

<b>Requesting Organization :</b>	Health Link South Sudan				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of live saving emergency medical services (CMR, PSS, PFA) and Strengthening protection of vulnerable and conflict affected population in urban Juba through timely access and utilization of multi sectoral GBV services and strengthening coping mechanisms to live a dignified life				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/P/NGO/3572		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	150,000.09		
<b>Planned project duration :</b>	4 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/12/2016		
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/12/2016		
<b>Project Summary :</b>	The aim of this project is to increase availability and improve quality of timely, safe, and high quality gender and child sensitive emergency medical response for GBV survivors and prevention and response services in urban Juba county. The strategy is to focus on achieving the agreed Protection Cluster Priorities and objectives for the year 2016. The project will ensure that survivors of GBV are provided with safe access to quality health, psycho-social and case management services through mobile teams operating in the most affected neighborhoods of Urban Juba city while strengthening the existing 8 PHCCs and other Health facilities to initiate minimum basic package of GBV multi-sector services (medical, psycho-social, safety/security and case management), including rapid response mechanisms, and capacity building of GBV Front-line respondents.				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	28,550	31,976	25,374	28,300	114,200
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
People in Host Communities	19,985	22,383	17,762	19,810	79,940
Children under 5	0	0	2,537	2,830	5,367
Pregnant and Lactating Women	0	3,198	0	0	3,198
Other	8,565	6,395	5,075	5,660	25,695
<b>Indirect Beneficiaries :</b>					
Women and Young adolescent girls and Boys					
<b>Catchment Population:</b>					
This project will focus on 4 PHCCs; Munuki, Nyakuron, Gurei and Kator. This facilities are currently not been supported by any partner although UNFPA has been providing KITS for clinical management. Mobile outreach will focus on the areas of Jebel Yesua, Mangaten, Jebel Dinka, Rijaf as well as lemon Gaba.					
<b>Link with allocation strategy :</b>					
This project will contribute to the overall objective of the SSHF allocation strategy to address saving lives and alleviate suffering through safe access to services and resources with dignity. The project is designed to respond to the protection cluster strategy and HRP CO1 by ensuring improved access to quality safe and free life-saving GBV CME/PSS and emergency medical services for GBV survivors; the project will also focus on ensuring Vulnerable individuals have improved safety and dignity by addressing threats and vulnerabilities through prevention programming and protection mainstreaming a key HRP CO2 objective for 2016. While HRP CO3 will also be addressed by ensuring Protection capabilities of individuals, local actors and communities is strengthened to achieve solutions through improved freedom of movement and coping strategies. HLSS therefore intends to rapidly scale up access to life-saving emergency medical services such as providing Post exposure prophylaxis, contraception, HBV and TT vaccinations, CMR/PSS/PFA, information collection for early warning and rapid responses, increasing knowledge and awareness about GBV, providing access to psycho-social support and rehabilitation services to survivors women, boys, girls and men, building the capacity of front-line respondents, increasing advocacy and partnership with communities for elimination of Gender Based Violence in the targeted project areas By doing so, health links hopes to save lives and enable GBV survivors to restore their dignity within the society.					

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Emmanuel Douglas Obuoja Barigo	Chief Executive Director	admin@healthlinksouthsudan.org	+211955038964
Gama Joseph	Operations Manager	operationsmanager@healthlinksouthsudan.org	+211955572572
Anek Eunice	Protection Manager	protection@healthlinksouthsudan.org	+211922000997
Dr. Jude Tadeo Amanzuru	M & E Manager	emonitoring@healthlinksouthsudan.org	+211928240057
Opigo Emmanuel	Finance Manager	accounts@healthlinksouthsudan.org	+211956494577

**BACKGROUND****1. Humanitarian context analysis**

Nearly two and half years of predicament that erupted in Juba between SPLA-IG and SPLA-I.O, spreading across parts of the Country, an estimated 1,6 million IDPs were displaced from their homes in the entire Country with 720,000 having fled into exile in the neighboring Countries. The Country witnessed marked violence, brutality on civilians by armed perpetrators and deepening suffering across the Country including urban Juba and now some parts of greater Equatoria. Women and girls became very vulnerable during the conflict with rape and sexual violence being used as a weapon of war against them. The situation further deteriorated to its worse following 2nd episode of fresh fighting in Juba between on 8th July 2016 . The areas around UN House became heavily militarized during the clashes, and dozens of women and girls were reportedly being harassed, abducted, and raped by men who were often in military uniform. Elsewhere within Juba, the pattern of gang rapes, door-to-door sexual abuses, abductions in some cases associated with physical violence was on the rise and most incidents occurred in broad-day light with most perpetrators reported to be armed men. Despite traumatic and psychological torment caused in the innocent women and girls, there continues to be a high degree of impunity around sexual violence. While investigations and court Martials were promised to bring perpetrators for trial on board, to-date humanitarians are not aware of any prosecution of perpetrators of the sexual violence which continues to thorn the incidence, this is further worsened by the fact that the government is not in full control of all uniformed armed men in the Country. The government's ability to control the conduct of some of these soldiers appears to be limited. Women therefore continue to face significant fears of travelling in and around urban juba areas and areas outside POCs to access food in the market, firewood, and other basic commodities.

Due to limited or lack of structures and absence of life-saving emergency medical care and psycho-social support services, the consequences of these abuses against women continue to undermine their dignity, autonomy and security, which predispose them to long-term mental and psychological complications including but not limited to extension beyond the victim to the society as a whole, psychological scars sustained impeding establishment of their healthy and rewarding relationships in the future and further violence gets reproduced and perpetuated by children as they grow due to victims of abuse venting their frustrations on their innocent children and others which further transmits and intensifies the negative experiences of those around them. The life of children born to survivors is put at risk as they may come to accept violence as an alternative means of conflict resolution and communication. The numbers of reported incidents do not correlate to numbers of actual incidents. Sexual violence is under-reported everywhere in the world, worse so in South Sudan and the recorded cases often represent only a small fraction of total incidents. This is particularly true where stigma, cultural barriers, and fears of retaliation are particularly severe in South Sudan. HLSS with this project intends to rapidly scale up access to emergency medical services CMR/PSS/PFA as well as access to information for prevention and awareness about GBV response for survivors -women, boys and girls in urban Juba, build the capacity of front-line responders, increase advocacy and partnership with communities for eliminating gender violence, conduct engagement at political level with local authorities, develop referral pathways. Being a national, organization with better understanding of the local context, health Link hopes to be able to build resilience of the population to cope during emergencies and effectively improve safety for women and girls in urban Juba.

**2. Needs assessment****3. Description Of Beneficiaries**

The project is targeting vulnerable women, girls, men and boys in Urban Juba areas of Munuki Payam, Kator, Northen Bari and Rijaf Payams as well as vulnerable communities in Juba town Payam. The selected Payams are considered to be the most affected high need areas based on existing information and various reports by humanitarian partners and the protection cluster. This areas have access challenges for other humanitarian partners however, HLSS will use its local Knowledge and contacts to deliver this project. Although the purpose of the project is to advance gender equity and the dignity of women, and girls, men, boys, people with disability and vulnerable elderly people will also targeted. Men will be treated as partners as well as perpetrators and they will play a critical role in ensuring behavior change required is attained and sustained.

**4. Grant Request Justification**

This grant is requested to provide access to lifesaving emergency medical and psycho-social care and support, build capacity of front-line responders, conduct advocacy and partnership with communities for eliminating gender violence, increase engagement at political level with government / County authorities, develop and operationalize referral pathways for SGBV survivors in five Payams in urban Juba which otherwise is generally lacking since the incidence of SGBV have already reached an epidemic threshold.

During the recent wave of violence in urban Juba wide spread SGBV took place however, this has been poorly profiled and reported due to lack of information on services as well as partners to deal with these increasing cases. HLSS is currently conducting do-to-door household visits for social mobilization for cholera response in both Juba. HLSS has uncovered unspeakable levels of trauma during these visits reported by survivors who up to this stage are yet to receive any assistance.

However, over the last few weeks, GBV service delivery has been greatly affected by the recent fighting as most partner fled from juba while those who remained have not been able to access most neighborhoods of urban Juba due to targeting of Aid workers by uniformed armed groups. The current security situation still limits access to most partners and therefore warrants local partners' involvement. HLSS therefore intend to apply its local knowledge and capacity to operate in these areas even though with restricted access.

HLSS will focus on establishing mobile rapid GBV response teams and with availability of a designated toll free telephone line, reporting, referral and access to information by survivors will be enhanced. Availability of CMR services will be enhanced through establishing and supporting 8 additional static CMR centers in urban juba with trained health and social workers.

Health Link is currently providing emergency cholera preparedness and response in urban Juba and working in close collaboration with the County Health Department, with the current ongoing door-to-door community mobilizations on cholera prevention through deep penetration of respective community structures, medical and psychosocial care and support to GBV survivors in the targeted Counties will be integrated and effected with ease. However, there is a huge budget short fall being experienced and affecting the ability to rapidly scale up access to life-saving emergency medical services such as providing Post exposure prophylaxis, contraception's, HBV and TT vaccinations, information collection for early warning and rapid responses, increasing knowledge and awareness about GBV, providing access to psycho-social support, legal and rehabilitation services to survivors women, boys, girls and men, building the capacity of front-line respondents, increasing advocacy and partnership with communities for eliminating gender violence. CHF funds requested would be used to bridge the current budget short fall being experience by health link to rapidly scale up and maintain the provision of emergency medical services in the identified project areas. This project will also focus on GBV prevention activities by engagement with community leaders, youth and women groups through FDGs and regular consultations.

## 5. Complementarity

### LOGICAL FRAMEWORK

#### Overall project objective

The overall objective of this project is to improve the quality of response for GBV survivors, and reduce risks of GBV for vulnerable women, girls, boys men and people with disability in 5 Payams of Urban Juba areas.

### 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	60
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	40

**Contribution to Cluster/Sector Objectives :** The overall objective of this project is to improve the quality of response for GBV survivors, and reduce risks of GBV for vulnerable women, girls, boys men and people with disability in urban Juba. The project is designed to respond to the protection cluster strategy and HRP CO1 by ensuring improved access to quality safe and free life-saving GBV/ PSS and emergency medical services for GBV survivors; the project will also focus on ensuring Vulnerable individuals and survivors have improved safety and dignity by addressing threats and vulnerabilities through prevention programming and protection mainstreaming a key HRP CO2 objective for 2016. While HRP CO3 will also be addressed by ensuring Protection capabilities of individuals, local actors and communities is strengthened to achieve solutions through improved freedom of movement and coping strategies. These selected activities are designed to achieve the Protection cluster objectives and strategy which HLSS has adopted and more so the selected counties are those among the high priority counties for the cluster response.

#### Outcome 1

Improved access to quality safe and free CMR/PSS/PFA and other emergency life-saving medical services for SGBV survivors; women, girls, boys, men and elderly people in Urban Juba

#### Output 1.1

##### Description

Population of women, girls, boys, men and elderly people in Urban Juba and Yei County areas are provided improved access to quality safe and free CMR/PSS/PFA and other emergency life-saving medical services for SGBV survivors.

##### Assumptions & Risks

Communities remain accessible,  
population remains stable  
Funding is available

#### Activities

##### Activity 1.1.1

Establish and provide 24hrs GBV response services i.e. Emergency life-saving medical services, psycho-social support services, Case management and legal referral and safety to include life saving Post exposure prophylaxis, STI/STD treatment, Hepatitis B vaccination and emergency contraception to 110 survivors of GBV

##### Activity 1.1.2

Provide 5,000 dignity kits with protective items to women and girls of reproductive age in Urban Juba and County

**Activity 1.1.3**

Conduct the training of front line care givers on PFA in emergencies using GBV minimum standards and protocols

**Activity 1.1.4**

Conduct training for 40 health workers on Clinical Management of Rape (CMR),HIV/AIDs and how to respond to cases of sexual abuse

**Activity 1.1.5**

Establish 5 CMR Centres in the existing PHCCs that will offer a comprehensive package of medical, psychological and social services for survivors; women and children girls and boys

**Activity 1.1.6**

Conduct mobile outreach and community bases rapid GBV response services through Home to Home visits for survivors who are unable to reach CMR centres in Urban Juba.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	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)	5	50	5	50	110

**Means of Verification** : GBV registers

GBV referral register  
 GBVIMS Reports  
 GBV surveillance & monthly reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

Indicator 1.1.2	PROTECTION	Frontline services # people trained on GBV in emergencies using GBV Minimum Standards	50	80	20	20	170
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**Means of Verification** : Training report

GBV registers  
 GBV referral register  
 GBVIMS Reports  
 GBV surveillance & monthly reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

Indicator 1.1.3	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					5,000
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**Means of Verification** : GBV registers

GBV referral register  
 GBVIMS Reports  
 GBV surveillance & monthly reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

Indicator 1.1.4	PROTECTION	Frontline services # of health workers trained on clinical management of rape (CMR)	48	60			108
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**Means of Verification** : Training report

GBV registers  
 GBV referral register  
 GBVIMS Reports  
 GBV surveillance & monthly reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

**Outcome 2**

Vulnerable individuals have improved safety and dignity by addressing threats and vulnerabilities through prevention programming and protection mainstreaming.

**Output 2.1**

**Description**

Vulnerable individuals in Urban Juba are provided with improved safety and dignity through prevention programming and protection mainstreaming to address threats and vulnerabilities

**Assumptions & Risks**

Communities remain stable  
 security is stable  
 funding is available

**Activities**

**Activity 2.1.1**

Conduct awareness session on GBV prevention and timely access of services with community leaders, leaders of the uniformed personnel and youth and women groups.

**Activity 2.1.2**

Conduct life skills training to 160 women, girls and youth on HIV/AIDs knowledge and attitudes, GBV, gender equitable norms, power relationships and communication and the existing laws and policies on GBV.

**Activity 2.1.3**

Conduct community dialogues with 5 youth groups, men groups, women groups, elders, clan leaders to incorporate a balance perspective in conflict mitigation and reconciliation.

**Activity 2.1.4**

Conduct 16 Mass Media education by use of IEC and drama to disseminate key preventive messages to 28,550 Men, Women 31,976 Boys 25,374 and girls 28,300

**Activity 2.1.5**

Establish 2 County GBV focal points for GBV case reporting to the service centers .

**Activity 2.1.6**

coordinate with UNDP and IRC for toll free telephone line for case reporting and information dissemination of services to enhance referrals

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community-based protection networks	28,550	31,976	25,374	28,300	114,200

**Means of Verification** : GBV registers  
 GBV referral register  
 GBVIMS Reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

Indicator 2.1.2	PROTECTION	Frontline services # of Women Friendly Spaces (WFS) established/maintained					1
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**Means of Verification** : GBV registers  
 GBV referral register  
 GBVIMS Reports  
 GBV surveillance & monthly reports  
 OPD/IPD, monthly statistical reports  
 Quarterly progress reports

**Outcome 3**

Protection capabilities of individuals, local actors and communities is strengthened to achieve solutions through improved freedom of movement and coping strategies.

**Output 3.1**

**Description**

Individuals, local actors and communities in Urban Juba are supported to achieve durable solutions and freedom of movement; coping strategies and protection capacities.

**Assumptions & Risks**

Communities remain stable,  
 Security remains stable  
 funding is available

**Activities**

**Activity 3.1.1**

Support the develop and strengthen referral system in the 5 urban Juba Payams in Jubeg state

**Activity 3.1.2**

Strengthen community based protection structures to prevent and respond to GBV,

**Activity 3.1.3**

Train non clinical staff to increase access to services on HIV and AIDs, psychosocial First Aid PFA and GBV response

**Activity 3.1.4**

Conduct monthly safety audits monthly in urban Juba project areas

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					2

<b>Means of Verification</b> : : GBV registers GBV referral register GBVIMS Reports GBV surveillance & monthly reports OPD/IPD, monthly statistical reports Quarterly progress reports							
Indicator 3.1.2	PROTECTION	Frontline services # of protection monitoring visits or safety audits in the targeted locations					4

<b>Means of Verification</b> : : GBV registers GBV referral register GBVIMS Reports GBV surveillance & monthly reports OPD/IPD, monthly statistical reports Quarterly progress reports							
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**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The M&E plan will concentrate on two levels: the first level being the project implementation targets, and second being the overall goals of this project.

Health Link south Sudan is well aware of the challenges involved in GBV data collections, analysis, interpretation and dissemination not only at the Payam, county, state level but for the entire southern Sudan. The distances to the health facilities and communities, inconsistent recording of row data and the lack of feedback are absolute threats to ensuring quality GBV information processing.

While availability of tools is critical, Health Link will adopt national standard tools provided by WHO, UNFPA and the protection cluster among other national frameworks for Monitoring and evaluation that will include confidential intake forms, referral forms, medical examination and consent forms, GBVIMS forms, monthly reporting forms, Laboratory forms and other related forms. Coordination of GBV response activities by HLSS will be strengthened by sharing of GBVIMS with partners who have signed to the ISPs and through CES and National coordination mechanisms. This will ensure no duplication of activities by HLSS and other partners involved in GBV programming in Urban.

Reports will be collected on daily, weekly and monthly basis. Boma and Payam based reports will be collected daily, submitted as they occur using SMART phones provided to Payam volunteers and to GBV programme officers and Nursing officers to the central information/data base at state and Health Link's HQ. The health Links' (HQ) will submit weekly epidemiological and monthly incidence reports to the protection cluster, MoH and other relevant stakeholders for further actions.

Accuracy of information collection will be ensured through on job training/Mentoring and continuing support supervision by Health Links HQ, the senior GBV programme coordinator, GBV programme officers as well as the GBV nursing officers during the entire scope of this project. The health link's officers (HQ) would also prepare quarterly performance report to be submitted to UNDP/FMU team within 1 month after completion of the project.

One of the key components of a monitoring strategy is a set of monitoring indicators that measure outcome of the project activities. These indicators have been identified and the intended targets set. This project will also encourage donor review missions to the project areas any time to monitor the overall results framework;

<b>Workplan</b>													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Establish and provide 24hrs GBV response services i.e. Emergency life-saving medical services, psycho-social support services, Case management and legal referral and safety to include life saving Post exposure prophylaxis, STI/STD treatment, Hepatitis B vaccination and emergency contraception to 110 survivors of GBV	2016									X	X	X	X
Activity 1.1.2: Provide 5,000 dignity kits with protective items to women and girls of reproductive age in Urban Juba and County	2016									X	X	X	X
Activity 1.1.3: Conduct the training of front line care givers on PFA in emergencies using GBV minimum standards and protocols	2016										X	X	
Activity 1.1.4: Conduct training for 40 health workers on Clinical Management of Rape (CMR),HIV/AIDs and how to respond to cases of sexual abuse	2016										X		
Activity 1.1.5: Establish 5 CMR Centres in the existing PHCCs that will offer a comprehensive package of medical, psychological and social services for survivors; women and children girls and boys	2016									X	X		
Activity 1.1.6: Conduct mobile outreach and community bases rapid GBV response services through Home to Home visits for survivors who are unable to reach CMR centres in Urban Juba.	2016									X	X	X	X
Activity 2.1.1: Conduct awareness session on GBV prevention and timely access of services with community leaders, leaders of the uniformed personnel and youth and women groups.	2016									X	X	X	X
Activity 2.1.2: Conduct life skills training to 160 women, girls and youth on HIV/AIDs knowledge and attitudes, GBV, gender equitable norms, power relationships and communication and the existing laws and policies on GBV.	2016											X	X
Activity 2.1.3: Conduct community dialogues with 5 youth groups, men groups, women groups, elders, clan leaders to incorporate a balance perspective in conflict mitigation and reconciliation.	2016									X	X	X	X

Activity 2.1.4: Conduct 16 Mass Media education by use of IEC and drama to disseminate key preventive messages to 28,550 Men, Women 31,976 Boys 25,374 and girls 28,300	2016										X	X	X	X
Activity 2.1.5: Establish 2 County GBV focal points for GBV case reporting to the service centers .	2016										X	X	X	X
Activity 2.1.6: coordinate with UNDP and IRC for toll free telephone line for case reporting and information dissemination of services to enhance referrals	2016										X	X		
Activity 3.1.1: Support the develop and strengthen referral system in the 5 urban Juba Payams in Jubeg state	2016										X	X	X	X
Activity 3.1.2: Strengthen community based protection structures to prevent and respond to GBV,	2016										X	X	X	X
Activity 3.1.3: Train non clinical staff to increase access to services on HIV and AIDs, psychosocial First Aid PFA and GBV response	2016											X		
Activity 3.1.4: Conduct monthly safety audits monthly in urban Juba project areas	2016										X	X	X	X

## OTHER INFO

### Accountability to Affected Populations

The design of this project involved full participation of all actors' right from the time of need assessment, prioritization and project planning. The implementation methodology also provides a platform for full participation for women; girls, boys and men as well as people with disability in the project area by ensuring their participation in local community leadership structures such as community based protection volunteers, health management committees and governance structures as well as being trained as home health promoters. Through FDGs, communities would be able to provide feedbacks on priority issues. During the implementation of this project, HLSS will also conduct focused group discussions and community meetings that will be 50% attended by women and girls as well as boys and men in the project area. During these meetings, feedback on quality of service delivery and other concerns will be addressed and incorporated in the implementation of the project.

### Implementation Plan

Health Link will deploy key personnel consisting of GBV Programme officer, psycho-social support officer, women support officers and GBV nurses who will directly provide services to survivors in urban Juba. The key health link staff will work with protection volunteers at Boma levels who will help in ethical information collection and reporting and referral of cases for emergency care and management. GBV nursing officers will provide case management and training to health workers at MoH and Partner health facilities to ensure early responses and further investigation of survivors. HLSS protection manager and GBV prevention & Response officer who are both females will coordinator all response and prevention activities with other partners in urban Juba. Enhanced coordination will be ensured by working together with the CMR -working group at national level of which HLSS is a member. Health link will provide smart phone for quick reporting and improved information collection, management while ensuring data quality and confidentiality of all information received and being transmitted. Appropriate software will be provided to improve data transmission and storage. A team of volunteers will carefully provide community sensitization about GBV ensuring that issues related to culture and taboos are care internalized and addressed. MSG, AGI support groups and GBV volunteers will facilitate further referrals of survivors

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IsraAID	State level coordination on prevention and referral activities
CCC	State level coordination on prevention and referral activities
IRC	State level coordination of mobile GBV activites
JTH	Coordination of referral pathways

### Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code

This project is tailored to contribute to gender equity by increasing availability, access to and demands for Psycho-social support services, GBV and mental health targeting highly vulnerable people. The planned activities are meant to achieve this objective include; provision of emergency medical services to GBV survivors including PEP, training front-line Health Workers on Clinical Care of Sexual Assault Survivors (CCSAS), Psychosocial support and referral mechanism for provision of CCSAS services to rape survivors including clinical management of rape , provide MHPSS through WHO Mental Health Gap Action Program (mhGAP) by integrating MHPSS into PHC services, conduct training of MHPSS to front-line health workers to detect, diagnose and manage mental health conditions using WHO mhGAP and Psychological first aid, provide treatment to mental disorders through procurement of emergency WHO Model of essential psychotropic medications, promote gender and age dis-aggregated health information systems that cover essential mental health data, create community network through training Focal persons to promote access to informal support, self-help in the community as community mental health level supporters.

The above activities will directly advance gender equity and promote improvements in the quality of lives of women, girls, boys, men and elderly people in the project site.

### Protection Mainstreaming

This project will integrate both HIV/AIDS prevention measures and measures that would ensure environmental sustainability. Health link will:

- Conduct peace building campaign and initiate dialogue with communities in conflict areas in order to promote and sustain peaceful environment.
- Sensitize and engage communities to participate in environment resource management, waters, pasture land, forests, and game reserves e.t.c. Which are often leading triggers of violence? Women will be sensitized and disposal of sanitary pads to ensure environmental safety.
- Provision of emergency treatment including HIV Post Exposure Prophylaxis (PEP) and STI/STD to survivors of GBV
- Provision of ART and HIV/AIDS treatment and monitoring support
- HIV/AIDS risk sensitization and awareness to the general public and women.

#### Country Specific Information

#### Safety and Security

HLSS has security policy framework that provides a modest mechanism for accessing level of personal security risks to its personnel. All HLSS field locations have emergency communication equipment such as Thuraya, VHF radio, Mobile telephones and VSAT systems all designed to improve security monitoring and reporting. Above all, all HLSS personnel undergo basic security training before being deployed on ground. These precautionary measures are designed to provide for better management and assessment security concerns while in the field. HLSS is also working with Security working group under NGO forums. Additional support is also received from UNDSS.

#### Access

Most of the project location have remained accessible. However in the event of access constraints, HLSS as NNGO will negotiate and adopt to the changing environment e.g. by being embedded in the local communities.

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	GBV Programme manager	D	1	3,500.00	4	100.00	14,000.00
	<i>1. GBV programme manager responsible for coordination and implementation of the project to be hired at USD 3500 per month</i>						
1.2	Psycho-Social Support Officer	D	1	2,000.00	4	100.00	8,000.00
	<i>1. Psychologists to provide PSS/PFA services to be hired at USD 2500 per month</i>						
1.3	GBV Prevention officers	D	1	1,500.00	4	100.00	6,000.00
	<i>1 GBV prevention will be increasing information dissemination on prevention to be hired at USD 1,500 monthly</i>						
1.4	Women support Officers	D	1	1,500.00	4	100.00	6,000.00
	<i>1 support officer to be hired at 1500 USd monthly</i>						
1.5	GBV Nurse	D	4	700.00	4	100.00	11,200.00
	<i>GBV nurses to provide PSS and emergency medical services to be hired at USD 1000 per month</i>						
1.6	Finance Manager	D	1	4,680.00	4	30.00	5,616.00
	<i>Cost allocation of LoE of the finance manager hired at USD 4680 monthly</i>						
1.7	Operations manager	D	1	6,000.00	4	30.00	7,200.00
	<i>Cost allocation of LoE of the operations manager hired at USD 6000 monthly</i>						
1.8	Chief Executive Director	D	1	8,000.00	4	30.00	9,600.00
	<i>Cost allocation of LoE of the executive director hired at USD 8,000 monthly</i>						
1.9	Monitoring and Evaluation Manager	D	1	4,680.00	4	30.00	5,616.00
	<i>Cost allocation of LoE of the M &amp; E manager hired at USD 4680 monthly</i>						
1.10	Community protection mobilizers	D	12	100.00	4	100.00	4,800.00
	<i>24 community protection volunteers to support 12 from each county</i>						
	<b>Section Total</b>						<b>78,032.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Printing of Case management Forms/Tools	D	4500	0.25	1	100.00	1,125.00
	<i>Printing of Case management Forms/Tools 5000 sets for distribution to Juba and Yei</i>						

2.2	Purchase of gasoline	D	3000	1.20	1	100.00	3,600.00
	<i>7500 Liters of Diesel for vehicle and generator operation, 4,000 Liters for Juba and Yei</i>						
2.3	Procurement of Office Equipments and Consumables	D	4	1,000.00	1	100.00	4,000.00
	<i>Procurement of Office computers, 4 Desktops, 4 Laptops and Office Consumables</i>						
	<b>Section Total</b>						<b>8,725.00</b>
<b>Equipment</b>							
3.1	Phones	D	4	300.00	1	100.00	1,200.00
	<i>K Phones for data collections, storage and transmission</i>						
	<b>Section Total</b>						<b>1,200.00</b>
<b>Contractual Services</b>							
4.1	Training CMR	D	72	50.00	1	100.00	3,600.00
	<i>Conduct training to Health workers on Clinical Management of rape (CMR) for 48 Nurses, 12 Clinical officers and 12 Doctors</i>						
4.2	Training PFA	D	60	50.00	1	100.00	3,000.00
	<i>Conduct Psychosocial First Aid (PFA) and survivor centered approach training to 60 non-clinical staff</i>						
4.3	Rehabilitation of CMR centre at JTH	D	1	15,000.00	1	100.00	15,000.00
	<i>CMR center at JTH to be rehabilitated and equiped</i>						
	<b>Section Total</b>						<b>21,600.00</b>
<b>Travel</b>							
5.1	Local field flights	D	3	270.00	2	100.00	1,620.00
	<i>14 staff flights on UNHAS 2 flights per staff in 6 months at USD 200 each</i>						
5.2	Hire of Toyoya Landcruiser	D	1	160.00	90	100.00	14,400.00
	<i>Hire of 2 Toyota Land cruisers as ambulances for transfer of Patients at USD 180 per day for 120 days.</i>						
5.3	Travel DSAs	D	3	100.00	4	100.00	1,200.00
	<i>14 Field staff travels for referral of patients and meetings @ USD 100 per day for 2 days every month</i>						
5.4	DSA HQ management Supervision visit	D	3	150.00	4	100.00	1,800.00
	<i>4 HQ staff support visits lasting 5 days, 1 visit every month to Yei @ 150 USD per person per day</i>						
	<b>Section Total</b>						<b>19,020.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office stationary	S	1	900.00	4	100.00	3,600.00
	<i>Assorted Stationary supply for office at USD 900 per month for Juba Office</i>						
7.2	Field Staff feeding	S	1	1,000.00	4	100.00	4,000.00
	<i>Feeding for field office staff</i>						
7.3	Cleaning Materials	S	1	1,002.50	4	100.00	4,010.00
	<i>Assorted cleaning materials</i>						
7.4	Bank Charges	D	0	0.00	0	0.00	0.00

	<i>Bank Charges</i>			
	<b>Section Total</b>			<b>11,610.00</b>
<b>SubTotal</b>		7,678.00		<b>140,187.00</b>
Direct				128,577.00
Support				11,610.00
<b>PSC Cost</b>				
PSC Cost Percent				7.00
PSC Amount				9,813.09
<b>Total Cost</b>				<b>150,000.09</b>
<b>Grand Total CHF Cost</b>				<b>150,000.09</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria -> Juba	100	28,550	31,976	25,374	28,300	114,200	

**Documents**

Category Name	Document Description
Project Supporting Documents	MODEL CMR DESIGN.docx