

## South Sudan 2012 CHF Standard Allocation Project Proposal

*Proposal for CHF funding against Consolidated Appeal*

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>  
or contact the CHF Technical Secretariat [chfsouthsudan@un.org](mailto:chfsouthsudan@un.org)

This 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 proposal should explain and justify the activities for which CHF funding is requested and it is intended to supplement information already available in the CAP 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. 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Allocation Matrix (Excel template).

### SECTION I:

<b>CAP Cluster</b>	<b>Protection</b>
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#### CHF Cluster Priorities for 2012 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. Provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF.

<b>Cluster Priority Activities</b>	<b>Cluster Geographic Priorities</b>
<ul style="list-style-type: none"> <li>Provide support to survivors of GBV and improve prevention.</li> <li>Reunify separated, unaccompanied and abducted children with their families; release children and youth from armed forces and groups; and provide psycho-social services to emergency-affected children.</li> <li>Monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population.</li> </ul>	Unity, Warrap, Upper Nile, Jonglei, Northern Bahr el Ghazal and Lakes States

#### Project details

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

<b>Requesting Organization</b>	<b>Project Location(s)</b> (list State, County and if possible Payam where CHF activities will be implemented)
American Refugee Committee (ARC)	Northern Bahr el Ghazal (50%) Upper Nile State (50%)
<b>Project CAP Code</b>	
SSD-12/P-HR-RL/45987	
<b>CAP Project Title</b>	
Provision of assistance and support to survivors of gender-based violence and improve prevention in the priority States of NBeG, Warrap and Upper Nile	

<b>Total Project Budget in South Sudan CAP</b>	<b>Amount Requested from CHF</b>	<b>Other Resources Secured</b>
US\$ 2,704,654	US\$500,529	US\$326,562

<b>Direct Beneficiaries</b>	<b>Total Indirect Beneficiary</b>
Women: 17,153	292700
Men: 17,970	<b>Catchment Population (if applicable)</b>
Girls: 11,436	292700
Boys: 11,980	

<b>Implementing Partners</b> (Indicate partners who will be sub-contracted if applicable and corresponding sub-grant amounts)	<b>Project Duration</b> (max. of 12 months, starting from allocation date)
N/A	<b>Start Date (mm/dd/yy):</b> 04/01/12 <b>End Date (mm/dd/yy):</b> 03/31/13

<b>Address of Country Office</b>	<b>Address of HQ</b>
Project Focal Person : Israel Chauke Email & Tel: <a href="mailto:israel@arcsouthsudan.org">israel@arcsouthsudan.org</a> e-mail country director: <a href="mailto:cd@arcsouthsudan.org">cd@arcsouthsudan.org</a> e-mail finance officer: <a href="mailto:ssfinco@arcsouthsudan.org">ssfinco@arcsouthsudan.org</a> Address: Atlabara Block C, Juba Town, South Sudan	e-mail desk officer: <a href="mailto:maryd@archq.org">maryd@archq.org</a> e-mail finance officer: <a href="mailto:michelleh@archq.org">michelleh@archq.org</a> Address: 615 1 <sup>st</sup> Ave NE, Suite 500, Minneapolis, MN 55403, USA

## SECTION II

### A. Humanitarian Context Analysis

Briefly describe (in no more than 500 words) the current humanitarian situation in the specific locations where CHF supported activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and type of the affected population<sup>1</sup>

Throughout South Sudan, the problem of gender based violence represents a significant threat against the population. In particular, incidents of gender based violence have been seen to increase during times of displacement and return both of which are challenges that effect the South Sudanese population. The population-based data on GBV in South Sudan is limited due to insecurity in the region, but numerous reports indicate GBV to be a widespread problem. In terms of GBV occurring as part of conflict, a 2011 Protection Cluster report from South Sudan notes that 25% of all women surveyed were involved in war related activities, including traveling with arms and food and providing sexual services. (South Sudan Protection Cluster 2011). Individuals endured GBV as part of the conflict and continue to experience GBV in their households and communities.

During 2011, the problem of gender based violence has been seen to be particularly acute in NBeG and Upper Nile States. While ARC has been in the process to rolling out the GBVIMS system throughout the country and, as such on a fraction of reported cases have been entered, over 60 cases of were recorded when the system became functional in late 2011. Given the lack of awareness and reporting in communities these reported cases represent only the tip of the iceberg in regards to the prevalence of gender based violence in South Sudan. In addition, multiple rapes were reported in 2011 Protection Cluster Rapid Needs Assessments (RNAs) in these priority states from military actors, during intertribal conflicts and during the returns process from the North. The RNAs also detailed that women and girls were reluctant to report rapes that had occurred due to stigma and a lack of available services. This continued instability and violence against women and girls is anticipated to continue in 2012.

In 2012, ARC proposes to improve prevention and response efforts around the challenges of gender based violence in two states that have suffered from significant humanitarian emergencies and seen high influxes of returnees from the north. Since October 2010, Northern Bahr el Ghazal and Upper Nile States have seen some of the highest rates of returnees from the north with 69,152 and 59,5616 returnees to the states respectively. It is expected that this situation will only be exacerbated by the end of the interim citizenship period for South Sudanese in Sudan in April 2012 with these two states considered areas where a significant number of the potential 250,000-500,000 will settle. These dramatic increases in population are already straining the limited capacity of the government and health services to respond to cases of GBV. In addition, continued conflict and bombing from the north in Upper Nile State and Northern Bahr el Ghazal (especially near the state's Abyei border) are expected to continue during 2012 contributing to more strain on the targeted populations and an expected increase in the number of GBV cases in the states.

### B. Grant Request Justification

Briefly describe (in no more than 500 words) how proposed activities support the agreed cluster priorities and the value added by your organization

Given the prolonged nature of the conflict in South Sudan, the collapse of infrastructure and governance structures, and the rapid return of South Sudanese from the north, local capacities levels have not been able to meet the needs of civil society throughout the region. NGOs have responded quickly to coordinate with ROSS, UN agencies, and other organizations to ensure that basic services, such as water, roads, and healthcare, are available in areas of return and humanitarian emergency. The strong focus on basic infrastructure and services has, until recently, left areas such as women's health and protection with limited attention and support. There currently is no strong initiative or coordination from the government on women and girl's needs and issues. This includes little understanding within the security and justice sector on laws pertaining to women and their responsibility to uphold them. In addition, the presence of services that protect and assist survivors of violence is limited with international organizations only being able to reach limited geographic areas and local organizations lacking the training and expertise to appropriately handle and refer cases.

ARC has established GBV protection activities in these two priority states with support from UNFPA and the Common Humanitarian Fund. GBV services are in high demand in these states as documented by frequent community, government and Protection Cluster requests for GBV response services, as well as from the active participation of peer educators and other community volunteers in GBV prevention activities. In areas of humanitarian emergency the need is especially acute with only few actors capable of responding to emergencies when they occur. In early 2012, ARC led an emergency response team, with its Aweil GBV program staff as core members to respond to the emergency in Kwajok. ARC's team ensured the provision of CMR services, conducted trainings with health staff, set up community support networks for survivors and built up referral networks in and around Pibor town. In this project, ARC would respond to emergencies occurring in NBeG and Upper Nile States with similar short term interventions aiming to address emergencies during their acute phase. As ARC is the only actor currently providing and supporting comprehensive GBV services and protection activities in these states, without continued support, ARC cannot sustain GBV prevention and response services in 2012.

### C. Project Description (For CHF Component only)

<sup>1</sup> 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.

### i) Purpose of the grant

Briefly describe how CHF funding will be used to support core humanitarian activities

The proposed project will support core humanitarian activities by responding to the pervasive problem of gender based violence in conflict affected and returnee communities in two high priority states. It will deliver basic humanitarian services for women affected by violence by supporting ARC's emergency GBV response and awareness team that has the capacity to provide short term emergency interventions during times of crisis in each state. ARC will build on existing interventions in each state to improve the capability of local community leaders, organizations and government institutions working with returnee and conflict affected populations to prevent and respond to issues of GBV. Basic structures that will provide the targeted communities improved capacity to respond to emergencies within their own communities and address the ongoing challenge of GBV, particularly among new returnees, will be created. In NBeG a safe space center will be supported to provide quality case management and referral services to survivors of GBV. ARC will also continue work to create and support functional referral pathways for survivors to receive the comprehensive support they need. Finally, ARC will continue to support our peer educators in both locations to raise the awareness of the community on the pressing issues of GBV and the need for change.

### ii) Objective

State the objective/s of the project. Objective/s should be specific, measurable, achievable, relevant and time-bound (SMART)

To ensure survivors of gender based violence have access to comprehensive and quality services and improve the protection environment in Northern Bahr el Ghazal and Upper Nile States in 2012.

### iii) Proposed Activities

List the main activities 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.

During crises arising in 2012, such as large numbers of returns or conflict, ARC's mobile social worker and medical team will respond to requests from the State Protection Cluster to provide rapid assessments and emergency GBV response services throughout the states as necessary. An expert team will provide case management services in each State. Case managers will accompany survivors to access services to advocate for the appropriate care. ARC will also engage community leaders and peer educators to promote services through outreach to break down stigma and increase numbers of survivors successfully accessing assistance. By supporting the safe space center in the Women's Association and staffing with local partners, ARC will ensure longer term sustainability of services after the initial project duration. We will encourage girls who take part in our activities, to become peer educators in their schools and to use ARC's existing GBV prevention materials in school sensitization activities.

At the national level, ARC will continue to lead capacity building of GBV and Protection actors in GBV emergency response strategies. ARC will engage government health and legal services throughout each state in the provision of quality services to survivors of GBV through training and mentorship to ensure future sustainability of government-led GBV response services. ARC will strengthen referral pathways between medical, legal, psychosocial and case management service providers according to GBV Standard Operating Procedures (SOPs) and ensure clear terms of reference developed in 2011 are put into effect for CMR and SPU focal points in each County. Through State wide local radio and community based awareness raising activities, ARC will engage community and religious leaders and chiefs in women and girls' protection and GBV prevention activities. Opinion leaders can improve the safety of women and girls by speaking out against GBV and by supporting survivors to access services. Chiefs will be engaged to report perpetrators to the police, rather than implementing local solutions which often do not benefit the survivor. ARC will use and provide leadership to other protection actors in the GBVIMS in priority States.

#### List of activities:

1. Emergency response team provides clinical care to survivors of GBV in crises arising in each priority state
2. Safe Space Center and community case managers provide quality case management and referral services to **1000** survivors of GBV in 2012
3. Functional referral pathways established between medical, legal, case management and psychosocial support actors according to State GBV SOPs
4. GBVIMS monthly protection reports and analysis shared with protection actors in each State at Protection Cluster meetings
5. GBV Prevention activities from **80** peer educators and opinion leaders reach 58,000 people
6. **48** schools sensitizations reach children to increase their awareness of GBV issues
7. **350** radio and community-based outreach sessions undertaken

### iv). Cross Cutting Issues

Briefly describe how cross-cutting issues are taken into consideration (i.e. gender, environment, HIV/AIDS)

Gender is a key cross cutting issues considered in the design and implementation of this project. Specific efforts will be taken to engage both men and women separately and together to respond to incidents of gender based violence and improve the protection environment in each state. Engagement of men is central to ARC's approach in responding to issues of GBV throughout South Sudan. With the current power dynamics that exist in the county, working to change men's knowledge, attitudes and behaviors is key to effecting lasting change. Women will also be specifically engaged through empowerment programs (literacy and livelihoods) as well as through the GBV case management system active in both states.

### v) Expected Result/s

List below the results you expect to have at the end of the CHF grant period, and provide no more than five indicators you will use to measure the extent to which those results will have been achieved. At least three of the indicators should be out of the cluster defined Standard Output Indicators.

<b>Expected Results</b>	
<ul style="list-style-type: none"> <li>1 emergency team available to respond to humanitarian emergencies in NBeG and Upper Nile States with quick impact interventions during the rapid onset of an emergency. The emergency response team will also be available for any other emergencies that might take place in other parts of S. Sudan.</li> <li>1,000 GBV survivors provided quality case management and referral services</li> <li>Functional referral systems established in each state.</li> <li>GBVIMS reports shared on a monthly basis in each state.</li> <li>80 peer educator/community case managers trained and supported.</li> <li>300 outreach sessions on GBV prevention using poster discussions, video playbacks and radio playbacks facilitated by GBV peer educators.</li> <li>48 GBV related school sensitizations conducted across the two states</li> </ul>	

	<b>Indicator</b>	<b>Target (indicate numbers or percentages)</b>
1	# of beneficiaries receiving/having access to GBV response services in one or more sector (health, psychosocial, justice, security)	1,000 survivors
2	# of GBV emergency response interventions including ARC social worker and medical team members	4 emergency response interventions in 2 priority States
3	# of GBV poster discussions, video playbacks and radio playbacks facilitated by GBV peer educators	300 outreach sessions using prevention materials in 2012
4	# of people reached with behavior change messages on sexual violence and forced/early marriage	58,000 people reached
5	# direct beneficiaries – GBV survivors and trained volunteers	250

**vi) 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.

ARC will implement the project through its team of GBV program managers and through its support network of community based CBOs, case managers and peer educators and local government partners. In each project location, ARC's GBV program is implemented under the direction of one GBV Program Manager. Under the manager's direction a core cadre of GBV Program Officers and BCC Officers as well as staff to implement livelihoods and literacy program components act as link between ARC and our community based partners. These staff directly manage networks of community based peer educators and local leaders who provide regular community based education and act as points of first contact for survivors. Similarly, ARC works through CBO and government social workers to establish a team of trained case managers who provide direct support for survivors identified by ARC's peer educators or who come to our safe space women's centers.

In addition, ARC has established productive partnerships with the Ministry of Social Development (MoSD), the Ministry of Health (MoH), and the South Sudan Police Service (SSPS) in each State and in Juba. The Ministry of Social Development has three relevant departments with which ARC works closely to improve response services for survivors of GBV: the Gender, Child Protection and Social Welfare Departments. MoSD officials and social workers are keen to engage in provision of case management and referrals to survivors of GBV. This project will support social workers to be based in a Women's Center providing case management and referral services to survivors of GBV together with community case managers. ARC will work to train and mentor officials and social workers in GBV case management and referral skills including the capacity to use the GBVIMS to effectively gather and analyze data. ARC will also engage key personnel from the MoSD in a leadership project to ensure the successful project management and supervision of Women's Center activities.

**vii) Monitoring Plan**  
Describe how you will monitor progress and achievements of the project.

As part of establishing best practices for GBV prevention and response programming in South Sudan, ARC has instituted strong monitoring and evaluation systems to ensure program quality and effectiveness. ARC's role as the leading NGO in the GBVIMS roll out in South Sudan is part of this commitment to establish professional data recording and analysis for GBV service provision and to help the government to take ownership of this data. ARC uses post tests and feedback from each training facilitated to monitor the competence of trainers. ARC also documents community feedback from participatory awareness raising activities including video playbacks, forum theatre and group poster sessions. ARC has also developed a qualitative and quantitative assessment to evaluate the effectiveness of its programming to effect behavior and attitude change. ARC has also supported each CBO partner to develop their own project planning, financial accountability and M&E tools and report on activities through monthly report formats.

In addition, supervision by senior staff ensures timely implementation and quality programming. ARC is committed to the development of its own staff and the GBV Program Coordinator trains and mentors the GBV program team and herself receives technical assistance from ARC's Senior Health Coordinator and management support from ARC's Senior Program Coordinator and Country Director. ARC's Monitoring Evaluation and Reporting Officer will assist the team to gather, compile and analyze quality data throughout the life of the project and will review all reports.

**E. Committed funding**  
Please add details of committed funds for the project from other sources including in-kind supports in monetary terms (USD)

<b>Source/donor and date (month, year)</b>	<b>Amount (USD)</b>
OFDA	\$65,312
UNTF	\$261,249



### 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.

LOGFRAME			
<b>CHF ref. Code:</b> <u>SSD-12/P-HR-RL/45987</u>	<b>Project title:</b> Provide assistance and support to survivors of gender-based violence and improve prevention in Northern Bahr el Ghazal and Upper Nile States	<b>Organisation:</b> American Refugee Committee	
<b>Overall Objective:</b> <ul style="list-style-type: none"> <li>To ensure survivors of gender based violence have access to comprehensive and quality services and improve the protection environment in Northern Bahr el Ghazal and Upper Nile States in 2012.</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li># of communities and emergency situations with functional GBV response networks</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>Program Reports</li> </ul>	
<b>Specific Project Objective/s:</b> <ul style="list-style-type: none"> <li>To ensure survivors of GBV have access to quality and comprehensive care in the community</li> <li>To increase awareness of GBV in the community</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li># beneficiaries receiving/having access to GBV response services [psychosocial, health, security]</li> <li># people reached with behavior change messages on sexual violence and forced/early marriage</li> </ul>	<b>How indicators will be measured:</b> <ul style="list-style-type: none"> <li>GBVIMS</li> <li>ARC Peer Educator and Opinion Leader Reports</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>Government and community acceptance of GBV messaging</li> </ul>
<b>Results - Outputs (tangible) and Outcomes (intangible):</b> <p><b>Outcome 1:</b> Improved quality of services provided to survivors of gender based violence.</p> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>Clinical care provided for survivors of GBV during acute humanitarian crises in NBeG and UN states.</li> <li>1000 survivors of GBV provided with quality case management and referral services</li> <li>Functional referral pathways established between medical, legal, case management and psychosocial support actors</li> <li>Monthly GBVIMS reports shared at</li> </ul>	<b>Indicators of progress:</b> <ul style="list-style-type: none"> <li># of survivors accessing clinical care during humanitarian emergencies</li> <li># GBVIMS reports shared on a monthly basis at the state and national subclusters</li> <li># of police/SPLA members trained on GBV</li> <li># Peer Educators/Community Case Managers Trained</li> </ul>	<b>How indicators will be measured:</b> <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> <li>Health Facility Records</li> <li>Cluster Meeting minutes</li> <li>Training Reports</li> <li>Training Reports</li> </ul>	<b>Assumptions &amp; risks:</b> <ul style="list-style-type: none"> <li>Acute humanitarian emergencies take place in NBeG and UNS in 2012</li> <li>Community acceptance</li> <li>Low levels of understanding of GBV issues</li> </ul>

<p>state and national levels</p> <ul style="list-style-type: none"> <li>• 2 trainings for SPLA/SPSS representatives held on GBV and rule of law</li> </ul> <p><b>Outcome 2:</b> Increased awareness of GBV and it s consequences for the community</p> <ul style="list-style-type: none"> <li>• 40 Peer Educator/Community Case Manager trained</li> <li>• 10,000 people reached with messages on GBV</li> <li>• 48 school sensitizations undertaken</li> <li>• 200 community outreach sessions undertaken</li> </ul>	<ul style="list-style-type: none"> <li>• # school sensitizations held</li> <li>• # of community outreaches</li> </ul>	<ul style="list-style-type: none"> <li>• Outreach Reports</li> <li>• Outreach Reports</li> </ul>	
<p><b>Activities:</b></p> <p><b>Outcome 1:</b></p> <ul style="list-style-type: none"> <li>• Emergency response team established and provides clinical care to survivors of GBV</li> <li>• Safe space center and community case managers provide quality case management and referral services</li> <li>• Establish referral pathways between medical, legal, case management and psychosocial support actors</li> <li>• Share GBVIMS monthly protection reports with state and national sub-clusters</li> <li>• Conduct training for SPLA/SPSS representatives</li> </ul> <p><b>Outcome 2:</b></p> <ul style="list-style-type: none"> <li>• Peer educators and opinion leaders undertake community outreach sessions</li> <li>• School Sensitization activities undertaken</li> <li>• Peer educator and community case manager training</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>• Program Staff (GBV Officers, GBV Program Managers)</li> <li>• Support Staff (Bahr el Ghazal, Malakal, Juba)</li> <li>• Program Supplies (IEC materials, stationeries, computers, etc)</li> <li>• MoSD Social Worker Incentives</li> <li>• Vehicle rental for emergency response activities</li> <li>• Women’s center running costs</li> <li>• Emergency support funds for survivors</li> <li>• Peer Educator incentives</li> <li>• Referral support for survivors</li> </ul>		<p><b>Assumptions, risks and pre-conditions:</b></p> <ul style="list-style-type: none"> <li>• Adequate cash flow</li> <li>• Trained staff</li> <li>• Efficient procurement procedures</li> </ul>

## 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.

Activity	Q1 / 2012			Q2 / 2012			Q3 / 2012			Q4 / 2012			Q1. / 2013		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Result 1</b> Improved quality of services provided to survivors of gender based violence.															
<b>Activity (1.1)</b> Emergency response team established and provides clinical care to survivors of GBV				X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity (1.2)</b> Safe space center and community case managers provide quality case management and referral services				X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity (1.3)</b> Establish referral pathways between medical, legal, case management and psychosocial support actors								X	X	X	X	X	X	X	X
<b>Activity (1.4)</b> Share GBVIMS monthly protection reports with state and national sub-clusters				X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity (1.5)</b> Conduct training for SPLA/SPSS representatives									X	X					
<b>Result 2</b>															
<b>Activity (2.1)</b> Peer educators and opinion leaders undertake community outreach sessions							X	X	X	X	X	X	X	X	X
<b>Activity (2.2)</b> School Sensitization activities undertaken							X		X		X		X		
<b>Activity (2.3)</b> Peer educator and community case manager training					X	X									

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