

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
--------------------	-------------------

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
<ol style="list-style-type: none"> 1. Provide support to survivors of GBV and improve prevention. 2. 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. 3. 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)
Nile Hope Development Forum (NHDF)	Akobo, Pigi Counties in Jonglei and Nassir and Panyikang Counties Upper Nile State
Project CAP Code	Percentage of Each Location
SSD-12/P-HR-RL/46039	Jonglei State: 50%
CAP Project Title	Upper Nile: 50%
Scaling up Assistance and Support to Survivors of GBV in Jonglei and Upper Nile States to Improve Prevention.	

Total Project Budget in South Sudan CAP	Amount Requested from CHF	Other Resources Secured
US\$ 427,000	US\$221,897	US\$0

Direct Beneficiaries	Total Indirect Beneficiary
Women: 2,500	15,500
Men: 1900	Catchment Population (if applicable)
Girls: 500	
Boys 300	

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)
Nile hope development forum (NHDF)	Start Date (mm/dd/yy): 03/10/2012 End Date (mm/dd/yy):03/09/2013

Address of Country Office	Address of HQ
Project Focal Person: Rael Rugut Email & Tel: rugutrael@yahoo.com +211955081214 e-mail country director: paulbiel@yahoo.com e-mail finance officer: soffi28@yahoo.com Address: Off Main Munuki Road, Juba, South Sudan	e-mail desk officer e-mail finance officer: zaitun@hotmail.com Address: Akobo HQ, Jonglei State

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

The counties are among the underserved areas in Jonglei and Upper Nile states with a population of 2,322,955 according to the Statistical Year Book for Southern Sudan of 2009. The communities living in these States are Dinka, Nuers, Shilluk, Murlei and Anyuak who depend mostly on cattle for livelihood. These States are the most volatile and known for series of inter- and intra-communal fighting and heavy presence of militia activities that have caused havoc result in huge displacement of women and children and the elderly, and the attendant human rights violations. These vulnerable people have had to run to safe places and remain at most risk to sexual violence and exploitation. The recent series of violence between Lou Nuer and Murlei and Dinka communities (took place in April, June and August 2011 in Nyirol) sparked the recent attack in Pibor and left more than 1,100 people dead, 63,000 people displaced in Jonglei. As with conflict, the impact of GBV on women and girls is large and goes largely unreported because of the deeply rooted cultures and lack of respect to human rights putting women and girls at a risk of HIV and AIDS, unwanted pregnancies, and other diseases like syphilis and gonorrhoea, not to mention physical harm and actual death. There is a culture of dowry that compromises girls and their well being, including early and forced marriages as well as lack of (or dropping of from) school education. Women and girls are barred from making decisions and property ownership which puts them in a low status; instead women are part of male ownership for the male fraternity and become subjected to extensive domestic violence and deprivation. They also do the bulk of household work including building houses, looking after children, bounding grains, carrying grass from the forest among others. There is little awareness about their rights, places and institution for resource centers and remedy data across South Sudan on GBV issues is scanty. The leadership does not help the situation as they are glued to old anti-women cultures and beliefs. NHDF staff, by using the knowledge gained during trainings organized by UNFPA in 2010 on use of GBVIMS tool, will collect data at the county level, capacity promoter trainings and the ability to understand the culture of people living in the areas that have a high opportunity to strengthen the multi-sectorial approach of prevention to and response to gender based violence and to improve the referral mechanism by establishment of standard operating procedures, training of health service providers on clinical management of rape by using WHO guidelines. Also, there will be training of police officers and community leaders on how to prevent and respond to GBV cases using the national laws of South Sudan that will increase awareness and respect for human rights. NHDF will provide refresher trainings to case managers and key women in the community on psychological first aid and on how to give emotional support to the survivors and inform survivors of the availability of services in the community as well as GBV activist. More coordination and awareness raising among others sectors will be done on the existing GBV IASC guidelines on action sheet and information on referral pathways.

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

Akobo, Pigi, Nassir and Pinyikang Counties are the most affected population in terms of gender based violence. It lies within the conflict region affected by inter tribal, inter clan conflict, and large presence of militia groups that use sexual violence as a weapon of war. Following the recent attacks and fighting and the huge movement of population from the North Sudan, more than 300,000-500,000 people are expected to be moving through Upper Nile and Jonglei States, and will require psychological support, medical attention and related support. In Akobo there is one hospital supported by IMC and NHDF. GBV team trained 10 health service providers of AKobo Hospital, PHCC's in the county. Women, girls and boys suffer the same issues of high dowry, early and forced marriages, and wife inheritance, lack of access to property and control over resources makes them vulnerable for any decision making and political opportunities are seen as doomed, more awareness on respect for human rights need to be stepped up. Although women and children suffer different forms of violence, sexual violence and exploitation is unreported because of the public stigmatization and discrimination in the community caused by deeply rooted cultural practices and beliefs. Women are seen as a property and owned by male dominated society. Women and young girls have no control over their lives and are seen as property; there's objectification. The trained personnel are few and the areas are vast making it difficult for one person to collect data and give emotional support to big number of survivors. The counties are underserved and understaffed making it difficult to get a government social worker at the county level thus need a social worker to work with the case managers to give proper and appropriate information on services available and give psychological first aid to survivors of violence. The coordination between actors will help to avoid duplication of work and at the same time give more opportunities to services available within the community. This initiative will help to create a well informed community on services available and to stop to human rights violation and improved service delivery to survivors of Gender based violence.

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

Lack of knowledge on human rights and existing referral mechanisms have led to high number of deaths among women and girls caused by domestic violence, fistula diseases, HIV and AIDS, depression and homicides. CHF funds will be used in full in running the project by paying salaries, training of staff, training of GBV activists, establishment of Standard operating procedures, anti-GBV advocacy and buying of essential gadgets and stationery to be used during implementation. Capacity building for purposes of sustainability of the project shall be ensured and therefore continue giving support to survivors.

ii) Objective

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

The main objective of this project is to scale up assistance and support on prevention and response to survivors of GBV by ensuring, among other things, that the capacity of GBV actors is improved leading to quality services and informed communities.

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.

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.

- 1.) Train 20 police officers in prevention and response using the GBV Police training manuals;
- 2.) Train 10 community leaders on dissemination of the national constitution in regard to laws related to GBV in the target counties;
- 3.) Train 5 health care providers in every county on clinical management of Rape for effective response to sexual violence cases
- 4.) Coordinate with the local authority in establishing community policing networks;
- 5.) Train 4 case workers, 1 from each county in the two states;
- 6.) Establish Standard operating procedures in 3 counties (Pinyikang, Pigi and Nasir) and improve the existing Standard Operating Procedures in Akobo County;
- 7.) Disseminate behavior change messages (upon production of a gender-responsive BCC strategy) on sexual violence and forced/early marriages, including via workshops and trainings;
- 8.) Produce and use community protection and peace-building plans, 1 in each of the 4 counties, to reduce violence and promote peace-building.

iv). Cross Cutting Issues

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

NHDF's culture is that gender parity is considered in all the projects, equality and equity is observed among the staff. All the survivors regardless of who she/he is should be attended to without any discrimination. HIV/AIDS is generally mainstreamed in our projects and we always do our utmost not to unduly interfere with nature, especially when it comes to construction and rehabilitation.

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.

The expected results will be as follows:

- **Improved capacity of police officers, community leaders and health care providers to handle/prevent and respond to GBV;**
- **Improved management and response to survivors that mainstreams peace-building work;**
- **Improved GBV data/SOP document available;**
- **Community policing network established and running and improved gender perception;**
- **Improved and reliable M&E and Reporting Framework established and in use.**

	Indicator	Target (indicate numbers or percentages)
1	Beneficiaries receiving/having access to GBV response services in one or more sectors (psychological, health, justice)	2500 Women 800 children 1900 youths, returnees, IDPS, men
2	People reached with behavior change messages on sexual violence and forced and early marriages	5,500
3	Response plans developed that incorporate community protection strategies to reduce violence and promote peace building	4 Response Plans (1 for each county)
4	Total direct beneficiaries	Women: 2,500 Men: 1900 Girls: 500 Boys 300

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.

Nile Hope Development Forum (NHDF) is a key implementer of GBV activities in Jonglei and Upper Nile states since 2009 to date. Project staff shall work closely with other sectors (and local institutions/groupings) like health, security, legal, and community leaders to combat issues of GBV in the community and to build the capacity of the community on effects of violence. State Coordinators and the Team leader shall ensure that we have good ties with the government authorities for smooth running of the program. The Program personnel shall ensure that cluster coordination at national and state levels is well attended to as field staff coordinate at the county level.

vii) Monitoring Plan

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

Nile Hope Development Forum (NHDF) will work closely with the Ministry of Gender, Child and Social Welfare, Local Authorities together with NHDF GBV Coordinator including on joint field monitoring/visits to ensure that the project is running smoothly and is implemented according to the Work-plan. We shall use the Log-frame as a monitoring tool and will engage NHDF's State Coordinators, including on Cluster and Sector Coordination. NHDF shall have an obligation to implement and report on monthly and quarterly basis. NHDF management and administration will work to oversee that the targets has been achieved. The Gender Program will receive technical and monitoring support from NHDF's Programs Office, including on adoption and use of monitoring tools.

E. 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)

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			
CHF ref. Code: <u>SSD-12/P-HR-RL/46039</u>		Project title: <u>Scaling up assistance and support to survivors of GBV Jonglei and Upper Nile States to improve prevention</u>	Organisation: <u>NHDF.</u>
Overall Objective: <ul style="list-style-type: none"> To scale up assistance and support on prevention and response to survivors of GBV by ensuring, among other things, the capacity of GBV actors is improved leading to quality services available as well as informed communities. 	Indicators of progress: <ul style="list-style-type: none"> Beneficiaries receiving /having access to GBV response services in one or more sectors (psychological, health, justice) 	How indicators will be measured: <ul style="list-style-type: none"> The number of case managers trained The amount of standardized data collected The number of persons accessing GBV services in Jonglei and Upper Nile States The number of health care providers trained The number of police officers and community leaders trained The availability of GBV SOP at the county level 	
Specific Project Objective/s: Objective 1 <ul style="list-style-type: none"> Increase GBV response through service delivery and provision of emotional support to survivors Objective 2 <ul style="list-style-type: none"> Improve GBV prevention services to GBV survivors 	Indicators of progress: <ul style="list-style-type: none"> Number of GBV survivors who get access to, and receive services from, qualified service providers Number of cases reported and charged without discrimination Number of cases reported at health facilities, police stations, and Chiefs' offices. 	How indicators will be measured: <ul style="list-style-type: none"> Number of GBV survivors who access the services Number of GBV reported cases. Monthly reports Pictures Attendance list 	Assumptions & risks: <ul style="list-style-type: none"> Conflict has subsided/reduced Resources are available on time for implementation Logistical problems are properly handled
Results - Outputs (tangible) and Outcomes (intangible): Outputs indicators: <ol style="list-style-type: none"> Beneficiaries receiving/having access to GBV response services psychosocial, health, justice and security sectors People reached with behavior change messages on sexual violence and forced/early marriages 	Indicators of progress: <ul style="list-style-type: none"> Number of Case Management reports on GBV data collected; Number of GBV survivors visiting hospitals; Number of population accessing GBV services Number (and quality of) GBV SOP document available and in use; Number of people reached with behaviour 	How indicators will be measured: <ul style="list-style-type: none"> GBV Reports on Case Management Monthly reports Survivors health visit registers Filled Intake forms Pictures Attendance lists Community protection/peace building plans 	Assumptions & risks: <ul style="list-style-type: none"> Tribal conflict subsided Resources available on time Logistics properly addressed Community willing to participate in the project

<p>3. Response plans developed that incorporate community protection strategies to reduce violence and promote peace building</p>	<p>change messages (5,500);</p> <ul style="list-style-type: none"> • Number (and quality) of response plans developed that incorporate community protection strategies to reduce violence and promote peace building (at least 1 per target county) 	<ul style="list-style-type: none"> • BCC Strategy document in place • 4 Response Plans in place, 1 for each county 	
<p>Activities:</p> <ul style="list-style-type: none"> • Training of police officers • Training of community leaders • Training of health care providers • Establishing local government and community policing network • Training of 8 case managers • Anti-GBV advocacy • Establish GBV standard operating procedures • Development, testing and use of an emergency-specific BCC strategy; • Development of gender-specific community protection/peace-building plans 	<p>Inputs:</p> <ul style="list-style-type: none"> • 1 Program Manager, • Gender Advisor • 1 Assistant Program Manager, • 1 social worker • 8 case managers • Speed boat for transportation/fuel • Vehicles for movement • IEC materials • Training materials • Boat • Car • 100% staff time required 		<p>Assumptions, risks and pre-conditions:</p> <ul style="list-style-type: none"> • Prepositioning of the Rape kits on time • Production of training materials on time • Logistical arrangements properly addressed • Finances secured on time • Human resource engaged on time

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
Result 1: Improved capacity of police officers, community leaders and health care providers to handle/prevent and respond to GBV															
Activity (1.1) Train police officers in prevention and response to GBV					X	X			X	X		X		X	
Activity (1.2) Train community leaders on GBV-related aspects					X	X	X	X			X		X	X	
Activity (1.3) Train health care providers on clinical management of rape (survivors)					X		X	X					X		
Result (2) Improved management and response to survivors															
Activity (2.1) Train and mentor case workers				X	X					X	X			X	
Activity (2.2) Conduct anti-GBV advocacy					X			X			X			X	
Activity (2.3) Produce and use community protection and peace building plans for each County							X	X	X	X	X	X	X		
Activity (2.4) Development and use of a gender-responsive BCC strategy							X	X	X	X	X	X	X		
Result (3.1) Improved GBV data/SOP document available															
Activity (3.1) Establishment of SOP document produced			X	X	X	X	X	X	X	X	X	X			
Result (4) Community policing network established and running															
Activity (6.1) Establish government and community policing network			X	X			X	X	X	X	X				
Result (5) Improved and reliable M&E and Reporting Framework established and in use															
Activity (5.1) Conduct timely monitoring and reporting, to include monthly and quarterly reports				X	X	X	X	X	X	X	X	X	X	X	X
Activity (5.1) Participate in sector and coordination fora			X	X	X	X	X	X	X	X	X	X	X	X	X

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