

Requesting Organization :	Hidig Relief And Development Organization				
Allocation Type :	Standard Allocation 1 (Feb -Mar 2018)				
Primary Cluster	Sub Cluster	Percentage			
Protection		100.00			
		100			
Project Title :	Integrated approach to preventing and responding to child rights violations and gender based violence (GBV) for the displaced persons and most vulnerable host communities in Baladweyn district				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-18/3485/SA1/Prot/NGO/8477		
Cluster :		Project Budget in US\$:	300,000.00		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/05/2018	Planned End Date :	30/04/2019		
Actual Start Date:	01/05/2018	Actual End Date:	30/04/2019		
Project Summary :	<p>The proposed integrated child protection and gender based violence interventions will address the most urgent and critical protection issues in Beletweyn focusing primarily on the internally displaced population. HIDIG will ensure to intervene on timely, effective and holistic manner to the protection needs of mainly children and women of the displaced communities in Beletweyn. The project will address both child right violations and gender based violation through existing inter-agency referral mechanism. HIDIG runs community health services in 2 different locations in Beletweyn; This project will be integrated in the existing health projects so that we strengthen both protection and health service provision. Mobile CPIE and SGBV activities will be undertaken in response to any new displacement and needs including when there is new displacement or influx. HIDIG has strong and solid outreach protection and health programming and this project will fit into that modality of programming. The project will significantly strengthen and significantly scale –up the on-going case management response services in targeted communities. Specifically, the project will response to by identifying and responding the needs of the SGBV survivor; separated and unaccompanied children (UASC),The project will invest in building the capacity of the both protection and health sectors staff on provision of psychological first aid to the highly psychological distress community members as part of the first line emergency response; UASC will be provided interim community based care arrangement /foster care. The project aims to provide immediate life-saving assistance to vulnerable populations. Beneficiaries will receive comprehensive case management and psycho-social support (PSS), including emergency care, referral to HIDIG medical teams trained in clinical management of rape (CMR), access tailored material assistance, basic emotional support, and follow up on the services. Capacity building of duty bares including formal and informal authorities to strengthen and improve identification. Mainstreaming child protection to other service providers to ensure compassionate, confidential, and competent action for children in emergencies. HIDIG will closely working with all coordination structures such as protection cluster AORs and working groups in Beletweyn district.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	520	1,240	1,000	1,400	4,160
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 18	0	0	1,000	1,400	2,400
Internally Displaced People	0	1,200	0	0	1,200
Other	500	0	0	0	500
Staff (own or partner staff, authorities)	20	40	0	0	60
Indirect Beneficiaries :					
The CP and GBV teams will reach approximately 8,000 individuals in the community outreach services (women: 1000, Men, 3000,Women, 1500 Boys and Girls 2500) areas targeted for community mobilization includes health facilities, Nutrition centers, Education facilities and water points area					
Catchment Population:					
18,000 individuals internally displaced and host communities affected by drought in the town of Beletweyn					

Link with allocation strategy :

The focus of this intervention is in line with the 2018 HRP strategic objectives as well as 1st standard allocation strategy objectives i.e. to address humanitarian needs by strengthening existing community mechanisms and where none exists establishing new community representation and empowerment structures to be involved in peaceful coexistence activities using dialogue to mitigation of potential conflict or to reduce of tensions between host- and IDP communities using an approach that takes into account the aim of achieving sustainability of the dialogue beyond the project duration through mobilization and awareness on risks facing children and how to improve the protective environment for the most vulnerable children and women with help of community volunteers focal points or child protection advocates. Incorporating basic life-skills training in activities (i.e. hand-washing, nutrition, mine risk education, gender, etc.) while responding to issues affecting unaccompanied and separated children, referral to family tracing through clan networks (clan tracing) or even interim care through community based mechanism like “kafalah system” which is kinship care for children without traditional care-givers. It will also address the protection and restoration of livelihood ,promote basic services as envisage with SO4 2018 as well as reinforcing gender sensitive protection of the displaced and other vulnerable group in Beletweyn district

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Daud Moalim Abdinuur	Executive director	damac09@hotmail.com	+252615532161

BACKGROUND**1. Humanitarian context analysis**

Somalia continues to face a consecutive below average seasons with climate forecast indicating a 40% chance of below normal 2018 rains. This situation will affect the pastures, water availability. Crop cultivation, livestock reproduction, low access to agricultural employment, water and food. Conflict and drought driven displacement mainly rural to urban centers with about 2.1 M IDPs in Somalia. High levels of displacement, with increased pressure on already limited basic services and urban livelihood opportunities, overcrowded locations with poor unhygienic living conditions and limited security services. This exposes the IDPs to acts of violence, coercion, exploitation, with IDPs recording high numbers of GBV survivors, distress among children due to both voluntary and involuntary family separations. However, severe drought that has hit many parts of Somalia as a result of two consecutive seasons of poor rainfall in 2017 continues to be the main driver of humanitarian needs. According to UNHCR’s Protection and Return Monitoring Network, between November 2016 and May 2017, a total of 739,000 people have been displaced by the drought, the majority of drought-related displacement takes place from rural to urban areas and according to PRMN, more than 236,000 people arrived from (Jan-Aug 2017) in search of water and food, having traveled by foot, in donkey carts and trucks. Most of the newly displaced families (80% of them) come from villages in the Bay region, and have joined existing settlements for internally displaced in Beletweyn. Family separation remains a cause of concern as families move in search of livelihood. The ongoing conflict between the AMISOM-backed government forces and Al Shabaab further aggravates the deterioration of the protective environment for both host communities and IDPs, and is a trigger for population movement. The first half of 2017 has seen a trend of forced recruitment of children driven by forced displacement of population. Women travel long distance in search of water and fire woods which makes them at high risk of gender based violence. Therefore, displacement and family breakdown means children are at high risk of separation which puts them at risk of trafficking, Child labor, sexual exploitation and recruitment in armed groups. There is a crucial need to scale up, Strengthen and sustain the provision comprehensive case management, psycho social support, interim care and tracing services for these children, supported by the strong community mechanisms, community representation and empowerment structures in order to enhance community based structures.

2. Needs assessment

In Beletweyn; According to the CCCM Data available; there available protection services in key IDP sites is below 10%; Majority of the IDP camps in Beletweyn lack protection services; Beletweyn has recently received newly displaced IDPs and there is no referral system in places as well. The prevalence of the sexual and gender based violence in Beletweyn (45%) are very high and are considered areas received GBV survivors from the AS held areas. HIDIG protection teams identified multiple barriers in the identification of the GBV cases; there are the main barriers: 1) Limited awareness of the consequences of Gender Based Violence and Child Protection and available services; 2) Fear of retaliation by perpetrators; 3) Blaming of survivors and lack of confidentiality in the community and service providers. Furthermore, there are low levels of knowledge among humanitarian workers to respond and mitigate GBV in-line with the Inter Agency Standing Committee guidelines on GBV. Gaps to address are: 1) strengthen community engagement and awareness of GBV and services available, and promote community-based mechanisms for; 2) improve the quality of response services, particularly medical care, Psycho social support, case management and safe spaces; 3) Engage with formal and informal security and justice actors on human rights and protection of survivors and support in referring cases; 4) strengthen knowledge and practice of humanitarian actors on CP and GBV. Displacement and family breakdown means children are at high risk of separation which puts them at risk of trafficking, Child labor, sexual exploitation and recruitment in armed groups. Unaccompanied and separated children (UASC) girls are often hidden as they are absorbed into community structures and words as a servant mask their vulnerability as they are perceived as consenting work-force. Therefore, there is a crucial need to increase and sustain the provision comprehensive case management, psycho-social support, interim care and tracing services for these children. However, GBV remains rampant in Beletweyn Hiraan region, with the existing wide GBV intervention gap in basic service provision for survivors, including post-rape care, psychosocial support, and comprehensive survivor-centered care, including case management. Psychosocial support services are important to survivors; however, the capacity and coverage of these services in Beletweyn are low and nearly non-existent and especially in the IDP camps and surrounding rural areas. There are huge GBV and CP service provision gaps in most of the IDP camps in Beletweyn.

3. Description Of Beneficiaries

The proposed project will directly benefit 4160 beneficiaries out of which 1200 are host community living near the IDP settlements in Beletweyn. The target beneficiary estimates and locations have been identified through the analysis of the recent mapping survey carried out by the protection Cluster and will be complemented by HIDIG pre-project implementation baseline survey and community consultations. The main target group however, will be Unaccompanied children (UAC) targeted would be children (persons under age of 18) from IDP and host community whose traditional care providers' whereabouts are unknown, could be due to movement as result of service induced separation or in search of basic needs or resources to sustain their family but efforts resulted to communication breakdown and broken family links. UACs there for would have no known adults responsible for their upkeep. Separated children (SC) on the other hand would be children without traditional care-givers but in company of other adults known to them, whom might be vulnerable (i.e might be elderly, unwell, disabled or not directly related to them) hence exposing them to risk of abuse. The project is to target up to 540 boys and 620 girls who are either unaccompanied or separated within one-year period. The targeted IDPs and host are of up to 1200 beneficiaries within the year. Capacity building to HIDIG staff and working group member organizations staff (20 men and 30 women; empowering community structures by training 60 clan leaders and participants from the formal authorities, 60 informal foster care providers of the and community mobilization to 4,600 community members from Beletweyn villages and IDP camps.

4. Grant Request Justification

HIDIG NGO has strong and solid protection programming expertise specially in child protection in emergency and Gender based violence. HIDIG implemented multiple integrated protection programming for the IDP and poor host community settings. HIDIG is currently working on primary health services provision in Beletweyn for the IDP population. The proposed project is in line with strategic objective of 2nd SHF-standard allocation 2018, The project seeks to provide life-saving protection support to the target beneficiaries. The project is in line with the cluster response strategy of providing life-saving support. The following key reasons justify the proposed protection programming:

- a) HIDIG NGO has very solid CPIE and GBV in emergency programming and has been involved in the implementation of the protection programming pre and during drought period. The organization has strong presence in both location i.e Beletweyn and will thereby help in expanding and scaling up of the Protection programming response.
- b) HIDIG is proposing capacity injection for the its multiple sectoral staff specially on the provision of the first line emergency response especially Psychosocial support and psychological first aid (PFA)
- c) Established referral mechanism will help in expediting GBV and CP case management service provision.
- d) HIDIG plans to create synergy and linkage with its existing health programming and thereby addressing both GBV and CP issues holistically with health services. Health services play critical roles in the provision of protection services specially GBV and Child Protection case management.
- e) HIDIG NGO will target the neediest; at risk and highly vulnerable groups of the communities; We will ensure to aim in reaching out the most deprived community members who are often excluded from the aid provision. HIDIG management are mindful of the social and political barriers in the provision of the humanitarian in the context of Somalia and will tactful manage the situation using community based consultation and negotiation mechanism

5. Complementarity

HIDIG organization have holds a long standing history on actively implementing emergency program in south Central zone of Somalia and is currently active implementing partner of UNICEF, SHF, FAO and WFP in Beletweyn, Baidoa, Ceelbarde and Xudur district in Hiran, Bay and Bakol region, through the currently SHF funded IERT project in Baidoa and the 3 MCH in Baladweyne HIDIG intends to complements these health, WASH and Nutrition activities with protection to enable works in complementary with the affected population in both target district of Baidoa and Baladweyne

LOGICAL FRAMEWORK

Overall project objective

To strengthen and improve the protective environment for the most vulnerable IDPs, returnees and host community (women, men, boys and girls) by improving child protection and GBV response, mitigation and mainstreaming in Baladweyne district Hiran region through support practical mainstreaming in critical areas affected by displacement.

Protection

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Enable and strengthen protection of affected populations through protection monitoring, analysis, reporting, coordination and advocacy	2018-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

Contribution to Cluster/Sector Objectives : Direct response to the need of unaccompanied and separated children by reuniting them with their traditional care providers will strengthen and improve the children's protective environment for the most vulnerable IDPs, returnees and host community by improving child protection in emergency response (CPIE) and establishing mechanisms for prevention and response of GBV, risk mitigation and protection mainstreaming in Baladweyne district, Hiran region to contribute to the Protection Cluster response plan overall cluster objective 1 and 2 link with the HRP 2018.

Outcome 1

Access to services and improved protective environment for the most vulnerable IDPs, returnees and host community (women, men, boys and girls) by restoring family contact or family reunification as well as safe alternatives to recruit of children and GBV response to identified survivors or mobilization of populations at risk in Baladweyne district

Output 1.1

Description

Case management, psycho social support, and interim care for UASC and vulnerable children provided and the capacity building of the CP staff, through technical support sessions and orientations material support based on the needs assessment

Assumptions & Risks

Risks can range from high interest from implementing organization for capacity development with limited resources to reach all interested parties and deterioration in site security

Indicators

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Protection	Percentage of identified UAM and separated girls and boys reunited with their families					80
Means of Verification :							
Indicator 1.1.2	Protection	Number of unaccompanied and separated children (UASC) boys and girls identified					540
Means of Verification :							
Indicator 1.1.3	Protection	Number of girls and boys participating in structured community-based psychosocial support activities					2,200
Means of Verification :							
Indicator 1.1.4	Protection	Number of vulnerable girls and boys provided with reintegration support					200
Means of Verification :							
Indicator 1.1.5	Protection	Number of members of community based child protection structures, duty bearers, staff, formal and informal authorities trained on child protection approaches as well as community members mobilization and awareness campaigns					60
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Family reunification							
Facilitate tracing of up to 80% of unaccompanied and separated boys and girls registered to be reunified with their families or regular/traditional carers or restore communication when reunification is not possible.							
Activity 1.1.2							
Standard Activity : Family reunification							
Identification of 540 beneficiaries (540 unaccompanied and separated children and referral to family tracing services) in line with established standards based on individual needs.							
Activity 1.1.3							
Standard Activity : Psycho-social Support							
Access to Child friendly spaces and psychosocial support to individual beneficiaries in line with the inter agency child protection principles for up to 1200 boys and girls 1000 from host communities and schools and 1200 from IDP settlements							
Activity 1.1.4							
Standard Activity : Child Soldier Rehabilitation							
Reintegration support for released children and other vulnerable children provided to a maximum of 200 beneficiaries, through immediate access to basic needs (i.e. basic food, and or cooking materials) , case management and psycho social support including referrals for livelihood opportunities.							
Activity 1.1.5							
Standard Activity : Capacity building							
Training members of existing Community-based Child Protection mechanisms (on prevention, mitigation, identification of individuals in need) in rights based approach (10 foster care providers and including 10 focal points / advocates) in one trainings each of 20 participants for 5 days. To complement the training of duty bearers and humanitarian 20 staff in comprehensive Case management (IDTR and GBV), orientation of 10 frontline staff and workshop with 10 formal and informal authorities (in one trainings each of 20 participants for 5 days) and to support awareness-raising and outreach (on Child Protection) risk factors and how to enhance a protective environment or system (one sessions per month to 20 participants per session). Total of 3 capacity building events, and monthly mobilization.							
Output 1.2							
Description							
Improved access for GBV survivors and tailoring interventions to promote equal access to services for women, girls, boys timely, competent, confidential and compassionate case management							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					800
Means of Verification :							
Indicator 1.2.2	Protection	Number of dignity kit distributed					200

Means of Verification :							
Indicator 1.2.3	Protection	Number of individuals reached by traditional or religious leaders with dialogues on all form/types of GBV, including FGM, awareness campaign and mobilization exercises					4,160

Means of Verification :

Activities

Activity 1.2.1
Standard Activity : Psychological support
 Provide survivor-centered multi-sectoral support (including referral to medical, legal, pss, and safety) in line with principles of case management and information management

Activity 1.2.2
Standard Activity : Dignity Kits
 Provision of assessment based, case by case material assistance (which include dignity kits; solar lanterns) depending needs while fostering resilience

Activity 1.2.3
Standard Activity : GBV referral centres
 Facilitating and supporting community-based GBV/gender mechanisms (to ensure prevention, mitigation, and access to available services) by using mainstreaming booklet to manage gate keepers and formal / informal authorities in sensitization including Awareness raising advocacy and public outreach campaigns on GBV prevention, response and local mitigation mechanisms

Outcome 2
 Strengthened capacity of communities, formal and informal authorities, and other sectors (50% men and 50% women) to prevent and respond to CP and GBV issues and contribute to strengthened adherence IASC CP and GBV minimum standards in emergency response through building the capacity including the knowledge of the community on rights based approach in child protection, risks and protective factors as well as GBV causes and consequences, services available, importance of timely reporting of cases, and both CP and GBV guiding principles and referral.

Output 2.1

Description
 Formal and informal authorities trained on protection principles, best interests of survivors and principled referrals of cases identified and coordinated service mapping to enhance access for the vulnerable communities

Assumptions & Risks

Indicators			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					4,160

Means of Verification :							
Indicator 2.1.2	Protection	Number of individuals reached by traditional or religious leaders with dialogues on all form/types of GBV, including FGM, awareness campaign and mobilization exercises					4,160

Means of Verification :

Activities

Activity 2.1.1
Standard Activity : Psycho-social Support
 Provide survivor-centered multi-sectoral support (including referral to medical, legal, pss, and safety) in line with principles of case management and information management

Activity 2.1.2
Standard Activity : GBV referral centres
 Facilitating and supporting community-based GBV/gender mechanisms (to ensure prevention, mitigation, and access to available services) by using mainstreaming booklet to manage gate keepers and formal / informal authorities in sensitization including Awareness raising advocacy and public outreach campaigns on GBV prevention, response and local mitigation mechanisms

Additional Targets :

M & R

Monitoring & Reporting plan

Activity 2.1.2: Facilitating and supporting community-based GBV/gender mechanisms (to ensure prevention, mitigation, and access to available services) by using mainstreaming booklet to manage gate keepers and formal / informal authorities in sensitization including Awareness raising advocacy and public outreach campaigns on GBV prevention, response and local mitigation mechanisms	2018																		
	2019						X												

OTHER INFO

Accountability to Affected Populations

HIDIG adheres to monitoring and evaluation standards and believes in the full participation of beneficiaries throughout the implementation of the project. HIDIG will promote the poor as informed participants in development since the organization considers top-down development approaches as disempowering and ineffective. The beneficiaries will be involved in targeting and HIDIG will use local knowledge to identify needy households and/or review selection, beneficiary liaison of both elected and un-elected members of the community, beneficiary representative, community communication forums, monitoring of program implementation to ensure transparency, and management and/or monitoring of supply and quality of services. HIDIG staff are trained to ensure that collective agency plays an important role in improving well-being and reduces information problems in determining priorities & targeting appropriate beneficiaries. The participation of beneficiaries also allows the project interventions to strengthen community based institutions that organize the poor & build their capabilities to act collectively in their own interest which in turn increases the sustainability of intervention through fostering ownership of program objectives and processes. In the Somali context the beneficiaries will be consulted at local level, through community, clan and religious leaders regarding project location sites and the quality of services to ensure that all the vulnerable people can actively participate in the project. Within the targeted IDP camps, IDPs will be engaged in the project activities through the IDP Management Camp Committee which comprise IDP members and some representatives of the local authority. Due to the complexity of Somalia, SPHERE standards may not be fully met, but HIDIG will make a concerted effort to increase beneficiaries' access to life-saving activities as well as international standards. Traditionally in Baladweyne and many areas in Somalia, women have not been allowed by religious and cultural norms to take a lead in community development activities; until recently when the local leadership structures began to promote women's participation in community based activities. Women do participate actively but are frequently side-lined when it comes to decision making processes despite playing a vital role in household and community dynamics. The project will seek to encourage the increased participation of women in project meetings so that they can provide input and feedback regarding the quality of services they will be receiving from the interventions. Encouraging increased participation by women and girls in the project structures does not in any way diminish the role to be played by their male counterparts.

Implementation Plan

Four Case workers (2 women and 2 men) will provide case management and basic emotional support and referral for UASC and GBV. HIDIG prevention & response officer will provide supervision, monitoring and CP PM will provide technical backstopping. M&E Database officer will manage the CPIMS/GBVIMS database and provide technical support to the field level and refresher training: Material support including dignity kits and transportation to health facilities will be tailored based on based on individual assessments by case workers, and approved by prevention and response officer and the PM: Technical support for CMR will be referred to health provided by case workers: Community Mobilization Coordinator will facilitate identification and training of community volunteer focal points (equal male and female, from each of the 4 sectors in the location) in each target location who will then support with community awareness activities: Community Mobilization Coordinator with the CP/GBV focal points in each target location will engage with formal and informal authorities for CP, GBV, human rights and referral based on assessment: CP PM and prevention and response officer will train the relevant stakeholders, mainstreaming trainer will conduct mainstreaming sessions for humanitarian workers. HIDIG participates in the national UN coordination and CP and GBV cluster meetings convened in Nairobi. HIDIG CP manager/ GBV response participates in cluster meetings at field level in Beletweyn Hiran region. These protection cluster coordination meetings provide an opportunity for HIDIG to coordinate effectively with other implementing NGOs providing protection services in order to avoid duplication of activities. The cluster meetings share information and protection needs prevailing on the ground and the partners also monitor protection trends of the IDPs and host communities

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Protection cluster, WARDI, Hirshabelle line ministry, Save the children, DRC and RI	For coordination and information sharing, For coordination and supportive supervision, For coordination and referrals to avoid overlap of activities For coordination in Baladweyne

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

1- The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The main aim of the action is to address Child protection needs in emergency and gender disparity and discrimination through targeted actions to support family reunification, prevention of recruitment, gender-responsive services and more equal relationships between men and women (based on human rights and community engagement to tackle harmful social norms). The activities proposed, Prevention of recruitment of children, family reunification including, interim care during tracing period, GBV prevention and response and support will be based on the specific needs both throughout all stages of the project. The focus of the project is boys, girls and women as the main beneficiaries (survivors of GBV and UASC girls are often "hidden"), but also men as allies for prevention and response to protection issues in the community. Technical support and capacity building components will aim for equal participation of men and women, where possible. Collection of sex and age disaggregated data is always ensured through using the IACPIIMS, and GBVIMS. Implementation of activities is based on mixed and gender-appropriate team to provide effective support to UASC and survivors of GBV.

Protection Mainstreaming

Women and girls will participate in the selection of sites. Community participation in project planning and implementation will be given importance in order to strengthen local leadership and mobilization skills. Within Somalia, men and women are not seen as equals. Gender roles based on sex are clearly defined, and Somalis are expected not to defy these social norms. Women are traditionally caretakers within the family structure and home. Because of a complex religious structure ruled by former extremists, women's voices and roles were marginalized. Somalia is mainly a patriarchal society, where men are traditionally the leaders and make decisions for both communities and families. It is with this in mind that HIDIG is encouraging women participation. This project will work to ensure that disability, age, and gender never constrain the ability of all people to access health and protection services, and that HIDIG minimum standards for protection mainstreaming are applied in all project activities. People living with disabilities will participate in project activities by contributing to decision-making such as project locations. During community outreach meetings, both men and women will discuss and contribute ideas on how to improve project operations. HIDIG will adopt a participatory monitoring and evaluation approach involving men and women, boys and girls and the elderly. Focus Group Discussions and key informant interviews will target vulnerable groups such as the disabled for feedback on project interventions. Evaluation will be used to gauge how effectively the project has addressed the rights and needs of different categories of vulnerable people in the project area. Using do no harm principles, HIDIG will seek to avoid physical or psychosocial risks that would be detrimental to project beneficiaries, and will serve all people irrespective of age, sex or clan. Complaint mechanisms will be established to monitor project implementation and ensure that the voices of beneficiaries are heard. HIDIG will extend beyond traditional platforms for feedback, such as suggestion boxes and mobile phone lines, ensuring that a mechanism for confidential personal feedback is available even to those who are illiterate. HIDIG is intentionally carrying out feedback mechanism through these ways to address the limited mobility of women, Within Beletweyn, Protection M&E Officer will be stationed to provide support and assistance to beneficiaries throughout the life of the project.

Country Specific Information

Safety and Security

HIDIG staff have access to the area and will be directly managing the facilities and providing services. However, security is unpredictable in Somalia and HIDIG will closely monitoring the situation and will closely work with other actors to monitor the situation. HIDIG has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. HIDIG will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, HIDIG will immediately notify the communities, protection Cluster and UNOCHA and any other concern actors in the area

Access

HIDIG has been in the area for the last six years and runs health, WASH, education, Cash transfer and nutrition projects in Bay and Hiran region. HIDIG expects to keep good relationships with all actors in the area and expects that this will allow HIDIG to work in the area without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all HIDIG interventions. HIDIG has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. HIDIG's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation

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	GBV and Child Protection Coordinator (100%)	D	1	1,800.00	12	100.00		21,600.00
	<i>The GBV/CP Coordinators will be responsible for the overall management of the project including budget and activity management; He will lead the project implementation in their respective locations. He/she will supervise staff during project implementation will contributes 100% of the salary.</i>							
1.2	M&E database officer	D	1	800.00	12	100.00		9,600.00
	<i>ME Databases officer will responsible for the CP and GBV data management including CPMIS and GBVMIS data. He or she will undertake all the data entry and will closely work with rest of the project team. 100% contribution from this project</i>							
1.3	Psycho social support Officer	D	1	600.00	12	100.00		7,200.00
	<i>1 psycho social support officers will be responsible for the provision of psycho social support to newly displaced children and women; they will be mobile and outreach teams who will provided first line emergency response.</i>							
1.4	GBV/Child protection Officers	D	1	800.00	12	100.00		9,600.00
	<i>One GBV and CP Officers will lead the all key field level activity implementation; they will be responsible for the management of different activities at field level and will closely work with coordinators. 100% contribution from this project</i>							
1.5	Case workers (4 Pax @ 100%)	D	4	400.00	12	100.00		19,200.00
	<i>Case workers will do case management within and outside MCH in Baladweyne IDPs,Each case worker will be responsible in recording,managing and follow up of the community GBV/child protection cases in the target IDPs and host communities in Baladweyne ,SHF will 100% contributes the project cost</i>							
1.6	Community mobilizers (5 Pax @100%)	D	5	200.00	12	100.00		12,000.00
	<i>Community mobilizer will undertake all community mobilization activity -100% contribution from this project</i>							
	Section Total							79,200.00
21. Supplies, Commodities, Materials								
2.1	Dignity kits including GBV	D	600	65.00	1	100.00		39,000.00
	<i>Dignity Kits will be procured using HIDIG NGO procurement policy and will be distributed to the relevant beneficiaries identified by the project team. Kit content is based on GBV cluster guidance note on dignity. See attached BOQ</i>							
2.2	Material assistance for UASC and vulnerable community members/households	D	600	85.00	1	100.00		51,000.00
	<i>Using HIDIG Procurement systems ; HIGID will procure and distribute assorted material assistance , Materials assistance will be provided to the cases of UASC who are in need of these materials- See the attached BOQs</i>							
2.3	Emergency support for safe space(None- food items,plastic sheet and lockable doors)	D	100	163.00	1	100.00		16,300.00
	<i>Emergency support for safe spaces will be provide to women and UACs in need of foster family in secure place. See attached BoQ</i>							
2.4	Transportation cost for UASSAC to health centers	D	20	30.00	12	100.00		7,200.00
	<i>Transportation cost for UASC and survivors of sexual violence; vehicle will be hired to transport the case from the IDP camps and villages to HIDIG Koshin and Hilac MCH in Baladweyne providing compassionate clinical services. HIDIG anticipates to provide both stipen and referral to 20 pax@\$30 for vehicle fuels and stipens.See attached BoQ</i>							

2.5	IEC materials for community mobilization	D	1	1,800.00	1	100.00	1,800.00
<i>Information Education and Communication materials will be developed for the community awareness campaigns in relation to the, Services available, Importance of timely reporting and prevention of child separation</i>							
2.6	Recreationl materials	D	1	10,200.00	1	100.00	10,200.00
<i>PSS officers will use the recreation kits for the PSS Intervention. Recreational Kits will be used for the PSS Activities. Recreational kits will be procured locally using HIDIG procurement system. See attached BOQ</i>							
2.7	Case management,pyshcosocial support to child protection and GBV WG member	D	1	3,551.00	1	100.00	3,551.00
<i>This budget item will cover additional cost from the assessed cases ; it can be medical cost or other necessary materials cost,</i>							
2.8	Mainstreaming training for nutrition,health and WASH for front line staff	D	1	3,351.00	1	100.00	3,351.00
<i>A total of 20 HIDIG health and Nutrition staff will be trained on Protection Mainstreaming for 5 days in Beletweyn respectively</i>							
2.9	Mobilization and awareness training	D	20	17.00	12	100.00	4,080.00
<i>Community mobilization and awareness sessions will be conducted on relevant and pertinent protection issues affected IDPs in Beletweyn.HIDIG plan to conducts 12 session one per months during the project period, each session will have 20 participant totaling 240 participant by the end of the project period,however, this cost will facilitates the participants refreshment,information materials and stationary for the sessions.</i>							
2.10	Community advocates/Focal point on participatory workshop	D	1	3,450.50	1	100.00	3,450.50
<i>For prevention ad mitigation of right based approach HIDIG will conducts five days training to 20 prticipants 10 foster care providers and 10 focal points/advocates in Baladweyne project sites,This will enhance the advocacy and sensitization approach of the program target beneficiaries.SHF will cover 100% of this cost</i>							
Section Total							139,932.50
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
24. Travel							
5.1	Vehicle Rental for Outreach Protection Activities (2 Vehicles@ 12 months)	D	2	1,800.00	12	100.00	43,200.00
<i>2 vehicles will be hired for 12 months of the project each receiving 1800 USD per Month.</i>							
Section Total							43,200.00
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 - Baladweyne	D	1	800.00	12	50.00	4,800.00
<i>This will cater the cost for office rent in Baladweyne, SHF Project will contribute 50% of the project cost</i>							
7.2	Communication	D	1	12,000.00	1	50.00	6,000.00
<i>This will cater for the project communication in Beletweyn for smooth implementation</i>							
7.3	Utilities	D	1	4,200.00	1	50.00	2,100.00
<i>Takes cares of office electricity and water in Baladweyne</i>							

7.4	Stationary	D	1	3,852.00	1	50.00	1,926.00
	<i>Office stationary for Baladweyne</i>						
7.5	Bank charges	D	1	3,215.33	1	100.00	3,215.33
	<i>This will be used for transfer and other transection/withdrawal of the project cash. It is capped at 1.2% of the program total cost it is caped at 2% of the program total cost</i>						
	Section Total						18,041.33
SubTotal			1,365.00				280,373.83
Direct							280,373.83
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							19,626.17
Total Cost							300,000.00

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Hiraan -> Belet Weyne -> Belet Weyne	100	520	1,240	1,000	1,400	4,160	<p>Activity 1.1.1: Facilitate tracing of up to 80% of unaccompanied and separated boys and girls registered to be reunified with their families or regular/tradisional ca...</p> <p>Activity 1.1.2: Identification of 540 beneficiaries (540 unaccompanied and separated children and referral to family tracing services) in line with established stand...</p> <p>Activity 1.1.3: Access to Child friendly spaces and psychosocial support to individual beneficiaries in line with the inter agency child protection principles for up...</p> <p>Activity 1.1.4: Reintegration support for released children and other vulnerable children provided to a maximum of 200 beneficiaries, through immediate access to bas...</p> <p>Activity 1.1.5: Training members of existing Community-based Child Protection mechanisms (on prevention, mitigation, identification of individuals in need) in rights...</p> <p>Activity 1.2.1: Provide survivor-centered multi-sectoral support (including referral to medical, legal, pss, and safety) in line with principles of case managemen...</p> <p>Activity 1.2.2: Provision of assessment based, case by case material assistance (which include dignity kits; solar lanterns) depending needs while fostering resilien...</p> <p>Activity 1.2.3: Facilitating and supporting community-based GBV/gender mechanisms (to ensure prevention, mitigation, and access to available services) by using main...</p> <p>Activity 2.1.1: Provide survivor-centered multi-sectoral support (including referral to medical, legal, pss, and safety) in line with principles of case management a...</p> <p>Activity 2.1.2: Facilitating and supporting community-based GBV/gender mechanisms (to ensure prevention, mitigation, and access to available services) by using main...</p>

Documents	
Category Name	Document Description
Budget Documents	BOQ- Materials Assistance -UASC & CAFAAG.xlsx
Budget Documents	BOQ RECREATIONAL MATERIALS.xlsx
Budget Documents	BOQs- Dignity Kit.xlsx
Budget Documents	Final-8477-Protection -HIDIG -BOQ -2018.xlsx
Budget Documents	Final-8477-Protection -HIDIG -BOQ 17-04-2018.xlsx
Grant Agreement	GA HRDO 8477 HC signed.pdf
Grant Agreement	HIDIG Signed PG 10&25.pdf
Grant Agreement	WARDI grant agreement 8711 - HC and WARDI signed.pdf