

Requesting Organization :	Nile Hope				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		100			
Project Title :	Providing quality psychosocial support and timely access to services for Gender Based Violence survivors in conflict affected Communities in New Fangak County of Jonglei state.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/P/NGO/774		
Cluster :		Project Budget in US\$:	150,000.30		
Planned project duration :	6 months	Priority:			
Planned Start Date :	01/01/2016	Planned End Date :	30/06/2016		
Actual Start Date:	01/01/2016	Actual End Date:	30/06/2016		
Project Summary :	<p>Gender Based Violence project is targeting 5,000 vulnerable, IDPs and host communities to provide quality psychosocial support and timely access to services for Gender Based Violence survivors in conflict affected Communities in Fangak County. According to the protection trends paper No.4 (May 2015), Gender Based Violence remained a serious problem that has resulted into multiple displacement characterized by cases of Sexual violence such as rape, sexual harassment, sexual exploitation, abduction and survival sex were increasingly reported inside and outside POC sites. Women sometimes found it necessary to engage in "survival sex" to obtain food, services or safety and women often worked for long hours to obtain food for their families exposing themselves to Sexual Gender Based Violence. According to the protection trends paper No.5 (July 2015), wide spread of sexual violence remained a deplorable feature of the conflict, with evidence of deliberate ethnic targeting of and reprisals against women and girls. Women continued to be exposed to physical and sexual assault, rape, emotional and forced marriage. Reflecting the conflict's wider dynamics, a higher percentage of survivors identified the alleged perpetrators of this abuse as members of the armed forces and groups. With all the above mentioned needs, Nile Hope will intervene through; Provision of psychosocial support to Gender Based Violence survivors using appropriate case management tools and make appropriate referrals; Engage Gender Based Violence survivors and other vulnerable women and girls in weekly group psychosocial activities (bead work and knitting of bed sheets) at the already existing women safe spaces and involve them in various discussions to identify protection risks and mitigation measures which are income generating; distribute solar lamps to vulnerable women and girls as a risk mitigation measures; distribute dignity kits to women and girls of reproductive age (15 to 45yrs) to live dignified life; Strengthen the capacity of frontline service providers (case managers, police, health care workers (CMR) and community leaders) on Gender Based Violence (training case managers on the GBVIMS tools and case management process), sensitize them on the existing referral pathway putting into consideration the guiding principle and survivor centered approach; there is need for Nile Hope staff to continue creating awareness on Gender Based Violence concerns, consequences, and availability of services for Gender Based Violence survivors and Strengthen the coordination networks to enhance the availability of services, sensitization of service providers on the existing referral pathway and ensure that survivor needs are met.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	300	3,000	300	1,400	5,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	180	1,940	200	900	3,220
People in Host Communities	120	1,000	100	500	1,720
Trainers, Promoters, Caretakers, committee members, etc.	25	35	0	0	60
Other	0	0	0	0	0
Indirect Beneficiaries :					
Other groups: 2,000 (1,600 female and 400 males) these will include; young men, elderly and disabled groups					

Catchment Population:

Targeted Area: New Fangak and the surrounding villages.

The total Population 110,130, according to statistic year book of 2010 (Composed of Children, Girls and boys, Men and Women, Returnees, IDPs & Host Community expected to benefit directly or indirectly). However, there have been movement of populations that is not captured and documented, in Fangak.

Targeted 5% (5,000) of the total population 110.130 This is composed of women 3000 girls 1400 men 300 and Boys 300 for direct response

The indirect population 2000 (1600 female & 400 Males)

Link with allocation strategy :

The project is in response to the allocation strategy, since it aims at life saving Gender Based Violence prevention and response activities in line with the protection cluster prioritized needs such as response, cope with threats and prevention from being exposed to protection risks this will be done through the awareness raising sessions on prevention and response seeking behaviors, availability of services and Gender Based Violence issues among women, men, boys and girls; strengthening the capacity of community based protection networks, frontline service providers and staff to enable them to provide timely psychosocial support to both GBV.

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
Rael Rugut	Gender and Protection Coordinator	rugut@nilehope.org	0912294330
Johnson Ndichu	Programme coordinator	jndichu@nilehope.org	0920010325
Paul Biel	Director	otoang@nilehope.org	0920010323
Brenda Nanteza	GBV Specialist	nanteza@nilehope.org	0954872631

BACKGROUND**1. Humanitarian context analysis**

According to protection trends paper No.6 (July- September), by end of September about 2.27million south Sudanese had been displaced by conflict of which 1.64 million were displaced internally and more than 633,000 had fled to neighboring countries. This constituted a 3 per increase in total displacement compared to the end of second quarter in June. In the context of the ongoing conflict the number of children in psychosocial distress was estimated to have exceeded 876,000 to 600,000 by the end of the second quarter (+46%), given the increase in displacement. Although determining the rates and intensity of psychosocial distress is challenging, the combination of displacement, the lack of basic services, the trauma of witnessing and experiencing violence and the lack of routine likely continued to strain the capacity of both children and their care givers to remain resilient. According to Keew IRNA report as of 16th to 18th June 2015, the IDPs mainly women and children experience sexual violence, forced recruitment, sexual exploitation and abduction of both boys and girls while leaving their homes in Unity State. Assessment conducted by actors in Fangak County (Barboi report February 24th -25th 2015) indicated that 23990 unverified population of the the IDPs that came from New Fangak town, Atar, Canal and Kaldak were unaccompanied and separated children under the temporary care arranged families. Many girls and boys are in the company of the women and most of them are reported to be separated from their families. According to Kurwai IRNA (January 5th-6th 2015) the multiple displacements has mainly affected women, girls and boys has increased the need for psychosocial support for women, girls, boys and men. According to the protection trends paper as of 5th July 2015, in Jonglei state the situation was calmer over all but clashes between SPLA and SPLA-IO occurred in the North west, displacing thousands for example the fighting was reported in New Fangak in the late march, in Ayod early in April and in Duk and Uror counties in the mid May. The security situation in Unity, Jonglei and upper Nile has resulted into continuous arrivals of IDPS in Pigi-Kurwai and in Fangak in payam s of Kolapach, Phom, Lele, Wuntur, Pakan and Barbuoy this has led to increased number of IDPs in the area with inadequate services in Place.

2. Needs assessment

The 15 December 2013 political crisis in Juba which later escalated into armed conflict based on ethnic divisions, the continuous fighting in Upper Nile, Unity and Jonglei states has created insecurity which resulted into mass population displacement. According to the south Sudan humanitarian (snap shot) as of 16th August, 4.6 m people are severely food insecure, 1, 606,400 Internally displaced persons and 616,010 number of south Sudanese have fled to the neighboring countries. According to the IRNA reports_ Kolapach as of October 2015, the local authority reportedly indicated that the intensity and ferocity of the conflict in Wunalam, Nyitok, Atar and Khorflus dislodged over 17,000 people since 2014 and in May and June 2015: forced them to flee to different locations to south of south west, mostly Kolapach. A good number of people also crossed into Nyirol, Ayod and Fangak Counties. Both the IDPS and host communities are in urgent need of assistance in terms of Protection, food, NFIs, education, WASH, Nutrition and health services. Women and children are most vulnerable; children are redundant and idle with no education or Psychosocial activities and could potentially be recruited by armed groups and travelling long distance in search for food put women and girls at risk of SGBV.

According to South Sudan humanitarian need over view, insecurity and traumatic incidents have affected millions of Civilians. An estimated one million children are believed to be in psychosocial distress and a survey in South Sudan in July 2015 found that 41 per cent of respondents showed symptoms Of post-traumatic stress disorder (PTSD).

According to the GBV IMS as quoted in the protection paper No. 6 as of July to September 2015, 442 survivors sought specialized GBV services in various sites during the third quarter, the highest number to date in 2015. The data showed as 1 per cent increase in incidents reported by females, from 96 per cent to 97 per cent between the second and third quarters.

On average in the third quarter, 85 per cent of reported cases were adults, and 15 per cent were children. In previous quarters, reported incidents involving children had been high, at 25 per cent of cases. The reduction may be due to a decrease in incidents, but it is most likely related to guardian's growing reluctance to seek services due to fear of reprisals, discrimination, shame or stigma among others.

We have technical expertise scaled up administratively and better understand working in complex context and in addition we have strong field staff and we will use the community based approach to mitigate risks and increase the capacity of the vulnerable groups. The CHF funding SA Rd 1 2016 will enable us to complete the activities which are ongoing in 2015 SA Rd2 and also respond to the gaps in service delivery in our areas of operation. Nile Hope will ensure that those affected by protection risks and threats are provided with timely protection response and prevention services through a multi sectorial approach with other sectors; Health, FSL, WASH and Education (involve the children at TLS in PSS activities) to ensure that survivors needs are met when referrals are done, this will be achieved through monthly coordination meeting where referral pathway will be enhanced

To ensure the needs become effectively addressed, we shall have an in-built Log frame that will be the focal reference for measuring project progress and results; this will be coupled with additional tools and approaches including FGDs with community beneficiary members, case study profiling, interviews with key informants and community feedback engagement forums. The field staff led by the Field Coordinators and with the support of the MEAL Officer and Programs Coordinator will be vigilant to track the implementation process and the timely realization of results.

3. Description Of Beneficiaries

The project will target a population of 5, 000 (women 3000, girls 1400, men 300 and 300 boys) of all age groups putting into consideration gender sensitivity and their needs, the groups includes; IDPS, host communities and the returnees in, Fangak 2000 are indirect beneficiaries and these will include; young men, elderly and disabled .The population of Fangak has moved to far villages which is dimmed to be much safer. Among the 5, 000 we have selected more women and girls than the men and boys since they are more vulnerable to Sexual Gender Based Violence and if take a close observation of the IDP population movement it consisted of mostly women and girls.

Nile Hope staff will continue to work closely with previous groups like the women groups, children groups will continue with Psychosocial activities and community based protection teams to reach out to the community and also provide psychosocial support. We will mobilize the already existing groups to take part in identifying the issues affecting women and girls within the community and also create awareness at different forums on GBV concern and availability of services to ensure we reach out to 5, 000 and all women, men, girls and boys have access to information and services

4. Grant Request Justification

It is well documented globally that during conflict situations, women and children are the most vulnerable group exposed to protection issues like women and girls being exposed to GBV including sexual violence which at times is used to intimidate the population as well as weapon of war.

South Sudan situation with a complex context has no difference; Jonglei (New Fangak) has been one of the affected areas.

Nile Hope therefore being an active actor for both GBV on both prevention and response in this location, the organization has technical expertise, administratively and better understanding working in complex context in addition Nile Hope has a strong relationship with the community and community leaders (women leaders, chiefs, elders, youth leaders and teachers also Nile Hope has carried out interventions in these areas and managed to create referral pathway, construct a women center, train health care providers on clinical management of rape, form community based protection mechanisms.

Currently UNICEF funds Nile Hope to cover Nasir, Pochalla and Akobo. However there is still have a gap in Fangak (New Fangak) County that CHF funding SA R1 will enable us to respond to Gender Based Violence in emergency related gaps that have heavily affected both women and children. Follow up and PSS will be continued with the funding that will be entrusted to Nile Hope. The existing women centers will be accessed by women during psychosocial activities, engage in focus group discussion on GBV concerns and provision of psychosocial support and this will help to promote confidentiality since they will have space where they can freely express their concerns without fear and with regular discussions on GBV concerns and sharing of experience women and girls will be able to gain skills on coping mechanisms. Furthermore, the existing Nile Hope requisite systems, policies and procedures in place will be strengthened to enhance effective response project monitoring.

Currently UNICEF funds Nile Hope to cover Nasir, Pochalla and Akobo. However there is still have a gap in Pigi/Canal and Fangak(New Fangak) Counties that CHF funding SA R1 will enable us to respond to child Protection and Gender Based Violence in emergency related gaps that have heavily affected both women and children. Follow up and PSS of the already registered children and registration, of unaccompanied and separated children, tracing and reunification will be continued with the funding that will be entrusted to Nile Hope. The existing women centers will be accessed by women during psychosocial activities, engage in focus group discussion on Gender Based Violence concerns and provision of psychosocial support and this will help to promote confidentiality since they will have space where they can freely express their concerns without fear and with regular discussions on Gender Based Violence concerns and sharing of experience women and girls will be able to gain skills on coping mechanisms. Furthermore, the existing Nile Hope requisite systems, policies and procedures in place will be strengthened to enhance effective response project monitoring.

5. Complementarity

Nile Hope will work closely with other protection partners and other service providers who will directly be in contact with GBV survivors and unaccompanied and separated children. This will help to enhance the referral path way and to also improved timely response to survivors. We will also sensitize all partners and communities members in our areas of operation on the existing referral pathway to ensure that survivors of GBV utilize the available services without any stigma attached. Since prevention and response to GBV, PSS services are priority of cluster in protection and the current humanitarian situation in South Sudan. Engage and coordinate activities with the County authorities, payam administrators, WASH, Health and FSL departments. Nile Hope has established presence and has good networks with the local communities which are our strong advantage.

LOGICAL FRAMEWORK

Overall project objective

Quality GBV response services are available, accessed and preventive measures are put in place to alleviate suffering among women, men, boys and girls affected by conflict to reach 5, 000 (women 3000, girls 1400, men 300 and 300 boys) survivors of GBV and 2,000 other vulnerable persons in emergencies in Fangak County of Jonglei states by end of 2016.

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	30
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	50
CO3: Individuals are supported to achieve solutions and freedom of movement; coping strategies and protection capacities of individuals, communities and local actors are strengthened	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	20

Contribution to Cluster/Sector Objectives : The project will contribute to all Cluster/Sector objectives for a holistic and responsive intervention by; 1) ensuring that people affected by conflict receive immediate response as a live saving and to alleviate suffering to men and boys, women and girls. 2) Ensuring that Community based approaches interventions are participatory and 3) Ensuring a Do No Harm approach will effective coping mechanisms, self reliance and rebirth of people's livelihoods for quick recovery.

Outcome 1

Safe Gender Based Violence Response and preventive mechanisms in place to enhance service accessibility

Output 1.1

Description

GBV survivors have confidence in seeking response services in a safe environment that upholds their dignity

Assumptions & Risks

Timely availability of funds to execute timely interventions, ensured safety and accessibility to the available services , availability of competent staff to provide services, improved reporting and service seeking behaviors of Gender Based Violence survivors, Prevailing peace and harmony to prevent multiple displacements, insecurity, willingness of beneficiaries, Cultural beliefs and practices on issues related to SGBV, Depending on other partners service delivery especially health for quality and efficient response to survivors compromise the response when they don't deliver.

Activities

Activity 1.1.1

Provide psychosocial support to GBV survivors using appropriate case management tools and make appropriate referrals as per the GBV SC minimum package

Activity 1.1.2

Engage GBV survivors and other vulnerable women and girls in weekly group focus discussions at the women friendly center.

Activity 1.1.3

Store and distribute dignity kits to women and girls of reproductive age (15 to 45yrs) to live dignified life

Activity 1.1.4

Rehabilitation (2) of women friendly center

Activity 1.1.5

Develop and update 1 GBV referral pathways

Activity 1.1.6

Conduct periodic GBV safety audit and advocate for mitigation measures to prevent GBV

Activity 1.1.7

Conduct monthly visits to the availability of CMR supplies in health facilities in New Fangak- using the CMR checklist. Based on findings, liaise with partners such as UNFPA to ensure steady supply of CMR drugs

Activity 1.1.8

Community mobilization of women and girls for registration, sessions and distribution of dignity kits

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 GBV services (GBV case management, CMR and/or PSS/PFA) as per GBV SC Minimum Package	5	45	15	35	100
Means of Verification : GBVIMS reports submitted and monitoring reports							
Indicator 1.1.2	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					1,000
Means of Verification : Distribution list, photos, case studies, and report on reproductive health sessions held							
Indicator 1.1.3	PROTECTION	Frontline services # of Women Friendly Spaces (WFS) established/maintained					3
Means of Verification : Photos and number of women and girls accessing the Women Friendly Space							
Indicator 1.1.4	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					3
Means of Verification : Number of referral pathways documented and shared							
Outcome 2							
Communities and local authorities' capacity will be enhanced to promote resilience from all types of threats.							
Output 2.1							
Description							
Protection capacities of communities and local authorities to assist women and children in resilience to all types of threats will be established							
Assumptions & Risks							
Timely availability of funds to execute timely interventions, ensured safety and accessibility to the available services , availability of competent staff to provide services, improved reporting and service seeking behaviors of GBV survivors, Prevailing peace and harmony to prevent multiple displacements, insecurity , willingness of beneficiaries, Cultural beliefs and practices on issues related to SGBV, Depending on other partners service delivery especially health for quality and efficient response to survivors compromise the response when they don't deliver.							
Activities							
Activity 2.1.1							
Facilitate administratively and logistically the training of health care workers and sensitize them on the existing referral pathway putting into consideration the guiding principle and survivor centered approach							
Activity 2.1.2							
Strengthen the capacity of the existing community Based protection network on GBV concerns, PFA, survivor centered approach and sensitize them on the referral pathway.							
Activity 2.1.3							
Training of service providers on GBV case management							
Activity 2.1.4							
Conduct Monthly women dialogue to reduce Gender Based Violence at the women friendly space (WFS)							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	Frontline services # of health workers trained on clinical management of rape (CMR)	12	3			15
Means of Verification : Training lists and photos							
Indicator 2.1.2	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community protection committees	10	335	15	140	500
Means of Verification : Number of GBV survivors referred by the community protection committees to other service providers							
Indicator 2.1.3	PROTECTION	Frontline services # of service providers trained on GBV Case Management	25	50			75
Means of Verification : Training lists and photos							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Nile Hope shall employ and deploy the project log frame (to capture activities, indicators, cross-cutting issues) as the best measure for progress, timelines and results achievement. We shall work with the project team, partners and Protection mechanisms and structures (including the Protection Cluster, UNFPA and others) and local actors like Volunteers and community support groups to realize the set indicators and targets. Tools and methodologies employed (including interviews with key persons, case study profiling of beneficiaries, observations, focus group discussions on key program aspects and topics, documentations) during the monitoring and evaluation exercise will help to inform learning and the extent to which project objective is realized. We also shall use the organization's M&E tools and guidelines for routine implementation progress tracking (courtesy of the Programs Coordinator and the MEAL Officer). We shall work to ensure accountability to the affected population (AAP) especially through participatory approaches and routinely consult and engage with the communities, the set activities has been conducted with quality results. Whilst monitoring will be progressive, evaluation will be mid-term and final and accountability reports (both financial and narrative) will be generated and shared as appropriate. We shall work to strengthen the monitoring and evaluation competencies of local institutions and structures like the community Support Groups and the County-level Protection coordination (whilst also coordinating and working with other sectors). The MEAL reports will be shared within Nile Hope utilizing the existing reports framework and protocol and under the technical lead of the MEAL Officer. The Executive Director will have an overall birds-eye-view /oversight of the program's progress and will take broad responsibility for administration of the intervention. The Finance Department will ensure responsible and accountable use of the finance and report accordingly

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide psychosocial support to GBV survivors using appropriate case management tools and make appropriate referrals as per the GBV SC minimum package	2016	X	X	X	X	X	X						
Activity 1.1.2: Engage GBV survivors and other vulnerable women and girls in weekly group focus discussions at the women friendly center.	2016	X	X	X	X	X	X						
Activity 1.1.3: Store and distribute dignity kits to women and girls of reproductive age (15 to 45yrs) to live dignified life	2016			X	X	X							
Activity 1.1.4: Rehabilitation (2) of women friendly center	2016		X	X									
Activity 1.1.5: Develop and update 1 GBV referral pathways	2016		X		X								
Activity 1.1.6: Conduct periodic GBV safety audit and advocate for mitigation measures to prevent GBV	2016	X	X	X	X	X	X						
Activity 1.1.7: Conduct monthly visits to the availability of CMR supplies in health facilities in New Fangak- using the CMR checklist. Based on findings, liaise with partners such as UNFPA to ensure steady supply of CMR drugs	2016	X	X	X	X	X	X						
Activity 1.1.8: Community mobilization of women and girls for registration, sessions and distribution of dignity kits	2016	X	X	X	X	X	X						
Activity 2.1.1: Facilitate administratively and logistically the training of health care workers and sensitize them on the existing referral pathway putting into consideration the guiding principle and survivor centered approach	2016		X	X	X	X	X						
Activity 2.1.2: Strengthen the capacity of the existing community Based protection network on GBV concerns, PFA, survivor centered approach and sensitize them on the referral pathway.	2016		X		X	X							
Activity 2.1.3: Training of service providers on GBV case management	2016		X		X								
Activity 2.1.4: Conduct Monthly women dialogue to reduce Gender Based Violence at the women friendly space (WFS)	2016	X	X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

Nile Hope will work to ensure accountability of the affected population will be observed through the participatory approaches, routinely consultation and engage with communities through interview on the project activities. Monitoring will be progressive by the field officers, Programme coordinator and the Gender and Protection Coordinator to ensure all beneficiaries targeted are benefiting from the various activities within the community. Midterm evaluations will be embarked on, final and accountability reports (both financial and Narrative) will be generated and shared.

The implementation process and monitoring shall include the following:

- i) Consultation, and participation of, beneficiaries during needs assessments (including, for example, the baseline surveys);
- ii) Pre-implementation stakeholder workshops and county-level cluster meetings;
- iii) Case study profiling and documentation of learning themes;
- iv) Use of community-based structures e.g. Self Help Groups, Youth and Women Associations, School Clubs, and Peer Groups....;
- v) Active collaboration with local authorities especially County Gender Departments (e.g. on selection of case managers, volunteers, community based psychosocial group's staff selection for competency strengthening...);
- vi) Community-based complaints mechanisms such as use of local leaders like chiefs, county authorities, etc.;
- vii) Community-led campaigns and advocacy initiatives;
- viii) Use of dedicated local staff (knowledge of cultures, local contexts and operational environment, cost-effectiveness, sustainability...);
- ix) Collaboration with State/County and Payam authorities and partnerships with local actors.

Implementation Plan

Nile Hope will solely implement the project and work closely with the County Local Authorities and local structures like the women group and community based protection teams to ensure joint field monitoring/visits to the projects sites by ensuring that the project is running smoothly according to the Log-frame developed. The M&E officer will use the Nile Hope and Gender Ministry tools to capture the data in the field and analyze data so as to come up with concrete report of project implementation. Field reports will be sent to the cluster on monthly and Quarterly basis, share information on emergency trends in the implementation areas. Nile Hope management with leadership from the Director's office will oversee and referee the implementation of the project in line with cluster priorities and mandate. Supportive technical review and evaluation of the reports will be conducted by the Protection Coordinator on a weekly/ monthly basis .The Gender and Protection Program will receive technical and monitoring support from Nile Hope Programs Office. The finance office will provide financial accountability tools and reports, and steward the project resourcing process.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
CADA, Hold the child, SALF, CMA & Nile Hope	Nile Hope will work closely with other partners to ensure there is a multi-sectorial and well coordinated services and response for GBV survivors including children affected by conflict. Partner will convene on a monthly basis for coordination meetings to enhance the referral process for GBV cases and identifying gaps in services delivery. Children survivors will be referred for child protection services which are provided by CADA & Hold the Child then SGBV survivors will be referred to Nile Hope health department for clinical management and care for rape survivors.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Nile Hope project will provide psychosocial first aid and support survivors to access services without any discrimination of sex and age. The project will also look at the most vulnerable groups and other groups with special needs and ensure that they are reached and assisted putting into consideration the guiding principles and survivor centered skills. Nile Hope is gender sensitive in both recruiting of staff and targeting of all gender (women, men, girls and boys) during the project implementation and these activities will include; Psychosocial activities at women safe spaces where discussions will be held to identify protection risks affecting various groups within the community and came up with durable solutions on how to mitigate them; distribution of solar lamps to women and girls to mitigate protection risks, distribution of dignity kits to women and girls of reproductive age and also ensure we reach all age groups and sex during the awareness raising session so that all groups have equal access to information on the availability of services.

Protection Mainstreaming

This project will provide access to assistance and services without discrimination of sex or age and also ensuring that most vulnerable groups and groups with special needs are reached and assisted with appropriate confidentiality. This project through advocacy, empowerment of targeted groups as well as use of community based committees to enhance population's ability to reclaim their rights. Increased awareness on consequences of GBV and enhanced utilization of available services for women, girls and boys affected by conflict. The community based support teams will support the GBV to re-integrate back in the community and reduce stigma attached to violence. To build resilience in communities by enhancing the capacity of service providers to support women, men, girls and boys affected by conflict.

Country Specific Information

Safety and Security

Nile Hope will implement in new Fangak which is fairly calm with a conducive environment which permits the local staff from that location and other staff from regions of South Sudan to work with limited challenges, peace and harmony. There are a number of IDPs some settled in Fangak county and this has resulted into an increased population with less service in place. The current situation will therefore make accessibility and intervention easier since the staff will be able to reach out to the beneficiaries with services where ever the population moves to and settles

Access

Nile Hope has been operating in new Fangak county and has acquired wider knowledge on the context and the cultural background. In addition, we will work closely with the County Authority and community leaders to get information on accessibility to certain areas in new Fangak. Nile Hope will use the local staff that has access to any area and this is an added advantage that we can reach out to the beneficiaries with the planned project activities. The staff will serve the affected population regardless of the situation present in the area. Nile Hope has been using different modes of transport which includes; air transport, boat and vehicle and when it comes to un accessible Payams we use human transport to reach out to the beneficiaries where they are settled. Nile Hope will charter a flight to preposition the dignity kits and materials for psychosocial activities. In regards to the transportation of supplies we will also use a boat in new Fangak to ensure that supplies get to the final destination and distributed to the beneficiaries. Regular monitoring field visits will be conducted by direct program persons in times of inaccessibility our field staff gather the data of implementation through photo sharing, beneficiary interviews and observations and share hard copy of reports.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Field Protection officers	D	1	1,000.00	6	100%	6,000.00

	<i>1 field protection officers will be paid to support and coordinate the activities in the field in Fangak. He will be working closely with the Case managers to ensure the needs of GBV survivors are met on time. They are responsible to report to he reports with protection department in Juba.run the activities in the field</i>						
1.2	Case Managers	D	3	500.00	6	100%	9,000.00
	<i>3 Case Managers 2 Phom Payam, 1 Kuerenyang Payam- Fangak County . We will engage our team who are currently volunteering in offering services in the community.</i>						
1.3	Protection Coordinator	D	1	6,000.00	6	20%	7,200.00
	<i>1 Gender and protection Coordinator will be based in Juba to oversee running of activities and coordination at the national level</i>						
1.4	GBV Specialist	D	1	5,000.00	6	50%	15,000.00
	<i>1 GBV Specialist will support the field team, compiling the reports and managing the data</i>						
1.5	M & E Officer	S	1	3,500.00	6	20%	4,200.00
	<i>1 M & E Officer @\$3500 per month for 5 months 20% charged to CHF Locations: Juba with frequent travel to the field and oversee project implementation and share the information with the management and donors. Ensure there is value for funds to the beneficiaries.</i>						
	Section Total						41,400.00
Supplies, Commodities, Materials							
2.1	Local transport for dignity kits	D	2	650.00	1	100%	1,300.00
	<i>Dignity kits received from the pipeline will be stored in the field after receiving and boat hiring and purchase of fuel for the hired boat. People will be contracted to off load and transport to Nile Hope compound ready for distribution</i>						
2.2	Training supplies for Health care providers	D	15	10.00	2	100%	300.00
	<i>Purchase stationery to be used during training of the health care providers</i>						
2.3	Rehabilitate women centers	D	2	3,000.00	1	100%	6,000.00
	<i>Nile Hope will rehabilitate 2 women friendly centers in Phom and Kuernyang Payams where women weekly activities will be conducted and provision of psychosocial support</i>						
2.4	Strengthen the capacity of the existing community based protection network	D	40	40.00	4	100%	6,400.00
	<i>Train of community based protection networks on GBV,(PSS, case management and sensitize them on referral pathway).</i>						
2.5	Training of frontline service providers on GBV case management	D	30	40.00	5	100%	6,000.00
	<i>Train service providers who are directly in contact with the GBV Survivors on PSS, case management and sensitize them on referral pathway.</i>						
2.6	Develop and update Referral Pathways	D	0	0.00	0	100%	0.00
	<i>Develop area oriented referral pathway with consultation from other sectors and stakeholders</i>						
2.7	Conduct monthly visits to the availability of CMR supplies in health facilities in New Fangak- using the CMR checklist. Based on findings, liaise with partners such asUNFPA to ensure steady supply of CMR drugs	D	1	600.00	5	100%	3,000.00
	<i>Monthly visits to the different health facilities within New Fangak to ensure the availability of PEP Kits and Health Care Workers to administer treatment to SGBV survivors</i>						
2.8	Community mobilization	D	6	30.00	15	100%	2,700.00
	<i>women and girls mobilization during the registration, GBV sessions and distribution of dignity kits other services</i>						
2.9	Women Dialogue	D	30	40.00	6	100%	7,200.00
	<i>Monthly dialogues will be conducted at the women friendly space to reduce Gender Based Violence</i>						
2.10	printing materials for safety Audit	D	41	10.00	6	100%	2,460.00
	<i>Print forms for Monthly Safety Audit assessments</i>						
	Section Total						35,360.00
Travel							
5.1	Staff Flights	D	10	400.00	2	100%	8,000.00
	<i>This is the Staff Flights to the field through UNHAS, 10 Staff Members to transported to the implementation sites</i>						

5.2	Local Field Transport	D	1	3,000.00	4	100%	12,000.00
<i>This is local transportation cost for staff implementing activities, they will use the amount for Monthly coordination purposes from New Fangak to Old Fangak and back, facilitate the SGBV survivors who are in need to access health care services in Old Fangak.</i>							
5.3	Per diem SDA	D	6	80.00	10	100%	4,800.00
<i>Per Diem for 6 staff who will go to the implementation site for GBV implementation</i>							
5.4	Distribution of dignity kits	D	1	2,000.00	1	100%	2,000.00
<i>This will involve hiring casual workers to transport the kits from Nile Hope compound to the center; registration, education sessions and distribution of dignity kits</i>							
5.5	Boat Hire	D	3	2,000.00	2	100%	12,000.00
<i>Hire Boat to transport the Dignity Kits from Old Fangak to New Fangak</i>							
5.6	Storage Costs	D	1	400.00	1	100%	400.00
<i>This is cost for the storage of the Dignity Kits in Old Fangak before loading of the charter and storage for the dignity kits in the field sites before distribution</i>							
5.7	Boat Fuel	D	1	2,000.00	2	100%	4,000.00
<i>Fuel the hired boat to transport the dignity kits from Old Fangak to New Fangak</i>							
Section Total							43,200.00
General Operating and Other Direct Costs							
7.1	Field Supplies	S	1	3,250.00	2	100%	6,500.00
<i>Purchase of food and non food item for the field staff staying in Nile Hope compound in New Fangak</i>							
7.2	Bush Internet	S	1	2,000.00	5	10%	1,000.00
<i>Monthly Subscription of New Fangak bush Internet</i>							
7.3	Bank Charges	S	1	121.20	6	100%	727.20
<i>Bank Charges , this are the ledger fees and the costs incurred for transfer of funds , the total afforded for this project is</i>							
7.4	Communication	S	1	2,000.00	6	100%	12,000.00
<i>Thuraya Airtime to the field office, the total afforded for this project is \$ 9000</i>							
Section Total							20,227.20
SubTotal			201.00				140,187.20
Direct							115,760.00
Support							24,427.20
PSC Cost							
PSC Cost Percent							7%
PSC Amount							9,813.10
Total Cost							150,000.30
Grand Total CHF Cost							150,000.30
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	100	300	3,000	300	1,400	5,000	

Documents

Category Name

Document Description