

South Sudan 2013 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2013

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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and 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 2013 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CAP 2013.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<p>Emergency response (general):</p> <ul style="list-style-type: none"> i) Rapid protection assessments to identify vulnerable persons and risks/gaps for response. ii) Community protection networks; conflict reduction and early warning systems. iii) Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection iv) Coordination with UNMISS and UNISFA on Protection of Civilians initiatives <p>GBV</p> <ul style="list-style-type: none"> v) Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) vi) GBV emergency response teams (establish, train) vii) Special Protection Units <p>Child Protection</p> <ul style="list-style-type: none"> viii) Prevention and response to unaccompanied and separated children Family Tracing and Reunification (FTR); Provision of temporary care arrangement for boys and girls. ix) Protection assistance to Children Associated with Armed Group and Armed Forces x) Recreational and psycho-social support for children and community affected by emergency <p>HLP</p> <ul style="list-style-type: none"> xi) Assist populations affected by displacement, incl. returnees and host communities, on access to land. xii) Capacity development of formal and traditional authorities on land and property rights. xiii) Collaborative dispute resolution mechanisms to solve conflicts among communities and/or individuals over access to land and/or natural resources <p>Cross Cutting</p> <ul style="list-style-type: none"> xiv) Mainstreaming HIV in intervention planning/implementation xv) Targeted support for civil status documentation focused on persons with specific needs from conflict impacted populations and emergency returns xvi) Continued support for populations in displacement 	<ul style="list-style-type: none"> i) Upper Nile ii) Lakes iii) Jonglei iv) Unity v) Warrap vi) NBeG vii) Central Equatoria

Project details

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

Requesting Organization	Project Location(s) (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)		
American Refugee Committee (ARC)	State	%	County
Project CAP Code	Upper Nile	100	Malakal
SSD-13/P-HR-RL/55119/5586			

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 WBeG, NBeG, Warrap and Upper Nile.

Total Project Budget requested in the in South Sudan CAP	US\$2.955.908
Total funding secured for the CAP project (to date)	US\$598.720

Funding requested from CHF for this project proposal	US\$350,043
Are some activities in this project proposal co-funded? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

Direct Beneficiaries (
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	6.215	100.500
Girls:	1.616	50.000
Men:	3.108	10.500
Boys:	1.491	40.000
Total:	12.430	201.000

Indirect Beneficiaries
Catchment Population (if applicable)

Implementing Partner/s
 -

CHF Project Duration (
 Indicate number of months: 6 months (April – September 2013)

Contact details Organization's Country Office	
Organization's Address	ARC South Sudan Plot 592, Block 3k, Airport Road, Tomping Juba, South Sudan
Project Focal Person	Laura Canali, lauracanali15@arcsouthsudan.org , 0955815428
Country Director	Giorgio Trombatore, cd-aa@arcsouthsudan.org , 0956688571
Finance Officer	Sharif Uddin, sharif@arcsouthsudan.org , 0954012025

Contact details Organization's HQ	
Organization's Address	American Refugee Committee 615 1st Ave NE, Suite 500 Minneapolis, MN 55413-2681 USA
Desk officer	Gina Paulette, ginap@archq.org , +1416-312-8131
Finance Officer	Mark White, markw@archq.org , +1 612-872-7060

SECTION II

A. Humanitarian Context Analysis

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

Throughout South Sudan, the problem of gender based violence represents a significant threat against the population. In particular, incidents of gender based violence have been seen to increase during times of displacement and return both of which are challenges that effect 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. An assessment on knowledge, attitudes and behaviors of communities towards gender-based violence in five states of South Sudan including Malakal in Upper Nile, showed that there is an overwhelming tolerance and acceptance of violence against women of those surveyed. Both women and men are highly tolerant of violence in the home: 82% of females and 81% of males agreed with the statement 'a woman should tolerate violence in order to keep her family together.'² Individuals endured GBV as part of the conflict and continue to experience GBV in their households and communities.

Recently, the problem of gender based violence has been seen to be particularly acute in Upper Nile State. While ARC has been in the process to rolling out the GBVIMS system throughout the country and in Malakal County, about 120 cases were recorded in 2012, with a high number of rape cases. Given the lack of awareness and reporting in communities these reported cases represent only the tip of the iceberg in regards to the prevalence of gender based violence in South Sudan. This continued instability and violence against women and girls is anticipated to continue in 2013.

In 2013, ARC proposes to improve prevention and response efforts around the challenges of gender based violence in a state that suffered from significant humanitarian emergencies and seen high influxes of refugees and returnees from the north. From February 2007 until September 2012, Upper Nile States 82,805 returnees returned to their AoR,³ 59,272 of those came back in the last 2 years only (October 2010 – September 2012) and the number continues to increase. The highest number of returnees (more than 1/3 of the total number of returnees in Upper Nile) is concentrated in Malakal County. In 2012, as a result of new conflicts, 10,150 IDPs have been recorded in Upper Nile.⁴ Moreover, over 110,000 refugees arrived in Maban county from the border with Sudan,⁵ and other will very likely arrive.

These dramatic increases in population are already straining the limited capacity of the government and health services to respond to cases of GBV. In addition, continued conflict and bombing from the north in Upper Nile (especially near the state's Abyei and Blue Nile's border) are expected to continue contributing to more strain on the targeted populations and an expected increase in the number of GBV cases in the states.

B. Grant Request Justification

Briefly describe (in no more than 500 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

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 Upper Nile with recent support from UNFPA, UNHCR, the Common Humanitarian Fund and OFDA, and has offices in Malakal and Maban Counties. ARC is currently the only agency offering GBV response to the survivors in the State. GBV services are in high demand in this state 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.

In areas of humanitarian emergency, the need is especially acute with only few actors capable of responding to emergencies when they occur. In early 2012, ARC led an emergency response team, with its Aweil GBV program staff as core members to respond to the emergency in Kwajok. ARC's team ensured the provision of CMR services, conducted trainings with health staff, set up community support networks for survivors and built up referral networks in and around Pibor town. In June 2012, ARC led a GBV emergency assessment in Maban County where the high number of refugees coming from the north was requiring increasing support. After the assessment ARC established in Maban County a general psychosocial support program for the refugees that this coming year will include specific GBV components. More recently, in January 2013, emergency GBV assessments have been conducted by ARC in NBeG (Jar Akol/Maker Anei and Jaac).

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 Scott, Jennifer, MD, et al. Gender-Based Violence in South Sudan: An assessment of Inequality (2009-11). American Refugee Committee International and Harvard Humanitarian Institute. Pending publication 2012.

³ IOM, total number of returnees in Area of Return (Feb 07 – Sept 12)

⁴ OCHA: cumulative figures of new conflict related displacement reported in 2012 – Status 15/09/2012

⁵ <http://data.unhcr.org/SouthSudan/region.php?id=25&country=251>

In this project, ARC would assess and respond to emergencies occurring in Upper Nile State with short term interventions aiming to address emergencies during their acute phase. Meanwhile in Malakal ARC GBV team will continue its support to the returnees, targeting in particular the settlements of Hi-Salam East, North and South, Hi-Termie and Freedom Area (Malakal County) where the number of returnees is keep on increasing. Here, and more in general in Malakal area, ARC will use its stable presence to keep on engaging local authorities in capacity building activities in terms of emergency response.

As ARC is the only actor currently providing and supporting comprehensive GBV services and protection activities in Upper Nile, without continued support, ARC cannot sustain GBV prevention and response services in 2013.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Objectives

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

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 one high priority states identified by the protection Cluster. It will deliver basic humanitarian services for women and men, boys and girls affected by gender-based violence by supporting ARC's emergency GBV response team that has the capacity to provide short term emergency interventions during times of crisis (*priority activity VI*). ARC will build on existing interventions in Upper Nile to improve 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 (*priority activity III*). Basic structures that will provide the targeted communities improved capacity to respond to emergencies within their own communities and address the ongoing challenge of GBV, particularly among new returnees, will be created (*priority activity II*). In Malakal a Women's space will be supported to provide quality case management and referral services to survivors of GBV. ARC will also continue work to create and support functional referral pathways for survivors to receive the comprehensive support they need (*priority activity V*). 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) Project Objective

State the objective/s of this CHF project will achieve. Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

To ensure survivors of gender based violence have access to comprehensive and quality services and improve the protection environment in Malakal County, Upper Nile State in 2013.

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 (broken down by age and gender to the extent possible).

During crises arising in 2013, such as large numbers of returns or conflicts, ARC's mobile social workers and medical team will respond to requests from the State Protection Cluster and/or Upper Nile RRC (Relief and Rehabilitation Commission) to provide rapid assessments and emergency GBV response services throughout the state as necessary. Case managers will accompany survivors to access services and to advocate for the appropriate care. ARC will also engage community leaders and peer educators to promote services through outreach to break down stigma and increase numbers of survivors successfully accessing assistance. By supporting the women's space and staffing with local partners, ARC will ensure longer term sustainability of services after the initial project duration.

ARC will engage government health and legal services throughout the state in the provision of quality services to survivors of GBV through training and mentorship to ensure future sustainability of government-led GBV response services. ARC will strengthen referral pathways between medical, legal, psychosocial and case management service providers according to GBV Standard Operating Procedures (SOPs) and ensure clear terms of reference are put into effect for CMR and SPU focal points. Through State wide local radio and community based awareness raising activities, ARC will engage community and religious leaders and chiefs in women and girls' protection and GBV prevention activities. Opinion leaders can improve the safety of women and girls by speaking out against GBV and by supporting survivors to access services. Chiefs will be engaged to report perpetrators to the police, rather than implementing local solutions which often do not benefit the survivor. ARC will use and provide leadership to other protection actors in the use of GBVIMS.

List of activities:

- Emergency response team provides immediate support to survivors of GBV in crises arising (including distribution of Emergency Kits when needed) in Upper Nile State
- Women's Space in Malakal town and community case managers in Malakal County provide quality case management (counseling) and referral services to **140** survivors of GBV in 6 months (75% women, 1% men, 4% boys, 13% girls)
- Establishment of a functional referral system to refer targeted communities in Malakal County for information and services, with particular attention to the referral link to the Health system.
- Communication campaigns about response referral system in place, with specific focus on sexual violence and forced/early marriage, spread in the targeted communities (interpersonal communication campaigns reaching over **12,000 people**) and in Upper Nile State in general (radio messages)
 - Training of **200** people, 50% men and 50% women (local authorities, officers, women groups and local leaders) on basic psychosocial support (including male case managers on management of male survivors) and immediate referral.
 - Training for front line service providers (Health Staff on CMR, police on basic legal GBV related framework, MoSD Social Workers on GBV Counseling and psychosocial support), including male case managers.

iv). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

While GBV primarily affects women and girls, 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.⁶ 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 achieve 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 population
- Number of IDPs/returnees and host community receiving psychosocial and referrals to protection services
- Increased awareness among the community on GBV and HIV/AIDS including increased demand for GBV services

List below the output indicators you will use to measure the progress and achievement of your project results. At least three of the indicators should be taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age.

SOI (X)	#	Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)</small>
X	1.	Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues	12,000 total (3.000 men, 6.000 women, 1520 girls, 1480 boys)
X	2.	GBV survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs	75% (1%men, 75% women, 5% boys, 19 % girls)
X	3.	Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre-and post evaluation	90% men, 90% women.
	4.	Number of GBV survivors assisted	140

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.

ARC will implement the project through its team of GBV Program Officers and GBV Officers, assistants and Social Workers 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 Officer. Under the Program Officer's direction a core cadre of GBV Officers, GBV Assistants and Social Workers as well as support staff, act as link between ARC and our community based partners. These staff directly manage 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, local leaders or who come to our temporary counseling unit within the returnee sites and in Malakal town.

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 Upper Nile ARC is also an active member of the Protection cluster and the main agency for GBV 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 put at disposal for the implementation of part of ARC activities, the Women's Space and its 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 add capacity to ARC team to be able to offer a prompt and effective GBV response in terms of counseling and referral (in particularly to health facilities), to the increasing number of GBV cases in the returnee settlement and in the host community. 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.

vii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met
2. Indicate what monitoring tools and technics will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)⁷.

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 pre-test/post-tests 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

⁶ Garcia-Moreno et al.; Harvard School of Public Health 2006

⁷ CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

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 the Grant Coordinator will review all reports and guarantees a timely submission.

E. Total funding secured for the CAP project

Please add details of secured funds from other sources for the project in the CAP.

Source/donor and date (month, year)**	Amount (USD)
OFDA (ends July 2013, covers Upper Nile and NBeG)	266,161
UNTF (ends in October 2013, covers WBeG)	104,907
CHF 2012 round 2 (ends april-may 2013, covers NBeG)*	227,652

* CHF 2012 Round 1 covering Upper Nile and NBeG has already been completed, as reported to the donor.

** The funds for the GBV activities targeting refugees in Maban, Upper Nile, are not included in this list

SECTION III:

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/P-HR-RL/55119/5586		Project title: Provide assistance and support to survivors of gender-based violence and improve prevention in the priority states of WBeG, NBeG, Warrap and Upper Nile.		Organisation: American Refugee Committee
Overall Objective	Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i> <ul style="list-style-type: none"> • Community protection networks; conflict reduction and early warning systems. • Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection • Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) • GBV emergency response teams (establish, train) 	Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i> <ul style="list-style-type: none"> • # of community based structures created in Hi-Salam East, North and South, Hi-Termie and Freedom Area, Malakal County.' • Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre-and post evaluation (90% men, 90% women) • 140 GBV survivors assisted (1%men, 75% women, 5% boys, 19 % girls) • 10 members of the GBV emergency response team trained and available (50%women, 50% men) 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Reports, attendance lists of the meeting with the communities involved • • Training attendance lists, activities reports • • • • GBVIMS • • Trainings attendance lists, GBV emergency response team members list 	
	Purpose	CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</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 Malakal County, Upper Nile State in 2013. 	Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> <ul style="list-style-type: none"> • # of communities and emergency situations with functional GBV response networks 	How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i> <ul style="list-style-type: none"> • Program Reports

	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ol style="list-style-type: none"> Increase in access to basic services for female headed households in the returnee population Increased number of IDPs/returnees and host community receiving psychosocial and referrals to protection services Increased awareness among the community on GBV and HIV/AIDS including increased demand for GBV services 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> # of community survivors support focal persons trained in the community in case management and referral # of cases reported and referred % of community members interviewed who are able to mention at least 3 negative effects of GBV and two services available for survivors % of survivors who knew about the services available through the community awareness campaign 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Training attendance lists and reports GBVIMS Baseline and post project survey in the targeted communities (50 ppl in each of the targeted communities - 50% men 50% women) Cases records 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Government and community acceptance of GBV messages Low level of turnover among service providers already trained.
Results	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ol style="list-style-type: none"> Training of 200 people, 50% men and 50% women (local authorities, officers, women groups and local leaders) on basic psychosocial support (including male case managers on management of male survivors) and immediate referral. Training for front line service providers (Health Staff on CMR, police on basic legal GBV related framework, MoSD Social Workers on GBV Counseling and psychosocial support), including male case managers Emergency response team provides immediate support to survivors of GBV in crises arising (including distribution of Emergency Kits when 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs?</i> <i>Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.</i></p> <ul style="list-style-type: none"> no. of trainings delivered no. of local authorities trained, with breakdown no. of officers trained, with breakdown no. of women groups trained, with breakdown no. of local leaders trained, with breakdown % of trained ppl who demonstrate increased knowledge after pre and post tests, with breakdown (where possible, as some of the trained ppl might not be able to read and write) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> project reports/ trainings attendance lists/ pre and post tests Project reports, pre and post tests, trainings attendance lists Project reports/GBVIMS Project reports/GBVIMS Project reports/ minutes meeting Project reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Government and community acceptance of GBV messages Low level of turnover among service providers already trained. Stable security situation

	<p>needed) in Upper Nile State</p> <p>4. Women's Space in Malakal town and community case managers in Malakal County provide quality case management (counseling) and referral services to 140 survivors of GBV in 6 months (75% women, 1% men, 4% boys, 13% girls)</p> <p>5. Establishment of a functional referral system to refer targeted communities in Malakal County for information and services, with particular attention to the referral link to the Health system.</p> <p>6. Communication campaigns about response referral system in place, with specific focus on sexual violence and forced/early marriage, spread in the targeted communities (interpersonal communication campaigns reaching over 12,000 people) and in Upper Nile State in general (radio messages)</p>	<ul style="list-style-type: none"> - no. of trainings delivered - no. of frontline service providers trained on GBV response in crisis settings - % of frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre- and post-evaluation, with breakdown - no. of survivors assisted in an emergency - % of survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs, with breakdown - no. of emergency response teams and active - no. of counseling units set up and active - no of survivors assisted with breakdown - no. of coordination meeting attended - % of cases referred to other services - no. of beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues, with breakdown - no. of IEC material printed and disseminated - no. of discussion sessions supported 		
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		<p>- no. of participants to discussion sessions, with breakdown</p> <p>- no. of radio messages broadcasted</p>		
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will result in the project outputs.</i></p> <ul style="list-style-type: none"> • Psychosocial support and appropriate referral services delivered to survivors (outcome #2) • Trainings delivered to community members on basic counseling and support (outcome #1 and 2) • Trainings delivered to women's groups on basic psychosocial counseling (outcome #1) • 3 trainings delivered to frontline service providers (police, health staff, social workers) (outcome #1 and 2) • 2 trainings on GBVIMS delivered to service providers (outcome #2) • Set up of one counseling unit at the Women's Center (outcome #1 and 2) • Community's survivors support focal points coordination meeting supported (outcome #1 and 2) • Set up of two emergency response temporary counseling units (outcome #1 and 2) • IEC material produced (outcome #3) • 6 monthly discussion sessions for women supported (outcome #1 and 3) • Radio messages produced and broadcast on the radio (outcome # 1, 2 and 3) 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> • Program Staff in Malakal • Support staff in Malakal • Purchase of material (IEC material, gumboots, raincoats, bicycles etc) • Bikes for the staff and office supplies • Incentives for community groups • Counseling units • Capacity building • Functioning Women's Center in Malakal 		<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 <ul style="list-style-type: none"> • 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	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014	
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Activity 1: Training of 200 people, 50% men and 50% women (local authorities, officers, women groups and local leaders) on basic psychosocial support (including male case managers on management of male survivors) and immediate referral				x	x	x	x	x	x					
Activity 2: Training for front line service providers (Health Staff on CMR, police on basic legal GBV related framework, MoSD Social Workers on GBV Counseling and psychosocial support), including male case managers				x	X									
Activity 3: Emergency response team provides immediate support to survivors of GBV in crises arising (including distribution of Emergency Kits when needed) in Upper Nile State				x	x	x	x	x	X					
Activity 4: Women's Space in Malakal town and community case managers in Malakal County provide quality case management (counseling) and referral services to 140 survivors of GBV in 6 months (75% women, 1% men, 4% boys, 13% girls)				x	x	x	x	x	x					
Activity 5: Establishment of a functional referral system to refer targeted communities in Malakal County for information and services, with particular attention to the referral link to the Health system				x	x	x	x	x	x					
Activity 6: Communication campaigns about response referral system in place, with specific focus on sexual violence and forced/early marriage, spread in the targeted communities (interpersonal communication campaigns reaching over 12,000 people) and in Upper Nile State in general (radio messages)				x	x	x	x	x	x					

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