

## South Sudan 2013 CHF Standard Allocation Project Proposal

*for CHF funding against Consolidated Appeal 2013*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CAP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

### SECTION I:

<b>CAP Cluster</b>	<b>Protection</b>
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#### CHF Cluster Priorities for 2013 First Round Standard Allocation

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

<b>Cluster Priority Activities for this CHF Round</b>	<b>Cluster Geographic Priorities for this CHF Round</b>
<ul style="list-style-type: none"> <li>• Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP)</li> <li>• GBV emergency response teams (establish and train)</li> <li>• Special Protection Units</li> </ul>	<ol style="list-style-type: none"> <li>1. Jonglei (all counties)</li> <li>2. Warrap (all counties)</li> <li>3. NBeG-(all counties)</li> <li>4. Central Equatoria State (Juba)</li> <li>5. Abyei</li> </ol>

#### Project details

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, and County (or counties) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)	
American Refugee Committee (ARC)	<b>State</b>	<b>%</b>
<b>Project CAP Code</b>	Northern Bahr el Ghazal	100
SSD-13/P-HR-RL/55119/R/5586		
<b>CAP Project Title</b> (please write exact name as in the CAP)	<b>County</b>	
Provide assistance and support to survivors of gender-based violence and improve prevention in the priority states of WBeG, NBeG, Warrap and Upper Nile.	Aweil West, Aweil Center and Aweil North Counties	

<b>Total Project Budget requested in the in South Sudan CAP</b>	\$1,774,545	<b>Funding requested from CHF for this project proposal</b>	\$327,918
<b>Total funding secured for the CAP project (to date)</b>	\$574,054	<b>Are some activities in this project proposal co-funded?</b>	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	

**Direct Beneficiaries** (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:	1365	1365
Girls:	1350	1350
Men:	1290	1290
Boys:	1250	1250
<b>Total:</b>	<b>5255</b>	<b>5255</b>

**Implementing Partner/s** (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)  
N/A

<b>Contact details Organization's Country Office</b>	
Organization's Address	ARC South Sudan Plot 592, Block 3k, Airport Road, Tomping Juba, South Sudan
Project Focal Person	Hilde Bergsma <a href="mailto:spc@arcsouthsudan.org">spc@arcsouthsudan.org</a>
Country Director	Simon Kuka

<b>Indirect Beneficiaries</b>
55,000
<b>Catchment Population (if applicable)</b>

**CHF Project Duration** (12 months max., earliest starting date will be Allocation approval date)  
6 months (1 September 2013 – 28 February 2014)

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

	<a href="mailto:cd@arcsouthsudan.org">cd@arcsouthsudan.org</a>
Finance Officer	Sharif Uddin, <a href="mailto:sharif@arcsouthsudan.org">sharif@arcsouthsudan.org</a> , 0954012025

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## SECTION II

### 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 population

Given the prolonged nature of conflict in South Sudan and the rapid return of South Sudanese from the north, local capacities have been unable to meet civil society's growing needs throughout the region. According to OCHA,<sup>1</sup> Northern Bahr el Ghazal State (NBeG) currently has 26,000 IDPs mainly residing in Aweil West, Aweil Center, and Aweil North. Areas, including women's health and protection, are unsupported, and there is limited understanding within the security and justice sectors on laws pertaining to violations of women's rights. Furthermore, international organizations protecting and assisting survivors of violence have limited geographic reach, while local organizations struggle to respond to widespread violence, abuse, and exploitation.

Gender-based Violence (GBV) represents a significant threat to the population and affects more than two-fifths of South Sudanese women and girls over the course of any given year<sup>2</sup>. An assessment in NBeG showed overwhelming tolerance and acceptance of violence against women. Of those surveyed, 82% females and 81% males agreed that 'a woman should tolerate violence in order to keep her family together.'<sup>3</sup>

GBV is exacerbated in states bordering Sudan due to chronic fighting, considerable population movements, lack of educational and economic opportunities, and disrupted social structures. The number of refugees, returnees, and IDPs is increasing in NBeG, with displacement increasing the vulnerability of female-headed households and adolescent girls, in particular, as they are often socially isolated, have few sustainable coping mechanisms, and are highly dependent on males.

### 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.

GBV interventions are in high demand in NBeG as demonstrated by large numbers of women and girls seeking help, making community, Government, and Protection Cluster requests for GBV response services and the active commitment of ARC-supported community volunteers to end GBV. Between April 2012 and March 2013, ARC assisted 220 female survivors, of which 52% of cases involved rape and physical assault with 86% perpetrated by an intimate partner or family member.

While some do report, significant underreporting by women and girls is evidenced by a study<sup>4</sup> showing that women in Aweil knew of higher than reported numbers of women affected by physical assault and rape. Many women and girls choose not to report their GBV experiences due to lack of confidence in existing services, limited knowledge of available services, or fears of stigma and retribution.<sup>5</sup> Displacement of population and violence against women and girls is expected to continue.

ARC began implementing protection activities in 2011 in NBeG, and, as the only provider of coordinated, multi-sectoral services and risk reduction activities in Aweil West and Aweil Center counties,<sup>6</sup> women and girls will not have access to survivor-centered care and social empowerment interventions without continued support.

ARC has good working relationships with Aweil Women's Center, the Ministry of Social Development (MoSD)'s social workers, Special Protection Unit (SPU), and CBOs, and has a flourishing volunteer network. ARC wishes to continue providing essential, life-saving services in Aweil Center and Aweil West Counties and initiate emergency response for current IDPs moving from border areas to a settlement in Aweil North.

At this time, ARC does not have complimentary funding to support activities; however ARC is committed to providing services in Northern Bahr El Ghazal State and continues to actively pursue other donors and funding opportunities to complement and enhance activities proposed to CHF. ARC's project funded under the first round of CHF FY13 was awarded for a project in Malakal and did not address Aweil, the second round is requested to continue the services for survivors in Northern Bahr el Ghazal due to lack of funding.

### 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.

In line with the GBV Sub-Cluster workplan and cluster priorities, ARC will build upon the previous project to improve the accessibility and quality of psychosocial support and case management services by providing technical and operational support to an increased number of government social workers. These social workers will be trained and mentored to provide timely, survivor-centered assistance and coordinate with the Ministry of Health (MoH) and Aweil hospital, which is providing 'clinical management of rape' services. Two ARC social workers will simultaneously provide case management for GBV cases while in the process equipping the MoSD's social workers with essential knowledge and skills. ARC will also increase engagement with local community leaders, community-based organizations, and other government institutions, such as the MoH, to develop safe and appropriate risk reduction strategies, referral systems, and responses (as necessary) to address GBV within host and returnee communities and conflict-affected areas. Moreover, survivors who seek justice and the wider community will benefit from the expertise of two ARC paralegal

<sup>1</sup> OCHA NBeG Weekly Humanitarian Update 22 – 28 July 2013

<sup>2</sup> UNIFEM in collaboration with SATIMA Consultants LTD: "Gender-based Violence and Violence Against Women: Report on Incidence and Prevalence in South Sudan," 2009.

<sup>3</sup> Scott et al (2013) "An assessment of gender inequitable norm and gender-based violence in South Sudan: a community-based participatory research approach" in *Conflict and Health* 7:4, pg. 9.

<sup>4</sup> *ibid*

<sup>5</sup> ARC-facilitated Focus Group Discussions with females ages 15-45 in Aweil, April 2013.

<sup>6</sup> Inter-cluster Forum NBeG minutes OCHA South Sudan

counselors. These counselors will offer legal information and assistance for survivors choosing to access traditional or formal justice mechanisms, follow up on those cases with local authorities, and conduct capacity-building exercises with community leaders to encourage survivor-centered, fair outcomes and reduce knowledge and practice gaps related to the application of national and international laws in the customary courts and formal legal system. In NBeG, a private space will be created in the already existing Women's Center to provide confidential legal support as well as psychosocial support and referrals offered by qualified female social workers. ARC will also continue facilitating trainings and providing day-to-day technical support for the South Sudan Police Services (SSPS) Special Protection Units (SPU) in NBeG to promote safer, more sensitive and respectful, and confidential security services offered to GBV survivors.

Local emergency response teams have also been identified as priority areas within the protection cluster. As ARC is the co-chair of the newly-formed GBV Working Group in NBeG, ARC will continue to guide members, who are primarily local actors, in identifying gaps, addressing needs in a safe and ethical manner, and sustaining/updating referral pathways for survivors to receive the support they desire. Additionally, existing community-based structures will be supported and strengthened to provide and strengthen local capacity to respond to emergencies within their own communities and address ongoing challenge of GBV, particularly among new returnees and IDPs. Community-based protection networks consist of trained women's groups, youth leaders, chiefs, and religious leaders among others and will be supported to identify protection risks for women and girls, create strategies to reduce their vulnerability to GBV, and refer survivors for emergency services in accordance with their wishes. ARC will continue to support our selected peer educators to engage communities in dialogue about harmful effects of GBV within families and communities, benefits of respecting human rights, national and international laws related to women's rights and violence against women and girls, and available referrals and services for survivors. In addition, ARC will coordinate with established emergency teams responding to the emerging protection needs of recent displaced populations in Aweil North by assisting teams to integrate protection/GBV, gender, age, and special needs considerations in rapid needs assessments and ensure essential GBV interventions are incorporated and available according to IASC Guidelines on Gender-based Violence Interventions in Humanitarian Settings.

**ii) Project Objective**

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

To promote a protective environment in Aweil Center, Aweil West and Aweil North Counties of Northern Bahr el Ghazal State in 2013-2014 through the provision of comprehensive, quality GBV services and community-based risk reduction strategies.

**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).

**List of activities:**

- 1) Technical support, including training and mentoring, for 80 local service providers, including 30 MoSD Social Workers, 30 CBO members, and 20 SPU staff focusing on GBV fundamentals, survivor-centered approaches, referral pathways and mechanisms, and GBV-related national and international laws
- 2) Provision of essential, life-saving survivor assistance, including case management, psychosocial support, referrals to emergency health care, and/or legal counseling, for at least 150 survivors of GBV in the target areas
- 3) Selection and continued support of Peer Educators and women's groups within targeted returnee communities to provide immediate referrals for self-identified GBV survivors, promote GBV prevention and risk reduction through community outreach, and support community-based protection networks
- 4) Radio broadcasts, group discussions, and drama outreach in selected communities reaching approximately 5,000 people and emphasizing harmful effects of GBV, national and international laws related to women's rights and GBV, and available services for survivors
- 5) Participation in emergency response coordination and rapid assessments for anticipated continued influx of IDPs in Aweil North County

**iv). Cross Cutting Issues**

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

GBV directly affects primarily women and girls, so ARC ensures female social workers and encourages female service providers within the security, justice, and health sectors in order to ease access for women and girls. ARC also seeks the meaningful involvement of women, adolescent girls, persons with special needs, and others who are often marginalized to guide our project design and implementation to ensure interventions are relevant, appropriate, and safe for all. Additionally, ARC engages men and boys, particularly male youth, to actively partake in developing strategies to prevent abuse of women and girls and to promote social empowerment and educational opportunities among women and girls. This project will target both men and women in capacity building opportunities and outreach to explore social norms and overcome barriers to GBV prevention and response. The intersection between HIV and GBV is also widely acknowledged, with an increased risk of HIV for women experiencing GBV increasingly documented.<sup>7</sup> HIV/AIDS will be an integral part of the project, considering that limited knowledge around HIV/AIDS and the benefits of accessing post-exposure prophylaxis within 72 hours of rape is a major hindrance to accessing life-saving GBV services by survivors of sexual assault. These social beliefs and customs will be addressed through community dialogue and advocacy.

**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.

With the proposed intervention, ARC is expecting to achieve the following results:

- Improved awareness among 5,150 community members about the consequences of GBV, available services, and national and international laws relating to GBV
- Increased confidence in and access to survivor-centered, multi-sectoral services among survivors of GBV

<sup>7</sup> Garcia-Moreno et al.; Harvard School of Public Health 2006

- Increased GBV referrals from community members, including volunteers, CBO members, the SPU, and Women's Centre, due to strengthened community-based protection and referral networks

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

<b>SOI (X)</b>	<b>#</b>	<b>Output Indicators</b> (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	<b>Target (indicate numbers or percentages)</b> (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	Protection trainings targeting humanitarian partners (Protection/GBV cluster members), communities or government actors	At least 4 trainings targeting 80 service providers
X	2.	Percentage of beneficiaries who choose to access legal information and assistance and receive the accurate and quality response service	30% reporting GBV survivors
X	3.	Beneficiaries having access to GBV response services in one or more sector: psycho-social, health, justice. (indicator n. 7 of the protection cluster)	150
	4.	Proportion of reporting rape survivors seeking immediate health care within 72-120 hours of incident	> 20%
	5.	Proportion of reporting GBV survivors referred for services by community members in line with survivor's wishes	30% of referrals received by ARC from community members

#### vi) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

ARC will implement the project through its team of GBV officers, assistants, and social workers and through its network of community-based organizations, case managers, and peer educators and local government partners. In each project location, ARC's GBV program is implemented under the direction of one GBV Program Officer. Under the GBV Officer's direction, a core cadre of GBV Assistants and Social Workers as well as support staff act as links between ARC and our community based partners. This staff directly manages community based peer educators and engages local leaders, who provide regular community awareness-raising and education, and often act as first points of contact for survivors. Similarly, ARC works through CBO and government social workers to establish a team of trained case managers who provide direct support for survivors referred by ARC's peer educators, local leaders, or women's center managers.

In addition, ARC has established productive partnerships with the Ministry of Social Development (MoSD), the Ministry of Health (MoH), and the South Sudan Police Service (SSPS) in NBeG State. In NBeG, ARC is co-leading, together with the MoSD, the GBV Working Group to coordinate the efforts of all the actors involved in prevention and response to GBV in the State and to lead advocacy efforts. The MoSD has three relevant departments with which ARC works closely to improve response services for survivors of GBV: Gender, Child Protection, and Social Welfare Departments. MoSD officials and social workers are keen to engage in provision of case management and referrals to survivors of GBV with ARC support. This project will increase the number of ARC social workers and add two paralegal counselors who will be able to offer prompt and effective GBV response in terms of counseling, legal support, and referrals, particularly to health facilities. This is a critical intervention to adequately respond to the increasing number of GBV cases in the returnee settlement, host communities, and IDP areas within Aweil Center, Aweil West, and Aweil North. ARC will continue training and mentoring local authorities and social workers in survivor-centered approaches and referrals.

#### 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 techniques will be used
3. Describe how you will analyze and report on the project achievements
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)<sup>8</sup>.

As part of establishing best practices for GBV prevention and response programming in South Sudan, ARC has instituted strong monitoring and evaluation systems to ensure program quality and effectiveness. ARC's role as the leading NGO in the GBV Information Management System (GBVIMS) roll-out in South Sudan is part of this commitment to establish safe and ethical data collection, storage, systematic analysis, and sharing protocols related to GBV cases and to assist the government in eventually taking ownership of this data. Monthly, quarterly, and annual analysis of GBV cases tracked in the GBVIMS is used to inform and improve programming. ARC also assesses the readiness of all social workers prior to providing direct service provision and facilitates regular case consultation and mentorship systems to address challenging cases and continually improve essential competency areas among all social workers. ARC uses pre- and post-tests as well as feedback from each training to monitor and evaluate the core competencies and efficacy of trainers. ARC also documents community feedback from participatory awareness raising activities, including radio playbacks, forum theatre and group poster sessions. In order to evaluate the effectiveness of its programming to affect behavior and attitude change, ARC has also developed a field-tested qualitative and quantitative assessment.

In addition, supervision by senior staff ensures timely implementation and quality programming. ARC is committed to the

<sup>8</sup> CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

development of its own staff, and the Senior Program Coordinator trains and mentors the GBV program team and receives technical assistance from ARC's Protection and GBV Technical Advisor and management support from ARC's Country Director. ARC's Monitoring, Evaluation, and Reporting Officer will assist the team to gather, compile and analyze quality data throughout the life of the project, and the Grant Coordinator will review all reports and guarantees a timely submission.

**E. Total funding secured for the CAP project**

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

Source/donor and date (month, year)	Amount (USD)
<b>Pledges for the CAP project</b>	



## 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				
<b>CHF ref./CAP Code:</b> SSD-13/P-HR-RL/55119/R/5586		<b>Project title:</b> Provide assistance and support to survivors of gender-based violence and improve prevention in the priority states of WBeG, NBeG, Warrap and Upper Nile.		<b>Organisation:</b> American Refugee Committee
Overall Objective	<b>Cluster Priority Activities for this CHF Allocation:</b> What are the Cluster Priority activities for this CHF funding round this project is contributing to: <ul style="list-style-type: none"> <li>• Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP)</li> <li>• GBV emergency response teams (establish and train)</li> <li>• Special Protection Units</li> </ul>	<b>Indicators of progress:</b> What are the key indicators related to the achievement of the CAP project objective? <ul style="list-style-type: none"> <li>• # of GBV survivors assisted</li> <li>• # of trainings delivered to frontline responders</li> </ul>	<b>How indicators will be measured:</b> What are the sources of information on these indicators? <ul style="list-style-type: none"> <li>• GBVIMS</li> <li>• Training attendance lists, activity reports</li> </ul>	
	<b>CHF Project Objective:</b> What are the specific objectives to be achieved by the end of this CHF funded project? <ul style="list-style-type: none"> <li>• To promote a protective environment in Aweil Center, Aweil West and Aweil North Counties of Northern Bahr el Ghazal State in 2013-2014 through the provision of comprehensive, quality GBV services and community-based risk reduction strategies.</li> </ul>	<b>Indicators of progress:</b> What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative <ul style="list-style-type: none"> <li>• # of communities and emergency situations with functional GBV response networks</li> </ul>	<b>How indicators will be measured:</b> What sources of information already exist to measure this indicator? How will the project get this information? <ul style="list-style-type: none"> <li>• Program reports</li> </ul>	<b>Assumptions &amp; risks:</b> 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"> <li>• Low level of turnover among service providers already trained</li> <li>• Co funding is secured</li> <li>• Insecurity does not affect movement to access targeted communities</li> <li>• Political commitment will continue</li> </ul>
Results	<b>Results - Outcomes (intangible):</b> 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. <ul style="list-style-type: none"> <li>• Increase in access to basic services for female headed households in the returnee population</li> <li>• Number of IDPs/returnees and host community receiving psychosocial and referrals to protection services</li> <li>• Increased awareness among the community on GBV and HIV/AIDS including increased demand for GBV services</li> </ul>	<b>Indicators of progress:</b> What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes? <ul style="list-style-type: none"> <li>• # of community survivors support focal persons trained in the community in case management and referral</li> <li>• # of cases reported and referred</li> <li>• # of community members able to mention at least 3 negative effects of GBV and two services available for survivors</li> </ul>	<b>How indicators will be measured:</b> What are the sources of information on these indicators? <ul style="list-style-type: none"> <li>• Training attendance lists and reports</li> <li>• GBVIMS</li> <li>• Baseline and post project survey</li> </ul>	<b>Assumptions &amp; risks:</b> 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"> <li>• Low level of turnover among service providers already trained</li> <li>• Co funding is secured</li> <li>• Insecurity does not affect movement to access targeted communities</li> <li>• Political commitment will continue</li> </ul>
	<b>Immediate-Results - Outputs (tangible):</b> List the products, goods and services ( <b>grouped per areas of work</b> ) 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.	<b>Indicators of progress:</b> 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	<b>How indicators will be measured:</b> What are the sources of information on these indicators?	<b>Assumptions &amp; risks:</b> 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"> <li>• Protection trainings targeting humanitarian partners (Protection/GBV cluster members), communities or government actors</li> <li>• Percentage of beneficiaries who choose to access legal information and assistance and receive the accurate and quality response service</li> <li>• Beneficiaries having access to GBV response services in one or more sector: psycho-social, health, justice. (indicator n. 7 of the protection cluster)</li> <li>• Proportion of reporting rape survivors seeking immediate health care within 72-120 hours of incident</li> <li>• Proportion of reporting GBV survivors referred for services by community members in line with survivor's wishes</li> </ul>	<p><i>section.</i></p> <ul style="list-style-type: none"> <li>• Number of trainings delivered who demonstrate increased knowledge based on pre and post evaluation</li> <li>• GBV survivors reporting who are referred to relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs</li> <li>• # of peer educators and women's groups supported</li> <li>• Number of meetings supported</li> <li>• Beneficiaries reached with behavior change messages through interpersonal communication campaigns and outreach activities on GBV related issues</li> </ul>	<ul style="list-style-type: none"> <li>• Training attendance lists and reports</li> <li>• Pre and post test results of training participants</li> <li>• Action plan of training participants</li> <li>• Monthly reports</li> <li>• Reports on legal cases</li> </ul>	<ul style="list-style-type: none"> <li>• Low level of turnover among service providers already trained</li> <li>• Co funding is secured</li> <li>• Insecurity does not affect movement to access targeted communities</li> <li>• Political commitment will continue</li> <li>• Government and community acceptance of GBV messages</li> <li>• Stable security situation</li> </ul>
	<p><b>Activities:</b> <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ol style="list-style-type: none"> <li>1) Technical support, including training and mentoring, for 80 local service providers, including 30 MoSD Social Workers, 30 CBO members, and 20 SPU staff focusing on GBV fundamentals, survivor-centered approaches, referral pathways and mechanisms, and GBV-related national and international laws</li> <li>2) Provision of essential, life-saving survivor assistance, including case management, psychosocial support, referrals to emergency health care, and/or legal counseling, for at least 150 survivors of GBV in the target areas</li> <li>3) Selection and continued support of Peer Educators and women's groups within targeted returnee communities to provide immediate referrals for self-identified GBV survivors, promote GBV prevention and risk reduction through community outreach, and support community-based protection networks</li> <li>4) Radio broadcasts, group discussions, and drama outreach in selected communities reaching approximately 5,000 people and emphasizing harmful effects of GBV, national and international laws related to women's rights and GBV, and available services for survivors</li> <li>5) Participation in emergency response coordination and rapid assessments for anticipated continued influx of IDPs in Aweil North County</li> </ol>	<p><b>Inputs:</b> <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> <li>• Program Staff in Aweil</li> <li>• Support staff in Aweil</li> <li>• Purchase of material (IEC material, gumboots, raincoats, bicycles etc)</li> <li>• Bikes for the staff and office supplies</li> <li>• Incentives for community groups</li> <li>• Counseling units</li> <li>• Capacity building</li> <li>• Functioning Women's Center in Aweil</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b> <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> <li>• Low level of turnover among service providers already trained</li> <li>• Co funding is secured</li> <li>• Insecurity does not affect movement to access targeted communities</li> <li>• Political commitment will continue</li> <li>• Adequate cash flow</li> <li>• Trained and skilled staff</li> <li>• Efficient procurement procedures</li> </ul>



## 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.

<b>Project start date:</b>	1 Sep 2013	<b>Project end date:</b>	28 Feb 2014
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Activities	Q3/2013			Q4/2013			Q1/2014		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Technical support, including training and mentoring, for 80 local service providers, including 30 MoSD Social Workers, 30 CBO members, and 20 SPU staff focusing on GBV fundamentals, survivor-centered approaches, referral pathways and mechanisms, and GBV-related national and international laws			x	x	x	x	x	x	
Provision of essential, life-saving survivor assistance, including case management, psychosocial support, referrals to emergency health care, and/or legal counseling, for at least 150 survivors of GBV in the target areas			x	x	x	x	x	x	
Selection and continued support of Peer Educators and women's groups within targeted returnee communities to provide immediate referrals for self-identified GBV survivors, promote GBV prevention and risk reduction through community outreach, and support community-based protection networks			x	x	x	x	x	x	
Radio broadcasts, group discussions, and drama outreach in selected communities reaching approximately 5,000 people and emphasizing harmful effects of GBV, national and international laws related to women's rights and GBV, and available services for survivors				x	x	x	x	x	
Participation in emergency response coordination and rapid assessments for anticipated continued influx of IDPs in Aweil North County			x	x	x	x	x	x	