

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 2014

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 project 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 project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP 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. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). 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.

SECTION I:

CRP Cluster

Protection

CHF Cluster Priorities for 2014 First Round Standard Allocation

This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CRP 2014.

Cluster Priority Activities for this CHF Round

- Protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants.
- Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing, reunification and/or alternative care.
- Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV.
- Promote psychosocial well-being of children and GBV survivors through a community-based approach.

Cluster Geographic Priorities for this CHF Round

Unity, Jonglei, Upper Nile, Lakes and Central Equatoria (Juba).

SECTION II

Project details

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

Requesting Organization

Nile Hope

Project CRP Code

SSD-14/P-HR-RL/60340

CRP Gender Code

0

CRP Project Title (please write exact name as in the CRP)

Increasing access to services, and provide psychosocial support to GBV survivors and children affected by the emergency in Central Equatoria, Jonglei, and Upper Nile States

Total Project Budget requested in the in South Sudan CRP

US\$ 562,440

Total funding secured for the CRP project (to date)

US\$ 66,000

Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)

	Number of direct beneficiaries targeted in CHF Project	Number of direct beneficiaries targeted in the CRP
Women:	7,790	18000
Girls:	1624	5000
Men:	4000	5000
Boys:	2200	2500
Total:	15,614	33,900

Targeted population:

Abyei conflict affected, IDPs, Returnees, Host communities, Refugees

Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)

Contact details Organization's Country Office

Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State

State	%	County/ies (include payam when possible)
Jonglei	65	Fangak, Pigi, Akobo West
Upper Nile	25	Ulang
Central Equatoria	10	Juba

Funding requested from CHF for this project proposal

US\$ 452,489

Are some activities in this project proposal co-funded (including in-kind)? Yes No (if yes, list the item and indicate the amount under column i of the budget sheet)

Indirect Beneficiaries / Catchment Population (if applicable)

5,400

CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)

Indicate number of months: 6 Months

1 July – 31 December 2014

Contact details Organization's HQ

Organization's Address	Off main Munuki road, Juba
Project Focal Person	<i>Rael Rugut</i> lugutrael@yahoo.com 0920010346
Country Director	<i>Paul Biel Otoang</i> paulbiel@yahoo.com 0920010323
Finance Officer	<i>Solomon Njoroge</i> Solomon.njoroge1@gmail.com 0977681414
Monitoring & Reporting focal person	<i>Wuor Choul Both</i> wourboth@gmail.com 0920010325

Organization's Address	Akobo County, Jonglei State
Desk officer	<i>Jidayi Zaituni</i> jidayiz@rocketmail.com 0920010322
Finance Officer	<i>Sophia Wambaire</i> soffi28@yahoo.com 0920010324

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

Central Equatoria, Jonglei and Upper Nile States are among the most affected States hit by the political crisis that begun on 15th December 2013 within the government of South Sudan, and spilled over into armed conflict based on ethnic divisions. This crisis resulted in significant population displacement as people mainly women and children have been displaced and more than 350,000 have crossed to other countries and unknown number killed. RRC leader's reports indicated 270,000 IDPs in areas around Bor town; Fangak County hosts more than 40,000 IDPs from Malakal and Bentiu according to assessments conducted by inter agencies (24th Jan 2014). The report continues stating that "a large number of children and relatives are missing, a large number of separated and unaccompanied children among the IDPs, unaccompanied children being cared for by the IDPs families". While in Akobo West there are 7,500HH from Bor, Juba, Pigi and Malakal according to IRNA assessment (15th -17th Feb 2014)

In areas of significant conflicts, markets structures have been demolished in such places as Malakal, Bor and Bentiu forcing people to stay in UNMISS bases looking for protection and assess of food and non foods items that are no longer available. Populations have lost their livelihoods and personal effects hampering their ability to return home. The situation remain widely unpredictable and although peace talks taking place in Addis Ababa even the most optimistic predictions suggest that the crisis will continue for some time and that it is unlikely that people will be able to return to their homes in the near future. Like most of the crisis, this conflict is hitting the poorest and most vulnerable people the hardest.

According to IRNA report conducted in Nasir the IDP camps consist of women, children and elderly, separated and missing children were reported. The team observed 2 children carry arms. Women and children are the victims and are targeted as weapons of war, rape, sexual abuse abductions and torture. Other forms of human rights violation happened, and Insecurity has contributed to sex for food in all the conflict areas.

Inter communal violence, mistreatment by armed actors, abduction of women and children, forced recruitment, forced displacement and killings are the protection concerns identified by the community members. Women and children are particularly vulnerable, with reports from UNICEF number of children has been seen with arms in Upper Nile regions.

Nile Hope will bridge the gap by using the existing presence in the areas to respond to, and prevent GBV by creating awareness on available services for survivors and address child protection issues especially at the UNMISS PoC Camp in Juba and build resilience's to strengthen the capacities for the communities.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The conflict that started in the Country in Mid December and escalated to the Greater Upper Nile State, has impacted greatly on women, girls, boys and the elderly. Gender Based Violence to women and girls are evident, IRNA assessment report 3rd March 2014 in Ulang "IDP reportedly felt unsafe inside UNMISS compound due to killing and rape cases" although the response services are apparently very low. According to UNOCHA assessments report 16/5/2014 in Fangak "It is difficult to gauge the safety of women and youth in the area when they are conducting livelihood activities including collecting water and firewood. The team did not have the time to build the relationships needed to pursue topics of SGBV and child abduction".

CHF funds advanced to Nile hope; will support a multi-sectoral approach to GBV survivors, enhance a survivor centered approach of the different needs of women, men boys and girls, to respond to and prevention of GBV, advocacy on Human Rights approach, and build on existing community structures. The child friendly spaces set up will be used to offer psychosocial support and to provide life skills to boys and girls affected by conflict.

Nile Hope has visible and operational presence on the ground and has gained community trust and support over the years. With headquarters in Akobo, field offices in Pigi, Ulang, Fangak, Bor, Leer and Juba, the value added will include easy and timely access to the areas of implementation. After the conflict, the counties have become acutely underserved. Nile Hope will also maximize on the synergies within its programming in implementing the programs e.g education, Health, and WASH programs, which are also providing humanitarian interventions in Pigi, Fangak, Akobo and Ulang. Nile Hope a pool of local expertise in protection including social workers and county protection officers and volunteers and strong local coordination mechanism such as county level protection clusters.

Nile Hope operates in these hotspot locations, has the requisite infrastructure/material capacity, resources mobilization (compounds, personnel, speedboats, offices, computer equipment, internet facilities...), technical expertise and social capital (and local knowledge and networks) and previous track record of delivering, implementing the CHF activities, and achieved desire results as prioritized by protection Cluster.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

The project will largely contribute to the clusters priority of Providing support to survivors of Sexual gender-based violence (SGBV), strengthen referral systems and improve prevention of family separation, identify unaccompanied, separated and missing children, participating in interagency rapid assessments, building the capacity of actors and supporting community support networks in the four locations.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kickstart/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

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.

To improve service provision to SGBV survivors and children affected by conflict in Central Equatoria, Jonglei and Upper Nile States to reach population of 15,614 by December 2014

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective. List the main activities and results 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 (broken down by age and gender to the extent possible).

- Conduct/ participate in inter agency rapid assessments in the identified counties
- Support in identifying and documenting separated, unaccompanied and missing, boys and girls to receive family tracing and reunification services.
- Provide psychosocial support to child and adolescent boys and girls who are affected by emergencies.
- Establish/ support community based protection for children and women in the affected Counties
- Provide access to health, Psychosocial, and case management
- Enhance the capacity of social workers on GBV response and prevention and offer support to children affected in emergencies through training on psychosocial support, and case management.
- Strengthen the capacity of health care providers to support survivors of Sexual Gender based violence (children and adults) through clinical management of rape and caring for child survivors trainings.
- Conduct community awareness sessions on availability of services to the IDPs in the identified counties.
- Raise awareness and sensitization on GBV, child protection and human rights among the police through sensitization sessions at the county level.
- Conduct awareness and sensitization sessions on GBV, child protection and Human rights with established community women structures (county women associations, women CBOs, religious congregation's) to help build in resilience to the women who are affected by conflict.
- Procure and distribute solar lights
- Form FTR teams in Fangak and Pigi Counties
- Erect Child Friendly Spaces (CFS)
- Rapid assessments conducted due to dynamic nature of the context and reports shared with donors, coordination forums and policy makers
- Monitoring and coordination at all levels to leverage program quality.

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

- 6 Inter agency assessments participated to improve program quality
- 8 Child friendly space established to support emergency affected children on psychosocial support and life skills
- 8 Formation of FTR teams and referral systems established
- 30 police trained on how to prevent and respond to GBV survivors in Ulang County
- 120 chiefs reached with behavior change messages
- 20 health workers reached with CMR training on caring for survivors of SGBV
- 200 survivors accompanied to seek services at the police, community leaders, health and legal services
- Survivors of SGBV received psychosocial support and are able to recollect and build their life again
- 800 women receive solar light to prevent SGBV in and around their homes at night
- 2,000 dignity kits prepositioned and distributed to 2,000 women and girls of reproductive age.

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators <small>(Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).</small>	Target (indicate numbers or percentages) <small>(Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)</small>
X	1.	<ul style="list-style-type: none"> • Number of frontline police service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	30 in Ulang County
X	2.	<ul style="list-style-type: none"> • Number of frontline legal service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	120 (100 men, 20 women) in Akobo West, Fangak, Pigi and Ulang
X	3.	<ul style="list-style-type: none"> • Number of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	20 (15 men and 5 women)
X	4.	<ul style="list-style-type: none"> • Number of frontline psychosocial service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	24 (12 men and 12 Women)

X	5.	<ul style="list-style-type: none"> Number of GBV survivors referred to health services 	64
X	6.	<ul style="list-style-type: none"> % of GBV survivors receiving psychosocial response receive services in line with standards for quality care 	80% (boys, girls, women and men)
X	7.	<ul style="list-style-type: none"> Number of beneficiaries reached with behaviour change messages on GBV and available services in emergency settings 	11,600 (6,000 women, 2,600 girls 5,000 men and 2,000 boys)
X	8.	<ul style="list-style-type: none"> Number of crisis affected children receiving psychosocial support and services 	5,200 (1624 girls, 2,200 boys)
X	9.	<ul style="list-style-type: none"> Number of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured 	100(60 boys, 40 girls)
X	10.	<ul style="list-style-type: none"> Number of CFS kits prepositioned 	6
X	11.	<ul style="list-style-type: none"> Number of CFS kits distributed to beneficiaries 	6
X	12.	<ul style="list-style-type: none"> Number of Recreational kits prepositioned 	8
X	13.	<ul style="list-style-type: none"> Recreational kits distributed to beneficiaries 	8
X	14.	<ul style="list-style-type: none"> Number of Dignity kits distributed to women and girls of reproductive age 	2,000(1,500 women and 500 girls)
	15.	<ul style="list-style-type: none"> Number of solar lights distributed to women 	800 (women)

vi). Cross Cutting Issues

Briefly describe how cross-cutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation.

Nile Hope culture is that gender parity is considered in all the projects, equality and equity is observed among the staff and gender mainstreaming is emphasized in the recruitment processes. 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, we will ensure women and girls of reproductive age receive lessons on proper disposal of used dignity kits. Create awareness on cholera outbreak among communities in our areas of work, the elderly and the disable needs are always considered in and during our projects life time. Nile Hope is going to enforce the code of conduct to mitigate potential Sexual Exploitation and Abuse (SEA).

vii) 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 is a key actor in GBV and Child Protection matters in South Sudan, particularly in Jonglei, Central Equatoria and Upper Nile states since 2005 to date.

Project staff, with technical expertise of the GBV Specialist and supported by the program coordinator, shall work closely with other sectors (and local institutions/groupings) like health, security organs, legal and community leaders to combat issues of GBV and Child Protection in emergencies to build the capacity of the community on effects of violence, prevent family separation and build resilience on varying emergencies. State Coordinators, the Protection Coordinator, and the Protection Assistants supported by the field level County protection Officers and Case Managers shall ensure that we have good ties with the government and County authorities including Social Workers at all levels 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 coordinates at the county level. The Programs Coordinator and the Executive Director will provide administrative and quasi-technical support and referee the entire program. A technical support on the changing emergency trends shall be consulted with the lead emergency teams both at the State and National level. Nile Hope will uphold the synergies at work with other departments like Health, Logistics and Finance, WASH, Livelihood and Education to ensure that beneficiary's needs are met in timely manner and accountability ensured. The M&E Officer will steward the monitoring role and be the custodian of M&E tools and closely work with the Cluster M&E Section. The Logistician will help to facilitate the movement of supplies and personnel to the field sites.

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

Nile Hope protection team will work closely with the Ministry of Gender Child and Social Welfare and Local Authorities to ensure joint field monitoring/visits to the projects sites by making sure the project is running smoothly according to the Log-frame developed. The

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

M&E officer will use the Nile Hope and Gender Ministry tools to capture the data in the field and analyze data so as to come up with concrete report of project implementation. Field reports will be sent to the cluster on monthly and Quarterly basis, share information on emergency trends in the implementation areas. Nile Hope management with leadership from the Director's office will oversee and referee the implementation of the project in line with cluster priorities and mandate. Supportive technical review and evaluation of the reports will be conducted by the Protection Coordinator on a weekly/ monthly basis .The Gender and Protection Program will receive technical and monitoring support from Nile Hope Programs Office. The finance office will provide financial accountability tools and reports, and steward the project resourcing process.

D. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
Christian Aid	66,000
Pledges for the CRP project	
	562,440

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.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK		
CHF ref./CRP Code: SSD-14/P-HR-RL/60340	Project title: Increasing access to services, and provide psychosocial support to GBV survivors and children affected by the emergency in Central Equatoria, Jonglei, and Upper Nile States.	Organisation: Nile Hope

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities)	<i>What are the Cluster Priority activities for this CHF funding round this project is contributing to?</i>	<i>What are the key indicators related to the achievement of Cluster Priority activities?</i>	<i>What are the sources of information on these indicators?</i>	
CHF project Objective	To improve service provision to SGBV survivor and children affected by conflict in Central Equatoria, Jonglei and Upper Nile States to reach population of 15,614 by December 2014	<ul style="list-style-type: none"> Number of frontline police service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of frontline legal service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation % of GBV survivors receiving psychosocial response receive services in line with standards for quality care Number of beneficiaries reached with behavior change messages on GBV and available services in emergency settings Number of Dignity kits distributed to women and girls of reproductive age Number of solar lights distributed to women 	<ul style="list-style-type: none"> Reports Pictures Monitoring visits Case studies Participants list. GBVIMS data collected Field Visibility 	<p>Risks</p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas Insecurity and tribal conflicts <p>Assumptions</p> <ul style="list-style-type: none"> Limited access Continued good will from the government and the opposition to allow humanitarian services Willingness of beneficiaries Peace negotiation resumed Further displacement of community Negotiations are resumed Donors are willing to support intervention Willingness of community to participate in the project
Outcome 1	Survivors develop resilience to restore their mental and emotional wellbeing and create peaceful coexistence with other community members	<ul style="list-style-type: none"> Number of Dignity kits distributed to vulnerable women and girls of reproductive age % of GBV survivors receiving psychosocial 	<ul style="list-style-type: none"> Reports Sign in sheets Pictures GBVIMS data recorded Case studies 	<p>Risks</p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas Insecurity and tribal conflicts

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		response receive services in line with standards for quality care	<ul style="list-style-type: none"> • Interviews • Questionnaires 	<p>Assumptions</p> <ul style="list-style-type: none"> • Inadequate access • Continued good will from the government and the opposition to allow humanitarian services • Willingness of survivors to report and receive services • Peace negotiation resumed • Donors are willing to support intervention • Willingness of community to participate in the project
Output 1.1	<ul style="list-style-type: none"> • 24 caseworkers trained, gained knowledge and skills on caring for GBV survivors and to offer quality psychosocial support to women and children affected by the conflict. 	<ul style="list-style-type: none"> • Number of frontline psychosocial service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	<ul style="list-style-type: none"> • Reports • Attendance list • Data collected on GBVIMS • Pictures 	<p>Risks</p> <ul style="list-style-type: none"> • Political instability • Natural disasters-Climate changes • Continued insecurity in the areas • Tribal and inter-klan conflicts <p>Assumptions</p> <ul style="list-style-type: none"> • Inadequate access • Continued good will from the government and the opposition to allow humanitarian services • Willingness of GBV survivors reporting cases and seeking services. • Peace negotiation resumed • Further displacement of community • Negotiations are resumed • Donors are willing to support intervention • Willingness of community to participate in the project
Activity 1.1.1	<p>List the key activity to be carried out for achieving output 1.1</p> <ul style="list-style-type: none"> • Conduct awareness and sensitization sessions on GBV, child protection and Human rights with established community women structures (county women associations, women CBOs, religious congregation's) to help build in resilience to the women who are affected by conflict. 			
Activity 1.1.2	<p>List the key activity to be carried out for achieving output 1.1</p> <ul style="list-style-type: none"> • Enhance the capacity of social workers on GBV response and prevention and offer support to children affected in emergencies through training on psychosocial support, and case management. • 			
Activity 1.1.3	<p>If required, insert other lines to add activities necessary to achieve output 1.1</p> <ul style="list-style-type: none"> • Distribute dignity kits 			
Activity 1.1.4	<ul style="list-style-type: none"> • Provide psychosocial support to child and adolescent boys and girls who are affected by emergencies 			

Goal/Objectives/Outcomes/Outputs	Indicator of progress		Means of Verification	Assumptions and Risks
Output 1.2	20 health care providers trained on Clinical management of rape (CMR) to offer quality care to rape survivors and care for GBV survivors	<ul style="list-style-type: none"> Number of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation 	<ul style="list-style-type: none"> Reports Sign in sheets Data collected on GBVIMS Case studies Pictures 	<p>Risks</p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas <p>Assumptions</p> <ul style="list-style-type: none"> Inadequate access Continued good will from the government and the opposition to allow humanitarian services Willingness of beneficiaries to seek services at the Health Centers operated by qualified personnel Peace negotiation resumed Further displacement of community Negotiations are resumed Donors are willing to support intervention Willingness of community to participate in the project
Activity 1.2.1	<ul style="list-style-type: none"> Provide access to health, Psychosocial, and case management 			
Activity 1.2.2	<ul style="list-style-type: none"> Strengthen the capacity of health care providers to support survivors of Sexual Gender based violence (children and adults) through clinical management of rape and caring for child survivors trainings. 			
Activity 1.2.3	<ul style="list-style-type: none"> Monitoring and coordination at all levels to leverage program quality. 			
Output 1.3	120 community leaders sensitized on survivor centered approach and to support in Family tracing and reunification (FTR) and GBV survivors to seek available services	<ul style="list-style-type: none"> Number of beneficiaries reached with behavior change messages on GBV and available services in emergency settings 	<ul style="list-style-type: none"> Number of messages shared Pictures Reports Attendance list 	<p>Risks</p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas Insecurity and tribal conflicts <p>Assumptions</p> <ul style="list-style-type: none"> Inadequate access Continued good will from the government and the opposition to allow humanitarian services Willingness of beneficiaries Peace negotiation resumed Further displacement of community Negotiations are resumed Donors are willing to support

Goal/Objectives/Outcomes/Outputs	Indicator of progress		Means of Verification	Assumptions and Risks
				intervention <ul style="list-style-type: none"> Willingness of community to participate in the project
Activity 1.3.1	<ul style="list-style-type: none"> Conduct awareness and sensitization sessions on GBV, child protection and Human rights with established community women structures (county women associations, women CBOs, religious congregation's) to help build in resilience to the women who are affected by conflict. 			
Activity 1.3.2	<ul style="list-style-type: none"> Conduct community awareness sessions, on availability of services to the IDPs in the identified counties. 			
Activity 1.3.3	<ul style="list-style-type: none"> Establish/ support community based protection for children and women in the affected Counties 			
Activity 1.3.4	<ul style="list-style-type: none"> Support in identifying and documenting separated, unaccompanied and missing, boys and girls to receive family tracing and reunification services. 			
Outcome 2	<ul style="list-style-type: none"> Strengthen the capacity of frontline service providers to respond and offer quality care to survivors of GBV 	<ul style="list-style-type: none"> Number of frontline police service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of frontline legal service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation Number of beneficiaries reached with behavior change messages on GBV and available services in emergency settings Number of Dignity kits distributed to women and girls of reproductive age 	<ul style="list-style-type: none"> <i>Reports</i> <i>Pictures</i> <i>Monitoring visits</i> <i>Case studies</i> <i>Participants list.</i> <i>GBVIMS data collected</i> <i>Field Visibility</i> 	<p><u>Risks</u></p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas Insecurity and tribal conflicts <p><u>Assumptions</u></p> <ul style="list-style-type: none"> Inadequate access Continued good will from the government and the opposition to allow humanitarian services Willingness of beneficiaries Peace negotiation resumed Further displacement of community Negotiations are resumed Donors are willing to support intervention Willingness of community to participate in the project
Output 2.1	<ul style="list-style-type: none"> 300 frontline service providers received training to increase their knowledge on how to respond to different needs of survivors of GBV and children 		<ul style="list-style-type: none"> Workshop Reports Attendance list Data collected on GBVIMS Pictures Interviews Questionnaires 	<p><u>Risks</u></p> <ul style="list-style-type: none"> Political instability Natural disasters-Climate changes Continued insecurity in the areas <p><u>Assumptions</u></p> <ul style="list-style-type: none"> Inadequate access Continued good will from the government and the opposition to allow humanitarian services Willingness of beneficiaries Peace negotiation resumed

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks	
			<ul style="list-style-type: none"> • Insecurity and tribal conflicts • Further displacement of community • Negotiations are resumed • Donors are willing to support intervention • Willingness of community to participate in the project 	
Activity 2.1.1	<ul style="list-style-type: none"> • 20 health workers reached with CMR training on caring for survivors of SGBV 			
Activity 2.1.2	<ul style="list-style-type: none"> • 180 police reached with behaviour change messages in Fangak, Pigi, Akobo and Ulang 			
Activity 2.1.3	<ul style="list-style-type: none"> • 120 Chief reached with behaviour change messages 			
Output 2.2	24 case managers received knowledge and skills to respond to survivors of GBV in a timely manner.	<ul style="list-style-type: none"> • Reports • Attendance list • Data collected on GBVIMS • Pictures • Case studies 	<p><u>Risks</u></p> <ul style="list-style-type: none"> • Political instability • Natural disasters-Climate changes • Continued insecurity in the areas <p><u>Assumptions</u></p> <ul style="list-style-type: none"> • Inadequate access • Continued good will from the government and the opposition to allow humanitarian services • Willingness of beneficiaries • Peace negotiation resumed • Insecurity and tribal conflicts • Further displacement of community • Negotiations are resumed • Donors are willing to support intervention • Willingness of community to participate in the project 	
Activity 2.2.1	<ul style="list-style-type: none"> • Provide psychosocial support to child and adolescent boys and girls who are affected by emergencies. 			
Activity 2.2.2	<ul style="list-style-type: none"> • Enhance the capacity of social workers on GBV response and prevention and offer support to children affected in emergencies through training on psychosocial support, and case management. 			
Activity 2.2.3	<ul style="list-style-type: none"> • 			
Outcome 3	<ul style="list-style-type: none"> • Survivors build confidence and seek services at the police, community leaders, health and legal services. 	<ul style="list-style-type: none"> • Number of frontline police service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation • Number of frontline legal service providers trained on GBV response in crisis settings, who 	<ul style="list-style-type: none"> • <i>Reports</i> • <i>Pictures</i> • <i>Monitoring visits</i> • <i>Case studies</i> • <i>Participants list.</i> • <i>GBVIMS data collected</i> • <i>Field Visibility</i> 	<p><u>Risks</u></p> <ul style="list-style-type: none"> • Political instability • Natural disasters-Climate changes • Continued insecurity in the areas <p><u>Assumptions</u></p> <ul style="list-style-type: none"> • Inadequate access • Continued good will from the government and the opposition to

Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
		demonstrate increased knowledge based on pre- and post-evaluation <ul style="list-style-type: none"> • Number of frontline health service providers trained on GBV response in crisis settings, who demonstrate increased knowledge based on pre- and post-evaluation • Number of beneficiaries reached with behavior change messages on GBV and available services in emergency settings 	allow humanitarian services <ul style="list-style-type: none"> • Willingness of beneficiaries • Peace negotiation resumed • Insecurity and tribal conflicts • Further displacement of community • Negotiations are resumed • Donors are willing to support intervention • Willingness of community to participate in the project
Output 3.1	200 survivors seek service at the police, health, community leaders and legal services.		
Activity 3.1.1	<ul style="list-style-type: none"> • Enhance the capacity of social workers on GBV response and prevention and offer support to children affected in emergencies through training on psychosocial support and case management 		
Activity 3.1.2	<ul style="list-style-type: none"> • Provide access to health, Psychosocial, and case management 		
Activity 3.1.3	<ul style="list-style-type: none"> • Conduct awareness and sensitization sessions on GBV, child protection and Human rights with established community women structures (county women associations, women CBOs, religious congregation's) to help build in resilience to the women who are affected by conflict. 		

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. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date:	1 July 2014	Project end date:	31 December 2014
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Activities	Q3/2014			Q4/2014			Q1/2015			Q2/2015	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Activity 1: Conduct/ participate in inter agency rapid assessments in the identified counties	X	X	X	X	X	X					
Activity 2: Support in identifying and documenting separated, unaccompanied and missing, boys and girls to receive family tracing and reunification services.	X	X	X	X	X	X					
Activity 3: Provide psychosocial support to child and adolescent boys and girls who are affected by emergencies.		X	X	X	X	X					
Activity 4: Establish/ support community based protection for children and women in the affected Counties		X	X	X	X	X					
Activity 5: Provide access to health, Psychosocial, and case management			X		X	X					
Activity 6: Enhance the capacity of social workers on GBV response and prevention and offer support to children affected in emergencies through training on psychosocial support, and case management.	X	X									
Activity 7: Strengthen the capacity of health care providers to support survivors of Sexual Gender based violence (children and adults) through clinical management of rape and caring for child survivors trainings.			X	X							
Activity 8: Conduct community awareness sessions on availability of services to the IDPs in the identified counties.	X	X	X	X	X	X					
Activity 9: Conduct awareness and sensitization sessions on GBV, child protection and Human rights with established community women structures (county women associations, women CBOs, religious congregation's) to help build in resilience to the women who are affected by conflict.	X	X	X	X	X	X					
Activity 10: Procure and distribute solar lights	X	X			X	X					
Activity 11: Rapid assessments conducted due to dynamic nature of the context and reports shared with donors, coordination forums and policy makers	X	X									
Activity 12: Monitoring and coordination at all levels to leverage program quality	X	X	X	X	X	X					

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