

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

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:

CAP Cluster	Protection
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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.

Cluster Priority Activities	Cluster Geographic Priorities
<ul style="list-style-type: none"> • Provide support to survivors of GBV and improve prevention. • 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. • Monitor and reduce the adverse effects of displacement and humanitarian emergencies on the civilian population. 	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.

Requesting Organization	Project Location(s) (list State, County and if possible Payam where CHF activities will be implemented)
International Rescue Committee (IRC)	Lakes State (100%)—any county affected by crisis will be served by the emergency response team; and direct provision of gender-based-violence (GBV) response services will be implemented in Rumbek Center, Rumbek East and Wulu Counties throughout the project.
Project CAP Code	
SSD-12/P-HR-RL/46036/5179	
CAP Project Title	
Strengthening Protection and GBV Response in the Republic of South Sudan	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$1,818,592	US\$500,000	US\$ 1.3 million

Direct Beneficiaries	Total Indirect Beneficiary
Women: 5,000	316,932
Men: 4,300	Catchment Population (if applicable)
Girls: 1,300	713,128 - population of Lakes State (census plus returnees)
Boys: 1,400	

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

Address of Country Office	Address of HQ
Project Focal Person: Ashleigh Lovett, Grants Coordinator Email & Tel: Ashleigh.Lovett@Rescue.org ; +211 955 933 726 E-mail Country Director: Susan.Purdin@Rescue.org E-mail Finance Officer: David.Ndungu@Rescue.org Address: Hai Malakal Juba	E-mail Desk Officer: Leah.Spigelman@Rescue.org E-mail Finance Officer: Getenet.Kumssa@Rescue.org Address: 122 East 42 nd Street, 12 th floor New York, NY 10168

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 population¹

Since October 2010, Lakes State has received 17,398 returnees, mostly women and children. During such returns, incidents of sexual violence, intimate partner violence and early and forced marriage are known to increase. However, no response services targeting returnee women and girl survivors of violence currently exist within Lakes State.

According to Office for Coordination of Humanitarian Affairs (OCHA), Lakes State experienced the second highest number of conflict incidents in South Sudan during 2011. A community assessment in Lakes State documented that women and children are suffering most from the high levels of inter- and intra-clan clashes and cattle raids. The assessment suggests a well-established normalization and acceptance of violence against women and girls which is rarely challenged by men and communities. Furthermore, interviewees pointed out that the conflict itself often targets women and girls and that these forms of violence are often linked with actions by government-associated security forces such as the police and the Sudan People's Liberation Army (SPLA).

In addition to the vulnerabilities of women and girl returnees and conflict-affected communities in Lakes State, the general population remains challenged by widespread poverty, low levels of education – particularly among women and girls – and minimal or non-existent basic services. Violence against women and girls remains a daily occurrence and is “recognized as one of the most serious gender-related problems affecting South Sudan, with low awareness of the extremely high rates of violence, low reporting rates and effective absence of treatment facilities” (DANIDA Support to South Sudan 2011-2014, July 2011). On a regular basis, women are beaten by their husbands, girls are forced into marriage in their early teens and sexual violence is reported to be prevalent where bride price is high, near SPLA barracks and in conflict affected communities – factors present in Lakes State (GBV Analysis RNAs 2011).

The Ministry of Social Development and Ministry of Health lack the capacity to prevent or respond to these incidents appropriately and, as a result, violence against women and girls continues to be a low priority. A preliminary gender-based violence (GBV) assessment of South Sudan commissioned by USAID in 2005 demonstrated the link between the condition of women and prospects for a sustainable peace. The assessment concluded that “to continue to ignore GBV is to do so at South Sudan's peril.”

Between January 2010 and January 2012, the IRC's GBV program in Lakes State received and treated 50 survivors of sexual assault; a majority (34) of whom were children. Beyond the limited clinical management of rape (CMR) services in Rumbek State Hospital (RSH), there is no case management or psychosocial support available for survivors of GBV in Lakes State. Urgent funding is needed to provide these services to the people of Lakes State.

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

The Protection Cluster and GBV Sub-cluster have prioritized that humanitarian actors provide frontline response services to GBV survivors and respond to emergencies as quickly as possible using the GBV Subcluster emergency response model. The IRC is a global leader in GBV programming, including emergency response and preparedness. In 2012, the IRC will prepare and respond to emergencies in Lakes State by utilizing existing GBV response staff (social workers, nurse, GBV response officers) to provide conflict-affected communities with expedient quality CMR, case management, psychosocial support and GBV coordination support. The IRC will use the South Sudan GBV Sub-cluster emergency response toolkit which is based on the IRC's global emergency response model.

The IRC will also provide critical front line case management, referral and psychosocial support services for women and girl survivors of violence in Rumbek Women's Center (RWC). Skilled IRC social workers will assist women and girls to access services and promote their recovery and reintegration into the community. Additionally, an IRC nurse will provide quality CMR services in RSH and mentor primary health care centers (PHCC) in Wulu and Rumbek East Counties to provide basic CMR services and referral to RSH.

At the payam level in Wulu, Rumbek East and Rumbek Center Counties, 100 community activists (CA), supported and trained by the IRC, will perform outreach to women and girl survivors of violence, provide emotional support and assist their referral to health services. By acting as initial focal points in their communities, CAs will ensure women and girls can seek help through a grassroots protection mechanism.

C. Project Description (For CHF Component only)

i) Purpose of the grant

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

Ensuring the safety and wellbeing of women and girls is a priority for humanitarian intervention in South Sudan in 2012. The IRC will assist women and girl survivors of sexual violence, physical assault and forced marriage with health care and psychosocial support.

ii) Objective

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

1. Provide quality health and psychosocial support services to GBV survivors, including emergency response where feasible in crisis affected settings.

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.

2. Support CAs engaged in a community-based protection mechanism to assist survivors to access critical response services.

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.

Objective 1. Provide quality health and psychosocial support services to GBV survivors, including emergency response where feasible in crisis affected settings. This objective will directly assist 180 survivors of GBV and includes:

- Daily case management and referral as well as psychosocial support activities directly provided in RWC to assist a targeted 180 survivors;
- Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and
- Trainings in case management, clinical management of rape survivors and emergency response for response providers.

Objective 2: Support CAs engaged in a community-based protection mechanism to assist survivors to access critical response services. Activities under this objective include:

- Training 100 CAs in outreach and referral skills;
- Mentoring CAs through monthly supervision sessions to build skills;
- Developing information, education and communication (IEC) materials for CAs to use during outreach; and
- Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services.

iv). Cross Cutting Issues

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

This project is based on the understanding that women and girls are vulnerable to violence including rape, intimate partner violence and forced marriage because they largely lack power in South Sudanese communities. This gender analysis informs the IRC's GBV program, as well as the proposed project, and enables the IRC to protect women and girls through life-saving response initiatives. HIV is addressed as part of a critical nexus of factors that make women and girls more vulnerable to infection and less able to negotiate safe sex.

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.

	Indicator	Target (indicate numbers or percentages)
1	# of beneficiaries receiving/having access to psycho-social and health GBV response services	180 survivors of GBV
2	# of people reached with behavior change messages on sexual violence and forced/early marriage	4,500 community members
3	Total number of direct beneficiaries	5,000 women, 4,300 men, 1,300 girls and 1,400 boys

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.

The IRC GBV team includes a Program Manager, Officers, Social Workers and a Nurse and will directly implement GBV emergency response interventions including health and psychosocial support to survivors of GBV from crisis-affected communities.

The IRC GBV team will also directly implement case management, referral and psychosocial support activities in RWC and CMR services in partnership with RSH.

IRC-trained and supported CAs will implement outreach to their communities in a grassroots protection mechanism which will enable survivors of GBV to access services safely.

The IRC will continue to work closely with the Ministry of Social Development in the direct provision of case management and psychosocial support services. By modeling good practice in GBV response, the IRC aims to increase government understanding and commitment to care of women and girl survivors of violence.

vii) Monitoring Plan

Describe how you will monitor progress and achievements of the project.

The IRC Women's Protection and Empowerment (WPE) Unit within IRC headquarters provides technical support and monitors the IRC's South Sudan GBV program. The IRC will utilize good practice clinical and case management forms and database to record daily activities during emergency response and the provision of services from RWC and RSH. CAs will be trained and continually mentored and monitored through regular meetings at the county level. The WPE Program Manager will provide technical oversight of program implementation and planning using standard monitoring documents, reports, work plans and assessments with the support, monitoring and evaluation of the WPE Program Coordinator.

Committed funding

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

Source/donor and date (month, year)	Amount (USD)
Danish International Development Agency (DANIDA) funding for GBV capacity building and policy program	\$1.3 million in 2012

SECTION III:

LOGFRAME			
CHF ref. Code: SSD-12/P-HR-RL/46036/5179	Project title: Strengthening Protection and GBV Response in the Republic of South Sudan		Organisation: International Rescue Committee
Overall Objective: <ul style="list-style-type: none"> • GBV survivors have access to safe, reliable and confidential services. 	Indicators of progress: <ul style="list-style-type: none"> • # of beneficiaries receiving/having access to psycho-social and health GBV response services • # of direct beneficiaries 	How indicators will be measured: <ul style="list-style-type: none"> • Available services documented in Lakes State GBV Standard Operating Procedures including referral pathway • Quality of services addressed through monitoring and GBV working group meetings • Case intake forms from social workers and health providers document uptake of services 	
Specific Project Objective/s: Objective 1. Provide quality health and psychosocial support services to GBV survivors, including emergency response where feasible in crisis affected settings. Objective 2: Support CAs engaged in a community-based protection mechanism to assist survivors to access critical response services.	Indicators of progress: <ul style="list-style-type: none"> • # of beneficiaries receiving/having access to psycho-social and health GBV response services • # of people reached with behavior change messages on sexual violence and forced/early marriage 	How indicators will be measured: <ul style="list-style-type: none"> • Case intake forms from social workers and health providers • CA monthly reporting forms • Regular supervision meetings with response and prevention actors 	Assumptions & risks: <ul style="list-style-type: none"> • Recruitment of suitable social workers and community activists • County PHCCs share data • Security environment stable enough to operate
Results - Outputs (tangible) and Outcomes (intangible): Objective 1: <ul style="list-style-type: none"> • GBV survivors access according to her wishes quality health and psychosocial support services Objective 2: <ul style="list-style-type: none"> • Community Activists facilitate discussions in their community promoting access to response services 	Indicators of progress: <ul style="list-style-type: none"> • # of survivors of GBV who express satisfaction with response services during case closure meeting • # of community activists submitting monthly reports on their activities 	How indicators will be measured: <i>What are the sources of information on these indicators?</i> <ul style="list-style-type: none"> • Case management and closure files • CA monthly reporting forms 	Assumptions & risks: <ul style="list-style-type: none"> • GBV survivors feel secure enough to choose to access services • Commitment of CAs to conduct volunteer activities

LOGFRAME			
CHF ref. Code: SSD-12/P-HR-RL/46036/5179	Project title: Strengthening Protection and GBV Response in the Republic of South Sudan		Organisation: International Rescue Committee
Activities: Objective 1 Activities <ul style="list-style-type: none"> • Daily case management and referral as well as psychosocial support activities directly provided in RWC to assist a targeted 180 survivors; • Data compiled from case intake forms and analyzed to guide program implementation and strengthen the referral pathway; and • Trainings in case management, clinical management of rape survivors and emergency response for response providers. Objective 2 Activities <ul style="list-style-type: none"> • Training 100 CAs in outreach and referral skills; • Mentoring CAs through monthly supervision sessions to build skills; • Developing information, education and communication (IEC) materials for CAs to use during outreach; and • Conducting radio shows and leading mass campaigns to promote community protection mechanisms and uptake of response services. 	Inputs: <ul style="list-style-type: none"> • Full time program support of WPE team including 1 Program Manager, 1 Assistant Manager, 4 GBV Officers, 2 Social Workers and 1 Nurse • Training supplies and venue • BCC materials –posters, radio airtime, t-shirts, etc. • Technical support and supervision from WPE Coordinator and HQ Technical Unit • Vehicle to facilitate implementation of activities 		Assumptions, risks and pre-conditions: <ul style="list-style-type: none"> • Appropriate operational support provided to program team • Security environment stable enough to operate • Key government departments continue to support program

PROJECT WORK PLAN

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
Result 1: Provide quality health and psychosocial support services to 180 GBV survivors, including emergency response where feasible in crisis affected settings.															
Activity (1.1) Provide daily case management and referral as well as psychosocial support activities in Rumbek Women's Center				X	X	X	X	X	X	X	X	X			
Activity (1.2) Compile data compiled from case intake forms and analyze to guide program implementation and strengthen the referral pathway				X	X	X	X	X	X	X	X	X			
Activity (1.3) Train response providers in case management, clinical management of rape survivors and emergency response				X		X		X							
Result 2: 100 CAs engaged in a community-based protection mechanism to assist survivors to access critical response services.															
Activity (2.1) Mentor CAs through monthly supervision sessions to build skills;				X	X	X	X	X	X	X	X	X			
Activity (2.2) Develop IEC materials for CAs to use during outreach;				X	X										
Activity (2.3) Conduct radio shows and lead mass campaigns to promote community protection mechanisms and uptake of response services.				X	X	X	X	X	X	X	X	X			