

Requesting Organization :	International Medical Corps UK			
Allocation Type :	1st Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
PROTECTION	Gender Based Violence as subsidiary clusters	100.00		
		100		
Project Title :	Protection, empowerment and improved access to GBV services for vulnerable populations in Adok and Thonyor in Leer County, Unity State			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :		Fund Project Code :	SSD-16/HSS10/SA1/P/INGO/850	
Cluster :		Project Budget in US\$:	300,000.11	
Planned project duration :	6 months	Priority:		
Planned Start Date :	01/02/2016	Planned End Date :	31/07/2016	
Actual Start Date:	01/02/2016	Actual End Date:	31/07/2016	
Project Summary :	<p>Since May 2015, Leer County, Unity State is characterized by the escalation of armed violence and the targeting of civilians which has been accompanied by lack of respect for basic human rights and humanitarian infrastructure, and has been widely condemned by the international community as violations of international humanitarian law. Sexual violence, including rape, continued to be a characteristic of the conflict, and women and girls are at risk of other forms of GBV including physical assaults and domestic violence.</p> <p>In December 2015, International Medical Corps sent an emergency health team to Leer county to do initial assessment and provide emergency health services, in one of the hardest hit areas in southern Unity by the recent waves of armed violence in South Sudan. Although mass displacement has been recorded to Bentiu POC, Nyal, and other near-by locations, latest OCHA figures estimate the population in Leer County to be around 30,000 individuals, yet SRA reports county population to be 60,000 households but this figure is not consistent with latest distribution registration estimates.</p> <p>Due to the identified gaps in GBV prevention and response services for women and girls in Leer County, International Medical Corps proposes to start up GBV prevention and response program in Adok, and Thonyor in Leer County. International Medical Corps will set up office and a women's centers in Thonyor and Adok for provision of psycho-social and case management services through locally recruited and trained staff in Thonyor and Adok. Clinical Management of Rape services will be provided at the IMC health facility in Adok and IMC will closely work with MSF to ensure that CMR services and trained health staff are available in Thonyor. Establishment of women's friendly space will be one of the key program activities to ensure safe access to psycho-social and case management services, to identify the safety and protection concerns of women and girls and to have safe space for all women and girls to attend group psycho-social activities to provide emotional support and build the social support network among women and girls. A private and confidential space will be available for case management and individual counseling. All activities will be designed to meet the specialized and age-appropriate needs of adult women, adolescent girls, men and boys. The proposed program would strive to increase access to GBV case management services, provide psycho-social support (PSS), and referral to comprehensive medical care for survivors of GBV provided by International Medical Corps and other health implementing partners.</p> <p>IMC UK is an independent affiliate of International Medical Corps (IMC), with which it shares the same name and charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC will be performing services under any agreement that results from this proposal under the supervision of IMC UK</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
1,237	9,673	645	5,000	16,555

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	0	0	0	0
Other	0	0	0	0	0
Other	0	0	0	0	0
Other	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries are the host community residing in and around Adok and Thonyor. They will be reached through information dissemination of available services for survivors of GBV. A total of 7,700 beneficiaries will benefit from the project indirectly.

Catchment Population:

According to the health assessment conducted by Medair as well as the International Medical Corps health response team that traveled to Leer County in December, the total population of Leer county is estimated around 30,000 out of which 10,000 are in Adok and 12,000 to 15,000 are in Thonyor.

Link with allocation strategy :

In accordance with the Protection Cluster's strategy, International Medical Corps will work to save lives and alleviate suffering through multi sectorial assistance to conflict affected community in Adok and Thonyor. The focus will be on provision of life-saving medical and psycho-social support to survivors of GBV and support to women and girls facing protection risks and threats. The response will ensure that women and girls have access to timely GBV response services through multi-sectorial approach including health, psycho-social, and protection. The response will include closely working with community leaders and community support mechanisms such as women's groups and youth groups to ensure that the needs of GBV survivors are met. The work with the community as a whole will include provision of information about the available services for survivors of GBV in the area and also the benefits of reporting sexual violence cases within 72 hours for medical care. Documentation will be conducted using the appropriate tools such as GBVIMS in line with IASC guidelines and ethical recommendations for data collection and analysis in humanitarian settings.

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
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	+211927000112
Mera Eftaiha	Programs Director	meftaiha@internationalmedicalcorps.org	+211927000257
Awet Hailu	GBV Program Coordinator	awoldegiorgis@internationalmedicalcorp s.org	+211927000497

BACKGROUND**1. Humanitarian context analysis**

Despite the signing of the peace agreement in the Republic of South Sudan in August 2015, violence continues to affect civilians in all ten states. More than 2.3 million people – one in every five people in South Sudan – have been forced to flee their homes since the conflict began. This accounts for 1.66 million internally displaced people (IDP) and 644,900 living as refugees in neighboring countries. Of the IDPs some 185,000 have sought refuge in PoC sites, where 90% of the IDPs are on the run or sheltering outside the PoC sites. Thousands of homes have been ruined during the fighting and many people have been displaced multiple times because of repeated attacks.

At the end of 2015, some 4.58 million people were identified as in need of protection, including IDPs, host communities where IDPs constitute more than 10% of the local population. Violence and human rights violations and abuses continued in multiple counties due to active hostilities. Insecurity from inter-communal violence, and cattle-raiding, as well as a protracted economic crisis are creating risks for civilians. Ethnically targeted attacks, sexual and other forms of gender-based violence, grave violations of children's rights, abduction, family separation, psychosocial distress and threats from mines and explosive remnants of war (ERW) threaten the lives and livelihoods of civilians.

Leer County in southern Unity State, has been one of the hardest hit areas by the recent waves of armed violence in South Sudan. Although mass displacement has been recorded to Bentiu POC, Nyal, and other near-by locations, latest OCHA figures estimate the population to be around 30,000 individuals, yet SRA reports county population to be 60,000 households but this figure is not consistent with latest distribution registration estimates. According to the latest Protection Cluster update on Southern Unity, it is estimated that between April and September 2015, at least 1,000 civilians were killed, 1,430 women and girls were raped, and 1,630 women and children were abducted in Leer, Mayendit and Koch counties. Thonyor alone has been attacked 17 times in the last 8 months. Since May 2015, staff from at least six humanitarian agencies have been killed in southern and central Unity.

Thonyor is currently the largest civilian population catchment area and has a viable operational environment. A total of 4,000 households were recorded during the survival kit distribution (24,000 individuals using 6-person household standard), but many did report coming from surrounding areas in the county. Settled population in Thonyor might be between 10,000 and 15,000. Adok is the second largest civilian catchment area it is considered to be the second most viable intervention area after Thonyor. Population estimates in this location are estimated to be between 10,000 and 15,000. International Medical Corps will recruit local staff from the same area and train them on provision of PSS and case management services and other related topics to start provision of services for survivors of GBV, and other protection activities.

2. Needs assessment

International Medical Corps conducted an assessment in Leer County in December 2015 sending the health response to team to Thonyor and Adok. Accordingly to the assessment result, women and girls are suffering from Gender Based violence and currently there is no partner who is providing services to survivors of GBV in Leer, Thonyor, Adok, Din-Din and other areas of Leer County. The latest Protection Cluster update on Southern Unity also clearly indicates that between April and September 2015, at least 1,000 civilians were killed, 1,430 women and girls were raped, and 1,630 women and children were abducted in Leer, Mayendit and Koch counties. Thonyor alone has been attacked 17 times in the last 8 months. Since May 2015, staff from at least six humanitarian agencies have been killed in southern and central Unity. Nearly every humanitarian compound has been looted, burned or destroyed. Multiple humanitarian interventions have been interrupted by attacks, and little to no humanitarian presence has been viable for over 8 months. The above assessment reports shows the depth of the problem in the county and the gap of services for survivors of GBV. Thus, International Medical Corps UK decided to start up GBV prevention and response program in Thonyor and Adok to provide PSS and case management services, create functional referral pathway among the Health, Protection and Psycho-social partners to ensure survivors of GBV have safe access to quality service that can meet their health, psycho-social, protection and other needs in Leer county.

3. Description Of Beneficiaries

International Medical Corps will work with the IDPs and host community in Thonyor and Adok taking into consideration gender sensitivity International Medical Corps will target 16,249 conflict affected community members including (9673W, 1237M, 5000G, 645B) IDPs and host community. The program will also indirectly benefit to 7,700 host community in Adok and Thonyor.

4. Grant Request Justification

International Medical Corps has past and ongoing projects in Malakal PoC, Wau Shiluk, Kodok, in Upper Nile state, Akobo East in Jonglei states, and Lakes states in Awerial counties. IMC has implemented activities with other actors and worked hand in hand with the national and local government to help save lives and alleviate suffering of vulnerable communities. International Medical Corps is an active protection actor in GBV in Upper Nile, Lakes and Jonglei states. International Medical Corps is the GBV sub cluster co-chair on the national level and engages in GBV advocacy, and supporting the coordination of all GBV partners nationally. In addition International Medical Corps is currently the head of the local GBV working groups in Kodok Akobo and Wau Shiluk. As a signatory to the GBVIMS and the accompanying information sharing protocol, International Medical Corps is an active partner collecting and analyzing GBV data.

International Medical Corps has a broad knowledge of the GBV situation in South Sudan. The technical GBV expertise is based on international guidelines for GBV programming in emergencies. That means that programming takes a survivor centered approach to ensure empowerment of the survivor and finding the right services as per the request of the survivor to ensure empowerment, and not putting the survivor at any further harm. International Medical Corps has worked in South Sudan for decades, and has a good understanding of working in a complex context and has built good relationships with the community members such as the community leaders, women leaders, chiefs, elders, youth leaders and teachers.

The CHF funding SA R1 will enable IMC to start-up the much needed GBV prevention and response programming in Leer County. The funding will support establishment of women's friendly spaces that will be accessed by women during emotional support and psycho-social support activities and this will help to promote confidentiality since they will have space where they can freely express their concerns without fear. Through regular group discussions on GBV concerns and sharing of experiences, women and girls will be able to gain skills on coping mechanisms.

International Medical Corps will deploy dedicated staff on prevention and response to Gender Based Violence in emergencies in the proposed implementation area to ensure quality services are delivered to survivors of GBV and restoring social support system at the community level. Social support systems will include community GBV task force and women associations who will play an active role in safety audits and risk reduction activities. International Medical Corps plans to build the competencies of the social support community structure and ability to deliver through the proposed program. International Medical Corps has the requisite system, policies, and procedures in place, and strategy document that has enabled responsive, relevant and timely programming. The IMC strategy ensures responsiveness to address the emergency needs of the affected communities. International Medical Corps continues to participate in key policy, program, and coordination forums, including in development of the country specific mechanisms and guidelines/ standards such as the GBVIMS and GBV Standard Operating Procedures.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Women and girls, including survivors of GBV, are able to access comprehensive and appropriate emotional support and case management services; and the risks to women and girls in the community are identified and addressed.

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	100

Contribution to Cluster/Sector Objectives : • Provision of compassionate and confidential Psychosocial and case management services to GBV survivors

- Provision of training for Service providers on CMR, GBV Case Management and PSS
- Women and girls at risk of GBV reached through community protection committees
- Use GBVIMS Data tool for data collection and analysis

Outcome 1

Enhancing the access to quality case management and psycho-social support services for women and girls in Adok and Thonyor

Output 1.1

Description

Access to quality case management and psycho-social support services for women and girls in Adok and Thonyor established.

Assumptions & Risks

Assumption:

Assumptions include security remaining stable in all target areas, enabling International Medical Corps to continue service provision. The risk being that insecurity would impede access to locations, including limiting both staff and supply movement. Other assumptions include continued collaboration and coordination with other GBV and protection partners to ensure smooth and comprehensive services to survivors of GBV.

Risk

Limited services provided by health partners related to Clinical Management of Rape. This will affect International Medical Corps information dissemination about availability of services and the importance of timely reporting. In addition, lack of access to program implementation areas because of insecurity will hinder the smooth implementation of the project. Staff safety to provide services and run the program will also be one of the risks in Leer county.

Activities

Activity 1.1.1

Provide psycho-social and case management services to survivors of GBV using survivor centered approach and GBVIMS tools and make appropriate referrals based on consent.

Activity 1.1.2

Conduct training for relevant health and psycho-social service providers, community outreach workers, and GBV staff on GBV guiding principles and psycho-social support.

Activity 1.1.3

Continue mentoring case managers to provide individualized community based psycho-social support and case management services for survivors of GBV.

Activity 1.1.4

Establish/construct women's friendly spaces/centers in Adok and Thonyor using locally available materials.

Activity 1.1.5

Conduct group psycho-social activities and regular protection meeting with groups of women and girls at the women's friendly spaces.

Activity 1.1.6

Conduct CMR training for health staff in Adok and Thonyor

Activity 1.1.7

Conduct PFA training for GBV staff and service providers in Adok and Thonyor

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	80	5	80	170

Means of Verification : GBVIMS reports, intake and assessment forms, exit questionnaire for closed cases

Indicator 1.1.2	PROTECTION	Frontline services # of service providers trained on GBV Case Management	10	5			15
Means of Verification : Training report, attendance sheet							
Indicator 1.1.3	PROTECTION	Frontline services # of Women Friendly Spaces (WFS) established/maintained					2
Means of Verification : Reports supported with photo's,							
Indicator 1.1.4	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					2
Means of Verification : copy of referral pathway,							
Indicator 1.1.5	PROTECTION	#of women and girls who attend the women friendly spaces (WFS)					4,800
Means of Verification : women's center activity tracking form, weekly and monthly reports							
Indicator 1.1.6	PROTECTION	Frontline services # of health workers trained on clinical management of rape (CMR)	12	8			20
Means of Verification : Training report, pre and post training test							
Outcome 2							
Women and girls' safety increased and well-being improved through community-based interventions to mitigate risks, prevent and respond to incidents of GBV in Leer county							
Output 2.1							
Description							
Risk mitigation efforts are in place and the safety concerns of women and girls are assessed and addressed							
Assumptions & Risks							
<p>Assumption: GBV multi-sectoral actors work closely together to ensure comprehensive services to survivors of GBV and to mitigate risks against women and girls. There is access to program implementation sites. The community will take an active part in contributing to this work. Partners and clusters will actively implement action points</p> <p>Risk Limited services provided by WASH, Education, and other protection partners. This will affect the implementation of the action points and recommendations of the safety audit to mitigate risks and also improve the safety concerns of women and girls. Lack of safe access to program implementation areas because of insecurity. GBV and non-GBV partners are not implementing the action points shared as part of risk mitigation for women</p>							
Activities							
Activity 2.1.1							
Conduct regular safety audits and assess the safety concerns of women and girls in Thonyor and Adok							
Activity 2.1.2							
Conduct protection meetings with women and girls on a weekly basis to assess the protection concerns women and girls and taking actions to address the issues.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	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 protection committees		3,000		1,800	4,800
Means of Verification : Reports							
Indicator 2.1.2	PROTECTION	Frontline services # of protection monitoring visits or safety audits in the targeted locations					12
Means of Verification : safety audit reports, finding and recommendations							
Output 2.2							
Description							
Community members are reached with GBV messages and informed about the available services to survivors of GBV.							
Assumptions & Risks							

Assumption:
 GBV multi-sectoral actors work closely together to mitigate risks against women and girls
 There is access to program implementation sites.
 The community will continue to attend the meetings/sessions
 The community members will allow house to house visits

Risk
 Limited service provided by health partners related to Clinical Management of Rape. This will affect IMC information dissemination about availability of services and the importance of timely reporting. Lack of access to program implementation areas because of insecurities.

Activities

Activity 2.2.1

Conduct community outreach through house to house visit and disseminate key messages about the available services to survivors of GBV and the importance of reporting sexual violence cases within 72 hours.

Activity 2.2.2

Establish protection committee/GBV task force in Thonyor and Adok

Activity 2.2.3

Distribute dignity kits for women and girls of reproductive age to mitigate further risk of GBV

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	PROTECTION	# of people reached with key messages on available GBV services					7,200
Means of Verification : reports of #of sessions conducted, # of people reached, Weekly and Monthly report							
Indicator 2.2.2	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					3,000
Means of Verification : distribution list							
Indicator 2.2.3	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community protection committees	750	3,000	1,250	2,200	7,200

Means of Verification : weekly and monthly reports

Additional Targets :

M & R

Monitoring & Reporting plan

The International Medical Corps UK is committed to ensuring evidence-based programming and quality assurance through systematic monitoring and evaluation (M&E). The associated logical framework includes a set of clear, attainable objectives, expected outcomes, and indicators that will guide M&E. The project teams will also compile regular activity reports. This information will feed into an indicator tracking system to monitor the progress of implementation. Project-specific means of verifying and measuring impact will be further strengthened by technical guidance over the life of the project from the International Medical Corps' dedicated Monitoring and Evaluation unit, and the GBV technical team based in Juba.

Monthly implementations review meetings will be held at both the field and Juba level to assure appropriate performance. The Juba-based GBV coordinator, with support from an M&E team will track progress through various tools and means of verification, including monthly reports and GBVIMS reports, Performance monitoring tool (PMT) and 5Ws. The GBV coordinator will also be responsible, in coordination with field based GBV managers, for ensuring the timely submission of quality program progress reports. These reports will not only lay out the qualitative and quantitative successes and challenges of the program, but also any lessons learned and plans for improving or better tailoring the project to the local context.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide psycho-social and case management services to survivors of GBV using survivor centered approach and GBVIMS tools and make appropriate referrals based on consent.	2016		X	X	X	X	X	X					
Activity 1.1.2: Conduct training for relevant health and psycho-social service providers, community outreach workers, and GBV staff on GBV guiding principles and psycho-social support.	2016		X	X	X	X	X	X					
Activity 1.1.3: Continue mentoring case managers to provide individualized community based psycho-social support and case management services for survivors of GBV.	2016		X	X	X	X	X	X					
Activity 1.1.4: Establish/construct women's friendly spaces/centers in Adok and Thonyor using locally available materials.	2016		X	X	X								
Activity 1.1.5: Conduct group psycho-social activities and regular protection meeting with groups of women and girls at the women's friendly spaces.	2016			X	X	X	X	X					
Activity 1.1.6: Conduct CMR training for health staff in Adok and Thonyor	2016				X								

Activity 1.1.7: Conduct PFA training for GBV staff and service providers in Adok and Thonyor	2016			X			X							
Activity 2.1.1: Conduct regular safety audits and assess the safety concerns of women and girls in Thonyor and Adok	2016		X	X	X	X	X	X						
Activity 2.1.2: Conduct protection meetings with women and girls on a weekly basis to assess the protection concerns women and girls and taking actions to address the issues.	2016		X	X	X	X	X	X						
Activity 2.2.1: Conduct community outreach through house to house visit and disseminate key messages about the available services to survivors of GBV and the importance of reporting sexual violence cases within 72 hours.	2016		X	X	X	X	X	X						
Activity 2.2.2: Establish protection committee/GBV task force in Thonyor and Adok	2016		X	X										
Activity 2.2.3: Distribute dignity kits for women and girls of reproductive age to mitigate further risk of GBV	2016		X	X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

On Accountability to Affected Populations: IMC will work to ensure accountability to the affected population (AAP) especially through participatory approaches and routinely consult and engage with the communities in general and women and girls in specific. 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. Some specific measures/activities undertaken/planned to integrate Accountability to Men, Women, Boys and Girls among Affected People in the project design, implementation and monitoring shall include the following:

- i) Consultation, and participation of, beneficiaries during the establishment of the project including women and girls will be actively involved in selection a space for women's friendly spaces, identify the types of activities they want to happen at the women's friendly spaces and monitor the progress of the program periodically,
- 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. community leaders, Women Associations)
- vii) Community-led campaigns and advocacy initiatives during the international women's day and other events.
- 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

International Medical Corps will implement the project with the support of implementing partners, local authority, county health departments, and police department and the existing community structures like the community protection teams, women groups, women leaders and community leaders. International Medical Corps has an implementation and program oversight/administrative structure to help successfully drive the project. There will be a GBV Manager to lead the project, GBV Coordinator to support the department with technical issues and build the capacity of the field staff, supported by a team of staff in the field and including the Programs Manager, the Finance Manager, and the Country Director. The site manager and the Logistics team will continue to spearhead state-level coordination with the Cluster and partners and follow-up on deliveries of supplies to the respective counties. The Monitoring and Evaluation Coordinator will help to provide progressive M&E tools supplementing the project log frame, track and document useful lessons emanating from the implementation process and will render support to the Cluster monitoring team. The Finance Department will progressively resource the project and ensures accountability through reports while the Programs Coordinator will provide quasi-technical and administrative responsibility

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MSF	International Medical Corps will coordinate with MSF in Thonyor to ensure that CMR services are available for survivors of GBV. a functional referral pathways will include MSF for CMR services.
Local Police	International Medical Corps will coordinate with Local police to create referral pathway and refer survivors who wants to peruse for legal action.
women's committee	International Medical Corps will closely work with women's committee to have a better understanding of their areas of priorities and actively engage them in the program planning, implementation monitoring and evaluation
local court	International Medical Corps will strongly coordinate with local courts to ensure survivors of domestic violence are treated fairly and supported.

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

The project is directly providing services to survivors of GBV, and also has a strong component of capacity building and working with other partners to mainstream GBV.

Protection Mainstreaming

This project will prioritize safety and dignity of beneficiaries mainly women and girls through the provision of psych-social and case management services, group psycho-social activities at the women centers to provide beneficiary centered services. In addition 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 survivors reintegrate 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

In Leer County, where International Medical Corps will be implementing this GBV program is currently calm but totally unpredictable security situation. International Medical Corps expects safety and security issues during the course of the project and to maintain the smooth program implementation all national staff will be hired locally and trained on PSS and case management. In case of any evacuation for the Expatriate manager, the deputy manager, a national staff who will be hired locally, and the rest of the team will maintain the services and support survivors of GBV.

Access

International Medical Corps is also expecting lack of access to the whole areas of Leer County and for the first six months of 2016, the program will focus only in Thonyor and Adok where there is access to the IDPs and host community. once the staff are on ground, the issue of access to project areas will be assessed and risk mitigation plan will be drafted.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	s	1	20,010.99	6	2%	2,281.25
	<i>The Country Director will have overall control and management of the program. S/he will be involved in the coordination and provide guidance in program policy issues. S/he will oversee the program implementation as per the proposal; s/he will be reviewing all reports before submission to the donors. S/he will partially work under this project.</i>						
1.2	Medical Director	s	1	13,917.92	6	2%	1,586.64
	<i>S/he will be responsible for managing all the health activities of the program, liaise with other agencies involved in medical programs and will make sure activities are carried within budgets and implementation time frame. S/he will ensure all medicines and medical supplies purchased for the program meet the MoH allowed lists, liaise with the MoH to ensure implementation of the programs are within MoH guidelines. S/he will partially work under this project.</i>						
1.3	Program Director	S	1	14,934.11	6	2%	1,702.49
	<i>S/he is responsible for the overall oversight of the projects and ensuring that donor requirements are met. S/he will review program reports, program work plans, liaise with the donor and oversee the program manager to ensure sound implementation and completion of activities.</i>						
1.4	Program Officer	s	1	10,338.82	6	2%	1,178.63
	<i>S/he will support the Program Coordinator and Medical Director in the collection of data, provide program development support, edit and compile reports.</i>						
1.5	Finance Director	S	1	15,434.37	6	2%	1,759.52
	<i>S/he will be primarily responsible for the donor and HQ Financial and administrative reporting. S/he will be formulating new budgets and ensuring adequate cash is available in the field sites. S/he will also ensure all the donor requirements and IMC internal regulations are met and adhered to in all the field sites. S/he will also be the administration focal point ensuring all the local laws are adhered to in all IMC operating projects. S/he will partially work under this project.</i>						
1.6	Finance Manager	S	1	10,609.31	6	2%	1,209.46
	<i>S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project.</i>						
1.7	Finance Manager	S	1	11,057.88	6	2%	1,260.60
	<i>S/he will be primarily responsible for the accounting and reports and HQ financial and administrative reporting. Support finance field officers IMC operating projects. S/he will partially work under this project.</i>						
1.8	Logistics Manager	S	1	8,403.57	6	2%	958.01
	<i>The logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.</i>						
1.9	Senior Logistics Manager	S	1	10,057.88	6	2%	1,146.60
	<i>The logistics manager will be directly reporting to the Logistics Coordinator and will assist in the overall management and coordination of the logistics department and supportive systems. S/he will partially work under this project.</i>						
1.10	Logistics Coordinator	S	1	13,479.81	6	2%	1,536.70

	<i>S/he will be responsible for providing direction to the logistic team in accordance with project objectives and the proposal. S/he will provide support for project procurement, asset/inventory and report writing and liaising with the site manager to ensure lead time between purchasing and delivery of supplies and other is kept minimal and determined beforehand. S/he will partially work under this project.</i>						
1.11	Senior HR Manager	S	1	12,56 0.75	6	2%	1,431.93
	<i>S/he is responsible for developing and implementing HR policies and procedure, ensuring that all labor laws are complied with, and is a member of senior management team.</i>						
1.12	Security Manager	S	1	13,40 3.25	6	2%	1,527.97
	<i>S/he will be responsible for monitoring security situation in country, review security and evacuation protocols on the basis of current information and ensure adherence to the security plans of all staff. Security training will be provided to staff (both Expatriates and National Staff) to enable them to responsibly and safely implement IMC programs in tenuous operational environments. IMC now routinely includes costs for expatriate staff security training in the budgets for programs in insecure countries and also extends this training to national staff when feasible. S/he will partially work under this project.</i>						
1.13	Site Manager Adok/Thonyor	D	1	10,25 1.69	6	13%	7,996.32
	<i>The site manager will co-ordinate operational activities of CHF funded program in Adok and Thonyor and directly manage field staff and Logistics support. The person is also responsible for ensuring timely program delivery.</i>						
1.14	GBV Program Coordinator - Juba	D	1	11,73 4.05	6	25%	17,601.08
	<i>S/he will support the program manager and the program officers and will ensure overall oversight of the program activities.</i>						
1.15	GBV Program Manager Adok/Thonyor	D	1	10,25 0.69	6	50%	30,752.07
	<i>S/he will be the direct supervisor of the program staff Adok and Thonyor and responsible for the full implementation of the project in Leer.</i>						
1.16	Deputy GBV Manager Adok/Thonyor	D	1	1,764 .50	6	100%	10,587.00
	<i>S/he will support the program officers in Thonyor/Adok and support the program officers and will ensure overall oversight of the program activities.</i>						
1.17	GBV Prevention Officer Adok/Thonyor	D	2	1,506 .50	6	50%	9,039.00
	<i>S/he will be responsible to implement GBV prevention activities, risk mitigation efforts and support the community out reach workers in Thonyor/Adok</i>						
1.18	GBV Case Workers Adok/Thonyor	D	2	1,506 .50	6	100%	18,078.00
	<i>S/he will be the first contact point for survivors of GBV, provision of PSS and follow-up cases, data gathering and management</i>						
1.19	Women Support Officers Adok/Thonyor	D	2	1,506 .50	6	75%	13,558.50
	<i>S/he will be the first contact point for all the women's center activities, provision of PSS as well as leading the regular meeting with women's committee</i>						
1.20	Security Guards of Women's Centers Adok and Thonyor	D	2	474.4 6	6	100%	5,693.52
	<i>s/he will be responsible to protect/secure the women's friendly spaces in Adok and Thonyor</i>						
1.21	Finance and Admin Officer Adok/Thonyor	D	1	1,763 .35	6	15%	1,587.02
	<i>S/he will be responsible for all financial issues in Adok and Thonyor, budget monitoring proper documentation and internal auditing</i>						
1.22	Logistics Officer Adok/Thonyor	D	1	1,708 .00	6	15%	1,537.20
	<i>S/he will be responsible to all logistical issues in Adok and Thonyor including procurement, purchase orders, transport and warehouse management</i>						
1.23	Juba National Support Staff	S	1	56,80 3.00	6	2%	6,475.54
	<i>These staff members are based in Juba and provide support to all of the IMC programs in the field sites.</i>						
	Section Total						140,485.05
Supplies, Commodities, Materials							
2.1	GBV Field Support Supplies	D	1	2,000 .00	2	100%	4,000.00
	<i>Costs for procuring all office supplies in Adok and Thonyor including staples, printing papers, desks, chairs and etc</i>						
2.2	GBV PSS and Case Management Services	D	1	4,000 .00	2	100%	8,000.00

	<i>Costs of duplicating intake and assessment forms, procuring suspension file to document cases of survivors in a safe and private place. Costs of procuring plastic mats for survivors who wants to sit or the mat can be survivors who will come to counseling room with their child.</i>						
2.3	Women's Friendly Spaces Establishment and Activities	D	1	5,000.00	2	100%	10,000.00
	<i>Costs related with construction of women's center, maintenance of women's center, supplies for group and psychosocial activities</i>						
2.4	development and printing of referral pathways	D	1	1,500.00	2	100%	3,000.00
	<i>Cost to develop and duplicate the referral pathways and distribute to the community.</i>						
2.5	Incentives for Community Outreach Workers	D	1	332.04	84	70%	19,523.95
	<i>Incentive for community volunteers who are disseminating GBV messages, daily hires as skill building trainers, etc</i>						
2.6	Safety Audits and Risk Mitigation Activities	D	1	1,500.00	2	100%	3,000.00
	<i>Procurement of supplies for GBV outreach workers who do safety audit, like umbrella, gumboots, binders, hand bags and refreshments</i>						
2.7	Transportation of Program Supplies and Equipment	D	1	4,000.00	2	100%	8,000.00
	<i>Shipment of GBV supplies from Juba to Adok and Thonyor, charter flights</i>						
2.8	GBV IASC and PSS trainings for partners	D	1	2,500.00	2	100%	5,000.00
	<i>Procurement of stationaries for training, allowances, meals, refreshments, hall rent and other related costs</i>						
2.9	Community outreach and campaigns	D	1	2,500.00	2	100%	5,000.00
	<i>Procurement of supplies for international woman's day campaign based on the identified activities</i>						
2.10	In-service training for GBV staff	D	1	1,500.00	2	100%	3,000.00
	<i>Refreshments, training stationaries, meal, and other related costs</i>						
2.11	Psychosocial support services	D	1	2,500.00	2	100%	5,000.00
	<i>supplies to support psycho-social activities</i>						
2.12	CMR trainings for health and GBV staff	D	1	2,500.00	2	100%	5,000.00
	<i>training stationary, perdiem and refreshment for training participants</i>						
2.13	PFA training for IMC and partner staff	D	1	2,000.00	2	100%	4,000.00
	<i>training stationary, perdiem and refreshment for training participants</i>						
	Section Total						82,523.95
Equipment							
3.1	Laptop Computers - Adok/Thonyor	D	3	1,350.00	1	100%	4,050.00
	<i>3 for program support</i>						
3.2	Communication- Adok/Thonyor	D	1	1,000.00	6	25%	1,500.00
	<i>Communication equipment at field level</i>						
3.3	Communication-Juba	D	1	8,275.00	6	2%	943.35
	<i>Communication equipment at Juba level</i>						
3.4	VHF Radios - Adok/Thonyor	D	10	900.00	1	100%	9,000.00
	<i>VHF Radios in the field</i>						
3.5	Satphones - Adok/Thonyor	D	2	1,600.00	1	100%	3,200.00
	<i>Satphones in the field</i>						
	Section Total						18,693.35

Travel							
5.1	National Staff Travel Per Diem	D	1	100.00	6	100%	600.00
<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost IMC is paying, as per the procedure</i>							
5.2	National & Intenatnl Staff Travel Accomodation	D	1	1,000.00	2	100%	2,000.00
<i>This covers the cost of staff per diem during training and other times of assignment outside of their duty station, including accommodation. Cost is budgeted as per actual cost IMC is paying, as per the procedure</i>							
5.3	In Country Travel-Airfare	D	1	400.00	6	100%	2,400.00
<i>This will cover the cost of travel both by road and by air within South Sudan. Staff travel will be required mainly between the Juba main office and the Implementation sites. The main means of transport between Juba and Project Implementation sites is by air since roads are impassable especially during the rainy season and International Medical Corps relies mainly on WFP flights for such travel. Cost is budgeted as per historical cost.</i>							
Section Total							5,000.00
General Operating and Other Direct Costs							
7.1	Guest House/Office/warehouse Rental & Maintenance (site and Juba)	S	1	56,000.00	6	2%	6,384.00
<i>Costs related to guest house/office/warehouse rental and maintenance</i>							
7.2	Office utilities and Supplies - Leer	D	1	2,500.00	6	25%	3,750.00
<i>This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost.</i>							
7.3	Office utilities and Supplies - Juba	S	1	13,000.00	6	2%	1,482.00
<i>This line is requested to cover for various office supplies, which include stationery, toners & cartridges, computer parts, extension cables, office toiletry, cleaning materials and other related supplies. Cost is budgeted as per the historical cost.</i>							
7.4	Postage/Courier	S	1	600.00	6	2%	68.40
<i>Costs related postage charge</i>							
7.5	Fuel and Maintenance of Generators - Leer	D	1	1,500.00	6	25%	2,250.00
<i>Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>							
7.6	Fuel and Maintenance of Generators - Juba	S	1	6,500.00	6	2%	741.00
<i>Fuel for generator is essential for running of generators and regular supply of electricity of the compound, house and the offices in order to ensure smooth performing of daily project activities. Government agency power supply is either nonexistent or unreliable which has led to the dependence on generator power and supply of energy needed for work and living. Regular maintenance of generators is also necessary to ensure proper functioning in order to supply with the necessary electricity that is not available aside from generator power. Cost is budgeted as per the historical cost.</i>							
7.7	Legal Fees (including NGO forum registration fee)	S	1	3,070.00	6	2%	349.98
<i>costs including the registration fee for NGO forum</i>							
7.8	software licences	S	1	3,600.00	6	2%	410.40
<i>Costs related with software licenses</i>							
7.9	Bank Charges and Cash Facilitator Fees	S	1	7,800.00	6	2%	889.20
<i>Costs related bank fee and fee for cash facilitators to the areas where they are no banking system</i>							
7.10	General insurance	S	1	24,000.00	6	2%	2,736.00
<i>Includes costs for repair and maintenance, as well as costs for insurance/registration fees, since due to very poor to non-existing road conditions, regular maintenance is a necessity for normal functioning of the vehicles.</i>							
7.11	Security company services	S	1	4,400.00	6	2%	501.60
<i>Costs related to Security company to guarding the guest house and office</i>							
7.12	Physical and Operational Security Upgrades	S	1	2,337.00	1	100%	2,337.00

	<p><i>International Medical Corps' staff will continue to go through updated safety and security training to increase our staff's personal as well as our institutional ability in Southern Sudan to continue to safely and effectively operate in the high threat environment. This includes but is not limited to active training in personal security strategies, travel security, risk mitigation strategies, crisis management, risk avoidance, attack recognition, IED recognition etc.. As the environment becomes more challenging to operate in, it is essential IMC staff are given the training and tools required to continue providing quality programs with a minimized risk. Additionally, due to harsh security situation in Southern Sudan, International Medical Corps requires these funds to upgrade existing and implement additional layers of physical security infrastructure at its offices, clinics and other field sites as well as revise operational security protocols to enhance staff security, asset protection and crisis management systems. Due to the current risk, more frequent security assessments are occurring in our operational areas, which range from weekly to daily. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. The budgeted amount includes cost of accommodations, local transport, support supplies and other related costs associated with the security activities, in county or for HQ support when needed</i></p>							
7.13	Monitoring and Evaluation	D	1	3,000.00	1	50%	1,500.00	
	<p><i>M&E represents estimated cost of program evaluation to be completed by senior expatriate expert for quality assurance purposes, as well as headquarter staff coming for monitoring visits. It is International Medical Corps' global policy to provide continuing monitoring and evaluation of programs for quality assurance purposes. Budgeted amount includes cost of accommodation, local transport, air ticket and support supplies and other related costs associated with the evaluation activities for staff in South Sudan and possible visit from HQ. Cost is budgeted as per the historical cost.</i></p>							
7.14	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	S	1	5,050.00	6	2%	575.70	
	<p><i>Costs related to Vehicle/Motorbikes Registration/Insurance/Maintenance</i></p>							
7.15	Vehicle/Boat/Motorbike Fuel - Leer	D	1	1,000.00	6	25%	1,500.00	
	<p><i>The budget will cover the fuel for vehicle/motorbike/boat in Adok and Thonyor</i></p>							
7.16	Vehicle Fuel/rent - Juba	S	1	15,450.00	6	2%	1,761.30	
	<p><i>The budget will cover the fuel for vehicle as well as rental of vehicles</i></p>							
7.17	Vehicle Fuel/rent - Leer	D	1	4,290.00	6	25%	6,435.00	
	<p><i>The budget will cover the fuel for vehicle as well as rental of vehicles</i></p>							
	Section Total						33,671.58	
SubTotal			77.00				280,373.93	
Direct							238,082.01	
Support							42,291.92	
PSC Cost								
PSC Cost Percent							7%	
PSC Amount							19,626.18	
Total Cost							300,000.11	
Grand Total CHF Cost							300,000.11	
Project Locations								
Location		Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
			Men	Women	Boys	Girls	Total	
Unity -> Leer		100	1,237	9,673	645	5,000	16,555	
Documents								
Category Name				Document Description				