

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. 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)
International Rescue Committee (IRC)	Northern Bahr el Ghazal State—direct provision of gender-based-violence (GBV) response services will be implemented in Malualkon, Aweil East County, throughout the project (89%)
Project CAP Code	
SSD-12/P-HR-RL/46036/5179	
CAP Project Title (please write exact name as in the CAP)	
Strengthening Protection and GBV Response in the Republic of South Sudan	Central Equatoria State—any State affected by crisis can be served by a roving emergency response team within the GBV Sub-cluster who can assess GBV and support the set up of GBV services (11%)

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Secured Funding
US\$1,818,592	US\$299,999	US\$500,000 (CHF Round 1)

Direct Beneficiaries (scaled appropriately to CHF request)	Indirect Beneficiaries (scaled appropriately to the CHF)										
<table border="1"> <tr> <td>Women:</td> <td>6,000</td> </tr> <tr> <td>Men:</td> <td>4,000</td> </tr> <tr> <td>Girls:</td> <td>2,200</td> </tr> <tr> <td>Boys:</td> <td>2,700</td> </tr> <tr> <td>Total:</td> <td>14,900</td> </tr> </table>	Women:	6,000	Men:	4,000	Girls:	2,200	Boys:	2,700	Total:	14,900	<p>72,608 women in Northern Bahr el Ghazal and 522,048 women in Central Equatoria</p> <p>Catchment Population (if applicable)</p> <p>Northern Bahr El Ghazal State: 720,898 (2009 South Sudan Statistical Yearbook) plus 72,159 returnees (total: 793,057)). Central Equatoria State: 1,103,592 (2009 South Sudan Statistical Yearbook) plus 53,223 returnees (total: 1,156,815)</p>
Women:	6,000										
Men:	4,000										
Girls:	2,200										
Boys:	2,700										
Total:	14,900										

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	6 months (October 1, 2012-March 31, 2013)

Address of Country Office	Address of HQ
<p>Project Focal Person: Phillida Strachan, Grants Coordinator Email & Tel: Phillida.Strachan@Rescue.org; 0954199395 Email Country Director: Susan.Purdin@Rescue.org E-mail Finance Officer: GraceO@Rescue.org Address: Hai Malakal Juba</p>	<p>E-mail Desk Officer: Pamela.Hershey@Rescue.org E-mail Finance Officer: Getenet.Kumssa@Rescue.org Address: 122 East 42nd Street, 12th floor New York, NY 10168</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

According to UN OCHA, 17,444 returnees have arrived in Aweil East County, Northern Bahr el Ghazal State between January and June 2012, the second highest returnee population in the State. IRC-led focus group discussions and key informant interviews conducted with community members in August 2012 revealed that women and girls experience rape and other forms of sexual violence, early and forced marriage, and domestic violence throughout Aweil East. These incidents take place while collecting firewood, on the road to the market, in their homes, and at school. Respondents report that unmarried women and girls are most targeted for rape. The community's misconception about rape leads to increased insecurity and harm to women and girls. One female respondent explains, "if you have been raped and nobody heard you screaming, they will say that you accepted it because you did not scream louder." The vast majority of focus group and key informant interview participants were unable to describe essential health and psychosocial services needed after an assault. 100% of key informants indicated that no psychosocial services exist in the county. Women and girls lack awareness about existing health services and tend to prioritize compensation negotiations with perpetrators' family members after a rape to avert social stigma and discrimination.

The November 2011 UN Security Report documents "sexual violence in armed conflict has occurred in South Sudan and that if conflict increases, it will likely occur again." Hundreds of thousands of people returning from Khartoum, refugee asylum countries in East and Central Africa, and those who never left South Sudan, are also stimulating hostility and conflict according to the US Institute of Peace.² According to UN OCHA, 53,223 returnees arrived in Central Equatoria State by June 2012, 28,303 in Juba alone. A Protection Cluster Rapid Needs Assessment (RNA) implemented with Kosti returnees in Juba in May 2012 identified GBV as a key protection concern. The RNA named numerous issues beyond sexual violence and abuse affecting women and girls, including domestic violence. Assessment participants reported that dominant cultural beliefs and practices dictate that girls will grow up to be beaten and boys will grow up to be the perpetrators. This violence normally occurs in a setting where very few services are in place and little resources are invested in supporting women's rights and healing.

There has been very limited capacity in South Sudan to provide emergency response addressing the needs of GBV survivors. Austerity measures linked to the shutdown of oil companies in January 2012 drives deepening concerns for the state of women and girls throughout South Sudan, particularly decreasing the prioritization of GBV response services. The GBV Sub-cluster therefore requested the GBV AOR in 2011 to provide technical support to developing capacity in South Sudan. IRC leads the Emergency Response and Preparedness Taskforce to continue developing capacity of GBV Sub-cluster members to implement and coordinate emergency response.

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

The Protection Cluster and GBV Sub-cluster have prioritized that humanitarian actors provide support to GBV survivors and improve prevention. The IRC is a global leader in GBV programming, including emergency response and preparedness. In August 2012, IRC conducted a national training, and training of trainers (TOT), on Clinical Care for Sexual Assault Survivors (CCSAS) for 30 (17F, 13M) Ministry of Health and NGO staff from the 10 States of South Sudan. As a result of the training and TOT, Ministry of Health and GBV focal points from each State are equipped to train others in their State to provide life-saving health services and psychological first aid to survivors. Under CHF R2, IRC will run CCSAS training for 20 health providers in Northern Bahr el Ghazal to increase the number of medical professionals who can provide these critical health services to survivors in an emergency. In addition to the training, the IRC will prepare and respond to emergencies in Northern Bahr el Ghazal by utilizing GBV response staff (2 social workers and 2 community workers funded under CHF R2, in addition to existing GBV Response and Prevention Officers) to provide conflict-affected women and girls with expedient quality clinical management of rape, critical front line case management, referral, psychosocial support and GBV coordination support. The IRC will use the South Sudan GBV Sub-cluster emergency response toolkit which is based on the IRC's global emergency response model.

The IRC community workers will also recruit, train, and support 20 community activists to perform outreach to women and girl survivors of violence, inform them about critical health and psychosocial services, and work with community leaders to create a safe reporting environment for GBV survivors. The outreach of the community activists will ensure that women and girls know about the essential services available to them, particularly in an emergency. Through this GBV response model, IRC will work alongside the Ministry of Social Development and Ministry of Health to model the provision of basic and essential services for women and girls that would otherwise be significantly lacking.

One of the key GBV Sub-cluster strategies is to ensure that a GBV Emergency Response Taskforce is active and capable of providing rapid, effective response to GBV in crisis-affected settings. In November 2011, IRC provided an expert trainer to South Sudan to build the capacity of key GBV actors from several agencies in IRC's Emergency Response and Preparedness (ERP) approach. This enabled the GBV Sub-cluster to develop a GBV ERP toolkit including a response model, preparedness plan and assessment guide.³ In 2012-2013, the IRC will lead the GBV Emergency Response Taskforce in updating the preparedness plan, and additional CHF R2 funding will be used to provide refresher training on GBV Emergency Response and Preparedness for 20 Taskforce members. This will capitalize on the CCSAS trainings by contextualizing life-saving medical care to survivors within a broader GBV Emergency Response model. Trained Taskforce members will be taught to conduct emergency GBV assessments and establish services for GBV survivors in an emergency.

² Marc Sommers and Stephanie Schwartz, United States Institute of Peace 2011. Dowry and Division: Youth and State Building in South Sudan. <http://www.usip.org/publications/dowry-and-division-youth-and-state-building-in-south-sudan>

³ <http://southsudanprotectioncluster.org/gbv-subcluster/>

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

Ensuring the safety and wellbeing of women and girls is a priority for humanitarian intervention in South Sudan in 2012-2013. The IRC will assist women and girl survivors of sexual violence, physical assault and forced marriage with psychosocial support and accessing health services.

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

1. Provide quality psychosocial support services to GBV survivors including emergency response, where feasible, in crisis-affected settings.
2. Support community members to assist survivors to access critical response services.
3. Equip GBV Sub-Cluster Emergency Response Taskforce to respond to GBV in emergencies.

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.

Objective 1. Provide quality psychosocial support and health services to GBV survivors including emergency response, where feasible, in crisis-affected settings. Activities under this objective include:

- Daily case management and referral as well as psychosocial support activities directly provided in IRC-supported PHCCs in Aweil East County to provide access to/assist 150 survivors;
- Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and
- Trainings in clinical management of rape for response providers.

Objective 2: Support community members to assist survivors to access critical response services. Activities under this objective include:

- Training 20 community activists in outreach and referral skills;
- Mentoring 20 community activists through monthly supervision sessions to build skills;
- Developing information, education and communication (IEC) materials for community members to use during outreach; and
- Conducting radio shows and leading mass campaigns reaching at least 4,000 community members to promote community protection mechanisms and uptake of response services.

Objective 3: Equip GBV Sub-Cluster Emergency Response Taskforce to respond to GBV in emergencies. Activities under this objective include:

- Training 20 GBV Sub-cluster members in Juba on GBV Emergency Response and Preparedness;
- Updating the GBV Emergency Response and Preparedness Plan for South Sudan; and
- Mentoring 10 GBV Sub-cluster Emergency Response Taskforce members in Juba through monthly supportive supervision sessions.

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

Women and girls are vulnerable to violence while collecting firewood and water, when their personal income increases through livelihoods activities, traveling to and from school and at school, and based on the geographic location and structure of their home. HIV/AIDS is also a cause and consequence of violence against women and girls. This project recognizes the intersection of gender-based violence across different sectors and seeks to address these issues collaboratively to ensure survivors have access to life-saving response services.

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.

IRC will work with the GBV Sub-cluster in Juba to strengthen the capacity of the GBV Emergency Response Taskforce to better support GBV response in an emergency. By the end of the grant period members of the GBV Sub-cluster will be prepared to respond to GBV in acute emergencies and could deploy to respond in emergencies. Psychosocial and health services will be available to survivors in Northern Bahr El Ghazal through medical professionals trained on clinical management of rape, social workers trained on GBV case management and counseling, and service providers trained to respond to GBV in an emergency. Community workers will work with community activists to disseminate information about GBV services in the community and work with community leaders to create a safe environment for women and girls to access services. Women and girls will know about available psychosocial and health services and receive services through this team of social workers and community workers that could respond to an acute emergency anywhere in Northern Bahr El Ghazal.

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)
All indicator data provided will be disaggregated by age and sex.		
1	# of health workers trained on clinical management of rape	20 health workers
2	# of beneficiaries receiving/having access to psychosocial and health GBV response services	150 women and girls
3	# of people reached with behavior change messages on sexual violence and forced/early marriage	4,000
4	# of GBV Sub-cluster members trained on GBV	20 GBV Sub-Cluster members

	Emergency Response and Preparedness	
5	Total number of direct beneficiaries	14,900

vi) 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.

The IRC GBV team includes a Senior Program Manager, Program Manager, Deputy Program Manager, Senior Officers, and Officers. In addition, CHF Round 2 funding would enable the recruitment of 2 Social Workers and 2 Community Workers who will directly implement GBV emergency response interventions including psychosocial support to survivors of GBV from crisis-affected communities in Aweil East County.

The IRC GBV team will also directly implement case management, referral and psychosocial support activities in IRC-supported PHCCs, alongside women's groups, and CMR services in partnership with the IRC Health Program.

IRC-trained and supported community activists will implement outreach to their communities in a grassroots protection mechanism which will enable survivors of GBV to access services safely.

The IRC will continue to work closely with the Ministry of Social Development in the direct provision of case management and psychosocial support services. By modeling good practice in GBV response, the IRC aims to increase government understanding and commitment to care of women and girl survivors of violence.

vii) Monitoring Plan

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

The IRC Women's Protection and Empowerment (WPE) Unit within IRC headquarters provides technical support and monitors the IRC's South Sudan GBV program. The IRC will utilize good practice clinical and case management forms and database to record daily activities during emergency response and the provision of services from the IRC response staff. Community activists will be trained and continually mentored and monitored through regular meetings at the county level. The WPE Program Manager will provide technical oversight of program implementation and planning using standard monitoring documents, reports, work plans and assessments with the support, monitoring and evaluation of the WPE Program Coordinator.

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)
Common Humanitarian Fund (CHF) Round 1 funding for strengthening protection and GBV response in the Republic of South Sudan (Lakes State).	\$500,000

SECTION III:

LOGFRAME			
CHF ref./CAP Code: SSD-12/P-HR-RL/46036/5179	Project title: Strengthening Protection and GBV Response in the Republic of South Sudan	Organisation: International Rescue Committee (IRC)	
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"> • GBV survivors have access to safe, reliable and confidential services. 	Indicators of progress: <i>What are the key indicators related to the overall objective?</i> <ul style="list-style-type: none"> • # of beneficiaries receiving/having access to psycho-social and health GBV response services • # of direct beneficiaries 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Available services documented in Aweil East County • Quality of services addressed through monitoring and GBV working group meetings • Case intake forms from social workers and health providers document uptake of services 	
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> <ol style="list-style-type: none"> 1. Provide quality psychosocial support and health services to GBV survivors, including emergency response where feasible in crisis affected settings 2. Support community members to assist survivors to access critical response services 3. Equip GBV Sub-Cluster Emergency Response Taskforce to respond to GBV in emergencies 	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"> • # of beneficiaries receiving/having access to psycho-social and health GBV response services • # of health workers trained on clinical management of rape • # of people reached with behavior change messages on sexual violence and forced/early marriage • # of GBV Sub-Cluster members trained on GBV Emergency Response and Preparedness 	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"> • Case intake forms from social workers and health providers • Community activist monthly reporting forms • Training attendance sheets • Regular supervision meetings with response and prevention actors 	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"> • Recruitment of suitable social workers and community activists • County PHCCs share data • Security environment stable enough to operate • Commitment of GBV Sub-cluster members
Results - Outputs (tangible) and Outcomes (intangible): <i>Please provide the list of concrete DELIVERABLES - outputs/outcomes, leading to the specific objective/s:</i> <p>Objective 1:</p> <ul style="list-style-type: none"> • GBV survivors access according to her wishes quality health and psychosocial support services <p>Objective 2:</p> <ul style="list-style-type: none"> • Community Activists facilitate discussions in their 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 survivors of GBV who express satisfaction with response services during case closure meeting • # of community activists submitting 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Case management and closure files • Community Activist monthly reporting forms 	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"> • GBV survivors feel secure enough to choose to access services • Commitment of

<p>promoting access to response services</p> <p>Objective 3:</p> <ul style="list-style-type: none"> • GBV Sub-Cluster is prepared and can respond to GBV in emergencies 	<p>monthly reports on their activities</p> <ul style="list-style-type: none"> • Increase in GBV Emergency Response and Preparedness Training post test scores • # of GBV Sub-Cluster members attending monthly supportive supervision sessions • GBV Emergency Response and Preparedness Plan 	<ul style="list-style-type: none"> • GBV Emergency Response and Preparedness Training pre and post test scores • Attendance sheets 	<p>community activists to conduct volunteer activities</p> <ul style="list-style-type: none"> • GBV Sub-cluster members attend training and meetings
<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> <p>Objective 1 Activities</p> <ul style="list-style-type: none"> • Daily case management and referral as well as psychosocial support activities directly provided in IRC-led PHCCs to assist survivors; • Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and • Trainings in clinical management of rape for response providers. <p>Objective 2 Activities</p> <ul style="list-style-type: none"> • Training 20 community activists in outreach and referral skills; • Mentoring 20 community activists through monthly supervision sessions to build skills; • Developing information, education and communication (IEC) materials for community members to use during outreach; and • Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services. <p>Objective 3 Activities</p> <ul style="list-style-type: none"> • Training 20 GBV Sub-cluster members on GBV Emergency Response and Preparedness; • Updating the GBV Emergency Response and Preparedness Plan for South Sudan; and • Mentoring 10 GBV Sub-cluster Emergency Response Taskforce members through monthly supportive supervision sessions. 	<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"> • Full time program support of WPE team including 1 Program Manager, 1 Assistant Manager, 3 GBV Officers, 2 Social Workers and 2 Community Workers, 1 WPE Senior Manager, and 2 WPE Senior Training Officers • Training supplies and venue • BCC materials –posters, radio airtime, etc. • Technical support and supervision from WPE Coordinator and HQ Technical Unit • Vehicle to facilitate implementation of activities 		<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"> • Appropriate operational support provided to program team • Security environment stable enough to operate • Key government departments continue to support program

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	Q4/2012			Q1/2013		
	Oct	Nov	Dec	Jan	Feb	Mar
Result 1 Provide access to quality health and psychosocial support services to 150 GBV survivors, including emergency response where feasible in crisis affected settings.						
Activity 1.1 Daily case management and referral as well as psychosocial support activities directly provided in IRC-supported PHCCs to assist survivors		X	X	X	X	X
Activity 1.2 Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway		X	X	X	X	X
Activity 1.3 Trainings in clinical management of rape for response providers	X		X		X	
Result 2 20 Community activists engaged in a community-based protection mechanism to assist survivors to access critical response services.						
Activity 2.1 Training 20 community activists in community outreach and referral skills		X		X		
Activity 2.2 Mentoring 20 community activists through monthly supervision sessions to build skills			X		X	X
Activity 2.3 Developing information, education and communication (IEC) materials for community members to use during outreach	X		X		X	
Activity 2.4 Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services		X	X			X
Result 3 10 GBV Sub-cluster members prepared and equipped to respond to GBV in an emergency in South Sudan.						
Activity 3.1 Training 20 GBV Sub-cluster members on GBV Emergency Response and Preparedness			X			
Activity 3.2 Updating the GBV Emergency Response and Preparedness Plan for South Sudan				X		
Activity 3.3 Mentoring 10 GBV Sub-cluster Emergency Response Taskforce members through monthly supportive supervision sessions				X	X	X

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%