

Organization	INTERSOS (INTERSOS)			
Project Title	Strengthening protection of at-risk populations by improving gender based violence (GBV) prevention and response in Baidoa (Bay region) and promoting GBV mainstreaming in humanitarian response in priority areas of Somalia			
CHF Code	CHF-DMA-0489-471			
Primary Cluster	Protection	Secondary Cluster		
CHF Allocation	Standard Allocation 1 (May 2013)	Project Duration	12 months	
Project Budget	296,683.00			
CAP Details	CAP Code	SOM-13/P-HR-RL/56526	CAP Budget	1,989,130.00
	CAP Project Ranking	A - HIGH	CAP Gender Marker	
Project Beneficiaries		Men	Women	Total
	Beneficiary Summary			
		Boys	Girls	Total
		Total		
		Total beneficiaries include the following:		
	Internally Displaced People/Returnees	38	250	288
	Staff (own or partner staff, authorities)	170	170	340
Trainers, Promoters, Caretakers, committee members, etc.	150	135	285	
Implementing Partners	Partner		Budget	
	Trauma Counselling Center (TCC)		60,400.00	
			60,400.00	
Organization focal point contact details	Name: Domenica Costantini Title: Somalia Protection Coordinator			
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BACKGROUND INFORMATION

1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	Decades of conflict and insecurity, drought and massive displacement in the South-Central Zone (SCZ) have placed women and girls in extreme vulnerability and at increased risk of gender-based violence (GBV). During the famine of 2011-12 Bay region was one of the most affected, with very high levels of displacement and food insecurity. While the humanitarian response has stabilized previously famine affected populations, perpetual external shocks limit the population's access to basic services causing fluctuating levels of vulnerability. As a result women and children are forced to adopt risky and sometimes harmful coping strategies, including collection and sale of firewood and payment of debt through forced marriage. Pressure for survival intensifies the potential for intimate partner violence. Furthermore, the modalities of aid assistance have sometimes exacerbated vulnerability and risk of exploitation. High levels of GBV and lack of capacity to prevent and respond was noted on a recent high-level visit to Somalia by the UN SRSG on sexual violence. Following this visit, a joint communiqué of the Federal Republic of Somalia and the United Nations on the prevention of sexual violence (7th May 2013) affirmed a commitment to prevent and respond to sexual violence across the county. INTERSOS proposes to support this commitment by improving the capacity of humanitarian actors, formal and informal authorities in Baidoa district and other humanitarian priority areas.
2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	INTERSOS is the only organization actively providing GBV services and case management in Baidoa in partnership with local NGO Trauma Counselling center (TCC). 231 GBV cases were reported by women and children over the last 8 months (GBVIMS, August 2012- April 2013); 31% were rape and 48% were physical/domestic violence. Over the last year INTERSOS has been building capacity in case management and clinical management of rape survivors (CMR). However, due to post-rape kits pipeline gaps no rape survivors were provided with post rape treatment, there are currently no safe shelters or material support for survivors to access services. It is necessary to improve the quality of care by 1) CMR technical support for health staff in the two recently operational hospitals, 2) reception of GBV cases, 3) supply and management of post-rape drugs, 4) material assistance and safe shelter support. Communities, authorities and humanitarian actors lack awareness of GBV risks and consequences and have limited practical involvement for GBV prevention and response. Non-GBV humanitarian actors across all sectors, and the new government authorities have identified this gap in knowledge and practice. Although INTERSOS/LNGO have been working to establish referral system and increase awareness of services in Baidoa there is still a need to strengthen engagement of communities, service providers and authorities and support GBV mainstreaming with cluster partners in other humanitarian priority areas.
3. Activities. List and describe the activities that your organization is currently implementing to address these needs	Since 2000 INTERSOS have been providing protection, education, livelihood and WASH services in Baidoa district with a special focus on vulnerable groups. The present action will complement and reinforce the only existing GBV services in Baidoa town which are currently supported by INTERSOS in partnership with TCC. INTERSOS have been conducting the following activities which support the proposed activities: 1. Capacity building of GBV 4 case workers and 4 community based social workers by INTERSOS GBV specialist to provide case management, basic emotional support and life saving material assistance to survivors. Case workers ensured GBV is an issue to discuss in a safe and confidential manner in communities and at the GBV working group. 2. Training of health workers in clinical management of rape survivors (working in SAMA and the regional hospital), confidential referral pathway established and capacity building of LNGO case workers conducted to effectively assist sexual violence cases; 3. Service mapping of key service providers (health, police, NGOs) finalized and GBV focal points appointed within INTERSOS multi-sectoral programmes (Education, WASH,

returns and livelihoods) to provide safe referral of GBV cases. 4. Services awareness raising and engagement with men, women and youth from target communities, including elders, religious and other leaders. INTERSOS will work through TCC with a strong supervision by the GBV field coordinator and monitoring and evaluation officer

LOGICAL FRAMEWORK				
Objective 1	Contribute to gender based violence (GBV) prevention, mitigation and response in Somalia by strengthening the quality of care for children and women survivors and those at high risk in Baidoa district and supporting practical mainstreaming of GBV minimum standards among humanitarian actors in priority target areas			
Outcome 1	Women and children GBV survivors are provided with timely, confidential and comprehensive case management and medical response in target areas of Baidoa town			
Activity 1.1	Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities in Baidoa town			
Activity 1.2	Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)			
Activity 1.3	Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).			
Indicators for outcome 1		Cluster	Indicator description	Target
	Indicator 1.1	Protection	Number of people facing specific protection risks accessing specialised services	288
	Indicator 1.2	Protection	GBV survivors that receive psychosocial and material assistance in line with set standards	288
	Indicator 1.3	Protection	GBV survivors that receive medical assistance, including post-rape treatment within 72 hours	100
Outcome 2	Increased awareness of GBV services and response referral system among target communities, civil society and formal and informal authorities			
Activity 2.1	To conduct 10 GBV field coordination meetings with elders, village leaders, etc to link them into the GBV referral system.			
Activity 2.2				
Activity 2.3				
Indicators for outcome 2		Cluster	Indicator description	Target
	Indicator 2.1	Protection	Number of people facing specific protection risks accessing specialised services	288
	Indicator 2.2	Protection	Community members with knowledge of response and reporting on GBV incidents	250
	Indicator 2.3	Protection		0
Outcome 3	Strengthened implementation of IASC GBV guidelines among non-GBV humanitarian actors through GBV mainstreaming practical training and technical support			
Activity 3.1	Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workshop will be reserved to GBV active members of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by one International GBV Capacity building trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the IASC GBV Guidelines (still a drafted document) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each specific cluster will be produced and distributed according to the action plans developed during the training.			
Activity 3.2	GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities in their programmes. Focal Points will regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.			
Activity 3.3	Conduct inter-cluster IDP/host community villages/camp safety audits in priority areas to review cluster response implications for girls, boys, women and men living in the camps, prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan implementation, and conduct an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.			
Indicators for outcome 3		Cluster	Indicator description	Target
	Indicator 3.1	Protection	Number of functioning multi-sectoral response mechanisms supported and capacitated, number of cases having experienced fundamental human rights violations accessing services (disaggregated by age and gender)	3
	Indicator 3.2	Protection	Humanitarian workers, informal and formal authorities trained in GBV mainstreaming	320
	Indicator 3.3	Protection	Multi-sectoral safety audits conducted	3

WORK PLAN								
Project workplan for activities defined in the Logical framework	Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12	
	Activity 1.1 Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities in Baidoa town	X	X	X	X	X	X	X
	Activity 1.2 Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)	X	X	X	X	X	X	X
	Activity 1.3 Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).	X		X			X	
	Activity 2.1 To conduct 10 GBV field coordination meetings with elders, village leaders, etc to link them into the GBV referral system.		X	X	X	X	X	X
	Activity 2.2							
	Activity 2.3							
	Activity 3.1 Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workshop will be reserved to GBV active members of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by one International GBV Capacity building trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the IASC GBV Guidelines (still a drafted document) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each specific cluster will be produced and distributed according to the action plans developed during the training.	X						
	Activity 3.2 GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities in their programmes. Focal Points will regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.		X	X	X	X	X	X
Activity 3.3 Conduct inter-cluster IDP/host community villages/camp safety audits in priority areas to review cluster response implications for girls, boys, women and men living in the camps, prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan implementation, and conduct an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.		X	X	X	X	X	X	

M & E DETAILS

Activity Description	M & E Tools to use	Means of verification	<i>Month (s) when planned M & E will be done</i>												
			1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1 Provision of GBV services including case management, safe shelter, basic emotional support and health referral to the main health facilities in Baidoa town	- Data collection - Field visits - Individual interview - Survey	- GBV IMS and case management records - Service user feedback survey - Field monitoring reports	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2 Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV survivors based on individual assessments by GBV case workers. The material assistance will also be allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner. Provision of life saving material assistance refers also to emergency food (rice, flour, sugar and oil) for GBV survivors (based on the IASC guidelines on MH and Psychosocial support in emergency settings Geneva 2007 – first layer of the intervention pyramid called basic services and security)	- Field visits - Post Distribution Monitoring	- Material assistance procurement & distribution documentation - Post-distribution monitoring survey - Field monitoring reports		X		X		X		X		X			X
Activity 1.3 Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in	- Contact details - Field visits	- Training attendance lists,		X	X		X	X		X	X			X	X

Activity 1.3: Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).
Activity 2.1: To conduct 10 GBV field coordination meetings with elders, village leaders, etc to link them into the GBV referral system.
Activity 2.2:
Activity 2.3:
Activity 3.1: Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location. Several seats in each workshop will be reserved to GBV active members of the GBV WGs to prepare together Action Plans. The training curricula will be designed and tested by one International GBV Capacity building trainer hired for a maximum of 3 months. The training curricula will be based on the last version of the IASC GBV Guidelines (still a drafted document) adapted and pre-tested in the Somali context. Posters, waterproof guidelines, GBV check lists for each specific cluster will be produced and distributed according to the action plans developed during the training.
Activity 3.2: GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors including GBV prevention activities in their programmes. Focal Points will regularly and actively attend the monthly GBV WGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.
Activity 3.3: Conduct inter-cluster IDP/host community villages/camp safety audits in priority areas to review cluster response implications for girls, boys, women and men living in the camps, prepare cluster action plans to implement GBV minimum standards, support joint-monitoring of action plan implementation, and conduct an internal evaluation/lessons learnt on GBV mainstreaming training and implementation.

BUDGET

1.1 Supplies, commodities, equipment and transport	1.1.1 Supplies (materials and goods)								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		Information materials (leaflets, posters, banners) GBV main streaming	6000	1	1	6,000.00	0.00	6,000.00	
		Transportation costs to health center for GBV survivors - Baidoa	1000	1	1	1,000.00	0.00	1,000.00	
		Tailored material assistance (for instance food, kitchen tools, blanket) for 288 beneficiareis	3000	1	1	3,000.00	0.00	3,000.00	
		Emergency support for provision of safe shelter (NFI, plastic sheet, torches and lockable doors) for 288 beneficiaries	2000	1	1	2,000.00	0.00	2,000.00	
		Dignity kits	65	300	1	19,500.00	0.00	19,500.00	
		Interviewers for base line and end line survey - 100%	800	1	2	1,600.00	0.00	1,600.00	
	Subtotal Supplies				33,100.00	0.00	33,100.00	11.9	
	1.1.2 Transport and Storage								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		Vehicle rental for Baidoa case workers	1300	1	12	15,600.00	0.00	15,600.00	
		Flights and visa for field staff	400	3	12	14,400.00	0.00	14,400.00	
		Mission costs-perdiem	250	5	12	15,000.00	0.00	15,000.00	
		Flight kenya somalia-3 staff, travelling one flight per month for 10 months.	1100	3	10	33,000.00	0.00	33,000.00	
		Safety Audit Excercise (conducted by 8 interviewers)	1500	1	1	1,500.00	0.00	1,500.00	
		Security Management - for the guards on Baidao site, for the staff on missions , airport pickups and field missions.	7000	1	1	7,000.00	0.00	7,000.00	
	Subtotal Transport and Storage				86,500.00	0.00	86,500.00	31.2	
1.2 Personnel (staff, consultants, travel and training)	1.2.1 International Staff								
	Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
		GBV main streaming trainer specialist	5500	1	2	11,000.00	0.00	11,000.00	
		GBV project manager	3000	1	6	18,000.00	1,000.00	17,000.00	
		Financial/Program Supervision (senior staff)	1500	1	1	1,500.00	0.00	1,500.00	
	Subtotal International Staff				30,500.00	1,000.00	29,500.00	10.6	
	1.2.2 Local Staff								

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	National staff trainer - 100%	1300	1	12	15,600.00	0.00	15,600.00	
	Monitoring and evaluation officer - 100%	1000	1	12	12,000.00	0.00	12,000.00	
	National Finance and Administration staff - 12%	1750	3	6	31,500.00	24,000.00	7,500.00	
	GBV response officer - 100%	500	1	12	6,000.00	0.00	6,000.00	
	Community mobilizer - 100%	500	1	12	6,000.00	0.00	6,000.00	
	Case worker -Baidoa - 100%	400	3	11	13,200.00	0.00	13,200.00	
	Support/Logistic Staff - 33%	500	6	3	9,000.00	6,000.00	3,000.00	
Subtotal Local Staff					93,300.00	30,000.00	63,300.00	22.8

1.3 Training of Counterparts

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	GBV main streaming training (The number of participants is 20 and the duration of the training is 3 days)	3250	2	8	52,000.00	0.00	52,000.00	
	CMR Training for health worker and mentoring-Baidoa (20 participants each and the duration of the each training is 3 days)	3250	1	1	3,250.00	0.00	3,250.00	
	CMR Mentoring follow up session (3 persons each session)	800	3	1	2,400.00	0.00	2,400.00	
	GBV Awareness raising session-Baidoa- one awareness session per month for 10 months	100	1	10	1,000.00	0.00	1,000.00	
Subtotal Training of Counterparts					58,650.00	0.00	58,650.00	21.2

1.4 Contracts (with implementing partners)

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
Subtotal Contracts					0.00	0.00	0.00	0.0

1.5 Other Direct Costs

Code	Budget Line Description	Unit Cost	Units	Timeframe	Amount(USD)	Organization	CHF	% of CHF Total
	Bank and transfer Charges and commission	2224	1	1	2,224.00	0.00	2,224.00	
	Office running costs	400	1	12	4,800.00	800.00	4,000.00	
Subtotal Other Direct Costs					7,024.00	800.00	6,224.00	2.2

TOTAL

					309,074.00	31,800.00	277,274.00	
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2.0 Indirect Costs

					Amount(USD)	Organization	CHF	% of CHF Total
	Indirect Costs				19,409.00	0.00	19,409.00	6.9999
GRAND TOTAL					328,483.00	31,800.00	296,683.00	100.0

Other sources of funds

Description	Amount	%
Organization	31,800.00	10.72
Community	0.00	0.00
CHF	296,683.00	100.00
Other Donors	a)	0.00
	b)	0.00
TOTAL	296,683.00	

LOCATIONS

Region	District	Location	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bay	Baidoa	Baidoa	Provision of GBV services including case management, safe shelter, basic emotional and health referral to the main health facilities in Baidoa town	IDP/Returnees and host community	100	3.11718	43.6469	NA-3802-X04-001
Bay	Baidoa	Baidoa	Women and children GBV survivors are provided with timely, confidential and comprehensive case management and medical response in target areas of Baidoa Town	IDP/Returnees and host community	288	3.11718	43.6469	NA-3802-X04-001
Bay	Baidoa	Baidoa	Provision of life saving material assistance (dignity kits, shelter kits and transport cost) to GBV	IDP/Returnees	288	3.11718	43.6469	NA-

			survivors based on individual assessments by GBV case workers. The material assistance will be also allocated to provide emergency safe shelter by already identified foster families. Foster families will be on standby in case an emergency safe shelter is needed to secure the protection of women and girls GBV survivors. It is envisaged that the foster families will host the survivor for a period of up to 3 months. Tailored NFI/Shelter items will be provided to the survivors' host to assure hospitality in a dignified manner	and host community					3802-X04-001
Bay	Baidoa	Baidoa	Capacity building on Clinical Management of Rape Survivors (CMR) for 20 health staff from the two Baidoa hospitals as well as from the MCHs present in the district (1 formal training and 2 mentoring sessions). Among the participants GBV focal points will be identified and support to provide case management and referral at the two hospitals and in well functioning MCHs of Baidoa district (Return Consortium service mapping will be baseline for the selection of MCHs).	Health staff from Baidoa district	20	3.11718	43.6469		NA-3802-X04-001
Bay	Baidoa	Baidoa	Support the trained community-based GBV focal points, youth peer mobilisers and community leaders in target communities to conduct GBV service awareness campaigns and link their communities into the GBV referral system. 10 larger community discussions will be facilitated with the INTERSOS community mobiliser supporting, there will be further smaller sessions (30 sessions) conducted by the community leaders, peer mobilisers and GBV focal points on a voluntary basis.	community members and authorities	300	3.11718	43.6469		NA-3802-X04-001
Bay	Baidoa	Baidoa	Identify and train community-based multi-sectoral GBV focal points (in particular Community Health Workers, Community Education Committees, Water User Committees), youth peer mobilisers and community leaders (including religious leaders, elders and village leaders).	community leaders and youth	40	3.11718	43.6469		NA-3802-X04-001
Bay	Baidoa	Baidoa	Conduct 16 three-day GBV mainstreaming trainings (20 persons per workshop). Target participants are humanitarian actors from WASH, Education, Health, Shelter, Food security clusters and Return programme as well as informal and formal authorities (Police, religious leaders, clan leaders, village leaders and elders) in coordination with the Protection Cluster and the GBV WGs of the 3 priority areas location.	humanitarian actors and formal and informal authorities	320	3.11718	43.6469		NA-3802-X04-001
Bay	Baidoa	Baidoa	GBV focal points will be appointed and will be responsible to implement the Action Plans with the support of the GBV WGs chair and co-chair. The Action Plan includes that non GBV actors will put in place GBV 'mandatory' standards to reduce or mitigate the risk of GBV. Focal points will represent the interests of women and girls in their clusters. Focal points will ensure that gender-based violence minimum standards are integrated into all debates and initiatives undertaken in their clusters. Focal points will conduct joint awareness with the GBV actors having in their programmes GBV prevention activities. Focal Points will regularly and actively attend the monthly GBVWGs as well as will monthly report to the protection cluster and GBV WGs in their respective field. Specific ToR will be design for the focal points during the three days training.	Humanitarian actors, formal and non formal authorities	100	3.11718	43.6469		NA-3802-X04-001
TOTAL						1,456			

DOCUMENTS

Document Description

1. Bill of Quantities
2. Training Manual - GBV
3. Training Manual - CMR
4. Bill of quantities
5. Audit compliance Memo
6. Bill of quantities - revised