

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

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

Emergency response (general):

- 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

GBV

- 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

Child Protection

- 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

HLP

- 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

Cross Cutting

- 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

Cluster Geographic Priorities for this CHF Round

- 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

Nile Hope Development Forum

Project CAP Code

SSD-13/P-HR-RL/55120/8452

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)

State	%	County
Jonglei	30	Pigi
Jonglei	20	Fangaak

CAP Project Title (please write exact name as in the CAP)

Providing Support to GBV survivors and strengthening referral systems to improve Gender Based Violence Prevention in Jonglei and Upper Nile states.

Total Project Budget requested in the in South Sudan CAP	US\$698,937
Total funding secured for the CAP project (to date)	US\$40,722

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CAP project and number of targeted beneficiaries scaled appropriately to CHF request)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	725	6000 ¹
Girls:	500	2,210 (children) ²
Men:	500 ³	5,474 (men, boys, and youth) ⁴
Boys:	450 ⁵	
Total:	2185	13,684

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)
None

Contact details Organization's Country Office

Organization's Address	Off Main Munuki Rd, Juba, South Sudan
Project Focal Person	Hiram Kiongo, kiongohiram@yahoo.com +211956763009,+211921381309
Country Director	Paul Biel Otoangpaulbiel@yahoo.com Phone:+211955898163
Finance Officer	Name, Email, telephone

Jonglei	30	Akobo
UpperNile	20	Nasir

Funding requested from CHF for this project proposal	US\$270,964
Are some activities in this project proposal co-funded? 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)	

Indirect Beneficiaries

6,525 assuming that the each direct beneficiary will pass the information to 3 more people.

Catchment Population (if applicable)

Returnees, IDPs, Refugees and Host community
Will be determined after the knowledge, behaviours, attitudes survey.

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
Indicate number of months: 6 months (April to September)

Contact details Organization's HQ

Organization's Address	Akobo County, Jonglei State, South Sudan
Desk officer	Name: Lazarus Kiir; Email: kiiruil2003@yahoo.com Tel.: +211 911658478
Finance Officer	Jidayi Zaituni Email: jidayiz@rocketmail.com Tel.:+211 911898747

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 population⁶

The counties are among the underserved areas in Jonglei and Upper Nile states with a population of 1375968, (South Sudan 2008 census). Upper Nile has 113320 refugees, 73,450 returnees and 10150 IDPs while Jonglei hosts 21667 returnees, 4,676 refugees and 111,576 IDPs as at June 2012 (UNHCR, Population of Concern. June 2012). UN OCHA 2013 IDPs and returnees projected calculations indicates that Jonglei will have a population of 193300 where 132800 will be IDPs, 11120 returnees and a host community of 193300. Uppernile will have 11400 IDPs, 31720 refugees and a host community of 86900. The host communities in these States are Dinka, Nuers, Shilluk, Murlei and Anyuak who depend mostly on cattle for livelihood. The States are the most volatile and known for series of inter- and intra- communal fighting, presence of militia activities and floods which cause huge displacement of women, girls, boys, men, children and the elderly.

An assessment on knowledge, attitudes, and behaviors of communities towards GBV in 5 states of South Sudan showed an overwhelming tolerance and acceptance of violence against women among those surveyed. Both women (82%) and men (81%) are highly tolerant of domestic violence (Scott, Jennifer, MD, et al. GBV in South Sudan: An assessment of Inequality (2009-11). pending publication 2012).

Community concerns about high levels of violence against women and girls and lack of services for survivors have been documented across all 10 states (Protection cluster Rapid Needs Assessments, June 2011, Amnesty International, South Sudan: A Human Rights Agenda June 2011, UNMIS Rule of Law Fact Sheet 01/06/2011) Women were affected twice as much by the insecurity and displacements, most local women were widowed and have been conspicuously marginalized by traditional practices. GBV concerns include domestic violence, sexual abuse of women and children, physical assault, rape by military forces or armed actors. Harmful traditional practices and propertization which force girls to leave or not access school and marry at 14-15 years of age e.g. early marriage, girl child compensation and forced marriage. Only 1.9% and 2.1% of women aged 15-24 years in Uppernile and Jonglei are literate (Southern Sudan Health indicator Survey 2010). They are at high risk of contracting HIV & AIDS, STIs, fistula physical harm, and even death. Women and girls are barred from making decisions and property ownership. The impact of GBV on

¹ Including girls

² CAP 2013 project sheet had no provision for aggregation

³ Including youth

⁴ CAP 2013 had no provision for aggregation

⁵ Including Youth

⁶ 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.

women and girls goes largely unreported because of the deeply rooted cultures, shame, guilt and the fact that cases of violence against women are handled almost exclusively through the customary justice system, which often applies discriminatory norms focused more on reconciliation than on holding perpetrators accountable (UN GA, 22 August 2011 and Miraya FM, 7 December 2011).

There is little awareness about human rights, National laws, and referral systems. Resource centers and remedy data across South Sudan on GBV issues is scanty. The leadership does not help the situation as they are glued to old anti-women cultures and beliefs. According to Jonglei State RRC 3ws (who is where doing what) updated in September 2012 and NHDF field experiences, there are few or no actors in the identified counties. Through the support of CHF 2012, Nile Hope trained 81 police officers on GBV and human rights, 70 GBV survivors have received support, over 200 women supported and sensitized on GBV, 15 caseworkers have been mentored and trained from March 2012 to Jan 2013. The extension of support through CHF will see more beneficiaries receive quality GBV response and support,

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.

Akobo, Pigi, Fangak, and Nasir are acutely underserved areas with Gender Based Services. Nile Hope was the first NGO to offer such services through the CHF 2012 funds allocation round 1 and 2. With the completion of the funding season, there will be a Humanitarian gap as no other actors have set base to offer the services and the resource mobilization efforts made by Nile have not yielded much.

CHF funds advanced to Nile hope will facilitate continued access to Health, Safety/Legal, Psychosocial services to GBV survivors in counties, which have no, or limited GBV service providers and prone protracted to emergencies characterized with conflicts and floods. The funds will be used in providing access to Multisectoral services, disseminate South Sudan and Human Rights laws to customary judges and police, strengthen the capacity of health care workers as well as the Ministry of Justice and Ministry of Gender Child and Social Welfare.

Nile Hope has visible presence on the ground and have gained community trust and support over the years. With headquarters in Akobo, field offices in Pigi, Nasir, Fangak, Bor, and Juba, the value added will be easy access to the areas of implementation. The counties are acutely underserved. Nile Hope will also maximize on the synergies within its programming in implementing the programs e.g education, Health and WASH programs which are also providing humanitarian interventions in Pigi, Fangak, Akobo and Nasir.

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 project will largely contribute to the clusters priority of Providing support to survivors of gender-based violence (GBV), strengthen referral systems and improve prevention of GBV, updating SOPs, participating in interagency rapid assessments, building the capacity of actors and supporting community support networks.

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)

The projects main objective is to provide/ Scale up the quality assistance and support accorded to GBV survivors through among other things strengthening the capacity of GBV actors, community support networks and improving referral pathways to improving prevention.

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).

1. Conduct one stakeholders workshop and sensitization and awareness on GBV among GBV with 60 (35 Men, 25 women) community leaders, Administrative authority, Youth Leaders Religious Leaders, Women Leader and NGOs in Akobo, Pigi and Nasir Counties
2. Conduct a knowledge, attitudes and behaviors survey on GBV among the communities in Pigi, Akobo and Nasir Counties.
3. Produce behavior change strategy and dissemination of behavior change messages through IEC materials, media and campaigns to reach 2375 people (725 women, 500 girls, 700 men and 450 boys)
4. Integrate GBV medical management in the existing health systems in through ongoing mentorship and support of 25 health care workers (male and female) in each county (Akobo, Pigi and Nasir Counties) on Clinical Management of Sexual Abuse.
5. Provide quality support Response to 60 GBV survivors using Multisectoral approach in Akobo, Fangaak, Pigi and Nasir Counties.
6. Promoting access to justice through follow up training, building capacity of male and female police officers on GBV response 70 police officers in Pigi, Akobo, Fangaak and Nasir Counties on GBV and human rights -20 per county
7. Promoting access to justice through GBV and Human rights awareness workshops and trainings of 60 (male and female) community/traditional authorities (chiefs, paramount chiefs, elders) Akobo, Pigi and Nasir counties on GBV and human rights - 30 per county
8. Enhance effective response to GBV and support accorded to GBV survivors and incident monitoring through mentorship,

- trainings of 20 social/ case workers on GBVIMS and Multisectoral response
9. Adoption, establishment and updating of SOPs in the 2 counties
 10. Supporting women groups and sensitization seminars, workshops in Akobo ,Pigi and Nasir Counties (30 women and girls each county)
 11. Offer psychosocial support to men, women, boys and girls, and support community support mechanisms in Akobo,Fangaak,Pigi and Nasir Counties.
 12. Support/ establish two community peace and GBV mentor existing systems in the community in Akobo,Fangaak, Pigi and Nasir Counties.

iv). Cross Cutting Issues

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

NHDF's culture is that gender parity is considered in all the projects, equality and equity is observed among the staff and gender mainstreaming is emphasized in the recruitment processes. All the survivors regardless of who she/he is should be attended to without any discrimination. HIV/AIDS is generally mainstreamed in our projects and we always do our utmost not to unduly interfere with nature, especially when it comes to construction and rehabilitation initiatives.

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.

- **Activity 1:**
Result 1 : Improved capacity of front line service providers (police officers, social workers, Traditional authorities ,community leaders and health care providers) to respond and prevent to GBV through capacity strengthening and training of 70 police officers, 20 social workers and 60 traditional authorities;
- **Activity 1,4,5,6,7,8,9**
Result 2 :Improved Multisectoral response and support of 60 GBV survivors through capacity strengthening and training 70 police officers, 20 social workers and 60 traditional authorities;
- **Activity 1-14**
Result 3 :Increased awareness about human/ women's rights, gender based violence and its consequences on the part of the population achieved through knowledge, behaviors and attitude survey, media, campaigns, workshops and trainings
- **Activity 11,12,13,14**
Result 4: Enhanced community support system through establishment and support of four existing community support systems.
- **Activity 1,3,4,5,6,7,8,9,10,11,12,13**
Result 5: Improved and reliable referral pathway and improved confidence in the psychologically challenged communities through SOP standardization, police trainings, Social workers capacity strengthening, and CMR trainings.

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 (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (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)
	1.	GBV survivors reporting GBV incidents and cases	<ul style="list-style-type: none"> • 90 women • 40 girls • 10 men • 20 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 and requests	<ul style="list-style-type: none"> • 80%
X	3.	Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation	<ul style="list-style-type: none"> • 28 health care workers (15 male, 10 female) • 50 police officers (30 men, 20 women) • 20 social /case workers (12 men, 8 women) • 60 traditional/ community leaders (40 men 20 women)
X	4.	Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings.	<ul style="list-style-type: none"> • 725 women • 500 Girls • 700 men • 450 boys
	5.	Increased awareness on Human rights, South Sudan laws and GBV among the Police and traditional leaders/ community	<ul style="list-style-type: none"> • 70 police officers • 60 traditional leaders/ community leaders

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.

Nile Hope Development Forum (NHDF) is a key implementer of GBV activities in Jonglei and Upper Nile states since 2005 to date. Project staff shall work closely with other sectors (and local institutions/groupings) like health, security, legal, and community leaders to combat issues of GBV in the community and to build the capacity of the community on effects of violence. State Coordinators, the Protection Adviser, and the Protection Assistants shall ensure that we have good ties with the government authorities at all levels for smooth running of the program. The Program personnel shall ensure that cluster coordination at national and state levels is well attended to as field staff coordinates at the county level. A technical consultant will be consulted to conduct the knowledge, attitudes and behaviors survey in Pigi and Nasir Counties.

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 work plan (Section III)⁷.

Nile Hope Development Forum (NHDF) will work closely with the Ministry of Gender, Child and Social Welfare, Ministry of Justice and Legal Affairs, Local Authorities together with NHDF Protection Coordinator including on joint field monitoring/visits to ensure that the project is running smoothly and is implemented according to the Work-plan. We shall use the Log-frame as a monitoring tool and will engage NHDF's State Coordinators, including on Cluster and Sector Coordination. NHDF shall have an obligation to implement and report on monthly and quarterly basis and share the same with NHDF management and administration will work to oversee that the targets has been achieved. Using the customized weekly Report, training reporting tools and policies will help monitor achievement of objectives and implementation of activities. Supportive technical review and evaluation of the reports will be conducted by the Protection Coordinator on a weekly/ monthly basis .The Gender Program will receive technical and monitoring support from NHDF's Programs Office, including on adoption and use of monitoring tools.

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)
UNICEF, January 2013- July 2013	40,722

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.

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-13/P-HR-RL/55120/8452	Project title: Providing Support to GBV survivors and strengthening referral systems to improve Gender Based Violence Prevention in Jonglei and Upper Nile states.	Organisation: Nile Hope Development Forum

Overall Objective	<p>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></p> <ul style="list-style-type: none"> • • Rapid protection assessments to identify vulnerable persons and risks/gaps for response. • 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) • • 	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <ul style="list-style-type: none"> • GBV survivors reporting GBV incidents and cases • GBV survivors reporting GBV incidents and cases • 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 • Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation • Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings. • 	<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 reports • Gbvims database • Periodic field report (weekly, bi-weekly, monthly) • Photos • Attendance lists • Case intake forms • 	
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<p style="text-align: center; color: blue;">Purpose</p>	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i> The projects main objective is to provide/ Scale up the quality assistance and support accorded to GBV survivors through among other things strengthening the capacity of GBV actors, community support networks and improving referral pathways to improving prevention.</p> <ul style="list-style-type: none"> • 	<p>Indicators of progress:</p> <ul style="list-style-type: none"> • <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i> • No of caseworkers, police officers, community leaders and health care workers trained • No. of GBV survivors receiving Multisectoral support • No. of people receiving behavior change messages • % of GBV survivors referred to health, safety, legal or psychosocial service based on their needs 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <p>i. available information:</p> <ul style="list-style-type: none"> • Nile Hope weekly reports • Nile Hope training reports template • GBVIMS database <p>How will get the information</p> <ul style="list-style-type: none"> • periodic field report (weekly, bi-weekly,monthly) • photos • attendance lists • case intake forms • 	<p>Assumptions & risks: <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> <ul style="list-style-type: none"> • Conflict has subsided/ reduced • Resources are available on time for implementation • Logistics/ infrastructure will have improved • economic stability i.e cost of fuel will have decreased •
<p style="text-align: center; color: blue;">Results</p>	<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> <ul style="list-style-type: none"> • Result 1 : Improved capacity of front line service providers (police officers, social workers, Traditional authorities ,community leaders and health care providers) to respond and prevent to GBV • Result 2 :Improved Multisectoral response and support of survivors • Result 3 :Increased awareness about human/ women's rights, gender based violence and its consequences on the part of the population achieved through knowledge, behaviors and attitude survey, media, campaigns, workshops and trainings • Result 4: Enhanced community support system through establishment and support of four existing community support systems. • Result 5: Improved and reliable referral pathway and improved confidence in the psychologically challenged communities through SOP standardization, police trainings, Social workers capacity strengthening, and CMR trainings. 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <p>Result 1:</p> <ul style="list-style-type: none"> • No. of health care workers mentored on CMR in Akobo,Pigi and Nasir with gender breakdown • No. of stakeholders participating in workshop aggregated by gender. • No. of police officers trained and strengthened on GBV and Human rights with gender breakdown • No. of social workers mentored and supportively supervised aggregated by sex • No. of traditional authorities trained on GBV ,Human rights with Gender aggregate • % of trainees demonstrating increased knowledge based on pre-post – test evaluation , with breakdown by gender <p>Result 2:</p> <ul style="list-style-type: none"> • No. of GBV survivors receiving Multisectoral support (health, legal, safety and psychosocial) in line with their needs, aggregated by gender <p>Result 3:</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Nile Hope training reports template • GBVIMS database • periodic field report (weekly, bi-weekly,monthly) • photos • attendance lists • case intake forms • 	<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"> • swift disbursement of field support cash • Effective logistics and cordination • Resources are available on time for implementation • Logistics/ infrastructure will have improved • economic stability i.e cost of fuel will have decreased •

<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • No. of surveys on GBV and Human rights conducted in Nasir,Pigi and Akobo • No of people reached with behavior change messages through IEC materials, media and campaigns, with breakdown by age and gender <p>Result 4:</p> <ul style="list-style-type: none"> • No. of community support systems established/ supported • No. of SOPs established/adopted or updated <p>Result 5:</p> <ul style="list-style-type: none"> • No. of Police officers, Social workers, Health care workers and traditional authorities trained and mentored on survivor centered referral pathways • No. of SOPs updated/adopted or established 		
<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> <ul style="list-style-type: none"> • Result 1 : 70 police officers,20 social workers,28 health care workers and stakeholders mentored and capacity strengthened on GBV response, Human rights and prevention • Result 2 : 60 GBV survivors receive Multisectoral support and survivor friendly services • Result 3 :Increased awareness about human/ women's rights, gender based violence and its consequences on the part of the population achieved through knowledge, behaviors and attitude survey, media, campaigns, workshops and trainings • Result 4: SOPs update/established /updated and four community support systems established/ supported. • Result 5: Improved and reliable referral pathway 	<p>Indicators of progress: <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> <p>Result 1:</p> <ul style="list-style-type: none"> • No. of health care workers mentored on CMR in Akobo,Pigi and Nasir with gender breakdown • No. of stakeholders participating in workshop aggregated by gender. • No. of police officers trained and strengthened on GBV and Human rights with gender breakdown • No. of social workers mentored and supportively supervised aggregated by sex • No. of traditional authorities trained on GBV ,Human rights with Gender aggregate • % of trainees demonstrating increased knowledge based on pre-post – test evaluation , with breakdown by gender <p>Result 2:</p> <ul style="list-style-type: none"> • No. of GBV survivors receiving Multisectoral support (health, legal, 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • • GBVIMS intake forms • Training attendance sheets • training reports • weeklyreports • monthly reports • pre-training evaluation reports • post training evaluation reports • photos • 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"> • Conflict has subsided/ reduced • Resources are available on time for implementation • Logistics/ infrastructure will have improved • economic stability i.e cost of fuel will have decreased

	<p>and improved confidence in the psychologically challenged communities through SOP standardization, police trainings, Social workers capacity strengthening, and CMR trainings.</p> <ul style="list-style-type: none"> • 	<p>safety and psychosocial) in line with their needs, aggregated by gender</p> <p>Result 3:</p> <ul style="list-style-type: none"> • No. of surveys on GBV and Human rights conducted in Nasir,Pigi and Akobo • No of people reached with behavior change messages through IEC materials, media and campaigns, with breakdown by age and gender <p>Result 4:</p> <ul style="list-style-type: none"> • No. of community support systems established/ supported • No. of SOPs established/adopted or updated <p>Result 5:</p> <ul style="list-style-type: none"> • No. of Police officers, Social workers, Health care workers and traditional authorities trained and mentored on survivor centred referral pathways • No. of SOPs updated/adopted or established. 		
	<p>Activities: <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> <ol style="list-style-type: none"> 1. Conduct one stakeholders workshop and sensitization and awareness on GBV with 60 (35 Men, 25 women) community leaders, Administrative authority, Youth Leaders Religious Leaders, Women Leader and NGOs in Akobo,Pigi and Nasir Counties 2. Conduct a knowledge, attitudes and behaviors survey on GBV among the communities in Pigi and Nasir Counties. 3. Produce behavior change strategy and dissemination of behavior change messages through IEC materials, media and campaigns to reach 2200 people (1000 women, 500 girls, 400 men and 300 boys) 4. Integrate GBV medical management in the existing health systems in through ongoing mentorship and support of 28 health care workers (male and female) in each county (Akobo,Pigi and Nasir Counties) on 	<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 Coordinator, • Gender & Protection Coordinator • 2 Assistant Protection Officers, • 4 County Protection Officers • 4 Social / Case managers • Speed boat for transportation/fuel • IEC materials • Training materials • Boat • Car • 100% staff time required • 		<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"> • Conflict has subsided/ reduced • Resources are available on time for implementation • Logistics/ infrastructure will have improved • economic stability i.e cost of fuel will have decreased •

<p>Clinical Management of Sexual Abuse.</p> <p>5. Provide support Response to 60 GBV survivors using Multisectoral approach in Pigi and Nasir Counties.</p> <p>6.Promoting access to justice through follow up training, building capacity of male and female police officers on GBV response 70 police officers in Pigi, Akobo, Fangaak and Nasir Counties on GBV and human rights - 20 per county</p> <p>7. Promote access to justice through GBV and Human rights awareness trainings of 60 (male and female) community/traditional authorities (chiefs, paramount chiefs, elders) Akobo, Pigi and Nasir counties on GBV and human rights -20 per county</p> <p>8.Enhance effective response to GBV and support accorded to GBV survivors and incident monitoring through mentorship, trainings of 20 social/ case workers on GBVIMS and Multisectoral response</p> <p>9. Adoption, establishment and updating of SOPs in Pigi and Nasir counties</p> <p>10. Supporting women groups and sensitization seminars, workshops in Akobo ,Pigi and Nasir Counties (30 women and girls each county)</p> <p>11. Offer psychosocial support to men, women, boys and girls, and support community support mechanisms in Akobo,Fangaak,Pigi and Nasir Counties.</p>			
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PROJECT WORK PLAN

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

Activities	Q1/2013			Q2/2013			Q3/2013			Q4/2013			Q1/2014	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1. Activity 1: Conduct one stakeholders workshop and sensitization and awareness on GBV among GBV with 60 (35 Men, 25 women) community leaders, Administrative authority, Youth Leaders Religious Leaders, Women Leader and NGOs in Akobo,Pigi and Nasir Counties			X	X	X									
2. Activity 2: Conduct a knowledge, attitudes and behaviors survey on GBV among the communities in Pigi ,Akobo and Nasir Counties.			X	X	X									
3. Activity 3: Produce behavior change strategy and dissemination of behavior change messages through IEC materials, media and campaigns to reach 2200 people (1000 women, 500 girls, 400 men and 300 boys)				X	X	X	X	X						
4. Activity 4: Integrate GBV medical management in the existing health systems in through ongoing mentorship and support of 25 health care workers (male and female) in each county (Akobo,Pigi and Nasir Counties) on Clinical Management of Sexual Abuse.			X	X	X	X	X	X						
5. Activity 5: Provide quality support Response to 60 GBV survivors using Multisectoral approach in Pigi and Nasir Counties.			X	X	X	X	X	X						
6. Activity 6: Promoting access to justice through follow up training, building capacity of male and female police officers on GBV response 70 police officers in Pigi, Akobo, Fangaak and Nasir Counties on GBV and human rights -20 per county			X	X	X	X	X	X						
7. Activity 7: Promoting access to justice through GBV and Human rights awareness workshops and trainings of 60 (male and female) community/traditional authorities (chiefs, paramount chiefs, elders) Akobo, Pigi and Nasir counties on GBV and human rights -30 per county			X	X	X	X	X	X						
8. Activity 8: Enhance effective response to GBV and support accorded to GBV survivors and incident monitoring through mentorship, trainings of 20 social/ case workers on GBVIMS and Multisectoral response			X	X	X	X	X	X						
9. Activity 9: Adoption, establishment and updating of SOPs in the 2 counties			X	X	X	X	X	X						
10. Activity 10: Supporting women groups and sensitization seminars, workshops in Akobo ,Pigi and Nasir Counties (30 women and girls each county)			X	X	X	X	X	X						
11. Activity 11: Offer psychosocial support to men, women, boys and girls, and support community support mechanisms in Akobo,Fangaak,Pigi and Nasir Counties.			X	X	X	X	X	X						
12. Activity 12: Support/ establish two community peace and GBV mentor existing systems in the community in Akobo,Fangaak, Pigi and Nasir Counties.			X	X	X	X	X	X						

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