

<b>Requesting Organization :</b>	United Nations Children's Fund				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		<b>100</b>			
<b>Project Title :</b>	Mitigating GBV Risks and Strengthening Life-Saving Response Services for Survivors				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/P/UN/3576		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	149,833.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/10/2016	<b>Planned End Date :</b>	31/03/2017		
<b>Actual Start Date:</b>	01/10/2016	<b>Actual End Date:</b>	31/03/2017		
<b>Project Summary :</b>	<p>UNICEF plans to strengthen Gender Based Violence (GBV) prevention and response work by supporting other clusters to strengthen GBV prevention and risk mitigation through their sectoral interventions. UNICEF will work closely with the Health and Camp Coordination and Camp Management (CCCM) clusters to not only reduce risk of exposure to GBV and prevent it from happening in the first place but also to promote dignity, safety, and participation of women and girls. In addition, capacity building with the Health sector will include life-saving response services, namely clinical management of rape (CMR) training and development of systems for tracking essential CMR drugs, in close coordination with both the GBV sub-cluster and the CMR task force within the RH working group.</p> <p>The 2015 IASC Guidelines, Integrating Gender Based Violence Interventions in Humanitarian Action, will be used to form the foundation of this work and guide all steps of the process. The guidelines were launched in South Sudan in March 2016. UNICEF, partnering with the WASH Cluster, has led the mainstreaming in WASH interventions in South Sudan and the achievements have been cited globally as best-practice. UNICEF, in partnership with IMC, has already been providing similar support to the Health sector, through a mobile CMR training team.</p> <p>UNICEF will build on this experience and success, while making use of in-house expertise on GBV prevention and response, to address gaps in CMR coverage throughout the country and support both Health and CCCM to more systematically integrate GBV considerations into their sectoral programming. Activities will take place at national level, as well as field locations of Juba, Yei and Wau, plus additional locations for CMR training to be identified in collaboration with relevant health actors. To keep up with the rapidly changing environment, a mobile CMR training team will be supported to provide trainings to local staff on CMR including administration of essential medicines and care for survivors. This work will be done in close collaboration with the national GBV Sub-Cluster along, state-level GBV working groups (where available), and the Reproductive Health working group. Trainings will be complemented by practical, on-the-ground support to colleagues working in CCCM and Health, including activities like joint monitoring activities (such as safety audits and facility monitoring) and structured action planning. This will seek to strengthen quality of services but also promote and increase system wide accountability for GBV prevention and response in South Sudan.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	100	19,120	0	26,000	45,220
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Aid Agencies	100	120	0	0	220
Internally Displaced People	0	19,000	0	26,000	45,000
<b>Indirect Beneficiaries :</b>					
<b>Catchment Population:</b>					

**Link with allocation strategy :**

The project directly supports the first HRP strategic objective “saving lives and alleviating suffering through safe access to services with dignity” as its key focus is strengthening life-saving GBV prevention and response services. This project will support the cluster system to fulfil its responsibility to mainstream GBV prevention and risk mitigation across key sectors, namely, Health and CCCM, responding to the HRP strategic objective aimed at ensuring safe access to all services by reducing risk of GBV and increasing access to services. The Protection Cluster has prioritised lifesaving GBV prevention and response services as well as risk mitigation activities.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
Voice for Change	National NGO	29,500.00
		<b>29,500.00</b>

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount
USAID	500,000.00
	<b>500,000.00</b>

**Organization focal point :**

Name	Title	Email	Phone
Vedasto Nsanzugwanko	Chief, Child Protection	vnsazugwanko@unicef.org	+211953330863
Christine Heckman	Child Protection (GBV) Specialist	checkman@unicef.org	+211956280101
Jennifer Melton	Child Protection (GBV) Specialist	jmelton@unicef.org	+211954586312

**BACKGROUND****1. Humanitarian context analysis**

GBV was a persistent problem in South Sudan prior to instability and conflict, but the current crisis has exacerbated GBV risks. In most locations, women and children make up a majority of the IDP population and exacerbating risk factors for GBV include: i) general insecurity, ii) heavy presence of armed forces and groups around displacement sites, iii) lack of protection by communities/ destruction of safety nets, iv) camps/facilities that do not meet the basic standards for safety, v) inability to meet basic survival needs (food, water, firewood, etc.) resulting in women and girls being forced to employ risky coping mechanisms -- including leaving the relative safety of POC sites -- in order to ensure their families' survival.

The documented risks in and around Protection of Civilian (POC) sites demand collective action across sectors to better mitigate risks of GBV. Sectors, however, do not always have the capacity to address this without support from dedicated protection colleagues. The new IASC Guidelines on Integrating Gender Based Violence Interventions in Humanitarian Action are a tool to assist sectors, but sectors have yet to fully understand how they can best make use of these guidelines and effectively integrate them into their everyday activities.

Similarly, though GBV -- particularly sexual violence -- occurring in the context of the crisis has received a high level of attention in recent months, basic life-saving services for survivors, such as clinical management of rape, are still limited to a small percentage of locations.

**2. Needs assessment**

GBV: In the context of the humanitarian crisis in South Sudan, GBV – already pervasive prior to the current emergency – has been exacerbated by on-going violence, impunity, a highly militarised society, and the destruction of services and support systems for survivors. The Special Representative of the Secretary General on Sexual Violence in Conflict, Zainab Hawa Bangura, again highlighted the necessity to address sexual violence in South Sudan during her recent visit in May 2016: “it is imperative for the authorities of the Transitional Government of National Unity to ensure accountability for these crimes.”

According to reports verified by UNICEF and partners, an alarming number of women and girls have been subjected to sexual violence since fighting broke out in the capital, Juba, on 8 July 2016. These incidents are largely occurring in the context of women trying to meet the basic survival needs of their families, which forces them to leave the POC site and walk through highly militarised areas to access nearby markets. Furthermore, the Protection Cluster reports that the “characteristics of the sexual violence reported around UN House are highly concerning. Many of the incidents have reportedly involved multiple perpetrators in uniform, and in some instances women have been abducted just outside the gates of the POC. The Protection Cluster is deeply concerned about reports of women being held captive and used as sex slaves. At least two victims of sexual violence are known to have died as a result of their injuries.”

Concern for the safety of women and girls is not limited to Juba. A number of assessments and monitoring reports conducted in other areas around the county reveal fear of GBV including incidents of sexual violence: “women go missing, we hold funerals for them if they do not return within 7 days but we do not know whether they have been killed or whether soldiers have taken them as wives .” When violence erupted in Wau on 24 June, many women and children fled to the bush, yet found themselves scattered and sleeping in makeshift shelters for several days where they feared men and boys would assault them . Displaced women and girls are particularly exposed to exploitation given their social and economic vulnerability. Women and girls in POC sites and other IDP settlements face increased risks of GBV linked to over-crowding, lack of lighting, and facilities that do not meet minimum standards for camp management including safety and privacy.

Clinical management of rape: CMR coverage remains a significant gap across the country, both in terms of trained professionals who can provide the service as well as lack of proper drugs.

Risk mitigation: UNICEF, on behalf of the GBV sub-cluster has already been working closely with the WASH cluster on GBV risk mitigation. The WASH cluster has made significant progress to mitigate risks of GBV in their activities. Though the other clusters have implemented some ad hoc risk mitigation measures in certain locations, they have yet to identify, tailor and implement such measures in a systematic way.

### **3. Description Of Beneficiaries**

This project will increase capacity for provision of clinical management of rape service provision to survivors of sexual violence. In addition, it will support the work of the Health and CCCM clusters and cluster members to improve privacy, dignity and safety for more than 45,000 IDP women and girls.

### **4. Grant Request Justification**

Clinical management of rape is not only a life-saving intervention -- survivors have just 72 hours following an incident of sexual violence to prevent HIV transmission -- it is also the foundational service required to establish more comprehensive GBV programming. In many locations, humanitarian organisations have identified the need for GBV interventions but cannot initiate such programming because there is no CMR referral available. Similarly, in some places where health workers have been trained on CMR, proper drugs are either missing completely or stocked/monitored inconsistently, which creates an additional barrier to survivors' ability to access life-saving services. This project will complement existing efforts (by UNFPA, IMC and others) to build CMR capacity and improve GBV response services in the health sector more generally.

This project also aims to increase the capacity of humanitarian actors in the Health and CCCM clusters to meet the needs of women and girls, particularly in regards to gender-based violence prevention and risk mitigation. It will assist Health and CCCM actors to identify and implement strategic and programmatic actions to reduce risk of and address GBV throughout all phases of an emergency. The CHF funds will be used to support this initiative, thereby opening the door for a more comprehensive approach to mitigating GBV.

Based on experience in GBV mainstreaming in last two years with the WASH cluster, UNICEF is planning to develop relevant tools and conduct necessary training and technical support to those actors that require additional support to mitigate risks of GBV and to maximise dignity, privacy and safety for women and girls across Health and CCCM.

### **5. Complementarity**

This project will complement the work already being implemented by clusters by reinforcing and rendering more visible good practices which demonstrate how GBV risk reduction is and can be successfully incorporated and applied. It will also complement efforts by other organisations, such as UNFPA and IMC, to build capacity on CMR. Given the scale of the needs around CMR across the country, this project will help fill in gaps in locations other actors have not been able to cover and the mobile modality will create the flexibility needed to provide support in multiple locations and/or if new needs are identified during the course of the implementation period. The monitoring systems for CMR drugs as well as the risk mitigation tools for other clusters will serve as resources for all actors working in the identified sectors.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Access to life-saving clinical management of rape services is increased and GBV risk mitigation measures are more systematically integrated into Health and CCCM interventions.

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
CO1: The safety and dignity of vulnerable individuals is improved through prevention programming and protection mainstreaming to address threats and vulnerabilities		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			80		
CO2: Quality protection response services are available and can be accessed safely and freely		HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity			20		
<b>Contribution to Cluster/Sector Objectives :</b> This project will strengthen GBV health response and protection mainstreaming (through GBV risk mitigation) across Health and CCCM programming, thereby improving access to multisectoral services, particularly for IDP women and girls.							
<b>Outcome 1</b>							
45,000 women and girls have improved access to Health and CCCM services delivered in a way that maximises safety, privacy and dignity.							
<b>Output 1.1</b>							
<b>Description</b>							
The capacity of service providers in the Health and CCCM sectors are increased to mitigate the risks of GBV and respond appropriately to GBV survivors.							
<b>Assumptions &amp; Risks</b>							
Clusters (Health and CCCM) continue to have an interest and willingness to integrate GBV prevention and risk mitigation activities into their work. Due to ongoing instability in the overall security situation, it may not be possible to conduct trainings and safety audits in all desired field locations. Should this occur, alternate locations will be identified.							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Conduct training for GBV risk mitigation for clusters.							
<b>Activity 1.1.2</b>							
Support clusters to revise, develop and/or implement relevant standards and tools.							
<b>Activity 1.1.3</b>							
Conduct regular safety audits and facility monitoring to identify potential risks of GBV.							
<b>Activity 1.1.4</b>							
Support clusters/actors to develop strategies and actions based on the findings from safety audits and facility monitoring.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	# of actors (Health and CCCM ) trained on GBV risk mitigation					100
<b>Means of Verification :</b> Training reports; pre-/post-tests; attendance lists							
Indicator 1.1.2	PROTECTION	# of tools and/or standards developed or revised to support clusters					5
<b>Means of Verification :</b> developed or revised tools							
Indicator 1.1.3	PROTECTION	# of safety audits conducted in collaboration with other sectors					10
<b>Means of Verification :</b> safety audit reports; meeting minutes							
Indicator 1.1.4	PROTECTION	% of recommendations (based on safety audit findings) followed up on					70
<b>Means of Verification :</b> meeting minutes; results from subsequent safety audits (showing improvement)							
Indicator 1.1.5	PROTECTION	Frontline services # of organizations (both protection and non-protection) trained by HRP partners on protection, including mainstreaming, referrals and inclusion					10
<b>Means of Verification :</b> training reports; attendance lists							
<b>Output 1.2</b>							
<b>Description</b>							
Access to life-saving clinical services for GBV survivors is improved in target areas.							
<b>Assumptions &amp; Risks</b>							
Security remains stable in order to access field locations, conduct CMR training and maintain consistent stocks of supplies.							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Conduct clinical management of rape trainings for medical staff and other relevant professionals							

**Activity 1.2.2**

Establish systems for monitoring and maintaining supplies for clinical management of rape.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Frontline services # of health workers trained on clinical management of rape (CMR)	25	45			70

**Means of Verification** : training reports; attendance lists; pre-/post-tests

Indicator 1.2.2	PROTECTION	# of systems established for monitoring CMR supplies						1
-----------------	------------	--	--	--	--	--	--	---

**Means of Verification** : monitoring tools

**Additional Targets** :

**M & R**

**Monitoring & Reporting plan**

Pre- and post-tests from trainings will help assess and monitor training workshops. Actors will be supported to develop/improve action plans and monitoring tools. Safety audits conducted on a periodic basis are a part of regular monitoring to assess whether services are reaching the intended community members in a safe manner and whether previous recommendations have been implemented. Conducting safety audits is a fairly quick and efficient way to assess the extent to which humanitarian interventions across a variety of sectors are reaching women and girls in a safe manner to ensure more equitable access. Findings and recommendations from safety audits help inform programming to improve quality and to better respond to emerging safety and wellbeing needs. UNICEF will monitor the progress of project implementation through regular visits to the implementation sites as well as through written reports from CMR trainers, taking corrective actions, when needed, in consultation with project stakeholders. To assess the reported results and its quality, UNICEF will conduct field monitoring where access is granted.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct training for GBV risk mitigation for clusters.	2016										X	X	X
	2017	X											
Activity 1.1.2: Support clusters to revise, develop and/or implement relevant standards and tools.	2016										X	X	X
	2017	X	X	X									
Activity 1.1.3: Conduct regular safety audits and facility monitoring to identify potential risks of GBV.	2016										X	X	X
	2017	X	X	X									
Activity 1.1.4: Support clusters/actors to develop strategies and actions based on the findings from safety audits and facility monitoring.	2016											X	X
	2017	X	X	X									
Activity 1.2.1: Conduct clinical management of rape trainings for medical staff and other relevant professionals	2016											X	X
	2017	X	X										
Activity 1.2.2: Establish systems for monitoring and maintaining supplies for clinical management of rape.	2016										X	X	X
	2017	X	X										

**OTHER INFO**

**Accountability to Affected Populations**

Community participation through consultations is central to safety audits to better understand the needs and wishes of the community, taking into account the individual perspectives of women, girls, boys and men and to also engage the community in identifying and implementing community solutions. Compliance with minimum standards will be monitored, through technical support to clusters and through setting up beneficiary feedback mechanisms.

**Implementation Plan**

UNICEF will have a staff person dedicated to overseeing this project, including coordinating with the RH working group to identify priority locations and individuals for CMR training, as well as working with the Health and CCCM clusters to integrate GBV risk mitigation measures. This will be done through provision of trainings and direct support to revise, develop, and /or implement related standards.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
GBV sub-cluster	Coordinate with the GBV sub-cluster and members to standardize GBV risk mitigation approaches and to capture best practices.
Voice for Change	Continue supporting Voice for Change to strengthen community-based care for GBV survivors in Yei.

Health Cluster/Reproductive Health Working Group	Coordinate with relevant actors in the Health Cluster and RH working group (UNFPA, IMC, etc.) on CMR trainings and supply monitoring systems.
CCCM and Health clusters	Coordinate with CCCM and Health clusters to develop, revise and/or implement GBV risk mitigation measures that are tailored to the South Sudan context.

### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

### **Gender Marker Of The Project**

2b-The principal purpose of the project is to advance gender equality

### **Justify Chosen Gender Marker Code**

In South Sudan, women and girls are at highest risk for GBV. This project mainly addresses the needs of girls and women who are at risk of or have been exposed to violence but have not been able to access to essential GBV prevention/response services. The project also ensures that women and girls have a voice in influencing service delivery that affects their everyday lives, a necessary proactive measure to help promote gender equality, as females are most directly impacted by certain types of service delivery (WASH, etc.) but are frequently excluded from decision-making structures related to these issues.

### **Protection Mainstreaming**

One of the primary areas of focus for the project is protection mainstreaming, specifically GBV risk mitigation, across the CCCM and Health sectors, as well as integration of life-saving clinical services for survivors into the Health sector response.

### **Country Specific Information**

#### **Safety and Security**

UNICEF, in collaboration with UN DSS and other actors, assesses security on a regular basis to optimize safety for staff while delivering essential services to affected populations.

#### **Access**

This project aims to strengthen and build capacity of actors. Though access remains a challenge in various locations across the country, much of the work proposed in this project will take place in urban centers where there is relatively good access.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	P3 GBV Specialist	D	1	18,529.00	2	100.00	37,058.00
	<b>Section Total</b>						<b>37,058.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Contextualising and printing of materials	D	1	4,000.00	1	100.00	4,000.00
	<b>Section Total</b>						<b>4,000.00</b>
<b>Contractual Services</b>							
4.1	2 Day refresher & action planning workshop with targeted clusters at national level	D	1	5,500.00	1	100.00	5,500.00
4.2	Trainings for each targeted cluster in field locations	D	1	8,000.00	1	100.00	8,000.00
4.3	CMR trainings	D	1	19,000.00	1	100.00	19,000.00
4.4	1 day session on "capturing best practices in GBV risk mitigation" in each implementation site	D	1	5,000.00	1	100.00	5,000.00
	<b>Section Total</b>						<b>37,500.00</b>

Travel							
5.1	Travel Costs (UNHAS and DSA)	D	1	9,000.00	1	100.00	9,000.00
<b>Section Total</b>							<b>9,000.00</b>
Transfers and Grants to Counterparts							
6.1	Contract with partner (Voice for Change)	D	1	29,500.00	1	100.00	29,500.00
<b>Section Total</b>							<b>29,500.00</b>
General Operating and Other Direct Costs							
7.1	Cross-cutting costs (20%)	D	1	23,411.00	1	100.00	23,411.00
7.2	8% global recovery cost	D	1	9,364.00	1	100.00	9,364.00
<b>Section Total</b>							<b>32,775.00</b>
<b>SubTotal</b>			10.00				<b>149,833.00</b>
Direct							149,833.00
Support							
PSC Cost							
PSC Cost Percent							
PSC Amount							0.00
<b>Total Cost</b>							<b>149,833.00</b>
<b>Grand Total CHF Cost</b>							<b>149,833.00</b>
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	25	25	9,025		11,000	20,050	Activity 1.1.1 : Conduct training for GBV risk mitigation for clusters. Activity 1.1.2 : Support clusters to revise, develop and/or implement relevant standards and tools. Activity 1.1.3 : Conduct regular safety audits and facility monitoring to identify potential risks of GBV. Activity 1.1.4 : Support clusters/actors to develop strategies and actions based on the findings from safety audits and facility monitoring. Activity 1.2.1 : Conduct clinical management of rape trainings for medical staff and other relevant professionals Activity 1.2.2 : Establish systems for monitoring and maintaining supplies for clinical management of rape.

Central Equatoria -> Juba	50	50	10,070		15,000	25,120	<p>Activity 1.1.1 : Conduct training for GBV risk mitigation for clusters.</p> <p>Activity 1.1.2 : Support clusters to revise, develop and/or implement relevant standards and tools.</p> <p>Activity 1.1.3 : Conduct regular safety audits and facility monitoring to identify potential risks of GBV.</p> <p>Activity 1.1.4 : Support clusters/actors to develop strategies and actions based on the findings from safety audits and facility monitoring.</p> <p>Activity 1.2.1 : Conduct clinical management of rape trainings for medical staff and other relevant professionals</p> <p>Activity 1.2.2 : Establish systems for monitoring and maintaining supplies for clinical management of rape.</p>
Central Equatoria -> Yei	25	25	25			50	<p>Activity 1.2.1 : Conduct clinical management of rape trainings for medical staff and other relevant professionals</p> <p>Activity 1.2.2 : Establish systems for monitoring and maintaining supplies for clinical management of rape.</p>

Documents	
Category Name	Document Description