

Project Proposal

Organization	UNICEF (United Nations Children's Fund)																																		
Project Title	Strengthening GBV prevention and response services in South Sudan																																		
Fund Code	SSD-15/SA1/P/UN/288																																		
Cluster	<table border="1"> <tr> <th>Primary cluster</th> <th>Sub cluster</th> </tr> <tr> <td>PROTECTION</td> <td>Gender Based Violence as subsidiary clusters</td> </tr> </table>		Primary cluster	Sub cluster	PROTECTION	Gender Based Violence as subsidiary clusters																													
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Project Allocation	1st Round Standard Allocation	Allocation Category Type	Frontline services																																
Project budget in US\$	213,040.21	Planned project duration	6 months																																
Planned Start Date	01/01/2015	Planned End Date	30/06/2015																																
OPS Details	OPS Code	SSD-15/P-HR-RL/72807	OPS Budget	0.00																															
	OPS Project Ranking		OPS Gender Marker																																
Project Summary	<p>UNICEF plans to increase presence of GBV prevention/response intervention in the worst affected areas of Upper Nile State, including Nasir and Fashoda in Upper Nile State to start up GBV response services and some prevention and risk mitigation activities. The main activities include 1) equipping medical actors to provide clinical management of rape (CMR) and basic emotional support in partnership with UNFPA and other relevant actors, 2) provision of psychosocial support, including emergency case management services for survivors of GBV. UNICEF will continue to support an existing partnership with South Sudan Widows and Orphans Charitable Organization (SSWOCO) and Nile Hope Development Foundation in the Upper Nile State. This intervention will address critical needs of girls and women to be protected from violence. To respond to the critical gap; lack of experienced GBV actors, UNICEF will provide intensive technical support, including mentoring on the ground to other inexperienced CBOs and other non-traditional GBV agencies (medical actors, CP actors etc). This will seek to strengthen the quality of services but also increase the numbers of credible GBV actors to respond to GBV in future in South Sudan.</p>																																		
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>500</td> <td>1000</td> <td>500</td> <td>750</td> <td>2,750</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>People in Host Communities</td> <td>250</td> <td>500</td> <td>250</td> <td>375</td> <td>1375</td> </tr> <tr> <td>Internally Displaced People</td> <td>250</td> <td>500</td> <td>250</td> <td>375</td> <td>1375</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	500	1000	500	750	2,750	Total beneficiaries include the following:						People in Host Communities	250	500	250	375	1375	Internally Displaced People	250	500	250	375	1375
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Indirect Beneficiaries	5000 women, men, girls and boys who receive key messages through the people participated in the project.	Catchment Population	Upper Nile (Fashoda and Nasir counties). No data for the population but the numbers of IDP according to the OCHA (July 2014), there are 378,640 IDPs in Fashoda County and 20,000 IDPs in Mandeng, Nasir county.																																
Link with the Allocation Strategy	<p>This project matches the prioritization criteria of the Allocation Strategy.</p> <p>1. Activities that best capitalize on the windows of opportunity offered by the dry season. The most of areas in Upper Nile State are inaccessible during rainy season including Nasir and Fashoda counties. Constant presence of partners and frequent technical support trips from UNICEF are required especially in the starting stage of the project. Dry season is the only opportunity for UNICEF and partners to start up GBV intervention in these hard to reach areas. It is especially critical as partners require heavy technical support from UNICEF. During dry season, UNICEF intends to provide as much as technical support to partners to start up so that partners can continue on services with little technical support on the ground by UNICEF in the rainy season.</p> <p>2. Activities that directly address life-threatening needs, and in locations where such needs are greatest. Upper Nile States are categorized as 4 in the heat map. UNICEF has tried to identify GBV actors in the state in 2014 and it was extremely hard. This situation tells that despite that fact that GBV is an issue in the state, no or little GBV services are provided to survivors or people at risk. GBV i.e. sexual violence has serious health (both physical and mental) effects without proper and timely support. Survivors will not access to any services without addressing some of barriers in the community which resulted in critical negative impact for the life of survivors. It is critical that GBV actors work in the community level to address these barriers. The situation in UNS has been fragile. But both partners have presence in the Fashoda county and Nasir county. This is the opportunity to start up and provide immediate support in collaboration with other actors i.e. medical actors.</p> <p>GBV is life-saving intervention according to the CERF life-saving criteria. All the proposed activities are also considered as life-saving. Sexual violence has immediate and life-long negative impact on both physical and mental health. It can directly cause death, or indirectly infection i.e. HIV or other STI or suicide. Girls and women play critical roles in South Sudan to keep family safe and healthy, protecting girls and women have significant impact to achieve other results, such as accessing safe water and improve nutrition status of children. Girls and women are the ones who bring safe water and food to home, take care of children and elders including nutrition. Preventing and responding to GBV has not only life-saving effects to survivors but also ensuring achievement of other critical goals of the humanitarian response.</p>																																		
Sub-Grants to Implementing Partners	<table border="1"> <thead> <tr> <th>Partner Name</th> <th>Partner Type</th> <th>Budget in US\$</th> </tr> </thead> <tbody> <tr> <td>SSWOCO</td> <td>National NGO</td> <td>50,000.00</td> </tr> <tr> <td>NHDF</td> <td>National NGO</td> <td>90,000.00</td> </tr> <tr> <td></td> <td></td> <td>140,000.00</td> </tr> </tbody> </table>		Partner Name	Partner Type	Budget in US\$	SSWOCO	National NGO	50,000.00	NHDF	National NGO	90,000.00			140,000.00	Other funding Secured For the Same Project (to date)	<table border="1"> <thead> <tr> <th>Source</th> <th>US\$</th> </tr> </thead> <tbody> <tr> <td>USAID</td> <td>200,000.00</td> </tr> <tr> <td></td> <td>200,000.00</td> </tr> </tbody> </table>		Source	US\$	USAID	200,000.00		200,000.00												
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BACKGROUND INFORMATION																																			
1. Humanitarian context analysis..	<p>Gender Based Violence (GBV) was a persistent problem in South Sudan prior to the current conflict. The on-going crisis since 15 December 2013 has made girls and women more vulnerable to risks of GBV due to insecurity across country and decreased availability of services. Many women have been displaced out of state capitals where many services were centered, to congested displacement sites. Upper Nile State is one of the worst affected state by this crisis. It is estimated 860,000 people are in need of humanitarian assistance in the state. While limited data exists but UNICEF's experience through RRM and other operations in the state indicates that majority of IDPs are women and children. These displaced women and children i.e. girls are high risk to face GBV i.e. those who live in the hard to reach areas. Building on the findings of the rapid assessment conducted in Malakal, some of reasons why they face GBV are i) heavy presence of armed forces and groups in the state, 2) lack of protection by communities as they displace/ destruction of safety net, 3) risky coping mechanism to fulfill basic needs of family (food and water). Women are risking their life and dignity as they go out of relatively safe areas to fetch water, collect fire woods and food for family.</p>																																		
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was	<p>Due to lack of GBV services as well as lack of awareness on available medical services, survivors are not accessing to critical services. There are only three GBV actors currently operating in Upper Nile State of which two of them are UNICEF's partners. The main challenges in Upper Nile State is lacking of experienced GBV actors including international GBV actors. But there is an opportunity in the state. While there are three GBV actors currently operating in Upper Nile State, there are strong presence of medical actors (Malakal, Wau Shik, Fashoda, Panyikang, Melut, Renk and Naseer) who could provide clinical management of rape to</p>																																		

Logical framework	Activity 1.1.1 Provide medical and psychosocial support including case management services to survivors of GBV.	2015			X	X	X	X						
	Activity 1.1.2 Establish and regularly update GBV referral system in the target areas.	2015		X	X	X	X	X						
	Activity 1.1.3 Establish and manage women's friendly spaces for girls and women in the target areas.	2015			X	X	X	X						
	Activity 1.2.1 Conduct community outreach to increase knowledge on available GBV services.	2015			X	X	X	X						
	Activity 1.2.2 Conduct community outreach and engagement to address barriers for survivor's access to services. Focus group discussion will be held with community members (i.e. women's group, girls' group and community leaders) to assess barriers to hinder survivor's access to services by using "Barriers to care analysis and planning tool" and then additional FGD will be held to identify suitable strategies in the community to address barriers. Not all barriers can be addressed in the short time but some of barriers can be addressed in different strategy. For instance if one of the barriers is "lack of knowledge on available services", then community outreach to raise awareness on available services is a strategy to address the barrier.	2015	X	X	X	X	X	X						

M & R DETAILS

<p>Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project.</p>	<p>UNICEF GBV Specialists will visit the project locations at least two times per each during the project period. During the visit, the specialists will monitor the progress and quality of activities by using some of tools (i.e. minimum standards, satisfaction etc) mentioned in the logframe. They will report to the GBV Specialist in the Country Office in Juba who will analyze all data from the field and decide on additional support, monitoring required. UNICEF and partner also have quarterly project review meeting in Juba and Malakal where their main offices are. UNICEF and partners review the progress of the activities, key challenges the partners have faced and identify appropriate strategies to address challenges and make a work plan for next quarter. UNICEF and partners will meet ad hoc basis in Juba and Malakal as well. In addition to these measures, the partners are also going to submit bi-weekly report and monthly report to UNICEF.</p>
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OTHER INFORMATION

Accountability to Affected Populations	Through these partnerships we will monitor compliance with minimum standards, through both onsite coaching and mentoring and through setting up beneficiary feedback mechanisms.						
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The project will be implemented through partners. UNICEF already have partnership agreement with the partners in Fashoda county and Nasir county. The partner(SSWOCO) in Fashoda county will start project activities in January starting with the GBV rapid assessment. The NHDF in Mandeng started its activities last year. The partner will further strengthen the activities started and scale up the catchment areas in Nasir county. UNICEF will provide technical support to both partners to conduct assessment, develop appropriate strategy to engage community and strengthen referral with other partners.						
Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. CORDAID</td> <td>Fashoda county - referral to provide CMR to survivors</td> </tr> <tr> <td>2. UNKEA</td> <td>Nasir county - referral to provide CMR to survivors</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. CORDAID	Fashoda county - referral to provide CMR to survivors	2. UNKEA	Nasir county - referral to provide CMR to survivors
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1. CORDAID	Fashoda county - referral to provide CMR to survivors						
2. UNKEA	Nasir county - referral to provide CMR to survivors						
Environmental Marker Code	A: Neutral Impact on environment with No mitigation						
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality						
Justify Chosen Gender Marker Code	The root causes of GBV is gender inequality. In the structured community engagement, gender inequality will be addressed to mitigate risks of GBV. This project mainly addressing needs of girls and women who have exposed to violence and who has not been able to access to essential GBV prevention/response services due to their gender roles. One of key component of community outreach includes behavior changes which address gender inequality between men/women and boys/girls.						
Protection Mainstreaming	Partners will be provided technical support to ensure that clinical management services are linked with appropriate HIV services.						
Safety and Security	The security situation in both Fashoda and Nasir are fragile. However the partners have already present in the areas. UNICEF and partner had discussion on safety and security issues when the agreements were formed. UNICEF will keep monitoring the situation in collaboration with UNDSS and other agencies and make necessary arrangement as needed.						
Access	Both Fashoda and Nasir (Mandeng) has access in dry seasons. Fashoda county can be accessed from Malakal by boat and various NGOs have accessed to the areas. Mandeng is now accessible by UNHAS flight but the partner has been accessing to Mandeng from Akobo by boat and road. Both areas will have difficult access issues during rainy seasons but during dry seasons, the access is feasible.						

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
1.1	CP (GBV) Specialist, Expat, P3	D	1	18125	3	100.00%	54,375.00	41,690.25	41,690.25	83,380.50
	The post is a roving. The specialist will travel in UNS to provide necessary technical support and conduct training for partners.									
	Section Total						54,375.00	41,690.25	41,690.25	83,380.50

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	
	Section Total						0.00	0	0	0.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q1	Q2	

Section Total							0.00	0	0	0.00	
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
5.1	Return flights from and to the locations	D	4	400	1	75.00%	1,200.00	2,400.00	2,400.00	4,800.00	
	Airfare for the domestic travel for technical support and monitoring trip										
Section Total							1,200.00	2,400.00	2,400.00	4,800.00	
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
6.1	SSWOCO	D	1	50000	1	100.00%	50,000.00	0.00	20,000.00	20,000.00	
	A partner to provide the GBV activities listed in this proposal in Fashoda County.										
6.2	NHDF	D	1	93528	1	100.00%	93,528.00	0.00	20,000.00	20,000.00	
	A partner to implement the GBV activities listed in this proposal in Nasir County.										
Section Total							143,528.00	0.00	40,000.00	40,000.00	
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)											
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q1	Q2		
Section Total							0.00	0	0	0.00	
Sub Total Direct Cost											199,103.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)											7%
Audit Cost (For NGO, in percent)											
PSC Amount											13,937.21
Quarterly Budget Details for PSC Amount		2015		Total							
		Q1	Q2								
		0.00	0.00	0.00							
Total Fund Project Cost											213,040.21
Project Locations											
Location	Estimated percentage of budget for each location					Beneficiary Men	Women	Boy	Girl	Total	Activity
Upper Nile	55									0	
Upper Nile -> Fashoda	45									0	
Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)											
DOCUMENTS											

