

Requesting Organization :	IsraAID				
Allocation Type :	2nd Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		100			
Project Title :	GBV Emergency Response Plan for Urban Juba and Greater Mundri.				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA2/P/INGO/3593		
Cluster :		Project Budget in US\$:	200,746.98		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/10/2016	Planned End Date :	31/03/2017		
Actual Start Date:	01/10/2016	Actual End Date:	31/03/2017		
Project Summary :	<p>The Project's ultimate goal is to ensure that the displaced and host communities affected by the recent hostilities and subsequent displacement and trauma in Urban Juba and Greater Mundri, including GBV survivors, 1) have access to, and receive comprehensive, gender-sensitive, survivor-centered, life-saving psychosocial, case management and referral services; 2) rebuild social cohesion and community-based support mechanisms; and 3) are prevented from further harm. To reach this ultimate goal, the project will seek the following outcome: Enhanced life-saving and survivor-centered prevention and response protection services of quality available to/and visible to vulnerable communities affected by the recent conflict, with a particular focus on GBV survivors.</p> <p>Note: the project will take place in 4 payams of Mundri West and East from September to March (i.e. Lozoh and Witto, Kotobi and Bangalo) and in 2 payams from December to March (i.e. Mundri Town and Lui) as the latter two payams are already covered until November. In Urban Juba, IsraAID applies for support to fill-up the response gap in four highly-affected locations from December to March as it currently has funding for Urban Juba until the end of November (from IOM/RRF and UNICEF). The four locations in Urban Juba are: Juba Way Station, Gurei/Gudele Lemon Gaba, Nyakorun and Lukulele.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	2,474	4,489	6,973	10,469	24,405
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	56	141	16	32	245
Pregnant and Lactating Women	0	1,500	0	0	1,500
Indirect Beneficiaries :					
We estimate the multiplier effect of this project of being 5 for community members (estimation is made according to the demographic composition of households as well as community and family structures) and of 20 for service providers.					
Catchment Population:					
The project should benefit the entire communities targeted who should be able to benefit from, and access, improved available services.					
Link with allocation strategy :					

First, the project will ensure the availability of, and access to, life-saving, survivor-centered psychosocial and case management services of quality to affected communities, with a particular focus on GBV survivors, through 1) training of psychosocial and medical first responders in the affected areas (4 payams in Mundri East and West and 3 locations in Urban Juba); and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure that affected communities have access to information (e.g. negative consequences of GBV, services available/referral pathway, rights etc.) and can safely access services available to them. Thus, the project intends to save lives and alleviate sufferings through safe access to services with dignity, and fully reflect the second objective of the protection cluster to ensure the availability of, and safe and free access to quality protection response services.

In addition, the project will work with communities to (re)build community-based prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – who were particularly affected by the shocks of conflict, displacement and crisis. Thus, the project will ensure that communities are capable and prepared to address threats and vulnerabilities, while maximizing existing positive coping mechanisms, in accordance with the Protection Cluster's first strategic objective as well as HRP's second objective.

The projects will take place in Urban Juba, Mundri East/West – three priority areas identified by the Fund's overarching strategy where humanitarian needs and protection concerns have significantly increased throughout 2016 and in particular, as a result of the July crisis.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
MAYA	National NGO	106,240.00
		106,240.00

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
IOM/RRF (only until November)	88,000.00
	88,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

In July 2016, heavy fighting broke in Juba claiming the lives of hundreds of civilians, and displacing tens of thousands of vulnerable individuals already affected by years of violence, displacement and distress. The outbreak of conflict further exacerbated the risks and occurrence of Gender-Based Violence (GBV). Women and girls are deliberately targeted; rape is used as a weapon of war; and domestic violence has significantly increased due to trauma, displacement, and on-going violence. In addition, trust and cohesion among the population have significantly been affected by the on-going violence. Services, service providers and infrastructures have considerably been weakened – further increasing the vulnerability of affected populations – especially women, children, people with disability, and the elderly. The July tensions were indeed marked by intense violence against civilians – including women and children – as a by-product of clashes between armed forces and deliberate targeting based on ethnicity – including an increased number of rapes.

In Juba, in July 12th, an estimate of 1,000 individuals was displaced in the area of Gumbo/Sherakat. 9,000 individuals were reported to be displaced in the Gurei/Gudele area – where IsraAID have been supporting community-based protection programs since October 2015. In total, an estimate of 28,500 individuals was displaced in urban Juba outside UN Protection of Civilians Camps (PoCs).

In addition, Mundri East/West Counties have continuously been subject to violence and displacement since June 2015. The recent hostilities further exacerbated the humanitarian needs and protection concerns. Greater Mundri is a location where emergency thresholds continue to be breached with regard to levels of displacement, food insecurity, malnutrition, protection concerns and disease.

Initial fighting erupted in Mundri in June 2015 resulting in massive internal displacement and affecting more than 70,000 individuals – 75% of women and children (31,818 individuals displaced within Mundri West Payam. i.e. Kotobi payam and Mundri Payam and 42,151 in Mundri East - on October 9th).

70-80% of homes were destroyed, burned, occupied by armed groups and/or looted – forcing populations to hide in the bush, thus increasing levels of vulnerability especially for children, pregnant women, female single-headed households, the elderly, and the disabled. Violations against civilians were widely reported, including sexual and gender-based violence (especially rape, sexual assault, early-forced marriages and domestic violence).

The situation stabilized in early February 2016 allowing IsraAID and its national partner MAYA to implement an emergency protection response plan and scale-up its already-existing support programs in affected communities. However, the latest tensions exponentially increased the humanitarian needs and protection concerns.

According to IsraAID's partners (MAYA and authorities on the ground), displaced communities have been hiding in the bush with little to nothing to eat, extremely vulnerable to disease and violence, including sexual violence, high level of trauma and no protection mechanisms. Children and youth, in particular, have been at risk of abduction, forced recruitment, and sexual and gender-based violence. Reports (assessments, words of the mouth) of GBV incidents have dramatically increased: especially rape (due to recent conflict and subsequent displacement) and domestic violence (due to economic hardship and family separation).

IsraAID has been working in Urban Juba and Greater Mundri, together with national partners since 2011 (Urban Juba) and January 2015 (Mundri). It trains national service providers on protection/GBV, including medical, psychosocial and protection personnel, and accompanies its national partners in their efforts to design and implement effective community-based protection prevention and response activities and services.

2. Needs assessment

Mundri East/West: IsraAID has been operating in Greater Mundri since 2015 training and accompanying its national partners – especially MAYA – in its efforts to design and implement effective protection programs in communities affected by ongoing conflict, displacement and distress. IsraAID conducted a series of needs assessments (i.e. initial assessment in September 2015, protection mapping in January 2016 and IRNA in March 2016).

By October 2015, 31,818 individuals were displaced within Mundri West, and 42,151 in Mundri East. It is estimated that similar figures are applicable as a result of the recent tensions which further exacerbated vulnerability factors. The most affected groups are children, women, disabled and elderly people. Vulnerability factors for women and girls are particularly high due to uncontrolled levels of violence, displacement, very limited access to basic services, significant trauma and fear. Traditional community-based support mechanisms were dramatically affected by the conflict and displacement.

A referral pathway was developed before the crisis as a result of a multisectoral training organized by IsraAID in June but it needs to be adjusted to the emergency situation as the crisis has dramatically changed the service provision landscape:

- Case management services remain limited because health services are not available
- Most service providers are scattered due to the volatility of the situation
- Most of the women and girls lack hygiene supplies, especially sanitary pads

Despite a tense environment, the situation is stabilizing. The general fear is slowly decreasing among the population as military elements further themselves from residential areas. In such context, IsraAID and MAYA adjusted their current UNICEF-funded protection activities to address emergency needs in 4 payams until November. In Mundri East, IsraAID and MAYA work in 2 out of 6 payams (i.e. Lui and Kadibo). 4 payams remain uncovered especially the 2 highly-affected Lozoh and Witto. In Mundri West, IsraAID and MAYA work in Mundri and Amadi Payams. There is a gap of coverage of Kotobi and Bangalo payams which were severely affected by the crisis. In such context, there is an urgent need to scale up protection response, especially in non-covered affected areas from September to March, and to fill-up the response gap from December to March in payams currently covered until November.

Urban Juba: In the week of July 18th, IsraAID conducted a series of rapid assessments – including consultations with community representatives IsraAID has been working with prior the crisis – which revealed:

- The level of distress/trauma among the displaced and host communities is extremely high – resulting in nightmares, behavior changes, violence, fear, disruptions in daily life, fracture in social cohesion and collapse of community support mechanisms
- Rape cases have increasingly being reported to social workers and community focal points previously trained by IsraAID
- Domestic violence has significantly increased due to violence, trauma and displacement
- There is significant level of fear among displaced population to return to their areas of residence, as armed elements are said to continue harassing people and looting properties
- The lack of drugs and CMR supplies in the PHCCs around the affected areas undermines the effectiveness of response

In such context, there was an urgent need to establish life-saving psychosocial and case management services for GBV survivors and their communities as well as to provide a safer environment for all. IsraAID, together with national partners, readjusted its UNICEF-funded protection/GBV programs to address the emergency needs and obtained IOM/RRF funding to scale up its GBV emergency response in Urban Juba. Both funding end in November, and IsraAID is seeking CHF funding to cover the response gap from December to March in 4 locations: Gurei/Lemon Gaba, Juba Way Station, Lukulele and Nyakorun.

3. Description Of Beneficiaries

Mundri:

-50 medical and psychosocial personnel (MAYA, PHCCs, County Health Department, AAH), 60% of whom should be women;
-120 community-based focal points, i.e. 20 focal points per payams for 6 payams (at least 60% of whom should be women and girls);
-19,328 displaced and host individuals affected by the recent crisis, 90% of whom are women and children (at least 4000 beneficiaries are extremely vulnerable women and girls, including lactating mothers, pregnant women, single female-headed households).

Urban Juba: Gurei/Gudele/Lemon Gaba, Juba Way Station, Lukulele and Nyakorun. (December-March):

-25 medical and psychosocial personnel
- 40 community-based focal points (10 in each location)
-4832 displaced and host individuals in communities affected by recent conflict - 90% of which should be women and children.

4. Grant Request Justification

First, the project will ensure the availability of, and access to, life-saving, survivor-centered psychosocial and case management services of quality to affected communities, with a particular focus on GBV survivors, through 1) training of psychosocial and medical first respondents in the affected areas; and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure that affected communities have access to information (e.g. negative consequences of GBV, services available/referral pathway, rights etc.) and can safely access services available to them. Thus, the project intends to save lives and alleviate sufferings through safe access to services with dignity, and fully reflects the second objective of the protection cluster to ensure the availability of, and safe and free access to quality protection response services.

In addition, the project will work with communities to (re)build community-based prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – who were particularly affected by the shocks of conflict, displacement and crisis. Thus, the project will ensure that communities are capable and prepared to address threats and vulnerabilities, while maximizing existing positive coping mechanisms, in accordance with the Protection Cluster's first strategic objective as well as HRP's second objective.

The projects will take place in Urban Juba and Mundri East/West – two priority areas identified by the Fund's overarching strategy where humanitarian needs and protection concerns have significantly increased throughout 2016 and in particular, as a result of the July crisis.

5. Complementarity

In Mundri, this project will comprehensively complement the protection activities IsraAID and MAYA are currently implementing with the support of UNICEF in two ways:

1. It will extend the coverage of protection activities to 4 payams highly affected by the recent conflict (2 in Mundri East and 2 in Mundri West);
2. It will allow IsraAID and MAYA to continue activities in 2 payams currently covered until the end of November and therefore address the gap in coverage from December to March.

In Mundri, IsraAID and MAYA are the only protection (GBV) actors operating. IsraAID and MAYA continuously cooperate with authorities on the ground as well as other national and international organizations operating in the area in other sectors of activities (e.g. health, WASH).

In Urban Juba, IsraAID is currently implementing a Protection (GBV) emergency response strategy in 4 locations (Juba Way Station, Gurei/Gudele/Lemon Gaba, Nyakorun and Lukulele) until the end of November. This project will allow IsraAID to continue providing much-needed protection services in those affected areas from December to March. IsraAID has been closely working with the communities of those areas even prior to the crisis and has therefore gained tremendous trust and rapport with them, allowing an effective and sustainable project implementation. In light of the current dramatic needs, it is therefore necessary to extend the support program after its planned completion on November 30th.

IsraAID is the lead agency coordinating GBV response in Urban Juba. It co-leads, together with the Directorate of Gender of the State Ministry of Education, Social Welfare and Gender, the State GBV Working Group. In this capacity, it closely works with other national and international organizations to ensure effective coordination and complementary in response. IsraAID has developed a response matrix which demonstrates a clear allocation of roles, activities and locations among partners, and organizes regular meetings with all stakeholders to avoid duplication and complement activities. Thus, IsraAID works in 4 areas in Urban Juba (i.e. Juba Way Station, Gurei/Gudele/Lemon Gaba, Nyakorun and Lukulele) which are not covered by any protection actors, while ensuring effective coordination among all agencies operating in other locations throughout Urban Juba.

LOGICAL FRAMEWORK

Overall project objective

The Project's ultimate goal is to ensure that the displaced and host communities affected by the recent hostilities and subsequent displacement and trauma in Urban Juba and Greater Mundri, including GBV survivors, 1) have access to, and receive comprehensive, gender-sensitive, survivor-centered, life-saving psychosocial, case management and referral services; 2) rebuild social cohesion and community-based prevention and support mechanisms; and 3) are prevented from further harm.

PROTECTION		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO1: The safety and dignity of vulnerable individuals is improved through prevention programming and protection mainstreaming to address threats and vulnerabilities	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	40
CO2: Quality protection response services are available and can be accessed safely and freely	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	60
<p>Contribution to Cluster/Sector Objectives : First, the project will ensure the availability of, and access to, life-saving, survivor-centered psychosocial and case management services of quality to affected communities, with a particular focus on GBV survivors, through 1) training of psychosocial and medical first responders in the affected areas (4 payams in Mundri East and West and 3 locations in Urban Juba); and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure that affected communities have access to information (e.g. negative consequences of GBV, services available/referral pathway, rights etc.) and can safely access services available to them. Thus, the project intends to save lives and alleviate sufferings through safe access to services with dignity, and fully reflect the second objective of the protection cluster to ensure the availability of, and safe and free access to quality protection response services. In addition, the project will work with communities to (re)build community-based prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – who were particularly affected by the shocks of conflict, displacement and crisis. Thus, the project will ensure that communities are capable and prepared to address threats and vulnerabilities, while maximizing existing positive coping mechanisms, in accordance with the Protection Cluster's first strategic objective as well as HRP's second objective.</p> <p>The projects will take place in Urban Juba, Mundri East/West – three priority areas identified by the Fund's overarching strategy where humanitarian needs and protection concerns have significantly increased throughout 2016 and in particular, as a result of the July crisis.</p> <p>Activities per outcome and outputs include:</p> <p>Outcome 1: Enhanced community-based prevention protection mechanisms and services available to affected communities, especially GBV survivors.</p> <p>Output1: Selected Community-Based Protection Focal Point trained in prevention, role of focal points in communities, and community-based prevention mechanisms.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Training of focal points (one initial training and one mid-term review training) in Mundri and Juba • Continuing technical support to focal points in Mundri and Juba <p>Output 2: Effective and trusted community-based prevention mechanisms in place to reduce threats and vulnerabilities - with a particular focus on GBV - and utilizing existing positive coping mechanisms:</p> <p>Activities:</p> <ul style="list-style-type: none"> • Weekly outreach activities • Safety audits / Focus Group Discussions • Women/Youth groups • Home visits <p>Outcome 2: Enhanced safe response mechanisms and services available to affected communities, especially GBV survivors.</p> <p>Output 1: Medical and Psychosocial Personnel and selected community-based focal points trained in protection response, with a particular focus on GBV, Psychological First Aid (PFA) (for all), survivor-centered case management in emergency (including ethical referrals and use of site-based referral pathways), and Clinical Management of Rape (CMR)(for professionals only).</p> <p>Activities:</p> <ul style="list-style-type: none"> • Training of medical personnel in survivor-centered CMR and PFA; • Training of psychosocial personnel in case management in emergency and PFA. <p>Output 2: Effective and trusted client-centered response mechanisms strengthened, including case management services (with particular emphasis on referrals to trained medical and psychosocial services) and psychosocial support (including PFA, and other community-based psychosocial support mechanisms) that respect minimum standards of care to GBV survivors and their communities.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Development of site-based referral pathways (through service mapping, continuing update and coordination among service providers); • Case management; • Psychosocial support (including PFA); • Identification of safe places for women; • Dignity kits • Home visits 		
Outcome 1		
Outcome 1: Enhanced community-based prevention protection mechanisms and services available to affected communities, especially GBV survivors.		
Output 1.1		
Description		
Output1: Selected Community-Based Protection Focal Points and social workers trained in prevention, role of focal points in communities, and community-based prevention mechanisms.		
Assumptions & Risks		

Risks (and mitigation strategies) include:

- Security Challenges – South Sudan remains a fragile and volatile environment. Security developments and political dynamics should be constantly monitored by IsraAID’s team in cooperation with national partners and security focal points. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID’s staff has been trained in risk assessment and mitigation strategy.
- Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. taking into account the constantly changing exchange rates).
- Community Resistance – Communities may be resistant to new programs, especially if they are led by unknown individuals and/or organizations. IsraAID has been working in the communities of urban Juba for several years and has developed solid relationships with leaders and members, as well as with national partners. IsraAID always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID’s staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities.
- High Expectations – The communities affected by the recent conflict are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities.
- Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities.

Activities

Activity 1.1.1

Training of 120 community focal points and ongoing weekly technical support to focal points

Activity 1.1.2

Training of 25 social workers in prevention

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Frontline services # people trained on GBV in emergencies using GBV Minimum Standards	24	85	12	24	145

Means of Verification : Attendance lists; weekly table of activities; checklists and assessment of knowledge and practice of focal points; pre- and post-program FGD with focal points and beneficiaries.

Indicator 1.1.2	PROTECTION	Frontline services # of organizations (both protection and non-protection) trained by HRP partners on protection, including mainstreaming, referrals and inclusion					6
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Means of Verification : Attendance sheets; weekly report of activities.

Indicator 1.1.3	PROTECTION	At least 70% of increase in knowledge and practice of focal points and social workers.					0
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Means of Verification : Pre- and Post- test or case-based scenario; Pre- and Post-FGD with beneficiaries.

Output 1.2

Description

Output 2: Effective and trusted community-based prevention mechanisms in place to reduce threats and vulnerabilities – with a particular focus on GBV – and utilizing existing positive coping mechanisms.

Assumptions & Risks

Risks (and mitigation strategies) include:

- Security Challenges – South Sudan remains a fragile and volatile environment. Security developments and political dynamics should be constantly monitored by IsraAID’s team in cooperation with national partners and security focal points. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID’s staff has been trained in risk assessment and mitigation strategy.
- Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. taking into account the constantly changing exchange rates).
- Community Resistance – Communities may be resistant to new programs, especially if they are led by unknown individuals and/or organizations. IsraAID has been working in the communities of urban Juba for several years and has developed solid relationships with leaders and members, as well as with national partners. IsraAID always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID’s staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities.
- High Expectations – The communities affected by the recent conflict are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities.
- Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities.

Activities

Activity 1.2.1

Weekly outreach activities in communities (awareness-raising through lectures, dramas, theatres, music, small- medium- and large-scale events)

Activity 1.2.2

Home visits in communities (including discussion on prevention)

Activity 1.2.3

Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities)

Activity 1.2.4

Safety audits through FGD

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community-based protection networks	2,474	4,489	6,973	10,469	24,405

Means of Verification : Data collection sheet, weekly table of activities, FGD guidelines for community members and red/blue cards knowledge assessment game (pre- and post- activity)

Indicator 1.2.2	PROTECTION	Frontline services # of Women Friendly Spaces (WFS) established/maintained						7
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Means of Verification : Weekly report of activities, FGD with beneficiaries, weekly attendance sheet, list of topics discussed in women groups.

Indicator 1.2.3	PROTECTION	Frontline services # of protection monitoring visits or safety audits in the targeted locations						9
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Means of Verification : Safety audits documents filled up (1 per location)

Outcome 2

Outcome 2: Enhanced safe response mechanisms and services available to affected communities, especially GBV survivors.

Output 2.1

Description

Output 1: Medical and Psychosocial Personnel and selected community-based focal points trained in protection response, with a particular focus on GBV, Psychological First Aid (PFA) (for all), survivor-centered case management in emergency (including ethical referrals and use of site-based referral pathways), and Clinical Management of Rape (CMR)(for professionals only).

Assumptions & Risks

Risks (and mitigation strategies) include:

- Security Challenges – South Sudan remains a fragile and volatile environment. Security developments and political dynamics should be constantly monitored by IsraAID’s team in cooperation with national partners and security focal points. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID’s staff has been trained in risk assessment and mitigation strategy.
- Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. taking into account the constantly changing exchange rates).
- Community Resistance – Communities may be resistant to new programs, especially if they are led by unknown individuals and/or organizations. IsraAID has been working in the communities of urban Juba for several years and has developed solid relationships with leaders and members, as well as with national partners. IsraAID always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID’s staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities.
- High Expectations – The communities affected by the recent conflict are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities.
- Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities.

Activities

Activity 2.1.1

Training of 75 service providers in case management in Emergency.

Activity 2.1.2

Training of 75 service providers in MHPSS (including PFA).

Activity 2.1.3

Training of 205 individuals on basic GBV (includes response).

Activity 2.1.4

Continuing technical support to all trained service providers and other participants.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	Frontline services # of service providers trained on GBV Case Management	30	45			75
Means of Verification : Attendance sheets, checklists for service providers, guidelines for FGD with services providers and pre- and post-program case-based scenario simulation (to test knowledge and practice).							
Indicator 2.1.2	PROTECTION	Frontline services # of GBV service providers trained on PSS	30	45			75
Means of Verification : Attendance sheets, checklists for service providers, guidelines for FGD with service providers and pre-post-program case-based scenario simulation to assess knowledge and practice.							
Indicator 2.1.3	PROTECTION	Frontline services # people trained on GBV in emergencies using GBV Minimum Standards	48	113	16	28	205
Means of Verification : Attendance sheets, checklists for service providers, guidelines for FGD with service providers and pre-post-program case-based scenario simulation to assess knowledge and practice.							
Indicator 2.1.4	PROTECTION	At least 40% increase in knowledge and practice of service providers;					0
Means of Verification : Pre- and Post- test or case-based scenario; Pre- Post- FGD with service providers and sample beneficiaries.							
Indicator 2.1.5	PROTECTION	At least 80% of trained services applying minimum standards of care for working with GBV survivors.					0
Means of Verification : Data collection form (confidential); checklists for assessment of practice and knowledge for service providers.							

Output 2.2

Description

Output 2: Effective and trusted client-centered response mechanisms strengthened, including case management services (with particular emphasis on referrals to trained medical and psychosocial services) and psychosocial support (including PFA, and other community-based psychosocial support mechanisms) that respect minimum standards of care to GBV survivors and their communities.

Assumptions & Risks

Risks (and mitigation strategies) include:

- Security Challenges – South Sudan remains a fragile and volatile environment. Security developments and political dynamics should be constantly monitored by IsraAID's team in cooperation with national partners and security focal points. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID's staff has been trained in risk assessment and mitigation strategy.
- Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. taking into account the constantly changing exchange rates).
- Community Resistance – Communities may be resistant to new programs, especially if they are led by unknown individuals and/or organizations. IsraAID has been working in the communities of urban Juba for several years and has developed solid relationships with leaders and members, as well as with national partners. IsraAID always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID's staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities.
- High Expectations – The communities affected by the recent conflict are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities.
- Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities.

Activities

Activity 2.2.1

Case Management (including ethical referrals, PFA).

Activity 2.2.2

Service mapping, development and constant update of referral pathways.

Activity 2.2.3

Home visits.

Activity 2.2.4

Psychological First Aid.

Activity 2.2.5

Distribution of dignity kits for 2000 beneficiaries.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					9
Means of Verification : site-based Referral pathways, checklist for service providers							
Indicator 2.2.2	PROTECTION	(Frontline services) # of GBV survivors who receive at least one of the GBV services in the GBV SC Minimum Package (GBV case management, CMR and/or PSS/PFA)	0	0	0	0	0
Means of Verification : We suggest alternative indicator wording: "Increased number of survivors accessing at least one service" as, ethically, it is recommended not to identify a specific target numbers of survivors. Confidential Data collection form.							
Indicator 2.2.3	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					2,000
Means of Verification : Distribution strategy and report							
Indicator 2.2.4	PROTECTION	Case management system adjusted to emergency in place and functioning in each partner organization in Mundri East/West and Urban Juba.					10
Means of Verification : Weekly report of activities; attendance sheet of case managers; Case management checklists (including availability of locked cupboard, files and other CM supplies); checklists for service providers.							
Indicator 2.2.5	PROTECTION	At least 1 PSS activity organized in each affected location weekly (including home visits);					0
Means of Verification : Weekly report of activities; pre- and post- FGD with beneficiaries.							

Indicator 2.2.6	PROTECTION	At least 80% of sample community members satisfied with medical and PSS services at the end of program.																	0
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Means of Verification : pre- Post- FGD with sample beneficiaries.

Additional Targets : For outcome 1, output 1, additional indicators include:

- At least 70% of increase in knowledge and practice of focal points.

For outcome 1, output 2, additional indicators include:

- Increased communities' satisfaction with services – especially among women and girls.

For outcome 2, output 1, additional indicators include:

- At least 40% increase in knowledge and practice of service providers;

- At least 80% of trained services applying minimum standards of care for working with GBV survivors.

For outcome 2, output 2, additional indicators include:

- Case management system adjusted to emergency in place and functioning;

- At least 1 PSS activity organized in each affected location weekly (including home visits);

- At least 50% of increase in positive perception towards medical, PSS services and focal points; (or At least 80% of sample community members satisfied with medical and PSS services).

Note: here we also revise the indicator "increased access to GBV services".

M & R

Monitoring & Reporting plan

Monitoring Strategy: FGD will be organized at the beginning of the project (First week of October) to further understand baseline, at mid-term to monitor the progress of the project (first week of January) and at the end of the project (last week of March) to evaluate impact. FGD outcomes will be documented into IsraAID's FGD tools and shared with stakeholders. IsraAID has developed and tested a series of monitoring and evaluation tools that were endorsed by UNICEF and that enable us to assess the knowledge and perceptions of communities, as well as knowledge and practice of service providers and focal points. All IsraAID's programmatic staff as well as partners have been comprehensively trained on the utilization and analysis of such tools. The tools are available in hard and soft copies to all stakeholders.

Reporting Strategy: IsraAID and its partners fill-up weekly table reports of activities (narrative) that can be shared with CHF whenever needed (i.e. weekly, bi-weekly, monthly or quarterly). In addition, IsraAID and its partners fill up the data collection excel sheet on a weekly basis that present all disaggregated data. This can also be shared at any time. Finally, IsraAID will provide a mid-term (end of January) and final narrative report (April) compiling and analyzing both qualitative and quantitative data from the weekly table of activities and data collection sheet. The final report will also include an evaluation analysis.

All IsraAID's staff and partners have been involved in the development of the logical framework and M&E strategy of this project, and will therefore be able to implement and report accordingly. One IsraAID staff will be appointed to collect, review and systemize all reports from partners and other staff, on a weekly basis, for CHF activities in each location.

In addition, the 5Ws will be completed on a monthly basis as HRP partner. Finally, IsraAID and partners will provide weekly updates at GBV Sub-Cluster, Protection Cluster, Urban Actors Meeting and State GBV Working Groups.

Workplan

Activitydescription	Year														
		1	2	3	4	5	6	7	8	9	10	11	12		
Activity 1.1.1: Training of 120 community focal points and ongoing weekly technical support to focal points	2016												X		
	2017	X													
Activity 1.1.2: Training of 25 social workers in prevention	2016												X		
	2017														
Activity 1.2.1: Weekly outreach activities in communities (awareness-raising through lectures, dramas, theatres, music, small- medium- and large-scale events)	2016												X	X	X
	2017	X	X	X											
Activity 1.2.2: Home visits in communities (including discussion on prevention)	2016												X	X	X
	2017	X	X	X											
Activity 1.2.3: Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities)	2016												X	X	X
	2017	X	X	X											
Activity 1.2.4: Safety audits through FGD	2016												X		
	2017	X		X											
Activity 2.1.1: Training of 75 service providers in case management in Emergency.	2016													X	
	2017														
Activity 2.1.2: Training of 75 service providers in MHPSS (including PFA).	2016													X	
	2017														
Activity 2.1.3: Training of 205 individuals on basic GBV (includes response).	2016												X	X	
	2017														

Activity 2.1.4: Continuing technical support to all trained service providers and other participants.	2016																		X	X	
	2017	X	X	X																	
Activity 2.2.1: Case Management (including ethical referrals, PFA).	2016																		X	X	X
	2017	X	X	X																	
Activity 2.2.2: Service mapping, development and constant update of referral pathways.	2016																		X		X
	2017		X																		
Activity 2.2.3: Home visits.	2016																		X	X	X
	2017	X	X	X																	
Activity 2.2.4: Psychological First Aid.	2016																		X	X	X
	2017	X	X	X																	
Activity 2.2.5: Distribution of dignity kits for 2000 beneficiaries.	2016																			X	
	2017																				

OTHER INFO

Accountability to Affected Populations

All above-mentioned activities are implemented in accordance with a thorough needs assessment that was conducted by IsraAID in the aftermath of the fighting in consultation with community leaders and representatives. Throughout the project, IsraAID will continue to organize consultative meetings with community representatives on a regular basis to ensure inclusiveness, accountability, local ownership and sustainability. In addition, IsraAID will organize mid-term monitoring FGD to assess the perception of the programs by beneficiaries and analyze intermediate targets as well as final FGD to evaluate actual outcomes and outputs. Finally, at the end of the program, IsraAID organizes a discussion with both its staff and a sample of beneficiaries to analyze the evaluation and identify best practices, lessons learned, challenges and remaining gaps for knowledge management and reporting purposes.

Throughout its programs, IsraAID has placed a particular emphasis on IASC AAP principles. It continuously trained its own staff as well as national partners on those principles and how to incorporate them into activities.

IsraAID makes sure to include community members, service providers and other beneficiaries throughout the project cycle, from needs assessment to evaluation, by organizing regular FGD and consultation meetings in the communities (on a bi-weekly basis) and briefings with service providers and partners. Those discussions and briefings provide a platform of dialogue for feedback mechanisms from the beneficiaries. They offer a unique opportunity to discuss challenges, gaps and explore solutions in a participatory manner. For sensitive requests and/or complaints, beneficiaries are also informed that they can directly contact (by phone, email or at the office) a specifically identified staff, not associated with the project. IsraAID has placed a particular emphasis on accountability to affected individuals with disability, ensuring their full participation in the design, implementation, monitoring and evaluation frameworks of the project. IsraAID has a series of practical and user-friendly tools and checklists that all staff are required to use both at management and at the field/community level to ensure sustainability, local ownership, do-no-harm and effective implementation of program. Tools are all available to all in hard and soft copies.

IsraAID's staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability to Affected Persons principles to avoid creating harm in communities.

Implementation Plan

In Mundri, IsraAID will sub-grant parts of the funding to MAYA and will continue to provide on-going and on-the-job technical support to MAYA's staff. MAYA particularly needs training and technical support in case management, program design and implementation, monitoring and evaluation and budgeting for non-profit. IsraAID will therefore attach advisors to MAYA, throughout the project, who will provide on-the-job training and support to MAYA's management staff and social workers and will monitor the implementation of activities. MAYA fills up the table report of activities on a weekly basis, together with the data collection sheet – that it then shares with IsraAID's focal person who is in charge of reviewing, systemizing and commenting on the information. IsraAID's advisors, together with MAYA, are then responsible for identifying best practices, challenges and gaps, and exploring effective solutions and action points for improvement.

Allocation of roles:

- Social workers/community mobilizers collect data from the field (using the field reporting form) that they share on a weekly basis with MAYA's program manager;
- MAYA's program manager is then responsible for compiling and systemizing the information into the weekly table of activity and excel data collection form, and sharing with IsraAID's advisor and field coordinator;
- IsraAID's field coordinator reviews, systemize information, and compares it with actual targets;
- The advisor is in charge of addressing professional gaps and challenges, discussing with MAYA team and organizing training sessions and/or professional briefings accordingly;
- MAYA managers, together with social workers, are responsible for organizing pre- mid- and final monitoring and evaluation FGD with beneficiaries, in accordance with the M&E strategy developed together with IsraAID's advisor. The advisor is in charge of providing technical support on M&E;
- MAYA's finance officer and programs managers, together with IsraAID, have developed a concrete and realistic budget. Program and finance managers, together with IsraAID's advisors, will develop a monthly cash focus based on the activity workplan. This monthly budget plan will be monitored on a weekly basis by the program manager, who will make sure that all weekly expenditures are incorporated into the weekly expense report template. IsraAID provides technical support in the process. MAYA's finance officer shares the consolidated expense report on a monthly basis with IsraAID, who is in charge of supervising budget expenditures versus budget plan.

In Mundri, IsraAID and MAYA have excellent relationships with the government authorities, religious institutions and community structures, which allow for an effective and sustainable implementation of the program.

In Urban Juba, IsraAID's social workers, together with the social workers of IsraAID's national partners (CCC, ADCORD, SCA), have allocated themselves to specific areas of operations. All social workers are responsible for collecting information from the field using the field reporting form, and sharing with the project manager on a weekly basis – who is then in charge of filling up both the weekly table of activities and the data collection sheet. Staff meetings are organized every Monday with all staff to ensure smooth coordination between programs and operations, and among programs themselves. Every Tuesday, IsraAID organizes a comprehensive professional briefing on protection with its staff and partners. All field staff from each partner organization operating in Juba are invited to attend.

IsraAID has elaborated a user-friendly service and activity matrix that identifies the scope of activities and geographical coverage of each actor operating in Urban Juba in order to avoid duplication and ensure complementarity in response. IsraAID organizes regular one-to-one meetings with other partners operating in the area, and leads the GBV State Working Group to maximize coope

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Mundri Active Youth Association (CBO)	MAYA has been IsraAID's partner since 2015 in Mundri East/West. IsraAID has been comprehensively training MAYA's social workers, management staff and community mobilizers and has been accompanying them in their efforts to design, implement and evaluate sustainable and impact-oriented protection prevention and response activities and services.
Street Children Aid (CBO)	IsraAID is partnering with SCA to strengthen their capacity in GBV prevention and response programming. SCA has attached social workers to IsraAID to receive on-the-job training during this emergency in Urban Juba. Thus, the rationale is to accompany SCA in its effort to become a strong GBV partner and be able to independently design and implement its own GBV response programs in the near future.
State Ministry of Education, Gender and Social Welfare, Directorate of Gender, Jubek State	The Directorate of Gender has been IsraAID's partner since 2011. IsraAID has been comprehensively training and providing continuous technical support to its social workers. All activities are therefore implemented in full cooperation with the Ministry's social workers in Urban Juba.
ADCORD (CBO)	ADCORD is operating in some communities in Urban Juba and closely works with the 5 PHCCs. IsraAID, as lead agency for GBV response in Urban Juba, has developed a service and activity matrix that clearly identifies each agency's specific area of intervention per activity and location. IsraAID is closely working with ADCORD on any issue related to PHCCs and medical response (e.g. training of medical staff, CMR, request of supplies etc.) and is seeking to include ADCORD in its current outreach activities in its 4 locations of operations.
IRC	IsraAID is closely and effectively cooperating with IRC for program activities in Urban Juba to avoid duplication and ensure complementarity in response. IRC and IsraAID are covering different areas in need and are complementing each other's activity.
Confident Children out of Conflict (CBO)	IsraAID has been partnering with CCC since 2011, training and providing technical support to its social workers. Like with ADCORD and IRC, IsraAID is closely cooperating with CCC regarding the emergency response strategy in Urban Juba and continues to provide technical support (especially on case management) to the staff when requested by CCC.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

The project fully embraces a gender sensitive approach. A gender analysis was included in the situational analysis, need assessment and risk assessment. All Community- and Professional-Based Focus Groups (as well as formal and informal discussions/interviews) before, throughout and after the completion of the project include a proportionate and representative number of men, women, boys and girls. Each category is fully represented in the decision-making process related to each component of the project. The activities also make sure to target a proportionate and representative number of men, women, boys and girls – addressing the specific needs of each category. Even in women groups' activities, men are consulted, invited, and updated so that they can also benefit from the fruits of the activities. When some activities only target women and girls, such as distribution of dignity kits, the Project's staff makes sure to fully brief men on the nature of the distribution and involve when needed and feasible.

Protection Mainstreaming

IsraAID has developed protection mainstreaming training modules (1-2 days) for both its own staff across sectors (health, protection and education) and for its national partners. Protection Mainstreaming is one of IsraAID's core implementing principles.

IsraAID ensures protection mainstreaming by:

- Training staff and national partners
- Conducting regular protection mapping to identify and be able to decrease threats and vulnerabilities, as well as identify and maximize positive coping mechanisms (see latest in Mundri in January 2016 and Urban Juba August 2016) in order to mitigate negative impacts on safety and dignity of the beneficiaries
- Developing, based on protection mapping, protection risk analysis and protection mainstreaming plans, with concrete mitigation measures and strategies
- Conducting regular monitoring and evaluation exercises (FGD, consultative meetings and interviews with key informants) to assess the perceptions of the community towards the program and analyze the effectiveness of the mainstreaming activities on the protection environment
- Collect best practices, lessons learned, challenges and recommendations (in IsraAID's knowledge management matrix) to inform future humanitarian interventions

All tools are available to all staff and partners in hard and soft copies.

Country Specific Information

Safety and Security

In Urban Juba, the situation is relatively stable and calm after the heavy hostilities of July. In Mundri, the situation remained volatile throughout August, but has stabilized in September. Communication networks remained shot down until the second week of September in Mundri.

IsraAID's staff has been trained in risk assessment and mitigation strategy - with a particular emphasis on security and risk management. IsraAID's staff uses a series of security checklists, tools and protocols that enable them to identify threats and vulnerabilities related to each activity and each location, and report accordingly to risk management.

IsraAID benefits from a vast network of community mechanisms, government officials, religious structures and other stakeholders that enable the organization to have access to timely and accurate security information, and develop relevant mitigation and response strategies accordingly.

IsraAID is currently planning to conduct a First Aid Training for its entire field staff.

Access

Currently, in Urban Juba, there is no any particular challenge to accessing communities and areas of operation. IsraAID has safe means of transportation to allow its field and management staff to access activities. All drivers have been trained on confidentiality and SEA, and have all signed confidentiality and SEA forms.

Movement from Juba to Mundri is currently hampered as it is not safe to travel by road and no flight has yet been resumed. However, on September 10, discussions with MAF started to identify a new flight timetable. Flights are expected to resume within the month of September as the security situation is currently stable.

Within Mundri, movement remains slow as staff and communities are still monitoring the security situation. Activities have not fully resumed and are limited to home visits, case management and PFA for now. As the situation is relatively stable and calm, activities are expected to scale up by the end of the month.

The communication network has been unoperational in Mundri for the past 3 weeks. However, communication network reopened on September 4th in one of the payams of Mundri East, and in all Mundri on September 8th.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Case Management Advisor for Mundri	D	1	1,800.00	5	100.00	9,000.00
	<i>Full-time technical support provided to national partner on case management/case supervision. Salary includes organizational costs (tax fees, insurance). This advisor will be placed in Mundri.</i>						
1.2	20% Contribution to Health Program Manager	S	1	1,620.00	6	20.00	1,944.00
	<i>The Health program manager will travel to Mundri to provide CMR training and technical support with medical personnel.</i>						
1.3	10% Contribution to Country Director	S	1	7,050.00	6	10.00	4,230.00
	<i>This includes salary and accommodation/food allowances (all organizational costs) of international CD</i>						

1.4	10% Contribution to Programs Coordinator	S	1	1,690.00	6	10.00	1,014.00
<i>Programs coordinator will contribute to data collection, reporting and monitoring and evaluation.</i>							
1.5	20% Contribution to Finance	S	1	1,620.00	6	20.00	1,944.00
<i>Finance manager will arrange all financial transactions and ensure timely financial reporting.</i>							
1.6	20% Contribution to Admin and Logistics support	S	1	660.00	6	20.00	792.00
<i>Logistics will contribute to purchase and procurement of supplies and provide support to national partner in this respect.</i>							
1.7	Food and travel allowance for CMR trainers from Juba to Mundri	S	2	10.00	10	100.00	200.00
<i>2 times 10-day presence in Mundri for training</i>							
Section Total							19,124.00
Supplies, Commodities, Materials							
2.1	Weekly community outreach in Juba	D	1	500.00	4	100.00	2,000.00
<i>Refreshment and communication materials for Only from month of december to March</i>							
2.2	Weekly women/youth group in Juba	D	1	500.00	4	100.00	2,000.00
<i>Refreshment and communication materials for Only from month of december to March</i>							
2.3	Transportation of dignity kits from Mundri to Juba	D	1	1,000.00	1	100.00	1,000.00
<i>IsraAID requested 2000 DK to UNFPA for Mundri and will need support to transport from Juba to Mundri.</i>							
2.4	Catridge	D	2	150.00	1	100.00	300.00
<i>For printing of training and communication materials for Juba and Mundri programs</i>							
2.5	Food and refreshment for review training of 40 focal points in Juba	D	40	10.00	3	100.00	1,200.00
<i>3-day review training for 40 focal points</i>							
2.6	T.shirts and identification badges for 160 focal points in Juba and Mundri	D	160	20.00	1	100.00	3,200.00
<i>T.shirts for focal points with key messages</i>							
2.7	Material support for focal points	D	40	20.00	4	100.00	3,200.00
<i>Focal points receive material support for the benefit of their communities on a monthly basis in Juba.</i>							
2.8	Banners	D	6	30.00	1	100.00	180.00
<i>1 Communication banner in each affected communities with key messages for Mundri</i>							
2.9	Leaflets/referral pathways printed with pictures	D	1000	5.00	1	100.00	5,000.00
<i>Printing of 1000 leaflets cards with services</i>							
Section Total							18,080.00
Equipment							
3.1	Tent	D	7	2,800.00	1	100.00	19,600.00
<i>Purchase of 7 tents to support women and youth activities in 7 locations: 1 in Urban Juba and 6 in Mundri</i>							
3.2	Thuraya	D	2	1,285.00	1	100.00	2,570.00
<i>1 for each county in Mundri</i>							
Section Total							22,170.00
Contractual Services							
4.1	Programmatic Advisor (Emergency) for Mundri	D	1	2,100.00	4	100.00	8,400.00

	<i>Hire of consultant for the emergency response to be attached to national partner for on-the-job capacity-building and ongoing technical support.</i>						
4.2	Car hire in Juba for implementation of activities in Urban Juba from December to March	D	2	65.00	80	100.00	10,400.00
	<i>2 cars hire for 20 days/month to cover at least 3 locations in Urban Juba over 4 months (Including for case management purposes)</i>						
	Section Total						18,800.00
Travel							
5.1	Flight Juba Mundri	S	4	500.00	1	100.00	2,000.00
	<i>Return tickets for 4 staff</i>						
	Section Total						2,000.00
Transfers and Grants to Counterparts							
6.1	Rent of hall/fuel for GBV package training (include CM and PFA) for 5 days	D	2	120.00	5	100.00	1,200.00
	<i>2 5-day training for a total of 50 service providers - by MAYA</i>						
6.2	Food and refreshment for 50 participants for GBV training	D	50	10.00	5	100.00	2,500.00
	<i>2 5-day training for a total of 50 service providers - by MAYA</i>						
6.3	Hire of 2 vehicles to cover Mundri East/West	D	2	80.00	100	100.00	16,000.00
	<i>Hire of 2 vehicles at 100 usd/day (6 payams as wide distance) for 20 days/months for 6 months (1 vehicle per county covering 3 payams each) by MAYA, Mundri (including for case management purposes, and given the vast area covered)</i>						
6.4	Fuel for 3 motorbikes for hard to reach areas	D	3	300.00	6	100.00	5,400.00
	<i>For case management, follow-up, home visits, emergency etc by MAYA, Mundri</i>						
6.5	Food and refreshment for 2 3-day training for 120 community focal point	D	120	10.00	6	100.00	7,200.00
	<i>Initial 3-day training followed by follow-up review training for 40 focal points (20 focal points per payam, 3 in Mundri East and 3 in Mundri West) by MAYA, Mundri</i>						
6.6	Communication and Security (airtime, internet and Thuraya)	D	1	700.00	6	100.00	4,200.00
	<i>700 usd/month for internet access, 160 usd for Thuraya credit and 115usd for communication for 12 social workers by MAYA, Mundri</i>						
6.7	Contribution to Salaries for 12 social workers	D	1	1,500.00	6	100.00	9,000.00
	<i>Contribution to monthly salaries for 12 social workers by MAYA, Mundri</i>						
6.8	Contribution to executive director, finance and programs coordinator	D	1	1,000.00	6	100.00	6,000.00
	<i>For MAYA, Mundri</i>						
6.9	Contribution to monthly Office rent and fuel	S	1	500.00	6	100.00	3,000.00
	<i>For MAYA, Mundri</i>						
6.10	Contribution to office supplies including supplies for case management	D	1	150.00	6	100.00	900.00
	<i>This includes purchase of envelopes, A4 papers, case management files, flip charts, catridge, pens, notebooks for MAYA, Mundri</i>						
6.11	Supplies for 2 training	D	2	150.00	1	100.00	300.00
	<i>This includes purchase of 50 notebooks and pencils and certificates, 8 flip charts paper for MAYA, Mundri</i>						
6.12	Transportation and accommodation allowance for 30 service providers to attend training in town	D	30	20.00	6	100.00	3,600.00
	<i>for MAYA, Mundri</i>						
6.13	Monthly community support for focal points	D	120	20.00	5	100.00	12,000.00
	<i>Focal points receive material support for the benefit of their communities on a monthly basis for MAYA, Mundri</i>						
6.14	Refreshment for 2 weekly outreach activities in 6 locations	D	1200	0.50	22	100.00	13,200.00

	200 people reached per week per location (6) = 1200 people reached per week for MAYA, Mundri							
6.15	Refreshment for weekly women/youth groups activities in 6 locations	D	180	3.00	22	100.00	11,880.00	
	30 women/youth per group in 6 locations / week for MAYA, Mundri							
6.16	Mats for women/youth groups	D	18	20.00	1	100.00	360.00	
	Each women group receives 3 mats / location = 18 mats for MAYA, Mundri							
6.17	Seed materials for women/youth groups	D	6	1,500.00	1	100.00	9,000.00	
	Depending on each community, women/youth group decide the seed materials they want to receive to produce and sell items (e.g. beads, bed sheets, baskets, etc.) for MAYA, Mundri							
6.18	Flight ticket Juba Mundri	D	2	250.00	1	100.00	500.00	
	1 way ticket for 3 MAYA staff to Mundri							
	Section Total						106,240.00	
General Operating and Other Direct Costs								
7.1	Communication/Security (internet, airtime and Thuraya)	S	1	200.00	6	100.00	1,200.00	
	Section Total							1,200.00
SubTotal			3,016.00				187,614.00	
Direct							171,290.00	
Support							16,324.00	
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							13,132.98	
Total Cost							200,746.98	
Grand Total CHF Cost							200,746.98	
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name	
		Men	Women	Boys	Girls	Total		
Western Equatoria								
Western Equatoria -> Mundri East	40	983	1,790	2,789	4,187	9,749		
Western Equatoria -> Mundri West	40	983	1,790	2,789	4,187	9,749		
Central Equatoria -> Juba	20	508	909	1,395	2,095	4,907		
Documents								
Category Name		Document Description						
Project Supporting Documents		160321_irna_mundri_west.pdf						
Project Supporting Documents		IsraAID_Protection_MundriWES_ProtectionMapping_Jan2016.pdf						