

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
CHF Cluster Priorities for 2013 Second 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) Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection iii) Coordination with UNMISS and UNISFA on Protection of Civilians initiatives <p>GBV</p> <ul style="list-style-type: none"> iv) Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) v) GBV emergency response teams (establish, train) vi) Special Protection Units <p>Child Protection</p> <ul style="list-style-type: none"> vii) Prevention and response to unaccompanied and separated children Family Tracing and Reunification (FTR); Provision of temporary care arrangement for boys and girls. viii) Protection assistance to Children Associated with Armed Group and Armed Forces ix) Recreational and psycho-social support for children and community affected by emergency <p>HLP</p> <ul style="list-style-type: none"> x) Assist populations affected by displacement, incl. returnees and host communities, on access to land xi) Capacity development of formal and traditional authorities on land and property rights. xii) Collaborative dispute resolution mechanisms to solve conflicts among communities and/or individuals over access to land and/or natural resources <p>Cross Cutting</p> <ul style="list-style-type: none"> xiii) Mainstreaming HIV in intervention planning/implementation xiv) Targeted support for civil status documentation focused on persons with specific needs from conflict impacted populations and emergency returns xv) Continued support for populations in displacement 	<ol style="list-style-type: none"> 1. Jonglei (all counties) 2. Warrap (all counties) 3. NBeG (all counties) 4. Unity (all counties) 5. Upper Nile (all counties) 6. Central Equatoria State (Juba) 7. Abyei

SECTION II

Project details													
The sections from this point onwards are to be filled by the organization requesting CHF funding.													
Requesting Organization	Project Location(s)												
UNFPA	<table border="1"> <thead> <tr> <th>State</th> <th>%</th> <th>County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>88</td> <td>Bor</td> </tr> <tr> <td>Upper Nile</td> <td>10</td> <td>Malakal</td> </tr> <tr> <td>CES</td> <td>2</td> <td>Juba</td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	88	Bor	Upper Nile	10	Malakal	CES	2	Juba
State	%	County/ies (include payam when possible)											
Jonglei	88	Bor											
Upper Nile	10	Malakal											
CES	2	Juba											
Project CAP Code	CAP Gender Code												
SSD-13/P-HR-RL/55132/R/1171	2b												
CAP Project Title (please write exact name as in the CAP)													
Enhanced GBV multisectoral prevention and response, monitoring and coordination in South Sudan.													
Total Project Budget requested in the in South Sudan CAP	US\$ 583,150												
Total funding secured for the CAP project (to date)	US\$ 240,000												
Funding requested from CHF for this project proposal													
US\$201,588													
Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)													
Contact details Organization's Country Office													
Organization's Address	BUILDING 4, UN HOUSE, YEI RD												
Project Focal Person	Caroline Nyamayemombe nyamayemombe@unfpa.org 0954 357 109												
Country Director	Barnabas Yisa, yisa@unfpa.org , 0956 444 486												
Finance Officer	Manase Kimbo, kimbo@unfpa.org , 0954 501 339												
Contact details Organization's HQ													
Organization's Address													
Desk officer													
Finance Officer													

Direct Beneficiaries		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CAP
Women:	15,000	30,000
Girls:	2,000	5,000
Men:	4,000	10,120
Boys:	2,000	5,000
Total:	23,000	50,120

Indirect Beneficiaries
Catchment Population (if applicable)

Implementing Partner/s ()

CHF Project Duration
6 months (1 Oct 2013 to 31 mar 2014)

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 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

Jonglei State with a population of approximately 1.3 million people experiences massive abuses of women and children during inter-tribal conflicts that have become characteristic of this region. The increased presence of military personnel and humanitarian workers in the region also poses an additional threat of sexual exploitation and abuse of women and girls as they engage in "survival sex." According to police, a total of 320 cases of rape were reported in 2012 and there were mainly reported in Bor, Pibor, Akobo, and Twic East. In June 2013, Bor Hospital received 9 cases of rape. This exacerbated risk of sexual violence is taking place in a context where women's rights and the notion of gender equality is heavily contested by the strongly traditional patriarchal values and norms of the communities. It is no surprise that gender based violence, in particular domestic violence, sexual violence and early marriage have remained grossly under reported.

A monitoring visit conducted by UNFPA in Bor in July 2013, established that despite efforts to establish a rapid response for GBV, the referral system in place faces a lot of challenges in addressing the needs of women and girls. Bor hospital which is the main referral hospital only has one doctor trained in providing clinical care for rape survivors, meaning the service is not available 24/7. Although health workers were trained on clinical management of rape in all counties in 2012, staff turnover has left some areas with no trained staff. While a Special Protection and Investigating Unit is operational, it is located in an inaccessible area and completely detached from other police units, meaning survivors still need to be referred back and forth between the SPIU and main police station. Although 11 cases of forced marriage were reported to the Police in June, they were all referred back to the traditional courts. While Intersos and NHDF have trained community based protection committees who channel survivors into the referral pathway, transport is a major barrier to survivors reaching services on time. Most importantly, communities are still unaware that GBV should not be tolerated and that there are actions that can be taken to address it.

B. Grant Request Justification

Briefly describe (in no more than 300 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.

This funding will further improve the GBV prevention and response effort initiated with funding from CHF Round 1 where GBV survivor friendly services has been secured in Bor and Juba hospitals, GBVIMS rolled out and currently under pilot in Upper Nile State. Funds will be used to plug challenges that have been identified in the referral pathway currently operational in Bor county and also facilitate an emergency GBV response in Jonglei, which is currently lacking.

Given the ongoing emergency in Jonglei and the many actors who have moved into Jonglei, it has become important to strengthen the support to the existing GBV Working Group by deploying GBV personnel to guide implementation of inter-agency multi-sectoral GBV programme response as per CERF life saving criteria. Given the low capacities for GBV prevention and response among local actors who have better access to the displaced populations in Jonglei, there is need to ensure readily available surge capacity to initiate the minimum actions for GBV prevention and response in humanitarian settings. To this end, this project proposes to place a GBV Coordinator in Bor, to provide coordination support and mentor the national NGOs that have received grants in this CHF allocation.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

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

This project will contribute to the following cluster priority activities for this allocation:

- **Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits).** Although a confidential space has been secured for examining and counseling GBV survivors at Bor Hospital, there is need to train more personnel to ensure that the service can be available 24/7. To also cater for tribal sensitivities, there is need to identify medical personnel among all tribal groups and preposition post rape kits within reach of communities that may not feel secure in the state hospital.
- **GBV emergency response teams (establish, train)** Given the low capacities for GBV prevention and response among

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.

local actors who have better access to the displaced populations in Jonglei, there is need to ensure readily available surge capacity to initiate the minimum actions for GBV prevention and response in humanitarian settings.

- **Special Protection Units** While a Special Protection and Investigating Unit is operational in Bor, it is located in an inaccessible area and completely detached from other police units, meaning survivors still need to be referred back and forth between the SPIU and main police station. There is need to support an SPIU unit within the main police station.

ii) Project Objective

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

1. To improve access to health and psycho-social support services for GBV survivors among marginalized communities.
2. To increase awareness of available GBV and HIV services.
3. To promote prevention of GBV and HIV education among communities.
4. To enhance coordination of GBV prevention and response.

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 GBV Coordinator in Bor to improve coordination of response effort by various actors, initiate action in emergency settings and ensure timely and quality implementation of activities by GBV partners.
2. Conduct 1 x 5 days training of 20 health personnel to ensure 24/7 services at Bor hospital and access to medical care by marginalized populations in Jonglei.
3. Procure container and furniture for SPIU at Bor Police Station to improve GBV survivors access to survivor centered police services.
4. Train 60 Jonglei Women’s Association members in counseling and GBV and HIV prevention awareness creation. These women will be selected among displaced communities in Jonglei and given basic counseling skills and information to make referrals.
5. Conduct 1 x 2 days training of 50 GBV prevention male champions to promote behavior change among 4,000 men and 2,000 boys.
6. Support Jonglei Women’s Association and male champions to conduct community awareness sessions to reach 15,000 women, 2,000 girls, 4,000 men and 2,000 boys.
7. Provide transport support for GBV survivors to access timely services.
8. Conduct 16 Days of activism against GBV campaign in Juba, Bor and Malakal.

iv). Cross Cutting Issues

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

This project addresses the link between GBV and HIV by integrating HIV prevention messages in community education and ensuring provision of PEP which reduces transmission of HIV. Men and women, boys and girls will participate and benefit from this project. Involving men in GBV prevention has had success in many contexts and male champions will be trained to become social change agents. The project’s activities are not expected to cause any degradation to the environment.

v) Expected Result/s

Briefly describe (in no more than 100 words) the results you expect to achieve at the end of the CHF grant period.

By the end of March 2014, the quality of multisectoral GBV prevention and response will have been significantly improved in Jonglei and Upper Nile. It is expected that IDP communities in Malakal and Bor will be more aware that GBV should not be tolerated and will know where to refer cases of GBV. Men will become actively engaged in advocating for GBV prevention and promoting survivors access to services. Survivors of sexual assault who report to community protection committee members in various communities within Jonglei, will be able to access services within 72 hours and their risk of HIV transmission reduced. The time taken to file a case of GBV with the police in Bor will be significantly reduced as survivors will be able to access all police services in one station. Follow up psycho-social support for survivors will be more readily available through members of Jonglei Women’s Association. There will be improved accountability for GBV prevention and response efforts by actors in Jonglei.

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: 15, 000 Men:4, 000 Girls:2,000 Boys:2,000
x	2.	Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation	80% of the 20 health workers trained
	3.	Number of Jonglei Women’s Association members trained in counseling	60
	4.	Number of male champions trained who reach at least 100 people with GBV and HIV messages	50
x	5.	GBV survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter	Women: 90% of those reporting Girls: 90% of those reporting

	and other available services) in line with their needs and requests	
6.	SPU equipped	1

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 Jonglei and Upper Nile. UNFPA has signed a memorandum of understanding with the State Ministry of Health and State Ministry of Gender and Social Development for the secondment of staff who will be trained to provide services within the supported facilities. The GBV Coordinator to be specifically recruited under this project will provide day to day oversight of implementation and also mentor partners towards provision of quality care. UNFPA will enter into a memorandum of understanding with Jonglei Women's Association for capacity building and mentoring support to be provided to them. However the direct execution modality of project implementation will be used. 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.

D. 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)
CHF/ May 2013	210,000
UNFPA Core resources/ Jan 2013	30,000
Pledges for the CAP project	

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:

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C.

LOGICAL FRAMEWORK				
CHF ref./CAP Code: SSD-13/P-HR-RL/55132/R/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: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i> <ul style="list-style-type: none"> Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits). GBV emergency response teams (establish, train) Special Protection Units 	Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i> <ul style="list-style-type: none"> Number of training delivered to actors involved in referral system Number of awareness raising sessions conducted in the communities Number of GBV survivors who access at least one of the multi-sectoral services 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> Activity reports GBVIMS 	
	Purpose	CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i> <ol style="list-style-type: none"> To improve access to health and psycho-social support services for GBV survivors among marginalized communities. To increase awareness of available GBV and HIV services. To promote prevention of GBV and HIV education among communities. To enhance coordination of GBV prevention and response. 	Indicators of progress: <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> Number of locations with quality comprehensive GBV prevention and response activities. Number of survivors demanding services for GBV Number of humanitarian organizations participating in GBV prevention and response in Bor and Malakal. 	How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i> <ul style="list-style-type: none"> Assessments will be conducted in collaboration with GBV actors. GBVIMS A review of minutes of meetings and registers of attendance will be used to measure the participation of humanitarian organizations.
Results		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> <ol style="list-style-type: none"> Improved access to health and psycho-social support services for GBV survivors among marginalized communities. Increased awareness of GBV prevention and response services. 	Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i> <ul style="list-style-type: none"> Number of GBV survivors reporting to health workers, social workers and police Number of GBV survivors assisted with transport Proportion of women, girls, men and boys who know what to do in case of GBV. 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> Records by service providers captured in GBVIMS Records on transport assistance Rapid assessments in selected locations
	Immediate-Results - Outputs (tangible):		Indicators of progress:	How indicators will be

<p>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.</p> <ol style="list-style-type: none"> Survivors are able to receive clinical care from 15 Health workers trained to provide quality clinical care for GBV survivors within Bor and around Jonglei. Survivors are able to make reports to police in Bor within a confidential space and details of their case safely secured. Women and girls receive information and counseling from 60 community volunteers trained to raise awareness on GBV, identify cases of GBV provide psycho-social support and refer survivors for services. Men and boys receive information on GBV from 50 men trained as GBV behavior change champions in Bor and Malakal. GBV response in Jonglei is coordinated and actors mentored. 	<p>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.</p> <ol style="list-style-type: none"> Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation SPU in Bor Police Station equipped Number of Jonglei Women's Association members trained in counseling 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 Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings. Number of male champions trained who reach at least 100 people with GBV and HIV messages 	<p>measured: What are the sources of information on these indicators?</p> <ul style="list-style-type: none"> Pre and post training Assessment Program reports Workshop registers GBVIMS 	<p>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?</p> <ul style="list-style-type: none"> Insecurity and flooding leading to displacements and lack of access. Commitment of community volunteers
<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"> Deploy GBV Coordinator in Bor Conduct 1 x 5 days training of 20 health personnel Procure container and furniture for SPIU at Bor Police Station Train 60 Jonglei Women's Association members in counseling and GBV and HIV prevention awareness creation. Conduct 1 x 2 days training of 50 GBV prevention male champions Reach 15,000 women, 2,000 girls, 4,000 men and 2,000 boys with behavior change messages. Provide transport support for GBV survivors to access timely services. Conduct 16 Days of activism against GBV campaign in Juba, Bor and Malakal. 	<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"> Staff time, travel Meeting costs, staff time Equipment Meeting costs, staff time Meeting costs, staff time Meeting costs, IEC materials Transportation, staff time IEC materials, staff time, meeting costs 		<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"> Project locations remain secure and accessible.

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.

Project start date: 1 October 2013 **Project end date:** 31 March 2014

Activities	Q3/2013			Q4/2013			Q1/2014			Q2/2014			Q3/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Activity 1 Deploy GBV Coordinator in Bor				x	x	x	x	x	x						
Activity 2 Conduct 1 x 5 days training of 20 health personnel				X											
Activity 3 Procure container and furniture for SPIU at Bor Police Station				X	x										
Activity 4 Train 60 Jonglei Women's Association members in counseling and GBV and HIV prevention awareness creation					X										
Activity 5 Conduct 1 x 2 days training of 50 GBV prevention male champions					X										
Activity 6 Reach 15,000 women, 2,000 girls, 4,000 men and 2,000 boys with behavior change messages.					x	x	x	x	x						
Activity 7 Provide transport support for GBV survivors to access timely services.				x	x	x	x	x	x						
Activity 8 Conduct 16 Days of activism against GBV campaign in Juba, Bor and Malakal.					x	x									