

Requesting Organization :	International Medical Corps UK		
Allocation Type :	Reserve Allocation 1		
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 Wau County, Western Bahr el Ghazal State
Allocation Type Category :	Frontline services

OPS Details :			
Project Code :		Fund Project Code :	SSD-16/HSS10/RA1/P/INGO/3160
Cluster :		Project Budget in US\$:	\$150,000.00
Planned project duration :	3 months	Priority:	
Planned Start Date :	01/08/2016	Planned End Date :	31/10/2016
Actual Start Date:	01/08/2016	Actual End Date:	31/10/2016

Project Summary :	<p>In and around Wau town, there has been a wave of armed violence since 2012 causing mass displacement of population and untold suffering among innocent civilians. This has resulted in deaths, looting and vandalizing of property, burning of crops, looting of drugs, abduction and mistreatment and rape both in Wau town and surrounding Payams such Besselia, bagari and Kpaile. Recent IRNA reports indicate high risks of sexual violence mainly associated with access to resources such as water and firewood where women and girls have to pass through secluded bushes and at times where there is high presence of soldiers. In villages like Mboro, humanitarian access was impossible for nearly 5 months as a result of insecurity until April 2016 when the first humanitarian mission was granted. Most community members lived in the bushes for fear of attacks if they came to Wau town. Humanitarian response to ensure safety and wellbeing of women and girls remains a huge protection concern that requires immediate interventions.</p> <p>Due to the mass displacement of populations in and around Wau town, the latest estimated population at UNMISS POC is about 19,711 while those currently seeking refuge at other collective centers such as the Catholic Cathedral is estimated at about 20,000 individuals.</p> <p>In order to address the current gaps in GBV prevention and response services, International Medical Corps proposes to start up GBV prevention and response program in Wau County. International Medical Corps will set up and equip a women and girls' friendly space in Wau County where CMR services will be available. These women and girls friendly spaces will provide psycho-social and case management services through locally recruited and trained staff in Wau. Clinical Management of Rape services will be provided at the IMC health facility in UNMISS POC and Wau teaching Hospital while the IOM health facility will provide CMR services at the Catholic Cathedral. CMR trainings will also be provided to clinical and non-clinical staff to ensure quality CMR services. Establishment and operationalization of the women's and girls' friendly space in and out of Wau Town will be one of the key program activities to ensure safe access to psycho-social and case management services. It will also provide an entry point for identifying the safety and protection concerns of women and girls as well as provide a safe space for all women and girls to attend group psycho-social activities and thus build a social network among women and girls and provide emotional support to one another. A private and confidential space will be available for case management and individual counseling by trained IMC case workers. 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. Regular safety audits will also be conducted to identify GBV risk factors and advocate for risk mitigation efforts.</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>
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Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
600	3,800	900	2,800	8,100	

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total

Indirect Beneficiaries :

The indirect beneficiaries are the host community residing in and around Wau town. This population will however not be reached as accessibility is hampered by the current insecurity outside Wau town.

Catchment Population:

According to the recent IRNA assessment, there are about 63,591 individuals displaced in Wau town. The estimated population for IDPs in UNMISS POC is 19,711 while the estimated population for IDPs at the Catholic Cathedral is 20,000

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 Wau County. 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
UNICEF AND UNFPA	100,000
	100,000

Organization focal point :

Name	Title	Email	Phone
Golam Azam	Country Director	gazam@internationalmedicalcorps.org	0927000112
Leslie Joseph McTyre	Program Coordinator	lmctyre@InternationalMedicalCorps.org	0927000377
Ken Otieno	GBV Program Manager	keotieno@internationalmedicalcorps.org	0927000654

BACKGROUND**1. Humanitarian context analysis**

Armed violence in and around Wau town began in 2012 but intensified between November and December 2015 in Payams south of Wau County resulting to the displacement of about 10,000 individuals to Wau town. Cases of looting, harassment of civilians, deaths, abduction and mistreatment by armed militia and rape were reported during the fighting. Humanitarian access still remains a challenge outside of Wau town. Humanitarian workers have in the recent past been threatened by armed militia when they tried to access sites outside Wau town. Security situation remains tense between different ethnic groups. In February 2016, insecurity in Wau town led to massive displacements of local populations from the south and western parts into the centre. The other displaced population represents the group that was displaced from Kpaile, Bagari and Bessilia payams into Wau town in between November and December 2015. The IDPs are currently seeking refuge at the UNMISS POC and the Catholic Cathedral while many others could still be in hiding outside Wau town

2. Needs assessment

In the wake of the recent armed conflict in Wau County, women and girls continue to be at risk of GBV and in particular sexual violence. High presence of armed soldiers along routes used by women and girls when they leave the camps to look for food and water remains a huge protection concern. In some instances, women have to walk for up to 2 hours to fetch water. Recent assessment findings indicate that some women who left the camp to look for food never returned. To this date, it's not known what happened to them. Young teenage girls are particularly worried of abduction, mistreatment and forced marriage by armed soldiers. Insufficient food in the camps could potentially lead to survival sex among women and young adolescent girls in the camps. During focus group discussions held recently, women and girls indicated that the lack of sanitary pads in the IDP camps is a huge concern. These findings show the depth of the problem and the needs in the county and the gap of services for survivors of GBV. Thus, International Medical Corps UK seeks to strengthen GBV prevention and response program in Wau County to provide PSS and case management services in and out of Wau Town, 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.

3. Description Of Beneficiaries

International Medical Corps will work with the IDP community in Wau County taking into consideration gender sensitivity. International Medical Corps will target 8,100 conflict affected community members including (3,800W, 600M, 2,800G, 900B) IDPs and host community.

4. Grant Request Justification

International Medical Corps has implemented GBV projects in Akobo East in Jonglei State, and Kodok in Upper Nile state and is still implementing GBV projects in Thonyor and Adok in Southern Unity State, Malakal PoC and Wau Shiluk in Upper Nile state, and Lakes states in Aweril counties. Early this year, IMC received the first round of CHF funding and successfully initiated GBV response and prevention activities in Thonyor and Adok in Leer County. 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 Thonyor, Adok 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 R2 will enable IMC to strengthen the much needed GBV prevention and response programming in Wau 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. Regular safety audits will also be conducted to identify emerging GBV risk factors and provide targeted recommendations for risk mitigation efforts.

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 Wau

Output 1.1

Description

Access to quality case management and psycho-social support services for women and girls in Wau 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

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 Wau

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

Establish/construct women's friendly spaces/centers using locally available materials.

Activity 1.1.4

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

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 Wau County

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	(Frontline services) # of GBV survivors who receive at least one of the GBV services in the GBV SC Minimum Package (GBV case management, CMR and/or PSS/PFA)	5	20	5	20	50
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)					2,200
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)	8	12			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 Wau 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

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

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

Activities**Activity 2.1.1**

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.

Activity 2.1.2

Conduct regular safety audits and assess the safety concerns of women and girls in Wau County

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community-based protection networks	5	200	10	300	515

Means of Verification : Weekly committee meeting reports

Indicator 2.1.2	PROTECTION	Frontline services # of protection monitoring visits or safety audits in the targeted locations					12
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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

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

Activity 2.2.3

Establish protection committee/GBV task force in Wau County

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					2,500

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					5,000
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Means of Verification : Dignity kits distribution list

Indicator 2.2.3	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community-based protection networks	0	30	0	50	80
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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		
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		
Activity 1.1.3: Establish/construct women's friendly spaces/centers using locally available materials.	2016								X				
Activity 1.1.4: Continue mentoring case managers to provide individualized community based psycho-social support and case management services for survivors of GBV.	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		
Activity 1.1.6: Conduct CMR training for health staff in Wau County	2016									X			
Activity 2.1.1: 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		
Activity 2.1.2: Conduct regular safety audits and assess the safety concerns of women and girls in Wau County	2016								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		
Activity 2.2.2: Distribute dignity kits for women and girls of reproductive age to mitigate further risk of GBV	2016									X	X		
Activity 2.2.3: Establish protection committee/GBV task force in Wau County	2016								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
IOM	International Medical Corps will coordinate with IOM in Wau to ensure that CMR services are available for survivors of GBV. A functional referral pathways will include IOM 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/Women Groups	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 Wau County, where International Medical Corps will be implementing this GBV program is currently relatively calm but remains tense and unpredictable. 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 national staffs who will be hired locally will maintain the services and support survivors of GBV.

Access

International Medical Corps is also expecting lack of access to the whole areas of Wau County at the inception period thus the program will focus only in UNMISS POC and the Catholic Cathedral 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	Quantit y	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Country Director	S	1	20,0 11.0 0	3	3%	1,800.99
	<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	D	1	13,9 18.0 0	3	3%	1,252.62
	<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	14,9 34.0 0	3	3%	1,344.06
	<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	10,3 39.0 0	3	3%	930.51
	<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	15,4 34.0 0	3	3%	1,389.06
	<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	10,6 09.0 0	3	3%	954.81
	<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	11,0 58.0 0	3	3%	995.22
	<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	8,40 4.00	3	3%	756.36
	<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	10,0 58.0 0	3	3%	905.22
	<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	13,4 80.0 0	3	3%	1,213.20
	<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	0	12,5 61.0 0	3	3%	0.00
	<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	13,4 03.0 0	3	3%	1,206.27
	<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	D	0	10,2 52.0 0	3	13%	0.00
	<i>The site manager will co-ordinate operational activities of CHF funded program in Wau and directly manage field staff and Logistics support. The person is also responsible for ensuring timely program delivery.</i>						
1.14	GBV Program Coordinator	D	1	11,7 34.0 0	3	5%	1,760.10
	<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	D	1	10,2 51.0 0	3	50%	15,376.50
	<i>S/he will be the direct supervisor of the program staff in Wau and responsible for the full implementation of the project in Wau.</i>						

1.16	Deputy GBV manager	D	1	1,76 5.00	3	50%	2,647.50
	<i>S/he will support the program officers in Wau and support the program officers and will ensure overall oversight of the program activities.</i>						
1.17	GBV Case workers	D	2	1,50 6.00	3	50%	4,518.00
	<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>						
1.18	Women's support officers	D	2	1,50 6.00	3	100%	9,036.00
	<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>						
1.19	Security guards of women's center	D	3	474. 00	6	100%	8,532.00
	<i>s/he will be responsible to protect/secure the women's friendly spaces in Wau</i>						
1.20	Finance/ Admin Officer	D	1	1,76 4.00	3	5%	264.60
	<i>S/he will be responsible for all financial issues in Wau, budget monitoring proper documentation and internal auditing</i>						
1.21	Logistics Officer	D	1	1,70 8.00	3	5%	256.20
	<i>S/he will be responsible to all logistical issues in Wau including procurement, purchase orders, transport and warehouse management</i>						
1.22	GBV Prevention officer	D	2	1,50 6.00	3	50%	4,518.00
	<i>S/he will be responsible to implement GBV prevention activities, risk mitigation efforts and support the community outreach workers in Wau</i>						
	Section Total						59,657.22
Supplies, Commodities, Materials							
2.1	GBV Field support Supplies	D	2	2,00 0.00	1	100%	4,000.00
	<i>Costs for procuring all office supplies in Wau including staples, printing papers, desks, chairs and etc</i>						
2.2	GBV PSS and Case management services	D	2	3,00 0.00	1	100%	6,000.00
	<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 space establishment and activities	D	2	2,00 0.00	1	100%	4,000.00
	<i>Costs related with construction of women's center, maintenance of women's center, supplies for group and psychosocial activities</i>						
2.4	IEC/BCC materials	D	2	2,00 0.00	1	100%	4,000.00
	<i>This line will cover provision of IEC material that will be used by staff for outreach messaging.</i>						
2.5	incentive for community outreach workers	D	30	332. 00	1	70%	6,972.00
	<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	2	915. 00	1	100%	1,830.00
	<i>Procurement of supplies for GBV outreach workers who do safety audit, like umbrella, gumboots, binders, hand bags and refreshments</i>						
2.7	Visibility	D	1	2,50 0.00	1	100%	2,500.00
	<i>During each operation, activity and project, International Medical Corps shall make an effort to bring the support and financing given by its donors to the attention of the beneficiaries, the general public and the media through the following activities: display panels, visibility on supplies and equipment, print publications, and banners.</i>						
2.8	Transportation of program supplies and equipments	D	2	4,00 0.00	1	100%	8,000.00
	<i>Shipment of GBV supplies from Juba to Wau, charter flights</i>						
2.9	GBV IASC and PSS trainings for partners	D	2	1,00 0.00	1	100%	2,000.00
	<i>Procurement of stationaries for training, allowances, meals, refreshments, hall rent and other related costs</i>						
2.10	Community outreach and campaigns	D	2	2,00 0.00	1	100%	4,000.00
	<i>Procurement of supplies for international woman's day campaign based on the identified activities</i>						

2.11	In-service training for GBV staff	D	2	1,00 0.00	1	100%	2,000.00
	<i>Refreshments, training stationaries, meal, and other related costs</i>						
	Section Total						45,302.00
Equipment							
3.1	Laptops Computers	D	2	1,35 0.00	1	100%	2,700.00
	<i>3 laptops for program support /report writing</i>						
3.2	VHF Radios	D	3	900. 00	1	100%	2,700.00
	<i>Communication equipment at field level</i>						
3.3	Satellite Phones	D	2	1,60 0.00	1	100%	3,200.00
	<i>Communication equipment at field level</i>						
	Section Total						8,600.00
Travel							
5.1	National Staff Travel perdiem	D	6	100. 00	1	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 & International Staff Travel accomodation	D	1	1,00 0.00	2	100%	2,000.00
	<i>This covers the cost of staff accomodation outside of their duty station. 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	3	100%	1,200.00
	<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						3,800.00
General Operating and Other Direct Costs							
7.1	Vehicle/Motorbikes/boats Registration/Insurance/Maintenance -Wau	D	1	0.00	3	100%	0.00
	<i>The budget will cover the fuel for vehicle/motorbike in Wau /Maintenance</i>						
7.2	Vehicle/Motorbikes Registration/Insurance/Maintenance - Juba	s	1	5,05 0.00	3	3%	454.50
	<i>Costs related to Vehicle/Motorbikes Registration/Insurance/Maintenance</i>						
7.3	Vehicle//Motorbike Fuel - Wau	D	1	1,00 0.00	3	25%	750.00
	<i>The budget will cover the fuel for vehicle/motorbike/boat in Wau</i>						
7.4	Vehicle Fuel/rent - Wau	D	1	4,29 0.00	3	25%	3,217.50
	<i>The budget will cover the fuel for vehicle as well as rental of vehicles</i>						
7.5	Vehicle Fuel/rent - Juba	s	1	15,4 50.0 0	3	3%	1,390.50
	<i>The budget will cover the fuel for vehicle as well as rental of vehicles</i>						
7.6	Communication - Wau	D	1	1,00 0.00	3	25%	750.00
	<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>						
7.7	Communication - Juba	s	1	8,27 5.00	3	3%	744.75
	<i>Communication expenses include communications by fax, telephone, mobile/satellite phones, and Internet services, between headquarters, field and support offices, donor etc. Cost is budgeted as per the historical cost.</i>						
7.8	Guest House/Office/warehouseRental & Maintenance (Juba)	S	1	56,0 00.0 0	3	3%	5,040.00
	<i>Costs related to guest house/office/warehouse rental and maintenance</i>						

7.9	Office utilities and Supplies - Wau	D	1	2,50 0.00	3	25%	1,875.00
	<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>						
7.10	Office utilities and Supplies - Juba	S	1	13,0 00.0 0	3	3%	1,170.00
	<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>						
7.11	Postage/Courier	S	1	600. 00	3	3%	54.00
	<i>Costs related postage of documents charge</i>						
7.12	Fuel and Maintenance of Generators - Wau	D	1	1,50 0.00	3	25%	1,125.00
	<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>						
7.13	Fuel and Maintenance of Generators - Juba	S	1	6,50 0.00	3	3%	585.00
	<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>						
7.14	Legal Fees (including NGO forum registration fee)	S	1	3,07 0.00	3	3%	276.30
	<i>costs including the registration fee for NGO forum</i>						
7.15	software licences	S	1	3,60 0.00	3	3%	324.00
	<i>Costs related with software licenses</i>						
7.16	Bank Charges and Cash Facilitator Fees	S	1	7,80 0.00	3	3%	702.00
	<i>Costs related bank fee and fee for cash facilitators to the areas where they are no banking system</i>						
7.17	General insurance	S	1	24,0 00.0 0	3	3%	2,160.00
	<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>						
7.18	Security company services	S	1	4,40 0.00	3	3%	396.00
	<i>Costs related to Security company to guarding the guest house and office</i>						
7.19	Physical and Operational Security Upgrades	D	1	813. 15	1	100%	813.15
	<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>						
7.20	Monitoring and Evaluation	D	1	2,00 0.00	1	50%	1,000.00

<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>							
Section Total							22,827.70
SubTotal					109.00		140,186.92
Direct							115,394.17
Support							24,792.75
PSC Cost							
PSC Cost Percent							7%
PSC Amount							9,813.08
Total Cost							150,000.00
Grand Total CHF Cost							150,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	100	600	3,800	900	2,800	8,100	
Documents							
Category Name	Document Description						