

**MULTI-PARTNER TRUST FUND FOR  
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT  
PROJECT PROPOSAL SUBMISSION FORM**

<b>Part A. Meeting Information</b> (To be completed by the UN Action Secretariat)			
<b>RMC Meeting No:</b> RMC028		<b>Project<sup>1</sup> No:</b> UNA060	
<b>Date of Meeting:</b> 11 December 2018		<b>RMC members in attendance at meeting:</b> IOM, UN Women, UNFPA, DPKO, UN Action Secretariat	
<b>Part B. Project Summary</b> (To be completed by the Participating UN Organization)			
<b>Date of Submission:</b>		<b>Participating UN Organization(s):</b> UNFPA and UNDP	
		<b>Participating UN Organization receiving funds:</b> UNFPA and UNDP	
<b>Focal Point of the Participating UN Organization(s):</b> Name: Mary Otieno Telephone: Tel: +211 920 764 648 Email: motieno@unfpa.org		<b>Project Title:</b> One Stop Centre: Rolling Out Provision of Integrated Gender-Based Violence (GBV) Response Services in South Sudan	
Name: Kamil Kamaluddeen Telephone: +211920694101 Email: kamil.kamaluddeen@undp.org		<b>Project Location(s):</b> Upper Nile state	
<b>UN Action pillar of activity:</b> <input checked="" type="checkbox"/> Advocacy <input checked="" type="checkbox"/> Knowledge building <input checked="" type="checkbox"/> Support to UN system at country level		<b>Projected Project Duration:</b> 1 December 2018 – 31 December 2019	
<b>Proposed project, if approved, would result in:</b> <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Continuation of previous funding <input type="checkbox"/> Other (explain) <input type="checkbox"/> No-cost extension: (from – to)		<b>Total Project Budget:</b>  <b>Amount of MPTF funds requested:</b>  <b>Percentage of indirect support costs from MPTF contribution:</b>	
<b>Projected Annual Disbursements:</b>	<b>2018</b> \$ 32,100	<b>2019</b> \$223,923	<b>2020</b> \$0
<b>Projected Annual Commitments:</b>	<b>2018</b> \$	<b>2019</b> \$	<b>2020</b> \$

<sup>1</sup> The term "project" is used for projects, programmes and joint programmes.

## **Application Instructions for Narrative Summary**

The questions below are for guidance in developing the narrative under each sub-heading. Applicants should address these questions to the extent possible.

### **I. Overview**

- a. Provide a brief overview of the project, including overall goals and objectives, key strategies, expected results, and intended beneficiaries.
- b. Specify the geographic location(s) of the proposal and/or countries addressed.

### **II. Proposal's compliance with UN Action's Strategic Framework**

- a. What pillar does the proposal fall under? (support to UN system action at country level, advocacy, or knowledge-building)
- b. Explain how the proposal enhances UN system coordination and joint programming.
- c. Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.
- d. Explain how the proposal would strengthen the capacity of national institutions to deal with conflict-related sexual violence.

### **III. Success criteria and means of evaluating results**

- a. Explain how the Participating UN Organisation(s) submitting the proposal have the institutional capacity to successfully achieve the proposed objectives.
- b. Describe the overall management structure of this project.
- c. Explain how the proposal will be monitored and evaluated.

### **IV. Budget**

- a. Describe other attempts to apply for funding for this particular proposal.



## Narrative Summary

### I. Overview

The humanitarian impact of the crisis in South Sudan continues to worsen and deepen. The needs continue to outstrip available resources. According to OCHA, an estimated 7 million people are in need of humanitarian assistance. Among them, 1.8 million are women of reproductive age in dire need of essential life-saving RH and GBV services and information. As conditions of violence and insecurity are sustained, sexual violence --has become part of the reality of the affected population.

The conflict has led to massive displacement and a breakdown of law and order. Rape and other sexual violence are occurring during flight, attacks and when women leave the camps. As of end of July 2018, South Sudan recorded a total of 1.9 million IDPs of which 168,438 are found in Juba, while upper Nile hosts 284, 397. The current crisis has overstretched existing services of state ministry and humanitarian partners to respond adequately and timely to needs of women and girls. IDPs are both in camps and non-camp locations - living conditions continue to be overcrowded, with temporary shelters and lack of access to basic social services which increases risks to violence, including sexual violence.

#### 1.1 The situation for women and girls affected by conflict and displacement

Gender-Based Violence (GBV), including sexual violence, is widespread in South Sudan and was employed as a weapon of war, during the hostilities that erupted in Juba in July 2016, with marked political and ethnic undertones<sup>2</sup>. Even in displacement settings, threats and risks of GBV against women and girls, particularly rape and child marriages and forced marriage persist. During inter-communal fights and cattle raids, women are abducted and raped, just as during the armed conflict. Some of the key drivers of GBV are gender inequality, patriarchy, on-going conflict, displacements, inter-communal fighting, fragile community support systems and weak protection mechanisms, including limited availability and accessibility to basic health and social services, particularly for women and girls. The 2017 International Rescue Committee study in three states confirms that GBV is pervasive in conflict affected areas in South Sudan. The report shows that 65 per cent of women and girls have experienced physical and/or sexual violence in their lifetime, while 33 per cent of women in these areas reported having experienced sexual violence from a non-partner. Many of the incidents were directly related to raids, displacements or abduction. This analysis is corroborated with an IOM Survey (2017), which revealed that women in four out of the five counties surveyed consider the risk of sexual violence as a primary barrier to return to their homes; yet, critical life-saving services and reporting mechanisms are not immediately available to survivors in many of the affected areas. Again, several social, cultural and economic determinants contribute to the exclusion of and access to (and utilization) of GBV survivors' essential services package (legal, psychosocial and health). Within many of the communities, women walk very long distances to seek essential services, including GBV services, which further expose them to risks of GBV. Lack of knowledge on where to access these services and limited availability of GBV providers pose other challenges, as well as the shortage of qualified health and specialized personnel.

The dramatic increase in GBV will leave a lasting legacy not only on individual survivors, but also on entire communities. Although rule of law institutions have data about reported incidents on gender-based violence or domestic violence, there have been several unreported incidents occurring within the patriarchal community and household systems of South Sudanese ethnic groups. Often, women are disempowered and deprived of their rights, voice and agency, which consequently increases their vulnerability. Moreover, women are often unaware of their rights, and often lack legal protection and access to mechanisms by which their grievances can be remedied.

<sup>2</sup> Report of the Secretary-General to the Security Council (S/2018/250) issued on 16 April 2018

Where women are not able to claim their rights and obtain recourse for violations of their rights, establishing effective, efficient and fair justice systems is needed, for example, to ensure that women are able to seek justice and secure redress.

According to the UNFPA Health facility gender and GBV assessment (2017), for those survivors that do report violence, the health facility is one of the preferred entry points to access care. This is also evident in the 2017 GBVIMS report, which showed that the main preferred entry point for GBV survivors are the health facilities. Moreover, the ongoing conflict has seen looting and destruction of healthcare facilities and targeted attacks on health workers, which continue to affect access to critical life-saving specialized services such as Clinical Management of Rape (CMR) and psychosocial support, among others (HNO 2018). It is therefore essential that capacities for health facilities are strengthened to provide safe, confidential and timely integrated GBV services under the continuum approach that takes into account addressing GBV in both humanitarian and development settings. This will facilitate access and reduce drop-out rates due to referrals. Community awareness on availability of such services need to be increased. To obtain optimal and holistic response to GBV, it is critical to link health facilities with justice sector responses including the provision of legal advice and representation to survivors, and strengthening capacities regarding gender sensitive investigation and prosecution of GBV related crimes. This includes the strengthening the competencies of institutions providing investigating, prosecutorial, judicial and legal aid services.

It is against this background that UNFPA and UNDP, submits this request to scale up the rolling out of the GBV One Stop centre model to more locations in South Sudan - in this case, Malakal in Upper State - to address the increasing needs for integrated GBV services under the continuum approach (health, psycho-social support and legal)-which will be offered under one roof.

## **2. UNFPA's current response and lessons on- One Stop Centre Model (OSC)**

In November 2017, UNFPA supported the Ministry of Health and Ministry of Gender, Child and Social Welfare to establish a One-Stop Center at the Juba Teaching Hospital, within Jubek State, to facilitate access to integrated quality and timely care to GBV survivors. The One Stop Centre in the Juba Teaching Hospital was able to undertake the following, from which key lessons have been gleaned:

- Establishment of the One Stop Centre for survivor centered management of GBV cases has greatly increased provisioning of integrated and streamlined GBV case management, including health, psycho-social<sup>3</sup> and legal aid services within the health facility under one roof, hence reducing the time and costs that survivors would have spent in moving from one service provider to the other. It has also led to reduction in loss to follow ups due to referral drop-outs. As a result, the One Stop Centre has been able to increase the number of GBV cases that can be managed. Since its opening in October 2017, over 300 cases have been assisted. The One Stop Centre operates with implementing partner staff from the International Rescue Committee together with seconded staff from the Ministry of Health and Ministry of Gender Child and Social welfare. This has also created an opportunity for skills transfer to government staff. In the long run, this arrangement will enhance sustainability of the interventions beyond the project phase.
- The inclusion of a legal officer has been instrumental in ensuring survivors get access to justice mechanisms. Since the opening of the Juba Teaching Hospital One Stop Centre, over 33 GBV cases have been prosecuted in court, with two cases being convicted accordingly. This is also an example of how justice for survivors is possible with very limited resources in South Sudan.
- Regular case management committee meetings (Ministry of Health, Ministry of Gender, Child and Social Welfare, legal officer and IRC staff) to discuss safe, timely and appropriate case management

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<sup>3</sup> The psychosocial services provided are mostly individual, sometimes in groups and include: psychological first aid, counselling, exploring services options with survivor at centre of decision, developing and providing support for implementation of case plan/action plan including follow up and referral for other services, family/community support to survivors, continuous counseling, case closure.

services/referrals and to give specific attention to particular cases, have assisted to address the case flow bottleneck and enhanced teamwork and partnership among sectors. This, together with inclusion of transport/referral costs, has facilitated referral of cases and in particular, court cases.

## **2.2 Roll out of the OSC Model to more health facilities: Rationale**

The UN Joint Programme on GBV that involves 10 UN entities, has prioritized establishment of GBV One-Stop Centres in 10 locations. Currently, only 4 are established<sup>4</sup>, six more need to be rolled out. This proposal expands access to comprehensive GBV prevention and response services in one (01) site- In Malakal where there has been none, but drawing on lessons learned from the One Stop Centre that was established in Juba, Rumbek, Maluankon and Wau.

As highlighted, GBV, including rapes, abductions, etc. are most prevalent in those rural states where the civil conflict has persisted; and where inter-communal fights over cattle raids, fighting over water points and land boundaries are associated with forms of GBV (including crimes like abductions and forms of harmful practices like child marriage). Such areas require GBV case management services under the continuum approach, which are close to and accessible by the local community.

UNFPA seeks support from the office of the Special Representative of the SRSG on SVic to establish a One Stop Centre in the Malakal State Hospital in Upper Nile State, which is one of the targeted 10 states. The One Stop Centre model in Malakala will efficiently address the major gaps and challenges identified to increase access to timely GBV services in both humanitarian and development settings. Through this intervention, capacities of health facilities will be strengthened to prevent and respond to GBV in both settings as well as act as a secondary level referral for GBV case management.

## **2.3 UN Action Against Sexual Violence in Conflict support to One Stop Centre model**

With support from the Multi-Partner Trust fund of UN Action Against Sexual Violence in Conflict, UNFPA will be able to scale up integrated and comprehensive GBV response services through the establishment of the GBV One-Stop Centre at Malakal State Hospital. The One Stop Centre at the Malakal State will complement the already existing interventions that UNFPA is implementing in upper Nile state through programmes to address maternal health care and GBV to displaced and affected communities in Malakal. It will also support the campaign that UNFPA has initiated with cultural, religious and state level political leaders on ending child marriage, so that the facilities will offer response services to some of the survivors of GBV and child marriage. The support to Malakal State will also contribute to the overall UNFPA commitment within the Joint Programme on GBV thus ensuring that more facilities have confidential and integrated GBV services using the Health facility as an entry point. Moreover, using the continuum approach to address GBV, this intervention will capacitate service providers to deliver quality essential services in both humanitarian and development settings.

## **3.0 UNDPs response to GBV and interface with One Stop Centres**

Through its Access to Justice and Rule of Law project, UNDP support affordable and accessible justice services to South Sudanese. This involves a comprehensive and sector-wide response encompassing the institutional and professional capacity to immediately resume or establish a functional, effective and accountable justice and security system, or the means for rights bearers to access justice. Against the backdrop of Weak legal, regulatory, policy and institutional framework national rule of law institutions are supported to deliver accountable effective and equitable justice services.

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<sup>4</sup> Juba, Maluankon, Rumbek and Wau Hospitals One Stop Centres



In coordination with UNMISS Human Rights Division and UNMISS Rule of Law Section, UNDP provides a coordinated and comprehensive response towards preventing and responding to GBV and CRSV.

Legal aid is provided to citizens with emphasis on vulnerable groups and survivors of GBV through small grants to CSOs. Consequently, CSO lawyers have been stationed at the One Stop Centres at the Juba Teaching Hospital and Wau, to provide legal advice and representation to survivors. CSOs also provide human rights awareness in communities regarding GBV, train women community paralegals and establish referral pathways.

Capacity building has been provided to national actors by developing a training manual on the investigation and prosecution of GBV and training of 42 judges, prosecutors, police investigators, SPLA personnel and social workers. This is in line with continuous supporting is being provided to the Women and Gender Unit of the office of the prosecutor and current plans to establish courts for the prosecution of GBV cases. A building provided by the judiciary is currently undergoing renovation for that purpose.

In line with the implementation of the Joint Communiqué on Addressing Conflict Related Sexual Violence signed by President Salva Kiir and the SRSV on Special Violence in Conflict,<sup>5</sup> five CRSV Training of Trainers activities were conducted for 200 SPLA (21 female) in Juba, Wau, Bor, Torit and Malakal to build a pool of SPLA CRSV trainers. This was conducted with support from the Team of Experts on the Rule of Law/CRSV.

#### **4.0 Project objective, results and activities for Upper Nile State**

The rationale behind the project is to undertake **prevention** and **response** activities on GBV in settings where no action to prevent and respond to these events has been taken. This includes advocating for the rights of women and improving legal services and providing community awareness for survivors of sexual assault in South Sudan. Further, building on existing initiatives, knowledge and evidence on implementing the One Stop Centre model by UNFPA, the proposed two years project aims to contribute to the following:

**4.1 Goal:** To reduce the prevalence and negative impact of GBV including CRSV in South Sudan

##### **Specific Objectives:**

Increased the percentage of GBV survivors utilizing GBV response services in South Sudan within

#### **5.0 Project Interventions**

The project plans to apply an integrated approach to strengthen the GBV response in Malakal State. This project will leverage existing experience, operational and programme resources as well as partnerships to strengthen and expand GBV service delivery in Malakal State, benefitting 14,500 community members (particularly women and girls, see summary below)

	<b>Component</b>	<b>Beneficiaries</b>
<b>Result 1</b>	Essential lifesaving GBV response services	4,500
<b>Result 2</b>	Community mobilisation and information on available services	10,000
	<b>Total direct beneficiaries</b>	<b>19,500</b>

<sup>5</sup> Signed on 11 October 2014



**Output/Expected Result 1: GBV survivors have increased access to GBV response services (health, psycho-social, and legal aid and protection) in Malakal, Upper Nile State.**

The project will coordinate with the State counterparts and partners to strengthen the quality and coverage of GBV service delivery:

Activity 1.1: set up of One Stop Centre and provide integrated GBV services at the Malakal State Hospital.

The One Stop Centre model will be established and equipped at the Malakal State Hospital for the provisioning of essential multi-sectoral GBV services, including the provisioning of comprehensive clinical care. Ensuring safe, confidential and timely access to immediate lifesaving health care will make important contributions to expanding services to survivors. Set up of the center will include procurement of prefabs/containers and/or renovation of existing structures to ensure dedicated operational space for the center. Under the continuum approach to address GBV, the center will provide integrated GBV services, and the centre will operate under the Guidelines as set out under the Essential Services Initiative and the GBV Minimum Standards.<sup>6</sup>

Activity 1.2: Procure and preposition medical equipment and supplies for management of GBV cases, including Post rape kit for sexual assault cases

UNFPA and the Ministry of Health will ensure that the One Stop Center is equipped with necessary medical equipment and supplies to effectively manage GBV survivors' cases, including assisting sexual assault survivors. Standard equipment and supplies are defined in the detailed budget accordingly.

Activity 1.3: Train health workers and other partners in GBV case management GBV

To ensure they are effectively equipped to offer quality care, all staff that are hired to run the Center, plus other staff members, will be trained on the new guideline for GBV case management, including on the Essential Services Guidelines and the GBV Minimum Standards; CMR and other skills to assist survivors to meet their immediate needs, with referrals to specialised case management and other services as a critical component. Staff from other departments of the hospital will be trained so that they are able to identify other patients who come for other services; this will enable internal hospital level referrals to the Center. Similarly, staff from lower level facilities will be trained so that they too can identify GBV cases and refer them to the Center. A total of 100 service providers will be targeted via such capacity development trainings.

Activity 1.4: Provide Legal Aid to survivors of Gender-Based Violence by CSO:

Many obstacles remain to access to justice in South Sudan, especially for vulnerable and marginalized people and GBV victims/survivors in particular. Support is required to enable GBV survivors to access the One Stop Centres and receive legal advice and secure redress in court.

Key activities include:

- Providing legal aid support to survivors of GBV at One Stop Centre
- Train 100 women paralegals and establish referral pathways to these private providers

UNDP has been working with bar association and other legal groups to support the justice system in South Sudan. They will use this network to mobilise the paralegals for this training and support to GBV cases. The paralegals will be supported to initiate some pro bono legal support services to survivors of GBV. Hence their training is crucial for this role and in ensuring that a survivor receives timely support for their cases whenever needed. Relying only on the one lawyer at the OSC, creates challenges in timely processing and follow up of court processes.

Activity 1.5: Support multi-sectoral coordination meetings

<sup>6</sup> <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence-and>  
<https://www.unfpa.org/featured-publication/gbvie-standards>

- To ensure a well-coordinated response, a coordination meeting will be set up with all stakeholders in Malakal State dealing with GBV to enhance multi-sectoral response and enhanced referrals. These will be arranged on a quarterly basis.
- Regular mapping and update of referral pathways will be undertaken in consultation with the GBV Sub-cluster.<sup>7</sup>
- GBV case review panels for hospital staff to track and manage referrals and dropouts will be instituted and will meet on a quarterly basis. These are in the nature of management meetings, involving health workers, police and lawyers supporting the multi sectoral response.

**Output/Expected Result 2: Community engagement, mobilization and information campaigns are supported to increase the space for protective environment for women and girls.**

Activity 2.1: Community outreach targeting 10,000 community members to raise awareness on GBV response services and facilitate referrals to quality GBV prevention and response services

Access and utilisation of women and girls to existing services are hampered by several factors, including paucity of information on available services and accessibility thereof. Within this context, UNFPA will support selected partners (MoH, MoGCSW, Ministry of Justice, Ministry of Interior and Community Initiative for Development Organisation (CIDO)-a local NGO) to develop community outreach and engagement strategies to successfully conduct outreach activities on GBV services available to encourage survivors to access quality and essential care. Available piloted materials on GBV available services will be re-printed, including on referral pathways.

The concerned partners will be responsible for providing information on available services, facilitating confidential referrals, and linking target communities to GBV services.

Community mobilisation, outreach activities and campaigns will reach 10,000 community members (men, women, boys and girls) in Upper Nile State:

The specific interventions are as follows:

- Develop plan for community outreach, mobilization and awareness creation
- Conduct 100 community dialogues at boma level targeting women, men and cultural leaders on GBV prevention and available GBV response services to reach 10,000 community members
- Conduct weekly 1-hour radio programme broadcasted on GBV, with an estimated 100,000 audience reached per programme
- Develop and print 5000 IEC materials and 100 facility specific referral pathways

## **6.0 Geographic Coverage**

The project seeks to primarily address the needs of women and girls in upper Nile State. Upper Nile State is a priority due to the following criteria (i) Presence of IDPs and host communities, which continue to face risks of child, early and forced marriages, exposure to GBV, including rape and sexual violence, among others; (ii) No availability of quality essential GBV response services in the area; and, (iii) field presence of UNFPA through the existing operational Maternal health programme and related staff- these will support the rapid expansion and further consolidation of integrated services at Malakal State Hospital.

<sup>7</sup> To note that UNFPA has been globally entrusted to lead GBV coordination under the GBV Global Protection Cluster



## **II. Proposal's compliance with UN Action's Strategic Framework**

### **a. What pillar does the proposal fall under?**

The proposal contributes to Pillar2 and 3 of the UN Action Framework. It aims at improving existing knowledge on CRSV and available CRSV Services. Availability of services for CRSV sets as a platform for CRSV necessary advocacy as the presence of the One-Stop Centre and the services it will offer, will in itself serve as evidence for more of such services to cater for the overwhelming needs in the country

### **b. Explain how the proposal enhances UN system coordination and joint programming.**

The project brings together UN agencies to deliver on the prevention and response to GBV, recognizing that it is a part of the broader women, peace and security agenda, especially UN Security Council Resolution 1325. The sustaining peace resolutions that focus on comprehensive approach to conflict prevention through addressing root causes of conflict. Gender equality and respect for, and protection of, human rights and fundamental freedoms is at the core of the resolutions. GBV is a priority issue in the UN Cooperation Framework of South Sudan 2019 – 2021. UNDP's expertise in social cohesion strategies and access to justice programming complements, UNFPA expertise in GBV prevention and response, including the already existing collaboration on integrated GBV response at the One Stop centre. UNFPA and UNDP will coordinate with the Women Protection Adviser in UNMISS Malakal to further increase synergies on addressing CRSV.

### **c. Explain how the project aligns with existing Governmental and UN strategic frameworks**

The project responds to the escalating needs for GBV in the country and is aligned to national priorities as defined in the National Gender Policy, National Action Plan (NAP) on UN SRC 1325, Implementation Plan for Joint Communiqué on Sexual violence in conflict, and the 2018 national GBV Standard Procedures. It proposes to address the root causes of GBV from taking cognizant of the fact that GBV creates barriers to women's participation in peace processes. Overall the project aims at advancing an integrated and inclusive approach, linking the attainment of justice for women and local-level cohesion, with the broader goals of peace, security and development in South Sudan. It promotes gender equality, both by addressing the gender-differentiated impact of violence, and its consequences on women's access to quality and timely integrated GBV response services, through One Stop centre model at Health facility level.

### **d. Explain how the UN, governmental organizations, NGOs, and other key stakeholders will be engaged throughout implementation of the proposal.**

The development of the project went through a consultative process at States and national level to identify critical gaps and priority interventions to address GBV including CRSV. Communities especially women and girls from the five States of Western Bahr el Ghazal (Wau), Eastern Equatoria (Torit), Northern Bahr el Ghazal (Aweil), Central Equatoria (Juba) , and Jonglei (Bor) and key line ministries (Gender, Health, Justice and Interior), GBV Sub-cluster members at national and state levels were consulted. Further to this, UN Agencies went into a re- prioritization process of catalytic interventions that have quick wins in terms of CRSV response, the roll out of GBV One Stop centres has been identified as priority interventions within the framework of addressing CRSV and within the Joint communiqué on CRSV in South Sudan Action plan

During implementation communities especially women and girls will be involved extensively as well as service providers will continue to be consulted as they work to support preventions and ensuring provision of timely and quality services to the survivors.

**e. Explain how the proposal would strengthen the capacity of national institutions to deal with war-related sexual violence.**

First and foremost, the proposed interventions is aimed at strengthening the capacity of institutions from survivors perspective to ensure quality and timely CRSV response.

The proposal will provide capacity building support to the judicial, prosecutorial and the traditional justice systems; ensuring that survivors are supported, empowered, and represented in their attempt to seek mediation, reconciliation and legal redress. Through training, technical capacity for GBV case management will have been enhanced for the people trained, so that even if they are rotated to other health facilities, they will initiate similar services for GBV. However, the training intends to have more people from same unit trained so that even if one leaves, there are other people to continue with provision of services within the same location. Therefore, the pool of women and men, paralegals, lawyers, prosecutors, investigators and judges who will have undergone extensive training in case management, legal and mediation strategy development on SGBV will continue to provide these services wherever they are deployed, hence sustaining the service and results within South Sudan.

The proposal will also support the institutionalization of the whole concept of GBV One Stop Centre model in a government health facility and will inform the institutionalised CRSV response in the MoH plan as well as implementation of multi-sectoral services. Already UNFPA and her partners are supporting Gender Technical Working Group in Ministry of Health, that develops work plans for the sector. This body will continue with advocacy for MoH to institutionalise the OSC model, as well as to support its work plans that incorporates the concept. The guidelines that is developed and adapted are all elements of institutional sustainability that will be used to support sustainability, together with the technical capacity building.

In the short term, the government may not have the resources to allocate to such programme, given that only 1.9% of the national budget is allocated to health sector. So the OSC model of GBV services will be advocated for adoption by some of the donors supporting the Health Pooled Fund that provides funding in public health facilities.

#### **IV. Success criteria and means of evaluating results**

##### **a. Explain how the Participating UN Organisation(s) submitting the proposal has the institutional capacity to successfully achieve the proposed objectives.**

UNFPA has since independence in 2013 been serving in South Sudan within the areas of sexual reproductive health and rights, youth and adolescents, gender equality and women's empowerment and population dynamics. UNFPA has strong operational capacity in the mentioned states. UNFPA in South Sudan is also chairing and co-chairing key coordination structures to support gender equality such as the GBV Sub-cluster. UNFPA is currently supporting piloting of GBV one stop centres in Juba, Maluankon, Rumbek and Wau which is an integrated model for critical services (Legal, Medical, Psychosocial etc). Lessons from Juba and new locations will inform the One stop centre in Malakal.

UNDP Provides technical and capacity building support to rule of law and justice institutions and promotes access to justice including putting in place and implementing measures in the justice sector to prevent and respond to sexual and gender-based violence. As part of the prevention and response mechanism, UNDP's access to justice and rule of law project has developed a handbook on gender equality and sexual and gender based violence that is used for sensitization and awareness raising on SGBV; and is developing an GBV training manual which is in its final stage. The project activities focuses on building the capacity of justice actors including officers of the South Sudan National Police Service/Special Protection Unit (SSNPS/SPU), public prosecutors and social workers to improve their performance in the handling, investigating and prosecuting GBV cases. The project also provides technical and other support to civil society organizations for the provision of legal aid, awareness, psychosocial support and legal representation to survivors of GBV; and supports civil society organizations in training female community leaders as paralegals and coordinates with other relevant partners to strengthen community-based SGBV referral pathways.

##### **b. Describe the overall management structure of this project.**

UNFPA and UNDP have developed this proposal based on the specific technical expertise and experience of the two agencies to address CRSV, especially piloting of the GBV One Stop Centre model as a practice that has proved to provide quality essential and accessible integrated GBV services in South Sudan. This project will focus on expanding/establishing the One Stop Centre model in the Malakal State Hospital to improve immediate and lifesaving GBV response services to women and girls who have suffered GBV and exposure to harmful practices.

UNFPA and UNDP will jointly implement this model in the Malakal State Hospital through financial and technical support to Ministry of Health, Ministry of Gender and Ministry of Justice at the Upper Nile state level, including via an implementing partner –Community Initiative for Development Organisation (CIDO) to operationalize the day-to-day activities of the centre.

UNFPA will continue to provide leadership and expertise on the GBV One Stop Centre response model as well as on GBV coordination, as designated lead agency under the GBV Global Protection Cluster as well as Sub-Cluster lead in South Sudan. While UNDP will be responsible for the legal aspects of the centre, thus legal awareness and legal representation of survivors, including support to ensure there is capacity for preservation of evidence for prosecution of perpetrators.

As part of the inception phase of this project, a joint meeting will be held with selected partner and respective Ministries, GBV and Child sub cluster representatives to review the work plan, activities and indicators. Quarterly meetings will be convened at the Malakal level to track progress and address any issues or challenges identified.

A mid -year monitoring visit will be undertaken to Upper Nile State to document progress lessons learned and to promote synergies across states that are also implementing the One Stop Centre model.



**Fund Management Arrangements**

**The funds will be managed** in line with UNFPA and UNDP policies and procedures. UNFPA and UNDP **will transfer cash to** identified implementing partners on a quarterly basis, in accordance with applicable **procedures and policies** and in line with the HACT/FACE modality. Implementing partners will report **their expenditures** on advances received by UNFPA and UNDP on a quarterly basis.

**UNFPA will be responsible** for submitting annual and consolidated final reports by the end of the project **on behalf of Participating agencies and implementing partners.**

**a. Explain how the proposal will be monitored and evaluated.**

UNFPA and UNDP will monitor **progress and results** of the **proposed** project against the results framework and budget. Indicators are **aligned with** the Humanitarian Response Plan 2018 priorities, UN Cooperation Framework 2018-2020, **UN Joint Programme on GBV 2018-2020**, and draft GBV sub cluster 2018 strategy. Monitoring of **interventions** will be aligned with **agreed** work plans, the log frame, and performance indicators.

Monitoring will be done on monthly, **quarterly, and semi-annual basis by** UNFPA and UNDP to ensure that activities respond to needs and **meet agreed targets**. Participatory **monitoring** and evaluation through focus group consultations, individual **interviews, and feedback mechanisms** with women and girls will be integrated across activities. **Monitoring visits will** be planned and conducted by UNFPA; Ministry of Health, Ministry of Gender, Ministry of Justice, CIDO and partners. Information obtained during ongoing monitoring activities is used to systematically assess, review, and update working methods to ensure that objectives are met. Existing systems will be used to collect data for monitoring project indicators, including GBV Information Management Systems (IMS) and Health IMS.

Both UNFPA and UNDP will work to document lessons learned and best practices that will be captured through regular monitoring and annual reviews. Any lessons learned and best practices captured will be shared widely to inform further programming in One Stop Centres.

Part C. Initial Review of Proposal (To be completed by the UN Action Secretariat)	
(a) Is the project explicitly linked to the UN Action Strategic Framework?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(b) Is the project effective, coherent, and cost-efficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(c) Does it avoid duplication and significant overlap with the activities of other UN system entities?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(d) Does it build on existing capacities, strengths and experience?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(e) Does it promote consultation, participation and partnerships and agree with the existing country coordination mechanism?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(f) Is the Project Proposal Submission Form fully completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(g) Is the Budget in compliance with the standard format?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
(h) Is the indirect support cost within the approved rate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Part D: Decision of the Resource Management Committee (to be completed by the RMC Chairperson)	
<b>5. Decision of the Resource Management Committee</b> <input checked="" type="checkbox"/> Approved for a total budget of US \$ 256,023 <input type="checkbox"/> Approved with modification/condition <input type="checkbox"/> Deferred/returned with comments for further consideration <input type="checkbox"/> Rejected	
Comments/Justification:	
<b>Chairperson of the Resource Management Committee</b> ..... <u>FABRIZIA FALCINE (UNFPA)</u> ..... Name (Printed) ..... Signature ..... Date <u>13 DEC 2018</u>	

Part E: Administrative Agent Review (To be completed by the UNDP MPTF Office)	
<b>6. Action taken by the Executive Coordinator, Multi-Partner Trust Fund Office, UNDP</b> <input type="checkbox"/> Project consistent with provisions of the RMC Memorandum of Understanding and the Standard Administrative Arrangements with donors.	
<b>Jennifer Topping</b> <b>Executive Coordinator</b> <b>Multi-Partner Trust Fund Office, UNDP</b> ..... <u>Jennifer Topping</u> ..... Signature ..... Date <u>18/12/18</u>	

**FUND SIGNATURE PAGE**

**(Note: Please attach to the Project Proposal Submission Form)**

**Focal Point of Participating UN Organization receiving funds:**

**Name: Mary Otieno**

Email: [motienodunipa.org](mailto:motienodunipa.org)

**Name: Kamil Kamaluddeen**

Email: [kamil.kamaluddeen@unipdp.org](mailto:kamil.kamaluddeen@unipdp.org)

**Name: Wilfred Ochan**

Email: [ochamrump@o.nyu](mailto:ochamrump@o.nyu)

**Project Duration: 13 months**

Project Duration: 13 months  
Estimated Start Date: December 2018- December 2019

**Project Location(s): Upper Nile State (Malakal) -South Sudan**

Project Cost US \$256,023

F: US \$ 256,023

US\$0

**END TOTAL: US \$ 256,023**

**Amount Approved: US \$ 256,023**

Name/Tide

Date \_\_\_\_\_

Signature

**al Point of Participating UN  
organization receiving funds:**

**Mary O'Brien**

**Mary Otieno**  
**Kamil Kamaluddeen**

14. 25. 2017

14 Dec 2018

**Fabrizia Palcione**

13 Dec. 2018

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**MULTI-PARTNER TRUST FUND FOR**  
**UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT**  
**PROGRAMME<sup>8</sup> BUDGET FORM**

PROGRAMME BUDGET			
CATEGORY	UNFPA BUDGET (us \$)	UNDP BUDGET (US \$0	TOTAL BUDGET (US \$)
1. Staff and other personnel costs	48,000		48,000
2. Supplies, Commodities, Materials	29363		29,363
3. Equipment, Vehicles and Furniture including Depreciation	39030		39,030
4. Contractual Services	30,000		30,000
5. Travel	19,200		19,200
6. Transfers and Grants Counterparts	27,680	46000	73,680
7. General Operating and Other Direct Costs	0	0	0
<b>Total Programme Costs</b>	193,273	46,000	239,273
<b>Indirect Support Costs (cannot exceed 7%)</b>	13530	3220	16750
<b>TOTAL</b>	<b>206,803</b>	<b>49,220</b>	<b>256,023</b>

<sup>8</sup>The term "programme" is used for projects, programmes and joint programmes.

