

Requesting Organization :	Save Somali Women & Children				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Protection	GBV	100.00			
		100			
Project Title :	Emergency Protection Assistance and Basic life saving Services for Drought and Conflict-Affected IDPs and Host Populations in Adado and Elwak Districts,				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/P-HR-RL/100181	Fund Project Code :	SOM-17/3485/SA1 2017/Prot/NGO/4699		
Cluster :	Protection	Project Budget in US\$:	159,900.80		
Planned project duration :	6 months	Priority:	A - High		
Planned Start Date :	28/02/2017	Planned End Date :	28/08/2017		
Actual Start Date:	28/02/2017	Actual End Date:	28/08/2017		
Project Summary :	<p>The project is aimed at responding to the Conflict and drought emergency through providing Gender based violence comprehensive services to 1000 survivors in Adado and Elwak districts. The services include Medical, Psycho-social and legal support. The Gender based violence survivors conditions will be improved through group therapy and hand craft skills training to ensure early recovery and formation of community support groups for smooth community reintegration. SSWC will be directly implementing the activities in Adado while based on the analysis of the current situation Save Somali Women and Children intends to extend its protection programme in partnership with Northern Frontier Youth League (NoFYL) to contribute towards enhancing protection, increasing safety and promoting dignity of conflict-affected women, men, girls and boys, across the target districts. These areas are currently concerned by prolonged displacement and voluntary return movements and, with the intensification of the military operations around Mosul, it is expected that a high number of newly displaced people and/or newly accessible people will be imminently in need of critical assistance.</p> <p>The overarching objective of the action is to contribute towards enhancing the first-line and second-line overall protection response capacity, through the deployment of specialized mobile teams composed of Case Managers, Health Workers and Legal Officer, for increased identification and service delivery.</p> <p>Specifically, the action aims at increasing the knowledge and understanding of critical protection needs, as well as mitigating the impact and effects of conflict among all conflict affected individuals. Target beneficiaries will include: women, men, girls and boys among displaced, including newly displaced people and/or newly accessible people; returnees; receiving community members. The guiding strategy will be twofold: dissemination of relevant information; and direct support of identified cases through comprehensive case management (including internal/external referral) and distribution of emergency kits.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	207	1,255	22	50	1,534
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	170	1,000	15	40	1,225
People in Host Communities	37	255	7	10	309
Indirect Beneficiaries :					
The indirect project beneficiaries will include general community, CBOs, camp Committees, women and youth groups, A total of 10,500 indirect beneficiaries.					
Catchment Population:					
Drought affected populations who come across gender Based violence in IDPs and host communities from Galguduud(Adado) and Gedo (Elwak) regions.					
Link with allocation strategy :					

The project is in line with the SHF Strategic standard Allocation 2017. The activities contribute to the objectives of the SHF Strategic standard Allocation strategy, "Life-saving and life sustaining integrated response to drought and conflict affected GBV survivors from IDPs and host communities in Mogadishu and Adado since the proposed project activities ensure provision of life-saving services for GBV survivors as well as to facilitate comprehensive and integrated life sustaining response for Conflict and drought affected populations.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Nothern Frontier Youth League	National NGO	62,200.00
		62,200.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Ahmed Abdinasir	Program Coordinator	ahmednasir@sswc-som.com	+252616954039
Mohamed Hassan Abdi	Project Manager	Mohamed.abdi@nofyl.org	+252619875131

BACKGROUND

1. Humanitarian context analysis

According to the 2017 Humanitarian need overview the ongoing drought and seasonal flooding expected later in the year, the multi-faceted crisis is expected to deepen in 2017. An increase in returns of Somali refugees from neighboring Kenya to areas with limited absorption capacity, could further exacerbate the situation.

At least 1.1 million internally displaced persons (IDPs) and other vulnerable people, notably women, children, minorities, the disabled, child and female headed households, survivors of violence, abuse and exploitation (particularly children), or older persons without support structures, are exposed to protection risks, such as forced evictions, discrimination based on status, child rights violations and child labor, family separations and gender-based violence (GBV), such as rape and sexual assault, due to conflict and protracted displacement as well as natural hazards.

Settlements are often ungoverned, or governed by gatekeepers, overcrowded and displaced people have limited access to protective shelter, safe water and sanitation facilities as well as other basic needs. Forced evictions in the first half of 2016 caused the displacement of nearly 75,000 people. Protection needs are increasing, with further insecurity surrounding the political process in urban settings, along with localized clan conflict.

2. Needs assessment

Protection needs are on the rise, caused by negative coping mechanisms in response to drought and increased insecurity surrounding the political process in urban settings, along with localized clan conflicts that are intertwined with the broader non-international armed conflict. The use of non-traditional and unofficial armed groups has fostered an environment of impunity whereby the civilian population is faced with a heavily militarized and unaccountable group that does not adhere to any traditional or formal mediation mechanisms or platform.

Protection violations include extrajudicial killings, arbitrary arrests, abductions, a rise in illegal checkpoints, and exposure to risk on hazardous routes. Moreover, insecurity has resulted in limited humanitarian access and movement of affected populations; populations that are in dire need of mobility in order to access basic services.

Gender-based violence (GBV) remains rampant and pervasive in Somalia, affecting mostly women and girls, and is particularly high in IDP settlements. According to Gender-based Violence Information Management System (GBVIMS) data for the first half of 2016, 76 per cent of GBV survivors were IDPs, while 99 per cent were female.

Over half (52 per cent) of the reported GBV incidents were physical assault, followed by incidents of rape accounting for 16 per cent of reported GBV incidents; 68 per cent of GBV cases were categorized as intimate partner violence. Gender inequality, power imbalances, a weak functioning justice system, non-State fulfillment to international human rights treaties, protracted conflict and displacement all contribute to a protection environment that leaves women and girls especially vulnerable to gender-based violence

3. Description Of Beneficiaries

This project will target the GBV Survivors in Adado and Elwak that were affected by drought . This project will ultimately provide services to the IDP settlements and host communities(1400men, 2962 women, 50 girls, 22boys). The beneficiaries who were affected by the drought in their respective rural areas will be offered services such medical, Psycho social and legal support. The beneficiaries by nature will be drawn from the drought affected areas in Adado and Elwak districts. Case workers in each location will lead the identification and referrals of GBV survivors through the available referral networks. As both NoFYL and SSWC have vast coordination experience working with other partners and coordination will be enhanced. The criteria for selection of beneficiaries will be drought affected populations facing incidents of Gender Based Violence such as Rape, trauma, denial of resources, sexual assault, domestic violence etc.

4. Grant Request Justification

SSWC has been implementing GBV prevention and response activities in South Central Somalia since 1992. Through its vast experience, SSWC provides comprehensive case management services through the GBV Stop Centre in Xawa Tako Center, Mogadishu and along the Afgoye corridor.

SSWC is the national co chair GBVWG , member of Cluster Review Committee and Humanitarian Country Team . SSWC has the technical expertise at the field level with competent GBV and protection staff to ensure that programming is of high quality and meets the needs of the persons of concern. SSWC will draw from its past experiences of implementing GBV programs in Mogadishu, Afgoye, Baidoa ,Adado and Gedo regions and will incorporate learning from previous interventions.

SSWC implementing partner in this project (NoFYL) has coordinated efforts to develop a multi-sectoral inter agency GBV prevention and response strategy between 32 agencies in Mogadishu. In its capacity as the Mogadishu GBVWG co-chair, NoFYL acts as the focal point for information exchange between the agencies involved, spearhead efforts to strengthen the capacity of government authorities and other civil societies working on GBV and coordinates joint implementation initiatives among agencies. These initiatives are aimed at building synergies and promoting efficient utilization of resources by avoiding duplication of efforts. Through its IOM/CERF funded project currently being implemented in the target districts, NoFYL has vast access and experience in working in Target and districts with good relationship with local authorities and camp leaders, this will help ease implementation of this project in the target settlements.

SSWC implements in Elwak, Gedo through NoFYL who have direct access and already implementing a GBV project, this project will be scaling up on their existing project. SSWC does not have direct access and physical presence in Elwak district and there's need to engage NoFYL who are active in the region and not making to the list of eligible organizations to apply directly for SHF funds, however this is a lifesaving intervention that need cost effectiveness.

5. Complementarity

Both SSWC and NoFYL as the co-chair of national and Mogadishu GBV WG has great influence in ensuring implementation of GBV projects are complementary by ensuring coordinated responses through the service mapping and established referral networks to avoid duplication of efforts. As part of the multisectoral approach intervention SSWC will complement CISP and SEDHURO child protection response in Gedo Region. This project will also contribute substantially other sectors activities such as wash,shelter, food security in Gedo Region.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to ensure comprehensive response to drought affected populations that encountered incidents of GBV in Adado and Elwak districts. The project will achieve this through provision of Comprehensive GBV services closer to the affected populations, to improve conditions for early recovery and reintegration to the community. The services to be provided include Medical, Psycho-social, referral and Legal support. The project is to achieve multi sectoral approach response to the ongoing drought in south central somalia. Proposed interventions focus on provision of timely, effective and quality lifesaving protection response and service provision to prevent or respond to Gender-Based Violence in the context of the drought in Somalia.

The overall objective of the project is to ensure comprehensive response to drought and conflict affected populations that encountered incidents of GBV in Adado and Mogadishu. The project will achieve this through provision of Comprehensive GBV services closer to the affected populations, to improve conditions for early recovery and reintegration to the community. The services to be provided include Medical, Psycho-social, referral and Legal support. The project is to achieve multi sectoral approach response to the ongoing conflict and drought in Banadir and Galgudud of south central somalia. Proposed interventions focus on provision of timely, effective and quality lifesaving protection response and service provision to prevent or respond to Gender-Based Violence in the context of the drought in Somalia.

Protection

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
To improve protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or natural disasters.	Somalia HRP 2017	100

Contribution to Cluster/Sector Objectives : This project is compatible with the 2016 Humanitarian Response Plan (HRP) strategic objective by addressing humanitarian needs through provision of life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable' as. This will be addressed through life saving and life enhancing activities to address time-critical needs of GBV survivors, The project also is in line with objectives of the Protection Cluster for 2016 by improving the protection risk prevention, response and access to services for IDPs and other civilians affected by conflict, violence, human rights violations or disaster.

This project strengthens community protection mechanisms for GBV through a comprehensive, prevention strategies and timely response. The project is in line with protection cluster objective 1 and 3

Outcome 1

Timely, quality care and support to GBV survivors in Cadaado and Ceelwaaq through medical assistance, psycho-social support, material and legal assistance; with improved conditions for early recovery

Output 1.1

Description

To provide GBV survivors with psycho-social support, medical referral and legal aid, where feasible. This also includes transportation to other referral actors. The Implementing Partner will provide psycho-social support to the GBV survivors and will assist in referring the GBV survivors to partner doctors and lawyers as needed. The case workers or community focal points will identify the beneficiaries and provide them with PSS.

Assumptions & Risks

Security situation allows access to target beneficiaries, SSWC and implementing partner maintains good relationship with both district leadership to ensure smooth implementation of the project

Activities
Activity 1.1.1
Standard Activity : Health treatment and medical support for GBV
For SSWC and NoFYL to be able to provide CMR service, the current nurses and community health workers shall first be trained on CMR and SCA approaches in caring for both adult and child survivors. The treatment will be offered by the nurses at the GBV Centers both in Cadaado and Ceelwak districts.
Activity 1.1.2
Standard Activity : Psycho-social Support
Through the counselors, GBV survivors will have access to information on available services and how to access them, the counselors are trained on survivor centered approaches which will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. Services are provided within the one stop centre's by counselors who also recommend referrals when cases are beyond their capacity.

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					250
Means of Verification : Safe space registry, GBVIMS,							
Indicator 1.1.2	Protection	Number of male/female survivors who receive PSS service in a survivor centered approach					1,000
Means of Verification : GBVIMS							

Output 1.2
Description
Improved drought affected GBV survivors conditions for early recovery and community reintegration in Adado and Ceelwak districts
Assumptions & Risks
If the environmental conditions such public perceptions and stigma are improved GBV survivors will recover quickly and reintegrate with their respective communities, however the risk is that due to the ongoing drought creation of the desired conditions maybe a challenge.
Activities
Activity 1.2.1
Standard Activity : Skills Training for livelihoods purposes
15 hand craft skills training in Cadado and 15 tie and dye skills training for GBV Survivors in Ceelwak for recovery.
Activity 1.2.2
Standard Activity : Family reunification
Formation of Community support groups in Cadado for reintegration of survivors with their families and community without stigmatization.

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Protection	The number of women and girls benefited from handcraft and Tie & Die skills training disaggregated by age					30
Means of Verification : Training participants lists, Project reports							
Indicator 1.2.2	Protection	Percentage of identified UAM and separated girls and boys reunited with their families					150
Means of Verification : Success stories, project reports,							

Output 1.3
Description
Capacity building to project staffs to enhance their capacity or service provision in Elwak and Adado
Assumptions & Risks
Training materials available and contextualized, handouts translated on time
Activities
Activity 1.3.1
Standard Activity : Capacity building

SSWC and NoFYL in coordination with the clinical management of rape (CMR) taskforce conduct CMR training in Adado and Elwak targeting 40 (T=40) persons (30 women and 10 male) for each training. The training will be conducted in close collaboration with the CMR task force and their pool of trainers, line ministries and the GBV sub clusters. Participants will be selected in close collaboration with the CMR taskforce and the Ministry of Gender. SSWC will be informed of the selection. The participants will be evaluated before and after the training sessions for assessment purposes. The goal of the training sessions is to educate the health service providers on GBV, confidentiality, how to ensure correct treatment of GBV cases, such as administering PEP kits for rape cases, as well as where to get PEP kits if they are not available.

Activity 1.3.2

Standard Activity : Capacity building

Survivor Centered Approach (SCA) training aims to build knowledge, skills and good practice using a survivor-centered approach care among all those with a role in providing care, support and protection for survivors especially the GBV counsellors. 40 counsellors among the referral networks will be selected in Elwak and Adado with the help of GBVWG sub cluster to ensure the right service providers are selected

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Protection	Number of health workers trained on CMR					40
Means of Verification : Training reports, photos, training attendance list, human interest stories							
Indicator 1.3.2	Protection	Number of counselors trained on survivor centered approaches					40
Means of Verification : training reports, photos, training attendance list, human interest stories.							
Indicator 1.3.3	Protection	Number of male/female survivors who receive medical assistance, including post rape treatment within 72 hours, in line with set standards					250

Means of Verification : project reports, photos, safe space registry, human interest stories.

Additional Targets :

M & R

Monitoring & Reporting plan

SSWC will monitor the indicators listed in the sector summary tables. Monitoring will include periodic security assessments to determine if the security context poses a threat or may affect program implementation. To assess the impact of services provision. SSWC staff will carefully monitor the project through NOFYL on a monthly basis and document all activities to ensure effective implementation. A community complaints mechanism and community-led impact evaluation will be used to assess impact and outcomes. SSWC will use the GBV IMS for data collection .SSWC will conduct periodic surveys to collect data. Each rapid survey will use the same tools and methods to avoid changing results arbitrarily. Results from surveys will not be used to assess impact, but rather to gauge performance of activities and to adjust techniques to better target the desired response and practices. Similarly, data collected on indicators will inform the timeliness of progress relative to the detailed implementation plan. SSWC will also develop a detailed Performance Management Plan (PMP), SSWC customary uses a Simple monitoring for learning and evidence based reporting(SMILER) guide that informs the above monitoring procedures and will prepare monthly project progress report as well as quarterly and final report.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: For SSWC and NoFYL to be able to provide CMR service, the current nurses and community health workers shall first be trained on CMR and SCA approaches in caring for both adult and child survivors. The treatment will be offered by the nurses at the GBV Centers both in Cadaado and Ceelwak districts.	2017		X	X	X	X	X	X	X				
Activity 1.1.2: Through the counselors, GBV survivors will have access to information on available services and how to access them, the counselors are trained on survivor centered approaches which will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. Services are provided within the one stop centre's by counselors who also recommend referrals when cases are beyond their capacity.	2017		X	X	X	X	X	X	X				
Activity 1.2.1: 15 hand craft skills training in Cadaado and 15 tie and dye skills training for GBV Survivors in Ceelwak for recovery.	2017					X	X						
Activity 1.2.2: Formation of Community support groups in Cadaado for reintegration of survivors with their families and community without stigmatization.	2017				X	X	X	X	X				
Activity 1.3.1: SSWC and NoFYL in coordination with the clinical management of rape (CMR) taskforce conduct CMR training in Adado and Elwak targeting 40 (T=40) persons (30 women and 10 male) for each training. The training will be conducted in close collaboration with the CMR task force and their pool of trainers, line ministries and the GBV sub clusters. Participants will be selected in close collaboration with the CMR taskforce and the Ministry of Gender. SSWC will be informed of the selection. The participants will be evaluated before and after the training sessions for assessment purposes. The goal of the training sessions is to educate the health service providers on GBV, confidentiality, how to ensure correct treatment of GBV cases, such as administering PEP kits for rape cases, as well as where to get PEP kits if they are not available.	2017			X	X								

Activity 1.3.2: Survivor Centered Approach (SCA) training aims to build knowledge, skills and good practice using a survivor-centered approach care among all those with a role in providing care, support and protection for survivors especially the GBV counsellors. 40 counsellors among the referral networks will be selected in Elwak and Adado with the help of GBVWG sub cluster to ensure the right service providers are selected	2017			X	X															
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OTHER INFO

Accountability to Affected Populations

The project targets the drought affected persons in Galgudud and Gedo. The project specifically targets the GBV Survivors through service provision. During this hard times of conflict and drought in the south central region, SSWC has a responsibility to address the emergency crisis. The government that is mandated with the primary responsibility of protecting its citizens has declared the need for Non-governmental organizations to support in addressing the drought emergency. SSWC is committed to international accountability platforms such IASC, Act Alliance resolution 1325 etc. SSWC will be open and transparent in providing comprehensive GBV services and ensure a successful early recovery of the survivors. The organization experience in handling Key principles of GBV such as Confidentiality, privacy and impartiality will add value to the project implementation alongside active engagement of the local administration and other Nongovernmental service providers. SSWC will put in place a beneficiary feedback mechanism where complains, complements are recorded and attended to.

The present intervention will take into account meaningful participation of beneficiaries throughout the whole project implementation. A two-ways communication with affected populations will be guaranteed and promoted to:

- respect the dignity of affected communities in the areas of operation;
- have better control over the organization's internal processes;
- improve monitoring and evaluation and better understand communities' needs, including tracking them as they change over time;
- make protection intervention more effective, by allowing a more efficient reporting of cases of abuse and exploitation, if any;
- avoid unintended and damaging consequences of SSWC & NoFYL work.

Beneficiaries needs in the target areas have been and will continue to be identified through protection assessments conducted and shared by local/international actors operating in target locations. In addition, home visits will continue to inform the protection assessment and identification of beneficiaries' needs. During the project implementation, beneficiaries will continue to be regularly consulted in order to adapt the proposed interventions to their demands/changing needs, as well as to receive their suggestions on how better design/adapt the response throughout the project implementation.

Implementation Plan

- Activity 1.1.1 For SSWC and NoFYL to be able to provide CMR service, the current nurses and community health workers shall first be trained on CMR and SCA approaches in caring for both adult and child survivors. The treatment will be offered by the nurses at the GBV Centers both in Cadaado and Ceelwak districts

Both SSWC and NoFYL will be implementing the above activity in Cadado and Celwaak respectively by firts training health workers who will again provide the medical support to GBV survivors. Its expected 150 survivors to benefit from the servie in Cadado and 100 from Elwak .

- Activity 1.1.2 Through the counsellors, GBV survivors will have access to information on available services and how to access them, the counsellors are trained on survivor centered approaches which will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. Services are provided within the one stop centre's by counsellors who also recommend referrals when cases are beyond their capacity.

SSWC will be providing psycho-social support to GBV survivoirs in Cadado while NoFYL will be providing the same in Ceelwak for the survivors. The counselling will be provided by the trained psycho-social counsellors targeting 1000 GBV survivors 600 in Cadado and 400 in Celwaak

- Activity 1.2.1 15 hand craft skills training in Cadado and 15 tie and die skills training for GBV Survivors in Ceelwak for recovery. SSWC will be training 15 women and girls in hand craft skills to as an intervention to ensure quick recovery from drought impact while another 15 girls and women will be trained by NoFYL in Tie and Die skills.

- Activity 1.2.2 Formation of Community support groups in Cadado for reintegration of survivors with their families and community without stigmatization.

SSWC will be forming community support groups to ensure the GBV survivors will be integrated with families and community without stigma. The groups will be comprising of GBV survivors and host communities to avoid stigma. The groups will be tasked with the responsibility of social cohesion and peaceful community coexistence. This activity will be implemented in Cadado. Three groups comprising of 8 members will be formed.

- Activity 1.3.1 SSWC and NoFYL in coordination with the clinical management of rape (CMR) taskforce conduct CMR training in Adado and Elwak targeting 40 (T=40) persons (30 Female and 10 male) for each training. The training will be conducted in close collaboration with the CMR task force and their pool of trainers, line ministries and the GBV sub clusters. Participants will be selected in close collaboration with the CMR taskforce and the Ministry of Gender. The goal of the training sessions is to educate the health service providers on GBV, confidentiality, how to ensure correct treatment of GBV cases, such as administering PEP kits for rape cases, as well as where to get PEP kits if they are not available. SSWC will be training 20(15Female, 5male) health service providers in Cadado while NoFYL will be training 20(15Female, 5male) in Celwaak.

- Activity 1.3.2 Survivor Centered Approach (SCA) training aims to build knowledge, skills and good practice using a survivor-centered approach care among all those with a role in providing care, support and protection for survivors especially the GBV counsellors. 40 counsellors among the referral networks will be selected in Elwak and Adado with the help of GBVWG sub cluster to ensure the right service providers are selected. SSWC will be training 20 Counsellors in Cadaado while NoFYL will be training the same in Celwak.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
NoFYL	NoFYL conducts GBV prevention and response services in Target district as well leads Mogadishu GBVWG as the co-chair. SSWC will work with NoFYL in ensuring survivors of GBV receive appropriate service at their GBV centers. The proposed activities will be implemented through information sharing and ensuring solutions for difficult cases are discussed through case management meetings.

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project is designed to empower the disadvantaged segment of society particularly women. The whole purpose of this empowering project is to contribute to the creation of egalitarian society which respects all human beings irrespective of the differences in sex. To this effect, the project will adopt gender sensitive programming of all the project activities. Refreshment trainings will be provided to project staff and the planning and reporting formats will design to demand sex disaggregated data.

Protection Mainstreaming

As SSWC is keen to mainstream protection into all of its interventions, the SSWC GBV team will work on building the capacity of staff from different sectors (Health, WASH, livelihood and Shelter) from SSWC as well as other agencies on protection mainstreaming. The targeted implementing partner (NoFYL) is currently the co-lead of the Mogadishu GBVWG and will be an entry point of mainstreaming GBV to other cluster and ensure representation of GBV members at other clusters monthly meetings.

SSWC is committed to ensuring that protection is mainstreamed into all program responses. Protection activities will be integrated to improve the community with the aim of mitigating the risk and exposure of affected populations to threats, to empower beneficiaries to claim their rights, and to prompt duty-bearers to comply with their obligations.

Country Specific Information

Safety and Security

SSWC and NoFYL will be responsible for the management and implementation of the activities in the project area. Since majority of NoFYL staffs are members of the local community, threats to their lives are minimal. However necessary precautions will be taken whenever need arises. Also, Since the local administrative authority will be a key partner in the implementation process, they will be required to provide adequate security when needs arise.

This project will prioritize securing the privacy and identity of survivors of GBV, even from family members and friends in order to mitigate any re-victimization. Privacy will be key in the collection of forensic evidence and provision of testimony to the police or court when needed

Access

The targeted implementing partners have good access to the targeted settlement in Gedo as they have been active for the last 5 years, they have recently widely distributed solar lanterns and implemented GBV projects with CERF funding thus having a good relationship with

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Program Coordinator	S	1	6,000.00	6	16.00	5,760.00
	<i>The program coordinator is responsible for the overall direction of the project and will significantly contribute 16% that will be charged SHF. He links the project activities both in Cadado and Ceelwak. 16% of usd6000 for 6months=usd 5760</i>						
1.2	HR Officer	S	1	2,500.00	6	10.00	1,500.00
	<i>The HR will be responsible of the welfare and disciplinary issues of the project staff. Will contribute 10% of his time to the project that SHF will be charged. 10% of usd 2500 for 6months=1500</i>						
1.3	Logistics Officer	S	1	2,500.00	6	10.00	1,500.00
	<i>The Logistics officer will be responsible of the procurement and planning of the project goods and services using the organization policies to ensure value for money is achieved, Will contribute 10% of his time to the project that SHF will be charged. 10% of usd 2500 for 6months=1500</i>						
1.4	Accountant	S	1	2,500.00	6	10.00	1,500.00
	<i>The Accountant will be responsible of the financial documentation of the project. Monitor budget movement and report. Will contribute 10% of his time to the project that SHF will be charged. 10% of usd 2500 for 6months=1500</i>						
1.5	Project Officer	D	1	900.00	6	100.00	5,400.00

	<i>The project officer is the technical GBV expert that will be incharge of the day to day project activities. She will be dedicating 100% of her time to the project that SHF will be charged. 100% of usd 900 for 6months=5400</i>						
	Section Total						15,660.00
Supplies, Commodities, Materials							
2.1	Community Case workers service provision	D	3	370.00	6	100.00	6,660.00
	<i>The caseworkers (3 in Adado district) are responsible for identification, assessing women and children's immediate needs related to their incidents of violence, developing immediate care , treatment goals, implementing , monitoring women and children clients' care action plans @ 370 for 3 case workers for 6months</i>						
2.2	CMR training (1 trainings of 3 days each for 20 participants) in Cadado	D	1	2,950.00	1	100.00	2,950.00
	<i>Conduct training and capacity building for 20 health workers in Adado for 3 days each on clinical care for sexual assault survivors (CCSAS) GBV core concepts, safe and ethical referral. Health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV. Training Venue- 3 days at \$200usd Lunch and Refreshment for participants- 3 days for 20 participants at 25usd Transport allowances- 20 persons at 10usd for 3 days Training materials- 20 persons at 5usd Training Banners- 50usd Certificates- 5usd for 20 persons BOQ attached</i>						
2.3	SCA Training (1 trainings of 3 days each for 25 participants)	D	1	2,950.00	1	100.00	2,950.00
	<i>Conduct training and capacity building for 20 counselors 20 in Adado for 3 days each on survivor centered approaches (SCA) and psychological first aid (PFA). Counselors are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV and ensure their emotional well being. They also do follow up of survivors after the first sessions of counseling. Training Venue- 3 days at \$200usd Lunch and Refreshment for participants- 3 days for 20 participants at 25usd Transport allowances- 20 persons at 10usd for 3 days Training materials- 20 persons at 5usd Training Banners- 50usd Certificates- 5usd for 20 persons BOQ attached</i>						
2.4	Literacy and handcraft skills for 15 women in Cadado	D	1	4,800.00	1	100.00	4,800.00
	<i>Provide skills training to 15 GBV survivors in Adado for a period of 2 months. The training involves literacy classes for all and handcraft skills training for 15 survivors. 3000usd as training materials, facilitator and 1800usd as a start up kit. 3000usd +1,800usd=4,800/= BOQ attached</i>						
2.5	Community support groups meetings	D	24	35.00	2	100.00	1,680.00
	<i>Conduct group meetings comprising of 3groups each with 8members for two days with a lunch and refreshments of 35usd per person. The group will be deliberating on how best to integrate the GBV survivors back to the community and families. 3groups X 8members X for 2days @ 35usd=1680usd BOQ attached</i>						
2.6	Provide material assistance to GBV survivors and vulnerable persons at risk of GBV, the support includes dignity kits in Cadaado	D	200	65.70	1	100.00	13,140.00
	<i>200 Dignity kits will be issued to the most vulnerable GBV Survivors, (sanitary towels,dirac, gabsar, bar soap and underwear) @65.7usd per kit.=13,140usd BOQ attached</i>						
2.7	Safe spaces Establishment	D	1	10,000.00	1	100.00	10,000.00
	<i>Confidential Safe space with all the necessary one stop center services will be established within SSWC's premises in Adado. This include medical bedding at the medical station, equipping counseling dark room, and survivor waiting room. 10,000usd The BOQ is attached.</i>						
2.8	Survivor referral(Medical and psychosocial)	D	1	2,000.00	6	100.00	12,000.00
	<i>The vehicle to transport GBV survivors from their respective locations to the GBV center and referral to other services providers will be 2000 usd a month for 6month.</i>						
2.9	Psychosocial service provision	D	1	700.00	6	100.00	4,200.00
	<i>Counseling will be provided by professional counselor @ 700 per month for 6months</i>						
2.10	Medical treatment service provision	D	1	600.00	6	100.00	3,600.00
	<i>Medical support will be provided by a qualified nurse @ 600 per month for 6months</i>						
	Section Total						61,980.00

Equipment							
3.1	Office desks with drawers	S	4	250.00	1	100.00	1,000.00
<i>The service providers in the GBV center will be using the procured desks 1 for Counselor, 1 for project officer, 1 for nurse, and 1 for Case workers. 4 office desks @250usd= 1000usd</i>							
3.2	Office Seats	S	4	200.00	1	100.00	800.00
<i>The service providers in the GBV center will be using the procured Chairs 1 for Counselor, 1 for project officer, 1 for nurse, and 1 for Case workers. 4 office chairs @200usd=800usd</i>							
3.3	GBV Centers waiting chairs	D	10	100.00	1	100.00	1,000.00
<i>The chairs procured will be placed at the center for the GBV survivors to rest while waiting for services. 10 chairs @ 100usd=1000usd</i>							
3.4	Cupboards(Confidential document holder)	D	4	250.00	1	100.00	1,000.00
<i>The cupboards will be placed in the four offices to store documentations, Confidential GBV data will be placed in the cupboards. 4 cup boards @250=1000usd</i>							
Section Total							3,800.00
Travel							
5.1	Air ticket for two persons(Monitoring)	D	2	150.00	2	100.00	600.00
<i>Return Air ticket from Mogadishu to cadado for the program coordinator and accountant to monitor project activities in the field @ 300usd per trip for 2 persons =600usd</i>							
5.2	Per diem for two persons	D	2	100.00	5	100.00	1,000.00
<i>Per diem for one program coordinator and finance person to monitor project in progress cadado for 5days . Accommodation and breakfast @70usd for 2persons for 5days=700usd. while Lunch, super and other refreshments @30usd for 2persons for 5days=300usd</i>							
Section Total							1,600.00
Transfers and Grants to Counterparts							
6.1	Project Manager(NoFYL)	S	1	3,000.00	6	45.00	8,100.00
<i>The Project Manager who is the partner's staff is responsible for the correct and efficient implementation of the activities in Elwak including case management and prevention activities conducted by case workers,and provide continuous on job training for the caseworkers</i>							
6.2	Finance Manager(NoFYL)	S	1	3,000.00	6	35.00	6,300.00
<i>Finance Manager who is the partner's staff will provide financial support to the implementation in Elwak.</i>							
6.3	Provide material assistance to GBV survivors and vulnerable persons at risk of GBV, the support includes dignity kits in Elwak	D	200	65.70	1	100.00	13,140.00
<i>The material assistance is the support that is going to be given to the GBV survivor, this support will include dignity kit (3sanitary towels,3dirac, 3gabsar, 3 bar soap and 9underwear) tailored to the specific needs of the survivor. (- Dignity kit for 200 persons at 65.7 usd per Kit BOQ attached</i>							
6.4	Provide material assistance to GBV survivors and vulnerable persons at risk of GBV, the support includes Solar lanterns in Elwak	D	197	55.00	1	100.00	10,835.00
<i>The material assistance is the support that is going to be given to the GBV survivor, this support will include Solar Lanterns. - Solar Lanterns for 197 persons at 55usd per lantern= 10,835usd. BOQ attached</i>							
6.5	Community Case workers service provision	D	3	400.00	6	100.00	7,200.00
<i>The caseworkers (3 in Elwak district) are responsible for identification, assessing women and children's immediate needs related to their incidents of violence, developing immediate care , treatment goals, implementing , monitoring women and children clients' care action plan @ 400 for 3 case workers for 6months</i>							
6.6	CMR training (1 trainings of 3 days each for 20 participants) in Celwaak	D	1	2,950.00	1	100.00	2,950.00

	<p>Conduct training and capacity building for 20 health workers in Celwaak for 3 days each on clinical care for sexual assault survivors (CCSAS) GBV core concepts, safe and ethical referral. Health providers are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV.</p> <p>Training Venue- 3 days at \$200usd Lunch and Refreshment for participants- 3 days for 20 participants at 25usd Transport allowances- 20 persons at 10usd for 3 days Training materials- 20 persons at 5usd Training Banners- 50usd Certificates- 5usd for 20 persons BOQ attached</p>						
6.7	SCA Training (1training of 3 days each for 20 participants) in Celwaak	D	1	2,950.00	1	100.00	2,950.00
	<p>Conduct training and capacity building for 20 counselors 20 in Celwaak for 3 days each on survivor centered approaches (SCA) and psychological first aid (PFA). Counselors are key service providers that come into contact with children and vulnerable persons at risk or having experienced GBV and ensure their emotional well being. They also do follow up of survivors after the first sessions of counseling.</p> <p>Training Venue- 3 days at \$200usd Lunch and Refreshment for participants- 3 days for 20 participants at 25usd Transport allowances- 20 persons at 10usd for 3 days Training materials- 20 persons at 5usd Training Banner- 50usd Certificates- 5usd for 20 persons BOQ attached</p>						
6.8	Literacy and tie & dye training for 15 women and girls in Celwaak	D	1	10,725.00	1	100.00	10,725.00
	<p>Provide tie & dye skills training to 15 GBV survivors in Elwak for a period of 2 months in a bid to improve their condition and recover early. The training involves literacy classes for all and tailoring training for 15 survivors.</p> <p>-Training facilitators- 3 trainers at 400usd each for 2 months -Training materials- 3075 usd -Start up kits for tie & dye participants- 350usd for 15 persons BOQ attached</p>						
	Section Total						62,200.00
General Operating and Other Direct Costs							
7.1	Communication support(Internet)	S	1	200.00	6	100.00	1,200.00
	Internet communication for the GBV center in Cadado. 200usd a month						
7.2	Project Stationeries	S	1	200.00	6	100.00	1,200.00
	The stationery will be used for project activities such as printing GBV intake forms, referral forms and other GBV documentations. 200usd for 6month						
7.3	GBV centre utility bills	S	1	300.00	6	100.00	1,800.00
	water and electricity bills for the GBV Center in Cadado @ 300 for 6months						
	Section Total						4,200.00
SubTotal				673.00			149,440.00
Direct							118,780.00
Support							30,660.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							10,460.80
Total Cost							159,900.80

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Cadaado -> Cadaado	58	207	725	12	35	979	<p>Activity 1.1.1 : For SSWC and NoFYL to be able to provide CMR service, the current nurses and community health workers shall first be trained on CMR and SCA approaches in caring for both adult and child survivors. The treatment will be offered by the nurses at the GBV Centers both in Cadaado and Ceelwak districts.</p> <p>Activity 1.1.2 : Through the counselors, GBV survivors will have access to information on available services and how to access them, the counselors are trained on survivor centered approaches which will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. Services are provided within the one stop centre's by counselors who also recommend referrals when cases are beyond their capacity.</p> <p>Activity 1.2.1 : 15 hand craft skills training in Cadado and 15 tie and dye skills training for GBV Survivors in Ceelwak for recovery.</p> <p>Activity 1.2.2 : Formation of Community support groups in Cadado for reintegration of survivors with their families and community without stigmatization.</p> <p>Activity 1.3.1 : SSWC and NoFYL in coordination with the clinical management of rape (CMR) taskforce conduct CMR training in Adado and Elwak targeting 40 (T=40) persons (30 women and 10 male) for each training. The training will be conducted in close collaboration with the CMR task force and their pool of trainers, line ministries and the GBV sub clusters. Participants will be selected in close collaboration with the CMR taskforce and the Ministry of Gender. SSWC will be informed of the selection. The participants will be evaluated before and after the training sessions for assessment purposes. The goal of the training sessions is to educate the health service providers on GBV, confidentiality, how to ensure correct treatment of GBV cases, such as administering PEP kits for rape cases, as well as where to get PEP kits if they are not available.</p> <p>Activity 1.3.2 : Survivor Centered Approach (SCA) training aims to build knowledge, skills and good practice using a survivor-centered approach care among all those with a role in providing care, support and protection for survivors especially the GBV counsellors. 40 counsellors among the referral networks will be selected in Elwak and Adado with the help of GBVWG sub cluster to ensure the right service providers are selected</p>

Gedo -> Ceel Waaq -> Ceel Waaq	42	130	400	10	15	555	<p>Activity 1.1.1 : For SSWC and NoFYL to be able to provide CMR service, the current nurses and community health workers shall first be trained on CMR and SCA approaches in caring for both adult and child survivors. The treatment will be offered by the nurses at the GBV Centers both in Cadaado and Ceelwak districts.</p> <p>Activity 1.1.2 : Through the counselors, GBV survivors will have access to information on available services and how to access them, the counselors are trained on survivor centered approaches which will guide service provision to allow survivors to access the information they need to make decisions and will be based on consent at each stage in the process. Services are provided within the one stop centre's by counselors who also recommend referrals when cases are beyond their capacity.</p> <p>Activity 1.2.1 : 15 hand craft skills training in Cadaado and 15 tie and dye skills training for GBV Survivors in Ceelwak for recovery.</p> <p>Activity 1.3.1 : SSWC and NoFYL in coordination with the clinical management of rape (CMR) taskforce conduct CMR training in Adado and Elwak targeting 40 (T=40) persons (30 women and 10 male) for each training. The training will be conducted in close collaboration with the CMR task force and their pool of trainers, line ministries and the GBV sub clusters. Participants will be selected in close collaboration with the CMR taskforce and the Ministry of Gender. SSWC will be informed of the selection. The participants will be evaluated before and after the training sessions for assessment purposes. The goal of the training sessions is to educate the health service providers on GBV, confidentiality, how to ensure correct treatment of GBV cases, such as administering PEP kits for rape cases, as well as where to get PEP kits if they are not available.</p> <p>Activity 1.3.2 : Survivor Centered Approach (SCA) training aims to build knowledge, skills and good practice using a survivor-centered approach care among all those with a role in providing care, support and protection for survivors especially the GBV counsellors. 40 counsellors among the referral networks will be selected in Elwak and Adado with the help of GBVWG sub cluster to ensure the right service providers are selected</p>
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Documents	
Category Name	Document Description
Budget Documents	Budget line 2 and 7 breakdown.xlsx
Budget Documents	Budget line 6 Breakdown.xlsx
Budget Documents	Dignity Kit (Final).pdf
Budget Documents	Budget line 2 6 and 7 breakdown.xlsx
Budget Documents	Feedback to the Comments.docx
Budget Documents	List of Acronym.docx
Grant Agreement	HC signed SSWC GA 4699.pdf
Grant Agreement	SHF-SSWC Grant Agreement.compressed.pdf