

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

SECTION I:

CAP Cluster	PROTECTION
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CHF Cluster Priorities for 2013 First Round Standard Allocation

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 	<ul style="list-style-type: none"> i) Upper Nile ii) Lakes iii) Jonglei iv) Unity v) Warrap vi) NBeG ii) Central Equatoria

Project details		
Requesting Organization		
UNFPA		
Project CAP Code:		
SSD-13/P-HR-RL/55132/1171		
CAP Project Title		
Enhanced GBV multisectoral prevention and response, monitoring and coordination in South Sudan.		
Project Location(s)		
State	%	County
Upper Nile	20	Malakal
Jonglei	20	Bor South
Unity	15	Bentiu
Warrap	15	Kwajok
Central Equatoria	30	Juba

Total Project Budget requested in the in South Sudan CAP	US\$727,600	Funding requested from CHF for this project proposal	US\$210,000
Total funding secured for the CAP project (to date)	US\$29,600	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:	6000	100200
Girls:	1500	35000
Men:	3000	120
Boys:	1500	15000
Total:	12,000	150,320

Implementing Partner/s

Contact details Organization's Country Office	
Organization's Address	UN HOUSE, BUILDING 1, YEI ROAD
Project Focal Person	Caroline Nyamayemombe, nyamayemombe@unfpa.org +211 954 357 109
Country Director	Barnabas Yisa, yisa@unfpa.org +211 956 444 486
Finance Officer	Regina Carbonell carbonell@unfpa.org +211956 966 597

Indirect Beneficiaries
Catchment Population (if applicable)

CHF Project Duration
Indicate number of months: 7 Months (1 April – 31 October 2013)

Contact details Organization's HQ	
Organization's Address	
Desk officer	Name, Email, telephone
Finance Officer	Name, Email, telephone

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

Gender based violence (GBV) is widespread in South Sudan. Displacements due to conflict and natural disasters, coupled with high levels of food insecurity exacerbate the incidence of gender based violence. Approximately three quarters of rapid needs assessments carried out in 2011 by cluster partners across all ten states documented community concerns about high levels of violence against women and girls, and the lack of support services for survivors. An assessment on knowledge, attitudes and behaviors of communities towards gender-based violence in five states of South Sudan, showed both women (82%) and men (81%) are highly tolerant of violence in the home. South Sudan has limited infrastructure and local capacity for basic health, legal and psycho-social services for GBV.

Although a GBV sub-cluster is active at national level in South Sudan, coordination at state level remains a key challenge hampering an effective response to GBV in the 7 flash point states. While an increased incidence of sexual and gender based violence in times of crisis has been established during past clashes in Jonglei, Lakes, Wau and Unity, GBV remains an inherent daily occurrence given South Sudan's patriarchal and highly militarized context. However, little is still known about those who have experienced sexual violence and whether they have accessed any services. Resultantly the response to GBV has remained weak and fragmented except in a few states where INGOs have managed to set up health and psychosocial support services including case management. It has also been noted that there has been a delay in initiating minimum actions for GBV prevention and response in previous emergencies in field sites such as Jonglei, Unity, Warrap and Upper Nile.

A number of trainings on various aspects of GBV including clinical management of rape have been supported in the last two years by various actors. However tracking and mentoring to ensure these capacities benefit survivors is still weak. Visits by UNFPA to the 3 teaching hospitals of Juba, Wau and Malakal revealed that despite training in CMR, hospitals still lack basic examination and storage equipment such as lighting and lockable cupboards. Minor adjustments are required to ensure optimum standards for confidentiality, privacy, care and support for survivors. UNFPA has been the main provider of post rape kits procured through the core pipeline. Although prepositioning of post rape kits has been done, UNFPA's assessments show that improper use, storage and lack of accountability for usage of kits is high and is leading to wastage of resources. Awareness of the benefits of reporting early when raped is still low among community members and often leads to reporting well after 72 hours when life saving treatments such as PEP and emergency contraception can no longer be administered.

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.

UNFPA as the global co-lead agency for GBV has the mandate to facilitate and coordinate timely prevention and response actions in humanitarian settings and is provider of last resort. Currently, UNFPA is coordinating the national GBV Subcluster and has linkages with working groups that are led by INGOs at State level. The capacity of the Ministry of Gender, Child and Social Welfare at state level to provide leadership varies from state to state and affects the level of cooperation by the various actors (police, health, social workers, community leaders, security) required in putting together a multi-sectoral response to GBV. This leaves the burden for effective GBV programming to a few INGOs who are implementing interventions with limited resources.

This project aims to strengthen the response to GBV within 4 flash point states. Namely Jonglei, Upper Nile, Unity and Warrap. Given that a number of returnees pass through Juba, and its centrality to mobilizing support for state level action, some activities will take place in Juba. The project is guided by the CERF life saving criteria which recommends the deployment of GBV personnel to guide implementation of inter-agency multi-sectoral GBV programme response including ensuring provision of accessible confidential, survivor-centered services. Given the low capacities for GBV prevention and response among local actors, there is need to ensure readily available surge capacity to initiate the minimum actions for GBV prevention and response in humanitarian settings. Challenges with movements make it imperative that technical capacity be deployed near the flash points and in consideration of the security of personnel. To this end, this project proposes to place a GBV Coordinator in Malakal to provide coordination support for Upper Nile and Unity States. The existing staff based in Juba will provide support to Jonglei and Warrap.

UNFPA is well positioned to scale up current efforts by GBV partners through mobilizing state and non state actors to ensure a comprehensive and coordinated response. UNFPA can deliver in a cost effective manner through leveraging its financial and human resources and institutional arrangements with the Ministry of Health and Ministry of Gender, Child and Social Welfare. For example, UNFPA has IUNV nurses seconded to most hospitals across the country who have capacity for CMR. With the opening of 4 state offices, UNFPA will be deploying more IUNVs to the states, thereby increasing the opportunity for these IUNVs to deliver in more areas such as documenting reported cases and training community health promoters who can conduct education sessions in the community. UNFPA has a full time GBV Specialist (coordinating the Subcluster), A GBVIMS Coordinator (to support roll out of GBVIMS) and a Gender Programme Analyst (to provide programme support).

The approach taken in this project will also enable linking of required short term immediate actions to longer term programme actions and goals.

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.

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 is in line with the CHF 2013 policy paper which has included combating gender-based violence as a key priority and contributes to the achievement of several Protection Cluster objectives as follows:

- i) **Rapid protection assessments to identify vulnerable persons and risks/gaps for response** through availability of personnel deployed to states, partners will be mobilized and coordinated to conduct joint GBV assessments for new displacements and emergencies.
- ii) **Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection** through training and mentoring of health workers and community facilitators equipped to handle GBV cases. Capacity of frontline responders will also be improved through engagements and training in state level working groups.
- iii) **Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits)** through provision of essential equipment for examination of survivors and establishment of confidential, survivor-centred services within Juba teaching hospital and Bor State Hospital. Broadcasting of GBV prevention messages and information on response services will promote early reporting and improvements in quality of service will help increase demand for medical and psychosocial care.
- iv) **GBV emergency response teams (establish, train)** through establishing and maintaining close contact with key actors.

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 objective of this project is to ensure that by September 2013, GBV survivor centred services will be available in Juba and Bor hospitals and potentially benefit 540 women and 630 girls; GBV State working groups will be functional and strengthened in Jonglei, Upper Nile, Unity and Warrap; 2 reports to inform GBV prevention and response programming in humanitarian settings will be produced; at least 70% of women, girls, men and boys with access to a radio and 6,000 persons in emergency settings will know what to do if they or someone they know is raped.

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. Deploy 1 GBV Coordinator to Malakal to strengthen coordination in Upper Nile and Unity States.
2. Procure examination equipment and improve confidentiality of examination rooms in Juba and Bor hospitals (equipment and supplies) (540 women and 630 girls to directly benefit)
3. Procure equipment and supplies for documenting cases (computers, printers, lockable file cabinets, stationery) at Juba, Malakal and Bor hospitals.
4. Train GBV Actors providing services in the 7 flash point states on data collection and entry for monitoring and reporting on GBV. (30 GBV actors to directly benefit from the training)
5. Train and mentor state level actors on GBV prevention and response programming through GBV state working group meetings in Bor, Malakal, Bentiu and Kwajok
6. Sensitize police, health and social workers in Juba, Bor, Malakal, Bentiu and Kwajok on the appropriate use of Form 8 and ensure that GBV survivors can access lifesaving emergency medical care.
7. Broadcast GBV prevention messages and information on GBV services through a weekly radio program in English and Arabic.
8. Distribute IEC materials at food distribution points and transit sites. (6000 women; 1500 girls; 3000 men; 1500 boys)
9. Conduct rapid assessment on GBV in selected sites.
10. Support GBV Working group meetings in Bor, Malakal, Bentiu and Kwajok.

iv) Cross Cutting Issues

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

In engaging the communities and disseminating behavior change messages, this intervention will consider the role of gender in influencing violence during times of crisis. Men, women, boys and girls will all be targeted with information and participatory methods to be used will help promote open dialogue and communication within and across sex specific groups. The bi-directional relationship between GBV and HIV will be addressed in all communications targeting men, women, boys and girls. Post exposure prophylaxis against HIV and STIs is a part of the life saving treatment to be provided to survivors of GBV reporting within 72 hours.

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.

At the end of this CHF grant it is expected that survivors of GBV will access life saving treatments on time and in a confidential and safe space in Bor State Hospital and Juba Teaching Hospital. It is also expected that in the 4 flash states, survivors of GBV who report their cases will be appropriately referred and followed up to ensure they access their requested service. Case data will be documented and will inform and improve GBV responses. Overallly, there will be improved knowledge of GBV and HIV, and the

negative norms and values that men, women, boys and girls need to change for them to remain healthy and peaceful. This improved knowledge is expected to improve timely reporting of cases of sexual violence which will lead to an increased uptake of life saving treatments. This way HIV infection, STIs and unwanted pregnancies will be averted and the dignity of survivors of violence respected. This project also provides for a timely and coordinated response to GBV to be provided at the onset of an emergency.

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)
x	1.	Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings.	Women:6000 Men:3000 Girls:1500 Boys:1500
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	Women: 80% of those reporting Men: 50% of those reporting Girls: 80% of those reporting Boys: 50% of those reporting
x	3.	GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with standards for quality care	Women: 80% of the women reporting Men: 70% of the men reporting Girls: 80% of the girls reporting Boys: 70% of the boys reporting
x	4.	Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation	80% of the 45 frontline service providers trained
	5.	Number of hospitals equipped to provide appropriate and confidential healthcare to GBV survivors	2
	6.	Number of health facilities equipped and trained to use the GBVIMS	3
	7.	Number of coordination meetings at State level	monthly

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.

This project will be directly implemented by UNFPA in close collaboration with GBV actors in the 4 priority states. The GBV Coordinator to be specifically recruited under this project will provide day to day implementation capacity with the assistance of UNFPA supported IUNVs seconded in hospitals across all states. UNFPA will also work closely with the Ministry of Health and Ministry of Gender, Child and Social Welfare and utilize their facilities and existing personnel for state level coordination and community based activities. This approach is envisaged to significantly reduce the project costs as well as contribute to the broader and ongoing efforts of building national capacity to prevent and respond to GBV in humanitarian settings.

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)².

A 'results based management approach' (RBMA) will be followed and, for each main line of action, expected results, performance indicators and benchmarks will be formulated. A work plan will be developed for the duration of the project and be reviewed and updated monthly. State level Coordinators will produce monthly reports and participate to present status reports to the national sub cluster on a quarterly basis. Monitoring and support visits will be done quarterly and UNFPA will produce and share field mission reports with findings and recommended follow up actions. Project progress reports will be submitted quarterly to the protection cluster and CHF secretariat. A final project report on achievements made against set targets, lessons learnt and recommendations for future actions will be produced at the end of the project.

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)
UNFPA Core resources (February 2013)	29,600

² 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/55132/1171		Project title: Enhanced GBV multisectoral prevention and response, monitoring and coordination in South Sudan.		
		Organisation: UNFPA		
Overall Objective	Cluster Priority Activities for this CHF Allocation: What are the Cluster Priority activities for this CHF funding round this project is contributing to: <ol style="list-style-type: none"> 1. Rapid protection assessments to identify vulnerable persons and risks/gaps for response 2. Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection 3. Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) 	Indicators of progress: What are the key indicators related to the achievement of the CAP project objective? <ol style="list-style-type: none"> 1.1 Number of joint protection assessment missions carried out 2.1 Number of training delivered to actors involved in referral system 2.2 Number of awareness raising sessions conduct in the communities 3.1 Number of GBV survivors who access at least one of the multi-sectoral services 	How indicators will be measured: What are the sources of information on these indicators? <ol style="list-style-type: none"> 1.1 Assessment reports 2.1 Monthly progress reports 2.2 Monthly progress reports 3.1 Client register at health facility and GBVIMS 	
Purpose	CHF Project Objective: What are the specific objectives to be achieved by the end of this CHF funded project? <ol style="list-style-type: none"> 1. Improve the quality of life saving health services for GBV survivors in 2 hospitals. 2. Improve the understanding of GBV situation, patterns and trends in emergencies. 3. Enhance the multi-sectoral coordination in Bor, Malakal, Bentiu and Kwajok States. 	Indicators of progress: 1 What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative <ol style="list-style-type: none"> 1 GBV survivors reporting who receive health services in line with standards for quality care. 2 Number of GBV situation reports produced. 3 Number of states with functional GBV coordination mechanism. 	How indicators will be measured: What sources of information already exist to measure this indicator? How will the project get this information? <p>Survivors of GBV who receive services at the Juba and Bor hospitals will be randomly selected for exit interviews to assess the quality of care provided. During monitoring visits to facilities, a checklist will be developed for direct observation to assess extent to which standards of care are maintained. A review of minutes of meetings and registers of attendance will be used to measure the functionality of the state GBV WGs, in addition to a checklist of coordination requirements (TORs, 3Ws, action plan, sub-groups, SOPs).</p>	Assumptions & risks: 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? <ul style="list-style-type: none"> • Availability of sufficient actors to provide a multi-sectoral response. • Availability of qualified human resources in health facilities.
Results	Results - Outcomes (intangible): 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. <ol style="list-style-type: none"> 1 Improved access to health services in a 	Indicators of progress: What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes? <ol style="list-style-type: none"> 1. Proportion of health facilities equipped to provide confidential 	How indicators will be measured: What are the sources of information on these indicators? <ol style="list-style-type: none"> 1 Ministry of Health 2 Health facility registers and GBVIMS 	Assumptions & risks: 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? <ul style="list-style-type: none"> • Limited funding to improve capacity of

<p>confidential environment.</p> <p>2 Improved knowledge on what to do and where to go in case of rape.</p> <p>3 Increased availability of information for enhanced response and prevention of GBV in emergency settings.</p> <p>4 Improved community attitudes towards GBV.</p>	<p>services for GBV survivors.</p> <p>2. Proportion of rape survivors reporting within 72hours</p> <p>3. Number of GBV situation reports produced</p> <p>4. Percentage of men and women who report tolerance to any form of GBV.</p>	<p>3 GBV Subcluster</p> <p>4 National survey/ Inter-agency Assessment reports</p>	<p>health facilities to provide services.</p> <ul style="list-style-type: none"> Limited funding to implement behaviour change campaigns to required scale. Limited access to communities due to security challenges. Survivors are able to travel to facilities.
<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> <p>1. A confidential and appropriately equipped space will be available in Juba and Bor hospitals to provide health care to survivors of GBV.</p> <p>2. Two hospitals equipped to use the GBVIMS.</p> <p>3. Information on the GBV situation in emergency settings available.</p> <p>4. 6000 women; 1500 girls; 3000men and 1500boys aware of their rights; what to do when raped and where to report for help.</p> <p>5 Frontline service providers and GBV Actors have skills to use the GBVIMS and Form 8.</p> <p>6 Functional GBV State working groups in Malakal, Bentiu, Bor and Kwajok.</p>	<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>1.1 Number of hospitals equipped to provide appropriate and confidential healthcare to GBV survivors.</p> <p>1.2 GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with standards for quality care.</p> <p>1.3 % of 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</p> <p>2. Number of health facilities equipped and trained to use the GBVIMS.</p> <p>3. Field work conducted.</p> <p>4. Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings.</p> <p>5. Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation</p> <p>6. Number of coordination meetings</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <p>1. Progress reports and client register at facility, GBVIMS</p> <p>2. Progress report</p> <p>3. Assessment report</p> <p>4. Progress reports</p> <p>5. Workshop report</p> <p>6. Minutes of meetings</p>	<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"> Safety and security of staff to travel and conduct activities in project locations. Accessibility of project locations by air or road.

	held at State level.		
<p>Activities: List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</p> <ol style="list-style-type: none"> 1. Deploy 1 GBV Coordinator to Malakal to strengthen coordination in Upper Nile and Unity States. 2. Procure examination equipment and improve confidentiality of examination rooms in Juba and Bor hospitals (equipment and supplies) (540 women and 630 girls to directly benefit) 3. Procure equipment and supplies for documenting cases (computers, printers, lockable file cabinets, stationery) at Juba, Malakal and Bor hospitals. 4. Train GBV Actors providing services in the 7 flash point states on data collection and entry for monitoring and reporting on GBV. (30 GBV actors to directly benefit from the training) 5. Train and mentor state level actors on GBV prevention and response programming through GBV state working group meetings in Bor, Malakal, Bentiu and Kwajok (about 60 actors). 6. Conduct one day meetings with police, health and social workers in Juba, Bor, Malakal, Bentiu and Kwajok on the appropriate use of Form 8 and ensure that GBV survivors can access lifesaving emergency medical care (225 frontline workers) 7. 12 x 15 minute radio programs will be broadcast to inform and discuss on GBV prevention and provide information on response services in English and Arabic (reach at least 70% of those with access to a radio). 8. Distribute IEC materials at food distribution points and transit sites. (6000 women; 1500 girls; 3000 men; 1500 boys) 9. Conduct rapid assessment on GBV in selected sites. 10. Support GBV Working group meetings 	<p>Inputs: What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</p> <ol style="list-style-type: none"> 1. Staff salary, travel 2. Equipment, supplies 3. Equipment, supplies 4. Travel, staff time, workshop costs 5. Staff time, travel, workshop costs 6. Staff time, travel, meeting costs 7. Staff time, media production costs 8. Printing costs, staff time, travel 9. Staff time, travel, meeting costs, report production costs 10. Staff time, travel 		<p>Assumptions, risks and pre-conditions: 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?</p> <ul style="list-style-type: none"> • Safety and security of staff to travel and conduct activities in project locations. • Accessibility of project locations by air or road.

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	
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Activity 1: Deploy 1 GBV Coordinator to Malakal to strengthen coordination in Upper Nile and Unity States.			X	X	X	X	X	X	X				
Activity 2: Procure examination equipment and improve confidentiality of examination rooms in Juba and Bor hospitals (equipment and supplies) (540 women and 630 girls to directly benefit)				X	X								
Activity 3: Procure equipment and supplies for documenting cases (computers, printers, lockable file cabinets, stationery) at Juba, Malakal and Bor hospitals.				X	X								
Activity 4: Train GBV Actors providing services in the 7 flash point states on data collection and entry for monitoring and reporting on GBV. (30 GBV actors to directly benefit from the training)				X	X								
Activity 5: Train and mentor state level actors on GBV prevention and response programming through GBV state working group meetings in Bor, Malakal, Bentiu and Kwajok			X	X	X	X	X	X	X				
Activity 6: Sensitize police, health and social workers in Juba, Bor, Malakal, Bentiu and Kwajok on the appropriate use of Form 8 and ensure that GBV survivors can access lifesaving emergency medical care.			X	X	X								
Activity 7: Broadcast GBV prevention messages and information on GBV services through a weekly radio program in English and Arabic.			X	X	X	X							
Activity 8: Distribute IEC materials at food distribution points and transit sites. (6000 women; 1500 girls; 3000 men; 1500 boys)			X	X	X	X	X	X	X				
Activity 9: Conduct rapid assessment on GBV in selected sites.			X	X									
Activity 10: Support GBV Working Group meetings			X	X	X	X	X	X	X				

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