

Sudan Multi-Partner Trust Fund Project Document Template

Fund	Sudan Financing Platform MPTF				
Project Title	Mitigating GBV Risks, Enhancing Prevention of and Response to GBV/CRSV in conflict-affected states in Sudan				
MPTFO Project ID	Automatically assigned by MPTFO				
Contacts	Contact Type	Name	e-mail	Position	Telephone
	Project Focal Point	Awet Woldegiorgis	ahailu@unfpa.org	Head of GBV Unit, UNFPA	+249 10 014 7964
Window	<input type="checkbox"/> Enabler <input checked="" type="checkbox"/> Peacebuilding and Stabilization				
	Pillar	SRF Programmatic Approach			
	Pillar III: Assist Peacebuilding, Civilian Protection and Rule of Law, in particular Darfur and the Two Areas	<p>This project aims to achieve SRF Strategic Outcome 1 “Conflict ‘Hotspot’ communities in Sudan are stabilised and experience decreased levels of violence, increased protection, improved access to justice, and enhanced community resilience” by provision of integrated GBV/Sexual Reproductive Health life-saving services, mobilizing community to shift positive gender and social norms to prevent GBV and support survivors, as well as identification and mitigation of protection risks.</p> <p>The project also aims to achieve SRF Strategic Outcome 2 “Sudan has a legitimate, inclusive ‘infrastructure for peace’ engaged in conflict prevention, peace-making, and peacebuilding at national and sub-national levels” by empowering women-led organization and raising the awareness of community on women’s rights and legal protections, to establish an environment for women to contribute to conducive peacebuilding.</p>			
Universal Markers	Gender Equality Marker	Risk	Sustainable Development Goal(s) and Target(s) to which the project contributes:		

<p>Please consult UNCT Gender Equality Marker guidance note</p>	<input type="checkbox"/> GEM 0 <input type="checkbox"/> GEM 1 <input checked="" type="checkbox"/> GEM 2 <input type="checkbox"/> GEM 3	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High	<p>SDG 3 on Good Health and Well-being SDG 5 on Gender Equality SDG16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels, directly addressing the targets below: 3.1 Reduce maternal mortality ratio 3.2 End preventable deaths of newborns and children 3.7 Ensure universal access to sexual and reproductive health-care services 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 5.6 Ensuring universal access to sexual and reproductive health and reproductive rights 16.6. Develop effective, accountable, and transparent institutions at all levels</p>	
Geographical Scope	Geographical Scope	Name of the Region	Country	
	North Darfur, Gedaref, White Nile states	Africa	Sudan	
Participating Organizations and Implementing Partners	Participating Organizations (Lead in brackets)		Implementing Partners	
	UNFPA (Lead) UNICEF UNHCR		Plan International, NADA, SFPA Zeinab Organisation, Youth Mechanism (YM), and Small Holders Charitable Society (KSCS), Mutawinat, PLAN, HOPE, ALIGHT	

Programme Cost Please include the breakdown per Agency	Budget requested per agency	Agency	Amount	Comments
		UNFPA	4,800,000	
		UNICEF	1,500,000	
		UNHCR	1,700,000	
	Total:		8,000,000	
	Any other existing funding for the project (amount and source):			
Programme Duration	Anticipated start date	10 November, 2024		
	Duration (In months)	18 months		
	Anticipated end date	9 May, 2026		
Type of submission:	<input checked="" type="checkbox"/> New project <input type="checkbox"/> Project amendment	<p>If it is a project amendment, select all changes that apply and provide a brief justification:</p> <p>Extension of duration: <input type="checkbox"/> Additional duration in months (number of months and new end date):</p> <p>Programmatic review: <input type="checkbox"/> Change of outcome/ output/ target area</p> <p>Change of budget allocation between outcomes or budget categories of more than 15%: <input type="checkbox"/></p> <p>Additional MPTF budget: <input type="checkbox"/> Additional amount by recipient organisation: USD XXXXX</p> <p>Brief justification for amendment:</p> <p><i>Note: If this is an amendment, show any changes to the project document in RED colour, ensuring a new result framework and budget tables are included with clearly visible changes. Any parts of the document which are not affected, should remain the same. New project signatures are required.</i></p>		

<p>Agreed by:</p> <p>Resident and Humanitarian Coordinator (RC/HC)</p> <p>Name Clementine Nkweta-Salami</p> <p>Date and seal 21 October 2024</p> <p>Signature </p>	<p>Agreed by:</p> <p>Participating UN Organisation (PUNO) – lead agency</p> <p><u>United Nations Population Fund (UNFPA)</u></p> <p>Name: Argentina Matavel Piccin</p> <p>Date and seal: 03-oct-2024 DS</p> <p>Signature </p>
<p>Agreed by:</p> <p>Participating UN Organisation (PUNO)</p> <p><u>United Nations Children’s Fund (Unicef)</u></p> <p>Name: Sheldon Yett</p> <p>Date and seal 6 October 2024</p> <p>Signature  </p>	<p>Agreed by:</p> <p>Participating UN Organisation (PUNO)</p> <p><u>United Nations High Commissioner for Refugees (UNHCR)</u></p> <p>Name: Kristine Hambrouck</p> <p>Date and seal 3.10.2024</p> <p>Signature  </p>

Project narrative

Title of the Project	Mitigating GBV Risks, Enhancing Prevention of and Response to GBV/CRSV in conflict-affected states in Sudan
Project Summary	<p><i>Describe the main project goal; do not list outcomes and outputs (max 500 words)</i></p> <p>The primary objective of this project is to mitigate and address the increasing level of gender-based violence (GBV) in Sudan's conflict-affected areas. The project focuses on providing integrated GBV and sexual and reproductive health (SRH) services and information, targeting 389,925 vulnerable people, including internally displaced persons (IDP), host communities, and refugees.</p> <p>The escalating conflict in Sudan has caused large-scale displacement, which has further exacerbated GBV risks. This has led to a significant rise in various forms of GBV across the country, including conflict-related sexual violence (CRSV), intimate partner violence (IPV), and sexual exploitation and abuse (SEA). With 24.8 million people in need of humanitarian assistance in 2024, an estimated 6.9 million individuals are at risk of GBV, underscoring the urgent need to address and mitigate these challenges. Those most affected include adolescent girls, female-headed households, and women and girls with disabilities.</p> <p>According to the IPC Acute Food Insecurity Snapshot published in June 2024, the majority of localities in North Darfur are in IPC Phase 4 (Emergency), White Nile is in IPC Phase 4 and IPC Phase 3 (Crisis), and Gedaref is in IPC Phase 3. The increasing levels of food insecurity, loss of livelihoods, and dislocation of social networks have exposed women and girls to heightened risks of GBV and SEA as they strive to support themselves and their families. The onset of famine in parts of North Darfur, has exacerbated this situation, subjecting women and girls to dramatically heightened levels of GBV and SEA as they struggle to survive. As food insecurity worsens, similar patterns are likely to emerge in other states.</p> <p>Furthermore, the dilapidated conditions of shelters, the distance to water points, overcrowded displacement sites, the pervasive presence of armed actors, disruption and loss of livelihoods and limited availability of services weaken the ability of women and girls to access lifesaving GBV and SRH interventions, deep-rooted social stigmas and negative social norms have all hindered their healing and recovery from traumatic violence.</p> <p>In addition to the conflict-driven increase in sexual violence, pre-existing gender inequalities and discriminatory/restrictive norms continue to prevail, both contributing to and exacerbating the impacts of GBV. These issues manifest in the stigmatization of survivors and the abandonment of children born out of wedlock. Survivors face</p>

	<p>significant barriers to accessing services. Partners report that survivors of sexual violence perpetrated by strangers or outside of marriage are often stigmatized, and children born as a result of rape are frequently not accepted by their families or communities.</p>
<p>Consultation with stakeholders and communities, including government, UN system, civil society, marginalized groups</p>	<p><i>Describe with whom and in which geographic areas consultations were held (max 250 words)</i></p> <p>Participating agencies regularly consult with women-led organizations, community-based protection networks (CBPNs), youth networks, and community leaders across North Darfur, Gedaref and White Nile, typically at camp/gathering sites and at the locality level, to understand GBV, child protection, and broader protection risks, impacts, and mitigation strategies. Routine consultations are conducted with internally displaced and refugee populations, as part of protection monitoring (UNHCR), community-based GBV mitigation and response (UNFPA) and community-based child protection (UNICEF) activities. Feedback from these ongoing consultations indicates that GBV risks have increased in all prioritized areas due to the ongoing conflict and related displacement, highlighting the need for expanded efforts to prevent, mitigate and address GBV risks. Additionally, ongoing and close two-way communication with affected communities in the targeted geographical areas confirms that communities and grassroots organizations are often at the frontline of the response. This is reflected in the strong focus on community capacity building and mobilization that all three participating agencies have incorporated into their implementation modalities.</p>
<p>Situation/needs analysis</p>	<p><i>A brief summary of conflict analysis findings as they relate to this project, focusing on the driving factors of tensions/conflict that the project aims to address and an analysis of the main actors/ stakeholders that have an impact on or are impacted by the driving factors, which the project will aim to engage. This analysis must be gender- and age-sensitive. (max 1200 words)</i></p> <p>The outbreak of conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in April 2023 precipitated a nationwide conflict, causing widespread death, injury, and suffering among the civilian population. This conflict has resulted in significant damage and destruction to civilian settlements, objects, and infrastructure, and has led to the breakdown of public sector service provision and rule of law institutions in affected areas. The conflict arose from a lack of consensus over the pathway to transition towards an elected civilian government, including the integration of the RSF into the SAF and measures to separate the military, political, and commercial interests of key transition figures. The resulting conflict has exacerbated pre-existing tensions between different tribal groups in areas historically affected by conflict, particularly in Darfur.</p>

While Gedaref and White Nile do not share the Darfur region's history of recurrent intercommunal conflict, the large-scale influx of displaced persons into these states due to persistent fighting across the country has severely impacted the resilience and coping capacity of the host communities. Key factors contributing to the strain on host communities include the use of schools as ad hoc gathering sites by displaced households, which prevents the resumption of regular education services for both host community and displaced children, and increased pressure on health facilities and key infrastructure such as water and sanitation. This is set against the backdrop of economic shocks and spiralling displacement caused by the conflict. More than a year into the conflict, these strains are increasingly likely to create tensions between displaced and host communities, leading to additional protection risks, including discrimination, evictions and violence.

In all areas, protection risks impact different groups within the displaced population differently. For example, children are at heightened risk of exposure to risky work, abuse and exploitation as a result of their households' difficulty meeting their basic needs. Women and girls often experience increased vulnerability to GBV as a result of displacement to overcrowded and congested gathering sites and shelters where there is a lack of privacy and dignified living conditions. Older people and people with disabilities face increased risks of being left behind during displacement, particularly if they have mobility difficulties, and are less able to tend to chronic and other medical needs in displacement settings where public services are severely overburdened. Men and male youth face the greatest risks of arbitrary arrest, detention and physical assault when attempting to move through checkpoints both in order to flee conflict-affected areas and to enter and move around the areas to which they are displaced. Individuals with disabilities, separated children, female and child-headed households, and widows face unique challenges in adapting to new lifestyles in the gathering points and accessing essential services, including humanitarian aid. They are also at a heightened risk of protection issues, such as sexual exploitation and abuse, trafficking and other forms of gender-based violence.

Darfur

The Darfur region is characterised by a complex interplay of historical impacts of war, conquest, and colonization, which have been heightened by recurrent conflicts since the mid-1980s. These conflicts have been shaped by various factors, including the longstanding deprivation of the Darfur region relative to its population size; competition for access to land and water among pastoralist groups, sedentary farming groups, and between pastoralists and farmers; and competition for political power between different tribes, linked to jurisdiction over territory.

While the driving factors for each conflict may differ, they typically manifest in predictable ways, with parties to the conflict increasingly organizing along ethnic and tribal lines as the conflict progresses. This occurs even when the political leadership of the conflicting parties is ethnically diverse, as armed units on the ground tend to be organized according to the local community or tribal affiliation of their members. Consequently, conflict patterns have reinforced the tribalization of different political agendas, increasing the risk of conflicts re-emerging.

The tribalization of the conflict increases GBV risks by undermining respect for the protection of civilians and promoting a narrative that anyone from an opposing tribe or ethnic background can be targeted regardless of their civilian status.

In addition, women and girls are often targeted by opposing tribes as a means of humiliating the tribe and community, with rape being used as a tactic of war, as seen in the Darfur states. This situation poses serious protection concerns for women and children from any tribe involved in conflict which resulted in forced pregnancy.

In multiple cases, these consequences have been exacerbated by government policies that effectively delegated military operations to tribal militias. The history of the Darfur region demonstrates that even when the initial drivers of conflict are broadly political rather than tribal, the delegation of military operations to tribal militia groups almost inevitably increases the short-and long-term risks of intercommunal violence.

Tribal, religious and customary leaders play an important role in managing conflict dynamics and can be empowered to negotiate and promote local agreements that support the mitigation of conflict risks; however, the potential for tribal and customary leaders to achieve outcomes in this respect is subject to a range of factors including both the technical and material support they receive and also the specific dynamics of the conflict in the local area where they seek to intervene.

Gedaref

Since the eruption of fighting in Khartoum between the RSF and the SAF on April 15th, 2023, thousands of Sudanese families have fled Khartoum, seeking refuge in Gedaref. A heavy influx of IDPs has been observed in Medani, the capital of Aj Jazirah state, and Gedaref state. With Medani becoming overcrowded, many IDPs have chosen Gedaref as their second option, making it the second largest IDP hosting state in Sudan.

As of July 23rd, according to the [IOM Displacement Tracking Matrix](#), Gedaref is hosting 764,995 IDPs. The alarming reality is that the number of IDPs continues to grow daily as the conflict persists and expands. The capacity of existing communal services is limited, further straining the resources available to support these displaced populations.

In addition to the recent crisis, Gedaref state has long hosted pre-existing numbers of Sudanese IDPs, as well as Ethiopian refugees and other asylum seekers in three refugee camps, namely Um Rakoba, Tunityba and Babikry. The approximate total number of Ethiopian refugees in Gedaref state is around 60,000 individuals.

The growing number of internally displaced people and refugees in the state, along with the unstructured and overcrowded shelters, significantly increases the risk of GBV, including sexual violence and rape. Adolescent girls, in particular, face sexual harassment while moving within and outside these gathering sites. Due to inadequate shelter conditions, women and girls continue to encounter protection issues, especially regarding safe access to wash facilities, and are vulnerable to sexual exploitation when seeking services and assistance.

White Nile

An escalation of clashes across Sennar state beginning 24 June 2024, triggered widespread displacement to Gedaref, White Nile, and other neighbouring states. An estimated 656,068 IDPs are now hosted in White Nile, having been displaced due to clashes across Sennar and Sinja localities between June 24 and July 3, 2024. Notably, Sennar hosted many individuals who were initially displaced from Khartoum and Aj Jazirah, likely resulting in multiple displacements before arriving in White Nile state.

Heavy flooding is a seasonal occurrence in Sudan, peaking between June and September. All three target states are known to be flood-prone, so the number of food insecure people is likely to increase during the flood season, which also overlaps with the peak of the lean season.

Community and tribal leaders play a key role in managing and mitigating intercommunal tensions, and resolving disputes between different communities, particularly when formal judicial mechanisms may be dysfunctional due to the conflict. They often proactively respond to the risks of isolated incidents escalating into broader tensions or violence and work with communities to negotiate solutions that facilitate the restoration of peaceful coexistence and positive social cohesion. However, the methods through which community and tribal leaders achieve these outcomes do not always align with key national international human rights standards, particularly in relation to incidents of GBV.

The action will engage community and tribal leaders involved in dispute resolution processes to strengthen their knowledge and understanding of integrating international human rights standards related to GBV into their approaches for resolving such cases. The aim is to strengthen the survivor-centric approach of the processes they implement and protect survivors from further harm. This will improve the overall quality of dispute resolution mechanisms and contribute to

	<p>better ensuring they appropriately mitigate risks of intercommunal tensions and violence.</p> <p>In parallel, the action will engage community members, both displaced and non-displaced, to drive changes in attitudes and behaviours regarding gender equality and address the underlying conditions and drivers that promote and justify gender-based violence. This includes working through various mechanisms, such as women-led organisations (WLO), GBV and Child Protection Networks, and other community structures, to address harmful social norms perpetuating GBV and promote social and economic empowerment opportunities for women and girls.</p> <p>At the conclusion of the first six months of project implementation, a context analysis will be undertaken to highlight any changes in the evolving conflict dynamics and their implications for planned activities.</p>
<p>Alignment with existing frameworks and projects</p>	<p><i>A brief description of how the project aligns with/ supports existing Governmental and UN strategic frameworks, and how it ensures national ownership (max 300 words)</i></p> <p>The project is aligned with and supports existing governmental and UN strategic frameworks in several key ways. The project will significantly contribute to the humanitarian response plan by enhancing the capacity to provide lifesaving GBV response services and implementing key GBV risk mitigation measures. In addition, the project aligns with the country framework of Sudan's National Action Plan on GBV, which outlines strategies for prevention, protection, and response to GBV. This includes improving access to critical services and integrating GBV prevention and response integrations into humanitarian actions. It also supports the Ministry of Health and other relevant bodies by integrating GBV response into health services, ensuring survivors receive comprehensive care within the health system.</p> <p>The project invests in training and capacity-building for local authorities, healthcare providers, and community leaders to ensure they have the skills and knowledge to address GBV effectively. By involving community members and leaders, women's group and community-based protection members in the design and implementation of GBV interventions, the project ensures that solutions are culturally appropriate and locally accepted.</p> <p>Regular monitoring and evaluation involve local stakeholders, ensuring that the project remains responsive to the needs of the community and aligned with the national humanitarian response plan. By aligning with these frameworks and ensuring national ownership, the GBV response and risk mitigation project not only addresses immediate needs but also contributes to long-term systemic change in Sudan.</p>

	<p><i>A brief explanation of how the project fills any strategic gaps and complements any other relevant interventions, Sudan MPTF-funded or otherwise (max 300 words)</i></p> <p>The project addresses several strategic gaps and complements other relevant interventions in the following ways. The project addresses the shortage of specialized GBV services such as clinical management of rape, psychosocial support, access to legal aid, and case management, which are limited in many localities. It introduces standard operating procedures and protocols for remote GBV service provision, ensuring that survivors can access support even in conflict-affected areas where physical access is restricted.</p> <p>The project also trains frontline GBV service providers on various aspects of GBV response, including remote psychosocial support, and psychological first aid. Awareness sessions on GBV-related issues will be conducted, utilising community-based structures to disseminate information and improve community response and risk mitigation interventions Complementing other ongoing interventions. The GBV Area of Responsibility (AoR) and partner UN agencies work closely with the Health Cluster to ensure timely access to medical treatment for GBV survivors, integrating GBV response into broader health services.</p> <p>The project aligns with the broader humanitarian response plans, ensuring that GBV services are included in emergency response efforts and that survivors receive comprehensive support. Establishing and operationalizing Women and Girls' Safe Spaces in accessible gathering points, the project provides safe spaces for women and girls to receive support and engage in skills-building activities. By addressing these gaps and complementing other interventions, the GBV response and risk mitigation project ensures a more comprehensive and effective approach to tackling GBV in Sudan.</p>
Project focus and approach	<p><i>A brief description of the project focus and approach: describe the project's main objective, the implementation strategy, and how it addresses the conflict causes or factors outlined in situation/ needs analysis. This section must be gender- and age- responsive. (max 400 words)</i></p> <p>The project will focus on three conflict-affected IDP/refugee-hosting states: North Darfur, Gedaref and White Nile. The severity analysis within the Sudan Humanitarian Needs and Response Plan 2024 indicates that these states show an average severity scale of 4 across all localities presenting extreme conditions. The combined PiN for these states in HRP 2024 amounts to 1,332,763 individuals (53% being IDPs).</p>

	<p>Leveraging the GBV capacities and comparative strengths of the three participating agencies leading cluster coordination (UNHCR for Protection Cluster, UNICEF for Child Protection AoR and UNFPA for GBV AoR), the project will support the following expected results that will provide a comprehensive package of GBV services and prevention:</p> <ol style="list-style-type: none"> 1) Integrated GBV/Sexual Reproductive Health life-saving services for vulnerable women and girls impacted by the conflict and subsequent displacement (UNFPA). 2) Improved community mobilisation to shift positive gender and social norms to prevent GBV and support survivors and their children to access support services (UNICEF). 3) Improved identification and mitigation of protection risks affecting women, girls and the vulnerable population (UNHCR). <p>The project targets GBV survivors and women, girls, men and boys at risk of GBV among IDPs, host communities and refugees in three states in high priority locations, all of whom are highly vulnerable and at risk of protection concerns, specifically GBV. To promote uptake of services the action will invest in raising community awareness on GBV/SRH, addressing stigma and providing information on available services.</p> <p>The proposed strengthening of GBV coordination will improve the protection and dignity of women and girls, by sensitising actors to GBV and response services. Complementarily, men and boys will also be engaged as agents for positive change in their communities through awareness-raising for GBV prevention and gender equality. Furthermore, implementation partners will benefit from strengthening technical capacity to provide quality GBV services and institutional support, thereby contributing to further strengthening the overall civil society structure, especially WLOs dealing with GBV in Sudan.</p> <p>Alongside the specific areas of focus of each of the participating agencies, a collaborative approach will be undertaken to the implementation of joint GBV/SEA risk analyses (including safety audits), protection from sexual exploitation and abuse (PSEA), GBV risk mitigation (including training of frontline workers), and community-based feedback/referral mechanisms, to further protect and support affected populations.</p>
<p>Project-level Theory of Change</p>	<p><i>Outline the Theory of Change and explain the assumptions about why you expect the project interventions to lead to changes in the conflict factors identified in the conflict analysis. Note, this is not a summary statement of your project's outcomes. (max 500 words)</i></p> <ul style="list-style-type: none"> ● IF conflict affected community members have access to information about GBV (including CRSV) risks and existing services. ● IF survivor-centered, multi-sectoral GBV and SRH services are appropriately capacitated and resourced.

	<ul style="list-style-type: none"> ● IF evidence and data is generated to inform policy and programming. ● IF women-led organizations, including entities led by women and women with disability are connected and strengthened institutionally and technically. ● IF gender and social norms support GBV survivors and their children to access relevant services. ● IF the protection risks disproportionately affecting women, girls and other vulnerable populations are identified and addressed. ● IF effective AAP and Prevention of Sexual Exploitation and Abuse (PSEA) mechanisms are established. <ul style="list-style-type: none"> ● THEN the risks and impacts of GBV (including CRSV) will be reduced. ● THEN peaceful coexistence, social cohesion and access to livelihoods with women's meaningful participation will be improved. ● THEN the resilience of the conflict affected population to a recurrence of violence will be strengthened. <p>This theory of change is based on the key assumption that GBV incidents not only cause serious harm to individual survivors but can also trigger the emergence and/or escalation of intercommunal tensions and violence, which in turn increases the risks of GBV, including CRSV.</p> <p>Additionally, it is assumed that these risks are exacerbated by communities' limited access to information about GBV risks and mitigation strategies, lack of identification and response to GBV risks by humanitarian actors in displacement sites, limited access to services for GBV survivors, stigmatizing and exclusionary attitudes and practices towards survivors, and the lack of prioritisation of survivors' rights by community and tribal leaders in dispute resolution processes.</p> <p>Therefore, providing access to appropriate, comprehensive, and survivor-centred care for GBV survivors, alongside information about GBV risks and mitigation strategies, and identifying and addressing GBV risks in displacement sites, supports community members in better avoiding GBV risks and more quickly and holistically recovering from GBV impacts when they occur.</p>
Project components All agencies	<i>Provide a narrative description of key project components (outcomes and outputs), ensuring sufficient attention to gender, age and other key differences that should influence the project approach. In describing the project elements, be sure to indicate important considerations related to sequencing of activities (max 1000 words)</i>

Outcome 1: The safety, health, and dignity of women and girls is enhanced by providing multi-sectoral GBV response services with a survivor-centered approach and GBV risk mitigation measures. (UNFPA: 4.8M).

Output 1.1: Strengthened quality life-saving health and protection services: UNFPA will establish and/or rehabilitate GBV Confidential Corners in six health facilities. Healthcare providers will be trained on GBV and SRH basics, clinical management of rape (CMR), psychological first aid, and mental health and psychosocial support to provide compassionate, competent, and confidential services to GBV survivors. UNFPA will advocate with the state MOH to use the service centers as one-stop service points, including legal, safety, and protection services, and distribute post-rape treatment kits to hospitals

Output 1.2: Life-threatening consequences of GBV mitigated through the provision of specialized GBV response services: by establishing and operating six Women and Girls Safe Spaces (WGSSs) to provide a secure environment for women and girls to build social networks and access critical GBV services, including psychosocial support and GBV case management. These centers will also offer recreational activities, small-scale vocational, and skills-building activities. UNFPA will deploy trained PSS officers and case workers to provide these services and use Cash for GBV survivors to access additional services and sanitation supplies. In addition, UNFPA will distribute 10,000 dignity kits and 10,000 solar lamps to the most vulnerable women and girls.

Output 1.3: Increased local capacity to respond to GBV and enhance accessibility and acceptability of GBV services: UNFPA supports community-based protection networks and training members on GBV topics for safe referrals. UNFPA will engage with WLOs to develop culturally appropriate messages for GBV and localised response services and support youth-led associations in peer education and raising awareness on GBV, MHM, and SRH issues.

Output 1.4: Strengthened GBV coordination: GBV AoR will focus on strengthening GBV coordination by reviewing, updating, and operationalizing national GBV SOPs and referral pathways, strengthening GBV information management, including response monitoring, assessments, and data analysis, and focusing capacity-building activities on GBV risk mitigation for non-GBV humanitarian actors and clusters

Outcome 2: Women and children experience improved GBV prevention and GBV survivors have access to improved community-based support. UNICEF and partners intend to prevent GBV by addressing its underlying causes/drivers in selected communities in Gedaref, White Nile and North Darfur States while supporting survivors

(and their children) to their needs through the following outputs.
(UNICEF: 1.5M)

Output 2.1: Community members take improved actions to address and prevent GBV, non-stigmatisation of survivors and their children, and enable safe access to services. UNICEF and partners will consult with women, men, girls and boys (including those with disabilities) in selected communities to assess any prevailing norms that cause GBV, stigmatize survivors and their children, and prevent them from seeking the care they need to implement context-specific GBV prevention activities and messaging. Building on its existing Child Protection social norms prevention program (Saleema) and based on needs, UNICEF and partners will identify and train community leaders (2 per community-M/F) as facilitators to engage their communities in structured dialogue sessions on GBV prevention to influence positive norms (UNICEF has developed a set of criteria for selecting community facilitators for leading GBV prevention activities and messaging). UNICEF will provide technical guidance and support to community-led activities (including public declarations) to prevent GBV and will monitor and document best practices for learning and future programming.

Output 2.2: Strengthened community-based support to prevent and mitigate GBV effects. UNICEF and partners will identify and mobilize influential gatekeepers and community leaders including religious leaders to engage them in targeted awareness raising activities to minimize GBV effects including stigmatization, abandonment, and to support survivors and their children to access available care services in their communities.

Output 2.3: Enhanced capacity of UN partners to prevent and respond to GBV from the child-centered approach and considerations. UNICEF will assess and build capacities of UN partners on child friendly principles to prevent and respond to GBV involving children and their caregivers. UNICEF will train partners on caring for child survivors and remote service provision focusing on phone-based case management. UNICEF will collaborate with UNFPA and UNHCR to include the training of staff and partners (including frontline workers) implementing this project on PSEA and the GBV Pocket Guide to safe handling of GBV incidents and linking survivors with specialists.

Outcome 3: Identify and mitigate immediate protection risks for women and girls (UNHCR: 1.7M).

Output 3.1: Strengthen community capacity to identify and respond to women and girls experiencing GBV risks

- Multi-purpose Community Centers (MPCCs) will be supported to operate across the targeted intervention areas, and MPCC staff will be trained on GBV core principles and referral of GBV

	<p>survivors, and ensure linkages to functioning GBV referral pathways in collaboration with the GBV AOR coordination team</p> <ul style="list-style-type: none"> • In the supported MPCCs and surrounding catchment area, PSS and GBV and SRH awareness raising activities will be provided to women, girls, men and boys to facilitate access to psychosocial support and ensure an accessible entry point to further support, including comprehensive case management • 12 Community Based Protection Networks (CBPNs) will also receive trainings on GBV core concepts and safe identification and referral, aligning with the training envisaged for GBV community actors in Outcome 1 <p>Output 3.2: Enhance gender-sensitivity of customary dispute resolution mechanisms</p> <ul style="list-style-type: none"> • Members of customary dispute resolution mechanisms will be engaged in capacity building workshops designed to strengthen their capacity to integrate gender equality, international human rights standards and GBV risk mitigation in their dispute resolution practices • Awareness sessions on women's rights and legal protections will be held among displaced and non-displaced communities to increase access to information and provide an entry point for further service provision • Legal information, counselling and assistance will be provided to 300 people at risk or or experiencing GBV in order to mitigate or address risks they are facing <p>Output 3.3: Mitigate GBV risks arising from protection gaps in displacement sites</p> <ul style="list-style-type: none"> • UNHCR will lead interagency safety audits at refugee and IDP sites to identify GBV risks • Risks identified through safety audits will be addressed through small-scale infrastructure improvements and other measures, including capacity building of community structures and advocacy with relevant stakeholders
<p>Geographic and beneficiary targeting, including selection criteria and strategy.</p>	<p><i>Provide a justification for geographic zones, criteria for beneficiary selection, expected number and type of stakeholders/beneficiaries (must be disaggregated by sex and age). Indicate whether stakeholders have been consulted in the design of this proposal. Do not repeat all outputs and activities from the Results Framework (max 250 words)</i></p> <p>The three prioritized geographical areas of Gedaref, White Nile and North Darfur have been targeted based on the high needs identified in those states. These needs are driven by the direct impacts of conflict in multiple locations of North Darfur, which has displaced over 300,000 people from El Fasher alone in 2024, and the large influxes of IDPs received in both Gedaref and White Nile.</p>

	<p>In North Darfur, UNFPA, UNICEF and UNHCR will provide GBV prevention, risk mitigation and response services to 129,975 IDPs (49,178 women, 20,110 girls, 43,031 men, 17,656 boys), refugees and host community. The services will be open for all women and girls including men and boys in the targeted localities</p> <p>In Gedaref, 129,975 IDPs and refugees (49,178 women, 20,110 girls, 43,031 Men, 17,656 Boys) sheltered in Gedaref state and the host communities will receive GBV prevention, risk mitigation, and response interventions, including capacity-building training on GBV-related topics. The targeted beneficiaries will include newly displaced people from Sinja and Aj Jazirah states, refugees in IDP camps, and the surrounding host community.</p> <p>In White Nile, the three agencies will target 129,975 people (49,178, women, 20,110 girls, 43,031 men, 17,656 boys), including IDPs from North Darfur, Sinja, and Sennar states. In addition, refugees sheltered in White Nile will be supported with GBV prevention, risk mitigation and response services and interventions.</p> <p>Psychosocial support, awareness and sensitization sessions will generally be open to all community members (whether IDP, refugee or host community). However, sessions may be delivered to men, women, boys and girls separately to ensure the comfort and safety of those attending and some specific topics such as sexual and reproductive health sessions may be delivered only to specific demographic groups (ie. adolescent girls).</p>
Gender considerations	<p><i>Briefly explain through which intervention(s) the project will contribute to gender equality and women's empowerment (max 250 words)</i></p> <p>The project primarily targets women, girls, including persons with disabilities, affected by conflict and displacement in the targeted states to ensure equitable access to available and operational services. The project will also explore addressing the vulnerable men and boys, including those who experienced GBV, capture the needs and help-seeking behaviour of male survivors, and strengthen services for male survivors, which is quite limited in the current context.</p> <p>In line with the IASC gender & age marker, gender is mainstreamed throughout the project design and monitoring activities. All planned community-based interventions aim to mitigate the negative impact of gender inequality by involving male community leaders and disseminating the information within and through the established protection networks. In addition, working with women-led organizations is a very strategic intervention to improve the sustainability of GBV programs in the targeted states and ensure impact beyond humanitarian assistance.</p>

	<p>The project design is based on targeted needs assessments and consultations with women and girls on their safety, security and other needs, considering the impact of the conflict on exacerbating GBV risks (Tip sheet for consulting with women and girls). The project design is also supported by the Humanitarian Needs Response Overview and various field mission assessments. The proposed UN agencies will use various modalities to collect feedback on the impact of the interventions from affected populations, including sex and age-disaggregated focus group discussions. Programming will be built on regular engagement with affected communities, both directly and through local organizations and implementing partners. During the implementation of this project, continuous engagement of communities and the regular collection of feedback will be ensured, adopting an intersectional approach which promotes impartiality and equal access to GBV services for women, girls, adolescents, people with disabilities and other vulnerable and marginalized groups.</p> <p>UNFPA, UNHCR and UNICEF collaborate closely with government counterparts, undertake PSEA capacity building of partners and other key stakeholders, and ensure that PSEA obligations are fully met at all stages of the program cycle with counterparts, partners, other UN agencies and the PSEA Network to conduct PSEA assessment monitoring and reporting mechanisms.</p>
Project Management and Coordination	<p><i>List all direct recipient organisations and their implementing partners (international and local), specifying the Lead Organization that will coordinate the project, and providing a brief justification for the choices, based on mandate, experience, local knowledge and existing capacity (max 500 words)</i></p> <p>This project will be under the overall coordination of UNFPA as the lead agency.</p> <p>UNFPA, UNICEF and UNHCR are currently implementing GBV, child protection and protection-related activities in the three target states namely Gedaref, White Nile and North Darfur.</p> <p>UNFPA has been present in Sudan since 1973 supporting both humanitarian and development interventions in the area of SRH, GBV, Youth, Population and Development. The country office in Port Sudan oversees 11 field offices providing SRH and GBV services in 16 states of Sudan. As UNFPA has both a health and protection mandate, the GBV team and the SRH team jointly promote integrated GBV/SRH responses. A highly skilled technical team with SRH, GBV, logistics and project management expertise is in place in all field offices, and UNFPA will have dedicated GBV staff to manage and coordinate this project. UNFPA is the global lead Agency of the GBV Area of Responsibilities, and is also leading the GBV AoR coordination in Sudan, with 15 active GBV Working Groups including in three target states in non-refugee settings. UNFPA has also been investing in</p>

localization, working closely with national WLOs. UNFPA will engage local and international NGOs to implement the proposed activities. Plan International Sudan will be UNFPA's main implementing partner in White Nile and Gedaref while Sudanese Family Planning association (SFPA) will implement the project activities in North Darfur state. In addition, NADA Alazhar will be the lead for UNFPA's engagement with women-led organisations in the mentioned states.

Since 1952, UNICEF has been implementing Child Protection, Health, Nutrition, Education and WASH interventions in Sudan, including the target states. UNICEF is a global leader with specialized expertise in GBViE programming as grounded in its Strategic Plan and Core Commitments for Children (CCCs). UNICEF Sudan has operational capacity across the country, mitigates GBV/SEA risks across its programmes and provides specialized GBV response and evidence-based prevention services through its Child Protection Section. UNICEF Sudan has dedicated GBViE and PSEA specialists (national and international) to support this project. Focal points are present in all sections to support GBV integration, including planning, implementation, monitoring and reporting. GBV and PSEA specialists are available at the Regional Office and Headquarters to provide strategic guidance and technical support. The named local partners will implement the proposed actions at the various locations: Gedaref-Zeinab Organization (ZO), White Nile-Youth Mechanism (YM) and North Darfur-Small Holders Charitable Society (KSCS).

UNHCR leads the prevention, mitigation and response to GBV in refugee sites, with dedicated internal technical capacities on the ground, at national, regional and global levels. In addition, as a lead agency for General Protection coordination, UNHCR will further enhance the impact of this project by reaching out to wider types of beneficiaries and actors. Since the outbreak of the conflict in April 2023, UNHCR has expanded GBV activities in response to the escalating needs of refugees, IDPs and host communities due to the conflict. This has included leveraging the long-standing investment UNHCR has made in the strengthening of community-based protection capacities, through the establishment and capacity building of CBPNs. This community-based approach has become increasingly important given the constraints on humanitarian access in conflict-affected areas of Sudan, where needs are highest, and ensures that communities are supported to provide frontline responses to key protection risks such as GBV. For this project, UNHCR will work with Mutawinat on legal services and related activities across all three targeted locations, while other planned activities will be implemented in collaboration with HOPE (North Darfur), ALIGHT (Gedaref), PLAN (White Nile).

This project will build on ongoing collaboration of proposed agencies, such as "Strong Girls, Strong communities" (UNICEF/UNFPA/WHO

FGM Joint Programme) and the joint GBV/CRSV project in Darfur states (UNFPA/UNHCR).

Indicate the project implementation team, including positions and roles and explanation of which positions are to be funded by the project (to which percentage). Explain project coordination and oversight arrangements and ensure link with the MPTF-PBF Secretariat (max 500 words)

The head of the GBV unit at UNFPA, will be responsible for the overall oversight and management of the project. This includes ensuring effective and adaptive program management, overseeing project implementation, managing budgetary requirements, meeting donor reporting schedules, and maintaining close communication and linkage with the MPTF-PBF Secretariat.

Regular partner meetings will be held to facilitate strong integration of project components. Monthly meetings, chaired by the Project Coordinator, will take place with the respective project focal points assigned by each agency. Leveraging the involvement of the GBV Sub-Cluster, the GBV Sub-Cluster Coordinator/state level GBV Working Group Coordinators will ensure that the project and other ongoing initiatives are well-coordinated for maximum impact.

UNFPA: The GBV specialist/Head of the GBV unit will provide the overall guidance and technical support for the implementation of the project. The national GBV specialist will support the project in program and budget management, monitoring and capacity-building training. The GBV Information Management Specialist will ensure the collection of high-quality, disaggregated, gender and age-sensitive data on GBV and the availability and accessibility of services in an ethical manner, including the GBV IMS roll-out. The GBV program analysts will be based in the field, and monitor the day-to-day implementation of the project, deliver training, and provide field-based technical support to UNFPA IPs. They will also support the operationalization of the GBVIMS and will support IPs in adopting standard data collection and reporting tools, train IPs on GBVIMS and support the rollout of GBVIMS in Gedaref state. The CVA specialist will ensure the Cash and Voucher Assistance (CVA) component under case management and risk mitigation is implemented according to the SOPs. The supply chain team will be responsible for the procurement of CMR kits, dignity kits, solar lamps and all other supplies needed for the project.

The GBV Sub-Cluster Coordinator at national level will provide the overall technical guidance and leadership in overseeing inter-agency GBV coordination. There will be GBV Working Group Coordinators assigned to each state, and with the role of GBV AoR coordinator at state level, to oversee the localized coordination mechanism.

	<p><i>UNICEF: The Child Protection Specialist (GBV) will provide the overall technical guidance for strengthening the proposed actions' planning, implementation, monitoring, and coordination. The Child Protection Officers located in the project implementation states will provide technical and management support to the implementing partners and other stakeholders associated with the proposed action. Staff salaries will be charged at 13% of this project budget.</i></p> <p><i>UNHCR: Technical guidance to ensure the consistency, relevance and effectiveness of the proposed action will be provided by GBV Officers based in Port Sudan and Gedaref and the Senior Protection Officer based in Kosti and the Protection Officer based in Darfur. The Assistant Representative-Protection will provide additional strategic guidance to technical staff as needed, in collaboration with the Senior GBV Officer from the East and Horn of Africa and Great Lakes Regional Bureau when relevant. Resources from this project budget will directly support the salaries of two GBV Associates operating in targeted locations.</i></p>
Fund Management Arrangement	Funds will be channelled through the Multi-Partner Trust Fund office in New York, which is the Administrative Agent for this project.
Monitoring and Evaluation and Reporting	<p><i>Describe the M&E approach for the project, including M&E expertise in the project team and main means and timing of collecting data. Include: a budget break-down for both monitoring and evaluation activities, including collection of baseline and end line data and an independent evaluation, and an approximate M&E timeline. (max 250 words)</i></p> <p>All activities will be followed up by the participating agencies' field offices in targeted states with support from technical, operational and M&E teams in Port Sudan to monitor outputs and outcomes to determine whether they have been achieved and how the project implementation can be improved. Monitoring exercises will follow standard UN procedures and partners and the local communities will all actively participate in the monitoring exercises.</p> <p>Under this project, all partners commit to directly involve beneficiaries in all aspects of the proposed response, especially during the inception phase and will ensure that project activities are designed or adapted in line with the current context and evolving situation on the ground. Monitoring activities will include routine collection of timely feedback from project beneficiaries and interested stakeholders particularly during periodically planned monitoring visits to project implementation sites. Community feedback will feed into the project implementation cycle to ensure accountability to affected populations (in line with the AAP framework) and that the implementation strategies remain relevant for the realization of the project outcomes</p>

	<p>and objectives. Recommendations emanating from periodic internal project progress reports and field monitoring reports and any other monitoring activities including observation of implementation will serve to inform project management teams' decisions with regards to improvements needed, corrective measures or modification of plans where delays have been noted. During project monitoring, particular attention will be given to the potential anticipated risks to make sure early warning signs are identified to ensure mitigation strategies are in place in a timely manner.</p> <p>A women's committee will be established in each locality to identify and manage the Women and Girls Safe Spaces (WGSS). This will ensure that the community buy-in and the centers are fully monitored and supported by local women and girls, allowing them to actively participate in the decision-making process. Additionally, members of the community-based protection network will be involved in monitoring programmatic interventions and providing suggestions and recommendations for improvement</p> <p>The management team will perform an evaluation of the activities implemented to assess the impact of the project and achievement towards outcomes and overall objective. The evaluation will be conducted through: (1) community-based feedback regarding the overall project and impact, (2) local surveys; (3) technical evaluation of the interventions; (4) and pre-and post-assessments of activities and impact assessments.</p> <p>Towards the end of project implementation, an external final evaluation will be undertaken by an independent consultancy firm. The purpose will be to take stock of what the project has achieved (intended and unintended outcomes) in relation to the set targets and, drawing from the findings of the project monitoring missions, to assess which implementation strategies/aspects were more effective in bringing about the observed successes (or lack thereof), relevance of Theory of Change and lessons learnt, thereby, identifying good practices to inform future phases of the project, scale up, or similar programming in future.</p>
Project exit strategy/ sustainability	<p><i>Briefly explain the project's exit strategy to ensure that the project can be wrapped up at the end of the project duration, either through sustainability measures, agreements with other donors for follow-up funding, or end of activities which do not need further support (max 250 words)</i></p> <p>The strong focus on community-based approaches taken by all three participating agencies aims to ensure that capacity related to GBV prevention, mitigation and response is built and institutionalized within structures that will continue to operate for the benefit of targeted</p>

communities long after the conclusion of the project. In addition, to sustain the impacts of the initiated actions, the proposed intervention will not be implemented as a standalone project but will be integrated within ongoing GBV and child protection interventions. This includes working with women-led organizations (WLOs), community structures, and governmental institutions to achieve a gender-transformative response. Learnings from the intervention will also be documented to inform future programming.

All the participating agencies will aim to document the process and gather data to enable future programming that will build on the work done in the proposed action and create opportunities for the expansion of the project based on lessons learnt. To ensure the sustainability of the project, throughout the project implementation period, all the participating agencies will encourage and seek the active participation of beneficiaries and stakeholders throughout the implementation of the project. The project will aim to work on a community and institutional level, therefore, a participatory approach will be key in ensuring the sustainability of the activities.

Annexes

Annex 1: Detailed budget (separate excel spreadsheet)

Annex 2: Risk register

Annex 3: Results Framework

Annex 4: Annual workplan

Annex 2: Risk-register

Event Description	Category	Level	Likelihood	Impact	Mitigating Measures	Risk Owner
Risk #1: Eruption/resumption of conflict in targeted project locations, forcing suspension of activities and/or relocation/evacuation of staff supporting implementation.	Operational	High	Likely	Major	Where possible, risks related to direct impacts of the conflict on targeted project sites will be managed through temporary hibernation of activities until the context stabilizes. Where conflict impacts are assessed to be likely to be sustained and severe, partner agencies have agreed that should re-targeting of geographical locations be required, then a pivot to Kassala would be prioritized.	All
Risk #2: Telecommunication challenges (Zain, MTN and Sudani, changes in access to Starlink) might reduce effective and efficient coordination and communication with internal and external stakeholders.	Operational	Medium	Likely	Moderate	Encourage humanitarian agencies in project areas to engage with the Starlink whitelisting process facilitated by WFP; orient all key internal and external stakeholders thoroughly at the outset of the project and regularly as communications infrastructure permits.	All

Risk #3: Inflation continues to escalate, currency continues to depreciate, market prices skyrocket and market functionality is at risk	Financial	High	Very Likely	Moderate	Plan in time to conduct procurement and market survey as early as possible; encourage partners to identify suppliers and vendors who will commit to deliver goods and services in time, and ensure contracts are denominated in SDG to avoid exchange rate fluctuations impacting costs. If further delays or price increases are encountered beyond the control, then the donor will be notified to discuss potential ways forward.	All
Risk #4: Tensions with communities and/or authorities, armed groups and forces and other key decision makers regarding the content of GBV activities, the targeting of support and/or the outreach and engagement of different communities, potentially leading to reputational risks	Political Reputational	High	Possible	Major	Maintain an updated contextual analysis and clear channels of communication with all key stakeholders; ensure partners operating on the ground receive capacity building support on conflict sensitivity.	All
Risk 5# Sudden and frequent changes in local authorities and coordination mechanisms	Political	High	Possible	Major	Since the start of the political transition, there have been frequent changes in government structures and appointees. The risk can be managed, the participating agencies will ensure that whenever changes are announced, that meetings will be scheduled with the relevant stakeholders to ensure that the project can continue being implemented without too much delay.	All

Annex 3: Results Framework (must include sex- and age- disaggregated data)

Outcomes	Outputs	Indicators	Means of Verification/ frequency of collection	indicator milestones
<p>Outcome 1: Enhancing the safety, health and dignity of women and girls by provision of multi-sectoral GBV response services to women and girls with a survivor-centred approach and GBV risk mitigation measures</p> <p>(Any SDG Target that this Outcome contributes to)</p> <p>This project contributes to Sustainable Development Goal (SDG) 3 on Good Health and Well-being and SDG 5 on Gender Equality directly addressing the targets below: 3.1 Reduce maternal mortality ratio 3.2 End preventable deaths of newborns and children 3.7 Ensure universal access to sexual and reproductive health-care services 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation 5.6 Ensuring universal access to sexual and reproductive health and reproductive rights 16.6. Develop effective, accountable, and transparent institutions at all levels The project focuses on women and girls having particular needs of reproductive health care and GBV services, who were left behind for decades due to protracted conflicts in the area despite their nature of vulnerability. Enhancing access to life-saving reproductive health service by improving health facilities, referral systems, supply chain, and capacity of healthcare providers will fully address the SDGs mentioned above. This project will contribute to the Sustainable Development Goal (SDG) 3 'Ensure healthy lives and promote well-being for all at all ages', by addressing sexual reproductive health in protracted crisis settings. It will also contribute to SDG 5 'Achieve gender equality and empower all women</p>		<p>Outcome Indicator 1 a. Percentage of survivors who reported and received GBV response services are satisfied with the services they received.</p> <p>Baseline: 0 Target: 70 %</p>	<p>client satisfaction survey report quotes from survivors</p>	<p>quality services are in place, service providers are fully trained, client satisfaction survey is fully rolled out</p>
		<p>Outcome Indicator 1 b. %of service providers trained on GBV prevention and response related topics demonstrate knowledge improvement after the training post-test.</p> <p>Baseline: 0 Target: 80%</p>	<p>pre and post training test result (Baseline) periodic capacity assessment of the trained staff (mid and endline) Attendance of participants, training report, photos</p>	<p>Service providers are trained, surveyed 6 months after the training to assess their level of understanding and skills</p>
		<p>Outcome Indicator 1c Percentage of key recommendations implemented by protection and humanitarian actors/sectors to enhance the safety of women and girls</p> <p>Baseline: 0 Target: 50%</p>	<p>survey report on key recommendations Vs implemented actions</p>	<p>Safety audits conducted, staff trained on risk assessment and key recommendations shared with sector leads and action plans developed</p>
	<p>Output 1.1 Strengthening Quality life-saving health and protection services</p> <p>List of activities under this Output: Establish GBV Confidential Corners in health facilities for integrated GBV/SRH service provision</p>	<p>Output Indicator 1.1.1 Number of operational and specialised GBV service delivery points supported.</p> <p>Baseline: 0 Target: 6</p>	<p>Quarterly Progress report field visit reports Photos and documentations</p>	<p>confidential corners identified, rehabilitated, supported, equipped and started to provide CMR, PFA and PSS services</p>
		<p>Output Indicator 1.1.2 Number of survivors of GBV/CRSV received comprehensive health and GBV services including referrals</p>	<p>Quarterly progress report Data sharing tools</p>	<p>WGSSs are up and running, staff trained, confidential location</p>

<p>and girls', as the main focus of the project is to mitigate the GBV risk and respond to GBV.</p> <p>In addition, the project will also contribute to SDG 16 'Promote peaceful and inclusive societies for sustainable development, provide access justice for all and build effective, accountable and inclusive institutions at all levels', by enhancing GBV survivors' access to justice sector, and conducting awareness raising session for communities on GBV prevention.</p>	Procurement and distribution of Rape Treatment Kits	Baseline: 0 Target: 300 (200 F, 5M, 75 Girls, 20 boys)	Field mission report filled intake and assessment forms	identified for GBV services and referral system is in place.
	Capacity building of health care providers on CMR, PFA and MHPSS	Output Indicator 1.1.3 Number of health care providers trained on CMR and GBV and PFA Baseline: 0 Target: 180 (90 F 90 M)	Training reports, photos, beneficiary quotes	Training materials developed, Training facilitators are available and TOR of the training is prepared
	Provision of health, psychosocial and GBV case management services			
	<p>Output 1.2</p> <p>Mitigating the life-threatening consequences of the GBV</p> <p>List of activities under this Output:</p> <p>1.2.1. Establishment of Women and Girls Safe Spaces (WGSSs)¹</p> <p>1.2.2. Provide Cash for Voucher Assistance for GBV survivors and women at GBV risks</p> <p>1.2.3. Procurement and distribution of Dignity Kits and solar lamps</p> <p>1.2.4. Capacity building training to GBV service providers on GBV case Management, Caring for Child survivors and MHPSS</p> <p>1.2.5. Provision of GBV response services including GBV case management, PSS and safe referrals</p>	<p>Output Indicator 1.2.1 Number of WGSSs established and supported</p> <p>Baseline: 0 Target: 6</p>	BOQ of the rehabilitation Progress report, photos and documentation	IPS assigned to establish the centres, women and girls consulted
		<p>Output Indicator 1.2.2 Number of women and girls benefited from distribution of dignity kits and Solar lamps</p> <p>Baseline: 0 Target: 10,000 (8000 women and 2000 girls)</p>	Progress report, field mission observation, photos, Post distribution monitoring	DK guidelines is well introduced, Distribution plan prepared, and kits procured timely
		<p>Output Indicator 1.2.3 Number of GBV staff including social workers, CBPN members and volunteers trained on GBV related topics including Case Management and PSS</p> <p>Baseline: 0 Target: 96 (56 F, 40 M)</p>	training report, field observation, attendance recordings, photos and training materials used	Readiness of trainers, availability of training materials,

¹ Women and Girls Safe Space is a space in which a woman or girl feels physically and psychologically safe. The term "safety" in this context refers to the availability of safety, the absence of psychological trauma, excessive pressure, violence (or fear of violence) or abuse; it is a space where women can express themselves without fear of anything. Therefore, entry to WGSS is restricted to women and girls only, which is different from Multi-Purpose Community Centers, which are accessible to community members/IDPs/refugees.

	<p>1.2.6. Vocational and skill building trainings including procurement of supplies for the trainings</p> <p>1.2.7. Provision of initial grants/ start up grants to selected VT graduates</p> <p>1.2.8. Conduct group recreational and PSS activities</p> <p>1.2.9. Conduct mass awareness raising activities including the commemoration of international events (IWD, 16 days, international day for Girl Child)</p>			
	<p>Output 1.3 Increased local capacity to respond to GBV and enhance accessibility and acceptability of GBV services</p> <p>List of activities under this Output:</p> <p>1.3.1. Support CBPNs to strengthen community level risk mitigation and prevention efforts and enhancing referral system</p> <p>1.3.2. Support the institutional capacity of Women-led organisations (WLOs) to deliver lifesaving GBV response services</p> <p>1.3.3. Support youth led organisations or youth associations to deliver key GBV messages to community Conduct awareness raising activities and campaigns during international events</p>	<p>Output Indicator 1.3.1 Number of CBPN's supported and members trained</p> <p>Baseline: 0 Target: 6</p>	<p>Progress report, meeting minutes, group photos, attendance recordings</p>	<p>Community consultation conducted to identify the members of the next work</p>
		<p>Output Indicator 1.3.2 Number of WLOs and Youth associations supported to deliver lifesaving services on GBV</p> <p>Baseline: 0 Target: 15</p>	<p>Progress report, mapping of youth led organisations,</p>	<p>Mapping of WLOs and youth association completed</p>
		<p>Output Indicator 1.3.3 Number of community members reached with key GBV and SRH messages including MHM</p> <p>Baseline: 0 Target: 12,000 (7650F, 1350M, 2650G, 350B)</p>	<p>Progress report, attendance recordings, photos, community quotes</p>	<p>IEC materials developed, action plan of the campaign prepared</p>
	<p>Output 1.4 Strengthened GBV coordination Operationalization of GBV</p>	<p>Output indicator 1.4.1 Number of states with updated GBV SOP and referral pathways</p> <p>Baseline: 0 Target: 3</p>	<p>Updated GBV SOP Progress report</p>	<p>State level GBV SOPs updated Referral pathways updated regularly</p>

	List of activities under this Output: 1.4.1 Standard operating procedures and updating of GBV referral pathways 1.4.2 Strengthening GBV Information management, include Humanitarian Response monitoring (Activity Info), GBV assessments and analysis of assessment data 1.4.3 Build capacity of GBV actors 1.4.4 Conduct GBV risk mitigation training for non-GBV humanitarian actors	Output indicator 1.4.2 Number of assessments conducted at state level Baseline: 0 Target: 6 Output indicator 1.4.3 Number of Information products developed using Activity Info Baseline: 0 Target: 2	Assessments reports GBV Sub-Cluster dashboard	GBV assessments conducted either individually or as a part of multi-sectoral inter-agency assessment Humanitarian Response monitoring targeting GBV Sub-Cluster member organizations conducted GBV Sub-Cluster dashboard developed
		Output indicator 1.4.3 Number of GBV actors received training by GBV Working Groups Baseline: 0 Target: 90 (50 F 40M)	Progress reports Training reports	Training materials developed, Training facilitators are available, and TOR of the training is prepared
		Output indicator 1.4.4 Number of non-GBV actors received GBV risk mitigation training Baseline: 0 Target: 90 (30F 60M)	Progress reports Training reports	Training materials developed, Training facilitators are available and TOR of the training is prepared
Outcome 2: Improved GBV prevention for women and children and community-based support to GBV survivors. (Any SDG Target that this Outcome contributes to) DIRECTLY: SGDS 5 AND 16 SGD 5: ACHIEVE GENDER EQUALITY AND EMPOWER WOMEN AND GIRLS 5.2: Eliminate all forms violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation SDG 16: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING FOR ALL		Outcome Indicator 2 a: : % of targeted community members who completed GBV prevention dialogue sessions, surveyed and showed positive shifts in gender and social norms to prevent GBV (disaggregated by age and sex). Baseline:0 Target:30%	Baseline, Midterm and Endline Assessments Final project report	Harmful/restrictive norms begin to shift and norms that promote equality, safety and dignity begin to take hold (as evidenced by different assessments or surveys)
		Outcome Indicator 2 b: % of targeted community leaders and community members surveyed who exhibited awareness/knowledge on available community-based support services, where and how to access them safely and timely. Baseline:10% Target: 30%	Baseline, Midterm and Endline assessments Final project report Monthly reports Quarterly project progress report	Increased access and utilization of community-based GBV support services such as Medical, MHPSS, Safety, Legal & referral services (as evidenced by different assessments or surveys)

<p>16.1: Significantly reduce all forms of violence and related death rates everywhere</p> <p>16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children</p> <p>16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all</p> <p>INDIRECTLY: SGDS 1, 3 AND 4</p>				
		<p>Outcome Indicator 2 c: % of targeted UN and partners staff trained and surveyed that demonstrate improved awareness and knowledge on child friendly principles for preventing and responding to GBV involving children and their caregivers (disaggregated by sex)</p> <p>Baseline:30% Target:60%</p>	<p>Baseline, Midterm and Endline assessments Final project report Monthly reports Quarterly project progress report</p>	<p>Improved awareness, knowledge and skills among UN and partners staff on child friendly principles to prevent and mitigate GBV involving children and their caregivers (as evidenced by pre/post training assessments or surveys)</p>
	<p>Output 2.1: Positive shift in gender and social norms that perpetuate GBV, stigmatize survivors and their children, and create barriers for accessing services</p> <p>List of activities under this Output:</p> <p>Act 2.1.1: Consult communities to assess prevailing social norms and adapt context-specific GBV prevention activities</p> <p>Act 2.1.2: Train community leaders (2 per community as facilitators) to lead GBV prevention dialogues</p> <p>Act 2.1.3: Conduct weekly and monthly dialogues and awareness on GBV prevention and effects of GBV</p> <p>Act 2.1.4: Support community-led actions to prevent GBV and support survivors at family and community levels.</p> <p>Act 2.1.5: Assess and document shifts/changes in attitudes and behaviours to prevent GBV and to support survivors (& their children)</p>	<p>Output Indicator 2.1.1: # of community members - including those with disabilities mobilised and consulted (disaggregated by age and sex)</p> <p>Baseline: 100 Target: 600 (300W, 200M, 50G, 50 B)</p>	<p>Project Activity Reports, Attendance Records Monthly and quarterly project reports Field monitoring report</p>	<p>GBV prevention activities designed with inputs from women, girls, boys and men through participatory consultations (Yes/No)</p>
		<p>Output Indicator 2.1.2: # of community leaders mobilized, trained and mentored to lead GBV prevention dialogues (disaggregated by age and sex).</p> <p>Baseline:120 Target: 240 (120F, 120M)</p>	<p>Project Activity Reports, Attendance Records Monthly and quarterly project reports Field monitoring report</p>	<p>Influential community leaders mobilized and trained (Yes/No)</p>
		<p>Output Indicator 2.1.3: # of community members engaged in dialogues and awareness to prevent GBV and support survivors and their children (disaggregated by age and sex)</p> <p>Baseline: 200 Target: 900 (300W, 150G, 300M, 150B)</p>	<p>Project Activity Reports, Attendance Records Monthly and quarterly project reports Field monitoring report</p>	<p>Regular and active participation of community members, and completion of structural dialogue sessions (Yes/No)</p>
		<p>Output Indicator 2.1.4: # of social norms change actions, events, public declarations supported/implemented at the family and community levels</p> <p>Baseline: 9 Target: 27</p>	<p>Project Activity Reports, Attendance Records Monthly and quarterly project reports Field monitoring report</p>	<p>GBV prevention actions/events developed, supported and implemented by community members at the family and/ or community level (Yes /No)</p>
		<p>Output Indicator 2.1.5: # of assessments/surveys conducted at the start/ during/after the project to</p>	<p>Assessment/Survey Reports</p>	<p>KAP assessments/surveys conducted at the</p>

		design, implement, monitor, evaluated and document best practices Baseline: 0 Target: 1		beginning of the project to inform project design/implementation, during and after to document lessons learnt and best practices (Yes/No)
	Output 2.2: Strengthened community-based support to prevent and mitigate GBV effects List of activities under this Output: Act 2.2.1: Mobilize community leaders including religious leaders and community members to prevent and mitigate GBV effects	Output Indicator 2.2.1: # of community leaders and community mobilized to prevent and mitigate GBV effects Baseline: 9 Target: 27(20M, 7F)	Project Activity Reports, Attendance records Monthly and quarterly project reports Field monitoring report	Influential community leaders, religious leaders and community members are engaged in awareness to prevent and mitigate GBV effects (Yes/No).
	Act 2.2.2: Support and or establish community-based structures and groups, including functioning women led groups, school clubs to support GBV prevention activities such as awareness and referrals	Output Indicator 2.2.2: # of community-based structures and groups established or support to prevent and mitigate GBV effects Baseline: 35 Target: 70	Project activity reports, Attendance records Monthly and quarterly project reports Field monitoring report	Existing or new community-based structures and groups established or supported to support GBV prevention activities (Yes/No)
	Act 2.2.3: Collaborate with relevant partners including UNICEF SBC to develop and disseminate appropriate messages on GBV effects and available services	Output Indicator 2.2.3: # of community members reached with awareness and messages to prevent and mitigate GBV effects Baseline: 210,000 Target: 350,000 (125,000W, 50,000G, 125,000M, 50,000 B)	Project activity reports, Attendance records Monthly and quarterly project reports Field monitoring report	A safe space is available, community members participate to discuss GBV effects using appropriate messages, and take appropriate actions to address barriers (Yes/No)
	Act 2.2.4: Support and or facilitate appropriate referrals for survivors to access available specialised services based on needs and consent.	Output Indicator 2.2.4: % of women, girls and boys seeking care supported or referred to specialists to address the effects of GBV Baseline: 30 Target: 200 (180F 20M)	Project Activity Reports, Referral Records, Field Monitoring Reports	GBV survivors (including child survivors and children of survivors) seeking support are provided with and/or linked to age-appropriate services
	Output 2.3: Enhance the capacity of UN partners and frontline workers to prevent and respond to GBV from the child centered approach and considerations List of activities under this Output:	Output Indicator 2.3.1: # UN and partner staff mobilized, trained and mentored. Baseline: 70 Target: 200 (150F 50M)	Project Activity Reports, Training Records/Attendance Records Training reports Monthly and quarterly project reports	UN staff, IP staff, frontline workers and Government trained and demonstrating skills on

	<p>Act 2.3.1: Mobilize, train and mentor UN and partners staff on caring for child survivors (including training on remote service provision focusing on phone-based case management and hotlines)</p> <p>Act 2.3.2: Train UNICEF and partners staff on PSEA and on the GBV Pocket Guide.</p>	<p>Output Indicator 2.3.2: % of UNICEF and partners staff (including frontline workers) implementing this project who complete required mandatory training on PSEA and the GBV Pocket Guide, and signed PSEA CoC</p> <p>Baseline: 40 Target: 100%</p>	<p>Project Activity Reports, Training Records/Attendance Records Training reports Monthly and quarterly project reports</p>	<p>child safeguarding including caring for child survivors</p>
<p>Outcome 3: Identify and mitigate immediate protection risks for women and girls and vulnerable populations</p> <p>(Any SDG Target that this Outcome contributes to)</p> <p>SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES</p> <p>3.7 Ensure universal access to sexual and reproductive health-care services</p> <p>SGD 5: ACHIEVE GENDER EQUALITY AND EMPOWER WOMEN AND GIRLS</p> <p>5.2: Eliminate all forms violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation</p> <p>5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation</p> <p>SDG 16: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING FOR ALL</p> <p>16.1: Significantly reduce all forms of violence and related death rates everywhere</p> <p>16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children</p>		<p>Outcome Indicator 3 a: # of women and girls referred to GBV case management service providers through MPCCs</p> <p>Baseline: 0 Target: 750 (450 women, 300 girls)</p>	<p>Referral records of Protection Desk operators at MPCCs, partner reports</p>	<p>Protection Desks operating at MPCCs</p>
		<p>Outcome Indicator 3 b: members of dispute resolution mechanisms demonstrate increased knowledge and capacity to integrate gender equality and international human rights standards in cases related to GBV</p> <p>Baseline: No Target: Yes</p>	<p>Comparison of baseline and endline capacity assessments of workshop participants</p>	<p>Attendance records of workshops targeting members of customary dispute resolution mechanisms</p>
		<p>Outcome Indicator 3 c: # of displacement sites in which measure to address identified GBV risks are implemented</p> <p>Baseline: 0 Target: 12</p>	<p>Photos, meeting records, procurement and installation documents</p>	<p>Safety audit results finalized and shared back with participating agencies, relevant clusters</p>
	<p>Output 3.1: Strengthen community capacity to identify and respond to women and girls experiencing GBV risks</p> <p>List of activities under this Output:</p>	<p>Output Indicator 3.1.1: # of MPCCs operating</p> <p>Baseline: 2 Target: 5</p>	<p>Partner reports, pre and post training test results</p>	<p>Sites for MPCCs identified, dedicated partner staff identified</p>
		<p>Output Indicator 3.1.2: # of MPCC staff trained on core GBV principles and safe referral</p> <p>Baseline: 0</p>	<p>Training attendance sheets, pre and post training test results</p>	<p>Training organized and conducted</p>

16.3: Promote the rule of law at the national and international levels and ensure equal access to justice for all	<ul style="list-style-type: none"> - Multi-purpose Community Centers (MPCCs) supported to operate across the targeted intervention areas - MPCC staff trained on GBV core principles and referral of GBV survivors - Linking of MPCCs to functioning GBV case management referral pathways in collaboration with the GBV AOR coordination team - Provision of group PSS activities to women and girls - Provision of SRH awareness raising sessions to adolescent girls - Capacity building of CBPNs on GBV core concepts and safe identification and referral 	Target: 25 (13 women, 12 men)		
		Output Indicator 1.1.3: # of women, girls, men and boys reached through PSS sessions and GBV awareness raising Baseline: 0 Target: 9,000 (4,000 women, 2,000 girls, 1,000 men, 2,000 boys)	Session records	Partner staff confirm capacity and/or receive capacity building on PSS and awareness session approach
		Output Indicator 1.1.4: # of SRH awareness sessions provided to adolescent girls Baseline: 0 Target: 60	Session records	
		Output Indicator 1.1.5: # of CBPNs trained on GBV core concepts and safe referral Baseline: 0 Target: 12	Training records	
	Output 3.2: Enhance gender-sensitivity of customary dispute resolution mechanisms List of activities under this Output: <ul style="list-style-type: none"> - Capacity building workshops targeting members of customary dispute resolution mechanisms - Awareness sessions on women's rights and legal protections - Legal information, counselling and assistance to those at risk or experiencing GBV 	Output Indicator 3.2.1: 3.2.1: # of participants in workshops targeting members of customary dispute resolution mechanisms Baseline: 0 Target: 60 participants (35 men, 25 women; 45 aged 18-59, 15 aged 60+)	Workshop attendance records	Workshop participants are mapped and identified, dates confirmed
		Output Indicator 3.2.2: # of awareness sessions provided on women's rights and legal protections Baseline: 0 Target: 108	Session records	
		Output Indicator 3.2.3: # of women and girls receiving legal services in relation to GBV Baseline: 0 Target: 300 (220 women, 80 girls)	Legal service provision records	
		Output Indicator 3.3.1: # of safety audits conducted in displacement sites	Safety audit reports	

	Output 3.3: Mitigate GBV risks arising from protection gaps in displacement sites List of activities under this Output: - Safety audits at refugee and IDP sites to identify GBV risks - Implementation of measures to address identified GBV risks in displacement sites	Baseline: 0 Target: 9		

Annex 4: Annual Workplan All agencies to provide input

Adapt duration for project period

Outputs and activities	MONTHLY PLANNING																		Resources Needed	Responsible Party/Staff
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		
Output 1.1: Increased local capacity to respond to GBV and enhance accessibility and acceptability of GBV services																				
1.1. Establish GBV Confidential Corners in health facilities for integrated GBV/SRH service provision		X	X	X															supplies to rehabilitate the centres, HR and space within the hospital building	UNFPA
1.2. Procurement and distribution of Rape Treatment Kits				X															list of items for CMR kits, support of supply chain, storage, transportation and distribution plans	UNFPA
1.3. Capacity building of health care providers on CMR, PFA and MHPSS		X						X					X						meeting hall, refreshment, training materials.	UNFPA
1.4. Provision of health, psychosocial and GBV case management services	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	meeting hall, refreshment, training materials.	UNFPA
Output 1.2: Mitigating the life-threatening consequences of the GBV																				

1.2.1. Establishment of Women and Girls Safe Spaces (WGSSs) ²		X	X	X																supplies to rehabilitate the WGSSs, prefabs, and tents	UNFPA
1.2.2. Provide Cash for Voucher Assistance for GBV survivors and women at GBV risks	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	SOPs for CVA, financial service providers and transportation services	UNFPA
1.2.3. Procurement and distribution of Dignity Kits, solar lamps and prefabs		X	X	X	X															Quotation for DKs, support of supply chain, storage, transportation and distribution plans	UNFPA
1.2.4. Capacity building training to GBV service providers on GBV case Management, Caring for Child survivors and MHPSS			X			X				X				X						meeting hall, refreshment supplies, training materials.	UNFPA
1.2.5. Provision of GBV response services including GBV case management, PSS and safe referrals	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Trained social workers and case workers, private counselling room, existing referral pathway	UNFPA
1.2.6. Vocational and skill building trainings including procurement of supplies for the trainings				X	X	X	X	X	X	X	X	X								Supplies for VT, resource person for trainings,	UNFPA

² Women and Girls Safe Space is a space in which a woman or girl feels physically and psychologically safe. The term “safety” in this context refers to the availability of safety, the absence of psychological trauma, excessive pressure, violence (or fear of violence) or abuse; So it is a space where women can express themselves without fear of anything. Therefore entry to WGSS is restricted to women and girls only, which is different from Multi-Purpose Community Centers, which are accessible to community members/IDPs/refugees.

1.2.7. Provision of initial grants/ start up grants to selected VT graduates						X	X					X	X	X						financial service providers, functional market, supply chain support to procure start up kits	UNFPA
1.2.8. Conduct group recreational and PSS activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Refreshment for participants, space for activities, facilitator and materials on subject matter	UNFPA
1.2.9. Conduct mass awareness raising activities including the commemoration of international events (IWD, 16 days, international day for Girl Child)			X					X		X			X			X				IEC materials, supplies for the campaign, action plan of implementation	UNFPA
Output 1.3: Increased local capacity to respond to GBV and enhance accessibility and acceptability of GBV services																					
1.3.1. Support CBPNs to strengthen community level risk mitigation and prevention efforts and enhancing referral system				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Training materials, referral pathway to refer survivors of GBV	UNFPA
1.3.2. Support the institutional capacity of Women-led organisations				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Assessment report of the WLO's capacity, areas of support required	UNFPA

(WLOs) to deliver lifesaving GBV response services																				
1.3.3. Support youth led organisations or youth associations to deliver key GBV messages to community Conduct awareness raising activities and campaigns during international events								X	X	X	X	X	X	X	X	X	X	X	mapping of youth led organisations, assessment result of tier capacity with areas of support	UNFPA
Output 1.4: Strengthened GBV coordination Operationalization of GBV																				
1.4.1 Standard operating procedures and updating of GBV referral pathways		X		X		X		X		X		X		X		X		X	Existing SOPs, meeting hall for refresher training,	UNFPA
1.4.2 Strengthening GBV Information management, include response monitoring (5W), GBV assessments and analysis of assessment data	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Activity info, 5Ws reporting template	UNFPA
1.4.3 Build capacity of GBV actors			X	X	X						X	X	X		X	X			Training materials, meeting hall, participants fee and resource person	UNFPA
1.4.4 Conduct GBV risk mitigation training for non-GBV humanitarian actors		X	X			X	X			X	X				X	X			Training materials, meeting hall, participants fee and resource person	UNFPA
Outputs and activities	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		

Output 2.1: Positive shift in gender and social norms that perpetuate GBV, stigmatize survivors and their children, and create barriers for accessing services																			
2.1.1: Consult communities to assess prevailing gender/social norms	X	X	X															Social Norm Technical expert KAP survey materials including questionnaires Budget for travel including DSA, vehicle fuel Meeting space staff Meeting/consultation budget. Training cost for enumerators Stipends for data collectors	UNICEF
2.1.2: Train community leaders as facilitators to lead GBV prevention dialogues					X	X	X		X						X			Staff Budget for training materials and supplies including hall and food DSA and transportation Social Norm Technical Expert Training curriculum	UNICEF
2.1.3: Conduct weekly and monthly dialogues and awareness on GBV prevention					X	X	X	X	X	X	X	X	X	X	X	X	X	Staff Transportation for facilitators Refreshments Community dialogue curriculum DSA for staff to monitor intervention	UNICEF
2.1.4: Support community-led actions to prevent GBV and support survivors					X	X	X	X	X	X	X	X	X	X	X	X	X	Developed action plan DSA and transportation for monitoring of intervention DSA for staff to monitor intervention	UNICEF
2.1.5: Assess and document shifts/changes in attitudes and behaviours to prevent GBV and to support survivors (& their children)																X	X	Endline assessment consultant Enumerators stipends Budget for training of enumerators and data collectors Transportation including vehicle and fuel DSA	UNICEF

																				Training materials and supplies	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18			
Output 2.2: Strengthened community-based support to prevent and mitigate GBV effects																					
2.2.1: Mobilize community leaders including religious leaders and community members to prevent and mitigate GBV effects		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Staff Budget for training materials and supplies Budget for action plan development Transportation DSA Budget for quarterly review meetings	UNICEF	
2.2.2: Support/establish community-based structures and groups, including functioning women led groups, school clubs to support GBV prevention activities such as awareness and referrals			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Training materials and supplies Cash for referrals Budget for survivors’ referrals and supplies Budget for awareness raising session and supplies Group volunteers Staff Quarterly review meetings	UNICEF	
2.2.3: Collaborate with relevant partners including UNICEF SBC to develop and disseminate appropriate messages on GBV effects and available services		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Budget for the IEC development meetings, printing and circulation of materials Staff	UNICEF	
2.2.4: Support and or facilitate appropriate referrals for survivors to access available specialised services based on needs and consent.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Budget for referrals, Staff	UNICEF	
Output 2.3: Enhance the capacity of UN partners and frontline workers to prevent and respond to GBV from the child centred approach and considerations																					

2.3.1: Mobilize, train and mentor UN and partners staff on caring for child survivors (including training on remote service provision focusing on phone-based case management and hotlines)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Budget for training materials and supplies including hall rentals & adapted Child survivor training manual Training Consultant	UNICEF
2.3.2: Train UNICEF and partners staff on PSEA and on the GBV Pocket Guide		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Budget for training materials and supplies including hall rentals Training Consultant	UNICEF
Output 3.1: Strengthen community capacity to identify and respond to women and girls experiencing GBV risks																				
Activity 3.1.1: Multi-purpose Community Centers (MPCCs) will be supported to operate across the targeted intervention areas, and staff of those MPCCs will be trained on GBV core principles and referral of GBV survivors, and ensure the linkages of MPCCs to functioning GBV case management referral pathways in collaboration with the GBV AOR coordination team	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	MPCC operating costs (utilities, equipment, furniture, stationery, incidentals), training materials and supplies, coordination meeting supplies	UNHCR
Activity 3.1.2: Provision of PSS and GBV awareness raising sessions		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Awareness materials and supplies	UNHCR
Activity 3.1.3: Implementation of SRH awareness raising sessions to adolescent girls						X	X	X	X	X	X	X	X	X	X	X	X	X	Awareness materials and supplies	UNHCR
Activity 3.1.4: Capacity building and support for CBPNs		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Capacity building materials and supplies, transport and	UNHCR

																				communication support for CBPN members	
Output 3.2: Enhance gender-sensitivity of customary dispute resolution mechanisms																					
Activity 3.2.1: Implementation of customary dispute resolution workshops						X				X					X					Workshop venue rental, catering, materials and supplies	UNHCR
Activity 3.2.2: Sensitization of community members on women's rights and legal protections		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Awareness session materials and supplies	UNHCR
Activity 3.2.3: Legal information, counselling and assistance to those at risk of or experiencing GBV		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Legal staff/procedure and document fees and costs, transport and coordination support	UNHCR
Output 3.3: Mitigate GBV risks arising from protection gaps in displacement sites																					
Activity 3.3.1: Implementation of safety audits in displacement sites						X	X	X	X	X	X	X	X	X	X	X	X	X	X	Interagency coordination meeting supplies, transport and logistical costs, stationery and IM support	UNHCR
Activity 3.3.2: Implementation of site improvements and other measures in response to safety audit findings										X	X	X	X	X	X	X	X	X	X	Procurement of equipment, materials and supplies, construction/rehabilitation costs, coordination and advocacy costs	UNHCR

Annex 5: Checklist of project implementation readiness To be discussed on 28th, please provide input in advance if any

Question	Yes	No	Comment
Planning			
1. Have all implementing partners been identified? If not, what steps remain and the proposed timeline?	Yes		
2. Have TORs for key project staff been finalised and ready to advertise? If so, please attach to the submission.	Yes		UNHCR project staff supported under this action (2 x GBV Associates) are already recruited and on post, no new recruitment is required. For UNFPA and UNICEF, TORs are available here
3. Have project sites been identified? If not, what will be the process and timeline?	Yes		The three agencies identified potential priority localities based on the current situation as of August 2024. The team will organize a coordination meeting in Q3 2024 to further narrow down the list of target localities.
4. Have local communities and government offices been consulted/ sensitized on the existence of the project? Please state when this was done or when it will be done.	Yes		All the participating agencies have existing projects which have been operationalized in consultation with local communities and the local government
5. Has any preliminary analysis/ identification of lessons learned/ existing activities been done? If not, what analysis remains to be done to enable implementation and proposed timeline?	Yes		As all the participating agencies have existing interventions in three target states, preliminary analysis has been conducted at proposal writing stage. The team will further discuss the strategy/lessons learned at the project preparatory stage
6. Have beneficiary criteria been identified? If not, what will be the process and timeline?	Yes		All the participating agencies has beneficiary criteria/vulnerability criteria

			which will be further harmonized at Project Coordination Committee.
7. Have any agreements been made with the relevant Government counterparts relating to project implementation sites, approaches, Government contribution?	Yes		All the participating agencies, as well as Implementing Partners have authorization by the relevant authorities to implement project in all the target states
8. Have clear arrangements been made on project implementation approach between project recipient organizations?	Yes		The proposed implementing partner
9. What other preparatory activities need to be undertaken before actual project implementation can begin and how long will this take?	N/A		
Gender			
10. Did UN gender expertise inform the design of the project (e.g. has a gender adviser/expert/focal point or UN Women colleague provided input)?	Yes		All the participating agencies have internal expertise on Gender and reviewed the proposal
11. Did consultations with women and/or youth organizations inform the design of the project?	Yes		At target states participating UN agencies conduct regular consultations with WLOs/youth organizations. The recommendations have been utilized for the project design. Also, GBV Sub-Cluster conducted the first comprehensive WLO survey published July 2024. The findings and recommendations of the survey have been utilized for this project.
12. Are the indicators and targets in the results framework disaggregated by sex and age?	Yes		All the targets have been disaggregated by sex and age.
13. Does the budget annex include allocations towards GEWE for all activities and clear justifications for GEWE allocations?	Yes		All the activities will include GEWE considerations, such as training to include a session on gender equality, specific

			efforts will be made to ensure equal representation of women
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