOQs for SHF_all2.xlsx
Grant Agreement	HC signed GRT GA 4612.pdf
Grant Agreement	HC countersigned GRT GA 4612.pdf