GENDER AND PEACBUILDING INITIATIVE

PHASE 1 – PROJECT DEVELOPMENT GRANT[1]

DCPSF 2018

SECTION A: INFORMATION ABOUT YOUR ORGANIZATION(S)

ORGANIZATION INFORMATION		
A1	Organization(s) Name	CARE International Switzerland (CIS) in Sudan
A2	Nature of Organization (INGO, UN Agency, National NGO, IOM)	INGO
A3	Organization Main Address (Sudan)	Nile Tower 5th floor, Mamoun Behairy Street, Khartoum, Sudan
A4	Legal Status of Organization	Foreign Voluntary Organization
A5	Registration Status of Organization in Sudan	Registered until 29.04.2019
A6	Year Established in Sudan	2009
A7	Organization Website	www.care.org
A8.1	Have you previously delivered DCPSF project(s)?	☐NO ☒YES: If yes, please list date, title, location (state), budget 2017-18, 'Promoting Peace in East Darfur', East Darfur, $650,000; 2018-19, 'Promoting Stability for Recovery', South Darfur, $600,000.
A8.2	Does your organization's mandate address gender equality or the prevention of SGBV?	☐NO ☒YES If yes, kindly describe your organization's mandate. CARE is a global humanitarian agency which puts women and girls in the center of its focus as those most adversely affected by conflict and natural disaster. CARE's programming focuses specifically on promoting the right to a life free from violence; sexual reproductive and maternal health and rights; and women's economic empowerment. In Sudan this takes the form of gender-transformative humanitarian response (WASH, Health and Nutrition) in addition to peacebuilding and governance projects focusing on women's political participation and economic empowerment. Global Aid Hand (GAH)'s overarching humanitarian aim is to reduce cross-cutting challenges throughout the sector, such as gender-based violence (GBV) especially against women and children, and discrimination of women, female children and youth. GAH is committed to improve and increase peacebuilding and conflict mitigation throughout unstable geographical areas in Sudan, aiming to bring peace and reconciliation between conflicted tribes and ethnic groups. In the portfolio of the organization, women, children, and young people are in a central position and receive strong protection focus; GAH and DDRA guides them to develop their full potential in a peaceful environment where they become effective members in the society.
AB.3	Does your organization demonstrate previous peacebuilding experience in Darfur?	☐NO ☒YES: If yes, please list date, title, location (state), budget With funding from DCPSF: 2017-18, 'Promoting Peace in East Darfur', East Darfur, $650,000; 2018-19, 'Promoting Stability for Recovery', South Darfur, $600,000 With funding from Dutch Ministry of Foreign Affairs: 2016-2020, 'Every Voice Counts', East and South Darfur, €2,180,357
A9	Is this a consortium application? If yes, please list all agencies.	☐NO ☒YES: If yes, please list all consortium agencies. CARE International Switzerland; Global Aid Hand
CONTACT INFORMATION		

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[1] PHASE 2 – Project implementation grant will be awarded to the organization contracted for Phase I following successful validation of Phase 1 deliverables and drafting, appraisal team review, and Steering Committee approval of a high quality Phase 2 project plan that demonstrates value for money.

A10	Contact Person for Concept Note	Moges Tefera
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ORGANIZATION(S) MISSION AND ACTIVITIES		
A18	Description of the Organizations(s) mission and activities	

CARE International Sudan's mission is to serve individuals and families in the poorest communities in the world. Drawing strength from our global diversity, resources and experience, we promote innovative solutions and are advocates for global responsibility. We promote lasting change by: strengthening capacity for self-help; providing economic opportunity; delivering relief in emergencies; influencing policy decisions at all levels; and addressing discrimination in all its forms. Guided by the aspirations of local communities, we pursue our mission with both excellence and compassion because the people whom we serve deserve nothing less. CARE is particularly active in conflict-prone areas of Africa and Asia, and works to promote the nonviolent resolution of conflicts under its key programmatic priority, The Right to a Life Free From Violence.

CARE International Switzerland (CIS) was established in 2009 (prior to 2009, CARE USA had been operational for over 30 years in Sudan) and has been operating in South Darfur, East Darfur and South Kordofan directly and with local partners. CIS is currently reaching over a half a million people (350,000 IDPs, 52,000 refugees, and 156,000 host community members through its peacebuilding, inclusive governance and women's economic empowerment projects, and humanitarian response, including two current DCPSF grants (East Darfur 2016-2018; South Darfur 2018-2019). CARE's particular impact groups are the poorest and most vulnerable women and girls.

Global Aid Hand is based in Khartoum with sub offices in South Kordofan, West Kordofan including Abyei PCA (North), South Darfur, East Darfur and Blue Nile. Women are at the spirit of Global Aid Hand's community-based efforts to improve basic education, increase access to quality health care and expand economic opportunities for the entire family and environment. In delivering emergency, life-saving supports to survivors of conflicts in Sudan, GAH is committed to help people to reconstruct their lives in particular consideration of women and children.

DDRA is a local NNGO with a wider engagement in diverse program portfolio using through promoting community participation, involvement, voluntary community engagement and empowerment. DDRA works with diverse more than nine UN and other doors with more than 15 ongoing projects. The sectoral interventions include livelihood Support, Community Environmental Action Planning, Women Development in IDP Camps, Community Empowerment, youth, market, value chain and peace building initiatives. Livelihood Support, Community Environmental Action Planning, Women Development in Zamzam IDP Camp, Community Empowerment, youth, market, and value chain development. DDRA will bring a huge experience into the gender research work with its geographic presence in the three states of Darfur where GAH and CARE are not present and the xpertise they have in implementing DCPSF funds in the past.

GAH is an implementing partner for CARE's EVC project in South Darfur and is currently independently implementing a DCPSF Project in East Darfur. GAH is a strong partner of the protection sector and a key member of the GBV subsector, and has implemented several projects in East Darfur, South Darfur South Kordofan and West Kordofan.

A19	Applicant Declaration	☒ I have read the Gender and Peace Initiative ToRs and used it for the development of this concept note.

SECTION B: PROJECT INFORMATION

PROJECT DETAILS		
B1	Project Title	Ensuring Quality Engagement of Women in Peacebuilding (EQWIP)
B2	Project Duration *(Number of Months – all projects should be between 18 – 24 months)*	6 months for Phase 1 (Project Development Grant)
B3		☒YES ☐NO

	Does your organization currently have a field presence in the proposed	Address of Field Office	Nyala: Block #7D, house 30-31, Cinema area, Nyala Kass:No. 146, Block 2, Main Street, Al Majlis Are, Kass Ed Daein: Hay AlNazir Area, Ed Daein town		
		When established?	SD: 2009; ED: 2015	Number of Staff:	SD: 60; ED: 21
B4	Estimated Project Budget in USD	$100,000			
B5	Partner(s)	Name	Global Aid Hand (www.globalaidhand.org)		
		Registration	National NGO Reg Number T3843		
SUMMARY OF RESEARCH PROPOSAL					
B7	Executive Summary. Provide a concise executive summary of the project, highlighting the research plan to be used to ensure the delivery of the deliverables outlined in the ToR.				
	Drawing on CARE and DDRA Global Aid Hand's deep experience in peacebuilding projects in Darfur, including those implemented with DCPSF funding, this project will investigate the barriers to women's participation in the CBRM mechanism, the ways in which CBRMs address SGBV, the capacity of women's rights organizations operating in Darfur, and create a project document, based on piloted activities, to address gender gaps and capitalize on opportunities to strengthen the CBRM mechanism gender capacities.				
	The project will consider the views, opinions and lived experience of men and women from a broad spectrum of Darfuri society, working with CBRMs themselves and other civil society structures; DCPSF implementing partners (and other NNGOs and INGOs); government line ministries and formal justice structures, schools, universities and other educational institutions; female parliamentarians; role model women from the private sector; individual activists; and agencies directly addressing SGBV. Through both a desk review and primary data , which will include sources from all five Darfuri states, and a primary data collection mission to East and South Darfur – utilizing contextualized Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) – a thorough survey of the existing gaps and opportunities faced by CBRMs, the services available to survivors of SGBV and the capacity of women's rights organizations operating in Darfur will be generated. The other three states will also be included in the survey as appropriate using the DDRA field presence. The gap analysis produced will inform an action plan for remedial activities to be piloted to address these barriers to participation and representation of women.				
	This action plan Project, following validation by stakeholders, will inform a one-month pilot phase, provided time allows, during which methods for addressing barriers to women's participation will be tested in South and East Darfur. These actions will take place on three levels: individual, whereby the capacity of individual women for self-empowerment is raised; community, whereby men and boys are also engaged to create an enabling environment for women's and girls' equality; and organizational, whereby civil society and government organizations are capacitated to uphold women's and girls' rights and gender equality. The pilot activity phase will both validate the findings of the research phase and will provide the data for the project practical survey of best practices in addressing women's participation in CBRMs.				
	The completed report will be validated at a two-day multi-stakeholder workshop, and will also inform action planning for the scale-up and roll-out of successful activities addressing participation barriers across all five states of Darfur.				

SECTION C: PROJECT DETAILS

RELEVANCE:

a)   Relevance: Understanding of context and knowledge gaps

The Gender and Peacebuilding Pilot aims to ensure "Local conflict resolution and peacebuilding processes in Darfur are more equitable and inclusive and strengthen women's participation, protection, and rights."

Recognizing the purpose of the project development grant is to deepen knowledge on the situation on the ground, what is the current understanding and what are the major gaps In knowledge in the below thematic areas?

Thematic area	Current understanding	Knowledge gaps
Current involvement of women in local community based reconciliation mechanisms (CBRM)	**Women as membership in decision making bodies:** Despite advocacy attempts by DCPSF partners and other funded initiatives, involvement of women remains very low; CARE's, DDRA and GAH's experience in East and South Darfur in 2017-18 (funded by DCPSF and Dutch MoFA) suggests that women make up, at most, 20% of recently-established CBRMs. Prior to this, participation was/is very low, around 5% on average. Whilst many initiatives include quotas for the percentage of – at least nominal – female CBRM members, this mandatory involvement of women does not	Representation and external barriers • To what extent are women represented in CBRM structures across the five Darfur states? Is there a specific state or locality where participation is higher than expected? What type of intervention has been implemented here; are there significant differences in the operating environment? • To what extent are women represented in critical CBRM leadership positions? Do women ever represent their communities at locality or state level?

	necessarily ensure meaningful female participation. Moreover, such quotas can result in the harmful perception that women are there 'for the sake of it' or to 'tick a box', rather than for their meaningful and valued participation. Forcing the participation of women can also undermine their standing in the eyes of men, who observe that they do not wish to participate or do not consider their involvement meaningful; this can reinforce the traditionally-held cultural notion that women have no place in, or are unsuitable for involvement in, decision-making structures. Where women are active members of CBRMs, they are still underrepresented in critical leadership positions, meaning that the majority of strategic decisions are taken by men and may not incorporate the needs or concerns of women and girls. Female members of CBRMs tend to be older women, which is likely a result of cultural beliefs which equate age with wisdom. Whilst this participation is valuable, it can result in the needs of young women being overlooked, contributing to their further marginalization. In some cases, men are used as 'convenors' to collect and represent the ideas and rights of women. These may be collected through a representative governance structure such as a women's group; however, this removes the space for visible representation of women and thereby the chance to lead by example within the community.	• What are they key external barriers to women participating meaningfully in CBRMs (social, cultural-religious traditions and norms; political pressures; other forces)? • What is the level of support by religious leaders, local authorities and CBRM members (both male and female) for women's participation in CBRMs? Women's self-perception and internal barriers • What is the level of willingness of women of all ages to participate in CBRM structures? • Why are men asked to represent the views of women? Is this due to lack of capacity in Arabic or other relevant languages, a lack of confidence, or social or cultural pressure? Involvement of young women • To what extent are young women present in CBRMs as a whole? Are there any cases of young women in leadership roles within CBRMs? • What are the internal root causes and external barriers to young women's representation in the CBRM structure? Gender-sensitive planning and outcomes of CBRM processes • How strong is the gender component of the training received by CBRMs? Do CBRMs understand how issues of gender can be a driver of conflict? • To what extent are the rulings and action plans generated by CBRMs sensitive to the different needs of women, men, boys and girls?
How SGBV is currently being addressed by CBRMs.	Both CARE's and GAH's experience suggest that issues of SGBV are rarely raised in front of a CBRM; when they are raised within society at all, issues of this nature tend to be resolved through traditional resolution mechanisms (which are usually exclusively male). SGBV remains a very taboo subject within Darfuri society; it is heavily normalized and rarely discussed openly. This is not only the case within society but, as many staff working on projects with a CBRM component are drawn from the local area, this can also be a difficult subject for them to address internally or with beneficiaries. Furthermore, definitions of what constitutes SGBV are flexible depending on how they are represented in social and cultural norms: for many, intra-marital rape is permissible and intimate partner violence can also be acceptable given the traditional notion of men as strong household leaders. Given that local staff may have internalized these notions to some degree, this – if not challenged – can result in the normalization of SGBV among partner staff and thus inhibit their ability to support CBRMs in addressing these issues. Sudanese laws concerning SGBV are reasonably stringent; however, they are often not implemented as per the spirit of the law, especially where local norms differ from the legislation and all community leaders and legal implementers are from the local area. For instance, the legal minimum age for marriage in Sudan is 15 but local norms may permit this at a younger age or allow girls to be 'booked' from	SGBV, communities and conflict • What is the situation within the communities, with specific regard to SGBV, under usual circumstances and outside of conflict? Is there a notable difference in incidences of SGBV before, during and after the conflict years? • To what extent have these varying incidences (assuming they are there) normalized SGBV within difference age groups, both male and female? • To what extent is SGBV a driver of conflict and to what extent is it a result? • Is SGBV more present within certain communities, such as pastoralists and farming communities? Are those communities at risk facing the threat from within their own community or from another group? • Are men within communities engaged in prevention of SGBV, not only through the CBRM structure but at the family level? • Are there underlying community tensions which contribute to and escalate incidences of SGBV? SGBV and CBRMs • What are the barriers to addressing SGBV cases within the CBRM structure? • To what extent are CBRMs aware of (and trained on) the policy environment with regard to SGBV? • To what extent are CBRM members, male and female, supportive of the use of the CBRM structure for addressing SGBV cases?

	childhood. In addition to this flexible legislative interpretation, CBRMs are not usually linked to formal justice structures so they have limited knowledge that their decisions may be in contravention to the law or may not consider formal structures as a source of support. Even where links are made and there are high incidences of SGBV, very few cases pass into the formal justice system from CBRMs; GAH found that, of 200 SGBV cases raised, only eight were taken to court or another formal justice structure.	• To what extent do those SGBV cases resolved by CBRMs consider the needs of the victim? • Is there sufficient budget, technical capacity and drive within DCPSF partner staff to adequately support CBRMs in addressing SGBV? • To what extent are CBRMs aware of the referral systems for SGBV cases, both in terms of local organizations providing victim support, and in terms of local justice structures? • To what extent are the local authorities, outside of the CBRM system, supportive in the resolution of SGBV cases?
Existing women's rights organizations in Darfur and their peacebuilding capacity.	Aside from INGOs such as CARE, which have a specific mandate for women's empowerment, the field is somewhat limited. The majority of organizations working with women's rights are working in isolation. Some local organizations may work with issues affecting women, such as sexual and reproductive health, but do not see themselves as women's rights organizations per se. The link between women and peacebuilding is not often clearly articulated, although many organizations are working with drivers of conflict. Whilst there is a women's council in each state, there is little coordination between organizations and between the organizations and council. The councils are not necessarily active or involved in dialogue either independently or through NGO peacebuilding initiatives. Most universities in Darfur have gender departments, but these operate on a theoretical and/or policy level and are not always involved in informing dialogue. Similarly, there is UNWOMEN presence but this has limited links to peacebuilding and dialogue work.	• A comprehensive list of organizations working with women's issues and rights must be compiled, encompassing all five states of Darfur. • To what extent are these organizations working in support of prevention, response, peacebuilding? Are they working in coordination? Do they have any moral authority? • Is there budget and capacity for local organizations to support and intervene in peacebuilding? • Where there is no budget or capacity, is fundraising ongoing to build capacity or to implement this type of response? To what extent are peacebuilding calls for funding, including and exclusive of DCPSF, open and accessible to national organizations? • How permissive is the general operating environment in Darfur to work with women's issues? • Do organizations working with, for example, gender-sensitive livelihoods projects see themselves as having a role relevant to peacebuilding? • Is there any capacity to think beyond the small scale for women?

a)   Gender & Inclusion

Multiple rounds of conflict in Darfur have had a disproportionately negative effect on women and girls, with discriminatory practices and violence present in households and communities on both formal and informal levels. Those who have suffered multiple rounds of displacement, or conflict, are especially likely to have suffered SGBV; other forms of SGBV, such as FGM, persist even in stable communities. UNFPA estimates that 88% of females in Sudan have undergone FGM. Despite the fact that women and men have equal rights under Article 32 of the Constitution of Sudan, cultural practices often demand that a man 'vouches' for a woman in formal institutions, limiting women's freedom to exercise their rights, participate in decision-making or seek justice.

Traditional social roles place the burden of caregiving solely on women, largely confining them to the home. The limited availability of livelihoods opportunities for women leaves them entirely reliant on male members of the household for income and survival and thereby making them vulnerable to discrimination and intimate partner violence. In an environment where education, healthcare and nutritious foods incur costs, households with restricted income are likely to prioritize the needs of boys as future earners, removing girls from school. Child marriage is widespread, affecting 34% of women in Sudan (UNICEF); this directly contributes to the removal of girls from education, limiting their literacy and numeracy and, consequently, their access to formal services and economic development opportunities as adults. These practices also negatively affect men and boys; where households have reduced livelihoods opportunities, boys are more likely to be removed from education and engaged in forced labor. Traditional notions of masculinities reduce men's opportunities to openly discuss conflict-related trauma, often perpetuating the cycle of discrimination and inequality through the externalization of their psychological stress via SGBV.

The challenges in confronting such violent practices are manifold: firstly, these practices have been deeply normalized in society and many men, women, boys and girls simply regard them as 'the way things are'; secondly, SGBV is a taboo topic in the targeted locations and to openly discuss such issues can put women at risk of social stigma, shame and further discrimination; finally, women and men often lack the belief that harmful social dynamics can change when norms and practices exhibited by the whole community – including women themselves – do not support and encourage women and girls to claim and exercise their rights. UNWOMEN Sudan states that 'Violence against Women and Girls (VAWG) is regarded as a prevalent and critical hindering factor for human development and peace-building in Sudan'. It is also critical to note 'that peer relationships are being shaped and influenced by the

cultural, economic and political context … Women's experience of violence should therefore, also be understood as both directly and indirectly correlated to the social pressures being faced by the perpetrators of violence'; that is to say, where post-conflict trauma or lack of economic opportunities also impact men – as is the case in Darfur – violent practices against women and girls are exacerbated.

Participation in political and leadership processes is heavily gendered; women's needs and rights are rarely taken into consideration and, as a result, many policy and practical decisions maintain the status quo and disenfranchise them further. Decision-making is commonly bound to the public role of (male) breadwinner, meaning that as caregivers women and girls are largely ascribed a passive function. In spite of their significant contribution to the smooth functioning of communities through their caregiver roles, women have little to no access to decision-making power at both household and community level. As United Nations Security Council Resolution 1325 states, 'If women do not participate in the decision-making structures of a society, they are unlikely to become involved in decisions about the conflict or the peace process that follows'. CARE's experiences in East Darfur in particular have shown that women can play a major role in conflict escalation: the *hakamat,* a women's group, use song to further ignite conflict while youth take the opportunity to engage as soldiers. However, CARE's work transforming the *hakamat* into *hakimat*, or singers for peace, has shown that actively-involved women can make a meaningful contribution to peace processes. The CBRM process therefore has strong potential to validate and formalize female participation in such processes, if the contributions of women are welcomed and valued, in particular with regard to those dynamics which influence their lives and well-being.

A female lead consultant, supported by a team of one male and one female researcher, in order to ensure balanced gender representation from the outset, will be recruited and managed by CARE. All recruited staff will have a proven background in managing gender dynamics in the Darfur context. Whilst some joint focus group sessions will be conducted, gender-specific sessions will take place with the appropriate consultant, in order to ensure that topics which may be taboo to discuss in front of the opposite sex, or where perspectives may significantly differ, such as SGBV, can be discussed openly and without fear of recrimination. The staff team assigned to this project by both CARE and GAH at Khartoum and field level will be balanced in terms of gender. A project advisory team formed of different stakeholders (CARE, GAH, UNDP – all at field and Khartoum levels – female leaders from community and political structures, and universities) will be formed, and this advisory team will remain engaged throughout Phase I to ensure that research remains inclusive and representative of all surveyed populations.
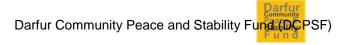
At desk review phase, information and data from a broad range of sources, such as DCPSF implementing partners, government bodies, other NNGOs, INGOs and CSOs, in order to gain the fullest possible picture of the dynamics of exclusion and inclusion – with particular regard to the functioning of CBRMs and SGBV response mechanisms in particular – before beginning the survey phase. CARE has also commissioned a final evaluation of its 2017-18 DCPSF grant, to be completed in July 2018, which will play a key informative role. Particular hotspots and root causes of exclusion will be mapped and a tangible action plan, drawing on the data alongside CARE's and GAH's on-the-ground experience, will be drawn up, including specific measures to address barriers to inclusion. For instance, where young women may not be willing to speak out in focus groups due to age dynamics, a separate group will be conducted with an appropriate researcher to ensure that participants feel comfortable to share their view and experiences.

In selecting locations for the knowledge-gathering phase, project locations will be reviewed to ensure that the communities consulted represent as far as possible the broader dynamics of Darfur (an adequate mix of Arab/African tribes, farmers/pastoralists, a range of socioeconomic backgrounds and so on). Phase I activities will take place in three villages in Bielel locality, three in Kass locality (South Darfur) and three in Ed Daein (East Darfur) where both CARE and GAH have well-established relationships with communities, local traditional and religious leaders, NNGOs, universities, and relevant government ministries. DDRA will help to connect in a similar way to the three states of Central, North and West Darfur. DDRA will lead the gathering of relevant information from for the research work to enrich the study to be representative of the whole Darfur. CARE and DDRA are primarily working in peacebuilding and governance and will therefore lead this thematic area of the research phase. GAH will lead SGBV programming in the targeted areas. As such, the three agencies will capitalize on pre-existing networks and prior advocacy work targeting inclusiveness within these communities, thereby minimizing the possibility of exclusion.

A broad range of stakeholders will be consulted during the knowledge-gathering phase, both men and women. This will partly be achieved through the breadth of stakeholders consulted: at the level of formal structures, roles tend to be held by men, as is the case with many of the CBRM mechanisms and also in terms of those holding community and religious leadership positions. However, care will also be taken to address men participating outside of leadership roles, such as male CBRM members, men's and youth groups, to ensure that men from all strata of society have the opportunity to input. Similarly, whilst many consultations at the household and community levels are more likely to include women, as they primarily inhabit this social sphere; however, women in leadership roles both within CBRMs and formal institutions will be identified to ensure that their experience of leadership is captured. This is likely to be through Key Informant Interviews (KIIs), with a view of conducting a gender-, age- and location-balanced portfolio of KIIs.

The implementing consortium will conduct briefing sessions at both community and institutional levels at the start of the research project to ensure community buy-in and to create the understanding that the strength of such research lies in its diversity and inclusiveness. Throughout the research and pilot activity phase, CARE DDRA and GAH will continue to engage with the targeted populations to ensure that support for the inclusion of women, including young women, and all population groups, remains. Where tensions exist or may flare up due to external factors, collective activities such as focus groups will be separated to minimize the risk of exclusion or conflict.

A diagram outlining the research structure is annexed to this Application.

RESEARCH PLAN AND RESULTS:

a)   Research strategy and methodology

How will your research address the knowledge gaps addressed in C1A?

Thematic area	Knowledge gaps	Research questions	Hypothesis	Research plan	Consortia members responsible
Current involvement of women in local community based reconciliation mechanisms (CBRM)	• Representation of women in CBRM structures across all five states; extent of differences contingent on intervention/operating environment • Representation of women in CBRM leadership roles • Key external barriers to women participating meaningfully in CBRMs • Level of support by religious leaders, local authorities and CBRM members for women's participation in CBRMs • Willingness of women of all ages to participate in CBRM structures • Why are men asked to represent the views of women? • Presence of young women present in CBRMs as a whole; representation of young women in leadership roles • Internal root causes and external barriers to young women's representation in the CBRM structure	To what extent are women of all ages represented in CBRMs and particularly in leadership roles? What are the key social, cultural and political barriers to women's meaningful participation in CBRMs; what is the extent of support by non-female stakeholders for female participation? To what extent are specific groups of men and boys also excluded? To what extent do women perceive themselves as willing and able to participate in CBRMs? To what extent are young women represented in CBRMs and particularly in leadership roles? What are the key barriers, both internal and external, to the participation of young women?	Women are under-represented in CBRMs, particularly in leadership roles, due to traditional social, religious, and political notions of gender which do not afford them a place in decision-making structures, and this stance is both implicitly and explicitly upheld by other decision-making stakeholders. Social and cultural pressures contribute both to women's negative perceptions of their own advocacy power and their belief that these structural inequalities can change, leading to reduced participation Young women in particular face barriers in participation due to the cultural equation of youth with inexperience and the associated belief that such contributions are valueless, which acts as a multiplier on the gendered barriers to participation already faced	Desk review: • Review of DCPSF gender policy; • Review of proposals received from DCPSF implementing partners (IPs), in particular the extent to which gender is covered in implementation plans; • Review of interim and final reports from DCPSF IPs, with particular regard to identified barriers to female participation, corrective actions taken and the success of these actions if any; • Review of the training provided to CBRMs and the strength and mainstreaming of its gender component; • Review of CBRM action plans and assessment to which they are gender-sensitive or transformative. Key Informant Interviews (KIIs): • KIIs with male and female CBRM members, taking into account a broad spectrum of ages, community groups and geographies; • KIIs with DCPSF IPs (INGOs, NGOs); • KIIs with community, traditional and religious leaders outside of the CBRM structures, in the same areas as the surveyed CBRMs; • KIIs with judges and members of formal justice structures. (Key questions: what are the reasons for (non-) participation of women? What is the local perception of female decision-making? Do you feel the structures adequately address the needs of different	An expert gender consultant will be recruited to lead this research phase; recruitment, management and support will be handled by CARE. Both CARE DDRA and GAH will support in mobilizing networks and information to enable effective facilitation of the desk review, KIIs and FGDs.

	• Level of training and understanding of CBRMs in gender • Extent to which the rulings and action plans generated by CBRMs consider the different needs of women, men, boys and girls	Is the training provided to CBRMs sufficiently gender-sensitive? Does the current support provided to CBRMs capacitate them sufficiently to consider gender-specific needs in actions and rulings?	CBRM training does not sufficiently mainstream differing needs of men, women, boys and girls, and ongoing support does not monitor the gender-sensitivity of action plans, ultimately leading to further marginalization of women	genders and ages? To what extent are CBRMs respected and valid in comparison to more formal structures?) Focus Group Discussions (FGDs): • FDGs with women's and men's groups, women's committees, and (if possible) women who have brought cases to CBRMs.	
How SGBV is currently being addressed by CBRMs **(Based on recent experience implementing DCPSF and other grants, other community-based structures will be considered in addition to CBRMs)**	• Situation within the communities, with regard to SGBV, under usual circumstances and outside of conflict; extent of generational differences • Level of normalization of SGBV by different communities and generations • Extent to which SGBV is a driver/result of conflict • Origins of SGBV risks within and between communities • Level of engagement of men and boys in prevention of SGBV • Presence and extent of underlying community tensions which contribute to and escalate incidences of SGBV • Barriers to addressing SGBV cases within the CBRM structure • CBRMs' awareness of and training in SGBV-related policy • Extent of support (both male and female) for use of the	To what extent have incidences of SGBV been positively or negatively influenced by conflict in the region, and to what extent is SGBV itself a driver of conflict? To what extent is SGBV regarded as a 'normal' or acceptable practice among different communities and generations? To what extent are men and boys engaged in the prevention of SGBV? To what extent is CBRMs' knowledge of SGBV-related policy and legislation tempered by local norms and practices? What proportion of SGBV cases are brought to CBRMs, resolved by CBRMs or passed on to formal justice structures, and what are the reasons for these outcomes?	Conflict is itself a driver of SGBV to trauma experienced by communities, and those generations who have grown up under conflict settings, are more likely to normalize SGBV; nevertheless, forms of SGBV such as domestic violence and intra-marital rape are normalized across the board due to traditional notions of male and female roles. SGBV remains taboo and is rarely discussed or challenged; men and boys in particular have little to no involvement in challenging SGBV. Management of SGBV by CBRMs is heavily influenced by local norms and practices rather than by official policy. Due to the taboo nature of the topic, many SGBV cases are resolved using traditional methods, such as forced marriage, which further marginalize women and girls. CBRMs do not have the capacity or knowledge to maintain a	Desk review: • Desk review of SGBV-related policy and legislation in Sudan, and the SGBV component of DCPSF Gender Policy; • Desk review of proposals from DCPSF IPs and the extent to which they explore drivers of and responses to SGBV; • Desk review of interim and final reports from DCPSF IPs, with particular regard to cases of SGBV handled, the mechanisms and outcomes; • Desk review of the training provided to CBRMs and the extent to which SGBV receives especial focus; • Desk review of CBRM action plans for SGBV cases handled; • Desk review of court reports for SGBV cases, if available; • Review of reports from other contexts where CBRMs have effectively addressed SGBV (CARE in CAR, DRC, Rwanda) to assess the broader mechanism and identify good practice. KIIs • KIIs with male and female CBRM members, focusing on cases handled and the methodology used, awareness of policy and barriers to its application; • KIIs with DCPSF IPs, focusing on organizational capacity to support in addressing SGBV;	GAH, as a protection-centered agency, will lead on mobilizing information resources, recruiting KII and FGD participants, and providing local perspective in support of the research team.

	CBRM structure for addressing SGBV cases • Extent to which SGBV cases resolved by CBRMs consider the needs of the victim • Budget, technical capacity and drive within DCPSF partner staff to adequately support CBRMs in addressing SGBV • CBRMs' awareness of the referral systems for SGBV cases (victim support and local justice) • Support of local authorities in the resolution of SGBV cases	Do action plans for SGBV cases resolved by CBRMs take a victim-centered approach? Do IP organizations themselves have awareness and willingness to support CBRMs in addressing SGBV? To what extent do local authorities and justice structures support the resolution of SGBV cases?	victim-centered approach to those cases they do handle; local IP capacity is also limited due to local attitudes of staff. Local justice structures, being also composed of community members, are subject to similar normalization of SGBV and taboos as other structures, limiting their capacity to support case resolution.	• KIIs with judges and other members of formal structures to understand their links with CBRMs and methodology for addressing SGBV cases; • KIIs with representatives of organizations (UNFPA, CBOs, INGOs, NNGOs) working in the area with GBV focus to understand broader landscape and permissiveness. FGDs • FGDs with women's group and committee members, to understand the broader landscape of SGBV • FGDs with men and boys to understand their perception of what constitutes SGBV and how this is handled within the community.	
Existing women's rights organizations in Darfur and their peacebuilding capacity.	• Comprehensive list of organizations working with women's issues and rights in all five states of Darfur • Extent to which these organizations are working in support of conflict prevention, response, peacebuilding; levels of coordination and moral authority • Budget and fundraising capacity for local organizations to support and intervene in peacebuilding; • Extent to which peacebuilding calls for funding are open and accessible to national organizations? • Permissiveness of the general operating	Who are the organizations (including CSOs, NNGOs, INGOs, UN agencies, universities and government bodies) working in women's rights and issues in Darfur, and to what extent do they perceive their own role as related to peacebuilding? How are such organizations and their role perceived within the broader community? To what extent are funding opportunities related to peacebuilding open to local women's rights organizations in Darfur? To what extent does the operating environment allow organizations to openly address women's issues, in	Existing peacebuilding capacity is low; this may be due to limited technical knowledge in itself or organizational perception of their work as not related to peacebuilding. Existing gender dynamics may play a role in perception of women's rights organizations as superfluous, window-dressing or not related to the broader peace process. Social dynamics and the male-dominated decision-making structures in Darfur leave limited space to openly discuss women's issues and	Desk review: • Desk review of existing organizations operating in Darfur (including CSOs, NNGOs, INGOs, UN agencies, universities and government bodies), mapping their geographic presence and mandates; • Review of coordination structures between such bodies, the links and gaps, and any advocacy initiatives ongoing; • Review of funding and capacity-building opportunities available to such organization, inclusive and exclusive of DCPSF. KIIs • KIIs with existing orgs, UNFPA, UNWOMEN, NNGOs, UNAMID, INGOs, universities and state-level gender sections to understand their self-perception and capacity gaps.	Shared between CARE and GAH depending on networks and contacts; CARE will manage consultant

environment in Darfur to work with women's issues • Self-perception of organizations working with, for example, gender-sensitive livelihoods projects in relation to peacebuilding • Scale of planning, growth and expansion options for women's organisations	particular in relation to conflict?	contribution to the peace process; the limited coordination between women's rights organizations also limits their lobbying and advocacy power.

b) Results: Phase 1 Deliverables

CARE and GAH intend that each deliverable will be complementary to the others. Whilst each deliverable will receive specific focus in the final report, actions under each will feed into and inform the others. For instance, stakeholders consulted in terms of CBRM and women's organizational capacity may also be surveyed with relation to SGBV. However, it is not anticipated that all stakeholders consulted will be relevant for each deliverable; CARE and GAH will draw on their own networks and the support of the project advisory group (see below) to identify the most appropriate data sources for each deliverable. This will result in a broad spread of data sources and stakeholders consulted, generating a representative, informative report. The data included in this report across all three thematic areas will inform the survey on best practices, which will include a pilot implementation element.

The linkages between each deliverable are graphically represented in Annex 1 to this Application.

Deliverable	Delivery plan	Timeline	Resources needed including human resources	Consortia member(s) responsible
Deliverable 1: **Survey report on CBRMs and identification of gaps and opportunities**	CARE and GAH recruit a lead consultant and a gender-balanced research team. A project advisory team formed of different stakeholders (CARE, GAH, UNDP – all at field and Khartoum levels – female leaders from community and political structures, and universities) is formed, and this advisory team will support to identify an innovative and inclusive range of data sources. Government permissions secured Specific data sources are selected for the desk review phase, based on the gaps and opportunities provisionally identified above and with support of the advisory team A Detailed Implementation Plan (locations, timeframes) and M&E framework are developed Survey formats are developed in line with the research questions, alongside identification of potential participants, male and female, from different stakeholder groups. Question lists for FGDs and KIIs are drafted	Weeks 1 & 2 Week 3 Week 4 Week 4	Consultant (male and female team) to be recruited Personnel time from CARE and GAH staff (field teams and country offices) Support from DCPSF in securing permissions Support from DCPSF in sharing partner lists, proposals and reports as deemed appropriate	CARE (CARE is also responsible for overall management of the consultant)

	Desk research phase completed, and survey formats and questions for each stakeholder group are refined to better reflect the provisional findings. Project advisory team is debriefed on outcome of desk research phase	Weeks 5 & 6		
	Field research is carried out in nine villages in ED & SD: primary data collection through surveys, KIIs and FGDs. Particular focus is given to challenges faced by the CBRMs	Weeks 7 & 8	Personnel time allocated from CARE staff (field teams and country offices) to provide logistical, communications, interpreting and quality control support	CARE
	Data gathered in the field is analyzed, and an initial report outlining gaps and identifying opportunities is generated by the consultant. This report includes suggested pilot activities and a plan for pilot implementation, including locations and specific CBRMs/women's groups	Week 9		CARE, GAH
	Report is shared with the advisory group, and the consultant debriefs on the findings and recommendations with the group in an initial validation workshop. CBRM members surveyed are included and debriefed. The pilot implementation plan is refined and finalized based on this workshop, and the report finalized. This report will form Part 1 of the overall findings and recommendations document produced, to be enriched by addition of the below sections. Recommendations will focus on community- and individual-level actions	Week 10	Presence of DCPSF and other stakeholders at one-day validation workshop; venue and materials	CARE, GAH CARE is responsible for final report sign-off
Deliverable 2: **Research report and brief on mapping of women's rights organizations and assessment of their peacebuilding capacity**	Recruitment of consultant and formation of advisory groups (see Deliverable 1)	Week 2	Consultant (male and female team) to be recruited	CARE
	In consultation with the advisory team, women's rights organizations in South Darfur (including CBOs, CSOs, NNGOs, INGOs, universities, government and private sector) are initially mapped out, including those organizations which handle women's issues but may not perceive themselves as 'women's rights organizations	Week 3	Personnel time from CARE and GAH staff (field teams and country offices) Support from DCPSF in sharing partner lists, proposals and reports as deemed appropriate	CARE, GAH
	Capacity assessment formats are developed in line with the research questions, alongside identification of potential participant organizations from the initial mapping list. Question lists for FGDs and KIIs are drafted	Week 4		
	Training materials currently available to organizations are reviewed and assessed	Week 4	DCPSF to share materials	CARE
	Project advisory team is debriefed on outcome of mapping phase; field research plan is refined	Weeks 5 & 6		
	Field research is carried out in nine villages in ED & SD: primary data collection through surveys, KIIs and FGDs. Depending on the participating organizations, these may be concurrent or separate from the FGDs and KIIs conducted under Deliverable 1/3	Weeks 7 & 8	Personnel time allocated from CARE and GAH staff (field teams and country offices)	CARE, GAH

	Data gathered in the field is analyzed, and an initial capacity assessment report is generated by the consultant. This report includes identified capacity gaps and suggested remedial actions, including at least one organization to be targeted in the pilot	Week 9	to provide logistical, communications, interpreting and quality control support	CARE
	Report is shared with the advisory group, and the consultant debriefs on the findings and recommendations with the group in an initial validation workshop. Organizations consulted are also debriefed. The pilot implementation plan is refined and finalized based on this workshop, and the report finalized. This mapping brief and report will form Part 2 of the overall findings and recommendations document produced, to be enriched by addition of the above and below sections	Week 10	Presence of DCPSF and other stakeholders at one-day validation workshop; venue and materials	CARE, GAH CARE is responsible for final report sign-off
Deliverable 3: **Mapping of services available to survivors of SGBV**	Recruitment of consultant and formation of advisory groups (see Deliverable 1)	Week 2	Consultant (male and female team) to be recruited	CARE
	Specific data sources are selected for the desk review phase, based on the resources and knowledge available to CARE, GAH and other members of the advisory group, including lobbying ability to obtain new documents	Week 3	Personnel time from CARE and GAH staff (field teams and country offices)	GAH
	Initial mapping of services takes place. Key informants identified from each service for KII, and questions for use in KIIs with service providers and SGBV survivors are developed. Project advisory team is debriefed on outcome of desk research phase	Weeks 4, 5 & 6	Support from DCPSF in sharing partner lists, proposals and reports and, where appropriate, survivors of SGBV within the context of DCPSF projects who may be willing and able to share their experiences	GAH
	Field research is carried out in three villages in Bielel locality: primary data collection through surveys and KIIs with SGBV service providers. In close collaboration with the organizations surveyed, some KIIs may take place with survivors of SGBV **(only if appropriate and safe)**	Weeks 7 & 8	Personnel time allocated from GAH staff (field teams and country offices) to provide logistical, communications, interpreting and quality control support	GAH
	Data gathered in the field is analyzed, and an initial report outlining available services is generated by the consultant	Week 9		CARE, GAH
	Report is shared with the advisory group, and the consultant debriefs on the findings and recommendations with the group in an initial validation workshop. If possible, appropriate and safe, survivors may be included and debriefed. This mapping brief will form Part 3 of the overall findings and recommendations document produced, to be enriched by addition of the above sections	Week 10	Presence of DCPSF and other stakeholders at one-day validation workshop; venue and materials	CARE, GAH CARE is responsible for final report sign-off
Deliverable 4: **Survey on best**	*Based on the findings of the research under Deliverables 1, 2 and 3, Deliverable 4 will take the form of a pilot implementation phase for remedial activities. The outcome of this pilot phase will both draw on and validate the recommendations made under Deliverables 1, 2 and 3, in addition to collating best practices in an action plan format.*			

practices for reducing barriers for womens participation in CBRMs and community peacebuilding	Pilot activities and proposed pilot locations identified. Activities will take place on three levels: individual (such as coaching and mentoring of key CBRM members), community (such as awareness-raising and advocacy, including men, boys and traditional leaders) and organizational (such as provision of updated training and other capacity-building activities)	Week 9		CARE, GAH
	Validation and refinement of proposed activities, participants and locations	Week 10		
	Implementation and ongoing monitoring of pilot activities; recording and compilation of ad-hoc feedback received	Weeks 11-15	Personnel time from CARE and GAH staff to support implementation and monitoring of activities	
	Mid-term reviews of pilot activities conducted with all involved stakeholders; adjusting of activities taking place as necessary	Week 16		
	Implementation and ongoing monitoring of amended activities, noting any key differences from previous phase; recording and compilation of any ad-hoc feedback received	Weeks 17-21		
	Initial report and best practice recommendations drawn up by consultant and shared with project advisory team; tentative action plan drafted	Week 22		
	Validation workshop conducted with project advisory team; pilot activity participants are involved and are debriefed. Detailed action plan is finalized during the workshop and the days after	Week 23	Presence of DCPSF and other stakeholders at two-day validation workshop; venue and materials	CARE is responsible for final report sign-off
	Report, including findings from Deliverables 1-3 and outcome of Deliverable 4 research phase, and action plan project document, is finalized and shared with DCPSF for approval.	Week 24		

c) **Innovation -** *Describe innovative aspects of your research plan.*

The pilot activity phase of this research project, in particular, allows for innovation. By collecting primary and secondary data from a broad range of stakeholders, the research is well-placed to identify previously-unseen linkages contributing to women's and girls' disempowerment in decision-making processes. These linkages can then be challenged during the pilot activity phase, which will incorporate several innovative activities based on expected gaps.

A first innovation lies in the potential for the transformation of historical approaches. Based on CARE's previous success in utilizing *hakama* drivers of conflict as *hakima* drivers of peace, this research will look into other traditional methods of conflict resolution and peacebuilding, outside of CBRMs, such as oral history, folk tales and proverbs during the data-gathering phase. Transformative approaches to identified methods will then be applied and tested during the pilot activity phase to assess their suitability for use in reworking the community peace modality.

Under a grant funded by Dutch MoFA in East and South Darfur, CARE has used innovative drama-based approaches to address sensitive topics such as child marriage, SGBV and FGM. CARE and GAH will investigate the possibility of using such approaches to address these topics during the research phase, and will also pilot similar approaches for discussion and resolution in the action-planning stage of the research. CARE also has links with Wiz Era, a Sudanese organization who have successfully developed capacity-building games for water and sanitation, and plans to research the possibility for applying this gaming approach to awareness-raising in communities and capacity-building training for DCPSF implementing partners.

Finally, in consulting with local female role models as part of the data-gathering phase, the stage is set for piloting of an innovative network of female peer leaders to support and inspire other women, creating an enabling environment for participation. Capitalizing on CARE's existing relationship with AlSudaniya Mentoring, who specialize in local-level coaching and mentoring for Sudanese women, methods for creation and capacity enhancement of this network will be researched and validated.

d) **Project management**- *Describe the project management structure*

CARE as lead agency will have overall management of strategic direction, implementation and quality control of the project, led by the Country Coordinator for Program Quality. Given the geographic presence of the respective organizations, project activities in South Darfur will be led by CARE and those in East Darfur, by GAH. Organization of the validation workshops will be CARE's responsibility with support from GAH. GAH will work with CARE to ensure quality and effective implementation and use its strength in community based programming to ensure this is achieved.

Quality Assurance

Given the short duration of this project and the large flow of nuanced information involved, the review cycle for this project will be set at two weeks. At both survey and pilot activity stages, fortnightly review and reflection sessions will take place in each field location, during which learnings and successes will be shared and adjustments made to the research approach and/or activities as necessary. These sessions will be led by CARE or GAH staff as appropriate, dependent on the location, and minutes and outcomes of each session shared with CARE and GAH Khartoum offices for validation.

A preliminary report encompassing findings on CBRM gaps and opportunities, organizational mapping, SGBV survivor services available, and recommendations for pilot activities will be shared by Week 10 of the project, at which time a validation workshop including a range of DCPSF implementing partners, CARE and GAH senior and field staff. The pilot activity phase will only begin once consensus has been reached on the quality and appropriateness of the recommendations made and the areas for implementation of pilot activities.

In addition to fortnightly review meetings, a mid-term review of the pilot activity will be conducted (week 17) to monitor successes and lessons learned, and to make adjustments to the pilot activities as needed. A senior member of CARE and GAH staff will be present for this review session.

The final report will be shared with a broad range of stakeholders, including CBRM representatives, women's groups, women's rights organizations, DCPSF implementing partners, other NNGOs and INGOs operational in Darfur, government agencies, UN agencies and other parties as necessary, to ensure the validity of the findings and appropriateness of recommendations. Validation of the findings and generation of a mutually-acceptable action plan will take place via a two-day workshop in Week 23.

1. Describe your M&E strategy, including means of verification for each of the outputs and tools for monitoring and updating outputs indicators.

M&E framework influenced by three phases of the project – each phase with its own specific output(s) and indicators

Project stage	Output	Indicator	Means of verification
Stage 1 – Preparatory Stage	Gender-balanced project team is recruited and/or put in place	Number of project staff recruitments completed	Completed staff contracts (CARE and GAH)
	Gender- and sector-balanced advisory team is recruited	Number and type of sectors represented within advisory team	ToR for advisory team, listing team members and roles
	Selection of specific data sources	Number and type of secondary and primary data sources collected and reviewed	Compiled list of data (reports etc.) and sources available
	Detailed Implementation Plan and in-depth M&E framework are generated	Presence of location-specific DIP and detailed M&E framework	DIP for each locality; detailed M&E matrix
	Checklists, formats and	Number of contextualized sets of	Compiled set of data collection

	questionnaires developed	questions and formats developed	tools
	Government permissions are completed	Presence of relevant formal communications	Signed government permissions and other procedural documents
	Validation meeting of advisory group is conducted	Number of advisory groups members attending meeting and giving approval of Phase 1 outputs	Meeting minutes and validation report
Stage 2 – Desk Research and Field Survey Stage	Desk review of relevant policy and other documents is completed	Number and type of documents reviewed and analyzed	Desk review report and recommendations
		Number of survey tools, questions and checklists refined based on desk review	
	Mapping of existing, relevant organizations working in Darfur is completed	Number of organizations in different categories identified and researched	Map of existing and relevant organizations
	Review of training material package provided to CBRMs and other community-based structures is completed	Number of training materials packages reviewed	Training material review report
		Number of areas for improvement suggested and contextual recommendations made	List of recommendations made
	Representative and inclusive primary data collection is conducted (field data from two states of Darfur)	Number of KIIs conducted with range of relevant stakeholders (UN agencies, INGOs, NNGOs, CSOs, government line ministries, CBRM members, individual women leaders, activists, representatives of university and other public service institutions)	KII interview transcripts
		Number of FGDs conducted with range of diverse community groups	FGD transcripts and summary reports
	Initial analysis of findings and recommendations report is generated	Number of comprehensive analytical reports completed	Report developed
	Initial validation workshop and action plan developed	Number of stakeholders validating findings of report	Stakeholder meeting minutes and report
		Number of recommendations made at workshop for action plan refinement, including operational target communities	Draft action plan
		Number of contextualized action plans developed	
Stage 3 – Pilot Activity StageCh	Action plan of proposed activities and locations is finalized	Number of implementation locations targeted	Action plan document
		Number of activities proposed for piloting on each of three levels (individual, community and organizational)	
	Pilot activities are implemented and assessed (part 1)	Number of pilot activities successfully implemented	Activity monitoring reports
	Changes that are seen due to the overall efforts	Change in the perception of men and boys to foster women engagement in CBRMs;	
		Change in perception of women and girls to actively participate and influence;	
		Willingness of religious and traditional leaders to include women in decision making	

		bodies Change among men and boys to take and share domestic responsibilities	
	Mid-term review of pilot activities is conducted and necessary adjustments made	Number of activities adjusted based on mid-term review	Review meeting report
	Adjusted activities based on review are implemented and assessed	Number of adjusted activities successfully implemented	Activity monitoring reports
	Initial report and best-practice recommendations compiled and shared with advisory team	Number of recommendations approved by advisory team	First-draft report
	Final validation workshop is conducted with broad range of stakeholders	Number of stakeholders validating findings of report	Validation workshop minutes Updated report
		Number of recommendations made at workshop for action plan refinement, including operational target communities	
		Number of contextualized action plans developed	
	Finalized report, including best-practice recommendations, is shared with and validated by DCPSF	Number of reports finalized	Final validated report

Beneficiary Communications Strategy

At the start of the project, CARE will conduct a launching workshop in each of the targeted villages, during which time all community members will be briefed on the scope of the project, its expected outputs, and the nature of the research taking place. Communities will be introduced to the research team and informed on the feedback and response mechanisms made available to them. In accordance with CARE's policy, all beneficiaries will also receive a briefing on their rights with regard to Prevention of Sexual Exploitation and Abuse, and the reporting and response mechanisms available to them.

Findings of the research will be communicated to beneficiaries and research participants through several channels. Firstly, the scheduled validation workshops in Week 10 and Week 23 of the project will involve individuals from across the range of stakeholders; during these workshops beneficiaries will have access to a copy of preliminary reports and will receive a debriefing, in addition to having the opportunity to comment on the findings and influence the further direction of the project. A similar format will be utilized for the midway review of pilot activities planned for Week 16, and again beneficiaries will have the opportunity both to learn about the preliminary findings of Stage 3, and to shape the future direction of the activities.

At project closure, all communities involved will be invited to a Phase I closure workshop, where they will receive information concerning the findings of the research and information regarding the proposed next steps for Phase II. Key stakeholders will receive a copy of the Phase I report (in English and Arabic).

Some topics, such as gender roles, reproductive health, and SGBV, may be considered sensitive or taboo among communities and may not be suitable for gender-mixed or public discussions. In handling these research areas, the consortium will take several steps to ensure sensitivity and adherence to principles of Do No Harm. Firstly, research in these areas will be handled only by same-sex researchers, i.e. men facilitating all-male FGDs. Secondly, where concerns of age may also come into play, FGDs will be divided by gender and age to ensure that no participant faces social stigma for sharing their views. For highly sensitive topics or especially vulnerable individuals, research will be conducted in the form of KIIs, and – unless the participant expressly states their wish to be named – comments will be redacted to ensure anonymity.

Regardless of the topic discussed, all participants will be informed prior to their participation of their right to anonymity, the full purpose of the research including the fact that their inputs may form part of the final report, their right to withdraw from the research at any time (including *ex post facto*) and their right to a full debriefing.

C3 ORGANIZATIONAL POSITIONING: Include DDRA

a)   *What experience does your organization(s) have in implementing peacebuilding projects and/or gender initiatives in Darfur?* CARE has significant experience implementing programs with peacebuilding components, including the current "Promoting Stability for Recovery" and successful "Promoting Peace in East Darfur" projects, both funded by DCPSF, in addition to CARE's previous DCPSF-funded "TRUST" initiative. Lessons learned from both projects will be used to ensure effective implementation of peacebuilding activities in Bielel, Gereida and Kass localities. Another project funded by the Dutch Ministry of Foreign Affairs (MoFA) "Every Voice Counts", implemented in East Darfur and South Darfur (2016-2020), is working to build inclusive governance capacity at community level.

The now ended "Secure Economies and Diversified Livelihoods for Peaceful Coexistence" project (2014-2016) in South Kordofan and South Darfur aimed to improve livelihoods and contribute towards building peaceful coexistence of communities. An external

evaluation (Forcier Consulting, March 2017) found that the interventions were successful in achieving changes within the communities and that social relations between rival groups have improved. The "Resilience in Horn" project (2015 – 2017) funded by the Dutch MoFA achieved similar results. A common intervention in these projects (and others) is the focus on the sustainable and inclusive management of shared natural resources. Capacity building of community structures, ensuring representation of women and youth; diversifying livelihood opportunities; and providing resources to rehabilitate facilities are approaches CARE employs to maximize the impact of its interventions, including those in this proposal.

CARE's overall organizational mandate places focus on the particular needs of women and girls as they often bear the burden of responsibility for their families and face multiple protection risks during displacement and times of hardship. In addition to the aforementioned development initiatives, CARE's humanitarian work in East and South Darfur and South Kordofan assists women and girls to remain healthy through the provision of WASH, reproductive health care, primary health care and nutrition services as they manage the risks inherent in their situations and their household and family duties. All projects will consider the specific needs, priorities and capacities of women and girls for effective targeting and maximized protection impact. CARE supports the theory that, if the situation of women and girls improves, so does everyone in the household, and also engages men and religious leaders as champions for change. At the humanitarian level, CARE advocates to increase women and girls' participation in meetings, decision-making and training, in addition to community-based decision-making structures such as Water User Committees; simultaneously, CARE, with the participation of local leaders and community volunteers, encourages the increase of men and boys' involvement in child care to reduce the burden on mothers and sisters, thereby promoting gender equality.

CARE is a thought leader on Prevention of Sexual Exploitation and Abuse in Sudan, having recently hosted an international training on PSEA attended by 12 partner INGOs and donors and from which a common action plan was developed. Furthermore, CARE is currently undertaking a study of gender relationships and access to livelihoods in Sudan, and a second study of Sudanese policy relating to women and youth, in order to better inform programming for transformative change and equality.

Through past projects and the current EVC project, CARE has strong relations with local and state authorities and other stakeholders, as well as the partners of this project and other implementers in East and South Darfur. The project will receive direct support from the Program Quality Team (with expertise in DRR, conflict management, sustainable development, gender, accountability and MEAL) who will ensure gender sensitive actions are taken, activities are implemented according to plan, quarterly and six month review meetings extract lessons and success stories are developed and monitoring reports capture all DCPSF indicators through field visits and training. CARE Darfur's program support departments (Finance, Liaison, Logistics, IT, and HR) will provide operational support for this grant. CARE is subject to annual internal audits by CARE HQ- appointed internal auditors.

GAH is an implementing partner for CARE's EVC project in South Darfur and is currently independently implementing a DCPSF Project in East Darfur. GAH is a strong partner of the protection sector and a key member of the GBV subsector, and has implemented several projects in East Darfur, South Darfur South Kordofan and West Kordofan. It is this knowledge, drawn from tried-and-tested practices that GAH brings to this research; GAH's collaborative work with UNFPA and the CVAW units for SGBV add particular value to this project. GAH has also implemented peacebuilding projects for UNDP in Darfur (East and South), within the scope of which the inclusion of women and youth in peacebuilding, including economic empowerment, had particular focus. GAH has long experience working with local authorities and other stakeholders in the targeted locations to develop and operationalize a referral pathway for GBV (including SGBV), and will draw on these networks in the implementation of this research.

DDRA is with its wider engagement in diverse programs that incorporate peaceful mutual co-existence, women development focusing on IDPs, reintegration, and establishment of CBOs, will contribute to the work of the project staff in the coordinating, leading and linking the team with the communities, local authorities and other agencies. DDRA< CARE and GAH will meet before the launching workshop and clarify better the roles and responsibilities, which will be finalized during the workshop.

b)   Technical capacity of your organization related to peacebuilding and related to carrying out research

1.   Describe the staffing structure for this project.   Describe relevant peacebuilding experience of the specific team members proposed

CARE will recruit an experienced national lead consultant, supported by one male and one female researcher to support the development of the survey, conduct the research phase, to make recommendations including a preliminary and final report, to develop pilot activities and to oversee their implementation. The consultants recruited will have good knowledge of gender, inclusive governance and the CBRM model. Direct support to the consultant and contextualization to the DCPSF context will be given by CARE's Governance Manager, who manages the current DCPSF grant implemented by CARE and other inclusive governance and gender transformation projects currently operating in Darfur. CARE's Gender Advisor will provide contextual technical support concerning the dynamics in the region.

The project will also receive support from GAH's DCPSF Project Manager, currently managing the DCPSF Project in East Darfur, and draw technical and experiential support from his experience. Four Field Assistants will be hired to work under the supervision of the Program Development and Quality Assurance Manager at GAH (East Darfur) and the Head of Program and Operations (South Darfur) at CARE. These field assistants will have experience in peacebuilding, community development and facilitation skills to enable him/her to engage with the community and support the consultations and validation exercises. The project team in each state will be supported by one staff member responsible for data entry, and one staff member responsible for provision of logistical and financial support.

2.   Why is your organization suited to deliver a peacebuilding project and to conduct research in this area?

Both CARE and GAH have an established presence in the proposed implementation location (Bielel locality, South Darfur), gained through the implementation of specific peacebuilding, governance and gender projects. The deep experience gained by CARE through implementation of DCPSF-funded initiatives in East and South Darfur (including Bielel locality) ensures a thorough understanding of the conflict and gender dynamics in the area. Furthermore, both CARE and GAH have their own established networks of stakeholders working with issues of gender and peace, including CBRMs themselves; broader community stakeholders such as traditional and religious leaders; local line ministries; formal justice structures; NNGOs including other DCPSF implementing partners; UN agencies; and girls, women, men and boys reached outside of gender and peace projects but reached through other initiatives (such as humanitarian programming in the same localities). CARE and GAH's longstanding presence in the area has developed an open and trusting relationship with these diverse stakeholders; furthermore, this trust is predicated on the successful delivery of previous peacebuilding projects, thereby creating ideal conditions for the successful implementation of this initiative.

3.   What technical resources specific to peacebuilding, conflict resolution, and reconciliation do you have within your organization?

In addition to specific in-house staff peacebuilding technical capacity (see above), CARE benefits from the knowledge of the Global Rapid Deployment Team, a group of technical experts with capacity to provide remote or in-country support on specific topics, including gender, SGBV, conflict and peacebuilding.

4.   What technical resources are there to conduct the research required by this project? Describe any technical expertise required for this project that is not available within your organization. How will you access this expertise during the project?

CARE recognizes that this project is best led by a female peacebuilding expert with in-depth knowledge of the gender and conflict dynamics present in Darfur, and supported by a gender-balanced research team with similar local knowledge. Whilst there is broad peacebuilding expertise on staff, no single staff member fits this profile and so CARE, from its existing networks, will recruit such a team on a consultancy basis. Several suitable candidates are already working with CARE, including a consultant who is currently finalizing a study of gender and conflict policy in South Darfur (with Dutch MoFA funding, to be completed July 2018). An international consultant, who is currently conducting a community-based study of the impact of economic disempowerment as a barrier to women's social participation, has already been provisionally recruited on a remote basis for the advisory team.

5.   Describe any tools, methodologies, or technical resources that your organization has developed related to peacebuilding or social cohesion.

CARE in Sudan, based on lessons learned from past and current peacebuilding projects, has developed a Theory of Change framework to ensure that its peacebuilding and recovery processes in Darfur are equitable, inclusive and protect women from harm, thereby addressing drivers of conflict. The framework operates on two principles of individual development for women:

- **Advance Her Human Capital,** whereby women benefit from training and capacity building to enhance their life skills, agency, economic empowerment and confidence, are educated regarding their reproductive rights, and learn to identify and resolve triggers of household conflict;
- **Give Her Space,** whereby platforms for women's participation in decision-making are created through the establishment of CBRMs, representation in VDCs, learning visits and interface meetings with community leaders and local authorities;

And two principles of community development:

- **Engage Men and Boys,** whereby men and boys are educated, via schools and religious platforms, on the importance of shared household responsibilities and protection risks faced by women; men displaying ideal behavior are recruited as role model examples to stimulate further behavior change. CARE will utilize the manual, 'Engaging Men and Boys', a specific gender and conflict tool developed by CARE Netherlands, at this stage[2];
- **Create an Enabling Environment,** whereby formal community structures, such as religious institutions and local authorities, are sensitized to apply government gender policies, support protection and equality, and to publicly celebrate 'world moments' such as International Women's Day and the International Day of Peace, thereby addressing drivers of conflict.

This framework is annexed to this Application and will inform both the development of appropriate, specific research questions related to each principle and further related activities for piloting in the final stage.

6.   Describe any tools, methodologies, or technical resources that your organization has developed related to carrying out community based research.

CARE has recently commissioned a study of gender norms and community resilience in East and South Darfur, which is expected to complete in July 2018, following an extensive desk research phase and fieldwork component incorporating KIIs, FGDs and community surveys. In addition to a findings report of how gender norms impact social cohesion and resilience to shocks, which will be a key information source for this research, the study will generate a framework for conducting research, including sensitive and taboo topics, among rural agro-pastoralist communities in Sudan. This framework and its lessons learned can be readily applied to this research, given the similarities in target population and methodology.

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[2] Engaging Men and Boys Learning Series: http://gender.care2share.wikispaces.net/Engaging Men and Boys Learning Series; CARE Gender and Conflict Manual: https://www.carenederland.org/carexpertise/publication/gender-peace-and-conflict-manual/
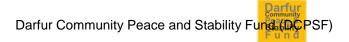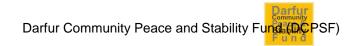
TABLE 4: DCPSF RISK LOG

NAME OF ORGANIZATION: CARE International Switzerland

#	Description	Type of Risks and Brief	Likelihood of Risk	Impact on Project	Countermeasures / Contingencies
1	Renewed conflict could break out in operational areas.	Political	P = 2 I = 3	Activities would be suspended until it is safe to resume.	By providing partners and community structures with capacity building skills and tools, some activities could continue without CARE, GAH or GFO physical presence. Conduct quick situation assessment to engage CBRMs and local authorities after the event.
2	The Sudanese government demands withdrawal of UNAMID.	Political	P = 2 I = 5	This may have implications on security, NGO's access, and international isolation of GoS.	We will continue to engage at HQ level on UNAMID We will have close contacts with communities and CSOs as part of an acceptance strategy to reduce risks
3	There is a risk of peacebuilding and advocacy activities being misunderstood by the authorities.	Financial Operational Organizational Political	P = 2 I = 4	This could prevent the implementation of certain activities which the authorities may perceive as too sensitive.	CARE will ensure authorities are fully briefed on the intentions and goals of the program and will engage regularly with authorities, so that they are comfortable with planned activities.
4	Closure of NNGOs or poor performance at critical stages of the project	Operational	P = 1 I = 3	This could result in delay in activity implementation.	Regular monitoring of partners will prevent any sudden shocks; capacity building of partners is at the core of this program and this will lend stability to the project. We will have consent forms with partners and do risk analysis together. If necessary, CARE will implement directly.
6	Unpredictability of access and/or bureaucratic restrictions to access.	Operational	P = 3 I = 2	Project implementation, monitoring and evaluation would be hampered and restricted access would prevent visits from Khartoum-based staff.	We will document such incidents in a UNOCHA database to be taken up at a higher level dialogue on bureaucratic impediments Access will remain unpredictable, but through partners there will not be interruption to activities.
7	The local currency devalues to such an extent as to severely impact upon total budget of project.	Financial	P= 4 I = 3	Project activities would be affected and may need to be redesigned in consultation with DCPSF.	CARE monitors exchange rate fluctuations for all projects. Any large fluctuations that would impact negatively on implementation will be communicated immediately to the donor.

TABLE 5: List of Previous Projects

NAME OF ORGANIZATION: CARE International Switzerland

Darfur Community Peace and Stability Fund (DCPSF)

#	Name of Project	Source of Funding	Amount of Funding	Start and End Dates	Duration	Scope of Project (please highlight the peacebuilding aspects of the project)
	Organizational Track Record in Implementing Projects of Similar Nature in Darfur (Peacebuilding/Social Cohesion/Reconciliation) AND (research projects)					
1	Secure Economies and Diversified Livelihoods for Peaceful Coexistence	European Union	€2,000,000	November 2015 – October 2017	24 months	Management of resource-based conflicts; women's economic empowerment
2	Resilience in the Horn of Africa	Dutch MoFA	€1,702,058	June 2015 – December 2016	18 months	Promotion of mutual co-existence in conflict- and drought-affected communities
3	Every Voice Counts	Dutch MoFA	€ 2,180,357	January 2016 – December 2020	60 months	Facilitation of community interface meetings, capacity-building of community structures, advocacy with community and religious leaders
4	Promoting Peace in East Darfur	DCPSF	$650,000	March 2016 – July 2018	28 months	Establishment and support to CBRMs and Village Development Committees in two localities of South Darfur
5	Promoting Stability for Recovery	DCPSF	$600,000	February 2018 – January 2019	12 months	Establishment and support to CBRMs and Village Development Committees in two localities of East Darfur
6	Gender Policy Study	CARE own funds		April 2018 – July 2018	4 months	Assessment of policy related to gender, SGBV and peacebuilding in Darfur
7	Gender Norms Study, South and East Darfur	CARE own funds	$30,000	July 2018 – September 2018	3 months	Assessment of how social and cultural gender norms influence access to economic empowerment opportunities for agriculturalist and pastoralist women and girls, and to what extent these barriers are drivers of conflict
8	Building the Capacity of No-State Actors (NSA)	CARE	$99,379	Jan 2015 – Dec 2015	12 months	Community Based Action Planning. Women and Youth Leadership
9	Peace for All in Darfur	DCPSF	250,000	Feb 18- July 19	18 months	Community Based Peace Building and Peaceful coexistence in East Darfur (3 localities) Resource development and sharing mechanisms
10	Peace Building Initiatives	UNDP	100,000	March 17- Feb 18	12 months	Youth and Women rights, economic empowerment
11	Prevention and mitigation of GBV in Darfur	UNFPA	300000	Jan 16 – Dec 18	24 months	GBV prevention, awareness, capcity building for community based structures for GBV interventions and response