

Requesting Organization :	United Nations Population Fund				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Protection	GBV	100.00			
		100			
Project Title :	Ensuring comprehensive multi-sectoral response for gender-based violence (GBV) survivors and mainstreaming GBV in the humanitarian action in Kismayo and Baidoa				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/Prot/UN/2578		
Cluster :		Project Budget in US\$:	134,422.07		
Planned project duration :	8 months	Priority:			
Planned Start Date :	01/08/2016	Planned End Date :	31/03/2017		
Actual Start Date:	01/08/2016	Actual End Date:	31/03/2017		
Project Summary :	<p>This project aims to contribute to comprehensive multi-sectoral response for 1,500 survivors of gender-based violence (GBV) in Kismayo and Baidoa and mainstreaming GBV in the humanitarian action by strengthening capacities of 50 cluster focal points in the 2 locations based on the updated global GBV guidelines. The proposed activities are procurement of 30 post rape treatment kits and make them available to the key GBV service providers in the target areas. The project will also strengthen capacities of 50 cluster focal points in the 2 locations in terms of understanding the linkages between their cluster work and GBV mitigation and response as well as mainstreaming GBV in their areas of work. Capacity strengthening and further roll-out of GBV Information Management System (GBVIMS) is also planned in this project to enhance the regular data collection and analysis to inform the quality and effective GBV interventions by training 30 GBV service providers and support local NGOs to provided needed services to survivors..</p> <p>The project targets GBV survivors from both IDPs and host communities, as well as humanitarian workers and GBV service providers. The project is developed and will be implemented based on the UNFPA mandate and comparative advantage as sole procurement entity of post rape treatment kits for Somalia, procuring quality dignity kits in a short time frame based on the set standard, and technical expertise in rolling out the GBVIMS and the global GBV guidelines.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	45	1,235	0	300	1,580
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	45	35	0	0	80
Internally Displaced People/Returnees	0	960	0	240	1,200
People in Host Communities	0	240	0	60	300
Indirect Beneficiaries :					
Expected indirect beneficiaries include family members of women and girls who received the post-rape treatment (around 5,000 persons), GBV service providers working in the same organizations as those who received GBV Information Management System (GBVIMS) capacity strengthening training (at least 50 persons) and humanitarian workers from other clusters, but who did not directly participate in the GBV mainstreaming training (at least 100 persons)					
Catchment Population:					
GBV survivors among the Internally displaced persons and from the host community. Services are targeted for GBV survivors, and hence, no other population group will benefit from the services provided.					
Link with allocation strategy :					

This project is in line with the SHF Revised Strategic Reserve Allocation 2016 document. The activities contribute to the second objective of the SHF Revised Strategic Reserve Allocation strategy, "Life-saving and life sustaining integrated response to IDPs and host communities in Dalxiiska, Kismayo and North Baidoa", since the proposed project activities ensure provision of time sensitive life-saving services for GBV survivors as well as facilitate comprehensive and integrated life sustaining response for vulnerable populations, notably IDP women and girls and/or GBV survivors in the priority geographical location. As emphasized by the same strategy, this project also attempts to address GBV risks and mitigate such risks in an integrated and comprehensive manner by mainstreaming GBV prevention and response in other clusters. Other cluster focal points will be trained on how their interventions could impact on risks of GBV or how they could mitigate such risk. Therefore, it is envisaged that overall humanitarian response would become more sensitive to the needs of GBV survivors, ensuring that services are available for GBV survivors, but not stigmatizing them by directly targeting, to meet their comprehensive needs.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
SWACEDA	National NGO	34,000.00
SAMA	National NGO	34,000.00
		68,000.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Grace Kyeyune	Deputy Representative	kyeyune@unfpa.org	+254 20 7625743
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BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in Somalia remains acute with cyclical climatic impacts, armed conflict, clan violence, widespread human rights violation, and political instability and insecurity. According to 2016 Somalia Humanitarian Response Plan, nearly 4.7 million people or 38% of Somali are acutely food insecure and in need of life-saving support, and 1.1 million remain internally displaced. Internally displaced persons (IDPs) are particularly vulnerable, affected by persistent food insecurity, continuing high levels of acute malnutrition, poor access to basic services, such as, health, water, sanitation and hygiene, and high risk of protection violation, including forced eviction, discrimination and gender-based violence (GBV). Already protracted internal displacement was further exacerbated by the arrivals of returnees and refugees from Yemen and Kenya since the absorption capacity of host communities is very limited. Later in 2015, an estimated number of 60,000 people was displaced as a result of flooding in Bakool, Bay, Hiraan, Lower Juba, Middle Juba and Middle Shabelle according to the multiple sources. The situation at the IDP settlements in Baidoa and Kismayo, which already face massive influx of displaced populations from the surrounding areas due to conflict, forced eviction and seasonal flooding and are at a critical level, will be further aggravated as both locations are identified as return areas for Somali refugees from Kenya. Some available data validates vulnerability and risks faced by IDPs: for example, 95% of forced evictions affected IDPs, and 75% of GBV survivors reported to GBV Information Management System (GBVIMS) in 2015 are IDPs.

Vulnerability of IDPs is caused by breakdown of effective protection system to ensure their human rights and dignity. It is a well-known and established fact that incidents of GBV, including sexual violence and domestic violence, increase in emergencies due to the collapse of the social order and the breakdown of community and traditional protection mechanisms. Sexual violence increases due to the lack of functional rule of law and inappropriate/insufficient infrastructure at the IDP settlements, while intimate partner violence also escalates due to the accumulated tension and instability. Food insecurity puts women and children at increased risk of GBV through harmful coping mechanisms. For example, limited livelihoods options and economic hardships are key risk factors for sexual exploitation and abuse. As parents experience challenges feeding their children, the crisis could result in an increase of harmful practices such as early/forced marriages. Difficulty in accessing certain basic resources, such as water, food and firewood, increases exposure to sexual violence and abuse, as women and children have to walk long distances to find them.

In general, GBV incidents are under-reported in Somalia due to social stigma and fear of retaliation. Nonetheless, there is a pressing need to continuously address and scale-up GBV mitigation and response during humanitarian response so that already vulnerable groups, especially, women and girls from IDPs, are not exposed to further human rights violation. Updates from the field GBV sub-clusters in Kismayo and Baidoa also constantly alert the insecurity in the areas, which significantly contribute to the occurrence of GBV, including sexual assault, rape, physical assault, and early/forced marriages. There was also a field update to the national GBV sub-cluster that there was increasing reports of rape along the Baidoa-Mogadishu road by militias and government soldiers, which forced women to travel by road controlled by the Al-Shabaab. Kismayo field sub-cluster also alerted that the number of GBV cases especially in the IDP camps in Dalxiiska, Marino and Nasiib is increasing due to the further influx of IDPs escaping from the nearby areas controlled by the Al-Shabaab.

2. Needs assessment

This project is based on the data from the Gender-based Violence Information Management System (GBVIMS), the GBV Sub Cluster 4W matrix, GBV sub-cluster meeting minutes at the national and field levels, and 2016 Somalia Humanitarian Needs Overview.

As already indicated, IDPs consist 75% of all the reported GBV cases in 2015, and the same level is maintained during January and May 2016. Updates from the field GBV sub-clusters in Kismayo and Baidoa also constantly alert the insecurity in the areas, which significantly contribute to the occurrence of GBV, including sexual assault, rape, physical assault, and early/forced marriages. There was also a field update to the national GBV sub-cluster that there was increasing reports of rape along the Baidoa-Mogadishu road by militias and government soldiers, which forced women to travel by road controlled by the Al-Shabaab. Kismayo field sub-cluster also alerted that the number of GBV cases especially in the IDP camps in Dalxiiska, Marino and Nasiib is increasing due to the further influx of IDPs escaping from the nearby areas controlled by the Al-Shabaab. Furthermore, GBV sub-cluster members in Baidoa and Kismayo provided services for 467 GBV survivors in May 2016. All these information and data confirm the necessity of having comprehensive GBV response services in these locations.

Inter-agency rapid assessment report conducted by Protection Cluster in Kismayo in November 2015 also urges the necessity of mainstreaming GBV mitigation and response in other key clusters, including WASH, food security and livelihoods, education, shelter and health, to improve overall situation of IDP camps as well as to specifically address the protection needs of vulnerable women and girls. The similar concern was also shared by GBV sub-cluster in Baidoa in the sense that mainstreaming GBV in other clusters would ensure more comprehensive interventions, especially because the number of GBV service providers is limited in Baidoa.

Based on the above information and analysis, the project has assumed that there is a high risk of GBV both in Baidoa and Kismayo, and estimated the number of sexual violence cases based on the calculator of Minimum Initial Service Package (MISP), which is 2% of the number of women of reproductive age. The estimated number of population in Baidoa and Kismayo, according to the 2014 Population Estimation Survey, is 468,412, and hence, the number of sexual violence is around 2,300. Given the prevailing conservative culture and social stigma, not all the survivors would even seek services after suffering from violence. Therefore, this project has decided to target 1,500 GBV survivors, about 65% of the estimated sexual violence cases, for critical clinical services.

3. Description Of Beneficiaries

Total: 1,580 beneficiaries include GBV survivors, cluster focal points and other GBV service providers in Kismayo and Baidoa.

Female: 1,535

Male: 45

Children (under 18): 300

Adult (18-59): 1,200

IDPs: 1,200

Host communities: 300

Humanitarian workers: 50

GBV service providers: 30

As indicated in the needs assessment, the number of GBV survivors to be provided essential clinical services is estimated based on MISP calculator. The trend from GBV Information Management System indicates that around 15-20% of survivors are age under 18, and around 75-80% of survivors are from IDP communities. Based on this general trend, the number of beneficiaries for adult/children as well as for IDP/returnees/host communities is calculated.

While the number of direct project beneficiaries is 1,580, the number of indirect beneficiaries is expected to be 5,150, including 5,000 IDPs and host communities (both men and women), 50 staff of the GBV service providers through peer learning, and 100 humanitarian workers through peer learning.

4. Grant Request Justification

Emergency impacts differently on women, girls, boys and men. Their needs are also different, particularly in the midst of weak physical and social protection system. As noted above, women and girls in IDP camps are at great risk of GBV. Increased sexual violence, intimate partner violence, sexual exploitation and abuse, and forced/early marriages are usually the consequences in this insecure and unstable setting with weak rule of law, scarce opportunities to sustain the daily lives and limited access to the quality multi-sectoral services. This project focuses on ensuring comprehensive multi-sectoral GBV service provision to women and girls that have been exposed to sexual violence and other forms of GBV by strengthening access to quality services. Somalia Humanitarian Fund (SHF) will support the scaling up of time critical life-saving GBV interventions in Kismayo and Baidoa through provision of post-rape treatment kits and dignity kits. The interventions will urgently address the prioritized time-critical needs of GBV survivors and bring back life and dignity to them. The project also intends to strengthen comprehensive multi-sectoral services for GBV survivors by mainstreaming GBV in key clusters, including WASH, food security, nutrition and health, based on the updated global GBV guidelines. This will enhance the existing health and psychosocial service provision for GBV survivors to address their needs and support their empowerment and reintegration in comprehensive way.

The project is crucial in order to meet the GBV, Protection Cluster and the Humanitarian Response Strategy targets and save lives through time critical GBV response interventions. It seeks to strengthen the service delivery and scale up interventions in order to improve the quality of care. The urgency of this project is also justified by the limited services due to the funding constraints in Kismayo and Baidoa against increasing needs for such services. Pre-positioned stocks for post-rape treatment kits and dignity kits may run out due to the increasing needs. GBV in emergencies is critical in order to save the lives of the survivors and restore their dignity, and hence, it is crucial to consider GBV as a life-saving priority in humanitarian interventions.

5. Complementarity

GBV interventions will strengthen and scale up the multi-sectoral service delivery for GBV survivors. In any emergency context, response to GBV survivors requires multi-sectoral support from case workers, health service and psychosocial support providers. A multi-sectoral approach will be used where appropriate in order to maximize impact and ensure that the beneficiaries benefit from a package of basic services. There are already NGOs operating in Baidoa and Kismayo, who provide services to GBV survivors. Therefore, UNFPA will procure and provide required post-rape treatment kits and dignity kits to these service providers to complement their health and psychosocial services as the sole procurement agency for post-rape treatment kits and as a main responsible agency to make the dignity kits available in timely manner based on the set quality standard. Furthermore, UNFPA, as the chair of GBV sub-cluster, will work with other cluster focal points to sensitize them on the linkage of their sectoral work with GBV issues and capacitate them to integrate GBV mitigation and response in their interventions. In this way, other clusters will also be able to complement and further strengthen comprehensive services provided for GBV survivors to facilitate their recovery, reintegration and restore dignity.

UNFPA has been working with SAMA and SWACEDA to support their health facilities, but is challenged with funding limitation in 2016. Therefore, grant to be provided from this project to these 2 organizations will enable them to continue their critical operations. UNFPA was involved in the development of Clinical Management of Rape protocol, endorsed by the Ministry of Health. Based on this experience, UNFPA is better placed to provide technical support to SAMA and SWACEDA under this project to adhere to the set standard in addition to the GBV guiding principles.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to ensure comprehensive multi-sectoral response to GBV survivors and mainstreaming GBV in the humanitarian action in Kismayo and Baidoa. This will be done through procurement of 30 post rape treatment kits to be distributed to the key GBV service providers in Kismayo and Baidoa, to ensure comprehensive, yet, life-saving and life enhancing, services for GBV survivors, based on the comparative advantage of UNFPA as the only responsible agency for post rape treatment kits in Somalia and as the agency to ensure quality and harmonized standards. Furthermore, comprehensive and multi-sectoral GBV prevention and response will be ensured by capacity building of focal points from other clusters, mainly, WASH, food security, nutrition and health, so that each cluster can mainstream GBV issues in their respective interventions and that such interventions would mitigate the GBV risks and enhance empowerment of vulnerable groups. The project also aims to further strengthen GBV-related data collection and analysis system in order for humanitarian actors to keep track of the trend of GBV incidences and to better devise their GBV prevention and response activities.

Protection

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster	Somalia HRP 2016	70
To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues	Somalia HRP 2016	30

Contribution to Cluster/Sector Objectives : This project is in line with the 2016 Humanitarian Response Plan (HRP) strategic objective 1, "Address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable" as well as strategic objective 2 "Restore and strengthen livelihoods and basic service delivery to build resilience to recurrent shocks". The former will be addressed through life saving and life enhancing activities to address time-critical needs of GBV survivors, while the latter will be addressed by mainstreaming GBV in other clusters based on the recently-revised global GBV guidelines.

Similarly, it also corresponds to the following objectives of the Protection Cluster for 2016:

Objective 1) To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster.

Objective 3) To improve operational response capacity through capacity development, strategic advocacy and humanitarian dialogues.

This project also contributes to the Somali GBV Working Group Strategy 2014-2016. It contributes to the second pillar of the GBV strategy, "service provision and response". The Strategy was approved by the UN Country Team on 20 February 2014 and by the Humanitarian Country Team on 25 February 2014. It is in line with Outcome 2.1 of the GBV strategy on "improved access for survivors to competent, confidential and compassionate clinical care".

Outcome 1

Enhanced access to critical life-saving and life enhancing GBV services in Baidoa and Kismayo

Output 1.1

Description

Improved quality, availability, accessibility, and utilization of comprehensive GBV services in Baidoa and Kismayo.

Assumptions & Risks

Assumption is that improved quality and availability of services contribute to more accessibility and utilization of comprehensive GBV services by survivors. Nonetheless, prevailing insecurity and social stigma against GBV survivors may limit access to and utilization of services.

Activities

Activity 1.1.1

Standard Activity : Post Rape Treatment

Procurement of 30 post rape treatment kits and provide the kits to key GBV service providers in Baidoa and Kismayo, including SAMA, SWACEDA, INTERSOS and ARC

Activity 1.1.2

Standard Activity : Health treatment and medical support for GBV

Provision of quality medical services, including clinical management of rape (CMR) services, based on the endorsed CMR protocol and GBV guiding principles by supporting health facilities of SAMA in Baidoa and SWACEDA in Kismayo and by providing technical support to ensure quality and adherence to the guidelines/protocols

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					1,500
Means of Verification : -Ministry of Health Logistics Management Information System for RH Kit 1 (post rape treatment kit) distribution -registry at the hospitals/health clinics							
Output 1.2							
Description							
Strengthened capacities of humanitarian actors in Kismayo and Baidoa to track GBV incident trend on regular basis and to address GBV mitigation and response based on multi-sectoral approach							
Assumptions & Risks							
Assumption is that GBV service providers and cluster focal points to apply the skills and knowledge they have acquired from the capacity strengthening activities in their daily work and practices. There is a risk that they may not do so once they are back to their workplace. In order to mitigate this risk, close follow-up will be conducted through GBV coordination mechanism in the field.							
Activities							
Activity 1.2.1							
Standard Activity : Capacity building							
Train 30 GBV service providers on data collection and analysis of GBVIMS data in order to keep track of the GBV incidents and its trends							
Activity 1.2.2							
Standard Activity : Capacity building							
Train at least 50 cluster GBV focal points and other relevant persons (at least 25 each for 2 locations) with focus on, but not limited to, WASH, food security, nutrition and health, in Kismayo and Baidoa, based on the revised global GBV guidelines to mainstream GBV issues in their respective interventions and to prevent and mitigate risks of GBV							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	Number of staff from GBVIMS data gathering organizations and service providers in Baidoa and Kismayo who received training on updated GBVIMS tools and data analysis					30
Means of Verification : Training report, training pre- and post-test							
Indicator 1.2.2	Protection	Number of cluster focal points received GBV mainstreaming training based on the global GBV guidelines					50
Means of Verification : Training report, training pre- and post-test							
Indicator 1.2.3	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					1,500
Means of Verification : GBVIMS consolidated monthly report							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
<p>The proposed project will be implemented and monitored through a results-based management approach. In this regard, UNFPA has in place a results-based management (RBM) strategy that ensures organization's processes, products and services. This facilitates the achievement of intended results as well as UNFPA GBV in Emergencies Minimum Standards which set out the minimum GBV response actions to be taken to respond to any emergency situation. UNFPA has office in Mogadishu which oversees the project activities in South Central. GBV coordinator in the field offices together with Gender technical team in Nairobi will assume overall responsibility of project implementation, monitoring and reporting. The programme and finance team at the national and field levels will closely monitor the financial utilization of the proposed project interventions to ensure timely implementation and efficient use of financial resources. Local implementing partners comply to the UNFPA policies and procedures to ensure that the fund disbursed to them will be used in transparent and accountable way. The partners will submit quarterly financial and progress reports, and feedback will be provided from UNFPA side, too. Joint monitoring and field visits will be organized by both the finance and program staff as well as both by UNFPA and implementing partners during implementation period. Project monitoring will be also conducted through the field GBV sub-clusters in Baidoa and Kismayo, maximizing the field presence of GBV coordination mechanism, but with total respect to the integrity and confidentiality of GBV survivors. The results of the proposed interventions will be reported to Protection Cluster and UNOCHA as contribution to GBV WG strategy implementation. UNFPA will also evaluate the results of the project interventions and document best practices and lessons learnt for similar future interventions.</p>							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of 30 post rape treatment kits and provide the kits to key GBV service providers in Baidoa and Kismayo, including SAMA, SWACEDA, INTERSOS and ARC	2016								X	X	X		
	2017												
Activity 1.1.2: Provision of quality medical services, including clinical management of rape (CMR) services, based on the endorsed CMR protocol and GBV guiding principles by supporting health facilities of SAMA in Baidoa and SWACEDA in Kismayo and by providing technical support to ensure quality and adherence to the guidelines/protocols	2016								X	X	X	X	X
	2017	X	X	X									
Activity 1.2.1: Train 30 GBV service providers on data collection and analysis of GBVIMS data in order to keep track of the GBV incidents and its trends	2016									X	X		
	2017												
Activity 1.2.2: Train at least 50 cluster GBV focal points and other relevant persons (at least 25 each for 2 locations) with focus on, but not limited to, WASH, food security, nutrition and health, in Kismayo and Baidoa, based on the revised global GBV guidelines to mainstream GBV issues in their respective interventions and to prevent and mitigate risks of GBV	2016									X	X		
	2017												

OTHER INFO

Accountability to Affected Populations

This project targets the displaced persons and vulnerable populations in Kismayo and Baidoa, and seeks to address the needs of GBV survivors. Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations. Inaction could cause further harm to the affected population, and in this sense, this project inherently places accountability at its center by mitigating and responding to GBV. The project is in line with the 'do no harm' principle as both IDPs and host communities will be targeted. It is also in line with IASC principle of the centrality of protection in humanitarian action as it identifies the groups that are most at risk and takes into account the specific vulnerabilities that underlie these risks, including those experienced by men, women, girls and boys, and groups such as internally displaced persons. It is also in line with the humanitarian principles and the rights-based approach as its aims to promote and protect human rights as well as the Age, Gender, Diversity Mainstreaming (AGDM) principle and the Protection-related accountability initiatives. The project also strives to ensure accountability by engaging with different stakeholders, including Ministry of Health, local implementing partners, other clusters and field GBV sub-clusters in Baidoa and Kismayo throughout the project phases. Active engagement of these actors in project planning, implementation and monitoring will also make sure that the project meets the urgent needs of GBV survivors, and the local presence of implementing partners and GBV sub-clusters will ensure any feedback from the clients and targeted beneficiaries to services and support provided are taken into account. For this, regular consultation and field monitoring visit will be organized, which will serve as accountability mechanism for this project, particularly using the existing structures of GBV sub-clusters and the partnership with the Government agencies.

Implementation Plan

UNFPA supplies the post rape treatment kits to all the partners in Somalia including other UN agencies and the local and international NGOs. In this way, UNFPA is able to ensure timely procurement and distribution of post rape treatment kits. UNFPA together with the Ministry of Health will distribute the post rape treatment kits to key GBV service providers, including SWACEDA and SAMA, in Baidoa and Kismayo to ensure timely response to the specific needs of GBV survivors. SWACEDA and SAMA, both UNFPA partner organizations, have health facilities in Kismayo and Baidoa respectively, which provide medical services as well as specific services for GBV survivors. UNFPA will provide technical support to SWACEDA and SAMA, so that services provided are in accordance with the GBV guidelines on compassionate and confidential clinical management of rape services as well as with the clinical management of rape protocol endorsed by the Ministry of Health in December 2015.

These key GBV service providers, including SAMA and SWACEDA, in Baidoa and Kismayo, who receive both post-rape treatment kits, will receive GBVIMS training to strengthen or start regular collection and analysis of GBV data. In this respect, UNFPA will work closely with UNHCR, who is currently zonal consolidating agency for GBVIMS in South Central. Both agencies are jointly working for the roll-out and strengthening of GBVIMS in Somalia in the past couple of years, and hence, this envisaged activity for this project will be based on the ongoing collaboration. Service providers in 2 locations will learn the usage of the GBVIMS tools updated in May 2016 and are expected to provide monthly consolidated GBVIMS data to UNHCR, who in turn share the consolidated monthly report to UNFPA, who is national GBVIMS consolidating agency.

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

Overall, the project will be implemented based on UNFPA's comparative advantage on addressing the needs of women and girls within an integrated and multi-sectoral approach, closely working with service providers by providing technical support to ensure quality of services and by leading coordination as GBV Sub Cluster chair.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNHCR	UNHCR is GBVIMS data consolidating agency for South Central Somalia, in charge of roll-out of GBVIMS in SC, mentoring the data gathering organizations (DGOs), consolidating the GBVIMS data submitted monthly by DGOs and sharing consolidated monthly data further to the national consolidating agency, which is UNFPA under the overall coordination framework of GBVIMS Task Force (TF). As the national chair of GBVIMS TF, UNFPA has been providing necessary technical and coordination support to UNHCR for GBVIMS-related activities, and this existing collaboration will be harnessed for Activity 1.2.1.

Protection Cluster	UNFPA will work closely with Protection Cluster, including Child Protection sub-cluster and HLP sub-cluster, for the capacity strengthening of other cluster focal points and mainstreaming GBV in overall humanitarian actions. Protection Cluster already shared a list of focal points of all the clusters with UNFPA, and Protection Cluster will be counted on for communicating and inviting the relevant focal points to the training.
GBV sub-clusters in Baidoa and Kismayo	GBV sub-clusters are functional in Baidoa and Kismayo, and UNFPA will actively engage with them in the project planning, implementation and monitoring to ensure accountability.
SAMA and SWACEDA	SAMA and SWACEDA have a health facility in Baidoa and Kismayo respectively, where services for GBV survivors are also provided. As a sole procuring agency for the post rape treatment kit in Somalia, UNFPA will procure and provide the kits, which is essential for clinical services for GBV survivors, to the health facilities operated by SAMA and SWACEDA. UNFPA will also provide technical support in ensuring the quality of services provided by these health facilities, especially to ensure adherence to the Clinical Management of Rape protocol as well as GBV guiding principles.
Ministry of Health	With UNFPA support, Ministry of Health endorsed the Clinical Management of Rape protocol in December 2015, and the Ministry is playing a leading role for the protocol implementation. UNFPA will continue to support the Ministry in this respect, and provide required technical support to GBV service providers so that they will adhere to the protocol when providing services to GBV survivors.

Environment Marker Of The Project

N/A: Not applicable, only used for a small number of services

Gender Marker Of The Project

2b- The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

This project focuses on service provision to women and girls that have been exposed to sexual violence and other forms of GBV by strengthening access to quality services. Although the focus is on women and girls, boys and men will also benefit from the dignity kits and the capacity building activities that will inform the GBV interventions and will ensure comprehensive multi-sectoral mitigation and response services for the GBV survivors, including men and boys. The interventions aim to contribute to gender equality by mainstreaming GBV issues in other clusters. It addresses the different needs of women, girls, boys and men through mitigation and response activities.

Protection Mainstreaming

GBV is a violation of human rights, and therefore, is also a significant protection issue. Breakdown of community protection mechanism, caused by emergency situations is one of the major contributing factors to the occurrence of GBV, and even after GBV incidents, survivors are deprived of accessing to the required services based on their needs due to social stigma and/or lack of availability of quality services. Therefore, since this project aims at strengthening comprehensive multi-sectoral response for GBV survivors, protection is at the core of this project.

GBV is a cross-cutting issue and therefore should be integrated into all aspects of emergency humanitarian response. All humanitarian actors share a responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. In this respect, this project also intends to mainstream GBV mitigation and response in other clusters, including WASH, food security, nutrition and health, ensuring integrated approach. In other words, integrated protection programming is envisaged under this project so that GBV risk mitigation and response is addressed in a multi-sectoral manner.

Country Specific Information

Safety and Security

Security and access remain challenging in many areas of Somalia, including Kismayo and Baidoa. This project will be implemented in collaboration with the Ministry of Health as well as key GBV service providers who have operational set-up in these locations and are accepted by local communities. Where safety and security of UNFPA staff is concerned, UNFPA has an International Security Officer as well as national security assistant based in Mogadishu. All the security concerns will be discussed with them for their guidance and advise and UN security measures and SOPs will be duly observed.

Access

UNFPA is currently implementing activities in the target locations through well-skilled, result oriented local and international NGOs, including SWACEDA and SAMA. Thus, UNFPA has a well-established relationship with the local communities and key stakeholders in the priority locations. After post-rape treatment kits and dignity kits are procured, these kits will be distributed through the Ministry of Health and existing GBV service providers who have access to the target locations. GBV Coordinator for South Central can travel to Kismayo and Baidoa under the Concept of Operations (CONOPS) modality, and other needed activities for project implementation and monitoring can be facilitated by field GBV sub-clusters, as well.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Supplies, Commodities, Materials							
2.1	Procurement of 30 post rape treatment kits and make available to key GBV service providers in Baidoa and Kismayo	D	30	1,110.47	1	100.00	33,314.10

2.2	Custom clearance costs ((15% of the total kit amount) and other associated costs (e.g., insurance and freight cost, estimated as \$3,000) for distribution of RH Kit 3	D	1	8,000.00	1	100.00	8,000.00
Section Total							41,314.10
Contractual Services							
4.1	Train 10 GBV service providers on GBVIMS tools, data collection and consolidation <i>BOQ attached</i>	D	2	1,985.00	1	100.00	3,970.00
4.2	Train 50 GBV focal points and other cluster focal points on GBV guidelines and mainstreaming <i>BOQ attached</i>	D	2	3,665.00	1	100.00	7,330.00
Section Total							11,300.00
Travel							
5.1	2 travels to Baidoa and Kismayo by 2 training facilitators (1 UNFPA staff and 1 external facilitator)	D	2	980.00	1	100.00	1,960.00
5.2	DSA in Kismayo for 2 facilitators (1 UNFPA staff and 1 external facilitator) <i>\$74*5 nights*2 persons</i>	D	2	370.00	1	100.00	740.00
5.3	DSA in Baidoa for 2 facilitators (1 UNFPA staff and 1 external facilitator) <i>\$201*5 nights*2 persons</i>	D	2	1,005.00	1	100.00	2,010.00
5.4	Terminal for 2 travels to Baidoa and Kismayo by 2 training facilitators (1 UNFPA staff and 1 external facilitator) <i>*38*4 times*2 persons per travel</i>	D	2	152.00	1	100.00	304.00
Section Total							5,014.00
Transfers and Grants to Counterparts							
6.1	Grants to SAMA <i>Staff cost at one-stop centers: \$1,000 per month, Psychosocial support: \$1,000 per month, Vehicle rent: \$1,000 per month, operational cost of the center: \$1,000 per month, operation/admin cost of SAMA: \$1,000 per month</i>	D	1	5,000.00	8	85.00	34,000.00
6.2	Grants to SWACEDA <i>Staff cost at one-stop centers: \$1,000 per month, Psychosocial support: \$1,000 per month, Vehicle rent: \$1,000 per month, operational cost of the center: \$1,000 per month, operation/admin cost of SWACEDA: \$1,000 per month</i>	D	1	5,000.00	8	85.00	34,000.00
Section Total							68,000.00
SubTotal			45.00				125,628.10
Direct							125,628.10
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							8,793.97
Total Cost							134,422.07
Grand Total CHF Cost							134,422.07

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa	50	22	535		232	789	<p>Activity 1.1.1 : Procurement of 30 post rape treatment kits and provide the kits to key GBV service providers in Baidoa and Kismayo, including SAMA, SWACEDA, INTERSOS and ARC</p> <p>Activity 1.1.2 : Provision of quality medical services, including clinical management of rape (CMR) services, based on the endorsed CMR protocol and GBV guiding principles by supporting health facilities of SAMA in Baidoa and SWACEDA in Kismayo and by providing technical support to ensure quality and adherence to the guidelines/protocols</p> <p>Activity 1.2.1 : Train 30 GBV service providers on data collection and analysis of GBVIMS data in order to keep track of the GBV incidents and its trends</p> <p>Activity 1.2.2 : Train at least 50 cluster GBV focal points and other relevant persons (at least 25 each for 2 locations) with focus on, but not limited to, WASH, food security, nutrition and health, in Kismayo and Baidoa, based on the revised global GBV guidelines to mainstream GBV issues in their respective interventions and to prevent and mitigate risks of GBV</p>
Lower Juba -> Kismayo	50	23	535		233	791	<p>Activity 1.1.1 : Procurement of 30 post rape treatment kits and provide the kits to key GBV service providers in Baidoa and Kismayo, including SAMA, SWACEDA, INTERSOS and ARC</p> <p>Activity 1.1.2 : Provision of quality medical services, including clinical management of rape (CMR) services, based on the endorsed CMR protocol and GBV guiding principles by supporting health facilities of SAMA in Baidoa and SWACEDA in Kismayo and by providing technical support to ensure quality and adherence to the guidelines/protocols</p> <p>Activity 1.2.1 : Train 30 GBV service providers on data collection and analysis of GBVIMS data in order to keep track of the GBV incidents and its trends</p> <p>Activity 1.2.2 : Train at least 50 cluster GBV focal points and other relevant persons (at least 25 each for 2 locations) with focus on, but not limited to, WASH, food security, nutrition and health, in Kismayo and Baidoa, based on the revised global GBV guidelines to mainstream GBV issues in their respective interventions and to prevent and mitigate risks of GBV</p>

Documents

Category Name	Document Description
Project Supporting Documents	Final Inter-Agency Rapid Assessment Report- KISMAYO copy.pdf
Project Supporting Documents	GBVIE.Minimum.Standards.Publication.FINAL ENG.pdf
Project Supporting Documents	2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
Budget Documents	BOQ -UNFPA.xlsx
Budget Documents	BOQ -UNFPA updated.xlsx