

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 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

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

SECTION I:

CRP 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 CRP 2014.	
Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ol style="list-style-type: none"> 1. Protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants. 2. Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing, reunification and/or alternative care. 3. Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV. 4. Promote psychosocial well-being of children and GBV survivors through a community-based approach. 	<p>Locations ranked 2.4 or above, in UN OCHA vulnerability map. Lakes State- Cueibet and Rumbek. Eastern Equatoria State –Torit County.</p>

SECTION II

Project details		
The sections from this point onwards are to be filled by the organization requesting CHF funding.		
Requesting Organization		
HEALTH LINK SOUTH SUDAN		
Project CRP Code	CRP Gender Code	
SSD-14/P-HR-RL/60161	2b	
CRP Project Title <i>(please write exact name as in the CRP)</i>		
Protection of IDPs, Returnees and Host communities through increased access to emergency medical services for GBV survivors and accelerated preventions and responses to GBV during emergencies in Lakes and Eastern Equatoria states		
Total Project Budget requested in the in South Sudan CRP	US\$ 1,180,000	
Total funding secured for the CRP project (to date)	US\$ 100,000.00	
Direct Beneficiaries <i>(Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)</i>		
	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	29,949	120,352
Girls:	5,250	27,149
Men:	2,230	46,135
Boys:	2,120	28,313
Total:	39,549	221,949
Targeted population: Abyei conflict affected, IDPs, Returnees, Host communities, Refugees		
Implementing Partner/s <i>(Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)</i>		
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 <i>(include payam when possible)</i>
Lakes State	60%	Rumbek and Cueibet
EES	40%	Torit County
Funding requested from CHF for this project proposal		\$442,500
Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>(if yes, list the item and indicate the amount under column i of the budget sheet)</i>		
Indirect Beneficiaries / Catchment Population (if applicable)		
CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)		
Indicate number of months:		

HLSS Implements directly

Contact details Organization's Country Office	
Organization's Address	HEALTHLINK SOUTH SUDAN
Project Focal Person	Gama Joseph operationsmanager@healthlinksouthsudan.org +211955572572
Country Director	Emmanuel Douglas Obuoja Achini, admin@healthlinksouthsudan.org , +211955038964 /211927082003 /211922006224
Finance Officer	Opigo Emmanuel accounts@healthlinksouthsudan.org +211955243992
Monitoring & Reporting focal person	Oryema David: panywolaka@yahoo.co.uk +211955345944

06 months
1 July to 31 December 2014

Contact details Organization's HQ	
Organization's Address	Health Link South Sudan Munuki Residential area, Block C, Plot 441, Central Equatoria state, Juba +211-927082003 +211-954530303
Desk officer	<i>Name, Email, telephone</i>
Finance Officer	<i>Name, Email, telephone</i>

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

South Sudan is currently experiencing L3 emergency caused by violent conflict which erupted on December 15th 2013 as a result of a political difference between pro-government forces and opposition forces. Estimated 1.3 Million people from across the country mainly women, girls, boys and people with disability have been displaced. An estimated 85,400 people have taken refuge at 8 UNMISS bases in Juba, Bor, Malaka and Bentiu. More than 475,000 other have fled their homes and spontaneously settled in flood prone areas where access to or delivery of humanitarian assistance is extremely difficult while 301,000 people have fled to exile in the neighboring countries Uganda, Kenya, Sudan and Ethiopia.

According to UNOCHA, estimated 4.2 Million people are in urgent need of immediate humanitarian aid while thousands of people are still unaccounted for and have never been reached since the start of this conflict.

Prior to this conflict, South Sudan's history was characterized by decades of civil wars, economic repression; inter-tribal conflicts, proliferation of small arms, which has resulted into wide, spread insecurity, socio-economic disparities and gender inequalities. This scenario has created an atmosphere of male dominance and most frequently and widely spread, armed men have abused old and young women including school girls and kidnapped children with impunity

With the onset of this L3 emergency, violence against women has reached an epidemic threshold which requires urgent and scaled up response especially emergency medical and psychosocial needs for the survivors.

Already hundreds of women in displaced camps in Lakes state Awerial and in eastern Equatoria Magwi and Torit County are suffering from the effects of abuses; hundreds of children have been separated from their family and denied access to education opportunities and forceful recruitment into militias or raiding groups. Various reports indicate mass incidences of GBV committed by both government and opposition forces against women, boys and girls who are currently forced to live in displaced camps.

However, there is a general lack of access to emergency medical care for these survivors, let alone rehabilitation interventions and support, hence compounding the damaging consequences of GBV, undermining their dignity, autonomy, security and thereby reinforcing and perpetuating gender inequalities in the targeted counties. Both eastern Equatoria state (Magwi county, Torit) and Lakes state (Cueibet Rumbek and Awerial) counties generally lack data on gender violence let alone organized systems and structures to prevent, monitor, register, and disseminate information and support victims and survivors. Health link south Sudan currently has limited presence in this areas (Awerial, Cueibet, Magwi and Torit) providing information, emergency medical and psycho-social support to survivors.

With this project, Health Link south Sudan Intends to rapidly scale up access to information, knowledge and awareness about GBV, provide access to emergency medical, psycho-social support, legal and rehabilitation services to survivors -women, boys and girls, build the capacity of front-line responders, increase advocacy and partnership with communities for eliminating gender violence. Being a national organization with better understanding of the local context, health Link hopes to be able to build resilience of the population to cope during emergencies.

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.

There is a general lack of access to emergency medical and psychosocial care and support for GBV survivors in south Sudan and more specially in the counties targeted by this project although incidences of GBV has reached an epidemic threshold. This situation often compounds the damaging consequences of GBV, undermines the dignity, autonomy and security of the victims; and the overall social and economic development of the entire society, thereby reinforcing and perpetuating gender inequalities in the country.

This situation is further exacerbated by the L3 emergency in the country that has broken down most of the social fabrics in the country. Even prior to the onset of the current emergency, counties such as Torit had high gaps in GBV services and with the current movement of IDPs in Eastern Equatoria, the situation in these counties could even become direr.

Presently most counties in South Sudan generally lack data on gender violence let alone organized systems and structures to prevent, monitor, register, and disseminate information and support victims and survivors.

Although interventions look feasible, the limited number of civil society and national non-governmental organizations, the lack of structures for community involvement as well as the state and the national government has continued to hamper progress. However, the humanitarian corridor for response and intervention in these counties has been over narrowed by on-going conflicts that erupted on December 15th further making it more difficult for both national and international organization to access and address some of the challenges faced by the population. This situation is expected to deteriorate even further due to the massive population displacement in PoC and IDP camps.

Health Link is currently providing emergency medical and psychosocial care and support to GBV survivors in the targeted counties. However, there is a huge budget short fall being experienced and affecting the ability to rapidly scale up access to life saving emergency medical services such as providing Post exposure prophylaxis, contraception's, HBV and TT vaccinations, information collection for early warning and rapid responses, increasing knowledge and awareness about GBV, providing access to psychosocial support, legal and rehabilitation services to survivors -women, boys, girls and men, building the capacity of frontline respondents, increasing advocacy and partnership with communities for eliminating gender violence. CHF funds requested would be used to bridge the current budget short fall being experienced by health link to rapidly scale up and maintain the provision of emergency medical services in the identified project areas.

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.

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.

Health Link Intends to rapidly scale up access to life saving emergency medical services such as providing Post exposure prophylaxis, contraception's, HBV and TT vaccinations, information collection for early warning and rapid responses, increasing knowledge and awareness about GBV, providing access to psychosocial support, legal and rehabilitation services to survivors -women, boys, girls and men, building the capacity of frontline respondents, increasing advocacy and partnership with communities for eliminating gender violence.
CHF finances will cover personnel costs, acquisitions of commodities, logistics and transportation of commodities/personnel and medical equipment and information management systems, vehicles operating and maintenance costs.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP 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)

To provide timely, improved access to emergency medical services, safe and quality child and gender sensitive prevention and responses to GBV survivors during emergencies and enhance protection and wellbeing of adolescent girls and adolescent boys affected by emergencies in Lakes/Jongolei and EEQ.

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).

1. Provide Emergency medical services to include provision of life saving Post exposure prophylaxis, STI/STD treatment, Hepatitis B vaccination and emergency contraception for GBV survivors; women and children girls and boys.
2. Establish a One-Stop Crisis Centre that offer a comprehensive package of medical, legal, psychological and social services for survivors; women and children girls and boys
3. Train frontline responders' 120 health workers, 260 Police, 60 Prisons, 120 social workers, lawyers and 12 Community action groups in GBV care for women, girls and child survivors
4. Provide Laboratory and diagnostic equipment and supplies to 9 health facilities to provide emergency contraception, PEP, hepatitis and TT vaccination, rehabilitation including provision of Forensic Exams
5. Conduct FDGs on family centered and community based transformation with religions leaders, traditional leaders, law makers, families, men and women groups to address the societal and cultural norms underlying GBV
6. Conduct Mass Media education by use of IEC and drama to disseminate key preventive messages to 2,230 Men, 2,120 Boys and 5,250 girls and 29,949 women
7. Establish Community social action groups adolescent girls, youth, women, elders and facilitate the use of legal mechanisms to "Zero tolerance to GBV"
8. Establish State GBV reporting and surveillance systems, Information management system and research framework for knowledge collection, Early warnings, rapid responses as well as management to inform and advocate for policy reforms on GBV through surveys, routine data collection, analysis interpretation, dissemination and sharing of findings with all stakeholders to enhance rapid case reporting and surveillance
9. Conduct Inter-sectoral dialogue, collaboration, networking, and partnership with media, religious leaders, parliament, LGA, civil society, NGOs (incl. Disabled Peoples Organizations) and the private sector to enhance awareness and curtail the impact of GBV on women, girls and boys
10. Undertake rehabilitation measures for post war veterans suffering from post-traumatic syndrome
11. Rehabilitation and referral of women, girls and survivor boys to economic and livelihoods activities.

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

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

1. Survivors receiving lifesaving emergency health services and psychosocial, support as well as legal aid and socio-economic rehabilitation support
2. Health facilities supplied with Lab equipment and diagnostic medical equipment and supplies.
3. Community Social support groups, women and adolescent girl groups established and functional
4. Child and adolescent boys and girls affected by emergencies provided with child protection services
5. Population reached with behavior change messages
6. Capacity of front line responders Police, Prisons, Health workers, built.
7. Survivors provided with socio-economic rehabilitation services
8. Functional GBV Surveillance reporting and Information Management system and data base established.
9. Policy Makers, religious leaders, community leaders reached and participating in GBV prevention
10. Capacity of front line responders built (Police, Prison, Health workers, Social workers, MSGs)
11. Post war veterans rehabilitated provided with post war traumatic syndrome care

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)
X	1.	# of GBV survivors referred to health services (Target: women 500, girls 300, boys 150, men 50)	500 Women, girls Boys and Men (Women: 350, Girls; 100 Boys: 30, Men 20)
	2.	# of GBV Survivors receiving psychosocial response receives services in line with standard for quality care.	200 cases from across the three States.(Women: 100, Girls; 50, Boys: 20, Men 30)
X	3.	# of GBV survivors referred to police and legal aid services	100 cases from across the three States. Women: 50

			Girls; 30 Boys: 10 Men 10
X	4.	# of community-based dispute resolution (CDR)/Community Based Protection (CBP) mechanisms are established, with trained leadership	21 groups at least 1 from each Boma/Payam from the targeted counties.
X	5.	# of beneficiaries reached with behaviour change messages on GBV and available services in emergency settings	Women: 120,352 Girls; 27,149 Boys: 28,313 Men: 46,135
X	6.	# of crises affected children receiving psychosocial support and services.	55,462 children from across the three States. Girls: 27,149 Boys: 28,313
	7.	Number of health facilities supplied with medical equipment and supplies	3 health facilities (Torit, Cuiebet Hospital & Rumbek Central PHCCs)
X	8.	Number of dignity kits distributed to beneficiaries	(2000women, 2000 girls)
	9	Number of GBV survivors provided with Emergency medical services (PEP, emergency Contraception, Hepatitis B vaccine)	(50 Women, 20 Girls; 20 Boys & 10 Men)
	10	# of health facilities with established GBV Information Management, reporting and surveillance system at Facility.	1 Hospital, 1 PHCC & 2 CHDs
X	11	# of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation.	24 health workers, 10 social workers, 21 Community action groups
	12	Number of FDGs conducted with community leaders	3

vi). Cross Cutting Issues

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

This project will integrate both HIV/AIDS prevention measures and measures that will ensure environmental sustainability. Health link will;

1. Conduct peace building campaign and initiate dialogue with communities in conflict areas in order to promote and sustain peaceful environment.
2. Sensitize and engage communities to participate in environment resource management, waters, pasture land, forests, and game reserves e.t.c. Which are often leading triggers of violence.
3. Provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV
4. Provision of ART and HIV/AIDS treatment and monitoring support
5. HIV/AIDS risk sensitization and awareness to the general public and women.

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.

Health Link will deploy key personnel consisting of GBV Programme officer, and GBV nurses who will be bases at the county. The key health link staff will work with Volunteers at Payam level who will help in information collection and reporting and referral of cases for emergency management. GBV nursing officers will provide case management and training to health workers at MoH and Partner health facilities to ensure early responses and further investigation of survivors. Health will provide smart phone for quick reporting and improved information collection, management while ensuring data quality and confidentiality of all information received. Appropriate software will be provided to improve data transmission and storage. a team of volunteers will carefully provide community sensitization about GBV ensuring that issues related to culture and taboos are care internalized and addressed. MSG, AGI support groups and GBV volunteers will facilitate further referrals of survivors

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 technics 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)².

The M&E plan will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

Health Link south Sudan is well aware of the challenges involved in GBV data collections, analysis, interpretation and dissemination not only at the Payam, county, state level but for the entire southern Sudan. The distances to the health facilities and communities, inconsistent recording of row data and the lack of feedback are absolute threats to ensuring quality GBV information processing. While availability of tools is critical, Health Link will adopt national standard tools provided by UNFPA and the protection cluster among other national frameworks for Monitoring and evaluation that will include confidential intake forms, referral forms, medical examination and consent forms, GBV IMS forms, monthly reporting forms, Laboratory forms and other related forms. Reports will be collected on daily, weekly and monthly basis. Boma and Payam based reports will be collected daily, submitted as they occur using SMART phones provided to Payam volunteers and to GBV programme officers and Nursing officers to the central information/data base at state and Health Link's HQ. The health Links' (HQ) will submit weekly epidemiological and monthly morbidity and mortality reports to the protection cluster, MoH and other relevant stakeholders for further actions. Accuracy of information collection will be ensured through on job training/Mentoring and continuing support supervision by Health Links HQ, the senior GBV programme coordinator, GBV programme officers as well as the GBV nursing officers during the entire scope of this project. The health link's officers (HQ) would also prepare quarterly performance report to be submitted to UNDP/FMU team within 1 month after completion of the project. One of the key components of a monitoring strategy is a set of monitoring indicators that measure outcome of the project activities. These indicators have been identified and the intended targets set. This project will also encourage donor review missions to the project areas any time to monitor the overall results framework;

D. Total funding secured for the CRP project	
Please add details of secured funds from other sources for the project in the CRP.	
Source/donor and date (month, year)	Amount (USD)
DKH/BMZ	180,000.00
Pledges for the CRP project	

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

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. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CAP Code: SSD-14-P-HR-RL-60161		Project title: Protection of IDPs, Returnees and Host communities through increased access to emergency medical services for GBV survivors and accelerated preventions and responses to GBV during emergencies in Lakes and Eastern Equatoria states	Organisation: Health Link SouthSudan
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities) <ol style="list-style-type: none"> Enhance capacity and training of frontline health workers relevant for GBV services. Improvement of knowledge and information sharing to improve humanitarian interventions during emergencies, and to mitigate emergencies. Mainstreaming HIV in intervention planning/implementation Strengthening direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. PEP kits) 	<ul style="list-style-type: none"> # of GBV survivors referred to health services (Target: women 500, girls 300, boys 150, men 50) # of GBV Survivors receiving psychosocial response receives in line with standard for quality care. # of GBV survivors referred to police and legal aid services # of Community based Protection (CBP) mechanisms are established, with trained leadership. # of beneficiaries reached with behavior change messages on GBV and available services in emergency settings. # of crises affected children receiving psychosocial support and services. 	<ul style="list-style-type: none"> GBV registers GBV surveillance & monthly reports OPD/IPD, monthly statistical reports Quarterly progress reports Waybills, inventory/assets registers 	<ul style="list-style-type: none"> Population estimation remain as projected, timely fund disbursements
CHF project Objective To provide timely, improved access to emergency medical services, safe and quality child and gender sensitive prevention and responses to GBV survivors during emergencies and enhance protection and wellbeing of adolescent girls and boys affected by emergencies in Lakes State.	<ul style="list-style-type: none"> # of GBV survivors referred to health services (Target: women 500, girls 300, boys 150, men 50)500 Women, girls Boys and Men (Women: 350, Girls; 100, Boys: 30, Men 20) # of GBV Survivors receiving psychosocial response receives in line with standard for quality care. (200 cases from across the three States.) (Women: 100, Girls; 50 	<ul style="list-style-type: none"> GBV registers GBV surveillance & monthly reports OPD/IPD, monthly statistical reports Quarterly progress reports Waybills, inventory/assets registers 	<ul style="list-style-type: none"> Population estimation remain as projected, no massive population displacement, timely fund disbursements

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<p>Boys: 20 Men 30)</p> <ul style="list-style-type: none"> • # of GBV survivors referred to police and legal aid services (100 cases from across the three States.) (Women: 50 Girls; 30) Boys: 10 Men 10 • # of Community based Protection (CBP) mechanisms are established, with Trained leadership. (21 groups at least 1 from each Boma/Payam from the targeted counties. • # of beneficiaries reached with behavior change messages on GBV and available services in emergency settings. Women: 120,352 Girls; 27,149 Boys: 28,313 Men: 46,135 • # of crises affected children receiving psychosocial support and services. (55,462 children from across the three States. Girls: 27,149 Boys: 28,313 		
Outcome 1	Improved access to GBV Emergency medical services including provision of life saving Post exposure prophylaxis, psychosocial counseling, STI/STD treatment, Hepatitis B vaccination and emergency contraception GBV survivors; women and children girls and boys.	<ul style="list-style-type: none"> • # of new Rape survivors administered Hepatitis B Vaccine • # of Rape survivors given emergency contraception • # of GBV survivors receiving psychosocial response receive services in line with standards for quality care 	<ul style="list-style-type: none"> • GBV registers • GBV surveillance & monthly reports • OPD/IPD, monthly statistical reports • Quarterly progress reports 	<ul style="list-style-type: none"> • Population estimation remain as projected, no massive population displacement, timely fund disbursements
Output 1.1	GBV survivors; women, Men, girls and boys received Emergency medical & Psychological services (Post exposure prophylaxis, STI/STD treatment, Hepatitis B vaccination and emergency contraception, counseling) and including the referral for legal support.	<ul style="list-style-type: none"> • GBV survivors (50 Women, 20 Girls; 20 Boys & 10 Men) provided with Emergency medical services(PEP, emergency Contraception, Hepatitis B vaccine) • # of GBV survivors receiving psychosocial response receive services in line with standards for quality care • GBV survivors referred to health services and psychosocial support • GBV survivors referred to Legal aid 	<ul style="list-style-type: none"> • GBV registers • GBV referral register • GBV surveillance & monthly reports • OPD/IPD, monthly statistical reports • Quarterly progress reports 	<ul style="list-style-type: none"> • Population estimation remain as projected, no massive population displacement, timely fund disbursements

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
Activity 1.1.1	Establish a One Stop GBV Crisis Centre			
Activity 1.1.2	Provide 24 hour emergency services to GBV survivors			
Activity 1.1.3	Conduct general body assessment including external genitalia of rape survivors			
Activity 1.1.4	Provide counselling and required care to survivors			
Activity 1.1.5	Conduct Laboratory examinations(HIV, HCG) to ascertain HIV and pregnancy status of the survivor before administering PEP & emergency contraceptives			
Activity 1.1.6	Provide PEP, Emergency contraceptives , Hepatitis B Vaccine, and general care as appropriate			
Activity 1.1.7	Refer GBV survivors from the PHCUs/PHCCs to the One stop GBV management canters			
Activity 1.1.8	Conduct active follow up of GBV survivors for continuous psychological supports			
Activity 1.1.9	Refer GBV survivors for legal aid support			
Output 1.2	Health facilities Equipped with medical equipment and well-functioning with personnel well trained and using the equipment, women and girls received and using Dignity Kits.	<ul style="list-style-type: none"> • 3 health facilities (Torit, Cuiebet Hospital & Rumbek Central PHCCs supplied with medical equipment and supplies. • Number of dignity kits distributed to beneficiaries (2000 women, 2000 girls) 	Waybills, inventory/assets registers	<ul style="list-style-type: none"> • Stable security, no massive population displacement from the sites , timely fund disbursements
Activity 1.2.1	Procurement and preposition of basic medical equipment and drugs supplies			
Activity 1.2.2	On job training of frontline personnel on equipment usage			
Activity 1.2.3	<ul style="list-style-type: none"> • Distribution of Dignity kits 			
Output 1.3	Frontline responders' trained in GBV care and able to respond promptly to GBV survivors needs.	<ul style="list-style-type: none"> • # of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation. 	<ul style="list-style-type: none"> • Training reports/pre & post training evaluation • Quarterly progressive reports 	<ul style="list-style-type: none"> • Stable Population, available qualified staff, timely fund disbursements
Activity 1.3.1	Conduct training to frontline personnel on management of GBV survivors			
Activity 1.3.2	Life skills Training to social groups(Women and Adolescent girls)			
Outcome 2	Increased awareness on GBV services through Mass Media education (IEC materials, Radio spots)	<ul style="list-style-type: none"> • # of beneficiaries reached with behaviour change messages on GBV and available services in emergency settings. • # of IEC materials printed and distributed • # of Radio spots & talk shows, ran on local FM Radio stations 	<ul style="list-style-type: none"> • Quarterly progressive reports • Media reports 	<ul style="list-style-type: none"> • Stable Population, available qualified staff, , good radio coverage, timely fund disbursements
Output 2.1	Community members reached with Mass Media education (by use of IEC materials, Radio spots to disseminate key preventive messages)and equipped with knowledge on GBV	<ul style="list-style-type: none"> • 2,230 Men, 2120 Boys, 5,250 girls and 29,949 women, received preventive awareness messages • 20 Banners designed, printed and distributed • # of GBV Radio spots and promos ran 	<ul style="list-style-type: none"> • Quarterly progressive reports/Photos/outreach reports 	<ul style="list-style-type: none"> • Stable Population, available qualified staff, timely fund disbursements
Activity 2.1.1	Print and distribute IEC materials			
Activity 2.1.2	Conduct awareness sessions using IEC materials			
Activity 2.1.3	Run GBV radio spots and promos on Local FM radio station			

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Activity 2.1.4	Together with the medical team, conduct joint outreach services to enhance message dissemination		
Outcome 3	Improved GBV Information management system, reporting and surveillance for knowledge collection, Early warnings & rapid responses	<ul style="list-style-type: none"> • # of Facilities, County and State offices with established GBV information management system • # of operational research conducted • # of weekly surveillance reports submitted 	<ul style="list-style-type: none"> • GBV surveillance & monthly reports • OPD/IPD, monthly statistical reports • Quarterly progress reports <ul style="list-style-type: none"> • Stable Population, available qualified staff, timely fund disbursements
Output 3.1	GBV referral and response mechanism are strengthened in targeted counties as a result of established GBV IMS & surveillance system	<ul style="list-style-type: none"> • # of health facilities with established GBV Information Management, reporting and surveillance system at Facility. • Number of inter-sectoral sensitization dialogues held (1) • Number of FDGs conducted with community leaders(3) 	<ul style="list-style-type: none"> • GBV surveillance & monthly reports • Survey report • Quarterly progress reports <ul style="list-style-type: none"> • Stable Population, available qualified staff, timely fund disbursements
Activity 3.1.1	Establish GBV Information Management, reporting and surveillance system at Facility, County & State		
Activity 3.1.2	Conduct Intersectoral Sensitization dialogue meetings with stake holders		
Activity 3.1.3	FGDs with community leaders		
Activity 3.1.4	On Job training of data management personnel		

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:	1 July 2014	Project end date:	31 December 2014
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Activities	Q1/2014			Q2/2014			Q3/2014			Q4/2014		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 0 Recruit, orient, deploy essential GBV project staff and Community based Volunteers							X					
Activity 1 Establish One Stop GBV Crisis Centers							X	X	X			
Activity 3 Recruitment of additional technical and support staff							X					
Activity 4 Provide 24 hour emergency services to GBV survivors							X	X	X	X	X	X
Activity 5 Conduct general body assessment including external genitalia of rape survivors							X	X	X	X	X	X
Activity 6 Provide counseling and other psychological supports to GBV survivors							X	X	X	X	X	X
Activity 7 Conduct Laboratory examinations(HIV, HCG) to ascertain HIV and pregnancy status of the survivor							X	X	X	X	X	X
Activity 8 Provide PEP, Emergency contraceptives , Hepatitis B Vaccine, and general care as appropriate							X	X	X	X	X	X
Activity 9 Refer GBV survivors from the PHCUs/PHCCs to the One stop GBV management canter							X	X	X	X	X	X
Activity 10 Refer GBV survivors for legal aid support							X	X	X	X	X	X
Activity 11 Conduct active follow up of GBV survivors for continuous psychological supports							X	X	X	X	X	X
Activity 12 Procurement and preposition of basic medical equipment and drugs supplies												
Activity 13 Distribution of Dignity kits to women and girls							X	X	X	X	X	X
Activity 14 On job training of frontline personnel on equipment usage							X	X	X	X	X	X
Activity 15 Conduct training to frontline personnel on management of GBV survivors								X				
Activity 16 Life skills Training to social groups(Women and Adolescent girls)								X				
Activity 17 Print and distribute IEC materials								X	X			
Activity 18 Conduct awareness sessions using IEC materials							X	X	X	X	X	X
Activity 19 Run GBV radio spots and promos on Local FM radio station							X	X	X	X	X	X
Activity 20 Together with the medical team, conduct joint outreach services to enhance message dissemination							X	X	X	X	X	X
Activity 21 Establish GBV Information Management, reporting and surveillance system at Facility, County & State								X				
Activity 22 FGDs with community leaders							X	X				
Activity 23 On Job training of data management for the staff							X	X				
Activity 24 Monitoring and supportive supervision visits to measure on-going progress in the project implementation							X	X	X	X	X	X

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