

For 'new-line' in text fields pres [ALT] and [ENTER] keys on keyboard (do not insert spaces to create line shift)
Please do not change the format of the form (including name of page) as this may prevent proper registration of project data.



For new proposals, please complete the tab for 'Project Document', 'Budget' and 'Locations'
Mandatory fields are marked with an asterisk

Project Document

1. COVER (to be completed by organization submitting the proposal)

(A) Organization*	Comitato Internazionale per lo Sviluppo dei Popoli				
(B) Type of Organization*	<input type="checkbox"/> UN Agency <input type="checkbox"/> International NGO <input type="checkbox"/> Local NGO <input checked="" type="checkbox"/> International NGO				
(C) Project Title*	Capacity building for health care centres and community based actors to prevent/respond to forms of SGBV, with specific focus on IDP/returnee in Mogadishu				
(D) CAP Project Code	SOM-12/P-HR-RL/48193	Not required for Emergency Reserve proposals outside of CAP			
(E) CAP Project Ranking	High	Required for proposals during Standard Allocations			
(F) CHF Funding Window*	Standard Allocation 1 (Mar 2012)				
(G) CAP Budget	Must be equal to total amount requested in current CAP				
(H) Amount Request*	\$ 258,630.00	Equals total amount in budget, must not exceed CAP Budget			
(I) Project Duration*	11 months	No longer than 6 months for proposals to the Emergency Reserve			
(J) Primary Cluster*	Protection				
(K) Secondary Cluster	Health	Only indicate a secondary cluster for multi-cluster projects			
(L) Beneficiaries Direct project beneficiaries. Specify target population disaggregated by number, and gender. If desired more detailed information can be entered about types of beneficiaries. For information on population in HE and AFLC see FSNAU website (http://www.fsnau.org)		Men	Women	Total	
	Total beneficiaries	3107	4950	8057	
	Total beneficiaries include the following:				
	Children under 18	2542	2754	5296	
	Internally Displaced People/Returnees	4486	4860	9346	
	0	0	0		
	0	0	0		
(M) Location Precise locations should be listed on separate tab	Regions <input type="checkbox"/> Awdal <input type="checkbox"/> Banadir <input type="checkbox"/> Bay <input type="checkbox"/> Gedo <input type="checkbox"/> Juba <input type="checkbox"/> M Juba <input type="checkbox"/> Mudug <input type="checkbox"/> Sanaag <input type="checkbox"/> Togdheer <input type="checkbox"/> Bakool <input type="checkbox"/> Bari <input type="checkbox"/> Galgaduud <input type="checkbox"/> Hiraaan <input type="checkbox"/> Shabelle <input type="checkbox"/> M Shabelle <input type="checkbox"/> Nugaal <input type="checkbox"/> Sool <input type="checkbox"/> W Galbeed				
(N) Implementing Partners (List name, acronym and budget)	1	IIDA	Budget:	\$ 14,300	
	2		Budget:	\$ -	
	3		Budget:	\$ -	
	4		Budget:	\$ -	
	5		Budget:	\$ -	
	6		Budget:	\$ -	
	7		Budget:	\$ -	
	8		Budget:	\$ -	
	9		Budget:	\$ -	
	10		Budget:	\$ -	
			Total Budget:	\$ 14,300	
		Remaining Budget:	\$ 244,330		
Focal Point and Details - Provide details on agency and cluster focal point for the project (name, email, phone).					
(O) Agency focal point for project:	Name*	Francesco Njagi Kaburu	Title	PM	
	Email*	kaburu@cisp-nairobi.org	Phone*	+254 20 2726772/3	
	Address	c/o CISP Nairobi Regional Office Theta Lane, off Lenana Rd ad P.O. Box 39 433-0 0 6 23 Nairobi, Kenya			

3. BACKGROUND AND NEEDS ANALYSIS (please adjust row size as needed)

(A) Describe the project rationale based on identified issues, describe the humanitarian situation in the area, and list groups consulted. (maximum 1500 characters) *	<p>Around 85000 individuals sought refuge in Mogadishu from drought and conflict during 2011 (UNHCR, Dec 2011). The urban area has been challenged with risks/incidents related to GBV, with particular reference to sexual violence/exploitation/harassment. According to the IASC Child Protection Rapid Assessment in SC Somalia (Sep-Nov 2011) the protection status of IDP/returnees in Mogadishu, in regards to SGBV, is affected by: 1) Lack of capacity to collect accurate data; 2) Lack of capacity to deliver qualitative services in support of survivors. Service providers rarely act according to the emergency response timeframe recognized as a minimum standard for an effective treatment of and recovery intervention on single incidents (First 72 hours: medical/psychological management, First 8 weeks: actions relevant to critical response and early recovery. Early recovery actions should be applied in parallel with the immediate response). 3) Community based protection mechanisms: once eradicated from the place of origin, individuals and groups lose the support of informal protection family and/or clan based structures. The gaps are further affected by the number of IDPs/returnees in specific settlements. According to CISP assessment under a UNICEF funded program districts like Wardighley, Hodan and Bondhere are likely to suffer more from the mentioned gaps since they are among the main destination points for the newly 48000 displaced/returnees in Mogadishu (UNHCR, Feb 2012).</p>
(B) Describe in detail the capacities and needs in the proposed project locations. List any baseline data. If necessary, attach a table with information for each location. (maximum 1500 characters) *	<p>CISP will mitigate the mentioned risks by focusing on the capacities of targeted MCHs in Wardighley, Hodan and Bondhere to deliver qualitative services. Under the present proposal 13353 targeted beneficiaries are divided in the following groups: 1) 11000 IDP/returnee and host community members (2904 M, 3146 F, 2376 boys, 2574 girls). 2) 4 health care staff members from each of the 3 MCHs. 3) Estimated 2341 women and girls victim of SGBV. Being present in 5 districts within a UNICEF/Education program, CISP surveyed the following gaps. Qualitative service delivery: The MCHs lack capacity to manage cases of SGBV and to prevent psycho-physic deterioration of rape related physical and mental pathologies. Although the average number per month of SGBV cases reported by the staff is 12 there is lack of accurate documentation to support this finding. The absence of data increases the difficulty to justify the setting up of a referral system for survivors in need of accessing secondary service delivery. Community based protection system: The IDP/returnee communities in Hodan, Bondhere and Wardighley districts have insufficient informal structures like women groups specialized in protection matters willing to reach vulnerable individuals and/or victims. The gap prevents from reaching out victims. Access to qualitative health care and counseling services for victims: The socio-economic weakness and the stigma affecting victims of SGBV prevent them from seeking support among service providers.</p>
(C) List and describe the activities that your organization is currently implementing to address these needs. (maximum 1500 characters)	<p>With specific reference to a PCA signed with UNICEF Primary Education program, CISP is supporting: 4 schools in Hodan; 4 schools in Wardighley; 2 schools in Bondhere. 4250 pupils (2399 M, 1851 F), 30 teachers and 10 Community Education Committee (CEC) members benefit from the intervention. 8 schools are in IDP/returnee settlements and provide services to 3190 pupils (1829 boys, 1361 girls). Among the 20 Child Friendly Spaces set up within the PCA, 9 are linked to the schools in these districts. The local partner IIDA is conducting data collection through the GBV IMS in Hodan IDP settlements. IIDA is promoting GBV prevention trainings and former child-soldiers rehabilitation/reintegration. The skills of the supported teachers and of the animators in the CFS include referring detected SGBV victims to health centers together with providing first aid counseling. Selected teachers and animators attend training sessions included in the agenda of the GBV and CP WGs. CISP is consulting with GRT for trainings on psychosocial support in schools and CFS. The assessment tools designed by the GBV and CP WGs are utilized to survey protection vulnerabilities in schools and CFS. The vulnerabilities of 3500 displaced/returnee children are mitigated by distributing food through a voucher system. The schools and CFS are potential venues for community protection groups to be trained and meet. Teachers and CFS animators are trained on Mines Risk Education under a DDG/UNICEF initiative.</p>

4. LOGICAL FRAMEWORK (to be completed by organization)

(A) Objective*	To strengthen the resilience of survivors of rights violations and vulnerable communities through the provision of protection related s		
(B) Outcome 1*	Multi-sectorial prevention and response mechanisms for survivors of SGBV established and strengthened		
(C) Activity 1.1*	Support and training of MCHs staff serving IDP/returnee communities in Bondhere, Hodan and Wardighley districts to guarantee qu		
(D) Activity 1.2	Provision of emergency health treatment to extremely low-income survivors through a voucher system		
(E) Activity 1.3	Increased awareness of the members of the host community of opportunities to access health services is guaranteed through the p		
(F) Indicator 1.1*	Protection	Number of people facing specific protection risks accessing spec	Target* 12
(G) Indicator 1.2	Protection	Survivors access health care service	Target
(H) Indicator 1.3	Protection	Survivors aware of the services provided	Target
(I) Outcome 2	Community based protection mechanisms deployed and strengthened		
(J) Activity 2.1	Selection and training of protection groups to support community members to set up prevention of SGBV mechanisms		
(K) Activity 2.2	Staff members and community volunteers sensitized on PSEA		
(L) Activity 2.3			
(M) Indicator 2.1	Protection	Number of community-driven coping mechanisms supported and	Target 11000
(N) Indicator 2.2	Protection	Number of community mobilizers sensitized	Target
(O) Indicator 2.3			Target
(P) Outcome 3			
(Q) Activity 3.1			
(R) Activity 3.2			
(S) Activity 3.3			
(T) Indicator 3.1			Target
(U) Indicator 3.2			Target
(V) Indicator 3.3			Target
(W) Implementation Plan* Describe how you plan to implement these activities (maximum 1500 characters)	<p>Qualitative service delivery: CISP will select and train key staff members of the MCHs (3 counselors, 3 nurses) to engage with single incidents from a medical and psychosocial point of view: All MCH staff will be trained on identification of grave cases in need of secondary service delivery. An ambulance will be rented to facilitate the referral and transport of victims in need to other centers. The counselors will collect accurate data through the GBV IMS. The data will be recorded in provided assets in full respect of the principle of confidentiality before being handed over to CISP Protection Project Manager in Nairobi. IIDA will be in charge of the trainings on GBV IMS. Experienced CISP medical staff will be in charge of the sessions on clinical management of SGBV. Community based protection system: IIDA will be on charge of mobilizing community groups and train them on: community based protection mechanisms (engaging men and boys to run neighborhood watch initiatives, women and girls volunteer to form groups to disseminate prevention messages.); basics of face to face interviews with victims. CISP will be in charge of sensitizing community mobilizers and deployed CISP members on code of conducts and PSEA. Access to qualitative services for victims: Extremely low income women and girls victim of SGBV will be supported to access health and psychological support through a voucher system. Under direct supervision of CISP project manager, IIDA will carry out the process of the selection of beneficiaries at community level.</p>		

5. MONITORING AND EVALUATION (to be completed by organization)

(A) Describe how you will monitor, evaluate and report on your project activities and achievements, including the frequency of monitoring, methodology (site visits, observations, remote monitoring, external evaluation, etc.), and monitoring tools (reports, statistics, photographs, etc.). Also describe how findings will be used to adapt the project implementation strategy. (maximum 1500 characters) *

The M&E will be guaranteed by consulting the community based protection groups on the progress of the activities within the settlements. The groups will be provided with tools to support the updating process. CISP will consult with the Protection Cluster and related WGs for the circulation of the M&E tools. Information on single incidents will be collected through the GBV IMS and handed over by the medical staff directly to the PM in Nairobi during field missions. The data will be analyzed by a protection expert. The PM in Nairobi will: receive through the field staff updates on the activities; conduct monthly visits to the medical staff, the protection groups, the field staff, the local partner; analyze the data with the the protection expert; share the updates with the relevant actors also through the website (<http://www.cisp-som.org/activity-update>) and the newsletter (<http://www.cisp-som.org/en/news-resources-and-media/news-a-highlights>). CISP will update UNOCHA on the progress of the activities by attending at Nairobi and Mogadishu level the Protection and Health clusters and by filling in the 4w matrixes. An interim and final report will consolidate the analyzed periodic updates. A finance officer in Nairobi will: supervise the procurement processes followed by the local finance officer, receive, verify and report on the accounting documents sent by the local finance officer. The finance officer will consolidate in an interim and final financial report the accounting updates.

(B) Work Plan
Must be in line with the log frame. Mark "X" to indicate the period activity will be carried out

Activity	Timeframe					
	Please select 'weeks' for projects up to 6 months, and 'months' for projects up to 12 months					
	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12
1.1* Support and training of	X	X	X	X	X	X
1.2 Provision of emergency	X	X	X	X	X	X
1.3 Increased awareness of	X	X	X	X	X	X
2.1 Selection and training of	X	X	X			
2.2 Staff members and com		X			X	
2.3 0						
3.1 0						
3.2 0						
3.3 0						

6. OTHER INFORMATION (to be completed by organization)

(A) Coordination with other activities in project area
List any other activities by your or any other organizations, in particular those in the same cluster, and describe how you will coordinate your proposed activities with them

Organization	Activity
1 IDA	GBV prevention, child-soldiers rehabilitation/reintegration
2 UNICEF/CISP	Mainstreaming child protection in Education
3	
4	
5	
6	
7	
8	
9	
10	

(B) Cross-Cutting Themes
Please indicate if the project supports a Cross-Cutting theme(s) and briefly describe how. Refer to Cross-Cutting respective guidance note

Cross-Cutting Themes (Yes/No)	Outline how the project supports the selected Cross-Cutting Themes.	Write activity number(s) from section 4 that supports Cross-Cutting theme.
Gender	Yes	The project aims to mitigate the impact of SGBV on women and girls by
Capacity Building		