FEDERAL REPUBLIC OF SOMALIA

Ministry of Education, Culture & Higher Education

Somalia Education for Human Capital Development Project (SEHCD)
Project Management Unit

Project ID: (P172434)

Terms of reference to

CONTRACTING GBV SERVICE PROVIDER responsible for the implementation of measures to prevent and respond to Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH), in support of SEHCD Project

Feb, 2025

A. BACKGROUND AND JUSTIFICATION

The Federal Republic of Somalia has received financing from the World Bank toward the cost of Education for Human Capital Development Project to be implemented by the Ministry of Education, Culture & Higher Education (MoECHE) in Somalia and it intends to apply part of the proceeds for contracting GBV service provider for the prevention of, and response to, sexual exploitation and abuse within the project areas.

The project is aligned to the Federal Government of Somalia's (FGS) Education Sector Strategic Plan (ESSP). The project will specifically support the attainment of four of the country's priorities under the ESSP. Strengthen management capacities and systems at federal and state levels, including i. improving fiduciary mechanisms and increasing budget allocations to the education sector; ii. Support learners and strengthen societal resilience among communities affected by natural disasters and conflict; iii. Continue expanding access to education for children, adolescents and youth, especially those from marginalized communities such as pastoralists, Internally Displaced Persons (IDPs), minority groups, and the urban poor; and iv. Improve the quality of learning outcomes, especially at early grade levels, and ensure the market relevance of learning opportunities.

The project aims to support the implementation of high potential, short-term interventions that can rapidly increase schooling opportunities with a focus on the most disadvantaged communities in Somalia, specifically those residing in rural areas and girls. The project proposes to leverage Somalia's strengths, specifically its high mobile telephony penetration to test innovative approaches to enhancing teacher quality and provide effective teaching and learning materials to students using digital technology. The project will also support the development of essential foundations for any intervention to be successful/sustainable in Somalia, i.e. a robust system for regularly and reliably collecting data on sector outcomes.

The project focuses specifically on building systems to systematically and regularly collect information on student learning achievements. The project aims to create schooling opportunities in Somalia at the primary education level and to promote literacy and numeracy in the country. It seeks to ensure that the schooling leads to learning and that girls participate equally in schooling. Expected project outcomes are: (i) increased number of children enrolled in primary school; (ii) increased gender parity in the targeted districts; and (iii) improvements in teacher quality.

The project has four components as described below.

1. "Systems building" which focus on the establishment and strengthening of capacity and institutional systems at the ministries of education at the Federal and Member State levels of government, to establish an effective education system with a strong stewardship role for the Federal Government.

2. "Expansion of access to quality schooling for the disadvantaged" will focus on supply-side constraints faced by school going-age children who do not have access to education due to a dearth of schools or who are inhibited from enrolling in local non-state schools due to their inability to pay school fees. The component will provide out-of-school children from disadvantaged backgrounds in the targeted 14 districts with access to good quality schools by (i) incentivizing non-state providers to enroll children free of cost; and (ii) building new schools that provide a minimum package of support that includes teachers, classrooms and school grants to meet recurrent expenditures of these new schools.

3. "Enhanced instruction quality" proposes to support the development of a 2-year Teachers Professional Development Program (TPDP). This program will be delivered using a blended learning approach and build the capacity of 6,000 teachers. Activities in the TPDP include defining learning outcomes and associated course structures, creating individual course frameworks and identifying the content to be covered in each course, developing and refining course content and materials, and creating a contextually suitable student support system.

4. "Project management" will finance key project staff at the FGS level including a project director for overall management, project coordinator to work closely with the various implementing entities, M&E, fiduciary and safeguards staff. Funds will also be provided for office equipment and furniture to adequately resource project staff to manage implementation. Project staff will also be hired at the FMS level to manage activities at that level and regularly supervise project activities.

Given the nature of project including the construction component, SEHCD project recognises the potential risks of multiple forms of Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA) and sexual harassment (SH) in project locations are high. The risks also include sexual exploitation between workers and community members, sexual harassment and issues related to sexual violence against women and children that may be associated with the project. SEHCD project is committed to minimize these impacts and to improve the environmental and social outcomes from all its operations. To do this, SEHCD project is enhancing its role in the management of the environment and social risks through incorporation of GBV intervention for the contractors, employees, workers and the members of the public. This TOR presents the implementing agencies' efforts to procure GBV service provider to render GBV prevention and response intervention services. The services to be rendered shall include all activities, whether explicitly named or not, deemed relevant for the successful completion of the services. The detailed description of the required services is given within this Terms of Reference.

B. NATIONAL CONTEXT FOR GENDER-BASED VIOLENCE (GBV)

GBV[1] is globally one of the most prevalent violations of human rights and a public health problem of epidemic proportions. GBV affects men, women, and children, but it disproportionately affects women and girls and exists in every country and environment where the World Bank operates.

Gender-based violence is a phenomenon deeply rooted in gender inequality, and social exclusion and continues to be one of the most notable human rights violations within all societies. Gender discrimination in Somalia cuts across social and economic strata and the Gender Inequality Index is very high at 0.77 out of a value of 1, which represents complete inequality.

Gender-based violence is violence directed against a person because of their gender. Both women and men experience gender-based violence but the majority of victims are women and girls. Violence is woven into the fabric of women and children's everyday lives and takes place primarily in the home, but also the workplace, in schools, on the streets, and in public spaces, and occurs irrespective of whether the country is undergoing conflict, crisis or is at peace, although the former can exacerbate violence.

Sexual violence, along with other forms of violence, is said to have become normalized in Somalia. This apparent normalization appears to be the result of sustained exposure to elevated levels of sexual violence over past decades compounded by the lack of national and community-level communication, discussion, and dialogue about sexual violence and other forms of GBV[2].

According to Somali Health and Demographic survey 2020 show that over 60% of women considered physical abuse, denial of education, forced marriage, rape and sexual harassment, forms of domestic violence[3]. In addition, 95% of survivors that reports in 2020 were women, adolescent girls, and children while 75% were from displaced communities, with different types of GBV include rape, gang rapes, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, and psychological/emotional abuse[4].

SEA is a risk for any project that interfaces with a community. However, risks increase in settings where incidents of violence against women and girls, and violence against children, are normalized and committed with impunity, and where survivors are unlikely to seek assistance due to social stigma, retaliation, or other security issues. In conflict-affected settings rule of law and basic protective infrastructure is often lacking, further contributing to risks of violence against women

[1] GBV includes a range of violations, including i) intimate partner violence;) non-partner sexual abuse; i) harmful practices; iv) human trafficking and v) child sexual abuse. It is expected that the country and regional integration profiles will highlight the most prevalent forms of GBV within each country and provide considerations for how to address these risks most effectively. http://www.worldbank.org/content/dam/Worldbank/document/Gender/Arango%20et%20al%202014.%20Interventions%20to%20Prevent%20or%20Reduce%20VAWG%20-%20A%20Systematic%20Review%20of%20Reviews.pdf

[2] International Alert/CISP (2015)

[3] Somali Health and Demographic survey (2020)

[4] Overview of Gender-based violence in Somalia 2021

and girls, and violence against children. In addition, large infrastructure projects can exacerbate the risk of SEA in several ways:

C. School-related GBV (SRGBV) in Somalia.

SRGBV is a global phenomenon that impacts millions of children worldwide, especially girls. Globally, it is estimated to have 246 million girls and boys abused and harassed around and in schools every year. Girls particularly are vulnerable to school-related gender-based violence (SRGBV) which often stems from deeply rooted cultural beliefs and practices, power imbalances and gender norms.

SRGBV violates children's fundamental human rights and a serious barrier to learning and to educational attainment. Children have the right to be protected from all forms of violence, including in their school lives. Experiencing SRGBV can compromise children's well-being, physical and emotional health, and harm their cognitive and emotional development.

The drivers of GBV are multiple and complex, but gender discriminatory norms and unequal balance of power between girls, women, boys and men are the overarching root causes. To be able to understand the drivers of GBV in schools it is important to understand that there is no single factor that can explain why some people or groups are at higher risk of GBV than others. The ecological framework clearly shows how interpersonal violence is the outcome of interaction between many factors at the societal, community, relationship and individual levels.[5]

In Somalia, there are girls and boys who are victims of violence and ill-treatment in different forms (ill-treatment and physical and mental harm, lack of care or inadequate treatment and sexual exploitation), which takes place within school, at home, and other places in the community[6]. The school environment must be child-friendly, safe and protective, and to safeguard children from violence, while ensuring their right to education, and with strong equity and gender equality focus.

It is also important to remember that schools are not isolated from traditions, culture, norms, customary laws and governmental policies that exist in the country and the community, nor from individual experiences of students and staff both outside and inside schools and educational institutions.

If not addressed properly, schools can implicitly legitimize and reinforce harmful gender norms. Schools can normalize a violent environment both in the classroom and outside it by using authoritarian pedagogy that strengthens the unequal power balance between teachers and students, by allowing corporal punishment, and by not properly addressing sexualized bullying.

5 SIDA report on GBV and Education
6 World Vision report on SRGBV

While incidence of GBV in Somalia is a significant contextual challenge, preliminary assessment of project-related SEA and SH has identified the following project-related risks that need to be addressed to mitigate GBV risks.

- There is the potential of SEA/SH in the recruitment of female teachers supported under the project. Sexual abuse and harassment might potentially compromise the safety and wellbeing of the teachers, students and the local communities, while adversely affecting project performance.

- Unequal gender and power relations can exacerbate the risks of GBV in schools especially where unethical teachers may take advantage of their positions and sexually exploit students.

- Curricula and teaching methods that do not equip girls and boys with key knowledge, life skills and violence prevention attitudes necessary to engage in healthy peer relationships may exacerbate gender norms that have been existent within the community.

- Lack of legislation banning all forms of violence against children, including SRGBV and comprehensive policy framework within the schools to prevent and address violence, might further increase the school environment's risks as limited or no regulations guide around the school environment.

- Increasing the number of female teachers might interfere with the community gender norms and therefore increases the risks of violence at the household level and even in the school setting where they can be exposed to incidents of SEA and SH. For example in those situations where female teachers have less time available for traditional gender role-related duties in the household, such as childcare, there is also a risk of increased intimate partner violence (IPV) as household members push back.

- Misinformation or lack of information throughout the project's components can lead to harm and violence towards children, teachers and the communities, especially those with less agency and power. For example, children might be exploited to pay fees or give sexual favours in exchange for accessing school services. Other children, particularly those from the minority and underrepresented groups and those living with disabilities who are exempted by the project from paying the required school fees, might be pushed away from accessing basic education. Information and education dissemination activities must engage and reach out to all within society; corresponding monitoring and safeguards, such as grievance redress mechanisms, can mitigate some of this risk

- Lack of school-level capacity to prevent, identify and address SRGBV incidents, as well as an effective oversight mechanism to address School related GBV, can increase the chances of perpetrating violence between teachers and school staff with impunity. Also, lack of safe, secure and welcoming physical spaces within the educational settings.

- The exclusion from spaces of voice, agency, and decision-making for vulnerable groups can lead to further harm or marginalize them. Women, girls, and other groups with less power and status such as people with disabilities, unmarried women/girls, women and girls associated with armed groups/forces, displaced/returning individuals and families, and minority ethnic/clan groups are more likely to be invisible or hidden in community consultation and engagement processes as well as in the school environment. Additionally, in Somali society, patriarchal norms often lead women and girls – of all groups – to be left out of community discussions or have their needs and priorities silenced.

- During the design and construction of the schools – women and girls' exclusion from planning and designing spaces can result in aspects that ignore or exacerbate, women and girls' risks to GBV/SEA in schools and/of when accessing schools. For example, civil works from construction and/or rehabilitation of classrooms which could lead to land acquisition, restrictions on land use, resettlement and labor influx. In addition, the use of local labor and the reliance on community partnerships and management could lead to cases of child labor.

- Community conflict resolution approaches can lead to more harm, including against survivors who report GBV/SEA experiences: Community or local governance resolution processes might reinforce gender inequality pushing for resolutions that widen inequalities, are not survivor-centered, and may lead to impunity and more harm to a survivor (through marriage to a perpetrator, re-victimization or other consequences).

D. OBJECTIVES

The general objective of this work is to support SEHCD Project financed by World Bank in GBV risk prevention, mitigation, and response, including SEA and SH, linked to implementation operations, and in the provision of holistic support for survivors in the project operation zones including Banadir region, Southwest state, Hirshabelle state, Galmudug state, Puntland state and Jubaland state.

The specific objectives of the GBV Service provider's work are to:

1. Carry out regular GBV risk mapping in the project intervention areas by means of consultations and participatory approaches, both in terms of the context and, more particularly, risks that are likely to be exacerbated or potentially prevented by project implementation and propose effective and ethical prevention and mitigation measures to be implemented by the different project stakeholders.
2. Design and implement risk awareness-raising and prevention campaigns for both the concerned communities including school children and the workers hired for the project. These campaigns should include, among others, regular awareness-raising and training for workers and communities affected by the project on GBV, SEA, and SH, their causes and consequences and the risks specifically linked to the project, the response services available

to survivors, the project code of conduct and the penalties for violations, the Grievance Redress Mechanism (GRM), how to file a grievance and the objectives of the mechanism, etc.

3. Ensure that survivors have access to holistic care, including psycho-social, medical, and legal support under a survivor-centered response protocol.
4. Support the GBV Specialist within the Project management Unit (PMU) in implementing a GRM and, more particularly, in filing, managing, and reporting GBV complaints during project implementation, in accordance with the accountability and response framework that will be drafted and established to ensure ethical and confidential management of GBV complaints; and
5. Support the project in monitoring and evaluating GBV prevention and response activities in an ethical manner.

E. SCOPE OF WORK AND TASKS FOR THE GBV SERVICE PROVIDER

Interventions to combat project-related GBV/SEA/SH must consider and contribute to the implementation of the following principles:

1. *Survivor-centered action:* Favor an approach related to GBV prevention and mitigation, and for combatting GBV, through a lens focused on the survivor and respect for their confidentiality and safety, recognizing them as principal decision-makers for their own care and treating them with consideration, dignity, and respect for their needs and wishes.

2. *Emphasis on prevention*: Adopt risk-based approaches that aim to identify key project-related risks of GBV/SEA/SH and contribute to putting into place measures to prevent or minimize at a minimum the risks.

3. *Support for survivors:* Map the existing services in project implementation zones and assess the quality-of-service provision to establish a referral and/or care pathway for survivors who choose to seek services. The minimum package of services should include medical, psychosocial, and legal case management that complies with national directives and international good practices and provides to survivors who report project-related incidents with referrals to the project's grievance redress mechanism.

4. *Community engagement:* Engage stakeholders in the population affected by project implementation by recruiting community focal points—local authorities, women leaders, civil society organizations, women's, and children's rights advocates—as resources for knowledge on local level risks, effective protection factors, and support mechanisms throughout the project cycle. Community engagement with identification and support for community focal points will also contribute to capacity building and sustaining efforts,

while also ensuring that survivors have immediate and culturally appropriate access to information and services.

5. *Evidence-based action:* Develop approaches based on national and international research and good practices on combating GBV, SEA, and SH effectively.

6. *Enabling continuous monitoring and learning:* Ensure that the approach integrates a mechanism for regular monitoring and analysis to track effectiveness and build knowledge of what works to prevent, mitigate, and respond to GBV, SEA, and SH on the project.

F. Mapping GBV risks and services in the project implementation Locations

- Map the holistic case management services in communities in which the project is being implemented, including medical, psychosocial, and legal services at a minimum. Include in the mapping exercise an assessment of basic service quality and accessibility with regard to national and international minimum standards[7] in order to establish a referral pathway for use by the project in the various implementation locations.

- Develop a referral pathway and/or case management system for survivors in each community/sub-prefecture to distribute to the communities and project workers, which permits ethical and nondiscriminatory case management and referrals for GBV survivors in project implementation locations.

- Ensure that the system defines a minimum package of services, in accordance with the Environmental and social framework within the PIU, including at a minimum psychosocial, medical, and legal services. The referral pathway is to be based on a detailed mapping of the existing services in the project implementation zones, as described above, as well as on an effective and efficient approach that complies with good practices to close any eventual gaps. The response system proposed by the GBV Service Provider will ensure adherence to a survivor-centered approach, always prioritizing respect for the survivor's confidentiality, safety, choice, and right to no discrimination. The system will be tasked with responding to all reports regarding GBV incidents linked to the project, independently of the process for investigating and identifying the perpetrator.

[7] The services must comply, among others, with the standards set out in WHO, Guidelines on Caring for Child Survivors of Sexual Abuse in Humanitarian Settings — UNICEF/IRC, the Interagency Gender-Based Violence Case Management Guidelines and the Inter-Agency Minimum Standards on the Prevention of and Response to Gender-Based Violence in Emergencies — UNFPA.

- Engage in regular participatory community mapping of GBV and SEA risk "hot spots" and the most vulnerable groups, especially within the context of project implementation.

- Identify specific activities for the various project stakeholders to undertake to prevent the identified GBV and SEA risks on the basis of the community mapping exercise and consultations with the local stakeholders, the Environmental and Social Teams within the Project Implementation Unit, PMU and the other project implementation actors.

G. Training and awareness-raising

- Define and implement a community communication and awareness-raising strategy, report regularly on progress regarding activities and the project implementation timetable targeting the communities living in the project adjoining areas, as well as especially vulnerable groups (e.g. adolescent girls, adolescent mothers, women heads of household, displaced women, boys living on the street or without shelter, etc.). The GBV service provider should also work with the GBV Service providers supporting implementation of the GRM and the contractor personnel responsible for social safeguards.

- Define a plan for regular training of all workers employed by the project, including an initial training and refresher training plan on a monthly interval, in collaboration with the GBV Specialist within the Project Management Unit as well as the contractor, and the supervision consultant.

- Prepare community awareness-raising and teacher training messages and information, education, and communication (IEC) materials on GBV and on SEA risks related to the project and to the country context adapting and using existing tools and risk mapping. The training and awareness-raising materials should fulfill the following minimum criteria:

    - Ensure that the materials center on human rights, survivors and children and adhere to the guiding principles for addressing GBV.

    - Be non-discriminatory, centered on equality and accountability, and gender sensitive.

    - Adapt the GBV prevention messages to the specific project-related risks and to the prevention strategies implemented by the project, including codes of conduct, the grievance redress mechanism, and the services available to survivors.

- Adopt an active approach centered on behavioral change that uses various educational and learning approaches for the different target groups.
- Use culturally appropriate content and presentation.
- Ensure that the materials are understandable, in the local language and developed using communication tools that are adequate and can be understood by all members of the community, including those who are illiterate.
- Use a simplified language that is adapted as necessary for each target group to relate educational messages.

- Submit the training and awareness-raising materials to the PMU Gender/GBV Specialist and ES team within the PIU and to the World Bank for validation and incorporate any eventual feedback.
- Hold a training workshop to test and adapt the training and awareness-raising tools and approaches.
- Develop a pre-test and post-test tool to measure changes in the knowledge, attitudes, skills, and behavior of members of the community and project workers after awareness-raising.
- Conduct GBV awareness-raising and prevention campaigns in the community, using existing CEC , Village Development Committees (VDCs) and project community Grievance Redress Committee (GRC) around schools .
- Provide training to the GRC on community awareness-raising approaches and on responses and referrals for GBV survivors, as well as training on specific topics concerning project-related GBV identified within the communities.
- After the training period, support the CEC/ GRC to implement a community engagement campaign targeted at opinion leaders, community organizations, teachers, students and influential men and women who play a key role by sustaining acceptance of certain attitudes regarding GBV, the most vulnerable groups in terms of GBV and SEA risks, and the community. These campaigns should include messages about project related GBV/SEA risks, along with the mitigation, prevention, and response measures implemented. More particularly, the focal points will help inform various population groups about the project's codes of conduct, the relevant sanctions, the grievance redress mechanism, and the services available to survivors, how to access them, the grievance redress process, etc.

H. Support for survivors

- Provide safe spaces accessible to women and girls where survivors can report GBV incidents, including those presumed to be project-related, to trained personnel, without fear for their safety or breach of their confidentiality.
- Provide primary psychosocial care and integrated support for GBV survivors seeking referrals to other services.
- Ensure that survivors have access to the necessary medical, psychosocial, and legal services due to the response protocol and referral system established as part of the project and according to the needs and choices of everyone.
- Ensure that medical care remains the priority in cases involving rape and other physical injuries. In the case of rape, support must be provided in accordance with the World Health Organization Guide protocol in effect. Ideally, this support must be provided within 72 hours. At a minimum, it must include emergency contraception and post-exposure prophylaxis to prevent HIV transmission to a seronegative person who may have been infected during an incident of rape.
- Facilitate access to safe and confidential services for survivors (including transport, payment of documentation and accommodation fees to facilitate access to minimum basic services when necessary) and ensure that case management be provided directly by the service providers.
- Guarantee the provision of psychosocial, medical, and legal services, if these services are not available in the project implementation zone.

I. Support for the project's Grievance Mechanism

- Coordinate, through the referral system established in the project zones, referrals of survivors to the confidential GRM set up to respond to GBV incidents.
- Support the project with complaint intake, documentation, and referrals, in compliance with the GBV GRM structure developed by the project and by collaborating to diversify the possible channels for filing complaints.
- Support the project with complaint management, by advocating compliance with the guiding principles for GBV case management and by ensuring the survivor's confidentiality and safety during the process of managing and verifying the complaint, which will be managed by an independent structure.
- Ensure that any collection of GBV, SEA, and SH-related data, including intake and referral forms and those for the GRM, is done confidentially and ethically and that files are kept in a safe and confidential place, in compliance with international good practices.

J. Monitoring and evaluation

- Develop and test specific indicators for effective monitoring and evaluation of all GBV interventions (prevention, risk mitigation, and response), such as the indicators suggested in the table below (see Appendix).
- Establish an ethical data collection system for GBV cases supported through the project (in compliance with the system already in use in the country, e.g. GBVIMS).
- Submit monthly reports of aggregated data on recorded complaints presumed to be project-related as well as on the support provided to survivors who report project-related incidents, while ensuring the confidentiality, safety, and informed consent of survivors.
- Report any GBV complaints recorded and presumed to be project-related within 24 hours of receiving them, using the information-sharing protocol established beforehand by the project and in compliance with the GBV Good Practice Note[8] and ethical considerations on documenting and reporting information about GBV incidents.
- Submit monthly situation analysis reports and at least one final report on the project, which will be shared with the ES Team within the PIU, PMU Gender/GBV Specialist and the World Bank. Monthly reports must include quantitative and qualitative data, monitoring indicators, progress toward expected outcomes, and any necessary adjustments. The final report will summarize the activities to combat GBV implemented as part of the project and the lessons learned during the project, including recommendations and action points for long-term continuation of GBV prevention measures.
- Collect quarterly information about GBV and SEA risks linked to the project using participatory methods and propose risk mitigation measures to the ES team within the PIU to be implemented by different project stakeholders.

[8] Page 28 and Table 2, page 30.

K. DELIVERABLES

The GBV SERVICE PROVIDER is expected to provide the following deliverables:

1	Work plan with timetable
2	Mapping of existing GBV services and implementation of a response and referral/case management protocol for survivors in the project execution zone or within a radius of approximately 30 kilometers from the project area (specific geographical parameters to be adapted by each project, according to the area considered to be adjoining the project and the findings of the GBV risk assessment).
3	Reports summarizing the community consultations highlighting the key themes and critical risks identified at each meeting.
4	Quarterly assessment of project related GBV risks and proposals for mitigation measures to the ES team within the PMU to be implemented by different project stakeholders.
5	Context-appropriate awareness-raising and training materials (presentations, documents, manuals, etc.).
6	Training of GBV Community and school focal points in the communities adjoining project implementation zones.
7	GBV awareness-raising and training sessions on codes of conduct and GBV risk mitigation plan for all project employees (after the initial sessions, once a month/quarter (as determined by the project according to the risk level and feasibility) throughout the life of the project).
8	Awareness-raising sessions at worksites for project adjoining communities on GBV issues during work on the project at a frequency to be determined by the GBV Service providers
9	Holistic case management for survivors and referrals to appropriate services
10	Participation in the work supporting the project's GRM
11	Monthly reports summarizing interventions and outcomes obtained as compared to the established indicators

12	Draft of final report will be submitted at the latest two weeks after the end of the project. The PIU and PMU will have 10 days to provide feedback. The definitive report at the end of the project, incorporating the feedback from the Gender/GBV Specialist, Environmental and Social Specialist, will be submitted with five hard copies and an electronic, three days after receipt by the GBV service provider.
13	Transmission within 24 hours to the Gender/GBV Specialist of reports of all projects related GBV/SEA/SH cases. This report will be transmitted to the World Bank Task Team Leader within a few hours using the information-sharing protocol included in the GRM procedures for handling GBV/SEA/SH cases.

L. KEY STAFF QUALIFICATIONS AND EXPERIENCE.

S/N	Position	Desired Qualification and Experience.	Estimated Person Months
1	Program Manager (1 No.)	The individual must have a10 years of experience in program management, coordination, proposal development, report writing, and leadership traits and good teamwork, and staff management. Master's degree in social science, management, development studies, international relations/Gender development, Humanitarian aid management, business administration, public health Science, economic development or Education	12
2	GBV Case Manager (1 No.)	The individual must have 6 years of experience in managing community awareness-raising sessions, case registering, case referrals, data collection, GBV case management, coordination, and working with community focal points Education: Bachelor's degree in social science, health science, development studies, education or business management	12
3	Psychosocial Support expert	Bachelor's degree in psychology, Psychiatrist, mental health care ng	12

	(1 No.)	The individual must possess 6 years of experience in providing Psychosocial support or supportive counseling to GBV survivors.	
4	Health Care Specialist (1 No.)	Bachelor's degree in nursing, medical Doctor, Public health or clinical officer. The individual must possess 6 years of experience in providing healthcare services to GBV survivors.	12
5	Legal Expert (1 No.)	The individual must possess 6 years of experience in Practicing law in Somalia. Education qualification: Bachelor's degree of Law/LLB	12

M. DURATION AND PROCEDURES FOR DELIVERING SERVICES

The duration of the service contract will be 1 year , providing GBV response, prevention and mitigation interventions on a regular basis including quarterly community awareness raising campaigns in each of the project target location.

The work will be done under the supervision of the PMU Gender/GBV Specialist and ES team within the PIU and in coordination with the Supervision Consultant and the World Bank.

APPENDIX 1
Examples of project indicators for monitoring GBV interventions

Objectives	Examples of indicators
1. Mapping case management services, risks, actors, and "hot spots" related to GBV using regular consultations with stakeholders	Number of women, women's organizations, and women's groups consulted for the purpose of identifying risks and gathering their opinions on mitigation measures Number of actors met during the stakeholder mapping process Number of service providers evaluated during the stakeholder mapping process
2. Community and employee awareness-raising campaigns on project-related risks, and mitigation and response mechanisms	Number of trainings / awareness-raising campaigns held on GBV prevention Number of trainings / awareness-raising campaigns held on project-related risks and response mechanisms (including referral pathways) Number of community members sensitized (men, women, boys, and girls) regarding GBV prevention and GBV risks and mitigation measures % of employees trained on GBV, SEA, SH and codes of conduct Number of focal points and Committees trained in the community % of community members with improved scores on the post-test, demonstrating an increase in knowledge and a change in attitude % of employees with improved scores on the post-test, demonstrating an increase in knowledge and a change in attitude
3. Implementation and monitoring of the GBV response mechanism, including clearly defined referral pathways	Number of GBV/SEA/SH cases reported to the GRM (disaggregated by survivor age and sex and type of incident reported) % of GBV/SEA/SH cases closed within the delays defined in the project GBV Action Plan (disaggregated by outcome of the verification process)

Objectives	Examples of indicators
	% of survivors reporting project-related incidents who were referred to case management services (disaggregated by type of service)
4. Needs-based support for service providers, such as training and technical expertise	Number of service providers trained or provided with technical expertise Number of survivors reporting project related GBV/SEA/SH incidents who received medical care within 72 hours after an incident of rape Number of survivors reporting project related GBV/SEA/SH incidents who received psychosocial support services Number of survivors reporting project related GBV/SEA/SH incidents who received legal services