

Requesting Organization :	International Rescue Committee				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		100			
Project Title :	Strengthening Gender-based Violence Prevention and Response Services in Famine Response, Unity State				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/P-HR-RL/103120	Fund Project Code :	SSD-17/HSS10/SA1/P/INGO/5147		
Cluster :	Protection	Project Budget in US\$:	289,999.92		
Planned project duration :	6 months	Priority:	Not Applicable		
Planned Start Date :	03/04/2017	Planned End Date :	30/09/2017		
Actual Start Date:	03/04/2017	Actual End Date:	30/09/2017		
Project Summary :	<p>In response to the growing famine crisis in Unity State, IRC is proposing to deploy mobile GBV emergency response services in order to provide lifesaving GBV services to vulnerable women and girls in Koch County. The complexity of the operating environment requires mobile service provision and close collaboration with local service providers to mainstream GBV response and prevention into emergency humanitarian services. IRC will expand mobile GBV emergency response services through teams based out of Bentiu, Rubkona County providing services in targeted locations across Koch County. The identified areas will be characterized by high food insecurity, vulnerability of women and girls and population densities.</p> <p>The proposed six month emergency intervention is designed to:</p> <ul style="list-style-type: none"> •Increase access to life saving GBV case management and psychosocial support (PSS) services for women and adolescent girls. •Integrate GBV mainstreaming into humanitarian emergency response interventions and support quality control monitoring and accountability. •Enhance understanding and analysis among humanitarian actors on the GBV context and response needs. <p>IRC will recall previous staff with capacity in emergency response missions and fast track their recruitment to join the team to provide timely, effective and efficient GBV response activities during the project implementation period through periodic deployments to Koch. This will offer an opportunity to provide much needed humanitarian services in Koch to areas presently without GBV services.</p> <p>The proposed project to be implemented in Koch is funded by the CHF grant only.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	1,282	10,933	801	2,220	15,236
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	512	4,373	320	888	6,093
Internally Displaced People	770	6,560	481	1,332	9,143
Indirect Beneficiaries :					
Men: 124; Women: 1,097; Boys: 80; Girls: 222; Total Indirect Beneficiaries: 1,523					
Catchment Population:					
Areas in Koch county.					
Link with allocation strategy :					

Responses to address the recent conflict, displacement and famine in Koch, Unity State by IRC are current priorities within the GBV SC Strategy for 2017 and the Humanitarian Response Plan (HRP), Crisis Response Plan for the Protection Cluster and the GBV Sub-cluster. Koch County falls under those locations prioritized in the 2017 first round allocation in the CHF .

IRC will set up a mobile response team to provide GBV case management and PSS, information provision and risk mitigation activities in Koch County. This will be a short term response for a period of six months and will provide much needed services to affected populations. The project implementation strategy is linked to the allocation strategy. The project is fully aligned to the SS GBV SC strategy (objective 1) by expanding availability of basic GBV services and linking & mainstreaming GBV with other service providers for a multi sectoral response. Specifically, it will ensure the availability of, and access to, life-saving, survivor-centered psychosocial and case management services of quality to affected communities, with a particular focus on GBV survivors. Referral pathways will be established and disseminated to service providers and the community members. It also contributes to (objective 2) of building capacity of service providers and communities to deliver quality GBV services through ensuring that affected communities have access to information (e.g. negative consequences of GBV, services available/referral pathway, rights etc.) and can safely access services available to them. Further the IRC will work closely with other sectors through training in GBV guiding principles and safe referrals, to ensure they implement risk mitigation programming to promote women and girls safety and protection in Koch. Thus it is aligned to (objective 3) on promoting risk mitigation programming and (objective 4) on promoting coordination, advocacy and collaboration at the sub national level in Bentiu and at the national GBV subcluster as the IRC will share outcomes of the GBV assessments, safety audits and program experience to the cluster for advocacy. Further, the IRC proposes to save lives and alleviate suffering of vulnerable women and girls affected by both conflict and famine in Koch and fully reflects the second objective of the protection cluster to ensure the protection response services are available in all counties heavily affected by displacement and conflict.

In addition, the project will work with communities to (re) build community-based psychosocial based and prevention based mechanisms and ensure a safer environment for all, especially women and girls who were particularly affected by the shocks of conflict, displacement and crisis. Thus, the project will ensure that communities are capable and prepared to address threats and vulnerabilities, while maximizing existing positive coping mechanisms, in accordance with the Protection Cluster's first strategic objective as well as HRP's third objective, supporting at-risk communities are able to sustain their capacity to cope with significant threats.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
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Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
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Organization focal point :

Name	Title	Email	Phone
Rosalind Montanez	Grants Coordinator	Rosalind.Montanez@rescue.org	0920-55-0007
Pamela Tuiyott	Women's Protection & Empower Technical Coordinator	Pamela.Tuiyott@rescue.org	211954402690

BACKGROUND

1. Humanitarian context analysis

Conflict has persisted in Central Unity for three years and many IDPs have been displaced multiple times, some have fled to the Protection of Civilians (PoC) site in Bentiu. Koch county headquarters and other payams are currently under the authority of SPLA government, except Bieh payam which is currently under the authority of SPLA-IO. The prolonged conflict has also impacted food security in the area resulting in famine. Koch county is composed of eight payams (Pakur, Boaw, Jaak, Kauchlual, Ngony, Mirmir, Gany and Norboro). In Koch, the conflict has prevented the delivery of humanitarian aid and little to no emergency food assistance has been provided since mid-2016. Food security is expected to deteriorate across the country from February to July, 2017 as most poor households have depleted their food stocks and the availability of fish will seasonally decline. Poor households will be primarily reliant on markets to access food, but will face significant difficulty purchasing sufficient food to meet their basic needs, especially as prices are expected to rise and income-earning opportunities are limited. ((See reference 1 below) The ability to deliver assistance to highly food insecure areas is likely to remain volatile throughout 2017 given the proximity of the frontline and the potential for conflict to intensify in the current dry season. It is likely that forced recruitment to SPLA-IO and IO2 and cattle raids will continue for the foreseeable future and in the absence of large-scale humanitarian assistance, famine is expected to continue in Mayendit, Leer and Koch at least through July, 2017

GBV, and in particular, sexual violence, is a serious threat and regular occurrence in all of these areas with high levels of displacement, hunger and conflict as driving factors. (See reference 2 below) Basic services in Unity are almost non-existent and many walk 3-5 hours to access the limited services available. Without assistance to safely access services, women and girls are at increased risk of GBV and relying on negative coping mechanisms that expose them to sexual violence. While previously Koch had some operational health facilities and referral systems, these have not been fully functional due to ongoing conflict in the area. Facilities have been vandalized and looted in the ongoing conflict, humanitarian organizations have fled due to broken referral systems and no clinical management of rape services are provided. World Relief are currently providing nutrition, education, food security and livelihoods (FSL) and health services with a static presence in Koch, Bieh and mobile services to Rier and Bauw.

2. Needs assessment

The recent UNICEF February 2017 Rapid Response Team report indicates that there are lots of protection concerns in Koch. These were identified during meetings with the community leaders/chiefs, women, girls, teachers and Parents Teachers and Associations in Koch town and villages. Among them, GBV cases including rape and forced marriage were highlighted. Further it was noted that there is no child protection or GBV partner on the ground to respond to the issues.

Reports (See reference 3 below) show that famine and conflict have had a negative impact on families, with women and girls bearing a heavier brunt because of prevailing gender roles and community based practices. Women struggle to keep their families alive amidst devastating famine and ongoing conflict. Worsening food insecurity greatly impacts GBV risks among women and girls who experience an increased likelihood of sexual violence while travelling long distances in search of food leaving them exposed along the routes. There have also been reported increases in household-level violence (primarily physical abuse) in the famine affected areas. Additionally, male members of families are migrating with livestock to more fertile and safer regions, leaving women and children behind unprotected. There is also the likelihood of women being forced to engage in negative coping strategies as they struggle to meet basic needs, exacerbating risks of sexual exploitation and abuse. At the onset of the project, the IRC will conduct a GBV assessment in identified sites in Koch that will inform program implementation. Through mobile services, capacity building of community based groups and GBV and gender mainstreaming of humanitarian response, the IRC will provide emergency GBV response activities in Koch County over a six month period.

3. Description Of Beneficiaries

IRC's Women's Protection and Empowerment (WPE) mobile team will conduct rapid GBV assessments to identify and assess patterns and risk factors for GBV affecting women and girls. On this basis, beneficiaries will be identified during initial deployments and start up. While all women and girls are at risk of GBV, IRC will lead FGDs and key informant interviews to understand who are the most vulnerable and adapt services to prioritize their specific needs including female-headed households, unmarried adolescent girls, elderly women, disabled women and girls, those with mental illnesses and any male survivors. Others who will be targeted include members of the Mother to mother support group networks for GBV messaging, community leaders to support GBV survivors, local women's groups with training on PFA and basic PSS and the community including men and boys will be targeted with awareness on GBV. The assessments will be shared with the national GBV SC which will help to define priorities for humanitarian action and inform follow-up response activities. The identified urgent GBV cases will be referred to appropriate service providers like health while IRC will support GBV case management, PSS services and this outreach and support will also be extended through trained women's groups. GBV staff will also conduct regular safety audits during deployments to assess emerging risks.

4. Grant Request Justification

Koch County has experienced heavy fighting over a prolonged period of time and has recently become more accessible for humanitarian services. There remains a great need for GBV programming in Koch particularly with the ongoing famine, and population displacement in areas such as Koch town, Bieh among others. In Koch, IRC would maximize synergies with service providers while promoting GBV mainstreaming. Moreover, IRC's GBV response project will address pre-existing GBV violations in areas where access was limited previously and respond to and mitigate GBV risks from famine and food distribution. To conduct food distributions in these areas without ensuring sufficient GBV frontline services are in place would breach the humanitarian ethics of Do No Harm, and best practices. Following the July 2016 crisis, IRC deployed mobile response teams to deliver GBV services in locations around Juba. IRC will incorporate lessons learned from both that period and from existing GBV response and prevention programming in Unity State into the project design for Koch. Through this mobile approach, GBV response services will be extended to 6,000 IDPs in Koch. There will be one mobile GBV response team which will utilize current and pre-existing staff in order to expedite the hiring process and implement immediately. Mobile services will include GBV case management, PSS, and distribution of dignity kits from UNFPA and information provision. The team will also document risks and regularly share information with other humanitarian actors for timely risk mitigation and advocacy efforts. The team will be based in Bentiu, and deploy to targeted sites for 2-3 week periods. Prior to deployment, staff will be trained on IRC's preparedness and emergency response model, PSS, sensitization and outreach techniques, roles/responsibilities and GBV concepts. A GBV rapid assessment will update referral pathways for GBV survivors to access available services across multiple sites. The assessment will be conducted to better understand the risks women and girls face around safety and well-being, the services available for survivors of GBV, and the efficacy of existing protection mechanisms. At least 60 women and girls will be involved in the FGD's as well as key informants and service providers. Findings of the safety audit will be shared with the GBV SC and other sectors to ensure that GBV threats are understood by all actors and risk mitigation is prioritized across all sectors.

The WPE community mobilisers will prioritize sharing information with a total of 9,000 women, girls, men and boys about GBV services, while engaging 30 community leaders on GBV basic concepts, and services available in order to promote support for GBV survivors. By engaging men and boys, as well as women and girls from the IDP community, the IRC aims to reduce the stigma facing GBV survivors and ensure their timely access to care. As part of the community engagement strategy, the IRC will train 50 women from World Relief and integrate GBV messaging through their 'Mother to mother support groups' and referral services.

Safe spaces are a critical entry point for GBV survivors and other vulnerable women and girls. In communities hosting IDPs, the WPE team will identify and support existing women's groups and train 60 individuals on psychological first aid and basic PSS who can provide a community based safe space. When deployed, the IRC will provide direct PSS and basic case management support to survivors of violence.

IRC will also train 30 staff from other service providers on GBV guiding principles and safe referrals. Further, IRC will conduct two safety audits engaging a total of 100 women and girls in FGD's. The WPE Coordinator will engage humanitarian partners through the Clusters as well as working closely with UNFPA, World Relief, Nile Hope, UNICEF, community leaders, and authorities to address risks identified and raise awareness on available services.

5. Complementarity

Currently the only available partner on ground in Koch is World Relief. WR provide nutrition, education, food security and livelihoods (FSL) and health services and have static presence in Koch, Bieh and provide mobile services in Rier and Bauw. The IRC will advocate with the Health cluster through the GBV SC for support to strengthen CMR services in WR and will monitor availability of post rape treatment kits. This will compliment IRCs life saving psychosocial support services. At the onset of the project the IRC will conduct a GBV assessment in multiple sites in Koch that will also include a service mapping. Findings will inform capacity needs for GBV mainstreaming and risk mitigation and establish if there any new organizations on the ground. On this basis the IRC in collaboration with stakeholders will develop and disseminate GBV referral pathways that will be utilized to direct survivors to access GBV services available. Given IRC's mobile nature of intervention, the IRC will build the capacity of community based organizations to provide basic psychosocial support and referrals. As part of the community engagement strategy, the IRC will train women from the WR nutrition sector 'Mother to mother support groups' to integrate messaging on GBV and referral services in their community outreach work. The IRC will collaborate further with WR to ensure that their FSL, education and nutrition programs mainstream GBV in their responses. Where possible the IRC will conduct joint safety audits with WR and any other organization present that will be used to guide mitigation of risks that women and girls face. The IRC will be keen to ensure that any food distribution processes do not expose women and girls to more risks and harm. The IRC will work closely with the GBV SC at the national level to enhance understanding and analysis among humanitarian actors on the GBV context and response needs

LOGICAL FRAMEWORK

Overall project objective

Overall project objective is to provide life-saving GBV prevention and response services in Koch, Central Unity

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Protection response services are available in all counties that are heavily affected by conflict or displacement.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	100				
Contribution to Cluster/Sector Objectives :							
Outcome 1							
Women and girls are protected from and treated for the consequences of gender-based violence							
Output 1.1							
Description							
Women and Girls have increased access to life-saving services and risks to GBV are reduced.							
Assumptions & Risks							
Assumptions are that communities will be willing to support the program. To mitigate this, the IRC will ensure that it consults with the key stakeholders and the community and that they participate in the program. One potential risk during implementation is that there is significant insecurity that may affect operations in Koch County.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Number of GBV survivors receiving case management services	0	40	1	20	61
Means of Verification : GBVIMS Reports, Referral forms, Quarterly progress report							
Indicator 1.1.2	PROTECTION	Number of non-GBV frontline humanitarian workers trained on GBV Guiding Principles and Mainstreaming Guidelines	20	65			85
Means of Verification : Training Reports, Attendance Sheets, Pre and Post test evaluation report							
Indicator 1.1.3	PROTECTION	Number of individuals reached with messages on GBV prevention and services	1,200	6,000	800	1,000	9,000
Means of Verification : Activity Reports, Attendance Sheets, IEC material							
Indicator 1.1.4	PROTECTION	Number of community members engaged in community dialogue activities	40	20			60
Means of Verification : Activity Reports, Attendance Sheets,							
Indicator 1.1.5	PROTECTION	Number of women accessing women and girl safe spaces per month					6,000
Means of Verification : Activity Reports, Quarterly progress reports							
Indicator 1.1.6	PROTECTION	Number of new or updated referral pathways					2
Means of Verification : Printed Referral Pathways							
Activities							
Activity 1.1.1							
Provide basic case management services and individual counseling to 61 GBV survivors							
Activity 1.1.2							
Conduct training for 85 non-GBV frontline humanitarian workers							
Activity 1.1.3							
Conduct regular community mobilization and outreach activities to over 9,000 community members							
Activity 1.1.4							
Conduct community dialogue activities for 60 local leaders including women leaders							
Activity 1.1.5							
Provide regular psychosocial support services to 6,000 women							
Activity 1.1.6							
Develop two referral pathways in consultation with stakeholders							
Output 1.2							
Description							
Integrate GBV mainstreaming into humanitarian emergency response interventions and support quality control monitoring and accountability.							
Assumptions & Risks							
Risks include insecure roads preventing safe transportation of goods and staff. And assumptions are that humanitarian service providers participate and implement actions to improve women and girls safety and community structures and humanitarian partners are supportive of addressing GBV risks identified.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Number of safety audits conducted (inside and outside of PoCs)					2
Means of Verification : Safety Audit Reports							
Indicator 1.2.2	PROTECTION	Number of frontline actors trained on GBV guiding principles and safe referrals					30
Means of Verification : Training Reports, Attendance Sheets							
Activities							
Activity 1.2.1							
Conduct two Safety Audits							
Activity 1.2.2							
Conduct training to 30 frontline actors on GBV guiding principles and safe referrals.							
Additional Targets : Conduct one GBV assessment in Koch at the start of the project.							

M & R

Monitoring & Reporting plan

The technical coordinator will conduct regular monitoring and support visits to ensure quality implementation of the project. The project implementation will be guided by the M&E logical framework. On this basis monitoring tools including indicator tracking sheets will be used to monitor progress and implementation of activities against indicators and targets listed. The WPE teams will prepare spending plans and track finances monthly as a tool to determine balances and discuss the spending rate. On reporting, the WPE teams will produce weekly reports which are reviewed by the WPE Manager and Technical Coordinator on a weekly basis. Thereafter the reports will feed into Monthly reports and later quarterly reports and eventually the final project report. GBV Assessment and Safety Audit reports will be shared with the GBV SC and disseminated widely for information, advocacy and to inform emergency response. Every quarter the technical and field coordinators provide a progress update against the indicators to the senior management team who assist in evaluating implementation of the project. The team will be supported by the M&E Coordinator who will ensure monitoring tools are in place and utilized to inform programming and together with the grants manager ensure reports are timely and quality.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide basic case management services and individual counseling to 61 GBV survivors	2017				X	X	X	X	X	X			
Activity 1.1.2: Conduct training for 85 non-GBV frontline humanitarian workers	2017					X							
Activity 1.1.3: Conduct regular community mobilization and outreach activities to over 9,000 community members	2017				X	X	X	X	X	X			
Activity 1.1.4: Conduct community dialogue activities for 60 local leaders including women leaders	2017					X		X					
Activity 1.1.5: Provide regular psychosocial support services to 6,000 women	2017				X	X	X	X	X	X			
Activity 1.1.6: Develop two referral pathways in consultation with stakeholders	2017					X	X						
Activity 1.2.1: Conduct two Safety Audits	2017						X		X				
Activity 1.2.2: Conduct training to 30 frontline actors on GBV guiding principles and safe referrals.	2017					X	X	X					

OTHER INFO

Accountability to Affected Populations

Participatory assessments will be conducted at project inception to assess GBV concerns faced by women and girls, and, patterns and risk factors for violence and abuse. IRC will carry out service mappings of existing health, nutrition, education, FSL, protection and other actors to assess capacity and identify areas for technical support and training for GBV mainstreaming. As part of the start up in all locations, IRC will identify local and community based women’s groups and organizations to support programming and activities and train them on basic PSS to enhance longer term sustainability. Much of the intervention is designed to provide immediate lifesaving support to women and girls in conflict affected areas. To establish and strengthen the GBV referral pathways IRC will also provide trainings on GBV basic concepts, survivor centered approaches, confidentiality and skills for dealing with survivors. IRC’s team will also provide a range of trainings and support to enhance GBV mainstreaming across sectors and strengthen monitoring and accountability.

In community based centers/safe spaces, regular consultations will be held with women and girls to ensure emergency programming responses are informed by their voices, experiences and recommendations. This will also enhance learning around client satisfaction with IRC services in emergencies and develop evidence based programming for psychosocial support activities.

IRC will continue to work closely with relevant partners to strengthen the effectiveness of responses, harmonize coordination, and ensure protection and GBV mitigation is integrated across response efforts. Regular meetings will be held with community leaders, government officials, local and international partners.

All IRC GBV programming is designed to adhere to and uphold the humanitarian principles of Do No Harm. Prior to initiating any intervention, rapid assessments are conducted to assess needs in identified locations, current services and participatory methodologies including focus group discussions are held with women and girls, communities and key informants that also provide a situational analysis of any unintended threats of responding in a particular location.

Implementation Plan

The proposed project will be directly managed by the WPE Manager based in Bentiu who will be responsible for the overall management and technical aspects of the project. The WPE mobile team will be based in Bentiu, and deploy to targeted sites for 2-3 week periods. At the field level, the WPE Manager will report directly to the Field Coordinator to ensure that all operational and logistical support needed for the success of the project is provided. The program manager will receive technical support from Juba-based technical coordinators to ensure that actions are implemented in accordance with the Sphere minimum standards and are technically sound. The technical coordinator will conduct periodic field visits to ensure that the project follows the implementation plan and meets the expectations of both the IRC and the program participants. As an additional layer, to support quality program implementation, the IRC will provide an ERT Coordinator to support the project start up and further the technical coordinator will be supported by IRC’s Women’s Protection and Empowerment, technical unit at HQ level who provide dedicated technical support on programming parameters, tool design and support in M&E systems to ensure adherence to best industry-practices and standards.

The IRC will continue to work closely with relevant partners to strengthen the effectiveness of GBV responses, harmonize coordination, and ensure women’s and girls’ protection are integrated across response activities. The IRC will identify local/community based women’s groups to be trained and support programming and will work closely with them to build their capacity on GBV prevention and response.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
World Relief	Health, Nutrition, Food Security and Livelihood and Education
Local women's groups	Capacity building, awareness raising, PSS and advocacy

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 principle purpose of this project is to advance gender equality. Similar complex emergencies where populations have been affected by both conflict and famine have informed the design of this project and have tailored activities and services for women, men, boys and girls. Further needs of women, girls, men and boys will be specifically identified through a participatory process that factors gender and age, and outcomes used to inform implementation. Specific needs will be addressed differently based on their social role in communities and on specificity for adequate service provision through mainstreaming. While the proposed project is focusing on vulnerable women and girls, men and particularly boys will be targeted with training and awareness raising

Protection Mainstreaming

The IRC will enhance the capacity of their staff and of other service providers on the integration of protection/GBV principles in their day-to-day work. The IRC will conduct safety audits every quarter that will highlight the protection and GBV risks and advocate for service providers to mitigate risks. As part of risk mitigation, the IRC will distribute dignity kits provided by UNFPA to identified vulnerable women and girls. The IRC will brief various stakeholders (local authorities, local authorities, non-state actors, and UN agencies) on GBV principles and GBV response mainstreaming to raise awareness and influence changes in practices and procedures to assist in solving the GBV concerns through service delivery.

IRC approaches and programming within this proposed intervention are designed in line with humanitarian principles and good practice and adhere to the 'do no harm' principles.

- IRC works closely with UN OCHA to ensure access to affected populations is agreed and negotiated within the parameters set out by the humanitarian community and underpin neutrality of assistance.
 - Prior to the start-up of services, IRC carries out rapid assessments that include services mappings and key informant interviews with stakeholders. These form the basis for any intervention and inception meetings are held with humanitarian partners, and community leadership structures to inform them of proposed programming, elicit their feedback and support for services and reduce any potential for conflict within the community, against staff or beneficiary.
- Non-discrimination is a guiding principle of IRC's responses and services are available to all regardless of ethnicity, sex, religion or marital status. This ensures that all targeted segments of the population are included in programming and that all interventions are informed by beneficiaries. Additional efforts are in place to work with marginalised segments of the population (adolescent girls, female headed households, widows, elderly women, child headed households)
- Given the nature and sensitivity of GBV service delivery, IRC works closely with all key gatekeepers from the outset to ensure that they are supportive of programming and are included in decision making processes. Regular meetings will be held in all sites to maintain positive working relationships with government and humanitarian partners as well as community leadership structures to address any issues and resolve conflicts in a timely manner as soon as it arises.
 - Within the community, IRC staff in community agement activities and will work closely with community members to raise awareness of services, address GBV risks and develop strategies to mitigate these. This regular engagement will also offer an opportunity for IRC to integrate well within the community and create communication and conflict resolution channels as needed

Country Specific Information**Safety and Security**

The security situation and limited humanitarian access to some locations in Koch is a serious risk. IRC will develop preparedness and contingency plans to deal with fluctuating security and replicate successful approaches in other locations. IRC will develop contingency plans to ensure minimum services remain in place, including training local women groups from the locality that can maintain services in the event of limited access. As part of IRC's contingency plans, key triggers will be identified for a variety of likely scenarios in all locations. Security Management Plans are in place in all locations and are regularly reviewed and updated based on emerging threats and changing security. For movement from one area to another in Koch, the IRC will coordinate closely with the local government and IO authorities for safe access where necessary.

Access

Currently Koch town is under control of the SPLA government. Some parts of Koch are still occupied by SPLA-iO like Bieh. There have been no clashes between the two parties since October 2016. Cases of cattle raiding however happen frequently. Koch is accessible from Juba by air and from Bentiu by road. Other areas such as Bieh, Ngony, Bieth, Rier and Buaw can be accessed by road from Koch. The main road from Bentiu to Koch have been checked for UXOs and declared relatively safe for travels without food items. However, roads connecting Koch to other payams or villages have not yet been cleared by UNMAS. Roads are in poor condition and some roads are impassable due to fear of land mines and growth of thorny shrubs on the road. If access to Koch is lost during the implementation period due to deterioration in the security across the county, IRC will refocus response interventions outlined in the CHF to Guit county which is still a prioritized area for CHF allocation.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Staffing - Expat staff GBV programme	D	1	10,874.20	6	100.00	65,245.20
	<i>The WPE Manager based in Bentiu is budgeted at 45% of his monthly salary will oversee the day to day implementation of the mobile response, the WPE Coordinator is budgeted at 12% is responsible for overall quality and implementation of the and the Emergency Response Team WPE Coordinator will be on ground daily within the first month of the response to support the manager with technical guidance and ensure quality implementation of the project. Additional expat program staff supporting this project are budgeted at 3% of their monthly salary comprising the Deputy Director of Programmes who oversees all IRC programmes including CHF, the Grants Coordinator and Manager who will oversee compliance and reporting and the Monitoring and Evaluation Coordinator who tracks progress as against indicators and ensures that implementation is as per the log-frame provided. All the staff will receive R\$R at \$765, hardship at \$ 500, home leave at \$ 1500 and COLA @ \$ 833 based on the respective % abovementioned.</i>						
1.2	Staffing- Expat staff support	D	1	3,477.28	6	100.00	20,863.68
	<i>The Juba office expat support staff budgeted at 3% of their monthly salary are: Country Director, Deputy Director, Field Management, Finance Controller, Finance Manager, Senior HR/Admin Coordinator, Supply Chain Coordinator, Logistics Manager, Security Coordinator, Snr Finance Manager- Budget and Reporting will support with operations of the project in areas of Finance, Procurement, Logistics and Human Resources. They will also receive 3% of the following - R&R at \$ 765 one home leave of \$ 1500, hardship allowance at \$1500.</i>						
1.3	Staffing - National staff GBV programme	D	1	3,828.83	6	100.00	22,972.98
	<i>There will be 1 GBV Response Officer to provide PSS services, train case workers and oversee case management, 2 Case Workers to deal with individual case management and 2 Community Workers to support awareness raising and referrals who will be in the mobile team providing assistance in Koch budgeted at 100% for the 6 months of the emergency response in Koch. These national staff will also receive 23% benefit for NSSI and gratuity and medical at \$ 75 for each.</i>						
1.4	Staffing - National staff support	D	1	4,891.36	6	100.00	29,348.16
	<i>The Bentiu based staff budgeted at 22% of their monthly salary and Juba based Support Staff budgeted at 3% of their monthly salary will all receive with 23% benefit for NSSI and gratuity and medical at \$ 75. They are as follows: Finance Manager – Accounting, Grants Officer, Senior Finance Officer, Finance Officer, Budget Manager, Cashier, HR Manager, Human Resources Officer - Compensation & Benefits, Human Resources Officer – Recruitment, Deputy HR Coordinator, Administration Officer – Travel, Administration Officer – Facilities, Administration Assistant, Cleaner/ Head Cleaner, Logistics Manager, Procurement Officer, Assets Officer, Transportation Officer, Procurement Assistant, Head Driver, Driver, IT Manager, IT Officer, Security Officer, Casual Labour. They will support with Finance, Human Resources Administration, Procurement, Logistics and other operation functions.</i>						
	Section Total						138,430.02
Supplies, Commodities, Materials							
2.1	Rapid Assessment	D	1	501.27	6	100.00	3,007.62
	<i>This line will cover, stationary costs, casual labor for interpretation, water, refreshments for meetings/dissemination/advocacy forums for the assessment and follow up development process for the referral pathway that will include costs like stationary, water, refreshments, translation into local language and printing of the referral pathway.</i>						
2.2	Case Management and PSS	D	1	600.00	6	100.00	3,600.00
	<i>This line will cover materials supply costs that will be provided to GBV survivors and vulnerable women and girls, and will include items for community education sessions such as stationary, printing of posters, batteries and megaphones.</i>						
2.3	Group PSS activities	D	1	1,500.00	6	100.00	9,000.00
	<i>This line will supply materials for activities during group psychosocial sessions and skill building activities for women. Specific activities include; bed sheet production, embroidery, etc. This fund will also provide stationary materials such as printing papers</i>						
2.4	Community awareness raising	D	1	700.00	6	100.00	4,200.00
	<i>This line will cover materials for community education sessions such as stationary, printing of posters, batteries and megaphones</i>						
2.5	Safety Audits	D	2	154.25	6	100.00	1,851.00
	<i>This line will cover, stationary costs, casual labor for interpretation, water, refreshments needed for meetings, FGD's and at dissemination and for advocacy with different humanitarian actors.</i>						
2.6	Vehicle rental	D	1	4,500.00	6	100.00	27,000.00

	<i>This line will cover the rental costs of one vehicle for the project period time that will be used to support the transportation needs for the team including mobile visits to Koch.</i>						
2.7	Mainstreaming activities on GBV prevention and risk mitigation	D	2	1,300.00	2	100.00	5,200.00
	<i>This line will cover training material costs for GBV trainings, refreshment/meals and any casual labour for preparing meals.</i>						
2.8	Training of local women's groups on PFA/PSS/services available	D	3	300.00	4	100.00	3,600.00
	<i>This line will cover training material costs for GBV trainings, refreshment/meals and any casual labour for preparing meals.</i>						
2.9	Air Charter BE	D	1	7,000.00	1	100.00	7,000.00
	<i>This costs cover a charter flight to Benitu that will transport all the program and staff supplies highlighted in other budget lines.</i>						
	Section Total						64,458.62
Equipment							
3.1	Radio hand set	D	5	450.00	1	100.00	2,250.00
	<i>For each member of the mobile team.</i>						
3.2	Sleeping set(Tent, Mostquito net, Matress, and Bedsheet/first aid kit)	D	5	600.00	1	100.00	3,000.00
	<i>Individual kits for each member of the mobile team.</i>						
3.3	Computer Laptop	D	2	1,000.00	1	100.00	2,000.00
	<i>Two for the mobile team, for data collection during rapid response missions</i>						
	Section Total						7,250.00
Travel							
5.1	Domestic Travel / air travel	D	1	1,913.33	6	100.00	11,479.98
	<i>Airfare, accommodation, and air travel for Juba and Bentiu field travels budgeted at \$ 2,330 for 6 months combined. Rate is at \$ 600 per travel</i>						
5.2	International Travel	D	1	1,250.39	6	100.00	7,502.34
	<i>Visa fees budgeted at \$ 165 for 6 months. juba 10*2*100*3% and 3*100*100%*2</i>						
	Section Total						18,982.32
General Operating and Other Direct Costs							
7.1	Running Expenses Juba Office	S	1	2,390.50	6	100.00	14,343.00
	<i>Running costs for Juba main office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted at 2,390.50 *6</i>						
7.2	Running Expenses Field Office	S	1	4,594.00	6	100.00	27,564.00
	<i>Running costs for field office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted at 4,594.40 *6</i>						
	Section Total						41,907.00
SubTotal			33.00				271,027.96
Direct							229,120.96
Support							41,907.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							18,971.96
Total Cost							289,999.92

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 -> Koch	100	1,243	10,972	801	2,220	15,236	Activity 1.1.1 : Provide basic case management services and individual counseling to 61 GBV survivors Activity 1.1.2 : Conduct training for 85 non-GBV frontline humanitarian workers Activity 1.1.3 : Conduct regular community mobilization and outreach activities to over 9,000 community members Activity 1.1.4 : Conduct community dialogue activities for 60 local leaders including women leaders Activity 1.1.5 : Provide regular psychosocial support services to 6,000 women Activity 1.1.6 : Develop two referral pathways in consultation with stakeholders Activity 1.2.1 : Conduct two Safety Audits Activity 1.2.2 : Conduct training to 30 frontline actors on GBV guiding principles and safe referrals.

Documents

Category Name	Document Description
Budget Documents	CHF-GBV- Staff breakdown details.xlsx