South Sudan
2014 CHF Standard Allocation Project Proposal

for CHF funding against Consolidated Appeal 2014

For further CHF information please visit http://unocha.org/south-sudan/financing/common-humanitarian-fund
or contact the CHF Technical Secretariat chfsouthsudan@un.org

SECTION I:

CAP Cluster	PROTECTION

CHF Cluster Priorities for 2014 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 2014.

Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round

SECTION II

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

Requesting Organization
International Rescue Committee

Project CAP Code	CAP Gender Code
SSD-14/P-HR-RL/60764	2b

CAP Project Title *(please write exact name as in the CAP)*
Strengthening Community Protection and Improving Gender-Based Violence (GBV) Prevention and Response Services in Humanitarian Settings in South Sudan

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	*County/ies (include payam when possible)*
Unity	33.3	Rubkona (and other counties depending on location of requested inter-agency assessments within Unity State)
Central Equatoria	33.3	Juba
Lakes	33.3	Awerial
	100%	

Total Project Budget requested in the in South Sudan CAP	US$ 2,250,812.00
Total funding secured for the CAP project *(to date)*	US$ 93,534

Funding requested from CHF for this project proposal	US$ 505,109

Are some activities in this project proposal co-funded (including in-kind)? Yes ☐ No ☒ *(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:	6,597	33,126
Girls:	205	5,418
Men:	4,398	36,803
Boys:	105	6,135
Total:	**11,305**	**81,482**

Indirect Beneficiaries / Catchment Population (if applicable)

The proposed project will indirectly benefit 100,236 people in Unity, Central Equatorial and Lake States where protection monitoring will be conducted and action-oriented reports shared with humanitarian actors to inform their programming that will reduce protection risks for beneficiaries. Through monitoring and IRC established advice and referral centers, IRC protection monitors will refer individuals' survivors of rights violations and at risk individuals to access needs such as medical, psychosocial and legal. IRC will also undertake advocacy to address barriers identified in access to rights and entitlements and will disseminate information on services and entitlements to conflict affected persons. Training provided to community leaders will indirectly benefit the overall community as they will be able to identify protection risks and work with the community to identify mitigation strategies and advocate on behalf of community members rights. Awareness-raising activities (total population of Rubkona County, South Sudan Population and Housing Census 2008). Awareness-raising activities in Juba and access to front-line GBV services will indirectly benefit 372,413 people (total population of Juba, South Sudan Population and Housing Census 2008).

Targeted population:
Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)
3 months (February 1 –April 30, 2014)

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

Contact details Organization's Country Office	
Organization's Address	Hai Cinema, Juba, South Sudan
Project Focal Person	Jody Yasinowsky Email: Jody.Yasinowsky@Rescue.org Tel: +211 (0) 0954290147
Country Director	Wendy Taeuber Email: Wendy.Taeuber@Rescue.org Tel: +211 (0) 956438790
Finance Controller	Gabriel Munga Email: Gabriel.Munga@Rescue.org Tel: +211 (0) 959000668

Contact details Organization's HQ	
Organization's Address	122 East 42nd Street, New York, NY 10168-1289
Program 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 population[1]

On December 16, 2013, heavy military exchanges occurred between rival SPLA factions in Juba. The fighting and violence quickly spread to other states in South Sudan, trapping thousands of civilians in Unity, Lakes, Upper Nile, and Jonglei States in UN bases or makeshift IDP settlements. OCHA estimates that 194,000 people have been displaced across five states, Central Equatoria, Unity, Lakes, Upper Nile, and Jonglei. It is estimated that around 30,000 IDPs have sought refuge in the two UN bases in Juba; 8,000 IDPs have reportedly sought refuge in the UN base in Bentiu and 3,000 in the UN base in Pariang; an inter-agency mission to Awerial (Lakes) estimates that there are around 76,000 IDPs, mostly from Jonglei.[2]

The UN bases have become makeshift displacement settlements but are inadequate to support the large numbers of people who are seeking refuge and are not suitable or safe for women and children. Services and assistance are insufficient and there are concerns with regards to accessibility, especially for the most vulnerable including child headed households, elderly persons and persons with disabilities, due to overcrowding and lack of information on services and eligibility criteria.

Assessment results in and off the bases in Juba reveal that families have lost almost everything and are in dire need of assistance and protection.[3] The people assessed report being targeted along ethnic lines and remain fearful for their lives. IRC established that community bonds have broken down, individuals lack standard support systems, and are in need of emotional and material support.

In Awerial, the IDPs, mostly women and children, are in extremely critical situations and in need of immediate assistance. Families are reportedly living in an open plain with no shelter, healthcare, water or infrastructure to cater for the huge population influx hosted by the local community.[4]

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.

The CHF funding will assist in scaling up and building on our existing GBV and protection programming in Central Equatoria, Lakes and Unity States in order to respond to the critical gaps in terms of protection and GBV for displaced, conflict-affected populations. In Lakes and Unity, IRC does not have ongoing protection programming but can count on qualified protection staff from other field sites who are available to redeploy and join the GBV teams to participate in the emergency response. IRC will deploy staff to support survivors of GBV with psychosocial support and case management services while continuing to work closely with its technical partners to help maximize their response capacity in Juba. IRC's protection team will address protection gaps through protection monitoring, information dissemination and advocacy, promoting safe and timely assistance and support by humanitarian actors, and establishing of community-based protection mechanisms.

IRC currently implements a protection and GBV program for urban refugees as well as a GBV program targeting host communities in and around Juba. These programs have been scaled up and adapted, as necessary, to include IDPs in both UN bases and in Juba. IRC has an office in Lakes from which it has run GBV programming since 2006 and protection programming since 2010, which was interrupted last year but a protection team is ready to support interventions, and has previous working experience in Awerial. IRC has been operating in Bentiu (Unity) since 2011. The GBV program started early 2013 and has established a functional referral pathway and service delivery. In both Unity and Lakes, IRC co-leads the GBV Working Group and is one of the few operational GBV actors.

IRC has secured additional funding for the GBV and protection emergency intervention in Juba and will seek additional funding for its Unity and Lakes interventions.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

[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.
[2] OCHA, as of 1 Jan 2014; OCHA map as of 26 Dec 2013
[3] IRC rapid assessments and safety audits in UN bases and in Lologo and KaChar Church
[4] MSF assessment reports

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

The IRC's proposed project is directly in line with the Protection Cluster's Interim Crisis Strategic Priorities and the activities outlined therein namely: Protection Monitoring, Reporting and Analysis; Advocacy and Protection Mainstreaming; Psychosocial support and GBV Identification, Response and Prevention. **GBV**: The IRC will provide psychosocial case management services in Juba, Bentiu, and Lake State and support referral networks that enhance a survivor's ability to receive confidential, safe, and timely services that meets their needs. The IRC will also work with the State Hospitals and other health partners to improve survivors' access to relevant drugs and medical supplies. Partners in will include: Juba Teaching Hospital, Bentiu State Hospital, Marie Stopes International, State Ministry of Social Development (MoSD), Christ Embassy Church, Solidarity for Women's Rights Association and South Sudan Deaf Development Concern as well as the growing number of humanitarian response partners in the health and psychosocial sectors. Prevention programming across Unity State, Lakes State and Juba will focus on assessing risks to GBV and mitigating those risks through direct activities, including service provision, and advocacy with the appropriate clusters responding to the humanitarian crisis.

Protection: In the proposed locations of Unity, Central Equatoria and Lakes States, the IRC protection team will set up information, advice and referral centers that conflict affected persons can easily approach. The centers will be staffed with Information Officers that will respond to any questions or concerns that beneficiaries may have and refer to other service providers' cases questions or cases they may not be able to respond to. Information Officers will coordinate will all service providers in the camp to understand criteria and eligibility for service being provided to enable them support beneficiaries.

IRC will monitor rights violations, discrimination and exclusion through regular protection monitoring that will be done at least once a week per location depending on population size. IRC in each location will have at least four protection monitors equipped with detailed assessments and monitoring tools such as safety audits, community mapping tools, key informant interviews, household questionnaires and community assessments tools. Assessments will be undertaken through individual interviews, observation and focus groups discussions in order to understand violations, needs and deprivations at various levels and how they affect various groups in the community. Following protection monitoring IRC will
1) Share reports detailing needed interventions to address protection concerns/gaps with humanitarian actors. These reports will also be shared with relevant clusters to ensure a multi-layered approach to address protection concerns/gaps. IRC will also work with the Protection Cluster on advocacy with other clusters where that may be needed.

2) Build referral mechanisms for specialized services such as health, psychosocial and legal services with other actors. IRC will develop a referral mechanism with service providers and will identify focal points for referral of individual cases for direct support with these service providers.

3) Establish community-based protection committees for ongoing support. IRC will work with a total of 45 community leaders to establish protection committees. Protection teams will work with the affected communities to enhance community self protection mechanisms, complementing protection monitoring and information dissemination teams. IRC will work with the communities on identifying key protection problems and existing coping strategies, and how to strengthen these. Community self protection initiatives will aim to enhance resilience. Where community structures or camp committees exist, IRC will work to strengthen them. Existing risk mitigation strategies developed by the community will be documented and response plans developed by the protection committees. Focal points/responsibilities within the community will be assigned and weekly follow up to monitor progress and challenges supported by the Protection Manager. Some suggested entry points for development of response plans include: How do women access markets and how do they overcome barriers (safety, physical, etc)? How are the risks to the safety of women already mitigated in the community in question? How does the community prevent forced recruitment of children by armed groups? How does the community assist the elderly or unaccompanied children obtain food, firewood?

4) information campaigns which will be carried out to inform affected persons of their rights, policies, assistance opportunities, and threats, including where to seek redress for identified protection concerns. These will done through weekly awareness session, leaflets and household visits based on the need and appropriate method identified.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CAP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

Objective 1: Provide and improve access to timely and safe psychosocial and medical services for GBV survivors and ensure communities are aware of the availability of health, psychosocial, and protection services for survivors of GBV.
Objective 2: Mitigate risks of GBV in the humanitarian response through regular risk assessments and risk mitigation plans with service providers and the community.
Objective 3: Coordinate GBV interventions with the Protection Cluster, GBV Working Group and other relevant GBV actors
Objective 4: Increase access to critical humanitarian services that meet conflict affected populations' safety, health and psychosocial needs.
Objective 5: Strengthen community protection mechanisms to identify and mitigate protection risks.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it).** There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.
List the main activities and results 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 State:
Objective 1 – Activities include:

- Conduct assessments on the availability and capacity of GBV response services and establish a referral pathway for GBV survivor support.
- Facilitate GBV case management and psychosocial support in emergency contexts trainings to psychosocial practitioners and new staff (20 participants; 10F, 10M)
- Provide direct case management and psychosocial support services to reporting GBV survivors and provide referral services to health facilities and other services as needed.

Objective 2 – Activities include:

- Conduct periodic safety assessments through interviews, focus group discussions, safety audits and community safety mapping with women and girls in 4 selected neighborhoods. (Neighborhoods would be selected based on assessments that help determine the level of safety risks women and girls face throughout each setting.)
- Work in 4 selected neighborhoods to devise action plans with community to mitigate 2 priority protection risks for women and girls that are feasible to address.
- Share information about risks to GBV based on assessments and advocate for GBV risk mitigation practices with relevant sectors (Health, WASH, Shelter, NFI distribution, and Food distribution)
- Distribute dignity kits.

Conduct awareness-raising activities to inform the population about the availability of services to support GBV survivors and other relevant information that can help mitigate risks to GBV.

Objective 3 – Activities include:

- Support GBV working group coordination and determine, with partners, the methods for information gathering and sharing

Objective 4 - Activities include:

- Undertake protection monitoring missions and analyze protection monitoring information
- Share reports with actionable recommendations to other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.
- Map existing service providers in the area of operation and establish referral mechanisms
- Identify information needs and produce and disseminate information material to raise awareness on rights and available services (2,000 beneficiaries; 800 Male; 1,200 Female)

Objective 5: Strengthen community protection mechanisms to identify and mitigate protection risks.

- Establish/support existing community protection committees (5 male, 5 female)
- Develop community response plans
- Train community committees on human rights and protection principles (5 Male, 5 Female)

CES:

Objective 1 – Activities include:

- Provide direct case management and psychosocial support services to reporting GBV survivors and provide referral services to health facilities and other services as needed
- Conduct case supervision to 10 (6F, 4M) GBV psychosocial and health service providers
- Facilitate 2 trainings on GBV case management for partners and new staff (including CBOs, government staff) (50 participants; 20F, 30M)

Objective 2 – Activities include:

- Conduct periodic safety assessments through interviews, focus group discussions and community safety mapping with women and girls in 4 selected neighborhoods. (Neighborhoods would be selected as a result of an assessment [safety audit, interviews and focus groups] that determined the level of safety risks women and girls face)
- Work in 4 selected neighborhoods to devise action plans with community to mitigate 2 priority risks that are feasible to address.
- Share information about risks to GBV as learned from assessments and advocate for GBV risk mitigation practices with relevant sectors (Health, WASH, Shelter, NFI distribution, and Food distribution)
- Distribute dignity kits
- Conduct awareness-raising activities to inform the population about the availability of services to support GBV survivors and other relevant information that can help mitigate risks to GBV.

Objective 3 – Activities include:

- Support GBV working group coordination and determine, with partners, the methods for information gathering and sharing.

Objective 4 - Activities include:

- Develop IEC materials for community members to use during outreach
- Conduct awareness-raising activities (e.g., radio show) for over 372,000 community members
- Undertake protection monitoring missions and analyze protection monitoring information
- Share reports with actionable recommendations with other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.
- Map existing service providers in the area of operation and establish referral mechanisms
- Identify information needs and produce and disseminate information material to promote raise awareness on rights and available services (1,800 beneficiaries –720 Male; 1,080 Female)

Objective 5 - Activities include:

- Establish/support existing community protection mechanisms and develop response plans
- Train community committees on human rights and protection principles (10 Male, 10 Female)

Lakes:

Objective 1 – Activities include:

- Conduct assessment on the availability and capacity of GBV response services and establish a referral pathway for GBV survivor support.
- Facilitate GBV counseling and case management trainings to psychosocial practitioners and new staff (20 participants; 10F, 10M)
- Provide direct case management and psychosocial support services to reporting GBV survivors and provide referral services to health facilities and other services as needed

Objective 2 – Activities include:

- Conduct periodic safety assessments through interviews, focus group discussions and community safety mapping with women and girls in the IDP settlement
- Devise action plans with community to mitigate 2 priority risks that are feasible to address.
- Share information about risks to GBV as learned from assessments and advocate for GBV risk mitigation practices with relevant sectors (Health, WASH, Shelter, NFI distribution, and Food distribution)
- Distribute dignity kits
- Conduct awareness-raising activities to inform the population about the availability of services to support GBV survivors and other relevant information that can help mitigate risks to GBV

Objective 3 – Activities include:

- Support GBV working group coordination and determine, with partners, the methods for information gathering and sharing.
- Participate in inter-agency assessments

Objective 4 - Activities include:

- Undertake protection monitoring missions and analyze protection monitoring information
- Follow-up protection monitoring mission reports undertake advocacy
- Share reports with actionable recommendations with other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.
- Identify information needs and produce and disseminate information material to promote raise awareness on rights and available services (4,500 beneficiaries – 1800 Male, 2700 Female)

Objective 5 - Activities include:

- Establish/support existing community protection mechanisms and develop response plans
- Train community committees on human rights and protection principles (10 Male, 10 Female)

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

Unity State, Lakes State, and CES: The IRC will achieve a functioning GBV coordination mechanism in Unity with the ability to refer GBV survivors to services that meet their psychosocial, health and safety needs. Risks to GBV will be regularly monitored and recommendations will be advocated to the appropriate sectors that can reduce the risk in their activities following global standards on GBV quality psychosocial services will be available to survivor of GBV with timely referral to health and protection services. Communities will have increased knowledge on available GBV services and how to access them.

Conflict affected persons especially the most vulnerable such as person with disabilities, child headed households, ethnic and religious minorities will have improved access to critical humanitarian services that meet their safety health and psychosocial needs through advice and referral. Humanitarian actors will have an improved understanding of the programming context based on IRC protection monitoring reports and recommendations and will in inform more appropriate responses. Communities will be able to identify and mitigate protection risks as result of capacity enhancement of community protection mechanisms.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are 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. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard 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)
1	1.	Total direct beneficiaries	**11,305** individuals
		Women	6,597
		Girls	205
		Men	4,398
		Boys	105
16	2.	# of frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation	90 participants demonstrate increased knowledge: Psychosocial actors: 20 in Unity (10F, 10M); 50 in CES (20 F, 30M), 20 in Lakes (10F, 10M).
		Psychosocial- women	60
		Psychosocial- men	50
20	3.	# of Dignity kits prepositioned[5]	100 (Unity); 80 (CES); 100 (Lakes)

[5] Successful achievement of this indicator is contingent on the United Nations Children Fund (UNICEF) providing the IRC with dignity kits.

	4.	Number of trainings conducted for CBOs, NGOs and government social workers on GBV case management.	1 (Unity); 2(CES); 1 (Lakes)
19	5.	GBV survivors receiving psychosocial response receive services in line with standards for quality care	100% of reporting GBV survivors receive services in line with their needs and requests (Unity, CES, Lakes)
		Women	100%
		Girls	100%
		Men	100%
		Boys	100%
	6.	GBV survivors referred to health services	100% of those receiving services in line with their needs, requests and based on informed consent (CES). 80% of those receiving services in line with their needs, requests and based on informed consent (Unity, Lakes)
	7.	Number of radio campaigns held for women, girls, men and boys	1 (Unity) 1 (CES); 1 (Lakes)
	8.	Joint protection assessments or monitoring missions carried out with reports completed (with sex and age disaggregated data, and particular reference to vulnerable groups)	72 missions
	9.	Protection/"Do no harm"/conflict sensitivity trainings targeting humanitarian partners (Protection cluster members), communities or government actors	60 participants (CPC members) (30 men, 30 women)
	10.	Beneficiaries receiving protection advice and administrative/legal assistance (on return/(re)integration, service schemes and procedures, land and property matters or other rights)	10,000 beneficiaries (6000 women, 4000 men)
	11.	*Response plans incorporating community protection strategies to reduce violence and promote peacebuilding*	3 response plans

vi). Cross Cutting Issues

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

The IRC will work with the Bentiu State Hospital in Unity State, two medical partners in Juba, Central Equatoria State, and at least one medical partner in Lakes State to ensure that the necessary Post Rape Kits (which includes HIV post-exposure prophylaxis (PEP) medication and emergency contraception (EC)) is available and that service providers know how to appropriately administer the medication for survivors reporting incidents of rape. Additionally, community outreach will be done to increase awareness about the importance of receiving medical treatment within 72 hours of a GBV incident to encourage survivors to seek help in a timely manner. The IRC will also work with five psychosocial partners in Juba to provide information sessions about the different medication available to survivors after a sexual assault, including PEP. With psychosocial partners, the IRC will conduct awareness-raising events/activities and print materials with information about how to prevent HIV after a sexual assault.

Aspects of this project have been specifically designed to aim at shifting gender disparities that contribute to the oppression of women and girls. Means of achieving this will include informing service providers and the population at large about the risks women and girls face towards GBV during an emergency and identifying ways with humanitarian actors and members of their communities to mitigating those risks. Awareness-raising will focus information aimed at the community about risks in the environment and specifically to women and girls about services available to the population, including response services to support GBV survivors.

vii) 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) and Protection programs in Unity state based in Bentiu, Lake State based in Awerial and Central Equatoria State based in Juba. The WPE team in each site is led by a WPE Manager and supported by WPE response, prevention and program officers, as well as case workers. The Protection team in each site will be led by a Protection Manager supported by Protection Monitoring and Information Officers. The Protection and WPE Coordinators will have overall oversight of the Managers and will make regular field visits to the project locations. The IRC will also support local partners with the provision of GBV response services and awareness-raising efforts about GBV services available in Juba and Rubkona County.

viii) 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 are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and techniques will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)[6].

GBV: The IRC's WPE Technical Unit within IRC headquarters in New York provides technical support and helps to monitor the IRC's

[6] 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.

South Sudan GBV program in conjunction with the IRC's WPE Coordinator based in Juba. The IRC's Program Managers in Unity and Lakes States and the Senior Program Manager in Juba 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 from the WPE Coordinator. For monitoring and reporting, the IRC will submit to the donor quarterly financial reports against expenditure, as well as other contractually required reports, such as mid-term narrative and final reports.

Protection: The IRC has considerable experience and global expertise in emergency protection response in conflict settings. IRC Emergency Response Team's Senior Protection Coordinator has already arrived in Juba and is providing support to roll out emergency programming. The Emergency Coordinator is supported by the Protection Technical Advisor based within headquarters in NY and two Protection Managers based in Juba.

IRC is committed to effective monitoring of program impact. The IRC in South Sudan has a well established monitoring system for monitoring and reporting on project objectives, activities, results and cross-cutting issues. At the start of the project, a grants opening meeting involving senior management from all the sectors will be held to ensure common understanding of expected impact specifically on how activities will the implemented, the requisite support needed and the reporting expectations. IRC will monitor performance against the indicators listed above using an indicator tracking sheet that is updated on a weekly basis by the Protection Coordinator. Each team will submit a weekly report detailing activities implemented and number and type of beneficiaries reached. Reporting will ensure disaggregation of beneficiary data by age and gender. This information will be consolidated by the Protection Coordinator and shared with senior management. The Protection Coordinator will conduct regular field visits to assess implementation in the targeted locations. The Deputy Director of programs based in Juba will provide additional support and oversight, ensuring timely responses, accurate and informative analysis and reporting on monitoring data. Financial and narrative reports will also be submitted to the CHF as required.

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)
European Commission – Humanitarian Aid and Civil Protection (ECHO)	93,534
Pledges for the CAP project	

SECTION III:

LOGICAL FRAMEWORK		
CHF ref./CAP Code: SSD-14/P-HR-RL/60764	**Project title:** Strengthening Community Protection and Improving Gender-Based Violence (GBV) Prevention and Response Services in Humanitarian Settings in South Sudan	**Organization:** International Rescue Committee

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
CHF project Objective	*What is the result the project will contribute to by the end of this CHF funded project?* 1) Provide and improve access to timely and safe psychosocial and medical services for GBV survivors and ensure communities are aware of the availability of health, psychosocial, and protection services for survivors of GBV. 2) Mitigate risks of GBV in the humanitarian response through regular risk assessments and risk mitigation plans with service providers and the community. 3) Coordinate GBV interventions with the Protection Cluster, GBV Working Group and other relevant GBV actors 1) 4 Increase access to critical humanitarian services that meets conflict affected populations' safety, health and psychosocial needs. 5: Strengthen community protection mechanisms to identify and mitigate protection risks. 6: Increase access to critical humanitarian services that meets conflict affected populations' safety, health and psychological needs. 1) Strengthen community protection mechanisms to identify and mitigate protection risks.	*What indicators will be used to measure whether the CHF Project Objective are achieved?* 1.1) Percentage of survivors who report to IRC and IRC partners that receive psychosocial services in line with basic standards 1.2) Frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 2.1) Number of safety audits and safety assessments conducted with women and girls. 2.2) Number of awareness-raising / information sharing activities 3.1) Number of GBV coordination meetings conducted in Unity State, CES, and Lakes State Number of missions Number of response plans Number of training participants Number of beneficiaries Number of Community Protection Committees supported Number of awareness sessions Number of missions Number of response plans Number of training participants Number of beneficiaries Number of Community Protection Committees supported Number of awareness sessions	*What sources of information will be collected/already exist to measure this indicator?* Case management forms and case logs, awareness activity headcounts, meeting minutes, training reports/attendance lists, pre- and post-test scores Protection monitoring survey, Referral tracking sheet ,advocacy tracking sheet, training tracking sheet, protection monitoring reporting distribution sheet, protection monitoring mission report, protection monthly reports, training attendance sheet and training evaluation forms. Protection monitoring survey, Referral tracking sheet ,advocacy tracking sheet, training tracking sheet, protection monitoring reporting distribution sheet, protection monitoring mission report, protection monthly reports, training attendance sheet and training evaluation forms.	*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?* • Lack of access due to conflict • Community participation/ cooperation • Logistics (rain, closed roads) • Retention of project staff • Partner agency commitment to training participation • Competing agendas among partners with minimal number of staff working in partner agencies • Attitudes and beliefs of service providers that impact quality service provision • Willingness of survivors to report cases and seek services • Lack of understanding among the community about available services and benefits of service provision • Delay in salaries from the government paid to psychosocial and medical staff impacting their availability • Security situation allows outreach to affected communities • IRC protection monitoring teams operating in areas where humanitarian services are being provided • Security situation allows outreach to affected communities • IRC protection monitoring teams operating in areas where humanitarian services are being provided

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 1	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? A functioning GBV coordination mechanism in Unity, CES and Lakes State with the ability to refer GBV survivors to services that meet their psychosocial, health and safety needs. Conflict affected persons have improved access to critical humanitarian services that meets their safety health and psychosocial needs through advice and referral.	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* Percentage of GBV coordination meetings in Unity State, CES and Lakes State in which key psychosocial, health and protection service providers participate. Number of beneficiaries provided with advice or referral to health, psychosocial and other services. Number of awareness sessions on rights and entitlements. Number of protection monitoring missions	*What are the sources of information collected for these indicators?* Meeting minutes Protection Monitoring Mission Reports Referral records Awareness session records	*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?* • Lack of access due to conflict • Logistics (rain, closed roads) • Partner agency commitment/willingness to participate • IRC protection monitoring teams operating in areas where humanitarian services are being provided
Output 1.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* 3 inter-agency rapid GBV assessments in which the IRC participates 6 protection monitoring missions per week 10 awareness session per month	*What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* Number of inter-agency rapid GBV assessments in which the IRC participates Number of awareness sessions Number of protection monitoring missions	*What are the sources of information on these indicators?* Assessment reports Protection Monitoring Mission Reports Referral records Awareness session records	*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?* • Community participation/ cooperation • Logistics (rain, closed roads) • Retention of project staff • Willingness of survivors to report cases and seek services • Partner agency commitment/willingness to participate IRC protection monitoring teams operating in areas where humanitarian services are being provided •
Unity State, CES, Lakes State				
Activity 1.1.1	Map available health, psychosocial and protection services available to GBV survivors			
Activity 1.1.2	Establish / Adapt referral pathway to match available services for GBV survivors			
Activity 1.1.3	Collaborate with partners responding to the IDP influx to develop a GBV working group and determine with partners the methods for information gathering and sharing			
Activity 1.1.4	Undertake protection monitoring missions and analyze protection monitoring information			
Activity 1.1.5	Follow-up on protection monitoring mission reports and undertake advocacy			
Activity 1.1.6	Share reports with actionable recommendations with other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.			
Activity 1.1.7	Map existing service providers in the area of operation and establish referral mechanisms			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Activity 1.1.8	Identify information needs and produce and disseminate information material to raise awareness on rights and available services			
Outcome 2	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? Key GBV stakeholders will have increased capacity to provide appropriate and timely response services Communities are able to identify and mitigate protection risks	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* Percentage of frontline service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of response plans developed by community protection committees	*What are the sources of information collected for these indicators?* Training reports, pre- and post-test scores Training reports, pre- and post-test scores Community Protection Committees action plans	*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?* • Lack of access due to conflict • Logistics (rain, closed roads) • Partner agency commitment to training participation • Competing agendas among partners with minimal number of staff working in partner agencies • Attitudes and beliefs of service providers that impact quality service provision • Delay in salaries from the government paid to psychosocial and medical staff impacting their availability • Communities will remain willing to work together in finding protection solutions
Output 2.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* 74 GBV service providers trained in case management Case management services provided to survivors 280 dignity kits distributed 3 Community Protection Committee's established (One per state) 3 response plans developed	*What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* Number of trainings conducted for CBOs, NGOs and government social workers on GBV case management, psychosocial support, and prevention 100% of survivors receiving psychosocial response services in line with basic standards 100% of GBV survivors who need and desire health services are referred, based on informed consent (Unity) Number of response plans developed by community protection committees	*What are the sources of information on these indicators?* Attendance sheets, pre- and post-test scores, dignity kit distribution tracking sheets, case follow up forms Training reports, attendance sheets, pre- and post-test scores, community protection action plans	*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?* • Logistics (rain, closed roads) • Competing agendas among partners with minimal number of staff working in partner agencies • Attitudes and beliefs of service providers that impact quality service provision • Delay in salaries from the government paid to psychosocial and medical staff impacting their availability • Communities will remain willing to work together to find protection solutions
Unity State CES, Lakes State				
Activity 2.1.1	Facilitate GBV case management and psychosocial support trainings to psychosocial practitioners			
Activity 2.1.2	Provide direct case management and psychosocial support services to all reporting GBV survivors and provide referral services to health facilities and external actors based on need and informed consent			
Activity 2.1.3	Provide supervision to GBV psychosocial and health service providers in (CES only)			
Activity 2.1.4	Establish/support existing community protection mechanisms and uptake of response services committees			
Activity 2.1.5	Train community committees on human rights and protection principles			

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Outcome 3	*What change will be observed as a result of this CHF Project. E.g. changes in access, skills, knowledge, practice/behaviors of the direct beneficiaries*? Risks to GBV are regularly monitored and recommendations developed to advocate to appropriate humanitarian clusters feasible and context related GBV risk reduction activities following global standards on gender mainstreaming.	*What are the indicator(s) used to measure whether and to what extent the project achieves the envisaged outcomes?* Percentage of recommended actions to reduce risks of GBV that are implemented by humanitarian actors.	*What are the sources of information collected for these indicators?* Safety audits and safety assessments with women and girls	*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?* • Humanitarian clusters up-take of recommendations • Logistics (rain, closed roads) • Retention of project staff
Output 3.1	*List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.* Regular safety audits conducted 2 focus group discussions conducted with women and girls on their safety concerns in each State 1 community mapping exercise to map safe and unsafe areas for women and girls in each State Key informant interviews about key protection risks for women and girls 3 recommendations of GBV risk reduction activities shared to pertinent humanitarian clusters Radio message targeted to the community but specifically women and girls about key information concerning general service delivery issues.	*What are the indicator(s) to measure whether and to what extent the project achieves the output?* *Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.* Number of safety audits and safety assessments conducted Number of times radio message aired	*What are the sources of information on these indicators?* Safety audit reports, focus group discussion notes, community map of safe and unsafe areas,	*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?* • Lack of access due to conflict • Community participation/ cooperation • Logistics (rain, closed roads) • Retention of project staff • Availability of radio spots
Unity State, CES, Lakes State				
Activity 3.1.1	Conduct regular safety audits			
Activity 3.1.2	Conduct periodic focus group discussions with women and girls and key informant interviews about their safety			
Activity 3.1.3	Conduct community mapping exercise to map safe and unsafe areas for women and girls			
Activity 3.1.4	Disseminate information about services and issues to women and girls including the availability of GBV response services			
Activity 3.1.5	Conduct regular safety audits			

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	**Feb 1, 2014**	**Project end date:**	**April 30, 2014**

Activities	**Q1/2014**			**Q2/2014**			**Q3/2014**			**Q4/2014**		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
GBV: Unity State, CES, Lakes State												
Hire staff		x										
Map available health, psychosocial and protection services available to GBV survivors		x										
Establish / Adapt referral pathway to match available services for GBV survivors		x	x									
Collaborate with partners responding to the IDPs to develop GBV working group and determine with partners the methods for information gathering and sharing			x	x								
Facilitate GBV counseling and case management trainings to psychosocial practitioners			x	x								
Provide direct case management and psychosocial support services to all reporting GBV survivors and provide referral services to health facilities and external actors		x	x	x								
Provide bi-weekly supervision to GBV psychosocial and health service providers in (CES only)		x	x	x								
Conduct regular safety audits		x	x	x								
Conduct periodic focus group discussions with women and girls and key informant interviews about their safety		x	x	x								
Conduct community mapping exercise to map safe and unsafe areas for women and girls			x	x								
Disseminate information about services and issues to women and girls including the availability of GBV response services		x	x	x								
Share recommendations to pertinent Humanitarian Clusters of best practices that are informed by safety audits and assessment that will reduce risks to women and girls form GBV		x										
Protection												
Undertake protection monitoring missions and analyze protection monitoring information		X	X	X								
Follow-up on protection monitoring mission reports and undertake advocacy		X	X	X								
Share reports with actionable recommendations with other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.		X	X	X								
Map existing service providers in the area of operation and establish referral mechanisms		X	X	X								
Identify information needs and produce and disseminate information material to raise awareness on rights and available services (10 Sessions per Month)		X	X	X								
Undertake protection monitoring missions and analyze protection monitoring information(6 mission per week)		X	X	X								
Follow-up on protection monitoring mission reports and undertake advocacy		X	X	X								
Share reports with actionable recommendations with other humanitarian actors and undertake regular advocacy to ensure protection concerns are addressed and protection is mainstreamed throughout all assistance provision.		X	X	X								
Map existing service providers in the area of operation and establish referral mechanisms		X	X	X								
Establish/support existing community protection committees (3 Protection committees)		X	X	X								
Train community committees on human rights and protection principles (45 participants)		X	X	X								

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