

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 (GBV)				
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.					
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SECTION II

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Boys:	200	0
Total:	3,587	108,000

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

Contact details Organization's Country Office

Organization's Address	Hai Cinema, Juba, South Sudan
Project Focal Person	Jody L. Yasinowsky Email: Jody.Yasinowsky@Rescue.org Tel: +211 (0) 954 290 147
Country Director	Wendy Taeuber Email: Wendy.Taeuber@Rescue.org Tel: +211 (0) 956 438 790
Finance Controller	Gabriel Munga Email: Gabriel.Munga@Rescue.org Tel: +211 (0) 959 000 668

Unity State: 585,801 (2009 South Sudan Statistical Yearbook), plus 88,049 returnees (UNOCHA, 30 Oct. 2010 - 10 July 2012)
Juba: 372,413 (2009 South Sudan Statistical Yearbook) plus 28,797 returnees (UNOCHA, 30 Oct. 2010 - 10 July 2012)

Total: 1,075,060

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

Indicate number of months: 6 months

Contact details Organization's HQ

Organization's Address	122 E 42 nd Street New York, NY 10168-1289
Desk officer	Doreen Chi Email: Doreen.Chi@rescue.org Tel: +1 212 551 3073
Regional Controller	Getenet Kumssa Email: Getenet.Kumssa@Rescue.org Tel: +1 212 551 3073

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

Unity: A high prevalence of violence, compounded by frequent population movements, militarization and harmful cultural beliefs, has significantly affected the population in Unity State, particularly women and girls. Despite the immense intervention need, the IRC's experience and discussions with humanitarian actors in Bentiu highlight the lack of a coordinated approach to gender-based violence (GBV) in Unity State and survivors' low access to services. Access to lifesaving services following incidents of GBV is restricted due to a limited number of service providers, lack of understanding of survivors' rights and consequences of violence, limited awareness of available services, and low quality of care due to limited training and low adherence to international standards of care.

Unity State remains a shock-prone environment and population needs are generally underserved. Returnee reintegration has been ad hoc, and access to support services is low. Additionally, cattle raiding has increased inter-communal violence and internal displacement throughout Unity. Multiple GBV cases were reported during Rapid Needs Assessments in 2013, a trend that women, girls and government officials confirmed. Outside the refugee context in Unity, there has been limited coordination to address identified protection concerns for returnees, internally displaced persons (IDPs) and host communities.

Central Equatoria: Juba continues to receive high numbers of returnees and, more recently, IDPs, adding to the pre-existing challenges faced by women and girls in post-conflict Juba. Women and girls are at high risk of violence during mass displacements resulting from the unstable political environment. Assessments conducted by the Protection Cluster and the IRC have indicated high rates of GBV coupled with low awareness of available health or psycho-social services. Juba suffers from an extreme lack of trained, qualified service providers; however, an active and growing civil society and network of local organizations are interested and well positioned to begin filling this critical gap.

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.

Unity: Although Unity State has lacked any GBV coordination mechanism, previous CHF funding allowed the IRC to develop an essential GBV Working Group (WG) in June 2013. In August 2013, the IRC will conduct a GBV assessment and service mapping in Bentiu town, the findings of which will guide GBV actors to develop a functional and coordinated referral system to ensure GBV survivors have timely access to multi-sectoral care.

With continued CHF funding, the IRC will build the capacity of GBV WG agencies by providing training and technical support to improve the quality of health and psychosocial services, target gaps in service provision, develop practical methods for monitoring service quality, and disseminate GBV information to communities. As initial assessments have shown that no actor in Bentiu provides psychosocial support to survivors, the IRC will take a dual approach by directly providing psychosocial services to GBV survivors and also partnering with local women's groups to build their capacity in counseling and case management.

Central Equatoria: To accommodate the large number of returnees, the IRC will continue to increase the quality and availability of GBV services available to survivors. Through capacity-building and technical support to the Ministries of Health and Social Development, health facilities and civil society organizations, the IRC will ensure that GBV survivors can access basic psychosocial and health services. With previous CHF funding, the IRC conducted trainings on GBV counseling, Caring for Child Survivors in Humanitarian Settings, and Clinical Care for Sexual Assault Survivors; however, a need remains to support ministries and community groups to provide care to survivors and create a pool of qualified actors to respond to GBV in crises in Juba. The IRC will support partners to establish counseling spaces that can become mobile to respond to emergency GBV needs and disseminate information about available services.

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.

Unity: This project will directly impact two of the Protection Cluster's priority activities. First, the IRC's role in strengthening and supporting a GBV coordination mechanism in Unity State will include providing trainings to and enhancing the capacity of relevant actors and frontline responders on GBV basic concepts and service provision topics, including Caring for Child Survivors in Humanitarian Settings (CCS) and Clinical Care for Sexual Assault Survivors (CCSAS). Second, to promote the cluster objective of providing direct support to survivors, the IRC will begin to implement an established model of care to provide direct psychosocial services and continue to technically support clinics providing CCSAS and ensure a continued stock of post-exposure prophylaxis (PEP) of HIV kits. This project also addresses the priority activities of conducting rapid assessments to identify vulnerable persons and risks/gaps for response, as well as supporting populations in displacement.

Central Equatoria: The IRC's proposed efforts in Juba will directly support the cluster's priority to provide support and response services to GBV survivors, strengthen referral systems and improve prevention of GBV through equipping local partners and frontline service providers to provide psychosocial and health services through training and ongoing mentoring. The IRC will address these main objectives with an established model of quality care contextualized for emergencies and through maintaining and strengthening relationships with local actors and government ministries. The IRC will support populations in displacement through

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.

this project, addressing the cross-cutting priority activity.

ii) Project Objective

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

1. Improve the quality of GBV survivor-centered services through direct provision of health and psychosocial response and technical support to partner agencies
2. Support improved accessibility to GBV services for woman, girl, man and boy survivors of GBV by coordinating with and building the capacity of community-based organizations (CBOs), ministries, local and international organizations
3. Work together with women, girls, men and boys in communities, state authorities and local and international actors to develop prevention activities that raise awareness of GBV and challenge beliefs, attitudes and practices that condone 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).

Unity:

Objective 1 – Activities under this objective include:

- Develop and train a psychosocial response team comprised of five female IRC response officers and social workers to provide direct case management and psychosocial support to survivors of GBV
- Provide direct case management and psychosocial support services to all reporting GBV survivors and make referrals to external actors as needed
- Conduct CCSAS technical support visits to IRC-trained health service providers in Rubkona County, Unity State
- Monitor the provision of UNFPA post-rape treatment kits to health providers previously trained by the IRC in CCSAS
- Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities

Objective 2 – Activities under this objective include:

- Conduct monthly GBV coordination meetings with at least fifteen key GBV stakeholders in Bentiu town
- Conduct one training for thirty participants on GBV core concepts and survivor-centered approach for stakeholders in Bentiu town
- Conduct one training for fifteen participants on GBV coordination and standard operating procedures (SOP) development for GBV WG participants
- Conduct one training for fifteen participants on a capacity-building need identified by the GBV WG
- Disseminate relevant information and resources on GBV to women, men, boys and girls in communities, GBV WG actors, the protection cluster and other clusters, as appropriate
- Develop and implement methods for ethical and appropriate information sharing and monitoring effectiveness for working group activities, including the referral pathway
- Participate in at least one inter-agency rapid needs assessment in Unity State

Objective 3 – Activities under this objective include:

- Develop information, education and communication (IEC) materials for community members to use for outreach purposes
- Conduct one training for twenty female and male community members on GBV basic concepts
- Carry out information campaigns and community mobilization focused on ensuring survivors' timely access to services
- Conduct radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services
- Support at least ninety members of identified women's groups to conduct a series of three discussion groups with local community members on the topics of GBV basic concepts, South Sudan law as it applies to women's rights, and available services to GBV survivors

Central Equatoria:

Objective 1 – Activities under this objective include:

- Support three partner CBOs and two ministries with ongoing case management, psychosocial support and direct referrals for GBV survivors
- Provide bi-weekly, on-the-job training and mentoring to 20 GBV psychosocial and health service providers
- Compile and analyze data from case intake forms to guide program implementation and strengthen the referral pathway
- Provide two technical trainings on GBV response, prevention and risk mitigation topics to CBO partners and other relevant GBV actors

Objective 2 – Activities under this objective include:

- Support three partner organizations and the MoSD to establish safe counseling spaces that can become mobile to respond to emergency GBV psychosocial response needs
- Mentor 10 members from partner CBOs through monthly supervision sessions

Objective 3 – Activities under this objective include:

- Develop two IEC materials for trained community members to use for outreach purposes
- Conduct two radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services

iv). Cross Cutting Issues

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

The IRC's CCSAS guidelines outline protocols for the provision of post-exposure prophylaxis (PEP) following sexual assault to reduce the transmission of HIV/AIDS. The IRC's technical support to health care providers will ensure those providing health services understand and appropriately implement PEP protocols and will monitor the distribution of PEP kits to health facilities to ensure the necessary drugs are available for use. Additionally, prevention activities such as discussion groups and community awareness campaigns will address the links between GBV and HIV/AIDS and the need for survivors to access health services to within 72 hours of rape to reduce the likelihood of HIV/AIDS transmission.

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.

Unity: The IRC will achieve a functioning GBV coordination mechanism in Unity with standard procedures and the ability to monitor and evaluate activities, services and referrals. Key GBV stakeholders will have increased capacity to provide appropriate and timely response services. Psychosocial and health services will be available to survivors. Communities will know about available GBV services.

Central Equatoria: Partners will demonstrate improved capacity in GBV response services and create safe counseling spaces. There will be an improved pool of GBV responders to provide support to survivors. Women and girls will know about available services and the importance of timely access.

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)
	20	1. 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 (UN, CES)	100% of reporting survivors are referred to relevant response services in line with their needs and requests.
	21	2. GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests (UN, CES)	100% of reporting survivors receive relevant response services in line with their needs and requests.
		3. Number of GBV coordination meetings conducted (UN)	6 coordination meetings
		4. Number of trainings conducted for GBV working group members and other key stakeholders (UN)	3 trainings conducted for GBV working group members and other key stakeholders
	22	5. Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre- and post-evaluation (UN, CES)	90% of male and female health workers and psychosocial and legal service providers demonstrate increased knowledge.
		6. Number of frontline service providers trained on GBV response in crisis settings (CES)	70 individuals (Women: 30; men: 40)
		7. Number of awareness-raising activities held for women, girls, men, and boys at the community level using poster discussions, community chats, radio shows and other events (UN)	15 awareness-raising activities held for women, girls, men and boys at the community level
	2	8. Joint protection assessments or monitoring missions carried out with reports completed (with sex and age disaggregated data, and particular reference to vulnerable groups) (UN)	1 inter-agency rapid assessment/report completed

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.

The project will be implemented through IRC's Women's Protection and Empowerment (WPE) teams in Unity and Central Equatoria states. The WPE team is led by a WPE Manager and supported by GBV prevention and response officers and social workers. The IRC will also support local partners in awareness-raising efforts about GBV services available to the targeted community.

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)².

The IRC's WPE Technical Unit within IRC headquarters in New York provides technical support and helps to monitor the IRC's South Sudan GBV program in conjunction with the IRC's WPE Coordinator in Juba. The IRC's Program Manager in Unity State will provide technical oversight of program implementation and planning using standard monitoring documents, reports, work plans and assessments with the support for monitoring and evaluation coming from the WPE Coordinator.

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.

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)
Danish International Development Agency (January 2012)	4,590,188
Johnson & Johnson (January 2013)	500,000
United Nations Population Fund (March 2013)	300,000
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/55182/R/5179		Project title: Improving GBV Prevention and Response Services in Humanitarian Settings in South Sudan		Organisation: International Rescue Committee
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>		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"> • Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) • Enhance capacity and training of frontline responders (police, health workers, community networks etc.), relevant for both GBV and child protection 		<ul style="list-style-type: none"> • 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 (UN, CES) • GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests (UN, CES) • Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre- and post-evaluation (UN, CES) • Number of frontline service providers trained on GBV response in crisis settings (CES) 	
			How indicators will be measured: <i>What are the sources of information on these indicators?</i>	
			<ul style="list-style-type: none"> • Case files/records, referral documentation, training attendance lists 	

Purpose	<p>CHF Project Objective: <i>What are the specific objectives to be achieved by the end of this CHF funded project?</i></p> <ul style="list-style-type: none"> • Improve the quality of GBV survivor-centered services through direct provision of health and psychosocial response and technical support to partner agencies • Support improved accessibility to GBV services for woman, girl, man and boy survivors of GBV by coordinating with and building the capacity of community-based organizations (CBOs), ministries, local and international organizations • Work together with women, girls, men and boys in communities, state authorities and local and international actors to develop prevention activities that raise awareness of GBV and challenge beliefs, attitudes and practices that condone GBV 	<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"> • 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 (UN, CES) • GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests (UN, CES) • Number of trainings conducted for GBV working group members and other key stakeholders (UN) • Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre- and post-evaluation (UN, CES) • Number of frontline service providers trained on GBV response in crisis settings (CES) • Number of awareness-raising activities held for women, girls, men, and boys at the community level using poster discussions, community chats, radio shows, and other events (UN) 	<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"> • Case files/records, referral documentation, training attendance lists, awareness activity headcounts 	<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"> • Community participation/cooperation • Logistics (rain, closed roads) • Retention of project staff • Willingness of survivors to report cases and seek services • Partner agency commitment to training participation
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> <ul style="list-style-type: none"> • Improved technical capacity in the provision of psychosocial services for survivors of GBV, including case management • Increased engagement with civil society and local women's associations in the provision of services to survivors and information dissemination • Functional coordination among GBV actors and adherence to a standardized referral pathway, leading to improved access to timely, comprehensive care for survivors • Improved community knowledge on GBV basic concepts, services available, and the importance of timely access 	<p>Indicators of progress: <i>What are the indicators to measure whether and to what extent the project achieves the envisaged outcomes?</i></p> <ul style="list-style-type: none"> • 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 (UN, CES) • GBV survivors reporting who receive relevant response services (legal, health, psychosocial, shelter and other available services) in line with their needs and requests (UN, CES) • Number of GBV coordination meetings conducted (UN) • Number of trainings conducted for GBV working group members and other key stakeholders (UN) • Frontline service providers trained on GBV response in crisis settings who demonstrate increased knowledge based on pre- and post-evaluation (UN, CES) • Number of frontline service providers trained on GBV response in crisis settings (CES) • Number of awareness-raising activities held for 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> • Case files/records, referral documentation, training attendance lists, awareness activity headcounts, assessment reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> • Community participation/cooperation • Logistics (rain, closed roads) • Retention of project staff • Willingness of survivors to report cases and seek services • Partner agency commitment to training participation

		<p>women, girls, men, and boys at the community level using poster discussions, community chats, radio shows and other events (UN)</p> <ul style="list-style-type: none"> Joint protection assessments or monitoring missions carried out with reports completed (with sex and age disaggregated data, and particular reference to vulnerable groups) (UN) 		
	<p>Immediate-Results - Outputs (tangible): <i>List the products, goods and services (<u>grouped per areas of work</u>) 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"> GBV psychosocial response team trained and formed GBV working group maintained and strengthened IEC materials developed and used 70 GBV service providers trained 	<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> <ul 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 (UN, CES) Number of frontline service providers trained on GBV response in crisis settings (CES) Number of awareness-raising activities held for women, girls, men, and boys at the community level using poster discussions, community chats, radio shows and other events (UN) Joint protection assessments or monitoring missions carried out with reports completed (with sex and age disaggregated data, and particular reference to vulnerable groups) (UN) Number of GBV coordination meetings conducted (UN) 	<p>How indicators will be measured: <i>What are the sources of information on these indicators?</i></p> <ul style="list-style-type: none"> Training attendance lists, awareness activity headcounts, assessment reports 	<p>Assumptions & risks: <i>What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?</i></p> <ul style="list-style-type: none"> Community participation/cooperation Logistics (rain, closed roads) Retention of project staff Willingness of survivors to report cases and seek services Partner agency commitment to training participation
	<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> <p>UNITY STATE</p> <ul style="list-style-type: none"> Develop and train a psychosocial response team comprised of five female IRC response officers and social workers to provide direct case management and psychosocial support to survivors of GBV Provide direct case management and psychosocial support services to all reporting GBV survivors and make referrals to external actors as needed Conduct CCSAS technical support visits to IRC-trained health service providers in Rubkona County, Unity State Monitor the provision of UNFPA post-rape treatment kits to health providers previously trained by the IRC in CCSAS 	<p>Inputs: <i>What inputs are required to implement these activities, e.g. staff time, equipment, travel, publications costs etc.?</i></p> <ul style="list-style-type: none"> Staff, rental of training venues, training materials, supplies for case management/psychosocial support, assessment costs, material development and publication costs (see budget for details) 		<p>Assumptions, risks and pre-conditions: <i>What pre-conditions are required before the project starts? What conditions outside the project's direct control have to be present for the implementation of the planned activities?</i></p> <ul style="list-style-type: none"> Community participation/cooperation Logistics (rain, closed roads) Retention of project staff Willingness of survivors to report cases and seek services

<ul style="list-style-type: none"> • Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities • Conduct monthly GBV coordination meetings with at least fifteen key GBV stakeholders in Bentiu town • Conduct one training for thirty participants on GBV core concepts and survivor-centered approach for stakeholders in Bentiu town • Conduct one training for fifteen participants on GBV coordination and standard operating procedures (SOP) development for GBV WG participants • Conduct one training for fifteen participants on a capacity-building need identified by the GBV WG • Disseminate relevant information and resources on GBV to women, men, boys and girls in communities, GBV WG actors, the protection cluster and other clusters, as appropriate • Develop and implement methods for ethical and appropriate information sharing and monitoring effectiveness for working group activities, including the referral pathway • Participate in at least one inter-agency rapid needs assessment in Unity State • Develop information, education and communication (IEC) materials for community members to use for outreach purposes • Conduct one training for twenty female and male community members on GBV basic concepts • Carry out information campaigns and community mobilization focused on ensuring survivors' timely access to services • Conduct radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services • Support at least ninety members of identified women's groups to conduct a series of three discussion groups with local community members on the topics of GBV basic concepts, South Sudan law as it applies to women's rights, and available services to GBV survivors <p>CENTRAL EQUATORIA STATE</p> <ul style="list-style-type: none"> • Support three partner CBOs and two ministries with ongoing case management, psychosocial support and direct referrals for GBV survivors 			<ul style="list-style-type: none"> • Partner agency commitment to training participation
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	<ul style="list-style-type: none">• Provide bi-weekly, on-the-job training and mentoring to 20 GBV psychosocial and health service providers• Compile and analyze data from case intake forms to guide program implementation and strengthen the referral pathway• Provide two technical trainings on GBV response, prevention and risk mitigation topics to CBO partners and other relevant GBV actors• Support three partner organizations and the MoSD to establish safe counseling spaces that can become mobile to respond to emergency GBV psychosocial response needs• Mentor 10 members from partner CBOs through monthly supervision sessions• Develop two IEC materials for trained community members to use for outreach purposes• Conduct two radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services			
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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 October 2013	Project end date:	31 March 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
UNITY STATE															
Develop and train a psychosocial response team comprised of five female IRC response officers and social workers to provide direct case management and psychosocial support to survivors of GBV						X	X								
Provide direct case management and psychosocial support services to all reporting GBV survivors and make referrals to external actors as needed				X	X	X	X	X	X						
Conduct CCSAS technical support visits to IRC-trained health service providers in Rubkona County, Unity State					X			X							
Monitor the provision of UNFPA post-rape treatment kits to health providers previously trained by the IRC in CCSAS				X	X	X	X	X	X						
Work with identified women's groups on the provision of context-appropriate basic psychosocial support activities					X	X	X	X	X						
Conduct monthly GBV coordination meetings with at least fifteen key GBV stakeholders in Bentiu town				X	X	X	X	X	X						
Conduct one training for thirty participants on GBV core concepts and survivor-centered approach for stakeholders in Bentiu town						X									
Conduct one training for fifteen participants on GBV coordination and standard operating procedures (SOP) development for GBV WG participants							X								
Conduct one training for fifteen participants on a capacity-building need identified by the GBV WG								X							
Disseminate relevant information and resources on GBV to women, men, boys and girls in communities, GBV WG actors, the protection cluster and other clusters, as appropriate				X	X	X	X	X	X						
Develop and implement methods for ethical and appropriate information sharing and monitoring effectiveness for working group activities, including the referral pathway				X	X	X	X	X	X						
Participate in at least one inter-agency rapid needs assessment in Unity State									X						
Develop information, education and communication (IEC) materials for community members to use for outreach purposes						X	X	X							
Conduct one training for twenty female and male community members on GBV basic concepts						X									
Carry out information campaigns and community mobilization focused on ensuring survivors' timely access to services							X	X	X						
Conduct radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services							X	X	X						
Support at least ninety members of identified women's groups to conduct a series of three discussion groups with local community members on the topics of GBV basic concepts, South Sudan law as it applies to women's rights, and available services to GBV survivors					X		X		X						

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
CENTRAL EQUATORIA STATE															
Support three partner CBOs and two ministries with ongoing case management, psychosocial support and direct referrals for GBV survivors				X	X	X	X	X	X						
Provide bi-weekly, on-the-job training and mentoring to 20 GBV psychosocial and health service providers				X	X	X	X	X	X						
Compile and analyze data from case intake forms to guide program implementation and strengthen the referral pathway				X	X	X	X	X	X						
Provide two technical trainings on GBV response, prevention and risk mitigation topics to CBO partners and other relevant GBV actors					X			X							
Support three partner organizations and the MoSD to establish safe counseling spaces that can become mobile to respond to emergency GBV psychosocial response needs				X	X	X									
Mentor 10 members from partner CBOs through monthly supervision sessions				X	X	X	X	X	X						
Develop two IEC materials for trained community members to use for outreach purposes					X	X	X								
Conduct two radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services						X	X	X							