

Project Proposal

Organization	UNFPA (United Nations Population Fund)						
Project Title	Dignity and care for women and girls at risk of GBV in Jonglei and Unity states						
Fund Code	SSD-15/HSS10/SA2/P/UN/608						
Cluster	Primary cluster		Sub cluster				
	PROTECTION		Gender Based Violence as subsidiary clusters				
Project Allocation	2nd Round Standard Allocation		Allocation Category Type				
Project budget in US\$	200,090.00		Planned project duration		5 months		
Planned Start Date	01/08/2015		Planned End Date		31/12/2015		
OPS Details	OPS Code	SSD-15/P-HR-RL/72809/R	OPS Budget	0.00			
	OPS Project Ranking		OPS Gender Marker				
Project Summary	<p>The goal of this project is to restore dignity to women and girls at risk of GBV as a result of the on-going conflict in Greater Upper Nile States of Jonglei and Unity. The project aims at increasing access to both GBV PSS and clinical services by strengthening referral system for GBV survivors so that they seek help within the shortest time after GBV occurs. The focus will be on scaling up GBV services on Clinical Management for Rape and (CMR) and PSS in Jonglei and Unity States. In Jonglei the project locations will be at Fangak, Nyirol and Bor South counties. While in Unity State the locations will be in Bentiu Town and Mayom Counties. UNFPA will scale up GBV services in order to meet the needs of women, men, girls and boys GBV survivors among the most affected population in the hard to reach areas identified. This will be complemented with strengthening community based PSS, case management, ethics and confidentiality. UNFPA will also continue with distribution of dignity kits to women and girls of reproductive age who have been recently displaced. The project will build the capacity of partners to mobilize women, girls, boys and men to seek PSS, CMR and other related health services within their locations. The project will also strengthen partner's capacity in CMR, PSS and case management to improve the quality of services offered. In addition, the GBV partners will be encouraged to collect data using standardized GBVIMS tools. This project builds on to UNFPA ongoing partnership with IMC, SALF and SAADO in Jonglei and UNIDO in Unity state. Project locations are Fangak, Nyirol, Akobo, Pigi and Bor South in Jonglei and Rubkona (Bentiu town) and Mayom Counties in Unity State.</p>						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	600	4000	1000	2400	8,000	
	Total beneficiaries include the following:						
	Internally Displaced People	600	4000	1000	2400	8000	
Trainers, Promoters, Caretakers, committee members, etc.	45	55	0	0	100		
Indirect Beneficiaries	All IDPs will benefit from GBV radio messages and will know where to go for services		Catchment Population	IDPs in PoCs and in the identified project locations			
Link with the Allocation Strategy	The project will use the multisectoral approach for GBV services by providing CMR, PSS and case management at the same facility. During CMR training, health service providers will also receive training on PFA and GBV survivor-centered approach. Women and girls at risk of sexual violence will receive dignity kits with protective items such as torch, underwear and reusable pads for 6 months. Referral pathways will be updated and disseminated to the communities. Community support interventions will continue in women centers and within the communities using existing Male Engage Network of traditional and religious leaders.						
Sub-Grants to Implementing Partners				Other funding Secured For the Same Project (to date)			
Organization focal point contact details	Name	Title	Phone	Email			
	Wanyama James	Humanitarian Coordinator	+211 954 134 962	wanyama@unfpa.org			
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	Ibrahim Sambuli	Deputy Representative	0956275402	sambuli@unfpa.org			

BACKGROUND INFORMATION							
<p>1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>Ongoing fighting in Great Upper Nile between SPLA and SPLA-IO groups continued and population movement are fluid. For instance, Humanitarian response to over 130,000 IDPs and host communities in the west bank of the river Nile including Melut has also been affected due to access restriction. Partners have registered some 3,000 people in the past three weeks of July in Malakal PoC and have received reports of large numbers of people moving from Kodok and Panyikang to the PoC. Reportedly, they are fleeing fighting and lack of basic services in the areas. In addition, Jonglei State authorities have reported new arrivals reported in Old Fangak. in New Atar and Padum areas. They fled from Canal areas, due to ongoing fighting in Malakal and surrounding areas. In Unity State access to provide humanitarian services in Koch/Leer/Mayendit counties remains problematic due to ongoing security concerns. The most affected population are women and children. The forms of GBV South Sudanese women face are varied. Sexual violence has continued to be perpetrated against women and girls (95%) and men and boys (5%) with alleged perpetrators coming both from community members, armed actors and those embroiled in fighting. Overwhelmingly perpetrated by men and boys against women and girls, gender-based violence reflects and reinforces gender inequity. There is need to ensure that survivors of sexual and other forms of GBV access critical GBV health and psychosocial services such as ,CMR because are not available in some sites and some do not seek services due to cultural values. There is also need to strengthen community based services regarding the referral of GBV survivors to psychosocial and health service providers by supporting community based PFA and capacity building of the service providers on case management of those survivors who will have accessed GBV services. Both men and Women, boys and girls have to be involved in awareness creation and referral since even men and boys experience GBV. More importantly, some of the perpetrators are men, boys and armed groups. To address the GBV issues effectively men and boys have also to be involved in the prevention and response and also those who experience GBV access services as appropriate.</p>						
	<p>2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)</p>	<p>According to Protection Trends South Sudan No 5, April-June 2015 and other sitrep reports, internal displacement grew by 5% compared to 2% in the first quarter. Civilians in Unity State and Upper Nile States were most affected and some of them moved to Jonglei state for safety. There has been reports of wide spread sexual violence targeting against women and girls on ethnic basis. Women and girls continue to be exposed to all forms of GBV including physical sexual violence, rape, emotional abuse and forced marriage and denial or resources and opportunities. In Southern, Unity State women and girls were abducted and subjected to sexual violence, with many more reporting killings, rape and burning of houses. Most of these atrocities occurred within the areas being militarized; conflict related sexual violence cases have been reported. Besides these challenges, women are facing domestic violence at home. During the previous reporting period, while intimate Partner Violence stands at 35%, Physical violence constitutes about 48% of reported cases as the most frequent violence that women face in the country. Rape and other forms of sexual violence incidents are also very high. The recent surges in violence and resulting displacement have had serious implications for women and girls. New arrivals of displaced populations to the PoCs have reported seeing women and girls experiencing sexual violence and abduction where the conflict is ongoing. Reports from UNFPA GBV specialists including midwives and implementing partners show that GBV CMR, PSS, PFA services and case management are not available in hard to reach areas such as Fangag, Akobo, and some of the areas that this project will reach. Dignity kits are not available in these areas and women and girls continue to suffer.</p>					
		<p>3. Description Of Beneficiaries</p>	<p>The primary beneficiaries of this project are women, men, boys and girls who are affected by the ongoing conflict in Jonglei States of Fangak, Pigi and Bor South and in Unity State , Mayom and Rubkona Counties.. Among these displaced population, women and children are the majority and are at greater risk of GBV but the few male survivors will also receive services. Often the survivors are cut off from basic services and support because they are always on the move due the ongoing conflict. Most of the abuse happens when the women and children are in flight. Some arrive already traumatized and empty handed. They need a variety of services which include psycho-social support and clinical management of rape services. This project is targeting locations where UNFPA supported National and International NGO exist in the hard to reach areas. Survivors in the hard to reach areas hardly access GBV services in time. UNFPA partners in such areas will bridge this gap by receiving the survivors and providing them with GBV service as needed and refer them as appropriate. Boys who were previously trained by</p>				

UNFPA as peer educators in Unity state and men who were trained in GBV male involvement in Bor will be involved in working with the survivors to prevent and respond to GBV. Women and girl beneficiaries will receive information on how to get help before 72 hours. Men leaders will also be trained in GBV basics concept to understand and be able to help their communities especially men to prevent GBV. Men, women, girls and boys are beneficiaries but also active members of the project implementation. Women leaders and Community Based Protection Networks are tasked to identify people with disabilities to be connect to Protection actors for PSS and others existing support so that they are not left out.

4. Grant Request Justification.

This project is using distribution of dignity kits through partners to reach out to large numbers of women and girls of reproductive age, to restore their dignity, gain some self-esteem and confidence. Dignity kits are provided to partners, who during distribution will provide information on the existing referral pathway where beneficiaries can receive additional help on how to access and use the dignity kits as well as emotional support for any problems they may face regarding GBV, hence the need to have well informed case workers and community focal points including men on PSS and PFA. The community own human resources that will be able to support GBV survivors in need of more services and support. The support through dignity kits will ensure women and girls of reproductive age, including pregnant and lactating mothers have sanitary material and supplies to restore their confidence when they engage in public life and in community decision making processes. Dignity kits will also serve as an entry point to discussing sensitive issues of sexual and reproductive health, thereby empowering women and girls with information and life skills critical for them to prevent or seek services when abused. UNFPA has been able to deploy GBV Specialists in Jonglei, Upper Nile, and Unity State to work with partners and also offer some minimal psycho-social support services and support coordination for CMR services and capacity building. UNFPA has also deployed midwives who are co-located with health partners and supporting provision of clinical management of rape. Dignity kits procured with CHF funding, will be sent to the prioritized IDP locations which had not received kits and have a lot of number of women and girls IDPs. However, because of the ongoing fighting, newly displaced women and girls are seeking protection in PoCs and need dignity kits on their arrival. The men will be sensitized on GBV issues and how they should contribute to protecting women and girls against GBV and talk to other men through male engagement program on negative consequences of GBV and the importance of seeking the services. Since women and girls are raped by men and the uniformed forces while fleeing and a few men also suffer GBV, Men and boys will inform men and boys on GBV services and where to obtain them in POCs. In addition some men from male engagement program in the community will be identified, trained and engaged as Champions on promoting GBV services in the POC community and serving as watch dogs to identify and refer men who have suffered from GBV to where they can get services.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

The services (CMR, PSS, PFA and case management) that will be offered at the health facilities will be complemented by the community initiatives through basic counseling, community awareness on where services are available and referrals. Another complementary will be the use of dignity kits which will serve as bait for services for women and girls of reproductive age. Partnership between international organizations and UN agencies in collaboration with national NGOs is also another forms of complementary since local organizations are better positioned to reach beneficiaries for example in the distribution of dignity kits, providing basic counseling, and referral. Through such complimentary mechanism UNFPA will be able to scale up GBV services and have greater impact in the hard to reach areas selected in order to meet the needs of women, men, girls and boys. This will be complemented with strengthening community based PSS, case management, ethnics and confidentiality. UNFPA will also continue with the distribution of dignity kits to women and girls of reproductive age who have been recently displaced. The project will build the capacity of partners to mobilize women, girls, boys and men to seek PSS, CMR and other related health services within their locations. The project will also strengthen partner's capacity in CMR, PSS and case management to improve the quality of services offered and to conduct interventions which prevent GBV (team of capacity promoters able to use the new IASC GBV guideline and GBV tools).

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to expand GBV minimum package of services in hard to reach areas of Jonglei and Unity States. UNFPA will focus on CMR, PSS and case management services including capacity building of frontline service providers.

To mitigate risk of sexual violence, UNFPA will work collaboratively with key clusters such as WASH, health, CCCM and FSL.

To ensure that beneficiaries seek services and break the silence, UNFPA will strengthen existing community based networks by building their capacity to offer quality of care and PFA services using strategic approach such as survivor centered, community and human rights approaches.

Logical Framework details for PROTECTION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2015 SSO 1: IDPs and conflict-affected people facing protection risks and threats are provided with timely protection response and prevention services	SO 1: Save lives and alleviate suffering by providing multi-sector assistance to people in need	100

Outcome 1	Gender Based Violence in Jonglei and Unity States is reduced and women, men, boys and girls are protected, treated with dignity and respect, and able to assert their rights.	
Code	Description	Assumptions & Risks
Output 1.1	GBV service providers receive skills through capacity building in CMR and PSS and provide comprehensive GBV services using survivor centered approach	- security will I to allow implementation and achievement of expected results - sufficient funds to conduct will be available for implementation

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	PROTECTION	***Revised indicator***[Frontline] [Gender-based violence] # of registered community-based health workers trained (in CMR, PSS and case management for GBV survivors)	10	20			30
Means of Verification:							
Indicator 1.1.2	PROTECTION	*** Revised indicator *** [Frontline services] # of vulnerable persons reached with behaviour change messages, life-saving messages and messages on available services in emergency settings	600	4000	1000	2400	8000
Means of Verification: Monthly partner reports							

Activities

Activity 1.1.1	conduct training for 30 community based health workers in CMR and PSS in each county including survivors centered approach using GBV tools and guidelines This will entail supporting the deployment of frontline service providers for psycho-social activities and case management who will work together with Medical and GBV personnel. Medical service providers will be trained and receive refresher training in clinical management of rape using WHO guidelines. Frontline service providers for psycho-social support and case management will be trained on GBV concepts, Basic emotional support and PFA and work together with Medical personnel. This training will enable them to provide the Minimum Initial Service Package to the IDP sites which have not yet been reached most parts in Jonglei and Unity States.	
Activity 1.1.2	Train various non-GBV actors (40) in selected locations in the provision of PFA and GBV referral pathways (e.g. health workers, community leaders, youth, women groups and male champions Youth, Community leaders, Local authorities, religious leaders organized groups and the chief will be trained on GBV key concept including community basic counselling, basic emotional support, gender and human rights approaches. This will enable them to respond properly to support and help GBV survivors to access confidential basic emotional support service. Women committees will be formed in collaboration with CCCM cluster and trained so as to develop more skills and capacity to manage their own agenda and be able to provide counseling to survivors. The same participants will be oriented on the utilization of the GBV referral pathway. Through this intervention an increased number of women and girls, boys and men will have life saving information on GBV, sexual violence and sexual exploitation hence increase in the number of cases reported.	

Output 1.2

Increased access to multisectoral services (health, psychosocial, case management) for GBV survivors	availability of funds to conduct activities
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	PROTECTION	***Revised indicator***[Frontline] [Gender-based violence] # GBV survivors who have received support services (CMR/health, PSS, case management)	5	60	20	65	150

During the implementation of the project a Monitoring and Evaluation mission is foreseen in order to ensure that the objectives of the project are met.

The project impact on environment will be monitored. Women and girls will be sensitized on environment friendly disposal of waste related to use of sanitary wear during their menses. Communities will be encouraged to rehabilitate women friendly centers using locally available resources and use the natural resources in a conservative manner. The projects will include women, men, boys and girls affected and infected with HIV and will support non discriminatory activities. From what we already see, the project's impact on environment will be limited due to the kind of activities planned that are not involving construction component or any other activity that will modify the environment in the area of implementation. However considering that environment is composed of human being, in a long term prospective, the project can have an impact on the human resources mainly through a change of prospective about Human rights and GBV that can lead to a change in attitude and behavior of the beneficiaries and community in which they live. This can result in an increase of services provided by Key actors operating in the area of implementation as well as for the beneficiaries in different communities.

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

UNFPA will use the M&E plan of the GBV Sub-Cluster strategy as a tool to monitor this project. UNFPA will lead the GBVIMS data collection and analysis in collaboration with its partners. In addition feedback from the different groups of beneficiaries including women, men, boys and girls on the project progress and benefits obtained from the project intervention. Monitoring will also be conducted in regards to measurable activities such as number of dignity kits distributed, number of women and girls who receive dignity kits, number of persons trained, awareness sessions done on GBV, distribution sessions done, and GBV survivor counseled. Both quantitative and qualitative data will be used during the intervention in order to have a broader view of the effectiveness of the project. This will be important to understand if the information given during training, awareness sessions, and distribution of dignity kits reached key actors and beneficiaries which are fundamental for the implementation of our Project. The project impact on environment will be monitored. Women and girls will be sensitized on environment friendly disposal of waste related to use of sanitary wear during their menses. Regarding orientation and awareness sessions on GBV and related issues an analysis on the impact of dignity kits and GBV messages, is planned through an initial-test and a final-test to be done by the participants before and after each activity. During the field monitoring missions some indicators will be used as for example how many GBV cases have been identified and reported to our IPs and health workers on the ground and local authorities and particular attention will be given to the cases reported in order to understand if community has the capacity to recognize GBV cases and typologies. The different actors on the ground will send in Project report to UNFPA on a bi-weekly basis in order not to lose precious information, especially qualitative. A monthly report will be submitted to CHF by UNFPA. The narrative reports will highlight the successes and challenges during implementation and will suggest possible ways forward. Attendance forms and specific monitoring format will be used in accordance with the activities implemented. During the implementation of the project a Monitoring and Evaluation mission is foreseen in order to ensure that the objectives of the project are met.

UNFPA will increase field visits for onsite supervision, partners will be coached on M&E by UNFPA M&E specialist, beside UNFPA increased field presence. UNFPA is using national partners with strong field presence. In Jonglei and Unity, referral pathways will increase from 3 (urol, Nyiral and Akobo) to 6 (Bentiu PoC, Bentiu town and Fangak)..

OTHER INFORMATION

Accountability to Affected Populations

The project will ensure accountability to the affected population through encouraging the participation and ownership of beneficiaries in the implementation of the activities. In addition beneficiaries will be given to give feedback to the implementation of the project. In the distribution of dignity kits women and girls groups will be involved in the identification of women and girls and women in need of dignity kits and taking active role in the actual distribution. Through the male engagement approach (male champions for GBV prevention and response, the project will bring men and boys to protect women and girls in the POCs and ensure that men survivors able to access service.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

This project builds on to UNFPA ongoing partnership with IMC, SALF and SAADO and IRC in Jonglei IRC ITERSOS, IOM and UNIDO in Unity state. Project locations in Jonglei are Fangak Akobo and Bor South where UNFPA will workwith SALF, SAADO and INRESOS. In Fangakn UNFPA will partner with SALF in collaboration with IMC. In Unity state the project will be implemented in Rubkona (Bentiu town) and Mayom and the partners will be UNIDO, IOM and IRC.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. INTERSOS, IMC, IOM, SAADO, UNICEF	Participation in GBV sub-cluster and GBV Working Group meetings in various location; members from partners attending various cluster meetings
2. INTERSOS, IMC, IOM, SAADO, UNICEF	Participation in GBV sub-cluster and GBV Working Group meetings in various location; members from partners attending various cluster meetings
3. INTERSOS, IMC, IOM, SAADO, UNICEF	Participation in GBV sub-cluster and GBV Working Group meetings in various location; members from partners attending various cluster meetings

Environmental Marker Code

Gender Marker Code

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

This project is targeting both women, men, boys and girls who are at risk of sexual violence. The same project is focusing on restoring women and girls survivors of GBV their dignity by providing comprehensive care CMR, PSS and dignity kits

Protection Mainstreaming

UNFPA will uphold the DO NO HARM principles by active engagement of beneficiaries, other clusters such as WASH, Health, FSL, Protection and ensure participation and get feedback of women, men, boys and girls.

Safety and Security

UNFPA and partner staffs will uphold the UNDSS advisory on safety and security and act accordingly. UNFPA and partners will share security updates to ensure safety and security.

Access

UNFPA has GBV and RH specialists in Jongle and Unity states. These officers will coordinate and monitor the activities of partners. The project will make use of community groups including women and key gate keepers to reach out beneficiary communities in the hard to reach areas, particularly when security situations get worsen.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
Section Total								0.00	0	0	0.00

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total
								Q3	Q4	
2.1	Procure 3000 dignity kits for women and girls	D	3000	26	1	100.00%	78,000.00	0.00		0.00
	One dignity kits including transport will cost USD 26. A distribution plan will be developed with GBV SC partners.									
2.2	Develop pamphlets with GBV key messages	D	7500	0.5	1	100.00%	3,750.00	0.00		0.00

and referral pathways

One pamphlet with key messages costs 0.5, will have 7500 pamphlets to be used in all sites.

Section Total		81,750.00	0.00	0.00	0.00
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3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
Section Total								0.00	0	0	0.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
4.1	Train 30 GBV services providers in CMR, PSS/PFA and case management	D	30	50	5	100.00%	7,500.00	0.00	0.00	0.00	
30 participants will be trained by UNFPA technical RH and GBV specialists. tickets and DSA for staff, USD 2,500, materials for participants and lunch and coffee break will cost USD 4,000, USD 2,000 be used for conference room for 5 days											
4.2	Develop capacity of a pool of non-GBV staffs to become capacity promoters in GBV key concepts and use of new GBV guidelines	D	40	50	5	100.00%	10,000.00	0.00	0.00	0.00	
IASC new guideline and GBVIE minimum standard will be the key documents for participants, the documents will be printed (USD 1000 LAMP SUM), Lunch, coffee break and materials will cost USD 4500, 10 participants will come from affected states, lamp sum of DSA, 2500 and USD 2,000 will be paid for the conference room											
4.3	Provide CMR, PFA, PSS and case management in the selected locations	D	150	117	5	100.00%	87,750.00	0.00	0.00	0.00	
CMR services including community mobilizers will cost 60%, USD 52,650 while PSS and counseling and support in women centers and case management will cost 40%, USD 35,100											
Section Total								105,250.00	0.00	0.00	0.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
Section Total								0.00	0	0	0.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
Section Total								0.00	0	0	0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost	2015		Quarterly Total	
								Q3	Q4		
Section Total								0.00	0	0	0.00

Sub Total Direct Cost	187,000.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	7%
Audit Cost (For NGO, in percent)	
PSC Amount	13,090.00

Quarterly Budget Details for PSC Amount	2015		Total
	Q3	Q4	
	0.00	0.00	0.00

Total Fund Project Cost	200,090.00
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Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Jonglei -> Akobo	10					0	
Jonglei -> Bor South	15					0	
Jonglei -> Fangak	25					0	
Unity -> Mayom	35					0	
Unity -> Rubkona	15					0	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

