

South Sudan 2012 CHF Standard Allocation Project Proposal

Proposal for CHF funding against Consolidated Appeal

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CAP Cluster	Protection
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CHF Cluster Priorities for 2012 Second Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

Cluster Priority Activities	Cluster Geographic Priorities
<p>1. Monitoring and reducing the adverse effects of displacement and humanitarian emergencies on the civilian population;</p> <p>2. Providing support to survivors of GBV and improved prevention; and</p> <p>3. The reunification of separated, unaccompanied and abducted children with their families, as well as the release of children and youth from armed forces/groups and associated psycho-social services to emergency-affected children.</p> <p>IN ADDITION, AND CONSISTENT WITH THE POLICY PAPER, PROJECTS WITH THE MOST LIKELY POSSIBILITY OF SUCCESS WILL HAVE A HIGH PRIORITY AND HEAVY EMPHASIS ON PROTECTION ORIENTED EMERGENCY RESPONSE ACTIVITIES</p>	<p>Unity, Upper Nile, Northern Bahr el Ghazal and Western Bahr el Ghazal as well as Jonglei, Warrap and Lakes</p>

Project details

The sections from this point onwards are to be filled by the organization requesting for CHF.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per state)
American Refugee Committee	North Bahr el Ghazar, counties of Aweil Central (Apara, Aper Akot and Aroyo Payams) and Aweil North (Gokmachar Payam).
Project CAP Code	
SSD-12/P-HR-RL/45987	
CAP Project Title (please write exact name as in the CAP)	
Provide assistance and support to survivors of gender-based violence and improve prevention in the priority states of Northern Bahr el Ghazal, Warrap and Upper Nile.	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Secured Funding
US\$ 2.569.191	US\$ 341.479	US\$ 500.529 CHF US\$ 470.499 OFDA (agreement yet to be signed)

Direct Beneficiaries (scaled appropriately to CHF request)	Indirect Beneficiaries (scaled appropriately to the CHF)										
<table border="1"> <tr> <td>Women:</td> <td style="text-align: right;">5.500</td> </tr> <tr> <td>Men:</td> <td style="text-align: right;">5.500</td> </tr> <tr> <td>Girls:</td> <td style="text-align: right;">3.175</td> </tr> <tr> <td>Boys:</td> <td style="text-align: right;">3.175</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">17.250</td> </tr> </table>	Women:	5.500	Men:	5.500	Girls:	3.175	Boys:	3.175	Total:	17.250	<p>112.274</p> <p>Catchment Population (if applicable)</p>
Women:	5.500										
Men:	5.500										
Girls:	3.175										
Boys:	3.175										
Total:	17.250										

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	CHF Project Duration (max. of 12 months, starting date will be Allocation approval date)
N/A	Indicate number of months: 6

Address of Country Office	Address of HQ
<p>Project Focal Person: Giorgio Trombatore</p> <p>Email & Tel: cd-ss@arcsouthsudan.org tel: 0956688571</p> <p>e-mail country director: cd-ss@arcsouthsudan.org</p> <p>e-mail finance officer: ssfinco@arcsouthsudan.org</p> <p>Address: Atlabara Block C Juba Town South Sudan</p>	<p>e-mail desk officer: Amelia Kendall</p> <p>e-mail finance officer: ameliak@archq.org</p> <p>Address: 615 1st Ave NE, Suite 500 Minneapolis, MN 55413-2681 USA</p>

SECTION II

A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population¹

Throughout South Sudan, the problem of gender based violence represents a significant threat against the population. Incidents of gender based violence have been seen to increase during times of displacement and return both of which are challenges that affect the South Sudanese population. The population-based data on GBV in South Sudan is limited due to insecurity in the region, but numerous reports indicate GBV to be a widespread problem. Women in South Sudan have suffered disproportionately from the effects of the war through abduction and separation, physical and sexual violence, and lack of basic social services. A 2011 Protection Cluster report from South Sudan notes that 25% of all women surveyed were involved in war related activities, including traveling with arms and food and providing sexual services. Prolonged conflict has exacerbated and created new security risks for women including disruption of community and family structures, presence of arms, increased alcohol consumption, weak legal and security institutions, and heightened tensions related to displacement.

During 2012, the problem of GBV has been seen to be particularly acute in NBeG due to the increasing number of refugees, returnees and IDPs. While ARC has been in the process of rolling out the GBVIMS system throughout the country and, as such only a fraction of reported cases have been entered, over 180 cases of GBV were recorded (September 2011 - August 2012) in NBeG. Given the lack of awareness and reporting in communities this figure represent only the tip of the iceberg in regards to the prevalence of GBV in South Sudan. Women and girls are reluctant to report episodes of sexual violence that had occurred to them due to stigma and a lack of available services. This continued instability and violence against women and girls is anticipated to continue.

In 2012, ARC improved prevention and response efforts around the challenges of gender based violence in NBeG that have suffered from significant humanitarian emergencies and seen high influxes of returnees from the north. Since October 2010 to July 2012, 112,274 returnees have returned to NBeG as reported by OCHA. During the most recent reporting week, 314 returnees have arrived in NBeG.² IOM and the Relief and Rehabilitation Commission (RRC) estimate that 60% of spontaneous returnees tracked from all locations over the past five years have been female headed households and this has been verified through ARC's own observations and a recent report on returnees to Aweil. Female-headed households represent a group that is often socially isolated with few sustainable coping mechanisms and highly dependent on male relatives and neighbors, leaving them vulnerable to exploitation and abuse. An assessment conducted by ARC also revealed there are increased cases of force early marriages due to high poverty levels among the returnee/IDP community in Gokmachar. This correlates with an Inter-Agency Rapid Assessment conducted in April that highlights the humanitarian needs in Gokmachar due to conflict related displacement.³ These dramatic increases in population are straining the limited capacity of the government, legal and health services to respond to cases of GBV. In addition, continued conflict from the north are expected to continue during the coming months contributing to more strain on the targeted populations and an expected increase in the number of GBV cases in the state.

B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

Given the prolonged nature of the conflict in South Sudan, the collapse of infrastructure and governance structures, and the rapid return of South Sudanese from the north, local capacities levels have not been able to meet the needs of civil society throughout the region. NGOs have responded quickly to coordinate with ROSS, UN agencies, and other organizations to ensure that basic services, such as water, roads, and healthcare, are available in areas of return and humanitarian emergency. The strong focus on basic infrastructure and services has, until recently, left areas such as women's health and protection with limited attention and support. There currently is no strong initiative or coordination from the government on women and girl's needs and issues. This includes little understanding within the security and justice sector on laws pertaining to women and their responsibility to uphold them. In addition, the presence of services that protect and assist survivors of violence is limited with international organizations only being able to reach limited geographic areas and local organizations lacking the training and expertise to appropriately handle and refer cases.

ARC has established GBV protection activities in NBeG with support from the Common Humanitarian Fund. ARC is currently the only agency offering GBV response to the survivors. Since August 2012 the MoSD, together with ARC rolled out the GBV Working Group in NBeG. GBV services are in high demand in these states as documented by frequent community, government and Protection Cluster requests for GBV response services, as well as from the active participation of peer educators and other community volunteers in GBV prevention activities. During a recent protection cluster review meeting held in Aweil the specific need for legal support of the GBV survivor has been underlined.

ARC is beginning activities specifically targeting returnee communities in Aweil West and Aweil East through OFDA. In the proposed intervention, ARC will respond to emergencies occurring in specific areas in Aweil Center (Apara, Maper Akot and Aroyo Payams) and Aweil North (Gokmachar Payam) where high and increasing numbers of returnees and IDPs have been recorded. Almost 50% (54,790 on total of 112,274) of the total returnees recorded by OCHA since October 2010 is in Aweil North and Central. ARC is the only actor currently providing and supporting comprehensive GBV services and protection activities in this state. Without continued support, ARC cannot extend an effective and comprehensive GBV response strategy to the increasing number of returnees in the all State.

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

² IOM - ERS Weekly Statistical Report July 27 - Aug 02 2012

³ Gokmachar-Jach IA Rapid Assessment Report, 24 April 2012

C. Project Description (For CHF Component only)

i) Purpose of the grant
Briefly describe how CHF funding will be used to support core cluster priorities

The proposed project will support core humanitarian activities by responding to the pervasive problem of gender based violence in conflict affected and returnee communities in Northern Bahr el Gazar, and in particular in Aweil Center and Aweil North. Through ARCs Emergency GBV Response and Awareness Team, this project will deliver basic humanitarian services for women affected by violence. This Team has the capacity to provide short term emergency interventions during times of crisis in each state. ARC will build on the previously mentioned project to improve the quality of psychosocial support and referral through an increased number of trained and skilled Social Workers. These Social Workers will provide services to survivors and will increase the capability of local community leaders, organizations and government institutions working with returnee and conflict affected populations to prevent and respond to issues of GBV. Moreover the community, the survivors and ARC team itself will benefit from the expertise of two legal counselors staff members that will be able to address the most complicated GBV cases, follow up with those cases with the local authorities, conduct capacity building, and work with the community leaders to reduce the gaps between the application of the customary and the formal law on GBV cases. Basic structures will be created to provide the targeted communities with an improved capacity to respond to emergencies within their own communities and address the ongoing challenge of GBV, particularly among new returnees. In NBeG a legal support space will be created in the already existing Women's Center to provide quality case management (both psychosocial and legal) and referral services to survivors of GBV. ARC will also persist to work to create and sustain functional referral pathways for survivors to receive the comprehensive support they need. Finally, ARC will continue to support our peer educators to raise the awareness of the community on the pressing issues of GBV and the need for change.

ii) Objective
State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To ensure that at least 150 survivors of gender based violence of the returnees and IDPs communities in Apará, Aperi Akot and Aroyo Payams (Aweil Central) and in Gokmachar Payam (Aweil North), Northern Bahr el Gahzar State, have access to comprehensive and quality response services and improve the protection environment of Northern Bahr el Gahzar State.

iii) Proposed Activities
List the main activities to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries.

- Establishment of protection monitoring committees within the targeted returnee communities in Aweil North and Central to detect cases that need immediate support
- Case management, psychosocial and legal support for 150 survivors of GBV in the returnee settlements in Aweil Central and Aweil North
- Establishment of a functional referral system to refer targeted communities for information and services, with particular attention to the referral link to the Health system.
- Radio messages and IEC material spread in the targeted communities about response referral system in place, with specific focus on sexual violence and forced/early marriage, reaching about 17.000 people.
- Training of 200 people (local authorities, officers, women groups and local leaders) on basic psychosocial support, immediate referral and GBV-related legal issues.

iv). Cross Cutting Issues
Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

While GBV primarily affects women and girls, but men, boys, and gender minority communities are also impacted. This project will target both men and women in capacity building and outreach to explore local norms and overcome barriers to GBV prevention and response. The intersection between HIV and gender-based violence (GBV) is widely acknowledged with an increased risk of HIV for women experiencing GBV increasingly documented.⁴, HIV/AIDS will be an integral part of the project considering that limited knowledge around HIV/AIDS is a major hindrance to access GBV services by survivors. Social beliefs and customs will be addressed through community dialogues and advocacy through community voices.

v) Expected Result/s
Briefly describe (in no more than 300 words) the results you expect to have at the end of the CHF grant period.

- With the proposed intervention ARC is expecting to achieve the following results:
- Increase in access to basic services for female headed households in the returnee and IDP poulation
 - Number of IDPs/returnees and host community receiving psychosocial, legal support and referrals to protection services
 - Increased awareness among the community on GBV and HIV/AIDS including increased demand for GBV services

List below no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators (annexed).

	Indicator	Target (indicate numbers or percentages)
1	Protection trainings targeting humanitarian partners (Protection/GBV cluster members), communities or government actors (output n. 3 of the protection cluster)	100 training participants
2	Beneficiaries receiving protection advice and legal assistance on GBV incidents (output n. 4 of the protection cluster)	100
3	Beneficiaries having access to GBV response services in one or more sector: psycho-social, health, justice. (indicator n. 7 of the protection cluster)	150

⁴ García-Moreno et al.; Harvard School of Public Health 2006

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

ARC will implement the project through its team of GBV Program Managers and Officers and through its support network of community based CBOs, case managers and peer educators and local government partners. In each project location, ARC's GBV program is implemented under the direction of one GBV Program Manager. Under the manager's direction a core cadre of GBV Program Officers and BCC Officers as well as staff to implement livelihoods and literacy program components act as link between ARC and our community based partners. These staff directly managed networks of community based peer educators and local leaders who provide regular community based education and act as points of first contact for survivors. Similarly, ARC works through CBO and government social workers to establish a team of trained case managers who provide direct support for survivors identified by ARC's peer educators or who come to our safe space women's centers within the returnee sites.

In addition, ARC has established productive partnerships with the Ministry of Social Development (MoSD), the Ministry of Health (MoH), and the South Sudan Police Service (SSPS) in each State and in Juba. In NBeG ARC is also co-leading, together with the MOSD, the GBV Working Group to coordinate the efforts of all the actors involved in prevention and response to GBV in the State. The Ministry of Social Development has three relevant departments with which ARC works closely to improve response services for survivors of GBV: the Gender, Child Protection and Social Welfare Departments. MoSD officials and social workers are keen to engage in provision of case management and referrals to survivors of GBV, with ARC support. This project will increase the number of ARC social workers and add two paralegal counselors staff to be able to offer a prompt and effective GBV response in terms of counseling, legal and referral (in particularly to health facilities), to the increasing number of GBV cases in the returnee settlement and in the host community of Aweil Central and North. ARC will keep on training and mentor officials and social workers in GBV case management and referral skills including the capacity to use the GBVIMS to effectively gather and analyze data. ARC will also engage key personnel from the MoSD in a leadership project to ensure the successful project management.

viii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

As part of establishing best practices for GBV prevention and response programming in South Sudan, ARC has instituted strong monitoring and evaluation systems to ensure program quality and effectiveness. ARC's role as the leading NGO in the GBVIMS roll out in South Sudan is part of this commitment to establish professional data recording and analysis for GBV service provision and to help the government to take ownership of this data. ARC uses pretest/posttests and feedback from each training facilitated to monitor the competence of trainers. ARC also documents community feedback from participatory awareness raising activities including video playbacks, forum theatre and group poster sessions. ARC has also developed a qualitative and quantitative assessment to evaluate the effectiveness of its programming to effect behavior and attitude change. ARC supports each CBO partner to develop their own project planning, financial accountability and M&E tools and report on activities through monthly report formats.

In addition, supervision by senior staff ensures timely implementation and quality programming. ARC is committed to the development of its own staff and the GBV Program Coordinator trains and mentors the GBV program team and herself receives technical assistance from ARC's Technical Protection Advisor and management support from ARC's Country Director. ARC's Monitoring Evaluation and Reporting Officer will assist the team to gather, compile and analyze quality data throughout the life of the project and will review all reports.

E. Committed funding

Please add details of committed funds for the project from other sources including in-kind supports in monetary terms.

Source/donor and date (month, year)	Amount (USD)
CHF 1 st Round	500,529
OFDA (contract yet to be signed)	470.499

SECTION III:

LOGFRAME			
CHF ref./CAP Code: SSD-12/P-HR-RL/45987	Project title: Provide assistance and support to survivors of gender-based violence and improve prevention in priority states of Northern Bahr el Ghazal, Warrap and Upper Nile.	Organisation: <u>American Refugee Committee</u>	
Overall Objective: <i>What is the overall broader objective, to which the project will contribute? Describe the expected long-term change.</i> <ul style="list-style-type: none"> To ensure survivors of gender based violence have access to comprehensive and quality services and improve the protection environment in Northern Bahr el Ghazal. 	Indicators of progress: <i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> # of communities and emergency situations with functional GBV response networks 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> Program Reports 	
Specific Project Objective/s: <i>What are the specific objectives, which the project shall achieve? These relate to the immediate effect of the intervention measured at the end of the project.</i> <ul style="list-style-type: none"> To ensure that at least 150 survivors of gender based violence of the returnees and IDPs communities in Aparar, Apor Akot and Aroyo Payams (Aweil Central) and in Gokmachar Payam (Aweil North), Northern Bahr el Ghazal State, have access to comprehensive and quality response services and improve the protection environment of Northern Bahr el Ghazal State. To increase awareness of GBV in the community 	Indicators of progress: <i>What are the quantitative and qualitative indicators showing whether and to what extent the project's specific objectives are achieved?</i> <ul style="list-style-type: none"> Beneficiaries having access to GBV response services in one or more sector: psycho-social, health, justice. Radio messages and IEC material spread in the targeted communities about response referral system in place, with specific focus on sexual violence and forced/early marriage 	How indicators will be measured: <i>What are the sources of information that exist and can be collected? What are the methods required to get this information?</i> <ul style="list-style-type: none"> GBVIMS/ project reports ARC project reports, protection monitoring committees feedbacks. 	Assumptions & risks: <i>What are the factors and conditions not under the direct control of the project, which are necessary to achieve these objectives? What risks have to be considered?</i> <ul style="list-style-type: none"> Government and community acceptance of GBV messaging
Results - Outputs (tangible) and Outcomes (intangible): <ul style="list-style-type: none"> Please provide the list of concrete DELIVERABLES - outputs/outcomes, leading to the specific objective/s: Outcome 1: Improved quality of services provided to survivors of gender based violence. Outputs: <ul style="list-style-type: none"> 150 survivors of GBV provided with quality case management and referral services Protection monitoring committee established in Aweil Central and Aweil North Functional referral pathways established between medical, legal, case management and psychosocial support actors 200 people trained in basic psychosocial support, immediate referral and GBV basic legal issues Outcome 2: Increased awareness of GBV and its consequences for the community	Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged results and effects?</i> <ul style="list-style-type: none"> #of GBV cases handled # of Protection Monitoring Committees and members of each committee #of referral done/received #of participants to the training 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> GBVIMS Activity reports Attendance list of trainings/meetings 	Assumptions & risks: <i>What external factors and conditions must be realized to obtain the expected outcomes and results on schedule?</i> <ul style="list-style-type: none"> Community acceptance Low levels of understanding of GBV issues

<ul style="list-style-type: none"> • Radio messages and IEC material spread in the agreed communities 			
<p>Activities: <i>What are the key activities to be carried out and in what sequence in order to produce the expected results?</i></p> <ul style="list-style-type: none"> • Outcome 1 <ul style="list-style-type: none"> - Training of 200 people (local authorities, officers, women groups and local leaders) on basic psychosocial support, immediate referral and GBV-related legal issues. - Establishment of protection monitoring committees within the targeted returnee communities in Aweil North and Central to detect cases that need immediate support - Establishment of a functional referral system to refer targeted communities for information and services, with particular attention to the referral link to the Health system. - Case management, psychosocial and legal support for 150 survivors of GBV in the returnee settlements in Aweil Central and Aweil North • Outcome 2 <ul style="list-style-type: none"> - Radio messages and IEC material spread in the targeted communities about response referral system in place, with specific focus on sexual violence and forced/early marriage - Women monthly discussions session 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, mobilities, publications etc.?</i></p> <ul style="list-style-type: none"> • Program Staff in Aweil • Support staff in Aweil • Purchase of material (IEC material, gumboots, raincoats, bicycles etc) • Bikes for the staff and office supplies • Incentives for community groups • Counseling units • Capacity building • Legal support space • Support to survivors 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> • Adequate cash flow • Trained and skilled staff • Efficient procurement procedures

PROJECT WORK PLAN

This section must include a workplan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).
The workplan must be outlined with reference to the quarters of the calendar year.

Activities	Q3/2012			Q4/2012			Q1/2013			Q2/2013			Q3/2013		
				Oct	Nov	Dec	Jan	Feb	Mar						
Activity 1 Training of 200 people (local authorities, officers, women groups and local leaders) on basic psychosocial support, immediate referral and GBV-related legal issues.				x	x	x	x	x	x						
Activity 2 Establishment of protection monitoring committees within the targeted returnee communities in Aweil North and Central to detect cases that need immediate support				x	x										
Activity 3 Establishment of a functional referral system to refer targeted communities for information and services, with particular attention to the referral link to the Health system.				x	x	x	x	x	x						
Activity 4 Case management, psychosocial and legal support for 150 survivors of GBV in the returnee settlements in Aweil Central and Aweil North				x	x	x	x	x	x						
Activity 5 Radio messages and IEC material spread in the targeted communities about response referral system in place, with specific focus on sexual violence and forced/early marriage				x	x	x	x	x	X						
Activity 6 Women monthly discussions session				x	x	x	x	x	x						