

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 Second Round Standard Allocation

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

Cluster Priority Activities for this CHF Round	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>Cross Cutting</p> <ul style="list-style-type: none"> x) Mainstreaming HIV in intervention planning/implementation xi) Targeted support for civil status documentation focused on persons with specific needs from conflict impacted populations and emergency returns xii) 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

Project details

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

Requesting Organization	Project Location(s) -		
CESVI	State	%	<i>County/ies (include payam when possible)</i>
	Upper Nile	100	Renk
Project CAP Code	CAP Gender Code		
SSD-13/P-HR-RL/55130/R/5128	2a		
CAP Project Title (please write exact name as in the CAP)			
Providing support to emergency affected children in Upper Nile State through provision of psycho-social support and reinforcement of preventive and response mechanisms.			

Total Project Budget requested in the in South Sudan CAP	US\$ 399,400
Total funding secured for the CAP project (to date)	US\$ 0

Funding requested from CHF for this project proposal	US\$ 280,018
Are some activities in this project proposal co-funded (including in-kind)? 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)	
CESVI has funding for a linked project in Renk through UNICEF. However, all activities within this project are stand-alone financially and compatible technically.	

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 Project
Women:	3470	552
Girls:	3550	1982
Men:	3180	96
Boys:	3450	850
Total:	13650	3480

Indirect Beneficiaries

Known population of camps: upwards of 21,724 Known population of host community: 26,850 (according to census)
Catchment Population (if applicable)
Total host community and camp population: 48,574

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

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

7 months (1 September to 31 Mar 2014)

Contact details Organization's Country Office

Organization's Address	CESVI South Sudan Munuki area, Block B7 - Juba
Project Focal Person	Danielle Spencer, Regional Protection Technical Advisor spencer@cesvioverseas.org
Country Director	Diana Bassani, dianabassani@cesvioverseas.org 0954 635579
Finance Officer	Susan Angwech, adminjuba@cesvioverseas.org 0955 676806

Contact details Organization's HQ

Organization's Address	CESVI Regional Office: Kenya, Somalia and South Sudan Tel: +254 (0) 20 7120741 Email: palma@cesvioverseas.org Thigiri Ridge Road, New Muthaiga Shopping Mall, 3rd Floor P.O. Box 72587 - 00200, Nairobi
Desk officer	Lorena D'Ayala Valva, lorenadayalavalva@cesvi.org
Finance Officer	Nicola Zacari, zacari@cesvioverseas.org

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 population¹

According to anecdotal evidence from government authorities and I/NGOs (June 2013) there are more than 21,724 people currently residing within the four settlements in Renk (Abayok: 18,668; Payuer: 2,000; Agany: 1,056; Mina: unknown). IOM recently began registration across the transit sites. From this study, it is assumed that the majority of the population will stay in the camps for some years to come or may stay permanently. The population of Agany has already indicated that they intend to remain in Renk.

At the moment, regular new arrivals from the north (around 60-80 pax weekly) are being directed to Abayok and Payuer by the local authorities. Currently, a barge carrying around 900 - 1,000 pax from all four returnee camps leaves Mina port each month destined for Juba. However, government authorities believe that about 250,000 more South Sudanese are in Sudan, 40,000 of which are living in poor conditions at transit camps in Khartoum. There is a high probability that this population will enter through Renk. The government has no funding, and will request the support of INGOs.

As Agany is no longer considered a returnee camp, the population suffers from severe shortages of basic service provision. There is no access to clean water, limited food distribution and restricted health services. It has also been reported that there are a number of Child HHs and UASCs, and currently there is no actor providing services or care to this vulnerable population.

In the other camp sites, in general:

- The population has been established for over 2 years
- There is a lack of basic services such as food, healthcare and basic protection from violence
- There are no safe places for play or education
- There is no access to livelihoods

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.

As outlined above, critical gaps have been identified by CESVI in Renk especially in terms of child protection and GBV services. CESVI is implementing a 10 month UNICEF funded project but is not having the sufficient resources to meet the needs of the returnees in the biggest camps of Abayok and Payuer. A scale-up of activities is considered necessary.

There are no other INGOs currently conducting protection activities in the camps, and the populations receive very limited interest from the international community.

Most activities in the camps currently concentrate on WASH, while the needs in protection, including cross-cutting issues such as education and livelihoods are mostly unmet. One main area of concern that emerged during conversation is the increasing number of children from the camps who remain disenfranchised and stay at the market or on the streets during the day time. It is estimated that there are around 300 of these children.

As a whole, CESVI's proposal to CHF considers expanding the ongoing intervention in relation to psycho-social and recreational activities, literacy and livelihood activities, informal education sessions and quality case management services for child protection and GBV cases. In this way it will be possible to increase the target beneficiaries and cover the most critical gaps identified above in an integrated way.

This proposal is based on CESVI project sheet in CAP as revised for the MYR, and includes the most updated information and gap analysis from the field in the last month of July 2013.

C. Project Description (For CHF Component only)

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.

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.

CESVI proposal will contribute to the achievement of the cluster priorities with special focus on the following activities:

Emergency response (general):

ii) Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection SEE RESULT 2: Activities 2.1 and 2.2

GBV

iv) Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) SEE RESULT 1: Activity 1.2

v) GBV emergency response teams (establish, train) SEE RESULT 2: Activity 2.3

vi) Special Protection Units SEE RESULT 3: Activity 3.1

Child Protection

vii) Prevention and response to unaccompanied and separated children Family Tracing and Reunification (FTR); Provision of temporary care arrangement for boys and girls. SEE RESULT 1

ix) Recreational and psycho-social support for children and community affected by emergency SEE RESULT 1: Activities 1.1 - 1.3

Cross Cutting

x) Mainstreaming HIV in intervention planning/implementation SEE RESULT 2: Activity 2.2

ii) Project Objective

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

To provide urgently needed child protection and GBV services to the returnee population in Renk County, Upper-Nile State, South Sudan.

Saving lives, increasing resilience and supporting children and their families to recover from conflict related trauma and GBV.

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).

Activities Result 1

1.1.SET-UP OF 2 ADDITIONAL FCFS'S IN ABAYOK AND PAYUER CAMPS:

Made from locally sourced materials and constructed by local laborers, the FCFS provides a number of services, as listed below.

1.2. QUALITY CASE MANAGEMENT FOR CHILD PROTECTION AND GBV CASES:

An expert team provides quality case management for CP and GBV cases including interim care and case management for unaccompanied and separated children.

1.3. PSYCHOSOCIAL RECREATIONAL ACTIVITIES:

Therapeutic PSS recreational activities are provided to 50 vulnerable children per centre, per month using the CESVI PSS Toolkit. Children are selected on the basis of our vulnerability criteria and this includes children with disabilities. The FCFS provide a safe place for children to play, use their imagination and speak confidentially to our trained case managers.

Activities Result 2

2.1 TRAINING AND MENTORSHIP OF COMMUNITY CASE-WORKERS IN ABAYOK AND PAYUER CAMPS:

Each community case-worker will be a trusted woman or man from the community and will be trained in the appropriate referral pathway for different types of protection concerns within GBV and Child Protection. The community case-workers will be monitored through monthly one day skills building sessions and case management supervision sessions.

2.2 TRAINING AND MENTORSHIP OF COMMUNITY PEER EDUCATORS IN ABAYOK AND PAYUER CAMPS:

Promotion of the FCFSs and dissemination of IEC messages throughout the camps will be vital to the success of this

program. The peer educators will record basic radio programs (which will be broadcast using a mini-media approach as well as used to promote discussion in smaller groups), perform forum theatre and organize group discussions about potentially life saving GBV and Child Protection messages. 50% of the peer educators will be male and the group will contain a number of key decision makers. Monthly skills building sessions for the peer educators and supervision sessions will take place. Peer Educators will develop IEC materials to be used during awareness-raising sessions. HIV awareness raising will be implemented in addition, this will focus on the link between GBV and HIV especially in relation to the clinical management of rape and the 72 hour window of opportunity to prevent HIV contraction after rape. CESVI is currently implementing a training in this for Renk health care providers and is working with UNFPA to get post rape treatment kits delivered. In addition, peer educators will be trained on family planning and the reproductive health impacts of early marriage. They will aid CESVI in distribution of male and female condoms and promote contraceptive use.

2.3 SET-UP EMERGENCY CHILD PROTECTION AND GBV COMMITTEES (50% WOMEN) IN ABAYOK AND PAYUER CAMPS:

CESVI will train 2 Emergency CPCs (Child Protection Committees). In addition to the usual training CPCs receive - such as identification of vulnerable children, psychosocial first aid, the after effects of trauma and sexual violence on children and initial intake/dealing with disclosure - the emergency CPCs will also be ready to work within the camps in case of further arrival of returnees and when flooding or other natural disruption takes place. They will be trained in basic emergency response and preparedness, tailored to their environment and the humanitarian needs the community currently faces or is predicted to face.

Activities Result 3

3.1 TRAINING AND MENTORSHIP OF 30 POLICE OFFICERS TO STENGTHEN LEGAL RESPONSE TO GBV AND VIOLENCE AGAINST CHILDREN

30 police officers will be trained by CESVI in the laws and policies in South Sudan relating to Child Protection and GBV. During the 5 day training, using CESVI's police training manual which has been specifically tailored to South Sudan, police officers will gain a firm understanding of their responsibilities towards survivors of GBV and children. CESVI will work with these police officers over the project period and will hire two members of staff specifically to work within the police stations and ensure that GBV survivors and children are treated with dignity and respect. CESVI staff will work in concert with the Special Protection Unit, however, by training 30 officers a more comprehensive approach is sought and although it is the SPU's official role to work on cases of GBV and CP, other members of the police force will invariably also deal with these cases. Given that CESVI will be developing GBV and Child Protection SOPs, it is important to engage the legal/security sector to ensure that (1) there is a strong referral pathway (2) police officers are aware of the needs of children and survivors and can ensure that life and health are put before procedure, as with the use of form 8 which is still used in Renk (3) the legal component of the multi-sectoral response is in place and there is a functioning and trusted referral mechanism in place.

iv). Cross Cutting Issues

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

HIV and GBV are closely linked. Not just by the more obvious link to sexual violence, but also through other forms of domestic violence. CESVI is already a partner of Raising Voices in Uganda and will utilize their ground breaking and internationally recognized SASA! Tool kit, to highlight the link between power, HIV and GBV in the camp and host communities.

- "Domestic violence is not only inherently dehumanizing, it is a central cause of women's HIV exposure."²
- A South African study of women attending antenatal clinics in Soweto found that 40 percent of HIV positive women experienced both physical and sexual violence in their relationships.³
- In a study in Tanzania of women who were tested for HIV, the major reason for non-disclosure among all women, regardless of HIV status, was fear of a partner's reaction, principally fear of abuse or abandonment.⁴

CESVI will integrate HIV awareness campaign into its intervention, in relation to GBV case management activity 1.2.

²Human Rights Watch (2005).Dose of Reality: Women's Rights in the Fight Against HIV/AIDS. New York: Human Rights Watch, 2.

³Dunkle K., Jewkes R., Brown H., Gray G., McIntyre J., and Harlow S. (2004). Gender-Based Violence, Relationship Power, and Risk of HIV Infection in Women Attending Antenatal Clinics in South Africa. The Lancet, 363, 1415-1421.

⁴Maman S., Mbwambo J., Hogan M., Kilonzo G., Sweat M. and Weiss, E. (2001). HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania. Washington, D.C.: Population Council/Horizons.

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.

RESULT 1: Emergency child protection and GBV services are provided to returnees and host communities in Renk

RESULT 2: Community-led response and community-based child protection and GBV network structures are set-up

RESULT 3: Security/Legal actors response to GBV and Child Protection cases are appropriate, client-centred and place life/health before procedure

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) No. 19	1	# Beneficiaries reached through awareness raising through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings. (N.B. It should be noted that the increase in total beneficiaries is largely due to this figure being counted as direct beneficiaries in the overall count)	Women: 3000
			Girls: 3000
			Men: 3000
			Boys: 3000
			Total: 12000
	2	# GBV survivors and children who have a child protection case and report to CESVI, who have an initial planned action and follow-up session with a Case Manager	Women: 200
			Girls: 200
			Men: 50
			Boys: 150
			Total: 600
(x) No. 21	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: 200
			Girls: 100
			Men: 50
			Boys: 50
			Total: 400
(x) No. 14	4	# Crisis affected children receiving psychosocial support and services	Women: 0
			Girls: 250
			Men: 0
			Boys: 250
			Total: 500
	5	# of beneficiaries trained and mentored as peer educators	Women: 20
			Girls: 0
			Men: 20
			Boys: 0
			Total: 40
	6	# of beneficiaries trained and mentored as community case-workers	Women: 20
			Girls: 0
			Men: 20
			Boys: 0
			Total: 40
	7	# of beneficiaries trained and mentored as emergency child protection and GBV committee members	Women: 20
			Girls: 0
			Men: 20

			Boys: 0
			Total:20
	8	# of police officers trained and mentored in appropriate response to GBV and child protection	Women: 10
			Girls: 0
			Men: 20
			Boys: 0
			Total:30

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.

CESVI's East Africa Protection Programs changed strategy in August 2012, to direct service implementation. We believe in an ethos of building capacity in the communities we work in, through mentorship and collaboration. CESVI favours the direct implementation of activities mentoring community case-workers, thus fostering a sense of ownership of the project in the community itself.

Mentorship and collaboration ensure that CESVI programs, can be handed over to the community when they are ready. It also enables CESVI to be sure that the programs will run in an effective and appropriate manner at the end of the CESVI led program.

During this project, the community will be involved in every phase from inception, to implementation, to phase out. CBOs and NGOs will be invited to take part in the program and through CHF funds, the program will support community members mentorship in specific skills such as case management and project cycle management.

For the implementation of this proposal, it will be necessary to have an inception phase of 1 month for this project once funds have been received. During this time CESVI will:

- recruit additional 2 CP and GBV Case managers and assistants, that will be assigned to each of the 2 FCFSS to be constructed
- discuss with community leaders and other stakeholders about the construction and exact location of the 2 FCFSS
- set- up the FCFSS with local material
- Train CP and GBV Case managers, Community case workers and Peer educators in order to allow them to perform their duties in the community and FCFSS according to CESVI standard procedures and manuals

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)⁵.

CESVI uses pre and post-tests and feedback forms for each training facilitated in order to monitor the competence of trainers and the effectiveness of our methodology. CESVI also documents community feedback from participatory awareness raising activities including video playbacks, forum theatre and group poster sessions. CESVI has also developed a qualitative and quantitative assessment to evaluate the effectiveness of its programming to effect behavior and attitude change.

In addition, supervision by senior staff ensures timely implementation and quality programming. CESVI is committed to the development of its own staff and the Regional Protection Technical Advisor trains and mentors the protection program team and herself receives technical assistance from the South Sudan desk officer, based in HQ and the GBV and CP AoR Global WGs for which she is an active member. Management support is received from CESVI's Regional Representative and Regional Administrator.

CESVI will utilize the agreed upon project log frame as a framework to monitor program activities and results. Monitoring tools specifically designed to track the monthly progress of the agreed upon activities and indicators will be developed by the Database Manager and Regional Protection Technical Advisor. Regular review of progress against activities and indicators will occur at the senior management level and feedback will be provided to the program management team.

CESVI will provide quarterly reports to CHF containing:

- Non-identifying disaggregated data from the CP IMS and an analysis of current child protection trends in each

⁵CHF 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.

field site

- Information on progress made towards meeting indicators

A reporting format and a data sharing protocol document will be created during the inception phase of the project, signed and agreed upon between CESVI and CHF.

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)
Pledges for the CAP project	

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/55130/R/5128		Project title: Providing support to emergency affected children in Upper Nile State through provision of psycho-social support and reinforcement of preventive and response mechanisms.		Organisation: CESVI
Overall Objective	<p>Cluster Priority Activities for this CHF Allocation: <i>What are the Cluster Priority activities for this CHF funding round this project is contributing to:</i></p> <p>Emergency response (general): ii) Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection</p> <p>GBV 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> <p>Child Protection ix) Recreational and psycho-social support for children and community affected by emergency</p> <p>Cross Cutting x) Mainstreaming HIV in intervention planning/implementation xii) Continued support for populations in displacement</p>	<p>Indicators of progress: <i>What are the key indicators related to the achievement of the CAP project objective?</i></p> <p># Beneficiaries reached through awareness raising through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings.</p> <p>% 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># Crisis affected children receiving psychosocial support and services</p>	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> 1. CESVI uses a peer educator tracking tool, monthly reporting tool completed by peer educators and monthly supervision sessions to monitor and evaluate the peer educators in a qualitative and quantitative way 2. The CP IMS and case management forms will be used 3. The CP IMS and case management forms will be used 4. Records and registration from PSS toolkit sessions 5. Records and registration forms 6. Training reports, registration and pre and post tests 7. Training reports, registration and pre and post tests 8. Training reports, registration and pre and post tests 	

Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <p>To provide support to emergency affected children and women in Renk, Upper-Nile State</p>	<p>Indicators of progress: <i>What indicators will be used to measure whether the CHF Project Objectives are achieved. Indicators may be quantitative and qualitative</i></p> <ul style="list-style-type: none"> • 50% Increase in GBV and child protection cases reported to CESVI staff and police in targeted communities. 	<p>How indicators will be measured: <i>What sources of information already exist to measure this indicator? How will the project get this information?</i></p> <ul style="list-style-type: none"> • Pre and post-tests used and feedback forms for each training facilitated • Community feedback obtained from participatory awareness raising activities • CESVI has also developed a qualitative and quantitative assessment to evaluate the effectiveness of its programming to effect behavior and attitude change. • Supervision by senior staff 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • There may be delays due to rain and accessibility issues • Prices may increase dramatically • Logistics in Renk are extremely challenging and may present a risk to implementation • Further large numbers of returnees may arrive in Renk from the North (approx. 40,000 South Sudanese remain in the North at this time) • Community and police participation and cooperation necessary for effective implementation
Results	<p>Results - Outcomes (intangible): <i>State the changes that will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries.</i></p> <ol style="list-style-type: none"> 1. Increased respect for women's and child's rights in the communities 2. Increased access to police and justice 3. Sustainable emergency response mechanism for GBV and Child protection issues 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ol style="list-style-type: none"> 1. 50% increase in positive statements about women's and children's rights in community meetings 2. 50% increase in the number of GBV and Child Protection cases reported to the police 3. 90% of participants 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> 1. Behaviour change outcome tracking tool used to measure changes in knowledge and attitudes over 6 months. 2. GBV and Child Protection intake forms used to measure increase in reporting 3. Training reports and pre/post tests 	<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"> • There may be delays due to rain and accessibility issues • Prices may increase dramatically • Logistics in Renk are extremely challenging and may present a risk to implementation

		score 75% or more on their post tests following training		<ul style="list-style-type: none"> • Further large numbers of returnees may arrive in Renk from the North (approx. 40,000 South Sudanese remain in the North at this time) • Community and police participation and cooperation necessary for effective implementation
	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (grouped per areas of work) that will result from the implementation of project activities. Ensure that the outputs are worded in a manner that describes their contribution to the outcomes.</i></p> <ul style="list-style-type: none"> • RESULT 1: Emergency child protection and GBV services are provided to returnees and host communities in Renk • RESULT 2: Community-led response and community-based child protection and GBV network structures are set-up • RESULT 3: Security/Legal actors response to GBV and Child Protection cases are appropriate, client-centred and place life/health before procedure 	<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> <ol style="list-style-type: none"> 1. # Beneficiaries reached through awareness raising through interpersonal communication campaigns and outreach activities on GBV related issues and available services in emergency settings. 2. # GBV survivors and children who have a child protection case and report to CESVI, who have an initial planned action and follow-up session with a Case Manager 3. %GBV survivors reporting who receive relevant response services (legal, health, 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ol style="list-style-type: none"> 1. CESVI uses a peer educator tracking tool, monthly reporting tool completed by peer educators and monthly supervision sessions to monitor and evaluate the peer educators in a qualitative and quantitative way 2. The CP IMS and case management forms will be used 3. The CP IMS and case management forms will be used 4. Records and registration from PSS toolkit sessions 5. Records and registration forms 6. Training reports, registration and pre and post tests 7. Training reports, registration and pre and post tests 8. Training reports, registration and pre and post tests 	<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"> • There may be delays due to rain and accessibility issues • Prices may increase dramatically • Logistics in Renk are extremely challenging and may present a risk to implementation • Further large numbers of returnees may arrive in Renk from the North (approx. 40,000 South Sudanese remain in the North at this time) • Community and police participation and cooperation necessary for effective implementation

		<p>psychosocial, shelter and other available services) in line with standards for quality care</p> <ol style="list-style-type: none"> 4. # Crisis affected children receiving psychosocial support and services 5. # of beneficiaries trained and mentored as peer educators 6. # of beneficiaries trained and mentored as community case-workers 7. # of beneficiaries trained and mentored as emergency child protection and GBV committee members 8. # of police officers trained and mentored in appropriate response to GBV and child protection 		
	<p>Activities: <i>List in a chronological order the key activities to be carried out. Ensure that the key activities will results in the project outputs.</i></p> <ul style="list-style-type: none"> • 1.1.set-up of 2 additional FCFS'S in Abayok and Payuer camps: • 1.2.Quality case management for child protection and GBV cases: • 1.3. Psychosocial recreational activities: • 2.1 training and mentorship of community case-workers in Abayok and Payuer camps: • 2.2 training and mentorship of 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ol style="list-style-type: none"> 1.1 FCFS are made from local materials; materials for children and furniture; local labour. 1.2 Printing of case management forms 1.3 Staff time, printing of forms 1.4 Staff time 2.1 Staff time, community participation and 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ol style="list-style-type: none"> 1.Availability of local materials and labour 2. There may be delays due to rain and accessibility issues 3.Prices may increase dramatically

	<p>community peer educators in Abayok and Payuer camps:</p> <ul style="list-style-type: none"> 2.3 set-up emergency child protection and GBV committees (50% women) in Abayok and Payuer camps: 3.1 training and mentorship of 30 police officers to strengthen legal response to GBV and violence against children 	<p>commitment</p> <p>2.2 Staff time, community participation and commitment</p> <p>2.3 Staff time, community participation and commitment</p> <p>3.1 Staff time, police participation and commitment</p>		<p>4. Logistics in Renk are extremely challenging and may present a risk to implementation</p> <p>5. Further large numbers of returnees may arrive in Renk from the North (approx. 40,000 South Sudanese remain in the North at this time)</p> <p>6. Community and police participation and cooperation necessary for effective implementation</p>
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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 Sep 2013	Project end date:	31 Mar 2014
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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
Start-up Phase (recruitment of staff and presentation of programme activities to communities, local authorities and stakeholders)			X												
Monitoring and Reporting Activities (as per activity detailed schedule)			X	X	X	X	X	X	X						
1.1.set-up of 2 additional FCFS's in Abayok and Payuer camps:			X												
1.2. Quality case management for child protection and GBV cases				X	X	X	X	X	X						
1.3. Psychosocial recreational activities:				X	X	X	X	X	X						
1.4. Livelihood activities:				X	X	X	X	X	X						
2.1 training and mentorship of community case-workers in Abayok and Payuer camps:			X	X	X	X	X	X	X						
2.2 training and mentorship of community peer educators in Abayok and Payuer camps:				X	X	X	X	X	X						
2.3 set-up emergency child protection and GBV committees (50% women) in Abayok and Payuer camps:				X											
3.1 training and mentorship of 30 police officers to strengthen legal response to GBV and violence against children			X	X	X	X	X	X	X						