

**MULTI-PARTNER TRUST FUND FOR
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT
PROJECT PROPOSAL SUBMISSION FORM**

Part A. Meeting Information (To be completed by the UN Action Secretariat)	
RMC Meeting No: 002	Project No: CRSV_UNA2
Date of Meeting: 22 January 2020	RMC members in attendance at meeting: Anna Reichenberg IOM Alejandro Sanchez UN Women Constanze Quosh UNHCR Emily Krasnor UNFPA Bernadette Sene, Laura Huchet UN Action Secretariat
Part B. Project Summary (To be completed by the Participating UN Organization)	
Date of Submission: 13/01/2020	Participating UN Organization(s): International Organization for Migration, Somalia (IOM) United Nations Assistant Mission in Somalia (UNSOM)
	Participating UN Organization receiving funds: International Organization for Migration, Somalia (IOM)
Focal Point of the Participating UN Organization(s): Matthew DeCristofano, Programme Coordinator, IOM Somalia. Mogadishu +252 619 568 417 mdecristofan@iom.int Tony Akaki ROLSIG DDR UNSOM, Mogadishu +252 612857891 / +252 699390406 akaki@un.org	Project Title: Leveraging the strength of women in Somalia to mitigate conflict-related sexual violence (CRSV) and prevent violent extremism (PVE)
	Project Location(s): Baidoa, Southwest State (SWS); Kismayo, Jubaland State (JSS)
Correspondence to UN Action Theory of	Projected Project Duration:

Change: <input checked="" type="checkbox"/> UNA TOC Outcome 1 <input checked="" type="checkbox"/> UNA TOC Outcome 2 <input type="checkbox"/> UNA TOC Outcome 3 <input type="checkbox"/> UNA TOC Outcome 4	1 April 2020 – 31 March 2021 (12 months)	
Proposed project, if approved, would result in: <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain) <input type="checkbox"/> No-cost extension: (from – to)	Total Project Budget: Amount of MPTF funds requested: 363,636 US Dollars Percentage of indirect support costs from MPTF contribution: 7%	
Projected Annual Disbursements:	2020 \$ 363,636	2021 \$ 0
Projected Annual Commitments:	2020 \$ 363,636	2021 \$ 0

Application Instructions for Narrative Summary

The questions below are for guidance in developing the narrative under each sub-heading. Applicants should address these questions to the extent possible.

I. Overview

- a. Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.
- b. Specify the geographic location(s) of the proposal and/or countries addressed.

II. Proposal's compliance with UN Action's Theory of Change

- a. What Outcome and Output Areas of UN Action's theory of change does the proposal fall under?
- b. Explain how the proposal enhances UN system coordination and joint programming.
- c. Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.
- d. Explain how the proposal would strengthen the capacity of national institutions to deal with conflict-related sexual violence.

III. Success criteria and means of evaluating results

- a. Explain how the Participating UN Organization(s) submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.
- b. Describe the overall management structure of this project.
- c. Explain how the proposal will be monitored and evaluated.

IV. Budget

- a. Describe other attempts to apply for funding for this particular proposal.

Narrative Summary

I. Overview

I.1. Project Summary

Building upon the scalable best practices and lessons learned during an IOM pilot project in 2019, this project will leverage IOM's existing partnerships with line ministries and women-led civil society organizations (CSO) to address a critical gap in providing direct support to survivors of conflict related sexual violence (CRSV) systematically committed by Al-Shabaab (AS) as a tactic of war. Specifically, this will support women formerly associated with AS and the communities they return to, to reduce their vulnerabilities and improve their overall human security, using human-centric and prevention-oriented approaches.

The project will be implemented directly under the Somalia *National Programme for the Treatment and Handling of Disengaged Combatants* (National Programme), led by the Ministry of Internal Security Defectors Rehabilitation Program (DRP), with complimentary funding from ongoing projects. The National Programme aims to rehabilitate and reintegrate low-risk combatants disengaged from AS. Currently, projects in support of the rehabilitation and reintegration of male disengaged combatants are run in Mogadishu, Kismayo and Baidoa (implemented by IOM in the latter two locations). In addition, two rehabilitation centres for women formerly associated with AS will become fully operational in IOM project locations by the end of January 2020. This project intends to enhance and optimize the rehabilitation and reintegration model of a gender responsive, comprehensive and context-specific nationally owned programme in support of women formerly associated with AS, which also includes their children, and is in line with the Security Council Resolution 1325 on Women, Peace and Security.

Since 2013, IOM worked in close partnership with UNSOM to oversee the implementation of the National Programme activities. Given the sensitive and political nature of this work, throughout the project, IOM will continue to work in partnership with UNSOM on the realization of the project activities, as well as to ensure that programming is gender-sensitive and in line with national and international human rights law. In line with UNSOM's mandates to build the capacity of the government, promote rule of law and human rights, and prevent CRSV, IOM will coordinate and jointly monitor project activities leveraging their political presence and technical expertise to improve programming.

IOM Disarmament, Demobilization and Reintegration (DDR) unit will work closely with UNFPA and the GBV sub-cluster, utilizing and building upon the existing GBV referral system to support the women formerly associated with AS through continuously updating referral pathways and facilitating access to specialized services for CRSV survivors. IOM will further work with UNFPA and the GBV sub cluster to discuss the sensitivities and to find the best way to refer and support survivors of CRSV while minimizing stigma. This will include training provided by IOM and UNFPA for GBV service providers and IOM implementing partner staff to respond to the specific needs of CRSV survivors, while maintaining confidentiality, respect, non-discrimination and safety during the referral, regardless of a woman's former affiliation with AS. The staff will also be trained on performing actions required to respond to reproductive health needs and to provide psychosocial support. IOM also aims to procure UNFPA designed Inter-Agency Reproductive Health Kits (Kit 3), which is designed and contains comprehensive supplies to be used for post-rape care, including STI presumptive treatment, emergency contraception and PEP for HIV prevention.

To address the complex needs of women formerly associated with AS, many of whom are survivors of CRSV, this project will contribute to strengthening survivor-centred care during a six-month community-based reintegration period following rehabilitation at IOM service centres in Kismayo and Baidoa. Reintegration services provided by IOM DDR and the implementing partner civil society organizations (CSO) are designed with a strong understanding of the social protection needs of women and their households, with measures in place to protect their rights, ensure their basic needs are met, and facilitate access to services. Thus, reintegration services

will include a monthly allowance, a voucher for shelter kits, access to civic and religious education, Mental Health and Psychosocial Support (MHPSS), individualized case management, and medical referral and treatment, complemented by career counselling services, and livelihoods mentorship funded by the Government of Germany.

Project services and activities will work to address, mitigate and remedy consequences of CRSV, including stigma and isolation of women formerly associated with AS by maintaining their privacy and confidentiality, raising awareness among communities and helping them to understand and reduce stigma associated with CRSV, promoting community support and acceptance of CRSV survivors. The project will follow the GBV guiding principles and the 'do no harm' approach at all times. Through the linking of GBV referral pathways that are established by the GBV sub-cluster and the training on Psychological First Aid (PFA), techniques to provide community-based psychosocial support and the GBV core concepts and guiding principles, the staff of CSOs and line ministries supported by the project will provide community-based psychosocial support to women and girls in communities impacted by AS. Women leaders will be supported to maintain and enhance the safe spaces identified and created through the pilot project in 2019, including classrooms, counselling rooms, and venues where women and girls from the communities access services and gather for social events, such as women gatherings to exchange information and discuss community issues (Abay-Abay), concerts and drama performances, sports tournaments, religious counselling sessions- all allowing for women formerly associated with AS and other community members to interact and create relationships in a more interactive and participatory way. Furthermore, the project will contribute to the prevention of violent extremism and CRSV by empowering women affected by AS to promote women's rights, provide alternatives to AS narratives through civic and religious education, and various socio-cultural community activities such as women's gatherings, theatre activities and concert performances.

1.2. Introduction and Context

Since the collapse of the Somali central government in 1991, Somalia has suffered a highly complex protracted conflict characterized by changing political dynamics and power shifts. The toppling of the central government in 1991 led to a power vacuum that initiated a 30-year civil war and the creation of the extremist group Al-Shabaab (AS). The wars and conflicts exacerbated the fragile and complex humanitarian situation in Somalia, causing new and protracted displacement. Today, there are 2.6 million internally displaced persons (IDPs) in Somalia. Between January and July 2019, 250,000 people¹ were displaced due to conflict/insecurity and other reasons.

While significant advances have been made in the battle against AS, including the return of state control to main towns across Somalia, the presence of AS continues to fuel conflict and sustain a persistent state of insecurity in Somalia. To counter this threat, the last two Presidents of the Federal Government of Somalia (FGS) declared amnesty for low risk AS fighters who voluntarily defect from AS. To operationalize this presidential directive, the FGS developed the *National Programme for the Treatment and Handling of Disengaged Combatants* (National Programme) in 2013 with support from the International Organization for Migration (IOM) and other partners. The National Programme is managed by the Defectors Rehabilitation Programme (DRP) under the Ministry of Internal Security and aims to establish a comprehensive process that allows for low risk disengaged combatants to reintegrate into communities and become productive citizens.

For many years, the National Programme focused exclusively on male disengaged combatants, because it lacked the policies, pathways, and capacity to respond to the complex needs of women associated with AS, many of whom are IDPs and survivors of CRSV. In 2019, initiated through short-term catalytic funding from the United Nations Peace Building Fund (UNPBF), IOM began implementing the first project of its kind to provide targeted services to women formerly associated with AS. Through women-led civil society organizations (CSO), IOM engaged 150 women and their dependents in holistic and gender-sensitive services to facilitate rehabilitation and safe and sustainable social and economic reintegration. Since the adoption of the UN Security

¹ UN OCHA Humanitarian Dashboard – Somalia, August 2019, available at https://reliefweb.int/sites/reliefweb.int/files/resources/20190813_Humanitarian_Snapshot.pdf

Council Resolution 1325 (2000) on Women, Peace and Security, there is a global recognition that active engagement of women contributes to sustainable peace building and there is no exception to the Somalia context.

In 2019, IOM identified over 2,600 women across Mogadishu, Baidoa, and Kismayo who had escaped, were rescued, or defected from AS. The women were identified through a consultative process led by the CSOs, which engaged their vast community networks to identify potential project beneficiaries. It is important to note that although estimates of AS fighters are speculative (approximately 5,000) it can be assumed that the number of women associated with AS is high due to customary practice in Somalia for men to marry up to four wives. This highlights the immense need for Somalia to have a system in place to support women formerly associated with AS as the country continues to progress towards peace.

GBV remains one of the most widespread human rights abuses in the world, with consequences that reach beyond the individual and can affect entire families and communities. Humanitarian crises and situations of fragility more broadly exacerbate exposure to different forms of GBV. Research conducted throughout the UNPBF project highlighted the high vulnerability and risks facing women who leave AS, as well as the complexities of their return to society, which encompasses security, humanitarian and development dimensions.

On the one hand, IOM data estimated that 23 per cent of the 2,600 identified women formerly associated with AS in Somalia were abducted and forced into marriage with AS fighters. With high rates of forced marriage and forced recruitment of women and young girls by AS, the need to provide alternatives and prevention-oriented services to AS for women remains pertinent. While gender-based violence (GBV) – including sexual abuse, rape, and domestic violence – is widespread across Somalia due to gender inequality and further due to contributing factors, such as the weak rule of law, displacement and insecurity, lack of access to protection mechanisms and weak clan protection², the women and girls who live in areas under AS control are particularly vulnerable. In 2018, the United Nations Mission in Somalia (UNSOM) verified 270 cases of CRSV perpetrated against women, girls and boys by non-state armed groups (including AS and clan militias). UNSOM also documented 34 cases of girls who were abducted by AS for forced marriage or rape. Survivors of AS-perpetrated CRSV face layers of challenges upon return, including cultural stigma experienced by survivors of sexual violence in Somalia, along with ostracism from the community for their perceived association with AS.

Due to the increased risk of GBV among women and young girls, they are more vulnerable and more likely to experience psychological and psychosocial issues, which if not addressed can become chronic and long-lasting. In Somalia, these risks are further exacerbated due to the prolonged conflict and related instability. The World Health Organization reports that one in three Somalis are affected by mental illness due to the longstanding conflict, unemployment and socio-economic stress³. The psychosocial vulnerability and mental health context for women is further complicated by traditional gender and societal norms and practices, which stigmatize mental illness and inhibit opportunities for recovery.

For women formerly associated with AS, the burden of mental health intensifies. The experience of direct exposure or involvement in the perpetration of violence can cause persistent negative feelings that can hinder reintegration. This includes sleeplessness, irritability, numbing, altered memory functions and difficulty in concentration. Moreover, former combatants can be the object of mistrust, blame and rejection from community members. The reintegration process can be emotionally and socially challenging for both families and entire communities. In the worst cases, the combination of these elements, if not properly addressed, can lead to depression, anxiety, post-traumatic stress disorder, substance abuse and suicidal behaviors.

Overall, mental health and psychosocial services (MHPSS) are largely non-existent in Somalia. Services are neither available in the public sector, nor supported by humanitarian or development actors. In a system where traditional and formal institutions are ill-equipped to deal with mental illness and psychosocial problems, affected people often resort to harmful coping

² EU. Country policy and information note Somalia: women fearing gender-based violence. April 2018.

³ WHO. A Situation Analysis of Mental Health in Somalia. October 2010

Jg Eng

strategies, (e.g. isolation, self-medication, substance abuse), which worsen mental health outcomes. It is important to note that while there is a high need for mental health services and support in Somalia, women, however, have less access to those services.

Regardless of their roles in and experience with AS, most of the women who left AS live in extreme poverty, with 13 per cent earning less than 40 dollars per month. Moreover, 59 per cent of them are the head of their household and 68 per cent of the households have more than six individuals. Furthermore, they do not have access to resources available to other women and men. For example, based on household surveys, it is estimated that 67 per cent of them do not have access to medical care; 94 per cent have difficulty to read and write as they barely received formal education. Their lack of access to resources is worsened by the distorted teaching on women's rights they received from AS, as well as the stigmatization from community members due to their previous association with AS. Many shared with IOM that they were afraid to ask for help from others, were chased away by local authorities, could not find casual work, and above all, many expressed that they do not feel dignified as a woman and that women are not entitled to rights. This proves that the women are in urgent need of social and economic support that empowers them to become productive members of the society, with an increased sense of human security and social cohesion.

On the other hand, interviews revealed community members would be reluctant to interact with those disengaged from AS and their families personally, although they are receptive to the concept of people leaving AS since they see it as generally weakening the group. For instance, many would fear to have a disengaged person as a neighbour, since they are aware of the atrocities committed by AS and do not believe that such violence can easily be erased from one's psyche. Community members interviewed showed high level of awareness (73%) on the rehabilitation and reintegration processes of the male disengaged combatants; however, the respondents, including women from the communities, were not aware of any women formerly associated with AS participating in projects other than the pilot project implemented by IOM in 2019. The lack of rehabilitation and reintegration services for women made the community distrustful of those who already lived in isolation palpable. This was further exacerbated by the fact that women who leave AS often play highly secretive, yet important roles in the Amniyat, AS's intelligence unit, serving as spies within their intelligence network. Women also provide real time information on military movements and checkpoints, play active roles in the recruitment and indoctrination of children and men, spread propaganda, provide shelter for AS members, and move and store weapons and medications⁴. Multiple high-profile incidents involving the recruitment and use of women by AS continue to increase fear, stigma and distrust about women who defect from or leave AS.

To mitigate the impact of the AS inflicted conflict on women and girls in affected communities, IOM currently provides six months of centre-based rehabilitation support for women formerly associated with AS, followed by an additional six months of community-based socio-economic and socio-cultural support to facilitate reintegration. Centre-based support seeks to address the security, humanitarian and development challenges of these women, and provides a safe space for the highly vulnerable cases, case management and a monthly allowance, civic education and religious counselling, basic education, and livelihoods skill building through livelihood training, financial literacy training, and a livelihood grant upon graduation from the centre.

It is in this context that the proposed project aims to leverage and build on IOM's experience through the UNPBF by providing women formerly associated with AS, including women who have been subjected to CRSV, with improved health and MHPSS services, and comprehensive social and economic community-based reintegration support to complement the services provided through the rehabilitation centres. IOM will work closely with the GBV cluster to strengthen referral pathways and will build the capacity of women-led organizations to work with survivors of CRSV by improving the capacity of staff to support people who have experienced trauma and/or violence.

⁴ Orly Stern, 2019. *"The Invisible Women of al-Shabaab: Understanding the role of women in, and their influence on sons, husbands and brothers in, the processes of joining al-Shabaab, defecting from al-Shabaab, rehabilitation, and reintegration"*.

Women and girls from the communities affected by AS will benefit from the increased capacity of women's organizations and line ministries to run safe spaces where women receive civic and religious education and MHPSS services and have the opportunity to participate in various socio-cultural and community engagement activities to promote women's rights, improve access to gender-sensitive services, and encourage alternative pathways than AS.

I.3. Geographic Location(s) and I.6 Beneficiaries

Data from the pilot project estimated that 26 per cent of beneficiaries joined or married into AS for survival, and 23 per cent were subjected to abduction and harmful practices including forced marriage and wife inheritance by AS. It is likely that both these proportions are representative of the caseload of 2,600 women initially identified. Among the beneficiaries will likely be a high caseload of survivors of CRSV, as women in AS territories are at greater risk within Somalia.⁵

Therefore, the target beneficiaries for this project include 100 women formerly associated with AS, including those who survived CRSV at the hands of AS. The direct beneficiaries of this project will be identified through the female rehabilitation centres that are operated by IOM in Baidoa and Kismayo and will subsequently be referred to the women-led CSOs for reintegration support, including comprehensive MHPSS services, and socio-economic reintegration support co-funded by on-going projects. The social workers and nurses based at the rehabilitation centres, as well as the social workers of the CSOs will provide survivor-centered care to the beneficiaries in line with the GBV guiding principles of safety, confidentiality, respect and non-discrimination. The IOM GBV specialist and the Case Management Coordinator will train and provide technical support and oversight to staff to assess and provide individualized case management and psychosocial support, and to ensure access to medical services, treatment monitoring, and follow up support, including providing safe haven to women at the IOM DDR rehabilitation centres. The direct beneficiary number is based on IOM experience through the UNPBF project and the anticipated number of beneficiaries participating in the female rehabilitation centres in Baidoa and Kismayo during the project cycle.

The project will also support 300 women from communities affected by AS, who will benefit from community-based MHPSS services, women-led civic and religious education, social dialogues, art and cultural events. The number of direct community beneficiaries is based on IOM experience through the UNPBF project.

In addition, 600 indirect beneficiaries in Kismayo and Baidoa who will benefit through household assistance and access to other community services. The average household size supported by target beneficiaries, as evidenced by the pilot project, is six. Therefore, throughout the project cycle, a total of 600 people will benefit from the individual assistance package offered to the 100 beneficiaries.

I.4. Background and I.5 Rationale/Justifications

Until early 2019, the National Programme focused exclusively on the rehabilitation of male disengaged combatants, because it did not have the policies, pathways, or capacity to respond to the intensive needs of women formerly associated with AS. IOM's implementation of the UNPBF pilot project marked the FGS's and international community's first concrete engagement with this vulnerable population. The project established a systematic process to engage and empower women to lead and become active and productive members of their communities. In total, 150 women formerly associated with AS successfully participated in the pilot project and received socio-cultural and economic support at individual and collective levels. Moreover, an additional 1,000 community members (over 80% women) and their dependents engaged with various community-based activities promoting reconciliation and social cohesion.

Preliminary data indicates that the majority of women associated with AS who reported their primary reason for joining the group as "followed husband," later left for security reasons. These women, as well as women who were forced into affiliation with AS by being abducted, face life-threatening situations when they leave or disengage from AS, especially when there is dispute

⁵ EU. Country policy and information note Somalia: women fearing gender-based violence. April 2018.

over children, who AS view as 'assets.' If not protected and engaged in a comprehensive rehabilitation and reintegration process, these women are vulnerable to re-joining AS for survival due to their economic vulnerability, fear, isolation, and social marginalization. The fear of losing their children or avoiding punishment or death as a result of non-compliance with AS can also be a driver to re-join AS.

The project seeks to provide protection and provision of psychosocial support, and socio-economic reintegration support to 100 beneficiaries over 12 months with complimentary funding from ongoing projects. The project also aims to mitigate the risks of violent extremism and CRSV by using a prevention-oriented approach and providing safe spaces and socio-cultural support for women and girls, ultimately empowering the communities affected by AS.

The project will:

1) Provide strengthened MHPSS services and socio-economic reintegration support to 100 women formerly associated with AS, including survivors of CRSV

Household assessments of the 150 formerly associated with AS participants in the UNPBF pilot revealed that 88 per cent of them did not have access to psychosocial support services; and 87 per cent did not have access to religious leaders, who are culturally accepted as providers of spiritual support during periods of emotional distress. Participants who reported access to psychosocial support had received services from traditional healers, who are viewed as the only culturally acceptable source of psychological treatment in Somalia. Their lack of access to services is worsened by the distorted teaching on women's rights they received from AS, as well as the stigmatization from community members that resulted from their previous association with AS.

Ensuring that the women formerly associated with AS gain equal access to services, achieve social and economic independence and their rights are protected, ultimately contributing to their successful reintegration into communities, cannot be addressed by one intervention alone. It is in this context that the proposed project aims to provide and improve the quality and availability of services, including MHPSS services with specialized support for CRSV survivors, through various mechanisms.

Psychosocial activities within IOM's MHPSS framework are looking at the interconnectedness of individual psychological states, socioeconomic factors, social and collective interactions, events and predicaments and the cultural and anthropological constructs around these relationships. IOM's proposed psychosocial approach accounts for the interplay between social factors, cultural elements, and individual behaviours, thoughts and emotions that impact the ability of women formerly associated with AS to reintegrate. The approach combines economic social protection together with community-based socio-cultural activities to address both the individual and collective needs of women associated with and affected by AS. The UNPBF project provided basic education, livelihoods training, personal development classes (including civic and religious education, financial literacy, life skills), and various socio-cultural community activities such as women's gatherings, drama events, and performances for women formerly associated with AS. These activities serve to protect and empower women at both individual and collective levels, raise awareness on services and key issues, and increase social acceptance through community participation. The proposed project will continue to utilize women-led CSOs to provide ongoing social and economic reintegration services, using complementary funding from the Government of Germany.

2) Build local and national capacities to respond to the complex and sensitive needs of women formerly associated with AS and increase leadership among women from communities affected by AS to mitigate the risks of violent extremism and CRSV.

Prior to the UNPBF pilot, Somali authorities did not have any processes in place to address the complex needs of women formerly associated with AS. For example, the government did not have a way of identifying female beneficiaries that was sensitive to the specific needs of women, who are often caring for young children and cannot undergo a prolonged vetting process while in government custody. The lessons learned during the pilot influenced the government's approach to female beneficiary identification as they adopted a more sensitive approach. Now during

19 Aug 2018

identification processes women are not detained, have access to counsel during vetting and can go back to their families each day, even if the process is not completed and they need to return.

Collaboration with local entities, including the government, primary health care facilities, CSOs and community influencers (e.g. religious leaders, clan elders, women leaders, traditional healers) is critical. In the proposed project, IOM will build the capacities of these relevant stakeholders by training them on how to apply gender-sensitive and survivor-centred approaches when assisting women formerly associated with AS. These trainings will also focus on rebuilding trust through socio-cultural activities that aim to change negative perceptions and practices that otherwise increase the risk of GBV. Furthermore, IOM will organize regular coordination meetings and workshops to ensure effective partnerships with the federal and regional governments of Somalia, as well as the local authorities in Kismayo and Baidoa through the working groups established by the National Programme.

Despite the negative impact of conflict on communities, research in Somalia has demonstrated that women can be agents of positive change within the context of conflict in a number of ways. Over decades, women in Kismayo and Baidoa have created localized, self-governing mechanisms, such as women-led networks and women groups, as well as identified spaces where women can gather and discuss issues within their communities. These already existing mechanisms have served as a basis for sustainable reintegration pathways for women formerly associated with AS in the UNPBF pilot project. IOM will continue enhancing and strengthening the community-based mechanisms with holistic and multi-angled approaches, including provision of women to women support to survivors of CRSV. Such community-based mechanisms not only help women gain access to community resources, but also form the foundation for dynamic social networks resilient to AS infiltration. There have been documented cases in which women's networks have arranged the logistics for women associated with AS to flee, given early warning to others about AS attacks, and conducted fundraising to support women in need. Women also play a key part in encouraging men to defect from AS. Male disengaged combatants interviewed for research that was conducted on women associated with AS reported that encouragement from their wives, mothers, sisters, and aunts to leave AS, coupled with financial support for transportation, played an important role in informing their decision to defect.⁶

The proposed project will build on the experiences and successes of IOM's UNPBF pilot project by empowering women through women-led decision-making processes using a bottom-up approach to directly address the needs of women associated with and affected by AS. The CSOs will provide safe spaces where women can express themselves and share their stories with other women in the community through structured MHPSS and socio-cultural activities such as theatre, poetry, traditional dance, and singing. IOM will assist the line ministry focal persons and the CSOs to design socio-cultural initiatives that provide a platform for women to interact with each other in a non-stigmatizing way and build trust, ultimately strengthening social links and improving human security of the women and their communities.

Islam is an important part of Somali culture and is often rooted in people's perception and the understanding of the world around them and their personal roles in it. Many look to religion for answers and advice, especially in times of despair and loss. The Somali women who have experienced violent extremism and have been affiliated with AS, regardless whether directly or indirectly, by their own choice or forced, go through a challenging process of rediscovering themselves and their belonging after they have defected from AS. Many believe they should not have a voice; others fear to walk in the streets as they felt women did not have a role in the society. To assist women, as well as women and girls who are at risk of violent extremism and CRSV, in finding their voices and working through emotional confusion and trauma, IOM's implementing partners have been offering regular classes and sessions led by the community religious leaders using a civic and religious education curriculum developed by IOM in 2018. The majority of the beneficiaries completed the course in 2019 mentioned they felt "empowered." A beneficiary said,

⁶ Orly Stern, 2019. *The Invisible Women of al-Shabaab: Understanding the role of women in, and their influence on sons, husbands and brothers in, the processes of joining al-Shabaab, defecting from al-Shabaab, rehabilitation, and reintegration*.

"I was told in the past that I live to serve men. But the story of Arwa inspired me (a female monarch in the Muslim world). She's the queen for men and women! I also learned that the prophet said women are important. I am important. I shouldn't fear walking in the street."

The curriculum is the first of its kind in Somalia that formally introduce the socio-cultural and economic history of modern Somalia, focusing on promoting the universal values of tolerance, peace, patriotism, and acceptance, while challenging the shared norms and beliefs that fueled conflicts. The civic and religious education course adapted to the needs of women formerly associated with and affected by AS will kick start a community-based, norms-shifting intervention that seeks to prevent CRSV and promote women's empowerment.

I. 7. Objective: Empower women formerly associated with Al-Shabaab, including women who have endured Conflict Related Sexual Violence, through survivor-centred mental health and psychosocial support services and comprehensive socio-economic support to increase their human security and enhancing their overall wellbeing

I.8. Goal: Women formerly associated with Al-Shabaab, including survivors of Conflict Related Sexual Violence recover from traumatic experiences and actively contribute to sustainable peacebuilding in respective communities.

I.9. Strategy / Theory of Change: The overall project will contribute to the goal, women formerly associated with AS, including survivors of CRSV, recover from their traumatic experiences and become an agent of change, actively contributing to sustainable peacebuilding in respective communities. It will follow the theory of change that **If** women formerly associated with AS including survivors of CRSV are adequately supported through comprehensive socio-economic services, provision of survivor-centred MHPSS activities, and **If** the capacity of local service providers and government institutions to mitigate the risk of AS and CRSV is enhanced, **Then** women formerly associated with Al-Shabaab and survivors of CRSV will recover from traumatic experiences and will be empowered to positively contribute to sustainable peacebuilding in their respective communities, **Because** the human security of women formerly associated with AS and survivors of CRSV, including their social, economic and psychosocial wellbeing, will be enhanced.

I. 10. Expected Results: The project goal will be met through the following outcomes and outputs outlined below.

Outcome 1: 100 women formerly associated with AS, including CRSV survivors, receive survivor-centred health, MHPSS and reintegration support leading to enhanced psychosocial, social and economic wellbeing.

Output 1.1 Women formerly associated with AS have access to survivor centred health and MHPSS services.

Activity 1.1.1 Train and provide technical support and oversight to staff to assess and provide individualized case management and psychosocial support, and ensure access to medical services, treatment monitoring, and follow up support.

Output 1.2 Women formerly associated with AS receive adequate social and economic support to facilitate community reintegration.

Activity 1.2.1 Provide women formerly associated with AS, including CRSV survivors, with reintegration support in the form of a monthly social protection allowance, a voucher for shelter kits, complemented by career counselling services, and livelihoods mentorship provided by ongoing projects.

Outcome 2: Enhanced capacity of relevant ministries and women-led CSOs to provide comprehensive services for women associated with AS, including survivors of CRSV, and mitigate the risk of violent extremism and CRSV.

Output 2.1 Training and capacity building are provided to relevant ministries and women-led CSOs staff on gender-responsive and survivor-centred interventions

Activity 2.1.1: Organize regular coordination meetings to consolidate effective partnership mechanisms and trainings on gender-responsive and survivor-centred interventions. Technical support will be provided to relevant ministries and local authorities as required. Lessons learned and best practices will be consolidated for government stakeholders.

Output 2.2 Women organizations and leaders are supported in holding community activities promoting women's rights and mitigating the risk of violent extremism and CRSV.

Activity 2.2.1: Support women from the community in creating culturally-sensitive safe spaces for women to receive MHPSS services, civic and religious education, and to host social gatherings and recreational activities.

Activity 2.2.2: Support women from the community in designing, developing and holding culturally sensitive outreach and awareness-raising events, including civic and religious education workshops, psychosocial art activities such as theatre workshops.

II. Proposal's compliance with UN Action's Strategic Framework

a. Linkages with and contribution to Outcome and Output Areas of UN Action's theory of change.

The proposed Project will contribute to the Outcome 1, and in particular Output 1.1., of the UN Action theory of change.

Outcome 1: Survivors and at-risk groups are supported and protected and CRSV risks are prevented (Res 1820)

Output 1.1: Comprehensive and multi-sectoral assistance, including medical, psychosocial, livelihoods and justice services are available and accessible to survivors

The project fills in a critical gap of the Somalia National Programme for the Treatment and Handling of Disengaged Combatants (National Programme) in providing direct support to women formerly associated with AS, including CRSV survivors. To reduce their vulnerabilities and improve their mental, social and economic well-being, the project will provide comprehensive and multi-sectoral assistance to beneficiaries who enter into the community-based reintegration phase following completion of the rehabilitation phase.

CRSV survivors will receive comprehensive and multisectoral assistance provided by IOM and local partners, including women-led CSOs, line ministry focal persons, and local medical service providers. As the only UN Agency providing direct services to women formerly associated with AS in Somalia, IOM will build the capacity of national, regional, and community actors to deliver health and MHPSS services to women, manage safe spaces for women, and organize community-based norm-shifting educational and outreach programs to help destigmatize and support CRSV survivors.

In addition, the proposed project also contributes to Output 2.2. of Outcome 2 of the UN Action theory of change.

Outcome 2: Duty-bearers and decision-makers take action to address both the immediate risks as well as the root causes of CRSV at the global and national level.

Output 2.2: Capacity and technical expertise of institutional, operational, national and other key actors is strengthened to prevent CRSV and respond to survivors' needs, tackle stigma and ensure non-discriminatory access to services

The proposed project builds on IOM's experience with UNPBF in providing services to women formerly associated with AS. It is worth noting that prior to the UNPBF pilot project, there was no service designed for this highly vulnerable group. While there were GBV services and pathways established at the community level in Kismayo and Baidoa, the lack of understanding of the specific needs of women formerly associated with AS, in particular those who once lived in AS

J8 EWS

controlled territories, had hindered the service providers and implementing agencies' ability to address their complex layers of trauma, which is not limited to experience of CRSV. Considering the background and the stories of women who were directly or indirectly associated with AS, the sensitivities of supporting the survivors of CRSV among these women are increased, as the stigmatization and rejection by community members are intensified.

In this project, through its acquired knowledge and understanding of the challenges and complex psychosocial struggles that these women face, IOM will build on existing operational lessons learned during UNPBF to better respond to survivor needs through the rehabilitation and reintegration services provided by IOM DDR and by strengthening the capacities of the national actors and the local implementing partners, ultimately contributing to a more gender-responsive National Programme.

b. UN system coordination and joint programming:

IOM will continue to participate in and have strong coordination with the GBV sub-cluster, and will share its expertise and experiences in assisting women formerly associated with AS, including the CRSV survivors. IOM will leverage its working relationship with UNFPA in Somalia to build local capacity in providing specialized services to CRSV survivors. With UNFPA's support, IOM will further streamline GBV principles into the operational procedures of the IOM rehabilitation service centres for women formerly associated with AS and community centres operated by women-led CSOs. This will include efforts towards the following activities:

- provision of GBV related training to women-led CSO staff to enhance their capacities to support CRSV survivors and providing gender-sensitive support to affected women, including performing actions required to respond to reproductive health needs; and
- procurement of UNFPA designed Inter-Agency Reproductive Health Kits, in particular Kit 3, which is designed and contains comprehensive supplies to be used for post-rape care, including STI presumptive treatment, emergency contraception and PEP for HIV prevention.

Through this project, which makes the continuation of care possible, IOM will share its already expansive knowledge and operational experiences in this area with other UN agencies through participation in GBV sub-cluster meetings and making referrals.

c. Alignment with existing Governmental and UN strategic frameworks

The project will be implemented directly under the Somalia National Programme on the Treatment and Handling of Disengaged Combatants (National Programme), led by the Defector Rehabilitation Programme under the Ministry of Internal Security. The National Programme aims to provide alternatives to AS and rehabilitate and reintegrate low-risk defectors. Since its inception in 2013, the National Programme has mainly supported male beneficiaries, with the exception of the 2019 UNPBF pilot project currently implemented by IOM. However, support of women associated with and affected by AS, especially those who have endured CRSV, is still lacking. The proposed project will address this critical gap by offering a model of a gender responsive and inclusive nationally owned programme in support of women formerly associated with AS, in line with the Security Council Resolution 1325 on Women, Peace and Security. A special focus will be given to the needs of women who have suffered CRSV under AS.

The project is also aligned with IOM Somalia's 2019-2021 strategy. The strategy explicitly aligns with national, international and institutional frameworks across the Humanitarian, Development and Peace Nexus (HDPN) spectrum and outlines an overarching goal. IOM Somalia Mission strategy aims to contribute to a stronger, more resilient Somalia through an effective and principled approach to migration and displacement and to develop strategic partnerships with three strategic objectives: 1) Save lives and alleviate suffering in crisis-affected populations; 2) Establish foundations for long-term recovery and durable solutions; and 3) Advance wellbeing of society and migrants through stronger migration governance and development. The proposed project activities are in line with the HDPN strategy. Providing comprehensive rehabilitation and reintegration support to women formerly associated with AS, a highly vulnerable population categorized across both the humanitarian security sectors, is vital to creating the necessary conditions to nurture reconciliation and more effectively prevent violence.

JG

The proposed project is in line with the following Sustainable Development Goals (SDG):

- SDG 3, Good Health and Wellbeing;
- SDG 5, Gender Equality;
- SDG 16, Peace, Justice and Strong Institutions.

SDG 3, Good Health and Wellbeing will be addressed on global level, whilst contributing to the National Health Sector Strategic Plan (2016-2020) and the implementation of the National Mental Healthcare Strategy (2018-2023). The National Health Sector Strategic Plan identifies MHPSS as a critical gap in Somalia and proposes that MHPSS interventions be part of key priorities. IOM will contribute to the integrated response of the health sector and other related sectors through the promotion of MHPSS service delivery to women formerly associated with AS. IOM will implement these services with respect for human rights and social protection in line with the Somali prioritized health policy directions. Sustainable health and psychosocial support services will be implemented during multiple phases of the project while building the capacity of the public health system to address the basic healthcare needs of women formerly associated with AS and their dependents, and more broadly, vulnerable women in the project's target communities.

SDG 5 will be addressed by providing medical treatment and MHPSS services to women survivors of CRSV, protection of their human rights and by increasing the role of women in peacebuilding efforts and prevention-oriented activities, such as raising awareness on the grim consequences of early and forced marriage, especially into AS. Although the role of women in peace processes is increasingly recognized, women do not have the same influence over local level decision making as men. Historically, women have not been empowered by clans to decide whether or not, or how, to formally accept or forgive female defectors. Without clan forgiveness, women's reintegration is tenuous, and their grievances remain unresolved. For this reason, Women formerly associated with AS will be involved in the development and implementation of outreach and community-based social reintegration activities to ensure people-centred, gender-sensitive and bottom-up approaches.

The project seeks to contribute to the SDG 16, Peace, Justice and Strong Institutions, Somalia Peacebuilding Priority Plan and the National Strategy and Action Plan for Preventing and Countering Violent Extremism by increasing defections from violent extremist groups and decreasing recruitment trends. The project will further build capacity for local stakeholders as well as government capacity to implement gender-sensitive programmes in an effort of preventing violent extremism. By fostering constructive linkages between women's networks and government agencies, the project will enhance trust in state institutions and contribute to sustainable partnerships in support of gender inclusive and prevention-oriented programmes.

d. Engagement with UN, governmental organizations, NGOs, and other key stakeholders throughout implementation of the proposal

Through IOM's regular participation in the rehabilitation and reintegration Working Groups established for the National Programme, IOM will effectively coordinate with the government of Somalia, UNSOM, as well as other implementing agencies of the Programme. IOM will continue to share its unique and first-hand experience supporting women formerly associated with AS with the Working Group members, and advocate for cooperation among all stakeholders to ensure all aspect of the National Programme is gender responsive.

Keeping in mind the pre-existing sensitivities and perceptions of women formerly associated with AS, IOM will work with UNFPA to conduct trainings on GBV core concepts and principles, including survivor-centred approaches, for staff of line ministries, CSOs and women leaders from the community on gender-sensitive psychosocial support to CRSV survivors, who will be actively involved in the overall implementation of the project.

e. Strengthening the capacity of national institutions to deal with conflict-related sexual violence

As mentioned in Section II a, the practical lessons learned gathered through the UNPBF pilot project has provided government institutions with valuable insight on provision of services to women formerly associated with AS. The institutional capacity of the line ministries will continued to be enhanced through IOM's close coordination with and technical oversight over the

designated government focal persons at federal and regional levels, who gained their initial experience engaging women formerly associated with AS through the IOM implemented pilot project.

III. Success criteria and means of evaluating results

a. IOM's institutional capacity to successfully achieve the proposed objectives.

IOM is an inter-governmental organization founded in 1951 to respond to displacement caused by the Second World War. Since then IOM has broadened its scope to become the lead migration agency, joining the United Nations in 2016. IOM maintains an annual operating budget of an estimated \$1.5 billion and some 10,000-staff working in over 150 countries worldwide. IOM currently has 172-member states and eight observer states. IOM shares the goal of UN Action members to end sexual violence in conflict and is committed to improving coordination and accountability, amplifying programming and advocacy, and supporting national efforts to prevent sexual violence and respond effectively to the needs of survivors. IOM's extensive operational footprint, as well as being a core member of the GBV AoR and being at the forefront of GBV risk mitigation efforts, uniquely position IOM to complement UN Action members and strengthen the work of the network as a whole.⁷

Since 2006, IOM Somalia has set a strong record on the delivery of frontline services to crisis-affected populations, while steadily developing models and partnerships for longer term recovery and migration governance. The Mission has a strong operational presence in all regions through a multitude of projects implemented by over 350 staff. With its head office located in Mogadishu, IOM operations is supported by seven field offices in Kismayo, Baidoa, Doolow, Hargeisa, Bossaso, and Garowe as well as satellite offices in Berbera, Garadag, Adado, Afgoye, Bardere, Dhobley and the Nairobi Support Office in Kenya.

IOM has a cadre of technical specialists in case management, Islamic religious counselling, adult education, and livelihoods, and has trained women-led CSOs in Baidoa and Kismayo, in individualized case management and counselling. Through the experience of the UNPBF project, IOM together with women-led CSOs, have gained a significant understanding of the sensitivities, issues and needs of women formerly associated with AS. This knowledge is instrumental to providing culturally and psychosocially sensitive assistance to affected women, particularly survivors of CRSV. Moreover, IOM and the women-led CSOs have also built trust within the local communities in project locations. Trust is a vital component of any MHPSS intervention to strengthen the relationship between beneficiaries, medical providers and the community at large. IOM has conducted service mappings, established connections with local medical providers in Baidoa and Kismayo and set-up a basic medical referral system, which will be strengthened by this project to cater to the special needs of CRSV cases. Where needed, this Project will refer needs internally, including to Migration and Health Division, Shelter and Non-Food Items Unit, and will also support referrals to Government and UN/NGO partners (humanitarian and development) for protection, legal, health, shelter/housing and further psychosocial services.

The proposed project builds off of the IOM's UNPBF pilot project, which was directly implemented by IOM in collaboration with women-led organizations. This project will incorporate the experiences and suggestions shared by beneficiaries, including information from FGDs, individual interviews and human-interest stories. Community mental health, socio-cultural, and other community social cohesion activities will be conducted using community-led and driven processes. Evaluations and monitoring are built into the proposed project design to ensure course correction as problems arise. The intended beneficiaries will play an active role in project evaluation through continuous engagement. IOM data protection policy and protection policy in relation to working with victims of CRSV including the provision of assistance will be followed by staff and local partners. GBV guiding principles (safety, confidentiality, respect, non-discrimination) will be followed in the project. IOM will ensure close coordination with the protection cluster and the GBV sub-cluster throughout the project.

⁷ <https://www.un.org/sexualviolenceinconflict/iom-and-unoda-join-un-action/>

J. E. E. S.

The project activities have been designed and will be implemented in close coordination with the Federal Government of Somalia (FGS) and line ministries, UN partners, international and national NGOs, Civil Society Organizations (CSOs), and other relevant stakeholders. IOM's methodology prioritises the assessment of the needs and potential for impact, as well as the sustainability of the intervention. This will be done through a strong focus on participation of the community in the project. With an emphasis on enhancing the capacity of relevant ministries and women-led CSOs, IOM engages strongly in ensuring the autonomy of the communities to provide comprehensive services for women associated with AS, including survivors of CRSV, and mitigate the risk of violent extremism and CRSV.

The implementation of the project will be guided by IOM's Institutional Framework for Addressing GBV in Crises GBViC Framework, especially in ensuring that the principles of do no harm, safety and non-discrimination guide any activity and are adhered to throughout the project. IOM Somalia will seek technical support from the Global GBV Support Team at IOM Headquarters in Geneva.

IOM Somalia will also receive the support and technical expertise of the Land, Property and Reparations Division (LPR), at the IOM Headquarters in Geneva, responsible for providing expert advice, technical assistance, capacity building and operational support to countries, communities and individuals who have undergone conflict or civil strife characterized by massive human rights violations. Since 2000, IOM LPR has directly implemented or provided technical assistance in variety of reparations and land restitution projects around the globe. These include: the Technical Support to the Colombia Transitional Justice and Reparations Process, the Sierra Leone Reparations Programme, Technical Assistance on Reparations in Nepal, Support to Iraq Land and Property Commission, Support to Southern Yemen Land Commission, CRSV programmes in Bosnia and Herzegovina and Nepal, Sri Lanka Reparations and others. IOM has also collaborated with international justice institutions, such as ICTY, ICTR and ICC as well as academia (e.g. Queens University Belfast) and international NGOs working in the domain (e.g. ICTJ, TRIAL). IOM frequently engages in partnerships with other organizations: OHCHR, UNDP, UN Women, UNFPA (e.g. Bosnia and Herzegovina).

b. Overall management structure of this project

The project will be implemented by a dynamic team of technical specialists in women peace and security, socio-economic reintegration programming of women formerly associated with armed groups, as well as mental health and psychosocial support. The team of technical Specialists will oversee the project implementation, provide technical guidance and ongoing capacity building to civil society organizations, local service providers and government institutions. As the project will provide individualized and community services to a highly vulnerable and at-risk population, in particular, women formerly associated with AS, including survivors of CRSV, strong technical Specialists in this area is critical to ensure the women's complex needs are addressed.

The following is a summary of the different roles, responsibilities that will be spent by each staff overseeing the project.

- DDR Project Officer: Oversee the day to day project implementation under the direction of DDR Coordinator, ensuring that project targets are met, and staff and civil society partners are achieving their objectives.
- Associate Project Officers (2 positions): Work with Project Officer to build the capacity of partners and ensure smooth implementation, monitoring and report on project activities.
- International GBV Specialist: Provide technical support, supervision, and capacity building training to staff, partners, and government on service provision to survivors of GBV and CRSV.
- National Reintegration and Operation Officer: Provide close supervision to civil society partners on the implementation of reintegration and outreach activities.
- Field staff: two field teams will provide day-to-day support in project locations in close coordination with civil society organization staff, local service providers, local authorities, and line ministry technical staff.

One Japanese staff, by the name Yuko Tomita, from the IOM Somalia mission will be directly involved throughout the project cycle. As the Programme Support Unit Coordinator, she is in charge of liaising with the donors, as well as project development, monitoring and evaluation, and

18 EWS

reporting. She also is the gender focal point for the mission, and co-chair of the Humanitarian country team Prevention of Sexual Exploitation and Abuses (PSEA) task force.

c. Monitoring and Evaluation

The proposed project has a robust monitoring and evaluation plan as the project works with an unchartered programmatic area of service provision for women survivors of CRSV who were formerly associated with and affected by AS.

IOM has developed and rolled-out a robust monitoring and evaluation mechanism with a comprehensive tool kit tested by previous projects supporting both men and women formerly associated with AS. The programme-wide monitoring and evaluation mechanism has deepened IOM and FGS's understanding of 1) the push and pull factors leading to women's recruitment into and disengagement from AS, 2) how women are impacted by CRSV within AS and after disengagement, and 3) rehabilitation and reintegration approaches that best serve their unique needs. The lessons learned from this project will be well documented and shared with stakeholders in Somalia to enable programmatic expansion to support this vulnerable group.

The monitoring and evaluation plan for this project will be adjusted to reflect the complex needs and sensitivity of survivors of CRSV, while aligned with the programme-wide monitoring and evaluation methodology. The collected data will feed into existing information collection mechanisms to inform national targets and progress under the National Programme.

IOM M&E staff will collect baseline information related to the indicators in the Project Result Matrix (developed prior to implementation). The baseline information will include quantitative and qualitative data collected through a variety of study methods, including perception surveys with target community members and focus group discussions and key informant interviews with project beneficiaries and stakeholders.

Throughout the project, IOM M&E and project staff will monitor and evaluate project activities and conduct additional assessments and evaluations as the project unfolds and needs are identified. This may include cross-sectional surveys, interviews, focus group discussions, and interviews for human interest stories. Such exercises may be carried out in form of feedback session particularly during culturally sensitive outreach and awareness-raising events, including civic and religious education workshops, psychosocial art activities such as theatre workshops. These activities allow for storytelling, thus can be rich source of qualitative data to help better understand the contextual and socio-cultural sensitivities. For instance, how social behaviors can be impacted in a positive way minimizing stigmatization of CRSV survivors and their acceptance in wider community.

Supervision and monitoring visits will be conducted by the project management team, including the international programme coordinator. Regular site visits will ensure smooth and high-quality implementation of the different project components, help identify barriers and contribute to solutions.

At the end of the project, end line information will be collected to assess changes from the baseline study, as well as document the overall impact of the project and make recommendations for future interventions. The end-line evaluation will be carried out employing similar data collection and analysis methods used throughout the project to allow for comparison. This will be triangulated with qualitative data collected from key stakeholders, including beneficiaries, government officials, implementing partner CSOs, and IOM staff to understand project impact and lessons learned. The end-line evaluation will include case studies and human-interest stories to relay the impact of the project in a digestible format. Identities of any beneficiary stories that are collected will be safeguarded.

d. Sustainability Plan

The proposed project fits well into IOM and the Federal Government of Somalia's five-year transition plan to shift responsibility for rehabilitation and reintegration to the Government of Somalia, with external organizations such as IOM providing support and technical assistance. Supporting the government in the provision of services for women formerly associated with AS, including CRSV survivors, allows the government to respond holistically to the needs of some of Somalia's most vulnerable populations. By working through implementing partners jointly with the government, IOM will build civil society capacity, ensuring that communities are able to respond to the sensitive needs of women formerly associated with AS over time.

Part C. Initial Review of Proposal <i>(To be completed by the UN Action Secretariat)</i>	
(a) Is the project explicitly linked to the UN Action Strategic Framework?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b) Is the project effective, coherent, and cost-efficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c) Does it avoid duplication and significant overlap with the activities of other UN system entities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d) Does it build on existing capacities, strengths and experience?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e) Does it promote consultation, participation and partnerships and agree with the existing country coordination mechanism?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f) Is the Project Proposal Submission Form fully completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g) Is the Budget in compliance with the standard format?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h) Is the indirect support cost within the approved rate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Part D: Decision of the Resource Management Committee <i>(to be completed by the RMC Chairperson)</i>	
5. Decision of the Resource Management Committee	
<input checked="" type="checkbox"/> Approved for a total budget of US\$ <u>363,636</u> <input type="checkbox"/> Approved with modification/condition <input type="checkbox"/> Deferred/returned with comments for further consideration <input type="checkbox"/> Rejected	
Comments/Justification:	
Chairperson of the Resource Management Committee	
Name (Printed)	24 March
Signature	2020 Date

J. Eng.

Part E: Administrative Agent Review
(To be completed by the UNDP MPTF Office)

6. Action taken by the Executive Coordinator, Multi-Partner Trust Fund Office, UNDP

Project consistent with provisions of the RMC Memorandum of Understanding and the Standard Administrative Arrangements with donors.




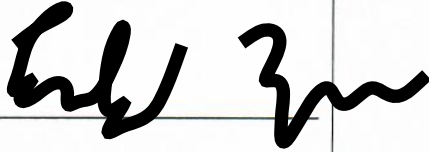
Jennifer Topping
Executive Coordinator
Multi-Partner Trust Fund Office, UNDP

.....
Signature

.....
Date

**MULTI-PARTNER TRUST FUND FOR
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT
FUND SIGNATURE PAGE**

(Note: Please attach to the Project Proposal Submission Form)

Participating UN Organization(s): International Organization for Migration, Somalia (IOM) United Nations Assistant Mission in Somalia (UNSONM)	Focal Point of Participating UN Organization receiving funds: International Organization for Migration, Somalia (IOM)						
Project Number: CRSV_UNA2	Project Duration: 1 April 2020 – 31 March 2021 (12 months) Estimated Start Date: 1 April 2020						
Project Title: Leveraging the strength of women in Somalia to mitigate conflict-related sexual violence (CRSV) and prevent violent extremism (PVE)	Project Location(s): Somalia Baidoa, Southwest State (SWS) and Kismayo, Jubaland State (JSS)						
Total Project Cost: MPTF: US \$ 363, 636 US Dollars Other: US \$ GRAND TOTAL: US \$							
Total Amount Approved: US \$ 363, 636 US Dollars							
Focal Point of Participating UN Organization receiving funds:	<table border="1"> <thead> <tr> <th data-bbox="496 1352 799 1397">Name/Title</th> <th data-bbox="799 1352 1007 1397">Date</th> <th data-bbox="1007 1352 1361 1397">Signature</th> </tr> </thead> <tbody> <tr> <td data-bbox="496 1397 799 1630"> Ewa Naqvi Chief Of Mission a.i/ IOM Somalia </td> <td data-bbox="799 1397 1007 1630"> March 19,2020 </td> <td data-bbox="1007 1397 1361 1630">  </td> </tr> </tbody> </table>	Name/Title	Date	Signature	Ewa Naqvi Chief Of Mission a.i/ IOM Somalia	March 19,2020	
Name/Title	Date	Signature					
Ewa Naqvi Chief Of Mission a.i/ IOM Somalia	March 19,2020						
RMC Chairpers	<div style="border: 2px solid black; padding: 5px; display: inline-block; color: red; font-weight: bold;">Emily Krasnor</div> 						

**MULTI-PARTNER TRUST FUND FOR
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT
PROGRAMME⁸ BUDGET FORM**

PROGRAMME BUDGET	
CATEGORY	AMOUNT US \$
1. Staff and other personnel costs	82,500
2. Supplies, Commodities, Materials	3,600
3. Equipment, Vehicles and Furniture including Depreciation	7,600
4. Contractual Services	-
5. Travel	12,606
6. Transfers and Grants Counterparts	93,800
7. General Operating and Other Direct Costs	127,741
8. Training, Workshop	12,000
Total Programme Costs	339,847
Indirect Support Costs (cannot exceed 7%)	23,789
TOTAL	363,636

⁸The term "programme" is used for projects, programmes and joint programmes.

J. E. E. E.



Project Title: Leveraging the strength of women in Somalia to mitigate conflict-related sexual violence (CRSV) and prevent violent extremism (PVE)

Goal: Women formerly associated with AS, including survivors of Conflict-Related Sexual Violence recover from traumatic experiences and actively contribute to sustainable peacebuilding in respective communities

- LOGFRAME -

	Project Summary	Indicators**	Verification Method / Indicator	Risks & Assumptions
<u>Outcome 1</u>	100 women formerly associated with AS, including CRSV survivors, receive survivor-centred health, MHPSS, and reintegration support leading to enhanced psychosocial, social and economic wellbeing.	Description: # of beneficiaries who received survivor-centred health, MHPSS and socio-economic reintegration support Baseline:* 150 Target:*100 additional	Monitoring activity report Admission forms End line survey	Local medical and psychosocial service providers have already recruited female staff who are trained to provide specialized support.

58 Egh

<p>Outputs(s)</p>	<p>Output 1.1: Women formerly associated with AS have access to survivor-centred health and MHPSS services.</p>	<p>Description: % of beneficiaries identified who received individualized CRSV support based on their needs and informed consent</p> <p>Baseline: 0 Target: 95%</p>	<p>Monitoring activity report</p>	
<p>Activities</p>	<p>Output 1.2: Women formerly associated with AS receive adequate social and economic support to facilitate community reintegration.</p> <p>Activity 1.1.1 Train and provide technical support and oversight to staff to assess and provide individualized case management and psychosocial support, and ensure access to medical services, treatment monitoring, and follow up support.</p>	<p>Description: % of women reporting increased social and economic wellbeing</p> <p>Baseline: 0 Target: 55%</p>	<p>End line survey</p>	
		<p>Description: # of staff trained to assess and provide individualized case management and psychosocial support</p> <p>Baseline: 0 Target: 12 (6 per location)</p>	<p>Attendance sheet</p> <p>Monitoring activity report</p>	
	<p>Activity 1.2.1 Women formerly associated with AS, including CRSV</p>	<p>Description: # of beneficiaries who</p>	<p>Monitoring activity report</p>	

18 Evely

	survivors, are provided with reintegration support in the form of a monthly social protection allowance, a voucher for shelter kits, complimented by career counselling services, and livelihoods mentorship provided by ongoing projects.	received reintegration support (disaggregated by type of support) Baseline: 150 Target: 100 additional		
Outcome 2	Enhanced capacity of relevant ministries and women-led CSOs to provide comprehensive services for women associated with AS, including survivors of CRSV, and mitigate the risk of violent extremism and CRSV.	Description: # of relevant government and CSO staff trained to provide comprehensive services for women associated with AS, including survivors of CRSV Baseline: 53% Target: 80%	Monitoring activity report Attendance Record	
Outputs	Output 2.1 Trainings and capacity building are provided to relevant ministries and women-led CSOs staff on gender-responsive and survivor-centred interventions Output 2.2 Women organizations and leaders are supported in	Description: % of trained government and CSO staff reporting a demonstrated increased knowledge on gender-responsive and survivor-centred interventions Baseline: 0 Target: 80% Description: # of community members	Monitoring activity report Survey Pre- and Post- Training Post-training follow-up	Training participants have support of managers to apply new knowledge and skills in CRSV survivor counselling, case management, psychological first aid, and clinical health. A dedicated space to hold the activities has been identified. The security situation permits the women-led CSO to host community events and women from communities affected by AS are willing to engage in

Handwritten signature or initials in blue ink, possibly "J. S. (CSO)".

	<p>holding community activities promoting women's rights, and mitigating the risk of violent extremism and CRSV.</p>	<p>engaged in culturally sensitive events organized by women organizations and leaders Baseline: 700 Target: 300 additional</p>	<p>Activity monitoring report</p>	<p>the activities and events.</p>
<p>Activities</p>	<p>Activity 2.1.1: Organize regular coordination meetings to consolidate effective partnership mechanisms and training on gender-responsive and survivor-centred interventions. Technical support will be provided to relevant ministries and local authorities as required. Lessons learned and best practices will be consolidated for government stakeholders.</p> <p>Activity 2.2.1: Support women from the community in creating culture-specific safe space for women to receive MHPSS services, civic and religious education, and to host</p>	<p>Description: # of coordination meetings and training conducted Baseline: 2 coordination meetings and 2 training conducted Target: 2 additional coordination meetings and 2 additional training conducted</p> <p>Description: # of culturally-sensitive safe space for women (disaggregated by location) Baseline: 0</p>	<p>Attendance sheet</p> <p>Activity monitoring report</p> <p>Monitoring report</p>	

U. E. E. E. E.

	<p>social gatherings and recreational activities.</p> <p>Activity 2.2.2: Support women from the community in designing, developing and holding culturally sensitive outreach and awareness-raising events, including civic and religious education workshops, psychosocial art activities such as theatre workshops.</p>	<p>Target: 2</p> <p>Description: # of culturally sensitive outreach and awareness-raising events held</p> <p>Baseline: 9 Target: 9 additional events</p>	<p>Attendance sheet</p> <p>Activity monitoring report</p>	
<p>PROBLEM STATEMENT</p>	<p>Problem 1: Women formerly associated with AS, including CRSV survivors, do not receive adequate services that meet their needs. As a result, CRSV survivors' mental health risks worsening, exacerbating the psychosocial effects of CRSV, further marginalizing them and preventing them from re-emerging into social and economic life.</p> <p>Problem 2: The National Programme focused exclusively on male disengaged combatants because it lacked the policies, pathways, and capacity to respond to the complex needs of women associated with AS.</p>			

18 Aug.


Certificate Of Completion

Envelope Id: 4BD986569A21447286CD32F013626F75	Status: Completed
Subject: Please DocuSign: Proposal_CRSV_UNA2_IOM_RMC signed.pdf	
Source Envelope:	
Document Pages: 26	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Aamir Maqsood Khan
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	One United Nations Plaza
	New York, NY 10017
	aamir.maqsood@undp.org
	IP Address: 24.184.35.156

Record Tracking

Status: Original 4/23/2020 9:54:13 AM	Holder: Aamir Maqsood Khan aamir.maqsood@undp.org	Location: DocuSign
--	--	--------------------

Signer Events

Signer Events	Signature	Timestamp
Aamir Maqsood Khan aamir.maqsood@undp.org UNDP Headquarters Security Level: Email, Account Authentication (None)	 Signature Adoption: Uploaded Signature Image Using IP Address: 24.184.35.156	Sent: 4/23/2020 9:54:46 AM Viewed: 4/23/2020 9:55:01 AM Signed: 4/23/2020 9:57:16 AM Freeform Signing

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

Marie Flore
marie.guisse@undp.org
Security Level: Email, Account Authentication (None)

COPIED

Sent: 4/23/2020 9:57:17 AM
Viewed: 4/23/2020 9:59:00 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events

Signature

Timestamp

Notary Events

Signature

Timestamp

Envelope Summary Events

Status

Timestamps

Envelope Sent	Hashed/Encrypted	4/23/2020 9:57:17 AM
Certified Delivered	Security Checked	4/23/2020 9:55:01 AM
Signing Complete	Security Checked	4/23/2020 9:57:17 AM
Completed	Security Checked	4/23/2020 9:57:17 AM

Payment Events

Status

Timestamps