

## 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](mailto: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:

<b>CAP Cluster</b>	<b>Protection (GBV)</b>
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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.

<p><b>Cluster Priority Activities for this CHF Round</b></p> <ol style="list-style-type: none"> <li>1. Monitor, respond to and reduce the adverse effects of displacement, return and humanitarian emergencies on affected populations and proactively support early warning systems and conflict reduction initiatives to prevent further displacement and other negative impacts of conflict</li> <li>2. Provide support to survivors of gender-based violence, strengthen the referral systems and improve prevention of GBV</li> <li>3. Provide support to children affected by emergencies including reunification of separated, unaccompanied and abducted children, supporting the release and reintegration of children and youth from armed forces and groups, preventing violence against children and providing psycho-social services</li> <li>4. Create conditions conducive to access to land, increased self-reliance and peaceful coexistence for displaced and crisis-affected populations to prevent further displacement and in support of durable solutions</li> </ol>	<p><b>Cluster Geographic Priorities for this CHF Round</b></p> <p>Central Equatoria, Lakes, Northern Bahr el Ghazal, Unity, Jonglei, Warrap, and Upper Nile States</p>
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**Project details**  
The sections from this point onwards are to be filled by the organization requesting CHF funding.

<b>Requesting Organization</b>	<b>Project Location(s)</b> (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)															
International Rescue Committee (IRC)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">State</th> <th style="width: 15%;">%</th> <th style="width: 52%;">County</th> </tr> </thead> <tbody> <tr> <td>Central Equatoria</td> <td>45%</td> <td>Juba</td> </tr> <tr> <td>Northern Bahr el Ghazal</td> <td>20%</td> <td>Aweil East and Aweil South</td> </tr> <tr> <td>Unity</td> <td>35%</td> <td>Rubkona and Pariang</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	State	%	County	Central Equatoria	45%	Juba	Northern Bahr el Ghazal	20%	Aweil East and Aweil South	Unity	35%	Rubkona and Pariang			
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<b>Project CAP Code</b>																
SSD-13/P-HR-RL/55182/5179																
<b>CAP Project Title</b> (please write exact name as in the CAP)																
Improving GBV prevention and response services in humanitarian settings in South Sudan.																

<b>Total Project Budget requested in the in South Sudan CAP</b>	US\$2,129,060
<b>Total funding secured for the CAP project (to date)</b>	US\$299,999
<b>Funding requested from CHF for this project proposal</b>	US\$400,000
<b>Are some activities in this project proposal co-funded?</b>	
Yes <input type="checkbox"/> No <input checked="" 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:	6120	39,750
Girls:	2250	53,000
Men:	4050	13,250
Boys:	2700	0
<b>Total:</b>	15,120	106,000

Indirect Beneficiaries
522,048 women in Central Equatoria 72,608 women in Northern Bahr el Ghazal 48,606 women in Unity
<b>Catchment Population (if applicable)</b>
Central Equatoria State: 1,103,592 (2009 South Sudan Statistical Yearbook) plus 53,717 returnees (total: 1,157,309) Northern Bahr El Ghazal State: 720,898 (2009 South Sudan

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<b>Implementing Partner/s</b> (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts) N/A
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<b>Contact details Organization's Country Office</b>	
Organization's Address	Hai Cinema, Juba, South Sudan
Project Focal Person	Phillida Strachan Email: <a href="mailto:Phillida.Strachan@Rescue.org">Phillida.Strachan@Rescue.org</a> Tel: +211 (0) 954199395
Country Director	Susan Purdin Email: <a href="mailto:Susan.Purdin@Rescue.org">Susan.Purdin@Rescue.org</a> Tel: +211 (0) 959000667
Finance Officer	Gabriel Munga Email: <a href="mailto:Gabriel.Munga@Rescue.org">Gabriel.Munga@Rescue.org</a> Tel: +211 (0) 959000668

Statistical Yearbook) plus 72,159 returnees (total: 793,057). <i>Unity State</i> : 585,801 (2009 South Sudan Statistical Yearbook), plus 89,941 returnees (total: 675,742).
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<b>CHF Project Duration</b> (12 months max., earliest starting date will be Allocation approval date) Indicate number of months: 5 months (May – September)
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<b>Contact details Organization's HQ</b>	
Organization's Address	122 E 42nd Street, New York, NY 10168-1289
Desk officer	Pamela Hershey Email: <a href="mailto:Pamela.Hershey@Rescue.org">Pamela.Hershey@Rescue.org</a> Tel: +1 212 551 3073
Finance Officer	Getenet Kumssa Email: <a href="mailto:Getenet.Kumssa@Rescue.org">Getenet.Kumssa@Rescue.org</a> Tel: +1 212 551 3073

## 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 population<sup>1</sup>

*Central Equatoria (CES):* In May 2012, the Protection Cluster led a Rapid Needs Assessment among Kosti returnees who acknowledged GBV as a major protection concern, specifically sexual assault and domestic violence. Unfortunately, women and girls find limited services available in conflict-affected settings and often face threats while accessing those services due to stigma from community members. In 2012, the GBV Sub-cluster struggled to mobilize GBV psychosocial support for Kosti returnees at the Juba transit site as a result of the limited number of capable service providers available. A number of community-based organizations were willing to respond by providing counseling and mobilizing community members to promote a safe reporting environment for survivors with training and support from others.

*Northern Bahr el Ghazal (NBeG):* IRC-led focus group discussions and key informant interviews conducted with community members in Aweil East County, Northern Bahr el Ghazal State in August 2012 revealed that women and girls frequently experience rape and other forms of sexual violence, early and forced marriage, and domestic violence. Respondents report that unmarried women and girls are at the greatest risk to be targeted for rape. 54% of key informants interviewed in the assessment indicated that violence occurs at home, and 69% stated that girls are forced to marry by their family. Notably, the assessment revealed that 46% of informants believed that women and girls may not be able to access health services due to fear of being identified as GBV survivors, which can lead to social stigma and worsen symptoms of trauma. The assessment confirmed the need for GBV health and psychosocial response services. In particular, 85% of key informants reported that there were no safe spaces (i.e. physical spaces such as shelters or counseling spaces) available in the county for adult women GBV survivors and 92% of them indicated that there no safe spaces for girl GBV survivors. Also, 100% of the same informants reported that there were no psychosocial support services available in the county. The situation is similar throughout the rest of the state.

*Unity:* According to discussions within the GBV Sub-cluster, Unity State lacks any substantive GBV actors, including any state-level GBV coordination mechanisms. In the event of an emergency where the number of internally displaced people, returnees, or refugees increase, particularly outside of the existing camp settlements, the lack of GBV program presence will significantly impact any response efforts. The state's population of concern is expected to rise to 355,000 refugees and 200,000 returnees in the coming year, with the border State of Unity likely hosting a significant portion of new arrivals. As a result, conducting a participatory GBV assessment to identify service gaps and opportunities, and to better understand the needs of women and girls, in addition to the establishment of a coordination mechanism to ensure the provision of direct services to survivors, is essential. There is also significant need for information dissemination and service provider training to ensure that women, girls, men and boys receive essential services for sexual and gender-based violence.

### 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.

*CES:* Juba hosts a large number of returnees and expects to receive a further influx in 2013, but there are few quality GBV services available. As the GBV Emergency Taskforce lead within the GBV Sub-cluster, IRC has partnered with CBOs, women's groups, and the Ministries of Health and Social Development to build their capacity and provide technical support so GBV survivors can access basic psychosocial and health services, including HIV prophylaxis. Equipping existing ministries and community groups to provide essential care to survivors through mentorship and coordination in the GBV Sub-cluster will ensure the availability of a trained group of people to respond to influxes of returnees and other crises in 2013. IRC has already secured funding for two national trainings on GBV case management and caring for child survivors, in addition to on-site mentoring visits in all ten states in South Sudan. CHF funding would allow IRC to support training participants from Central Equatoria to provide local-level trainings and standardize care to returnee GBV survivors.

*NBeG:* Services for GBV survivors remain weak in NBeG, particularly in remote areas. In November 2012, IRC conducted a state training on Clinical Care for Sexual Assault Survivors (CCSAS) for 30 (11F, 19M) Ministry of Health and NGO staff from the five counties in NBeG. With CHF funding, IRC will provide follow-up visits to provide support and technical assistance for training participants and to ensure the needs of GBV survivors are incorporated into emergency response plans. In addition to these visits, the IRC will conduct a training in GBV emergency preparedness and response for GBV working group members at the state level. IRC will also lead the creation of a GBV emergency preparedness plan in order to ensure the mainstreaming of women and girls' needs from the first days of an emergency. To ensure timely access for survivors, IRC will directly provide conflict-affected women and girls with life-saving services, including medical and psychosocial care, and develop and train an internal psychosocial response team for emergency deployment throughout NBeG.

*Unity:* To date, there has been no large-scale effort towards GBV coordination in Unity state, despite widespread conflict and ongoing refugee, IDP, and returnee emergencies. In October 2012, IRC trained MoH and NGO medical professionals across the state in CCSAS and is committed to provide follow up technical support visits. However, links with local women's groups and psychosocial support agencies remain undeveloped. There is considerable need for a comprehensive GBV assessment to better understand issues affecting women and girls, map available services, and understand barriers to access. IRC has been working in northern Unity since April 2012 and is well positioned to lead the creation of a GBV working group in the state capital of Bentiu to facilitate coordination. Service provision to survivors will take place through the establishment of a referral system and ensuring quality provision of medical and psychosocial care for survivors. Through monitoring, technical support to trained partners and information dissemination IRC will fill the GBV information and service gap and facilitate survivors' access to life-saving treatment.

<sup>1</sup> 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.

## 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.

This project directly supports the Protection Cluster's 2013 priority "provide support to survivors of gender-based violence, and strengthen the referral systems and improve prevention of GBV". Furthermore, the GBV Sub-Cluster prioritizes service provision for GBV survivors. IRC will address these main objectives with an established model of care, contextualized for emergencies, and through maintaining and strengthening relationships with local actors and government ministries.

### 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)

1. Support quality psychosocial support and health services to GBV survivors through CBOs, ministries, and other organizations, including emergency response, when feasible, in returnee, IDP, host community, or crisis-affected settings.
2. Support community members through partner organizations to assist survivors to access critical response services.
3. Coordinate GBV service provision with state and national level GBV working groups and utilize emergency teams to respond to GBV in emergencies.
4. To improve access to quality survivor-centered services through direct provision of health and psychosocial response and technical support to partner agencies

### 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).

#### Central Equatoria:

Objective 1- Activities under this objective include:

- Weekly case management, psychosocial support activities, and referrals directly provided by IRC-supported CBOs and ministries in Juba to assist GBV survivors;
- Bi-weekly on the job training and mentoring to 20 GBV psychosocial and health service providers
- Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and
- Trainings in GBV counseling and case management, caring for child survivors, and outreach for response providers.

Objective 2- Activities under this objective include:

- Mentoring 10 members from partner organizations 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.

Objective 3- Activities under this objective include:

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

#### Northern Bahr el Ghazal:

Objective 1- Activities under this objective include:

- One GBV emergency preparedness and response training for state-level actors
- One preparedness planning workshop held at the state level
- GBV emergency preparedness plan created in Aweil East and Aweil South counties
- Develop and train a psychosocial response team comprised of IRC response officers and social workers available for emergency deployment throughout NBeG and to build the capacity of local actors to provide basic counseling to female and male GBV survivors.

Objective 2- Activities under this objective include:

- Conduct 2 trainings for female and male community activists on GBV basic concepts and community mobilization
- Carry out information campaigns and community mobilization, with a focus on ensuring survivors' timely access to services

Objective 4- Activities under this objective include:

- Direct case management and psychosocial support to all reporting GBV survivors, and make referrals to external actors as needed
- Conduct CCSAS technical support visits to IRC-trained health service providers in five counties and ensure adequate provision of UNFPA post-rape treatment kits

#### Unity:

Objective 1- Activities under this objective include:

- Conduct 2 CCSAS technical monitoring visits to IRC-trained health providers in Rubkona and Pariang counties
- Facilitate the provision of UNFPA post-rape treatment kits to IRC-trained health providers
- Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities

Objective 2- Activities under this objective include:

- Conduct a participatory GBV assessment in Bentiu town
- Conduct a service mapping of all government agencies, NGOs, and CBOs equipped to provide services to survivors
- Provide 1 training for stakeholders in Bentiu town on GBV response and the established referral system

Objective 3- Activities under this objective include:

- Establish a GBV working group in Unity state
- Create a functional GBV referral pathway including health, psychosocial, and legal actors

#### iv). Cross Cutting Issues

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

The Clinical care for Sexual Assault Survivors process provides Post-Exposure Prophylaxis to reduce transmission of HIV/AIDS. Awareness raising, counseling and referrals encourage community members that have experienced sexual violence to receive treatment within 72 hours and maximize the chance of HIV prevention. Awareness raising and prevention activities educate populations on the link between GBV and HIV/AIDS transmission, and also educate the public on HIV/AIDS transmission.

All emergency preparedness plans will take into account the potential for environmental damage and look at ways to reduce its effects, while still promoting the safety and security of women and girls.

#### 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.

##### *Central Equatoria:*

By the end of the reporting period local health and psychosocial partners in Juba will learn how to organize and provide quality services to GBV survivors in emergencies. GBV survivors will also know where to access services during an emergency. Members of the GBV Emergency Taskforce through the national GBV Sub-Cluster will have knowledge and skills to inform quality GBV response in crisis-affected settings.

##### *Northern Bahr el Ghazal:*

By the end of the grant period GBV actors in NBeG will be prepared to respond to GBV in acute emergencies following training and the creation of an emergency preparedness plan. The IRC internal psychosocial support team will be equipped to deploy to respond in emergencies in the state. Psychosocial and health services will be available to survivors in Northern Bahr El Ghazal through medical professionals trained on clinical management of rape, as well as social workers trained on GBV case management and counseling. Women and girls will know about available psychosocial and health services through quality information dissemination.

##### *Unity:*

Following an assessment and service-mapping, a functional referral pathway for Bentiu town will be established and all partners will be trained on its use to ensure survivors' safe, confidential, and timely access to multi-sector services. A GBV working group will be created to bring together government, NGO, and CBO partners working towards the prevention of and response to GBV. The technical skills of medical providers trained in CCSAS will be monitored and improved through technical support visits and drug supplies will be maintained in Rubkona and Pariang counties. Basic psychosocial support will be made available through existing women's groups.

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.

<b>SOI (X)</b>	<b>#</b>	<b>Output Indicators</b> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (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)
X	1.	Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation	90% of male and female health workers and psychosocial providers demonstrate increased knowledge
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 and requests	100% of reporting survivors are referred to relevant services
X	3.	GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests	100% of reporting survivors receive relevant response services in line with their needs and requests
	4.	Number of frontline service providers trained on GBV response in crisis settings	110 individuals Women: 50 Men: 60
	5.	Number of Community Activists trained in GBV information dissemination	50 individuals Women: 25 Men: 25
	6.	Number of people made aware of services to GBV survivors through information dissemination and awareness activities	14,960 individuals Women: 6022 Girls: 2250 Men: 3990 Boys: 2700
	7.	Number of government, NGO, and CBO agencies trained by IRC in GBV response	12 agencies
	8.	Number of new GBV working groups formed	1 working group

#### 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 project will be implemented through IRC's Women's Protection and Empowerment (WPE) teams in Central Equatoria, Northern Bahr el Ghazal, and Unity States. In Juba, the WPE team consists of a WPE Coordinator, Senior Manager, two Senior Officers who specialize in working with local groups as well as outreach materials and strategy development, and two GBV Response Officers. IRC will identify and provide technical support to health and psychosocial GBV service providers in Juba who can help support

returnees as well as GBV Sub-Cluster Emergency Taskforce members needed to give guidance or directly support GBV emergency response efforts. IRC will also support local partners in awareness-raising efforts about GBV services available to crisis-affected populations in Juba. In Northern Bahr el Ghazal, the team is led by a WPE manager and supported by GBV prevention and response officers and economic empowerment community workers. In Unity, the team will be led by a WPE manager and supported by three GBV program officers.

**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)<sup>2</sup>.

The IRC Women’s Protection and Empowerment (WPE) Technical Unit within IRC headquarters provides technical support and helps to monitor the IRC’s South Sudan GBV program in conjunction with the WPE Coordinator in Juba. The WPE Senior Program Manager in Juba and Program Managers in Northern Bahr el Ghazal and Unity will provide technical oversight of program implementation and planning using standard monitoring documents, reports, work plans and assessments with the support for monitoring and evaluation coming from the WPE Program Coordinator.

**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)
Common Humanitarian Fund (CHF) Round 2 funding for “Strengthening Protection and GBV Response in the Republic of South Sudan”	USD 299,999 (\$200,000 of this falls in 2013)

<sup>2</sup> 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.

**SECTION III:**

LOGICAL FRAMEWORK			
<p><b>CHF ref./CAP Code:</b> SSD-13/P-HR-RL/55182/5179</p>	<p><b>Project title:</b> Improving GBV prevention and response services in humanitarian settings in South Sudan.</p>	<p><b>Organisation:</b> International Rescue Committee.(IRC)</p>	
Overall Objective	<p><b>Cluster Priority Activities for this CHF Allocation:</b> <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <p>Provide support to survivors of gender-based violence, strengthen the referral systems and improve prevention of GBV</p>	<p><b>Indicators of progress:</b> <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ol style="list-style-type: none"> <li>1. GBV survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests</li> <li>2. Number of government, NGO, and CBO agencies trained by IRC in GBV response</li> <li>3. Number of new GBV working groups formed</li> <li>4. GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests</li> </ol>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <p>Internal case files and database, training attendance lists, pre and post tests, working group attendance lists.</p>

<b>Purpose</b>	<p><b>CHF Project Objective:</b> <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ol style="list-style-type: none"> <li>1. Support quality psychosocial support and health services to GBV survivors through CBOs, ministries, and other organizations, including emergency response, when feasible, in returnee, IDP, host community, or crisis-affected settings.</li> <li>2. Support community members through partner organizations to assist survivors to access critical response services.</li> <li>3. Coordinate GBV service provision with state and national level GBV working groups and utilize emergency teams to respond to GBV in emergencies.</li> <li>4. To improve access to quality survivor-centered services through direct provision of health and psychosocial response and technical support to partner agencies</li> </ol>	<p><b>Indicators of progress:</b></p> <ul style="list-style-type: none"> <li>• What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</li> </ul> <ol style="list-style-type: none"> <li>1. GBV survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests</li> <li>2. Number of government, NGO, and CBO agencies trained by IRC in GBV response</li> <li>3. Number of new GBV working groups formed</li> <li>4. GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests</li> </ol>	<p><b>How indicators will be measured:</b> <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <p>Internal case files and database, training attendance lists, pre and post tests, working group attendance lists.</p>	<p><b>Assumptions &amp; risks:</b> <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <p>Risks: Threat of external or cultural barriers to GBV case reporting</p> <p>Assumptions: Participation from partner agencies, commitment to confidentiality from referring agencies.</p>
<b>Results</b>	<p><b>Results - Outcomes (intangible):</b> <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> <ul style="list-style-type: none"> <li>• Increased awareness of services available to GBV survivors</li> </ul>	<p><b>Indicators of progress:</b> <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"> <li>• Number of people made aware of services to GBV survivors through information dissemination and awareness activities</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <p>Event attendance lists, participation counts.</p>	<p><b>Assumptions &amp; risks:</b> <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> <p>Risks: Opposition from community leaders, security</p> <p>Assumptions: Willingness of communities to participate in events and learn new information.</p>
	<p><b>Immediate-Results - Outputs (tangible):</b> <i>List the products, goods and services (<u>grouped per areas of work</u>) 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> <ul style="list-style-type: none"> <li>• Service providers' and community members' GBV response skills increased through training and mentoring</li> </ul>	<p><b>Indicators of progress:</b> <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outputs? 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"> <li>• Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation</li> <li>• Number of frontline service providers trained on GBV response in crisis settings</li> <li>• Number of Community Activists trained</li> </ul>	<p><b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i></p> <p>Training attendance lists, pre and post tests.</p>	<p><b>Assumptions &amp; risks:</b> <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> <p>Assumptions: full training participation, literacy for pre and post tests.</p>



		in GBV information dissemination		
	<p><b>Activities:</b>  <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <p><i>Central Equatoria:</i></p> <ul style="list-style-type: none"> <li>• Weekly case management, psychosocial support activities, and referrals directly provided by IRC-supported CBOs and ministries in Juba to assist GBV survivors;</li> <li>• Bi-weekly on the job training and mentoring to 20 GBV psychosocial and health service providers</li> <li>• Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and</li> <li>• Trainings in GBV counseling and case management, caring for child survivors, and outreach for response providers.</li> <li>• Mentoring 10 members from partner organizations through monthly supervision sessions to build skills;</li> <li>• Developing information, education and communication (IEC) materials for community members to use during outreach; and</li> <li>• Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services.</li> <li>• Updating the GBV Emergency Response and Preparedness Plan for South Sudan; and</li> <li>• Mentoring 10 GBV Sub-cluster Emergency Response Taskforce members and relevant CBOs in Juba through monthly supportive supervision sessions on GBV Emergency Response and Preparedness.</li> </ul> <p><i>Northern Bahr el Ghazal:</i></p> <ul style="list-style-type: none"> <li>• One GBV emergency preparedness and response training for state-level actors</li> <li>• One preparedness planning workshop held at the state level</li> <li>• GBV emergency preparedness plan created in Aweil East and Aweil South counties</li> <li>• Develop and train a psychosocial response team comprised of IRC response officers and social workers available for emergency</li> </ul>	<p><b>Inputs:</b>  <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"> <li>• Staff (see budget)</li> <li>• Training materials</li> <li>• Community participation</li> <li>• Partner agency participation</li> <li>• Case response equipment</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b>  <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> <p>Assumptions: Timely delivery of funds, ease of staff recruitment, participation of communities and partner agencies.</p>

<p>deployment throughout NBeG and to build the capacity of local actors to provide basic counseling to female and male GBV survivors.</p> <ul style="list-style-type: none"> <li>• Conduct 2 trainings for female and male community activists on GBV basic concepts and community mobilization</li> <li>• Carry out information campaigns and community mobilization, with a focus on ensuring survivors' timely access to services</li> <li>• Direct case management and psychosocial support to all reporting GBV survivors, and make referrals to external actors as needed</li> <li>• Conduct CCSAS technical support visits to IRC-trained health service providers in five counties and ensure adequate provision of UNFPA post-rape treatment kits</li> </ul> <p><i>Unity:</i></p> <ul style="list-style-type: none"> <li>• Conduct 2 CCSAS technical monitoring visits to IRC-trained health providers in Rubkona and Pariang counties</li> <li>• Facilitate the provision of UNFPA post-rape treatment kits to IRC-trained health providers</li> <li>• Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities</li> <li>• Conduct a participatory GBV assessment in Bentiu town</li> <li>• Conduct a service mapping of all government agencies, NGOs, and CBOs equipped to provide services to survivors</li> <li>• Provide 1 training for stakeholders in Bentiu town on GBV response and the established referral system</li> <li>• Establish a GBV working group in Unity state</li> <li>• Create a functional GBV referral pathway including health, psychosocial, and legal actors</li> </ul>			
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<b>PROJECT WORK PLAN</b>													
<b>Activities</b>	<b>Q1/2013</b>		<b>Q2/2013</b>			<b>Q3/2013</b>			<b>Q4/2013</b>			<b>Q1/2014</b>	
	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>
<b>CENTRAL EQUATORIA</b>													
Weekly case management, psychosocial support activities, and referrals directly provided by IRC-supported CBOs and ministries in Juba to assist GBV survivors				X	X	X	X	X					
Bi-weekly on the job training and mentoring to 20 GBV psychosocial and health service providers				X	X	X	X	X					
Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway				X	X	X	X	X					
Trainings in GBV counseling and case management, caring for child survivors, and outreach for response providers.						X	X						
Mentoring 10 members from partner organizations through monthly supervision sessions to build skills				X	X	X	X	X					
Developing information, education and communication (IEC) materials for community members to use during outreach						X	X	X					
Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services						X	X	X					
Updating the GBV Emergency Response and Preparedness Plan for South Sudan						X							
Mentoring 10 GBV Sub-cluster Emergency Response Taskforce members and relevant CBOs in Juba through monthly supportive supervision sessions on GBV Emergency Response and Preparedness				X	X	X	X	X					
<b>NORTHERN BAHR EL GHAZAL</b>													
One GBV emergency preparedness and response training for state-level actors							X						
One preparedness planning workshop held at the state level							X						
GBV emergency preparedness plan created in Aweil East and Aweil South counties							X						
Develop and train a psychosocial response team comprised of IRC response officers and social workers available for emergency deployment throughout NBeG and to build the capacity of local actors to provide basic counseling to female and male GBV survivors.								X					
Conduct 2 trainings for female and male community activists on GBV basic concepts and community mobilization					X			X					
Carry out information campaigns and community mobilization, with a focus on ensuring survivors' timely access to services				X	X	X	X	X					
Direct case management and psychosocial support to all reporting GBV survivors, and make referrals to external actors as needed				X	X	X	X	X					
Conduct CCSAS technical support visits to IRC-trained health service providers in five counties and ensure adequate provision of UNFPA post-rape treatment kits							X	X	X				
<b>UNITY</b>													
Conduct 2 CCSAS technical monitoring visits to IRC-trained health providers in Rubkona and Pariang counties							X	X					
Facilitate the provision of UNFPA post-rape treatment kits to IRC-trained health providers							X	X	X				
Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities					X	X	X	X					
Conduct a participatory GBV assessment in Bentiu town				X									
Conduct a service mapping of all government agencies, NGOs, and CBOs equipped to provide services to survivors				X									
Provide 1 training for stakeholders in Bentiu town on GBV response and the established referral system							X						
Establish a GBV working group in Unity state							X						
Create a functional GBV referral pathway including health, psychosocial, and legal actors				X									