

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
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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
<ul style="list-style-type: none"> - Protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants. - 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. - Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV. - Promote psychosocial well-being of children and GBV survivors through a community-based approach. 	Unity, Jonglei, Upper Nile, Lakes and Central Equatoria (Juba).

SECTION II

Project details																
The sections from this point onwards are to be filled by the organization requesting CHF funding.																
Requesting Organization	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															
UNFPA	<table border="1"> <thead> <tr> <th>State</th> <th>%</th> <th>County/ies (include payam when possible)</th> </tr> </thead> <tbody> <tr> <td>Jonglei</td> <td>30</td> <td>Fangak, Bor</td> </tr> <tr> <td>Unity</td> <td>30</td> <td>Leer, Mayendit, Bentiu</td> </tr> <tr> <td>CES</td> <td>15</td> <td>Terekeka</td> </tr> <tr> <td>Lakes</td> <td>25</td> <td>Awerial</td> </tr> </tbody> </table>	State	%	County/ies (include payam when possible)	Jonglei	30	Fangak, Bor	Unity	30	Leer, Mayendit, Bentiu	CES	15	Terekeka	Lakes	25	Awerial
State	%	County/ies (include payam when possible)														
Jonglei	30	Fangak, Bor														
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CES	15	Terekeka														
Lakes	25	Awerial														
Project CRP Code	CRP Gender Code															
SSD-14/P-HR-RL/60269	2b															
CRP Project Title (please write exact name as in the CRP)																
Strengthened quality and ethical multi-sectoral GBV prevention, response, monitoring and coordination in South Sudan																
Total Project Budget requested in the South Sudan CRP	US\$4,301,186															
Total funding secured for the CRP project (to date)	US\$791,939															
Funding requested from CHF for this project proposal	US\$ 794,625															
Are some activities in this project proposal co-funded (including in-kind)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)																
Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)	Indirect Beneficiaries / Catchment Population (if applicable)															

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	11,000	70,000
Girls:	9,000	30,000
Men:		
Boys:		
Total:	20,000	100,000

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Targeted population:
IDPs, Returnees, Host communities, Refugees

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

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

Indicate number of months: 6

1 August – 31 December 2014

Contact details Organization's Country Office

Organization's Address	Building 4, UN Hous
Project Focal Person	<i>Caroline Nyamayemombe</i> nyamayemomb@unfpa.org +211954 357 109
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Monitoring & Reporting focal person	<i>Eban Taban</i> loboka@unfpa.org

Contact details Organization's HQ

Organization's Address	
Desk officer	
Finance Officer	

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

Of the estimated 4.9 million affected by the crisis in South Sudan, about 25,000 women and girls are at risk of experiencing sexual violence. High insecurity and loss of community protection mechanisms arising from the conflict would likely increase this number unless adequate protection measures are established. Gender Based Violence (GBV) was already quite prevalent in South Sudan, and has been exacerbated by the conflict. In a recent report on the crisis, the UN Mission in South Sudan documented over 85 cases of sexual violence, mostly gang-rape; this is only the tip of an iceberg. While we know that in any situation, sexual violence is under reported, (many women do not survive to tell their ordeal), in crisis the risk of sexual violence is higher.

A number of protection concerns which pre-dispose women and girls to the risk of sexual violence, exploitation and abuse include: lack of lighting facilities in many affected areas, including within homes and PoC/ IDP sites; temporary sanitary installations for men and women are not well separated due to space constraints, especially in the UNMISS PoCs, and shortage of basic commodities within and outside of the PoCs, forcing many women and girls to resort to negative coping strategies such as sex for food or money. Adolescent girls and young women are particularly vulnerable to child marriage and sexual violence and face specific reproductive health challenges including unwanted and complicated pregnancy and delivery, unsafe abortion, obstetric/ traumatic fistula, psychological trauma, sexually transmitted infections and HIV.

In emergencies, dignity kits with protective items contribute to the protection of women and girls, by including items such as flashlights and whistles; contribute to the mental well-being of affected populations; allow budget substitution for families to purchase other important items needed in the emergency, such as food. Kits are explicitly tailored towards the needs of women and girls of reproductive age as opposed to the more generic "hygiene" or "family" kit and aims beyond meeting immediate hygiene needs. The distribution of dignity kits and sanitary materials for women and girls has been extremely limited in the current emergency. Displaced women and girls of reproductive age have thus remained exposed to the risk of infection and indignity, as well as excluded from social, economic and public activities at the time of menstruation. The procurement and distribution of dignity kits have been challenged by the lack of supplies due to limited funding for this life saving intervention.

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.

To date, GBV response has been established and is ongoing within all the PoC sites and some parts of Awerial County. However about 90% of the IDPs living outside the PoCs are yet to be reached with life saving interventions, one of which are dignity kits. This project aims to address this gap by providing dignity kits and raise awareness on GBV available services during distribution in some of the areas that have not been reached to date. UNFPA has been able secure funding to deploy GBV Specialists in Jonglei, Upper Nile, Unity and Central Equatoria State to work with partners and also offer some minimal psycho-social support services and support coordination. UNFPA has also deployed midwives co-locating with health partners and supporting provision of clinical management of rape. Dignity kits procured with CHF funding will be distributed through partners working in the prioritized IDP locations of Jonglei (Old & New Fangak, Bor town; Unity (Bentiu Leer, Mayendit), Awerial and CES Terekeka). UNFPA will also provide financial support to national NGOs to conduct community awareness on GBV and RH.

To ensure effective mainstreaming of GBV, UNFPA will conduct monitoring and support visits to project locations.

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.

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.

All the activities proposed are in line with cluster priorities:

The goal of this project is to provide dignity kits to women and girls of reproductive age, pregnant and lactating mothers, this aims to ensure that their dignity is preserved and their risks to GBV are mitigated. Dignity entails more than physical well-being; it demands respect for the whole person, including the values and beliefs of individuals and affected communities, and respect for their human rights, including liberty, freedom of conscience and religious observance. They offer an opportunity for raising awareness of affected communities on issues affecting women and girls and have proven a very good incentive for affected populations to attend information sessions, community chats or other awareness-raising forums. This is a key cluster priority.

Dignity kits are provided to GBV partners, who during distribution will provide information on how to use the kit, the importance of each item in the kit and where beneficiaries can receive additional help. Dignity kit distributions will help in encouraging women and girls to seek emotional support on any problems they may be facing, thereby providing a safe way to identify GBV survivors in need of more services.

UNFPA will provide dignity kits to 20,000 women and girls of reproductive age within the project locations with the following items:

- 4 pants (2 Medium and 2 Large size),
- 2 packets (containing 10 pads) of disposable pads OR one packet of 5 re-usable pads
- 2 x 500g of washing soap
- 100ml petroleum jelly
- 2m wrapping cloth
- 1 rechargeable flash light OR torch and 2 batteries
- 1 whistle
- 1 pamphlet with GBV and RH information
- 1 cotton bag with special message

. This support will ensure women and girls have sanitary material and supplies for them to restore their confidence to engage in public life and participate in community decision making processes. Protective items such as whistle and torch lights will mitigate the risks that women and girls currently face when utilising latrines and washing facilities, going out to collect firewood or to the grinding mills. Dignity kits will also serve as an entry point to discussing sensitive issues of sexual and reproductive health, HIV prevention and GBV, thereby empowering women and girls with information and life skills critical for them to prevent or to seek services when abused.

The project impact on environment will be limited. Disposal of sanitary materials will be managed in close collaboration with WASH. During distribution beneficiaries will be informed of proper disposal and related hygiene. Re-usable sanitary materials will also be distributed in sites where women and girls have expressed a preference for them.

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)

Objective 1: IDP and host community women and girls preserve their dignity and mitigate risks to GBV through the provision of basic personal hygiene and protective items.

Objective 2: IDP and host community women and girls become aware of GBV issues and available services within their community.

The objective of the UNFPA CRP project is to improve the provision and coordination of timely, safe and quality child and

gender sensitive prevention and response services to address gender based violence in emergencies. This project will thus address a critical part of this through timely provision of life saving items for displaced women and girls to mitigate their risk of GBV. Monitoring and ensuring that persons with specific needs, in this case women and girls have access to such dignity kits and key information on GBV and related services will increase the number of cases referred to partners on the ground and thereby increasing the number of survivors likely to receive appropriate services.

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).

Dignity kits are a GBV prevention intervention and as such will be provided to GBV actors who will also be conducting other prevention and response activities in the location. During the mid year review, the GBV Subcluster identified the need to scale up response outside the PoCs in the areas of Jonglei (Old & New Fangak, Pangil, Mogot, Jiech, Mandeng, Unity (Koch, Leer, Mayendit, Bentiu), Upper Nile (WauShiluk, Lul, Akoka, Nasir), Awerial and CES (Morobo and Terekeka). Partners working in these areas, identified mainly through the GBV Subcluster or through inter-cluster collaboration, will enter into a memorandum of understanding with UNFPA, which will state the number of kits to be provided and the roles of both parties. Based on the MoU, UNFPA or the partner will facilitate movement of kits to the location.

The requesting partner will be responsible for arranging for the storage and distribution in close collaboration with other clusters such as FSL, WASH or NFI. During the distribution, the requesting partner will be expected to demonstrate to beneficiaries how to use the contents and why they have been provided. In so doing, women and girls will be informed where to seek help for any reproductive health or GBV related problem. This way, the distribution provides an entry point to making community aware of GBV services and encourages help seeking behavior. In addition, simple pamphlet with key GBV and RH information will be included in the kits.

Main activities:

- Procure 20,000 dignity kits
- Sign MoUs with partners to receive dignity kits
- Facilitate in-country movement of kits to locations and storage as per MoU.
- Develop and print IEC on RH and GBV information and services
- Orient partners receiving kits on information to be provided during distribution
- Partners conduct GBV awareness sessions during all distribution of dignity kits
- Community awareness on available services and GBV prevention messages disseminated in Leer and Fangak
- Conduct a support visit during distribution and one post distribution monitoring visit to the locations where distribution has taken place.

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

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

The project targets at least 20,000 women and girls of reproductive age, pregnant women and lactating mothers to receive dignity kits and become aware of GBV related issues and available services for survivors in the IDPs as well as host community of Jonglei, Upper Nile, Unity, Lakes, Eastern Equatorial, States. Monitoring and ensuring that persons with specific needs, in this case women and girls have access to such dignity kits and key information on GBV and related services will increase the number of cases referred to partners on the ground and thereby increasing the number of survivors likely to receive appropriate services.

The response will be coordinated at all times with the Protection Cluster at the State and National levels as well as with other relevant clusters or sub-clusters such as WASH, Health, and GBV and Child Protection Working Groups. During emergencies.

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.	Number of Dignity kits procured	20,000
	2.	Number of women and girls of reproductive age who receive dignity kits	11,000 women including pregnant and lactating mothers and 9,000 girls. (Total 20,000)
	3.	Number of women and girls reached with GBV information through distribution awareness sessions.	20,000 (11,000 pregnant and lactating mothers and 9000 girls)
	4.	# of dignity kits prepositioned	To be determined with partners

vi) Cross Cutting Issues

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

HIV/AIDS will be included as part of the GBV awareness during distribution of Dignity kits in order to sensitize participants about the link between GBV and the risk of HIV. Issues of HIV stigma will also be addressed. The increased awareness on available services and the benefits of reporting is expected to lead to more survivors reporting within 72 hours after the sexual violence occurred.

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 targeted locations for this CHF funding are Jonglei (Old & New Fangak, Pangil, Mogot, Jiech, Mandeng, Unity (Koch, Leer, Mayendit), Upper Nile (WauShiluk, Lul, Akoka, Nasir), Awerial and CES (Terekeka). UNFPA has so far identified partners working in these areas, mainly through the GBV Subcluster. For other areas, discussions are ongoing through inter-cluster collaboration. Partners identified through the subcluster include Nile Hope, SALF, UNIDO, Israaid, CCOSS, SAADO and IRC. Partners will enter into a memorandum of understanding with UNFPA, which will state the number of kits to be provided and the roles of both parties. Based on the MoU, UNFPA or the partner will facilitate movement of kits to the location. The requesting partner will be responsible for arranging for the storage and distribution in close collaboration with other clusters such as FSL, WASH or NFI. During the distribution, the requesting partner will be expected to demonstrate to beneficiaries how to use the contents and why they have been provided. UNFPA will provide standard orientation of NGO staff on the ground on key information to be passed on during distribution and to enable them to work independently and to involve as much as possible beneficiaries in all the implementation phases of the project. All the activities will follow a Community Based Approach in order to involve communities as much as possible using the same communication channel that the community and the NGOs on the ground are using. While a draft distribution plan has been developed based on OCHA estimates in the targeted locations, this will be re-confirmed by partners and in line with the outcome of the dignity kit/hygiene kit mapping initiated by GBV SC. UNFPA will work closely with the logistic clusters in order to have dignity kits reach partners on time. In regard to the purchase of Dignity kits, UNFPA will utilize its own procurement rules and regulations.

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 work plan (Section III)².

Partners will be requested to register beneficiaries and each beneficiary will sign to acknowledge receipt of kit. UNFPA will deploy its staff to oversee at least one distribution per location. Key messages for information sessions that have been developed will be used during distribution. Partners will be requested to submit distribution registers and human interest stories for sharing with stakeholders and CHF. Attendance forms and specific monitoring format will be used in accordance with the activities implemented. UNFPA will conduct at least one post distribution monitoring visit, during which beneficiaries will be asked to recall some of the messages given and how useful they were. UNFPA will analyze

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.

the number of messages that beneficiaries can re-call to scale up their use.

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)
Denmark, UNFPA emergency funds, Japan	791,939
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./CRP Code: SSD-14/P-HR-RL/60269	Project title: Strengthened quality and ethical multi-sectoral GBV prevention, response, monitoring and coordination in South Sudan	Organisation: UNFPA

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<p>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</p> <p>GBV Direct support and response services to GBV survivors, including immediate medical and psychosocial care (incl. dignity kits)</p>	<p># of women and girls of reproductive age who receive dignity kits</p> <p># of Women and girls reached with key GBV messages</p>	<p>Distribution list</p> <p>Dignity kits purchased</p> <p>Photos,</p> <p>Distribution reports</p>	<p>challenges in movement due to insecurity and rains</p> <p>Risk mitigation: Procure reliable transport services Timely liaise with logistics cluster for movement of goods</p>
CHF project Objective	<p>Objective 1: IDP and host community women and girls preserve their dignity and mitigate risks to GBV through the provision of basic personal hygiene and protective items.</p> <p>Objective 2: IDP and host community women and girls</p>	<p># of women and girls of reproductive age who receive dignity kits</p> <p># of Women and girls reached with key GBV messages</p>	<p>Registration list and Distribution reports</p> <p>Increase in number of GBV survivors seeking services</p>	<p>Accessibility to the area of intervention, especially during rainy season</p> <p>Safe and conducive storage space for kits Coordination and support from other clusters for distribution e.g WASH.</p> <p>National and local security</p>

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	become awareness of GBV issues and available services within their community.			situation guaranteed; Risk mitigation: Share distribution plan with logistics and WASH cluster Partner to report on storage and distribution logistics agreed in location before movement of goods
Outcome 1	Increased access to timely, safe and quality gender sensitive prevention and response services to address gender based violence in emergencies.	# of GBV survivors who received services	Field monitoring report	Security prevails Availability of health, psycho-social and security services Risk mitigation: Closely coordinate with health partners for provision of CMR Mobilise more partners to provide psycho-social support services Promote synergies with UNPOL and UNMISS PoC for enhancing security.
Output 1.1	11,000 women and 9,000 girls of reproductive age are protected from GBV.	<ul style="list-style-type: none"> Number of women and girls who receive dignity kits with protective items 	Registration and distribution list	Security prevails Women and girls use the dignity kits Timely distribution Risk mitigation: Preposition kits in areas with high movement of IDPs.
Activity 1.1.1	Purchase dignity kits for 20,000 women and girls			
Activity 1.1.2	Transport dignity kits to distribution areas			
Activity 1.1.3	Develop distribution plan			
Activity 1.1.4	Partners register beneficiaries of dignity kits			
Activity 1.1.5	Partners distribute dignity kits			
Activity 1.1.6	Monitor distribution of kits and after distribution of kits			
Output 1.2	Women and girls become aware of GBV issues and available	<ul style="list-style-type: none"> Number of women and girls reached with GBV information through 	Registration and distribution list	Women and girls use the dignity kits

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	services in their community.	distribution awareness sessions.		Timely distribution Risk mitigation: Preposition kits in areas with high movement of IDPs.
Activity 1.2.1	Orient partners on key messages for distribution of dignity kits			
Activity 1.2.2	Develop pamphlet on GBV and RH to include in kits			
Activity 1.2.3	Share GBV referral pathway for location with partners before distribution			
Activity 1.2.4	Conduct awareness raising campaign on available services and prevention of GBV in Leer and Fangak			
Activity 1.2.5	Conduct monitoring visits to locations			

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 August 2014	Project end date:	31 December 2014	Q2		Q3/2014		Q4/2014			Q1/2015			Q2/2015	
Activities	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
Activity 1 Purchase 20 000 dignity kits for 20,000 women and girls			x												
Activity 2 Transport dignity kits to distribution areas				x											
Activity 3 Partners Register beneficiaries for dignity kits			x												
Activity 4 Develop distribution plan			x												
Activity 5 Develop and print pamphlet on GBV and RH information			x												
Activity 6 Orient partners on key messages for distribution			x												
Activity 7 Distribute dignity kits				x	x	x									
Activity 8 Mobilise and orient staff and local authorities to support distribution and awareness raising			x	x											
Activity 9 Share GBV referral pathway				x	x	x									
Activity 10 Conduct GBV prevention campaign in Leer and Fangak				x	x	x									
Activity 11 Conduct monitoring visits to locations				x	x	x	x								

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