

Requesting Organization :	WARDI Relief and Development Initiatives			
Allocation Type :	Standard Allocation 1 (Jan 2017)			
Primary Cluster	Sub Cluster	Percentage		
Protection	GBV	100.00		
		100		
Project Title :	Promote essential emergency GBV prevention & response, strengthen community, CSOs, Local authorities' capacity to prevent and respond rights violations and contribute to protective environments for IDPs and other vulnerable groups in Hiran, Lower Shabelle and Banadir regions.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Prot/NGO/4572	
Cluster :		Project Budget in US\$:	199,501.48	
Planned project duration :	6 months	Priority:		
Planned Start Date :	15/05/2017	Planned End Date :	14/11/2017	
Actual Start Date:	24/05/2017	Actual End Date:	24/11/2017	
Project Summary :	<p>Humanitarian situation in Somalia continues to deteriorate with potential famine crisis that resulted from two consecutive seasons of poor rainfall in most parts of the country. According to UNHCR report in April 2017, drought related displacements are reported to be on the increase due food insecurity and limited services, which caused competition for resource such as food and water among affected people, which may have more negative impact on women and girls due to their vulnerability. According to GBV IMS report about 1599 GBV incidents from January to February 2017. Out of the 1599 Incidents, 72 percent accounted for intimate partner violence, sexual assault accounted for 12 percent and rape 13 percent, psychological emotional abuse at 9 percent, physical assault at 52 percent, forced marriage at 4 percent and denial of resources and opportunities at 9 percent. Sexual violence, particularly rape within the drought hot spots account for 15 percent. 75 percent of the GBV survivors are IDPs and 97 percent of these are female.</p> <p>Furthermore, the protection cluster has concerned that the protective environment for the IDPs and civilians affected by the drought remains weak and requires strengthening to respond. Thus, WARDI is scaling up its GBB response in Hiran, Lower shabelle and Bandir regions. WARDI will address GBV prevention & response through three interrelated sets of activities: prevention, response (survivor assistance) and coordination.</p> <p>1) The prevention activities include; training Community Safety & Awareness Mobilizers in approaches and methods to proper survivor-centered care, raising awareness in communities about available confidential services, referral networks and dignity kit distributions.</p> <p>2) The response activities of the project include; provision of medical services quality to women and girls who are survivors of GBV through Three GBV one stop centers. (One in Belet Weyn Hospital, One in Wanla Weyn and one in km 7-13 of Mogadishu). WARDI will also apply the following principles "privacy, confidentiality, safety of survivors and family" while providing medical assistance to GBV survivors.</p> <p>3) Since WARDI is focal point of Hiran GBV sub cluster, the organization will strengthen GBV coordination at national and Hiran sub cluster WG to improve coordination among partners, reporting and ensure that mainstreaming of protection across cluster and partners in the Hiran region. Further more, the project will also improve the capacity of service providers to provide quality services, strength resilience of the Internal displaced people (IDP) and poor host community through awareness raising campaigns.</p> <p>4) WARDI will also provide awareness on GBV, health care services, and psychosocial support to GBV survivors.</p> <p>In summary, a total of 3,053 drought affected people will be provided life saving GBV services including medical support, psychosocial support, awareness on GBV prevention and capacity building for case workers and community members on GBV prevention and response in Hiran region, The project is complementary with WASH, health and Nutrition interventions that WARDI is implementing in the targeted locations.</p> <p>Through this project , WARDI will also subcontract with three local partners operating at regional and district levels in the areas at risk. The partners have the capacity to implement multiple activities in both SRH and GBV in the same district/ region. With adequate resources, same partners will be able to reach most of the population in need through different modalities.the three partners will run 3 family centers/safe houses in 3 districts (Afgoi ,Dharkinley and Hodan)</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
470	1,597	493	493	3,053

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
People in HE and/or AFLC	200	795	250	250	1,495
Internally Displaced People	270	802	243	243	1,558

Indirect Beneficiaries :

500 indirect beneficiaries including urban poor

Catchment Population:

20000 persons including people in Humanitarian Emergency

Link with allocation strategy :

The project is in line with the strategic objectives of the Protection Cluster for 2017 (HRP 2017) and directly supports the strategic objective of this reserve SHF allocation of 2017. The project is in-line with the SHF-2017-SA1 Allocations integrated in response to the worsening drought conditions in Somalia, specifically falls under the Life Saving Interventions in response to the ongoing drought in Somalia. As GBV response to drought, the focus will be multi sectoral intervention to promote GBV prevention, mitigation as well as strengthening community engagement and awareness on GBV prevention and respond.

The proposal will be implemented within the SHF-2017 prioritized locations in Hiran, Lower Shabelle and Banadir regions of Somalia.

The project activities is in line with protection cluster allocation strategy:

1. Scaling up of GBV services in areas of displacement with focus on emergency services and early recovery to enable local integration;
2. Being a catalyst on durable solutions for Internal Displaced Peoples (IDPs); and
3. Building up community protection capacity.

Through this project WARDI will sub contract three local NGOs that already active partners operating at regional and district levels in the areas at risk. they have the capacity to implement multiple activities GBV in the same district/ region. With adequate resources, same partners will be able to reach most of the population in need through different modalities.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
OSPAD	National NGO	20,000.00
SSC	National NGO	20,000.00
HINNA	National NGO	19,999.98
		59,999.98

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Hussein Abdi Isak	Chairman	wardiorg@yahoo.com	+262615501688

BACKGROUND**1. Humanitarian context analysis**

Drought conditions are worsening day after day, causing massive population displacement and death of livestock. OCHA Somalia estimates that Some 6.2 million people are in need of humanitarian assistance. Of these estimates some 1.1 million people are at risk of chronic to acute food insecurity as severe drought conditions are expanding across the country.

The drought situation across the country following poor and below average rainfall of the past two consecutive Gu and Deyr seasons in 2016 has negatively impacted people's livelihoods in our targeted locations (Hiran, Lower Shabelle and Banadir regions of south central Somalia). It is important to note that large portion of the displaced populations in those regions is entirely dependent on livestock and agriculture.

Devastation that rose from the lack of rainfall is prolonging harsh conditions. Recently, those regions have become among the lowest performer in terms of vital social services concentration in the entire country with alarmingly poor health and nutrition indicators compared to the rest of the country, which can be attributed to access restrictions to humanitarian aid and sporadic clan conflicts.

Furthermore, FSNAU noted, food insecurity aggravates protection concerns as it regularly results in increasing sexual and gender-based violence (FSNAU presentation of the findings of the report released on Aug 31, 2015). GBV incidences increase in emergencies situations due to the collapse of the social order and breakdown of community and traditional protection mechanisms. Food insecurity also puts women and children at increased risk of GBV through harmful coping mechanisms and increased exposure to sexual violence and abuse. It also leads to conflict over scarce resources and generate violence, including GBV.

Through this project , WARDI will also subcontract with three local partners operating at regional and district levels in the areas at risk. The partners have the capacity to implement multiple activities in both SRH and GBV in the same district/ region. With adequate resources, same partners will be able to reach most of the population in need through different modalities.the three partners will run 3 family centers/safe houses in 3 districts (Afgoi ,Dharkinley and Hodan)

2. Needs assessment

Drought conditions are worsening, causing massive population displacement and death of livestock. The Deyr rainy season, which was expected to begin in October and continue to December saw significant reduction and lead to crop failure and yet the gu' raining season still not started and where it started is below average. OCHA Somalia estimates Some 6.2 million people are in need of humanitarian assistance. Of these estimates some 1.1 million people are at risk of chronic to acute food insecurity as severe drought conditions are expanding across the country.

The drought situation across the country following poor and below average rainfall of the past two consecutive Gu and Deyr seasons in 2016 has negatively impacted people's livelihoods in Somalia. It is important to note that very large portions of the drought-affected populations are entirely dependent on livestock and agriculture.

Devastation that rises from the lack of rainfall is prolonging harsh conditions. Lower performance in terms of vital social services concentration in the entire country with alarmingly poor health and nutrition indicators attributed to access restrictions to humanitarian aid and sporadic clan conflicts.

Furthermore, FSNAU noted, food insecurity aggravates protection concerns as it regularly results in increasing sexual and gender-based violence (FSNAU presentation of the findings of the report released on Aug 31, 2015). GBV incidences increase in emergencies situations due to the collapse of the social order and breakdown of community and traditional protection mechanisms. Food insecurity also puts women and children at increased risk of GBV through harmful coping mechanisms and increased exposure to sexual violence and abuse. It also leads to conflict over scarce resources and generate violence, including GBV.

Gender-based violence (GBV) remains rampant and pervasive in Somalia, affecting mostly women and girls, and is particularly high in IDP settlements. According to GBV IMS report about 1599 GBV incidents from January to February 2017. Out of the 1599 Incidents, 72 percent accounted for intimate partner violence, Sexual assault accounted for 12 percent and rape 13 percent, psychological emotional abuse at 9 percent, physical assault at 52 percent, forced marriage at 4 percent and denial of resources and opportunities at 9 percent.

Gender inequality, power imbalances, a weak functioning justice system, non-State fulfillment to international human rights treaties, protracted conflict and displacement, all contribute to a protection environment that leaves women and girls especially vulnerable to gender-based violence. Despite uncertain statistics and data regarding the scope of the violence, Gender Based Violence remains widespread in Somalia, with even high prevalence in already fragile environment such as the Internal Displaced Persons and civilians affected by the conflict. Women and girls from IDPs areas and minority clans suffer due to tribe power-imbalance and lack of access to justice, due process, and clan protection. These violations are aggravated due to weak rule of law and nonfunctional government structures.

Women and girls who are the primary drawers of water embark on more than 30 minutes' walk journey to collect water, which exposes women and girls to risk of Gender Based Violence. The absence of protection mainstreaming has increased the vulnerability of the target population. Cases of Gender Based Violence occur mostly after sundown. With factors such as lack of electricity and absence of security forces in the Internal Displaced settlements will make a bad situation even worse. To respond these, WARDI will scale up its protection activities and continue to train Community Safety & Awareness mobilizers in approaches to proper survivor centered care, and raising awareness in communities about available confidential services and referral networks and advocacy.

Through this project ,

3. Description Of Beneficiaries

The project beneficiaries are:

1. Women, girls, men and boys among the Internal Displaced People receiving GBV awareness sessions and prevention
2. Women who have experienced GBV,
3. Women and girls who have experienced any form of violence from an intimate partner because of the current emergency
4. Women below 18 years old who were forced married because of the current emergency
5. Individuals reached by traditional or religious chiefs dialogues on GBV and Child Marriage prevention, including Preventing sexual Exploitation and Abuse
6. GBV Survivors receiving Health assistance for GBV stop centers.

4. Grant Request Justification

The proposed regions are the recommended regions for the SHF reserve allocation 2017. The proposed project intends to reduce the number of Gender Based Violence and will address the immediate felt needs of the target populations following the Somali Humanitarian Fund strategic reserve allocation 2017 prioritized to support Gender Based Violence survivors and awareness creation on Improvised Explosive Devices (IED).

WARDI organization has wide experience and expertise addressing Gender Based Violence prevention and response in the targeted areas through combat to gender based violence with three interrelated sets of activities: prevention, response (survivor assistance) and coordination. Despite collective efforts WARDI has identified a continued critical gap in access to quality health and emotional support services for Somalia particularly women and girls who are survivors of Gender Based Violence. Currently WARDI is implementing Gender Based Violence projects in different districts in different locations in partnership with OCHA, DRC and UNFPA, the organization has wide experience and expertise addressing Gender Based Violence prevention and response through combat to gender based violence with three interrelated sets of activities: prevention, response (survivor assistance) and coordination. A number of gaps still exist in providing "a survivor centered approach, Under this project WARDI aims to cover a number of priority gaps need to be covered in Gender Based Violence Working Group strategy 2014-2016 by end of the project.

5. Complementarity

WARDI is currently implementing the following activities in the three targeted regions the following drought intervention projects, which will be complementary to this proposed project:

1. Ongoing Gender Based Violence stop center with UNFPA
2. Ongoing WASH projects in collaboration with IOM and SHF funding
3. Ongoing Essential Package of Health Services (EPHS) project with UNICEF
4. Ongoing health projects with SHF funding, Caritas and Action medeor
3. Ongoing Cash for Voucher with SHF funding

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

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to contribute reduction of GBV incidences through integrated prevention and response among vulnerable women, men, boys and girls affected by drought in Hiran, Lower Shabelle and Banadir regions of south central Somalia.

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			40		
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			40		
To improve operational response capacity through capacity development. Strategy advocacy and humanitarian dialogues		Somalia HRP 2017			20		
<p>Contribution to Cluster/Sector Objectives : The project activities, objectives, output and outcomes are contributing to protection cluster objectives particularly:</p> <p>(1) cluster objective (1): Women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to timely and effective protection responses. The selected responses of this project include; Prevention and Response of GBV, CMR services, psychosocial support, provision of PEP kits, treatment of STI and</p> <p>(2) Cluster objective (2): To strengthen the capacity of women, men, girls, and boys to reduce exposure to protection risks. This project will improve their operational capacity through capacity development, strategic and humanitarian dialogue.</p>							
Outcome 1							
Improved utilization of integrated and comprehensive GBV services to drought affected women, girls, boys and men in Hiran ,Bandir and Lower shabelle regions of south central Somalia.							
Output 1.1							
Description							
Increased capacity to prevent gender based violence and harmful practices and enable the delivery of services, including in humanitarian setting.							
Assumptions & Risks							
The community and the local authorities willingness to participate and contribute the implementation of the project activities, and stable security.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Protection	Number of GBV stop centers supported					3
Means of Verification : GBV monthly report ,							
Indicator 1.1.2	Protection	Number of people reached by campaigns conducted to inform communities on available services					200
Means of Verification : Attendance sheet , reports							
Indicator 1.1.3	Protection	Number of staff trained on CMR					10
Means of Verification : Photos , training report							
Activities							
Activity 1.1.1							
Standard Activity : Health treatment and medical support for GBV							
Support 3 GBV on stop centers within the existing health facilities in Hiran, Banadir and Lower Shabelle (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors).							
Activity 1.1.2							
Standard Activity : GBV awareness campaign							
Adapt Minimum initial services package (MISP) IEC Universal templates to distribute information/ awareness on GBV available services (target 200 Information Education Communication IEC materials)							
Activity 1.1.3							
Standard Activity : Capacity building							
In collaboration with GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force, organize CMR training for 10 nurse/midwives in Hiran, Lower Shabelle and Banadir regions.							
Output 1.2							
Description							
Improved Referral pathway and national system to prevent and response to GBV in Humanitarian setting.							
Assumptions & Risks							
Willingness of the community and local authorities to participate and contribute to the project implementation, stable security							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	Number of community volunteers trained					10
Means of Verification : training reports, photos, attendance sheets							
Indicator 1.2.2	Protection	Number of people reached by campaigns conducted to inform communities on available services					240
Means of Verification : Awareness reports ,photos							
Indicator 1.2.3	Protection	Number of dignity kits distributed					500
Means of Verification : distribution list ,photos ,reports							
Indicator 1.2.4	Protection	Number of family centers/safe spaces supported					3
Means of Verification : photos , reports , beneficiaries list							
Activities							
Activity 1.2.1							
Standard Activity : Capacity building							
Organize and train 10 community volunteers, with equal share of men and women on identification of cases, case management and early referral. The trained volunteers will organized counseling sessions, GBV topics to the community to prevent and response to GBV.							
Activity 1.2.2							
Standard Activity : GBV awareness campaign							
Organize 3 community education training on GBV awareness and prevention (in Hiran, Lower Shabelle and Banadir regions) for community members, so that affected communities are aware of GBV risks. The participants of the trainees will include religious groups, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community training will lead to make easy the mobilization of the community. Each training will target 80 participants - (total participants are 240).							
Activity 1.2.3							
Standard Activity : Dignity Kits							
Conduct distribution of of dignity kits to 500 female headed household, who are at risk of GBV or GBV victims. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This distribution of dignity kits to the women/girl who are at risk of GBV and GBV survivors will contribute to psychosocial and emotional support to GVB survivors and gives heals and well being of survivors.							
Activity 1.2.4							
Standard Activity : GBV referral centres							
Support three existing family centers/safe house in three districts(Afgoye, one in Hodan and dharkinley) in Lower Shabelle and Banadir regions. OSPAD will implement family center in Hodan, HINNA will run family center in Dharkinley SCC will support family center/ safe house in Afgoi district							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
Participatory monitoring and evaluation will be employed with regards to frequency, keeping track/ assessing the effectiveness of the interventions with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Our project M&E Officer together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The field's reports will be sent to the Program Manager who will then assemble the project team to analyze and match actual reporting with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan. Disparities will be explained and appropriate remedial action taken in consultation with the program manager. In this project, WARDI will use four tier level monitoring approaches (i) reporting against agree work plan (ii) staff field visit, meetings, supervision and technical support, (iii) Baseline assessment and post project assessment will be conducted to measure the impact of the intervention (iv) Community Feedback and Response Mechanism (CFRM) to check on satisfaction, curb aid diversion and re-evaluation and possible re-adjustments of the intervention. The PM develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities WARDI regularly update the 4W matrix and inform the protection cluster and OCHA on the progress. An evaluation will be conducted every month during the project duration to measure effects and/or impact made by the project and learned lessons accordingly. Finally, the IDP committees will sign off on progress and completion of the project, witnessed (co-signed) by IDP Chairman. In addition to internal monitoring, WARDI will hire an independent monitoring person/firm to monitor and evaluate the project activities and its impact. Confidentiality of the survivors will be observed, but for transparency and accountability the telephone contacts of the community volunteers, survivors who received dignity kits will be collected and shared with UNOCHA and protection cluster. WARDI will organize joint monitoring missions with OCHA/protection cluster partners after the project is completed. WARDI will organized monitoring visit to three family centers/safe houses who runs by OSPAD,HINNA and SCC and supported by SHF allocation.the centers will submit monthly reports to GBV IMS who compiles the date and produces compiled reports							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Support 3 GBV on stop centers within the existing health facilities in Hiran, Banadir and Lower Shabelle (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors).	2017					X	X	X	X	X	X		
Activity 1.1.2: Adapt Minimum initial services package (MISP) IEC Universal templates to distribute information/ awareness on GBV available services (target 200 Information Education Communication IEC materials)	2017					X	X	X					
Activity 1.1.3: In collaboration with GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force, organize CMR training for 10 nurse/midwives in Hiran, Lower Shabelle and Banadir regions.	2017						X						
Activity 1.2.1: Organize and train 10 community volunteers, with equal share of men and women on identification of cases, case management and early referral. The trained volunteers will organized counseling sessions, GBV topics to the community to prevent and response to GBV.	2017					X	X	X	X	X			
Activity 1.2.2: Organize 3 community education training on GBV awareness and prevention (in Hiran, Lower Shabelle and Banadir regions) for community members, so that affected communities are aware of GBV risks. The participants of the trainees will include religious groups, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community training will lead to make easy the mobilization of the community. Each training will target 80 participants - (total participants are 240).	2017					X	X	X					
Activity 1.2.3: Conduct distribution of of dignity kits to 500 female headed household, who are at risk of GBV or GBV victims. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This distribution of dignity kits to the women/girl who are at risk of GBV and GBV survivors will contribute to psychosocial and emotional support to GVB survivors and gives heals and well being of survivors.	2017					X	X	X	X	X	X		
Activity 1.2.4: Support three existing family centers/safe house in three districts(Afgoye, one in Hodan and dharkinley) in Lower Shabelle and Banadir regions. OSPAD will implement family center in Hodan, HINNA will run family center in Dharkinley SCC will support family center/ safe house in Afgoi district	2017					X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

Project Coordinator will develop detailed project operational plan of the project and how each activity will be implemented, WARDI proposes to scale up Gender Based Violence stop centers in Hiran, Bandir and Lower Shabable to provide medical services to Gender Based Violence survivors, WARDI has agreement with UNFPA to provide Post Exposure of Prophylaxis (PPP) kits and supplies to ensure steady supply. Qualified nurses will be engaged to diagnose and treat the Sexual Transmitted Infection (STI) and post rape psycho-social services. GBV Information Management (GBV MI) will ensure timely reporting to GBV focal point in the zone. Transport (project vehicle) will be standby to ensure time refer of the survivors to the three stop centers. The target communities will be involved from the project design, plan, implementation through series of meetings and other informal forums. Quarterly meetings will be held with the community members and other stakeholders to update them the project activities and get their valuable input on how best to achieve the desired goals. WARDI is planning to use an integrated community based protection approach to address both GBV cases focusing in IDP camps in our targeted three locations, where WARDI already is actively engaged in GBV activities in partnership with UNFPA and communities to enhance the protection environment for survivor of GBV and child right violations or abuses. Therefore, WARDI will work towards strengthening the capacity, skills and coordination of Community Based networks and build community resilience to prevent and respond to the myriad of challenges facing the women, girls, men and boys The staffs that will involve this project include: Project Coordinator, GBV Information Management officer (GBV IM), Clinical Management of Rape (CMR) officer,, nurses and caseworkers. The GBV stop centers will provide GBV awareness , medical support , psychosocial support to GBV survivors. Through this project , WARDI will also subcontract with three local partners operating at regional and district levels in the areas at risk. The partners have the capacity to implement multiple activities in both SRH and GBV in the same district/ region. With adequate resources, same partners will be able to reach most of the population in need through different modalities.the three partners will run 3 family centers/safe houses in 3 districts (Afgoi ,Dharkinley and Hodan)

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Action Medeor	Food security and Helath project with WARDI
IOM	Wash and health project with WARDI
DRC	Protection, WASH, shelter, food security and WASH projects in Hiran, Lower Shabelle and Banadir
Protection cluster	WARDI will participate the protection cluster at field and Nairobi level. The cluster will coordinate the protection activities in the country in order to avoid duplication of activities and locations and to high light the gaps.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

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

Protection Mainstreaming

Protection mainstreaming will be considered in all levels of project cycle and project activities. WARDI will ensure protection mechanism to put in place. WARDI will use "Do no harm" method that everybody will be consulted and project beneficiaries (women, men, boys, girls, people with disabilities and minorities) will be served equally to avoid conflict of interest.

Country Specific Information

Safety and Security

WARDI has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups. It is anticipated that the security will remain calm and allow smooth implementation of activities within the project time frame. WARDI will identify conflict risks in area in which the project is implemented and immediately avert this risk. The organization will engage closely with local leaders, government officials and the community to sort out any possible threat and the committee will be trained on Disaster risk reduction and conflict resolution mechanism measures.

Access

The project locations can be easily accessed by the locals and international organizations and thus, no incidents have been reported. WARDI has been operating in its current project locations through out its establishment. WARDI has a strong relationship in the community and in the areas it serves, which enables it to implement number of projects such as, Protection, WASH, Nutrition, Health Education and food security. WARDI enjoys full access to all corners of the targeted locations including the government, civil societies, as well as the beneficiaries and the people including those in the IDPs/Returnees. WARDI has offices in Mogadishu, Hiran and Lower shabelle regions, which allows easily accessing to the targeted locations.

BUDGET								
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost	
1. Supplies (materials and goods)								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
2. Transport and Storage								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
3. International Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
4. Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
5. Training of Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
6. Contracts (with implementing partners)								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
7. Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
8. Indirect Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
11. A:1 Staff and Other Personnel Costs: International Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	

12. A:1 Staff and Other Personnel Costs: Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
20. Staff and Other Personnel Costs								
1.1	Clinical Mmanagement of Rape (CMR) officer	D	1	1,500.00	3	100.00	4,500.00	
	<i>the officer will be responsible for planning health-care services for GBV survivors and training health-care providers. The CMR officer will work on this project 100% of his/her working times. SHF will pay 100% of the salary, which is 1500 USD/month</i>							
1.2	Nurses-2 per facility	D	6	450.00	6	100.00	16,200.00	

	Nurses responsibilities are: To understand the symptoms of GBV; provide the patient with information on GBV and its consequences on women's health; ask questions about GBV in case of clinical symptoms that indicate possible experience of GBV; create a friendly and confidential environment, listen to the patient and give her validating messages; collect the patient's medical history and undertake a medical examination; provide appropriate medical and psychological care; document the health consequences of GBV; provide the patient with information and referral to other service providers, as needed (such as specialized medical); assist the patient in safety planning; and ensure follow-up care. 6 nurses /midwives for two GBV stop centers to provide medical services to GBV survivors, monthly salary of one nurse/midwife is USD450/month. SHF will pay 100% of the salaries.						
1.3	Case workers-2 per facility	D	6	400.00	6	100.00	14,400.00
	<i>The Gender Based Violence Case Worker (GBV CW) is a key position in the GBV project, ensuring the provision of comprehensive and appropriate case management support services available to vulnerable women and girls, including survivors of gender based violence (GBV), in target IDP settlements. 6 case workers for monthly salary of USD400/month/person. The case workers will be selected and recruited in cooperation with the GBV officer. SHF will pay 100% of the case workers salaries.</i>						
1.4	Finance officer	D	1	1,000.00	3	100.00	3,000.00
	<i>Finance officer be responsible for the preparation of financial documents, make payments, recording of daily transactions and maintaining of Cash Books and Bank statements, prepare all the financial reports of the project and will keep in record. The finance officer will be responsible for handling all finance related works of this project as well as other projects of this allocation. The salary of finance officer is US\$100. SHF will pay 100% of his salary from this project.</i>						
1.5	Gender Based Violence GBV Information management officer	D	1	1,200.00	3	100.00	3,600.00
	<i>his/her role include GBV data collection and monthly , quarterly GBV report data with an emphasis on identifying trends and patterns, building capacity of case workers on data and co-coordinating the GBV sub cluster in Hiran region</i>						
1.6	Gender Based Violence GBV coordinator	D	1	2,500.00	3	70.00	5,250.00
	<i>The coordinator will responsible for over all project implementation, coordination and reporting of programming of the project. The project officer will work on this project 70% of his/her working time. The salary of the GBV coordinator is 2500 USD/month, SHF will pay 70% of his/her salary, while WARDI will cover the remaining 30% from the other ongoing projects.</i>						
	Section Total						46,950.00
21. Supplies, Commodities, Materials							
2.1	Purchase of Dignity kits	D	500	65.10	1	100.00	32,550.00
	<i>Distribution of dignity kits to 500 women in drought affected areas in Hiran, Banadir and Lower Shabelle. One dignity kit composes (3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap). The total cost of the dignity kit is USD32,550. SHF will pay 100% of the cost. (BOQ)</i>						
2.2	Clinical management of rape CMR Training of 10 nurses/midwives	D	1	3,585.00	1	100.00	3,585.00
	<i>WARDI will conduct 5 days training to 10 participants (nurses/midwives) working in two Gender based violence GBV stop centers on psychosocial support with collaboration of Gender Based Violence GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force. The training will include: (1) disseminating knowledge about psychological reactions in the aftermath of traumatic experiences to the staffs and volunteers; (2) teaching on how to deal with acute trauma survivors in an age-appropriate and gender-sensitive emphatic way; and (3) stress-management, in order to support them in coping with the psychological stress associated with working in the field of gender-based violence. The total training cost is USD3585. SHF will pay 100% of the expenses.(attached BOQ)</i>						
2.3	Train community volunteers/case workers on psycho social (10 participants)	D	1	3,545.00	1	100.00	3,545.00
	<i>Training 10 case workers on psycho social support.Support psychosocial support training to community volunteers in drought affected areas so that they can provide basic emotional support, referrals, and safety planning. These volunteers can complement the individual psychosocial services by strengthening community-based structures' ability to open access to specialized services and to support survivors' recovery the total cost is USD3,545 inclusive facilitator fees, refreshment ,etc</i>						
2.4	Community training and awareness on Gender Based Violence GBV prevention (target 80 community members per training) for 3 workshops	D	3	6,890.00	1	100.00	20,670.00
	<i>Organize 3 community education training (one each in Hiran, Lower Shabelle and Banadir regions) for 80 community members on GBV prevention and awareness raising. So that the affected communities are aware of GBV risk and prevention methods. Each training will be targeted 80 participants from the different stakeholders of the community. The total cost of the training is USD20,670. SHF will contribute 100% of the cost.</i>						
2.5	Solar torches /lamp	D	500	35.00	1	70.00	12,250.00
	<i>Solar torches /lamp will be distributed to 500 women in IDP camps as part of GBV risk mitigation and prevention methods.. The torches are used in the nighttime for lighting. The total cost of solar torches is US\$17500. SHF will pay 70% of the cost.</i>						
	Section Total						72,600.00
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
23. Contractual Services								
4.1	Sub contract to implementing partners(OSPAD) to support family center in Hodan	D	1	20,000.00	1	100.00		20,000.00
	<i>Support Family centers in Hodan, the center will provide psychosocial/ legal, medical support and community education/mobilization . the support include materials ,supplies ,training and staff incentives. attached BOQ</i>							
4.2	Sub contract to implementing partners (Somali community Concern SSC) in Afgoi	D	1	20,000.00	1	100.00		20,000.00
	<i>Somali Community Concern (SCC)has safe shelter in Afgoye, provding safe homes for GBV survivors. the support we are providing includes materials support ,supplies training and staff incentives .attached BOQ</i>							
4.3	Sub contract to implementing partners (HINNA)	D	1	19,999.98	1	100.00		19,999.98
	<i>Support family center to provide services to the Gender Based Violence GBV/SGBV survivors: psychosocial/ legal, medical support and community education/mobilization at Dharkenley family centre. attached BOQ the support include supplies , training , material and staff incentive</i>							
	Section Total							59,999.98
24. Travel								
5.1	Referral transport for Gender Based Violence GBV cases	D	1	1,800.00	3	100.00		5,400.00
	<i>Vehicles will be used to provide transport for referral cases from community to centers and hospital for treatment. the cost of the car is 1800 USD inclusive driver, fuel. The cars will also be used to transport the project staffs from/to their homes to their duty stations.</i>							
	Section Total							5,400.00
25. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0		0.00
	NA							
	Section Total							0.00
26. General Operating and Other Direct Costs								
7.1	Office rent	D	1	2,000.00	3	25.00		1,500.00
	<i>The rent of Beletweyne and Wanla Weyn offices are USD2000 (USD1500 for Beletweyne office and USD500 for Wanlaweyn office) and only 25% of the cost will be charged to this project. The other operational cost (the two offices rent, utilities, communication and stationery) will be charged to the ongoing projects in the three locations. In this allocation no fund for the other operational cost of the offices is been charged.</i>							
	Section Total							1,500.00
SubTotal				1,026.00				186,449.98
Direct								186,449.98
Support								
PSC Cost								
PSC Cost Percent								7.00
PSC Amount								13,051.50
Total Cost								199,501.48

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	15	26	357	51	77	511	<p>Activity 1.2.4 : Support three existing family centers/safe house in three districts(Afgoye, one in Hodan and dharkinley) in Lower Shabelle and Banadir regions.</p> <p>OSPAD will implement family center in Hodan, HINNA will run family center in Dharkinley SCC will support family center/ safe house in Afgoi district</p>
Banadir -> Mogadishu-Hodan -> Mogadishu/Hodan	35	50	712	102	152	1,016	<p>Activity 1.1.1 : Support 3 GBV on stop centers within the existing health facilities in Hiran, Banadir and Lower Shabelle (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors).</p> <p>Activity 1.1.2 : Adapt Minimum initial services package (MISP) IEC Universal templates to distribute information/ awareness on GBV available services (target 200 Information Education Communication IEC materials)</p> <p>Activity 1.1.3 : In collaboration with GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force, organize CMR training for 10 nurse/midwives in Hiran, Lower Shabelle and Banadir regions.</p> <p>Activity 1.2.1 : Organize and train 10 community volunteers, with equal share of men and women on identification of cases, case management and early referral. The trained volunteers will organized counseling sessions, GBV topics to the community to prevent and response to GBV.</p> <p>Activity 1.2.2 : Organize 3 community education training on GBV awareness and prevention (in Hiran, Lower Shabelle and Banadir regions) for community members, so that affected communities are aware of GBV risks. The participants of the trainees will include religious groups, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community training will lead to make easy the mobilization of the community. Each training will target 80 participants - (total participants are 240).</p> <p>Activity 1.2.3 : Conduct distribution of of dignity kits to 500 female headed household, who are at risk of GBV or GBV victims. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This distribution of dignity kits to the women/girl who are at risk of GBV and GBV survivors will contribute to psychosocial and emotional support to GVB survivors and gives heals and well being of survivors.</p> <p>Activity 1.2.4 : Support three existing family centers/safe house in three districts(Afgoye, one in Hodan and dharkinley) in Lower Shabelle and Banadir regions.</p> <p>OSPAD will implement family center in Hodan, HINNA will run family center in Dharkinley SCC will support family center/ safe house in Afgoi district</p>

Hiraan -> Belet Weyne -> Belet Weyne	30	46	641	92	137	916	<p>Activity 1.1.1 : Support 3 GBV on stop centers within the existing health facilities in Hiran, Banadir and Lower Shabelle (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors).</p> <p>Activity 1.1.2 : Adapt Minimum initial services package (MISP) IEC Universal templates to distribute information/ awareness on GBV available services (target 200 Information Education Communication IEC materials)</p> <p>Activity 1.1.3 : In collaboration with GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force, organize CMR training for 10 nurse/midwives in Hiran, Lower Shabelle and Banadir regions.</p> <p>Activity 1.2.1 : Organize and train 10 community volunteers, with equal share of men and women on identification of cases, case management and early referral. The trained volunteers will organized counseling sessions, GBV topics to the community to prevent and response to GBV.</p> <p>Activity 1.2.2 : Organize 3 community education training on GBV awareness and prevention (in Hiran, Lower Shabelle and Banadir regions) for community members, so that affected communities are aware of GBV risks. The participants of the trainees will include religious groups, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community training will lead to make easy the mobilization of the community. Each training will target 80 participants - (total participants are 240).</p> <p>Activity 1.2.3 : Conduct distribution of of dignity kits to 500 female headed household, who are at risk of GBV or GBV victims. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This distribution of dignity kits to the women/girl who are at risk of GBV and GBV survivors will contribute to psychosocial and emotional support to GVB survivors and gives heals and well being of survivors.</p>
Lower Shabelle -> Afgoye -> Afgoye	10	15	214	31	46	306	<p>Activity 1.2.4 : Support three existing family centers/safe house in three districts(Afgoye, one in Hodan and dharkinley) in Lower Shabelle and Banadir regions.</p> <p>OSPAD will implement family center in Hodan, HINNA will run family center in Dharkinley SCC will support family center/ safe house in Afgoi district</p>

Lower Shabelle -> Wanla Weyn -> Wanla Weyn	10	15	213	30	46	304	<p>Activity 1.1.1 : Support 3 GBV on stop centers within the existing health facilities in Hiran, Banadir and Lower Shabelle (the support includes Staffing, psychological support and referral to the existing legal entities for the GBV survivors).</p> <p>Activity 1.1.2 : Adapt Minimum initial services package (MISP) IEC Universal templates to distribute information/ awareness on GBV available services (target 200 Information Education Communication IEC materials)</p> <p>Activity 1.1.3 : In collaboration with GBV Sub Cluster, Ministry of Health (MOH) and Clinical Management of Rape (CMR) task force, organize CMR training for 10 nurse/midwives in Hiran, Lower Shabelle and Banadir regions.</p> <p>Activity 1.2.1 : Organize and train 10 community volunteers, with equal share of men and women on identification of cases, case management and early referral. The trained volunteers will organized counseling sessions, GBV topics to the community to prevent and response to GBV.</p> <p>Activity 1.2.2 : Organize 3 community education training on GBV awareness and prevention (in Hiran, Lower Shabelle and Banadir regions) for community members, so that affected communities are aware of GBV risks. The participants of the trainees will include religious groups, community leaders, youth groups, women groups and local authority to break barriers and norms that are silent and support GBV. GBV information Material developed with the community participation. The community training will lead to make easy the mobilization of the community. Each training will target 80 participants - (total participants are 240).</p> <p>Activity 1.2.3 : Conduct distribution of of dignity kits to 500 female headed household, who are at risk of GBV or GBV victims. One dignity kit composes: 3 pieces of shawls, 3 pieces of dress, 3 pieces of petticoat, 3 pieces of head scarf, 3 pieces sanitary towels, 3 pieces of underwear, 3 pieces of soaps, 3 packets of powder soap. This distribution of dignity kits to the women/girl who are at risk of GBV and GBV survivors will contribute to psychosocial and emotional support to GVB survivors and gives heals and well being of survivors.</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	discussion with GBV WG.docx
Budget Documents	SHF BUDGET BREAKDOWN.xlsx
Budget Documents	.SHF project budget ospad.xlsx
Budget Documents	Solar Lamp.xlsx
Budget Documents	SHF Protection Budget Breakdown 26april17.xlsx
Budget Documents	HINNA WP.xls
Budget Documents	BOQ BL 4.2.xlsx
Budget Documents	Template memo for NFI vouchers_ internal controls Signed.pdf
Grant Agreement	HC signed WARDI GA 4572.pdf
Grant Agreement	Signed page 10.pdf
Grant Agreement	Signed page 23.pdf
Grant Agreement	Signed and stamped pages 10 and 23.pdf
Grant Agreement	Duly signed WARDI GA 4572.pdf