

| | | | | | |
|---|--|---------------------------------|-----------------------------|--------------|--------------|
| Requesting Organization : | Somali Community Concern | | | | |
| Allocation Type : | Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle) | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Protection | | 100.00 | | | |
| | | 100 | | | |
| Project Title : | Promoting Dignity to drought affected women and girls through GBV Risk Mitigation and Provision of GBV Services in Afgoi and Afgoi corridor of lower Shabelle regions | | | | |
| Allocation Type Category : | HFU Management Cost | | | | |
| OPS Details | | | | | |
| Project Code : | | Fund Project Code : | SOM-17/3485/R/Prot/NGO/6631 | | |
| Cluster : | | Project Budget in US\$: | 236,810.80 | | |
| Planned project duration : | 8 months | Priority: | | | |
| Planned Start Date : | 01/09/2017 | Planned End Date : | 30/04/2018 | | |
| Actual Start Date: | 15/09/2017 | Actual End Date: | 15/05/2018 | | |
| Project Summary : | <p>The project focuses on increased access to integrated friendly services for gender based violence survivors or those at risk through promotion of GBV risk mitigation and provision of comprehensive GBV services of 1720 beneficiaries (1026 women, 79 girls and 536 men and 79 boys) in Afgoye and Afgoye corridor of lower shabelle region. the project will create community engagement on GBV prevention and response services for the survivors. the project will also increase ease access to integrated friendly services for gender based survivors affected by drought in (health, psycho social, case management and vocational training skills).</p> <p>SCC will upgrade and operationalize two safe home centers one in Afgoye corridor and one in Afgoye district. SCC did not have any budget for the safe homes since March 2017. the safe homes also need to be upgraded with additional services including community engagements and awareness raising.</p> | | | | |
| Direct beneficiaries : | | | | | |
| | Men | Women | Boys | Girls | Total |
| | 536 | 1,026 | 79 | 79 | 1,720 |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Internally Displaced People | 320 | 790 | 0 | 0 | 1,110 |
| Children under 18 | 0 | 0 | 0 | 0 | 0 |
| Staff (own or partner staff, authorities) | 0 | 0 | 0 | 0 | 0 |
| Trainers, Promoters, Caretakers, committee members, etc. | 216 | 236 | 79 | 79 | 610 |
| Indirect Beneficiaries : | | | | | |
| <p>5600 vulnerable persons in the IDPs and schools will be benefiting from the outreach campaigns on prevention of GBV, the local communities established and trained will conduct out reach campaigns in daily and weekly basis in the IDPs. the staff in the Safe home centers will also conduct out reach campaigns in the nearby IDP camps.</p> <p>for vocational training, skill gained will feed through family members who are not direct beneficiaries.</p> | | | | | |
| Catchment Population: | | | | | |
| <p>12500 women and girls in the IDPs in AFgoye and Afgoye corridor will have GBV response center to provide life saving opportunity and control of GBV related diseases and stigma.</p> | | | | | |
| Link with allocation strategy : | | | | | |
| <p>1. To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or natural disaster (RELATES TO SO 1 & SO 3)</p> <p>2. To improve protective environment for IDPs and other vulnerable groups in particular through enhanced protection interventions to support durable solutions for IDPs (RELATES TO SO 3 & SO 4)</p> | | | | | |

Sub-Grants to Implementing Partners :

| Partner Name | Partner Type | Budget in US\$ |
|--------------|--------------|----------------|
| | | |

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

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| WARDI | 20,000.00 |
| | 20,000.00 |

Organization focal point :

| Name | Title | Email | Phone |
|---------------------------|--------------------|-----------------------|----------------|
| Abdullahi Mohamud Mohamed | Executive Director | scc.somalia@yahoo.com | 00252615987090 |

BACKGROUND**1. Humanitarian context analysis**

Humanitarian Dashboard - May 2017 (issued on 16 June 2017) notes that Protection needs remain high for the most vulnerable groups especially women, children, persons with disabilities, the elderly and the minority communities. Internal displacement continues to be a key driver of humanitarian and protection needs. Although the estimated number of IDPs in protracted displacement has remained stagnant at 1.1 million in the past couple of years, a recent displacement trends suggest that this figure is much higher. The centrality of Protection shall be maintained across all clusters in the humanitarian action/ drought response.

Mass displacement as a result of persistent drought conditions continues across Somalia. According to data consolidated by IOM's Displacement Tracking Matrix (DTM), an estimated 795,900 people have been displaced as a result of the drought between November 2016 and June 2017. Gender-based violence (GBV) remains rampant in Somalia, mostly affecting women and girls and increasing their vulnerability. In the past three months, reported cases have been on the rise particularly rape, sexual assault and physical violence mainly due to the high influx of displaced people. The lack of protective sheltered, safe water and sanitation facilities as well as other basic needs in the displacement settlements further increases the exposure of the most vulnerable to protection risks. According to the Gender-Based Violence Information Management System (GBVIMS) incidence reports of September 2016 to March 2017, about 3,200 incidents were recorded in the drought-affected regions.

With more than a third of Somalia's population now facing starvation, new statistics show that in addition to hunger, many women in Somalia are at risk for being raped. The reported cases of rape and sexual violence in drought-affected areas are on the rise, in what UNICEF calls another troubling consequence of the crisis.

According to Alecia Richards of CNN report on Somali drought, women fighting sexual predators as well as hunger (July 14, 2017), link: <http://edition.cnn.com/2017/07/14/africa/somalia-drought-violence-against-women/index.html>. Between November and March, UNICEF and partners responded to about 300 cases of rape, sexual assault and gender related violence on average each month. In June 2017, however, the number tripled, with 909 reported cases. So far, that's the highest number of reported cases in a single month in 2017. with UNICEF SOMALIA SITUATION REPORT – 16-30 June 2017, states that Gender Based Violence cases continue to increase with close to a 50 per cent rise in the reported cases when compared to the previous reporting period. Woman and girls remain the most vulnerable to gender-based violence as they represent 88.6 per of new GBV cases registered by the end of June. The trend requires more robust preventive as well as response interventions in IDP sites which is where the majority of cases are reported from.

2. Needs assessment

Protection & Return monitoring network led by UNHCR (1 Nov 2016 to 31 May 2017) reported 12,418 persons in Afgoi have been displaced by drought while about 10,000 more conflict displaced from villages in Marka town and N. 50 have settled in Afgoi and Afgoi corridor. Afgoi is one of the drought hotspot areas in south Central Somalia as Large number of drought affected households relocate from other parts of lower shabelle.

Nearly 18,000 people have been registered as displaced through the Afgoye corridor, since May 2017(ACTED). This corridor hosts the largest concentration of internally displaced people in the world, with IDPs representing a particularly vulnerable section of society given their limited resources. Further displacement could accelerate the spread of cholera in the Banadir region.

Recent baseline needs assessment by SCC on GBV in Afgoye and Afgoye corridor from 18th– 20th July 2017, indicated that the GBV situation in the IDPs and villages remain dire, despite the responses by different partners: During the assessment the team interviewed 84 mothers who were witness of FGM and GBV related cases, including midwives, the team asked these IDP mothers about their major horror in their settlements and villages, they replied sexual harassment and violence. The target assessed areas 31 unmarried girls and 16 single mothers were raped during last three months. 3 Female IDPs in the assessed IDP locations in km 13, Hawa-Abdi, Arbiska and Afgoye villages. Adolescent girls and women are likely to be vulnerable to sexual abuse because they live in very isolated settings, without solid buildings or the protection of their community and family against the attacks of soldiers or combatants. There are also cases of farmers who recruit women to harvest lime fruits but later attack them in the farm plantations. Domestic workers as well may be victims of sexual violence, because they serve men under one roof and sleep there with that family. of Somalia of which 99% of them occur in the IDPs or host community women who live in low protective shelters. The sexual assaults against vulnerable women and young girls in these sites are most likely to be gunmen close to the gatekeepers. There are community members who also attack women in the farms during the lime fruit harvesting or farm working in Afgoye villages. The worst of all is that the perpetrators do not have to fear judicial consequences. Women that have been raped rarely identify their perpetrators, who, very often, come from outside of the community. In addition, groups in positions of power, such as the police or delinquent groups, benefit from the climate of impunity and the established culture of violence and are increasingly involved in sexual harassment against women.

3. Description Of Beneficiaries

Main beneficiaries of this project is drought affected IDPs in Afgoye and Afgoye corridor. Survivors of GBV will benefit through the established/operationalized GBV services at Safe homes run by SCC in partnership with UNFPA. The rape survivors and those at risk will be provided to life saving of post rape treatment, psycho social services, community engagement, awareness raising and material assistance (dignity kits) and solar lights, GBV case workers will be provided training on case management and basic psycho social support. Chiefs, religious, youth leaders and women groups in the IDP Camps will be engaged and mobilized to support prevention of GBV in the IDPs and villages. SCC GBV staff will conduct community consultation to identify key community members who can play critical roles to prevent GBV and involve them into more structured community engagement.

4. Grant Request Justification

Gender-based violence (GBV), and in particular sexual violence, is a serious, life-threatening protection issue primarily affecting women and children. During the emergencies GBV is a widespread, particularly in Somalia where there is weak government institutions, perpetrators easily go away with their crimes unpunished. Gender-based violence is a concern in the context of complex emergencies and natural disasters, where civilian women and children are often targeted for abuse, and are the most vulnerable to exploitation, violence, and abuse simply because of their gender, age, and status in society. Gender-based violence is a violation of universal human rights protected by international human rights conventions, including the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life. Prevention and protection will be essential to safe survivors from unwanted pregnancy and life threatening diseases such as HIV/AIDs. Afgoye and other districts in lower Shabelle region is front line of Somali National Army and AMISOM in one side and Alshabab militants, incidents of rape is frequent as the are is in conflict. Sometimes, gang rape reported in lower Shabelle, a good example is in December 2015, minibus from Baidoa to Mogadishu was hijacked by militia in Jira Kulow village and 6 women were raped. the survivors reported to SCC Safe homes in Afgoye corridor who were admitted and treated.

Based on the above statistics, it is evident that protection interventions will contribute a great deal in reduction of GBV in the IDP camps and host communities in South Central of Somalia resulting to Increased access to integrated friendly services for gender based victims and survivors in (health, psycho social, case management and vocational training skills). SCC plans to provide life skills to adolescent boys and girls, and female single headed households affected by conflict and displacement in the IDPs of Afgoye. This intervention aims to target more than 80% beneficiaries to be women and girls.

5. Complementarity

In 2015 and 2016 SCC administered Safe home and provided life saving services to 112 rape survivors that one of them. The SAFE Home centers in Afgoye and Afgoye corridors were main hideouts safety centers for the rape survivors to get post rape treatment, psycho-social support, accommodation and safety. The survivors talked about that sometimes perpetrators followed and raped them several times but Safe home can be their hideouts for sometimes. SCC assist them how they get legal aid at other agencies. This program will support continuation of the safe homes and strengthen the capacity of the rape survivors and those at risk through provision of life-saving post rape treatment, timely and safe referrals, provision of dignity kits, provision of solar lamps, psycho-social support and training for life-skills training. The program will also give opportunity to community through outreach and awareness rising. SCC will upgrade the safe home center to provide additional GBV activities including community engagement to protect IDPs from rape. SCC has other interventions in Afgoye and Afgoye corridor, SCC runs WASH and Education projects in the same target locations. these activities will support SCC to intervene GBV in these locations.

LOGICAL FRAMEWORK

Overall project objective

To Improve access to comprehensive GBV services, promote dignity and risk mitigation for drought affected IDPs (women and girls) by providing GBV responses, strengthening community engagement and capacity building for service providers and local authorities in Afgoye and Afgoye corridor of lower shabelle region,

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. | 2017-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk | 100 |

Contribution to Cluster/Sector Objectives : To increase access to integrated friendly services for gender based survivors while promoting GBV risk mitigation and provision of comprehensive GBV services to 1720 beneficiaries (1026 women, 79 girls and 536 men and 79 boys in Afgoye and Afgoye corridor of lower shabelle region. The project will also increase access to integrated friendly services for GBV survivors affected by drought in (health, psycho social, case management, provision of life-saving dignity Kits , solar lamps and vocational training skills).

Outcome 1

Improved access to comprehensive GBV services and risk mitigation in Afgoye and Afgoye corridor of lower shabelle regions

Output 1.1

Description

increased access for GBV response and prevention through upgrading and operationalization of two existing safe home centers in Afgoye and Afgoye corridor

Assumptions & Risks

Drought and conflicts in lower shabelle escalates that more IDPs search for services at the centers.

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|------------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | Protection | Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards | | | | | 160 |

Means of Verification : : monitoring reports, program reports, registers for the survivors, photos with GPS tags and external audit reports,

| | | | | | | | |
|-----------------|------------|---|--|--|--|--|-----|
| Indicator 1.1.2 | Protection | Number of rape survivors who are Provided psychosocial support at the safe home centres | | | | | 160 |
|-----------------|------------|---|--|--|--|--|-----|

Means of Verification : monitoring reports, program reports, registers for the survivors, photos with GPS tags and external audit reports,

Activities

Activity 1.1.1

Standard Activity : Post Rape Treatment

Provide live saving post rape treatment for 160 rape survivors. Timely post rape treatment Within 72 hours of the sexual assault will be provided to the survivors. treatment of injuries, STIs and prevent HIV transmission, pregnancy will be given to survivors.

Activity 1.1.2

Standard Activity : Psycho-social Support

Provision of psychosocial support to 160 GBV survivors. GBV officer, GBV psychosocial councilors, Skilled nurses and Case workers will be hired through open composition to run the project effectively.

Output 1.2

Description

life saving material assistance to be provided to Female drought affected IDPs and GBV survivors in Afgoye and Afgoye corridor

Assumptions & Risks

Drought effects may continue and more IDPs may influx into the target locations, resources may be limited.

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|------------|--|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | Protection | Number of IDP households having access to lighting | | | | | 500 |

Means of Verification : Beneficiary lists signed, program reports, monitoring reports, audit report and photos with GPS tags.

| | | | | | | | |
|-----------------|------------|---|--|--|--|--|-----|
| Indicator 1.2.2 | Protection | Number of drought affected IDP families provided to dignity kits. | | | | | 300 |
|-----------------|------------|---|--|--|--|--|-----|

Means of Verification :

Activities

Activity 1.2.1

Standard Activity : Material Support

provision of life saving material assistance of solar lamps to 500 IDPs who at risk for GBV assaults at nights and female GBV survivors. selection of beneficiaries will be involved with local authorities, community leaders village chiefs and IDPs.

Activity 1.2.2

Standard Activity : Dignity Kits

provision of life saving material assistance of dignity kits to 300 IDP women and GBV survivors. selection of beneficiaries will be involved with local authorities, community leaders village chiefs and IDPs.

Output 1.3

Description

Engagement and training on GBV for service providers, influential youths, chiefs, religious and women activists in Afgoye and Afgoye corridor

Assumptions & Risks

insecurity

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|-----------------|------------|---|-------------------------|-------|------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.3.1 | Protection | Number of GBV/health workers trained on CMR, confidentiality, psycho social services (PSS) and Mental Health. | | | | | 120 |

| | | | | | | | |
|--|------------|--|--|--|--|--|-----|
| Means of Verification : Beneficiary lists signed, program reports, monitoring reports, audit report and photos with GPS tags. | | | | | | | |
| Indicator 1.3.2 | Protection | Number of people reached by campaigns conducted to inform communities on available services | | | | | 240 |
| Means of Verification : Beneficiary lists signed, program reports, monitoring reports, audit report and photos with GPS tags. | | | | | | | |
| Indicator 1.3.3 | Protection | Number of community based committees (CBC) established, trained and engaged for monitoring, advocacy, documentation and addressing GBV threats in the IDPs and communities. 30 participants will be engaged per month for a period of 8 months | | | | | 240 |
| Means of Verification : Beneficiary lists signed, program reports, monitoring reports, audit report and photos with GPS tags. | | | | | | | |
| Activities | | | | | | | |
| Activity 1.3.1 | | | | | | | |
| Standard Activity : Capacity building | | | | | | | |
| Strengthen the capacity of 120 GBV/health workers (50 men & 70 women) on CMR for GBV survivors, confidential referral pathways/mechanisms, psycho social services (PSS) and Mental Health. selection of beneficiaries will be involved with local authorities, service providers, community leaders village chiefs and IDPs. | | | | | | | |
| Activity 1.3.2 | | | | | | | |
| Standard Activity : Capacity building | | | | | | | |
| Conduct awareness raising workshops on GBV and engagement for 240 adults (96 men, 96 women and 48 youths) from target communities; e. g chiefs, religious, youth leaders, women groups and other leaders in the IDP Camps will be engaged. | | | | | | | |
| Activity 1.3.3 | | | | | | | |
| Standard Activity : Capacity building | | | | | | | |
| Establish local community based committees, train and engage for monitoring, advocacy, documentation and addressing GBV threats in the IDPs and host communities. 30 participants will be engaged per month for a period of 8 months. SCC will ensure participatory approach during the selection of participants involving the stakeholders. Priority will be given to the most vulnerable communities. | | | | | | | |
| Additional Targets : | | | | | | | |

M & R

Monitoring & Reporting plan

SCC will establish a project team that will be coordinated by the Executive Director. short training will be given to the project officer, nurses, psycho-social support officer on how to record all interventions. The project team with the support of the project coordinator shall then design and develop tools to be used during the project period. The monitoring and reporting tools will be filled on daily, weekly and monthly basis. The project staff shall collect timely data and share with the respective supervisors. The information collected shall be reviewed and discussed during the project team meetings to guide on timely decision making. The tools will be reviewed to ensure comprehensive and inclusive data is collected in real time. The project team will be closely monitored by the GBV officer to ensure that project records are well recorded on daily and weekly basis by the project staff. The records will be reviewed on need basis to guide on informed decision making on the best strategies and approaches due to the sensitivity of the intervention. The team will also ensure that all the necessary guidelines are adhered to at all levels of the intervention. The project coordinator will ensure that the work plan is adhered to and any challenges communicated in time for better planning.

| Workplan | | | | | | | | | | | | | |
|--|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity 1.1.1: Provide live saving post rape treatment for 160 rape survivors. Timely post rape treatment Within 72 hours of the sexual assault will be provided to the survivors. treatment of injuries, STIs and prevent HIV transmission, pregnancy will be given to survivors. | 2017 | | | | | | | | | X | X | X | X |
| | 2018 | X | X | X | X | | | | | | | | |
| Activity 1.1.2: Provision of psychosocial support to 160 GBV survivors. GBV officer, GBV psychosocial councilors, Skilled nurses and Case workers will be hired through open composition to run the project effectively. | 2017 | | | | | | | | | X | X | X | X |
| | 2018 | X | X | X | X | | | | | | | | |
| Activity 1.2.1: provision of life saving material assistance of solar lamps to 500 IDPs who at risk for GBV assaults at nights and female GBV survivors. selection of beneficiaries will be involved with local authorities, community leaders village chiefs and IDPs. | 2017 | | | | | | | | | | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.2.2: provision of life saving material assistance of dignity kits to 300 IDP women and GBV survivors. selection of beneficiaries will be involved with local authorities, community leaders village chiefs and IDPs. | 2017 | | | | | | | | | | | | X |
| | 2018 | | | | | | | | | | | | |
| Activity 1.3.1: Strengthen the capacity of 120 GBV/health workers (50 men & 70 women) on CMR for GBV survivors, confidential referral pathways/mechanisms, psycho social services (PSS) and Mental Health. selection of beneficiaries will be involved with local authorities, service providers, community leaders village chiefs and IDPs. | 2017 | | | | | | | | | | | | X |
| | 2018 | | X | X | X | | | | | | | | |

| | | | | | | | | | | | | | |
|--|------|---|---|---|---|--|--|--|--|---|---|---|---|
| Activity 1.3.2: Conduct awareness raising workshops on GBV and engagement for 240 adults (96 men, 96 women and 48 youths) from target communities; e. g chiefs, religious, youth leaders, women groups and other leaders in the IDP Camps will be engaged. | 2017 | | | | | | | | | X | X | X | X |
| | 2018 | X | X | X | X | | | | | | | | |
| Activity 1.3.3: Establish local community based committees, train and engage for monitoring, advocacy, documentation and addressing GBV threats in the IDPs and host communities. 30 participants will be engaged per month for a period of 8 months. SCC will ensure participatory approach during the selection of participants involving the stakeholders. Priority will be given to the most vulnerable communities. | 2017 | | | | | | | | | X | X | X | X |
| | 2018 | X | X | X | X | | | | | | | | |

OTHER INFO

Accountability to Affected Populations

During the project design, SCC has done a rapid needs assessment in the target locations that key stakeholders involved. the beneficiary involvement in the assessment formed the basis of the project and activities that will target prevention through awareness campaigns, treatment for GBV survivors, referral mechanisms and psycho social support. SCC will continue to involve all the relevant key stakeholders to involve during the implementation for the project for effective results. SCC will ensure information sharing with the relevant stakeholders at all levels of service delivery with maximum confidentiality. SCC will develop exit strategy to let the services continue after the project comes to an end.

SCC organizes awareness campaigns, meetings, door to door campaigns, EC materials e.g. t-shirts, caps, pamphlets to create awareness. There will be separate lines for the GBV to contact day and night. In the centers SCC will install suggestion boxes that will be opened by monthly basis. The information will be digested and put in a plan of action.

The revised set of humanitarian principles makes a clearer distinction between humanitarian principles, which are concerned with how to ensure the integrity and non-politicized nature of humanitarian work, and programming principles, such as coordination of activities and gender equality, which have more to do with ensuring solid programming in emergencies (as in other contexts). Therefore, coordination and gender equality have been removed from the list of humanitarian principles, but they have been integrated into the relevant areas below. SCC will be guided with these humanitarian principles for DO NOT HARM.

Implementation Plan

Due to the sensitivity of the interventions, SCC shall involve the key stakeholders to ensure confidentiality and effective feedback and complaints mechanism is developed. There will suggestion box stationed in the centers that concerned officer will open by monthly. The feedback and complaints mechanism will be subject to revision during the project implementation to suit all. The mechanism will offer options for feedback and complaints to suit the target beneficiaries and population.

SCC has a Safe Homes in Surkutsa and Afgoye offering similar services, SCC has an experience and shall use lessons learned to effectively implement the activities. SCC has a skilled team of staff that shall be engaged during the implementation. The project will have a project manager, supervisors that will work in coordination with the Executive director to ensure timely and quality services are offered at all times. There will be weekly and monthly reporting.

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------------|---|
| SAVE SOMALI WOMEN AND CHILDREN | Legal aid support for the survivors |

Environment Marker Of The Project

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will target 80% women and girls through service delivery and provision of dignity kits.

Protection Mainstreaming

SCC will carry out outreach awareness meetings with the target populations targeting key stakeholders to ensure protection mechanisms are put in place. This will include religious, community, opinion, leaders and Government representatives,

Country Specific Information

Safety and Security

Afgoye is ne of the most peaceful district in lower Shabele region, it is controlled by Somali National Army and AMISOM. there is a military base by AMISOM at the entrance of the town. sometimes, Alshabab fighter attack the town but mainly they are rebelled and compelled them to retreat. it was Jan 24, 2017 when they last attacked but they did not capture the town. while Afgoye corridor is a largest IDP settlement in Somalia between Afgoye and Mogadishu. According to UNHCR the population in Afgoye corridor is estimated 372,000 IDPs and these IDPs enjoy relative peace while the area under control of Somali Federal Government.

Access

Somali Community Concern has been operating in Afgoye and Afgoye since 2008 and currently has operations of Education and WASH in partnership with UNICEF. In education there are 21 Emergency schools with enrollment of 5930 IDP children. There are WASH interventions for the drought-affected IDPs. SCC has safe homes in Surkuta and Afgoye offering similar services. SCC has an experience and shall use lessons learned to effectively implement the activities. SCC has a skilled team of staff that shall be engaged during the implementation. The project will have a project manager, supervisors that will work in coordination with the Executive Director to ensure timely and quality services are offered at all times. There will be weekly and monthly reporting.

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 Officer | D | 1 | 1,700.00 | 8 | 100.00 | 13,600.00 | |

| | | | | | | | |
|---|--|---|-----|----------|---|--------|------------------|
| | <i>The GBV Officer will supervise and provide technical support and guidance to all the staff (Safe home managers, psychosocial counselors, Nurses, caseworkers and other assistant staff in the safe homes to ensure that staff implement and respect best-practice and international standards in GBV prevention and response this will include follow up on activities and assess progress of implementation, provide solutions and report issues when needed.</i> | | | | | | |
| 1.2 | Safe Home Managers | D | 2 | 900.00 | 8 | 100.00 | 14,400.00 |
| | <i>Safe Home Managers: The safe home managers will be responsible for managing day to day activities in the safe home centers. they will manage all GBV activities in the centers. They will submit reports to the GBV Officer who then technically revise and submit to SCC executive director. The safe home managers will give technical assistance and supervision to the nurses, psychosocial counselors and rest of the staff, including safe home security guards. the safe home managers will be responsible for the safety and confidentiality of the staff as well as the survivors in the centers. the safe home managers will keep records and files for the survivors confidentially. They will dedicate 100% of their time to the project.</i> | | | | | | |
| 1.3 | GBV Psychosocial Counselor | D | 4 | 400.00 | 8 | 100.00 | 12,800.00 |
| | <i>The GBV psychosocial counselors will provide technical support and leadership required for the successful implementation of all psychosocial activities, including the provision of direct counseling to the survivors and case management. The GBV psychosocial counselors will be responsible for training and supervising GBV community workers to respond to cases of GBV in the IDP camps and ensure effective case management. This includes providing ongoing training and mentorship for community workers and utilizing monitoring and evaluation systems to ensure high quality services. The GBV GBV Psychosocial Counselor will Monitor and supervise case management, including capacity building through training, mentorship and on-the-job support for community workers. Training topics may include active listening and effective communication, action and safety planning, basic concepts, and other related topics. They will dedicate 100% of their time to the project.</i> | | | | | | |
| 1.4 | Skilled Nurse | D | 4 | 400.00 | 8 | 100.00 | 12,800.00 |
| | <i>The Skilled Nurse will ensure quality services to GBV Survivors through quality health care, carrying out assessments, information relating to GBV incidents and follow up services at all times to GBV survivors who visit the safe home centers. The nurses will also help refer and support survivors to access additional health care that may not be provided at the Safe home center, provide information and instruction to survivors on the medical treatment regimen that has been prescribed for them, ensuring that the survivors understand the regimen (dose, schedule, etc). In the case of children, ensure that the parents/caregivers understand this regimen and follow up, monitor and help ensure the survivor continues to follow the treatment regimen. These may be done through home visits, to be coordinated with Community Health Workers.</i> | | | | | | |
| 1.5 | Community Mobilizers | D | 4 | 350.00 | 8 | 100.00 | 11,200.00 |
| | <i>The community Mobilizes will be responsible for establishing networks and community committees of GBV within the communities and IDP camps. They maintain good working relationships with local communities, IDPs and government officials in the target areas. They identify challenges that IDP women and girls are facing in accessing GBV services in the safe home centers. They conduct surveys and assessments of the beneficiaries to establish baseline data of the communities. They Facilitate small and large FGD (Focus Group Discussions) to identify the need of the established and trained committees in the IDPs and Villages, identify members of the community that are facing protection and GBV-related issues in the IDPs and villages, mobilize community committee members to identify and address protection risks. They will be involved in all the community activities</i> | | | | | | |
| 1.6 | Case workers | D | 4 | 300.00 | 8 | 100.00 | 9,600.00 |
| | <i>Case workers will be involved in providing direct support and care for adult/child survivors of GBV and age-appropriate specialized support and care for adolescent, male and girl child survivors of GBV, including counseling and case management. Follow GBV guiding principles of respect, confidentiality, and safety/security and non- discrimination while providing services, establish a hotline and proper management to ensure that survivors from more remote rural and underserved areas can access information about service provision and that action can be taken to facilitate their ability to receive services in a timely fashion, Ensure proper documentation of reported GBV incidences through utilization of GBV IMS and Ensure all documentations on reported cases and referrals made are updated, accurate, organized and well maintained by case workers, develop and strengthen referral networks and monitor the implementation of the referral pathway to improve survivors access to confidential, safe GBV services in a timely manner to meet their needs</i> | | | | | | |
| 1.7 | Accountant | D | 1 | 2,000.00 | 8 | 25.00 | 4,000.00 |
| | <i>(1 person x 2000/Month x 8 Months) Accountant: The accountant will be responsible for all financial Documents related to the project. He/she will prepare and submit on time financial reports of the project to the donor. he/she will guide the project on all issues with regards to the project finances as part of his/her role in project budget tracking. He/she shall dedicate 25% of his/her time to the project.</i> | | | | | | |
| | Section Total | | | | | | 78,400.00 |
| 21. Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Dignity Kits | D | 300 | 65.70 | 1 | 100.00 | 19,710.00 |

| | | | | | | | | |
|----------------------|---|---|-----|----------|---|--------|------------------|--|
| | <i>(300 dignity kits x \$65.70 x once). each dignity kit will compose of 3 Dresses (Dirac), 3 Shawls (Garbasar), 9 Pieces of Sanitary Cloth, 6 Panties (Different Sizes), 3 Pieces of bar soap (250gms), 3 packets powder soap (100gms), 3 Petticoats (Gorgorat), 3 Head scarves (Shash)</i> <i>300 newly arrived drought affected women and adolescent girls including GBV survivors will be given the dignity kits. the drought affected women and adolescent girls who recently arrived at the IDPs need clothing as for protection issues. SHF will cover 100% of the cost. BOQ attached</i> | | | | | | | |
| 2.2 | Meals for Rape survivors | D | 2 | 150.00 | 8 | 100.00 | 2,400.00 | |
| | <i>2 centers x \$150 each center/ Month x 8Months</i> <i>This is the cost of the food to be provided to the GBV survivors during their stay at the safe home centers. The two safe home centers give food and accommodation to the survivors as they feel insecure if they go back promptly to the village or the IDP camp as there may be legal suits against the perpetrators or the perpetrator may repeat the same abuse to the survivors if they return quickly to the area. We assume that the centers will receive 160 survivors for a period of 8 months. And each survivor will rest/stay at the center for a period of 5 days and at the same the survivor visits the center periodically during medications and psychosocial support consultations. SHF will cover 100% of the cost. BOQ attached</i> | | | | | | | |
| 2.3 | T-Shirts | D | 400 | 4.00 | 1 | 100.00 | 1,600.00 | |
| | <i>400 pcs x \$4/Pcs x Once</i> <i>The T-Shirts will be printed on key preventive messages on GBV incidents and will be distributed during the GBV campaigns and community engagement. The T-Shirts will be used for awareness-raising. printing T-Shirts will be Preventing GBV before it happens. SHF will cover 100% of the cost.</i> | | | | | | | |
| 2.4 | solar lamps to 500 female | D | 500 | 35.00 | 1 | 100.00 | 17,500.00 | |
| | <i>500 Pcs Lamp x \$35 x once, The solar lamps will be used at night by the most vulnerable female in the IDP camps to reduce the risk of GBV cases and incidents. the solar lamp distribution to the IDPs in the camps will provide a clean and popular alternative to traditional lighting sources which is not affordable in the IDPs and will address the safety and security concerns of women and girls.</i> | | | | | | | |
| 2.5 | Conduct awareness raising workshops on GBV for 240 persons | D | 1 | 975.00 | 8 | 100.00 | 7,800.00 | |
| | <i>Conduct awareness raising workshops on GBV for 240 persons for awareness raising on GBV prevention to the community in the IDPs (240 of 30 participants will be trained per month for a period of 8 months). SHF will cover 100% of the cost. BOQ attached</i> | | | | | | | |
| 2.6 | Training for 240 Community Based Committees | D | 1 | 3,295.00 | 8 | 100.00 | 26,360.00 | |
| | <i>Establish local community based committees, train and engage for monitoring, advocacy, documentation and addressing GBV threats in the IDPs and host communities. 30 participants will be engaged per month for a period of 8 months. SCC will ensure participatory approach during the selection of participants involving the stakeholders. Priority will be given to the most vulnerable communities. SHF will cover 100% of the cost. BOQ attached.</i> | | | | | | | |
| 2.7 | Strengthen the capacity of 120 GBV health workers | D | 1 | 5,200.00 | 4 | 100.00 | 20,800.00 | |
| | <i>Strengthen the capacity of 120 GBV health workers on CMR, confidentiality, referral pathways/mechanisms, PSS, psycho social support and Mental Health. 30 health workers will be trained per month for a period of 4 months. SHF will cover 100% of the cost. BOQ attached.</i> | | | | | | | |
| | Section Total | | | | | | 96,170.00 | |
| 22. Equipment | | | | | | | | |
| 3.1 | Compuer Laptop | D | 1 | 500.00 | 1 | 100.00 | 500.00 | |
| | <i>(1 Computer x \$500 per Computer x Once) this laptop will be by used GBV Officer for recording cases and reporting on the project activities. SHF will cover 100% of the cost.</i> | | | | | | | |
| 3.2 | Office Desks | D | 1 | 200.00 | 1 | 100.00 | 200.00 | |
| | <i>(One Office desk x \$200 x Once). the desk will be used by the GBV Officer. SHF will cover 100% of the cost.</i> | | | | | | | |
| 3.3 | Office Chairs | D | 1 | 170.00 | 1 | 100.00 | 170.00 | |
| | <i>(One Office Chair x \$170 per office x Once) GBV officer will be using the chair. SHF will cover 100% of the cost.</i> | | | | | | | |
| 3.4 | Guest Chair | D | 4 | 50.00 | 1 | 100.00 | 200.00 | |
| | <i>4 guest chair x \$50 x once. This will be used by GBV officer during the meetings. SHF will cover 100% of the cost.</i> | | | | | | | |
| 3.5 | Cupboards | D | 2 | 120.00 | 1 | 100.00 | 240.00 | |
| | <i>2 cupboards x\$ 120. the cupboards will be used for filing and keeping the records of the GBV survivors. SHF will cover 100% of the cost.</i> | | | | | | | |
| 3.6 | Printer Laser Jet | D | 1 | 258.00 | 1 | 100.00 | 258.00 | |
| | <i>(One Printer Laser Jet x \$258) the printer will be used in the office of the GBV Officer for printing reports and other information related to the project. SHF will cover 100% of the cost.</i> | | | | | | | |
| | Section Total | | | | | | 1,568.00 | |

| 23. Contractual Services | | | | | | | | |
|---|--|---|-------|----------|-------|--------|---------------|-------------------|
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0 | 0.00 |
| | NA | | | | | | | |
| | Section Total | | | | | | | 0.00 |
| 24. Travel | | | | | | | | |
| 5.1 | Vehicle rent for referral and transportation | D | 2 | 1,820.00 | 8 | 100.00 | | 29,120.00 |
| | <i>(2 vehicles x \$1820/months x 8months). the Vehicles will be used for referrals of the GBV survivors to the centers and to the other service providers if the service is not available at the Safe home centers.</i> | | | | | | | |
| | Section Total | | | | | | | 29,120.00 |
| 25. Transfers and Grants to Counterparts | | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0 | 0.00 |
| | NA | | | | | | | |
| | Section Total | | | | | | | 0.00 |
| 26. General Operating and Other Direct Costs | | | | | | | | |
| 7.1 | Rent for the home centre | D | 2 | 1,700.00 | 8 | 41.00 | | 11,152.00 |
| | <i>(2center x \$700per months x 8 Months), This covers 2 Safe home centers rent . The Centers will support the project activities. this center are the core of The project. SHF will cover 41% of the cost</i> | | | | | | | |
| 7.2 | Water | D | 2 | 120.00 | 8 | 100.00 | | 1,920.00 |
| | <i>(2 Center x \$120 per month x months) this amount will cover water for the safe home centers that will be used for washing, cleaning and drinking for the survivors, staff and visitors at the centers. SHF will cover 100% of the cost</i> | | | | | | | |
| 7.3 | Electricity bills | D | 2 | 150.00 | 8 | 100.00 | | 2,400.00 |
| | <i>(2 safe home Centers x \$150 per month x months). the centers have electricity installed. consuming electricity will be covered. Light are needed at nights in the centers. SHF will cover 100% of the cost</i> | | | | | | | |
| 7.4 | Stationery | D | 2 | 294.25 | 1 | 100.00 | | 588.50 |
| | <i>The stationery will be for the two centers to support the project implementation. Total costs \$588.50 SHF will cover 100% of the cost . that will be used for 8 Months. and the BOQ is attached</i> | | | | | | | |
| | Section Total | | | | | | | 16,060.50 |
| SubTotal | | | | 1,245.00 | | | | 221,318.50 |
| Direct | | | | | | | | 221,318.50 |
| Support | | | | | | | | |
| PSC Cost | | | | | | | | |
| PSC Cost Percent | | | | | | | | 7.00 |
| PSC Amount | | | | | | | | 15,492.30 |
| Total Cost | | | | | | | | 236,810.80 |
| 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-Daynile -> Mogadishu/Daynile | 25 | 128 | 260 | 20 | 20 | 428 | | |
| Lower Shabelle -> Afgooye -> Afgoi | 50 | 280 | 500 | 38 | 38 | 856 | | |
| Lower Shabelle -> Afgooye -> Xaawo-Cabdi | 25 | 128 | 266 | 21 | 21 | 436 | | |

| Documents | |
|------------------------------|-------------------------------------|
| Category Name | Document Description |
| Signed Project documents | Memo for NFI leter.jpg |
| Signed Project documents | Revised Momo for NFI Vouchers.jpg |
| Project Supporting Documents | Ubdated BoQ GBV.xls |
| Budget Documents | BOQ' s.xls |
| Budget Documents | BoQ GBV.xls |
| Budget Documents | BOQ Reviewd.xlsx |
| Budget Documents | Memo for NFI vouchers.docx |
| Budget Documents | BOQ Reviewed2.xlsx |
| Budget Documents | Final reviewed SCC BOQs 31 Aug.xlsx |
| Grant Agreement | HC signed SCC GA 6631.pdf |
| Grant Agreement | HC signed SCC GA 6631.pdf |
| Grant Agreement | Signed GA by IP 6631.pdf |
| Grant Agreement | correct Signed GA by IP 6631.pdf |