

<b>Requesting Organization :</b>	CARE International				
<b>Allocation Type :</b>	2nd Round Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
PROTECTION	Gender Based Violence as subsidiary clusters	100.00			
		<b>100</b>			
<b>Project Title :</b>	To provide emergency protection and GBV programming & strengthen community-based protection mechanisms through integrated protection services in Magwi Eastern Equatoria with emergency population displacements.				
<b>Allocation Type Category :</b>	Frontline services				
<b>OPS Details</b>					
<b>Project Code :</b>	SSD-17/P-HR-RL/103060	<b>Fund Project Code :</b>	SSD-17/HSS10/SA2/P/INGO/6598		
<b>Cluster :</b>	Protection	<b>Project Budget in US\$ :</b>	100,000.00		
<b>Planned project duration :</b>	6 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/08/2017	<b>Planned End Date :</b>	31/01/2018		
<b>Actual Start Date:</b>	01/08/2017	<b>Actual End Date:</b>	31/01/2018		
<b>Project Summary :</b>	<p>The goal of this project is to provide emergency protection and GBV programming &amp; strengthen community-based protection mechanisms through integrated protection services in Eastern Equatoria, with emergency population displacements. The project aims at enhancing comprehensive response to the survivors of gender-based violence by improving access to protection and GBV services for IDPs and Host communities' women and children, girls and boys through activation of Community Protection Mechanisms, PFA, mapping and updating referral pathways in locations with available services to enable a functional referral system and for case workers and social workers to provide quality case management and psycho-social support including PSS and case management dedicated for children; girls and boys in extremely vulnerable situations and those facing multiple protection risks which will include skills building, and referral services . It further provides dignity kits as one of the minimum standards for prevention and response to GBV in emergencies to vulnerable women and girls of reproductive age. The project also aims to increase awareness on GBV prevention, protection and GBV services through Mass Media education (IEC materials, Radio spots) and conduct community outreach and engagement activities; catalyzing local activism to disseminate key information on GBV, including information on the availability of services, and promote positive social norms to improve the safety and well-being of women and girls.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	650	2,600	1,300	1,950	6,500
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	150	1,300	650	975	3,075
People in Host Communities	400	1,300	650	975	3,325
Pregnant and Lactating Women	0	0	0	0	0
<b>Indirect Beneficiaries :</b>					
These are community members composed of Men, Women, Boys and Girls who received key awareness GBV prevention messages through mass media outside the targeted locations (Payams and Bomas) of Magwi.					
<b>Catchment Population:</b>					
Based on the 2008 Sudan Population and Housing Census Magwi have an estimated population of 169,826 with 89,878 men and 79,948 women with a total of 27,989 households but due to ongoing conflict in the region this figure might have decreased or increased again as result of population movement.					
<b>Link with allocation strategy :</b>					

The project will contribute to the allocation strategy by improving the quality of the protection response focusing on GBV. The project will carry out service mapping to strengthen the availability of capacities of services and respective partners providers who are to delivering effective services for GBV survivors including CMR and appropriate referrals of survivors will be done to access such services during case management processes.

**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
Government of Canada	2,746,754.31
	<b>2,746,754.31</b>

**Organization focal point :**

Name	Title	Email	Phone
Valentina Mirza	Deputy Country Director - Programs	valentina.mirza@care.org	+211 954 604 620
Dorcus Acen	GBV and Protection Coordinator	Dorcus.Acen@care.org	+211959101506

**BACKGROUND**

**1. Humanitarian context analysis**

Since the conflict broke out in South Sudan in December 2013, the situation of the civilian population has been characterized by mass displacement, ubiquitous presence of armed actors, high levels of insecurity, and a struggle to meet basic survival needs. Violence, human rights violations and abuses continue in multiple counties due to active hostilities in the main conflict areas greater Jonglei and Eastern Equatoria with Magwi becoming a hotspot. The reported displacement of tens of thousands of people in South Sudan's Greater Equatoria region reflects notable deterioration in security throughout July and August 2016. More than two and a half years since the beginning of the current conflict in South Sudan, 2.6 million people remain displaced, including 1.6 million internally displaced people, and 1 million that have crossed into neighbouring countries, more than 200,000 of these since July 2016. Children are estimated to represent more than 60% of South Sudanese refugees and internally displaced persons (IDPs) within the region. While humanitarian agencies are without access to accurate casualty figures, it is reasonable to estimate the civilian death toll from recent fighting in the Equatorias to have reached several hundred. Protection in and around Juba remains compromised as civil conflict and crime exacerbate food insecurity and serve to prevent safe movement of people and commodities. Human rights monitors cite an increasing incidence of sexual violence, beatings, and lootings.

Mass population displacement in this region follows a recent Integrated Food Security Phase Classification (IPC) update assessing seven of Eastern Equatoria's eight counties to be at the crisis level of food insecurity, and projecting a move into the 'alert' phase in the coming quarter. As of 20 September, a total of 2,143 cholera cases had been reported, including 31 deaths<sup>7</sup>, with the outbreak now spreading to the Nimule area of Imatong State; compounding the risks to and needs of 4.4 million people estimated to be in need of medical assistance in South Sudan.

According to an inter-agency assessment conducted by CARE in September 2016, the population of Magwi County had decreased as a result of protection concerns and security issues, with many people deciding to move either within the country or to neighbouring countries. As of then, the RRC and local authority of Magwi County have registered 34,018 internally displaced people (IPDs) (604 households) in Magwi town. This is because Magwi town is a main transport route and crossing point for roads leading to Torit, Uganda, Nimule, and Juba. Communities have moved from neighboring payams and bomas in Magwi County in order to have better access to routes to Uganda in case fighting intensifies.

**2. Needs assessment**

According to an inter-agency assessment conducted by CARE in September 2016, interviews with key informants suggested large population movements from within Magwi to other areas within South Sudan and to neighbouring countries. Respondents cited protection risks following the July 2016 violence including looting, robbery and killings as evident in the periphery areas of the county with a presence of armed group. The assessment team was not able, however, to establish an exact figure for those killed as a result of the conflict. The weight of need and expectations among populations necessitates a cautious approach to registration, though the assessment found the county authorities to have conducted informal registration of those displaced and continue to monitor the changing dynamics closely. Although there were no reports of rape found by the assessment team, individuals noted that the number of domestic abuse cases occurring at household level had increased, often as a result of socioeconomic stress. The team was unable, however, to find corroborating data to justify the claim from the relevant authorities on the ground.

Respondents further detailed psychological distress within the communities of Magwi as a result of July 2016 violence, mentioning community networks as the only means of support to the victims. Some respondents indicated that the significant psychological distress was leading to increased levels of domestic violence, family disputes and other offensive behaviors within the community.

As a result of the degradation of community protection systems in Magwi affected by the ongoing conflict or with a high influx of IDP's, Women and girls have an increased exposure to various forms of violence including rape and sexual violence, physical violence as well as early and forced marriage. In addition with livelihood options increasingly limited as a result of the ongoing conflict adolescent girls and young women are particularly at risk of resorting into harmful coping mechanisms that include early marriage, survival sex and sexual exploitation.

Communities have no access to GBV services, there is no existing women and girls' friendly space (WGFS), and no information Volunteers to mobilize communities about availability of services. There is no referral pathway in place to help survivors access medical and psychosocial support due to service unavailability. There is need for trained case workers to provide case management, referrals to available services and follow- up with survivors as well as need for social workers to provide psychosocial support services. There are CARE's FSL teams and other partners' teams for different sectors; AVSI (Education), CARITAS (FSL), PLAN International (NFIs and women empowerment), Health net with health services, Community Development Initiative (CDI) and WASI (WASH). CARE's Protection staff together with FLS team and other Organizations providing other services; AVSI (Education), CARITAS (FSL), PLAN International (NFIs and women empowerment), Save the Children and Healthnet with health services in Nimule, Community Development Initiative (CDI) and WASI (WASH) will jointly conduct a safety audit and share the report jointly to ensure they are able to collectively take part in addressing some of the risks. There are community mobilizers / volunteers for FSL sector who will be mobilized, trained as Information Volunteers (IVs) to refer GBV cases to case workers and social workers, but also to ensure their sectors minimize risks to GBV.

### **3. Description Of Beneficiaries**

The primary beneficiaries of this project are women, girls, boys and men affected by the ongoing conflict in Eastern Equatoria. Often all are cut off from basic services and support while seeking refuge and they lack basic items which can meet the specific hygiene needs especially for women and girls. The project will provide GBV actors with dignity kits that can be distributed to the most vulnerable women and girls from the displaced communities. Beneficiaries of dignity kits will be selected among the most vulnerable women and girls, including lactating women, pregnant women, and women with disabilities. The project also aims at reinforcing the capacity of GBV service providers in delivering qualitative service through the capacity building mostly related to Clinical Management of Rape and GBV case management and GBV Minimum Standards.

### **4. Grant Request Justification**

CARE is currently implementing a large multi-year Food Security and Livelihoods program in Eastern Equatoria and in light of the dire situation compounded by a lack of partners in the area, a gap needs to be filled and CARE is also keen to intergrate GBV programming into its existing intervention.

### **5. Complementarity**

CARE is currently the implementing a large multi-year Food Security and Livelihoods program in Eastern Equatoria; Magwi, Torit and Ikwotos n and in light of the dire situation compounded by a lack of partners in the area, a gap needs to be filled and CARE is also keen to intergrate GBV programming into its existing intervention . Communities have no access to GBV services, there is no existing women and girls' friendly space (WGFS), and no information Volunteers to mobilize communities about availability of services. There is no referral pathway in place to help survivors access medical and psychosocial support due to service unavailability. CARE will train and work with a case worker to provide case management, referrals to available services and follow- up with survives. CARE will also work with social workers to provide psychosocial support services. CARE's Protection staff together with FLS team and other Organizations providing other services; AVSI (Education), CARITAS (FSL), PLAN International (NFIs and women empowerment), Healthnet with health services in Nimule, Community Development Initiative (CDI) and WASI (WASH) will jointly conduct a safety audit and share the report jointly to ensure they are able to collectively take part in addressing some of the risks. There are community mobilizers / volunteers for FSL sector who will be mobilized, trained as Information Volunteers (IVs) to refer GBV cases to case workers and social workers, but also to ensure their sectors minimize risks to GBV.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The overall objective of this project is to provide emergency protection and GBV programming & strengthen community-based protection mechanisms in Eastern Equatoria, with emergency population displacements.

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Individuals' right to freedom of movement and to live in safety and dignity is enhanced.		SO3: Support at-risk communities to sustain their capacity to cope with significant threats	30				
Protection response services are available in all counties that are heavily affected by conflict or displacement.		SO2: Protect the rights and uphold the dignity of the most vulnerable	40				
Prevention-oriented programming is implemented in counties that are heavily affected by conflict or displacement, and communities are assisted to maintain their coping capacities		SO3: Support at-risk communities to sustain their capacity to cope with significant threats	30				
<p><b>Contribution to Cluster/Sector Objectives :</b> The project will contribute to the cluster strategy by improving the quality of the protection response services related GBV response. The project will contribute to improve the capacities of service providers to deliver quality services for GBV survivors including CMR. With the distribution of dignity kits to women and girls in reproductive age in the targeted area, the project will contribute to restore the dignity of affected populations and alleviate further suffering.</p>							
<b>Outcome 1</b>							
Improved access to Emergency protection and GBV services for IDPs and Host communities' women and children, girls and boys.							
<b>Output 1.1</b>							
<b>Description</b>							
GBV mitigation is mainstreamed into other sectors' programming in conflict-affected communities							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Number of non-GBV frontline humanitarian workers trained on GBV Guiding Principles and Mainstreaming Guidelines	10	10			20
<b>Means of Verification :</b> Project reports							
Indicator 1.1.2	PROTECTION	Number of dignity kits distributed (inside and outside of PoCs)					1,000
<b>Means of Verification :</b> Project reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
Integrate GBV across FSL sector to mitigate risks of girls and women through training and on-site technical support in adherence to IASC GBV guidelines							
<b>Activity 1.1.2</b>							
Distribution of dignity kits while ensuring distribution is conducted discretely in safe spaces and also coupled with NFI risk mitigation kits including torches, whistle, and padlocks. Outreach Volunteers (OVs) support to ensure most vulnerable W&Gs and those with access issues receive distributions.							
<b>Output 1.2</b>							
<b>Description</b>							
Community Protection Mechanisms are activated to respond to immediate protection and GBV emergencies							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Indicators</b>							
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
<b>Means of Verification :</b> Project reports							
Indicator 1.2.2	PROTECTION	Number of frontline actors trained on GBV guiding principles and safe referrals					20
<b>Means of Verification :</b> Project reports							
Indicator 1.2.3	PROTECTION	Number of frontline response actors trained on GBV/PFA counseling					20

<b>Means of Verification</b> : Project reports							
Indicator 1.2.4	PROTECTION	Number of frontline psycho -social service providers trained on GBV response in crisis settings					20
<b>Means of Verification</b> : Project reports							
Indicator 1.2.5	PROTECTION	Number of functional women and girls safe spaces (inside and outside PoCs)					2
<b>Means of Verification</b> : Project reports							
Indicator 1.2.6	PROTECTION	Number of women accessing women and girl safe spaces per month					2,880
<b>Means of Verification</b> : Project reports							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Conduct regular safety audits in areas of population displacements, with IDP site to better understand population movements and intentions and inform prevention and response plans.							
<b>Activity 1.2.2</b>							
Build capacity of community based protection mechanisms; women's groups on GBV Guiding principles, PFA, referral pathways in locations with available services to enable a functional referral system and for case workers and social to partners (national NGOs, CBOs, FBOs to provide community based quality case management and, psychosocialand psychosocial support including PSS and case management dedicated for children; girls and boys in extremely vulnerable situations and those facing multiple protection risks which will include skills building, and referral services .							
<b>Activity 1.2.3</b>							
Support community based psychosocial support and PFA and/or establishing and equipping women and girl friendly spaces (WGFS) with PSS materials like beads, threads, knitting and weaving materials.							
<b>Activity 1.2.4</b>							
Map referral pathways & train stakeholders to adhere to standard operating procedures (SOPs) <input type="checkbox"/> Comprehensive service mapping exercise completed. 2 days' workshop delivered in each location with legal, health, PSS & security actors, to review GBV SOP, agree on referral pathway & SOP endorsement. This activity in particular, is aimed at enhancing GBV coordination. This activity will be conducted in close collaboration with Ministry of Gender, Child and Social Welfare, Health Link South Sudan, Plan International, CDI, WASI, INTERSOS and other partners in Eastern Equatoria. Materials to be shared with National and State GBVSC.							
<b>Outcome 2</b>							
Outcome 2: Increased awareness on protection and GBV services through Mass Media education (IEC materials, Radio spots)							
<b>Output 2.1</b>							
<b>Description</b>							
WMBGs reached through repeated, targeted protection and GBV prevention activities in IDP & host communities							
<b>Assumptions &amp; Risks</b>							
Risk: access constraints due to conflict or security issues; Assumption: the security situation allows for safe access to communities							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.1.1	PROTECTION	Number of individuals reached with messages on GBV prevention and services	650	2,600	1,300	1,950	6,500
<b>Means of Verification</b> :							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Conduct community outreach and engagement activities; local activism to disseminate key information on GBV, including information on the availability of services, and promote positive social norms to improve the safety and well-being of women and girls. Awareness sessions for IDPs & host community WMBGs through Outreach Volunteers (OVs).Community Activists will be provided with training, monthly supervision sessions							
<b>Activity 2.1.2</b>							
WMBGs are reached through media and advocacy; monthly radio broadcasts. Each month, OVs & a CARE staff and partner's staff members will perform a radio drama followed by a phone in radio show.							
<b>Additional Targets</b> :							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

A monitoring and reporting plan will be developed to track and report on outputs during livelihood input distributions. Outputs/data will be disaggregated by gender and captured on narrative reports as per donor templates and reporting requirements. At the field level, the Project Manager and the M&E Officer will lead the monitoring and reporting of outputs and share reports with the Protection technical lead in Juba for review and submission to donor as per reporting timelines. To increase accountability to beneficiaries in line with the core humanitarian standards, the project team will set up a beneficiary feedback mechanisms in the form of help desks and suggestion boxes. CARE will also report to the Protection Cluster and GBV Sub-Cluster both at the State and at National level. CARE will also work in partnership with State Ministry of Education, Child and Social Welfare, Health Link South Sudan, Plan International, INTERSOS, CDI, WASI field teams and other agencies to monitor the Intervention through conducting post distribution and post planting monitoring.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Integrate GBV across FSL sector to mitigate risks of girls and women through training and on-site technical support in adherence to IASC GBV guidelines	2017								X				
	2018												
Activity 1.1.2: Distribution of dignity kits while ensuring distribution is conducted discretely in safe spaces and also coupled with NFI risk mitigation kits including torches, whistle, and padlocks. Outreach Volunteers (OVs) support to ensure most vulnerable W&Gs and those with access issues receive distributions.	2017									X			
	2018												
Activity 1.2.1: Conduct regular safety audits in areas of population displacements, with IDP site to better understand population movements and intentions and inform prevention and response plans.	2017								X				
	2018												
Activity 1.2.2: Build capacity of community based protection mechanisms; women's groups on GBV Guiding principles, PFA, referral pathways in locations with available services to enable a functional referral system and for case workers and social to partners (national NGOs, CBOs, FBOs to provide community based quality case management and, psychosocialand psychosocial support including PSS and case management dedicated for children; girls and boys in extremely vulnerable situations and those facing multiple protection risks which will include skills building, and referral services .	2017								X	X			
	2018												
Activity 1.2.3: Support community based psychosocial support and PFA and/or establishing and equipping women and girl friendly spaces (WGFS) with PSS materials like beads, threads, knitting and weaving materials.	2017									X	X	X	X
	2018	X											
Activity 1.2.4: Map referral pathways & train stakeholders to adhere to standard operating procedures (SOPs) □ Comprehensive service mapping exercise completed. 2 days' workshop delivered in each location with legal, health, PSS & security actors, to review GBV SOP, agree on referral pathway & SOP endorsement. This activity in particular, is aimed at enhancing GBV coordination. This activity will be conducted in close collaboration with Ministry of Gender, Child and Social Welfare, Health Link South Sudan, Plan International, CDI, WASI, INTERSOS and other partners in Eastern Equatoria. Materials to be shared with National and State GBVSC.	2017								X			X	
	2018												
Activity 2.1.1: Conduct community outreach and engagement activities; local activism to disseminate key information on GBV, including information on the availability of services, and promote positive social norms to improve the safety and well-being of women and girls. Awareness sessions for IDPs & host community WMBGs through Outreach Volunteers (OVs).Community Activists will be provided with training, monthly supervision sessions	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: WMBGs are reached through media and advocacy; monthly radio broadcasts. Each month, OVs & a CARE staff and partner's staff members will perform a radio drama followed by a phone in radio show.	2017									X	X	X	X
	2018	X											

#### OTHER INFO

##### Accountability to Affected Populations

In line with the core humanitarian standards, CARE will incorporate its accountability framework through the establishment of beneficiary feedback mechanisms (helpdesks during distributions and suggestion boxes for use beneficiaries) to enable feedback during and/or after distributions. As part of the feedback mechanisms, complaints lodged by the community or beneficiaries are discussed and resolved at the community level, field office level or at Juba level depending on the complexity of the complaint. As a way of ensuring accountability to beneficiaries, CARE will seek participation of the targeted communities throughout the project cycle. They will be involved in developing criteria for beneficiary selection, assist in selecting beneficiaries and endorse the beneficiary list on the basis of the vulnerability criteria agreed upon. The inclusion of women in distribution committees will be a priority, as a means to promote their participation.

##### Implementation Plan

This project's implementation will leverage on the ongoing livelihoods projects in Magwi County, Eastern Equatoria. CARE will also network and collaborate with other stakeholders, such as the government and Protection C cluster, to ensure there is no duplication of effort in the area. CARE understands that conflict and displacement affect men, women, girls and boys differently. As such, CARE will mainstream gender considerations into the intervention and ensure that the voices and concerns of women are heard. Periodic project reviews will be conducted during project implementation. This will draw lessons learned from the intervention to inform programming. CARE will also document best practices for scaling up in similar interventions.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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**Environment Marker Of The Project****Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

The project is designed to contribute significantly to gender equality. 2b-The project is designed to contribute significantly to gender equality. Distributions will be provided to vulnerable women, men, boys and girls (prioritizing assistance according to context specific vulnerability criteria (female & child headed households, elderly people, pregnant and lactating women and other people with specific protection concerns) with lifesaving support and protection in Magwi county.

**Protection Mainstreaming**

As the proposed project will be implemented in an emergency context, CARE mainstreams protection principles into project activities. The Do no Harm principle will be maintained to ensure that project activities do not expose communities and the most vulnerable groups such as women and girls receive to harm and they are provided with protection when receiving vegetable and seeds kits. Information provided by survivors or beneficiaries are safeguarded not to be used to expose them to harm. Our actions addresses both basic needs including NFIs that improve protection of those at risk of violations. We also pay special attention to people living with disabilities, children, child-headed and female-headed households.communities to further harm.

**Country Specific Information****Safety and Security**

CARE maintains a Security team at country office whose responsibility is to conduct security risk assessments before project roll out and during implementation. CARE will obtain security clearance before traveling to the proposed project locations since they are opposition controlled. At the same time, CARE transport important project records for archiving in Juba on a regular basis as a risk mitigation measure. This project will be Implemented in collaboration with government ministry of Ministry of Food Security and Agriculture so with full consent of commissioner of each of the counties will implement the project. In case of any impending insecurity we shall keep our beneficiaries informed in any programming changes

**Access**

Access to Magwi working areas is likely not going to be interrupted during implementation period since CARE has met with the government authorities of Eastern Equatoria State (state Governor and RRC Acting Director). The authorities assured CARE that access will be not be hindered and measures will be put in place for CARE to work in such hard to reach areas. In cases where road transport will not be possible due to insecurity, UNMISS and partners' convoy will be used to access the beneficiaries instead. CARE is also currently implementing a large FSL program in Magwi.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Assistant Country Director	S	1	12,690.00	6	3.00	2,284.20
	<i>The Assistant Country Director costs include Base salary plus 30% benefits(medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). The Assistant Country Director will ensure programmatic quality and effective implementation of all activities. Approx. 3% of his time will be devoted to this project. This is an international position.</i>						
1.2	GBV Coordinator	D	1	9,650.00	6	3.00	1,737.00
	<i>The GBV and Protection Coordinator will offer technical support to project implementation, accountability and reporting, and will based in Juba. He will travel frequently to the field. His salary, benefits are charged to this project as support cost at rate of 5%. The costs include salary + 30% benefits(medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). This is currently an international position.</i>						
1.3	GBV project Manager	S	1	3,256.20	6	35.00	6,838.02
	<i>The Project Manager will coordinate the overall project implementation. His salary, benefits are charged to this project as support cost at rate of 100%. The costs include salary + 30% benefits(medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). This is currently a national position.</i>						
1.4	Social Worker	D	2	700.00	6	100.00	8,400.00
	<i>The Social worker will over see psychosocial support activities at the women and Girls friendly spaces . His salary, benefits are charged to this project as support cost at rate of 100%. The costs include salary + 30% benefits(medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). This is currently a national position.</i>						
1.5	Case Workers	D	1	700.00	6	100.00	4,200.00

	<i>The Case worker will provide case management and refer survivors. His salary, benefits are charged to this project as support cost at rate of 100%. The costs include salary + 30% benefits (medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). This is currently a national position.</i>						
1.6	GBV / Protection Project Officer (1)	D	1	2,230.00	6	100.00	13,380.00
	<i>The Project officer will support with the Project Manager in implementing the project and will be based in each of the project location. His salary, benefits are charged to this project as support cost at rate of 100%. The costs include salary + 30% benefits (medical, social security, life insurance, retirement) + allowances (COLA, housing and Hardship). This is currently a national position.</i>						
1.7	Monitoring Evaluation, Accountability & Learning (MEAL) Coordinator	S	1	7,425.00	6	3.00	1,336.50
	<i>The MEAL Coordinator will offer technical support on all MEAL activities - Data collection, analysis and sharing of GBV data &amp; information. He will be based in Juba. He will travel frequently to the field. His salary,</i>						
1.8	Area Manager	S	1	8,848.35	6	4.00	2,123.60
	<i>The area manager will provide overall support to the project and charge - 4% of her salary</i>						
1.9	Grants & Finance Officer	S	1	2,465.00	6	4.00	591.60
	<i>The Grants &amp; finance Officer will support in finance and Grants reporting and charge 4% of his salary</i>						
1.10	Admin Officer	S	1	2,465.00	6	4.00	591.60
	<i>The Admin officer will support in the procurement function and admin function and charge 4% of his salary</i>						
1.11	Driver	S	1	1,885.00	6	4.00	452.40
	<i>The driver will ensure the facilitation of the project team and charge 4 % of his salary</i>						
1.12	Guards	S	2	1,015.00	6	4.00	487.20
	<i>The guards will provide security at the facility and charge 4% of their salaries</i>						
1.13	Cleaners	S	2	945.00	6	4.00	453.60
	<i>The cleaners will ensure the cleanliness of the office and facilities and charge 4% of their salaries</i>						
1.14	Admin Manager	S	1	3,645.00	6	3.00	656.10
	<i>The admin Manager provides oversight to the admin department and will charge 3% of his salary</i>						
1.15	HR Manager	S	1	3,645.00	6	3.00	656.10
	<i>The HR Manager will provide oversight to the HR Manager and will charge 3% of his salary</i>						
1.16	Senior Procurement Officer	S	1	2,835.00	6	3.00	510.30
	<i>The Senior Procurement officer manages the procure,emt function and will charge 3% of his salary to the project</i>						
1.17	Accounts Manager	S	1	4,050.00	6	3.00	729.00
	<i>The accounts manager manages the accounting and payables function and will charge 3% of his salary</i>						
1.18	Senior Grants & Contracts Officer	S	1	3,003.33	6	3.00	540.60
	<i>The senior Grants &amp; Contracts officer does the grants monitoring and reporting and will charge 3% of his salary</i>						
1.19	Administration Officer	S	1	2,295.00	6	3.00	413.10
	<i>The admin officer supports in the admin and logistics function and will charge 3% of his salary</i>						
	<b>Section Total</b>						<b>46,380.92</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Conduct safety audits	D	1	1,000.00	1	100.00	1,000.00
	<i>Costs of conduction the safety audits - costs of a workshop, and data collection - design and administration of the tools</i>						
2.2	Training partners (national NGOs, CBOs, FBOs) on community based protection mechanisms	D	1	1,400.00	1	100.00	1,400.00
	<i>The trainings will aim to build the partners capacity on community based protection mechanisms; to provide community based quality case management, psychosocial support including PSS and case management</i>						

2.3	Establishing women and girl friendly spaces	D	1	6,000.00	2	100.00	12,000.00
	<i>Two friendly spaces will be established - The costs will cover the construction of the spaces using locally available materials and the furnishing of the spaces with basic furniture.</i>						
2.4	Map Referral Pathways	D	1	1,000.00	1	100.00	1,000.00
	<i>This covers the cost of a 2 day workshop</i>						
2.5	Mass Media education (IEC materials, Radio spots)	D	6	400.00	1	100.00	2,400.00
	<i>Cost of having a radio programme - \$400p/m for 6 months</i>						
2.6	Training of all Humanitarian actors (FSL, Education, WASH & NFI sectors) to mainstream GBV across sectors	D	1	1,400.00	1	100.00	1,400.00
	<i>This training will be done targeting humanitarian workers across all sectors with the aim of mainstreaming GBV across all sectors and mitigate risks of girls and women. Cost will cover meals and stationery materials.</i>						
2.7	Training of Case workers and socila workers on Case management and Psychosocial support	D	1	1,400.00	1	100.00	1,400.00
	<i>The Juba Support Staff will support the field team in the following areas: procurement, logistics support such as managing project supplies delivery to the field, for distribution to beneficiaries by field teams, administrative support (visas, flights, accommodation, etc.) financial operational support and day-to day HR support.</i>						
2.8	Transportation, storage and distribution of Dignity Kits and NFI Kits	D	2	2,000.00	1	100.00	4,000.00
	<i>The transportation, storage and hire of casual laborers for the distribution of the dignity kits will involve hire of vehicles to transport the kits and also engagement of casuals to assist with the loading/ unloading of the kits- from Juba to Magwi</i>						
2.9	Publicity T shirts, and caps	D	100	10.00	1	100.00	1,000.00
	<i>100 t shirts and caps will be bought to be used by distributors and assistants.</i>						
2.10	Facilitation of Community Mobilizers (information volunteers)	D	1	4,200.00	1	100.00	4,200.00
	<i>Facilitation of Community Mobilizers (information volunteers) who will carry out sensitisation of GBV prevention in the communities and refer survivors to available services.</i>						
2.11	Conduct community outreach and engagement activities; local activism to disseminate key information on GBV	D	6	200.00	1	100.00	1,200.00
	<i>Cost of refreshments and meals for the team engaging in community engagement and outreach activities</i>						
	<b>Section Total</b>						<b>31,000.00</b>
<b>3. Equipment</b>							
3.1	1 Laptop computers	D	1	1,400.00	1	100.00	1,400.00
	<i>One laptop will be procured for program staff to facilitate reporting and communication</i>						
	<b>Section Total</b>						<b>1,400.00</b>
<b>4. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Travel</b>							
5.1	Per diem for project field staff and support team	D	10	20.00	6	100.00	1,200.00
	<i>Project staff and support staff will conduct field visits in support inputs delivery and distributions. Perdiem is USD20/day</i>						
5.2	Flights for support staff between Eastern Equatoria and Juba	D	1	550.00	3	100.00	1,650.00
	<i>This is for the field staff who will be travelling to Juba</i>						
5.3	UNHAS flight costs for management , technical and program technical teams will periodically conduct field visits for quality assurance purposes and to offer support for implementation of activities	D	3	550.00	1	100.00	1,650.00
	<i>The management , technical and program technical teams will periodically conduct field visits for quality assurance purposes and to offer support for implementation of activities</i>						
	<b>Section Total</b>						<b>4,500.00</b>

6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
7. General Operating and Other Direct Costs							
7.1	Field communication (airtime, VSAT, thuraya units)	D	1	700.00	6	20.00	840.00
	<i>Internet connection for 1 field base per month is estimated at 700\$ per location. this project will contribute 20% per months of the cost</i>						
7.2	Office Running Costs - Eastern Equatoria Office	D	1	9,682.20	6	10.00	5,809.32
	<i>This covers for the camp maintenance and upgrades, stationery &amp; security &amp; bank transfer charges</i>						
7.3	Office Running Costs - Juba Office	D	1	39,196.70	6	1.50	3,527.70
	<i>This covers the cost of maintaing and running the Juba office</i>						
	<b>Section Total</b>						<b>10,177.02</b>
<b>SubTotal</b>				161.00			<b>93,457.94</b>
Direct							74,794.02
Support							18,663.92
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,542.06
<b>Total Cost</b>							<b>100,000.00</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Magwi	100	650	2,600	1,300	1,950	6,500	<p>Activity 1.1.1 : Integrate GBV across FSL sector to mitigate risks of girls and women through training and on-site technical support in adherence to IASC GBV guidelines</p> <p>Activity 1.1.2 : Distribution of dignity kits while ensuring distribution is conducted discretely in safe spaces and also coupled with NFI risk mitigation kits including torches, whistle, and padlocks. Outreach Volunteers (OVs) support to ensure most vulnerable W&amp;Gs and those with access issues receive distributions.</p> <p>Activity 1.2.1 : Conduct regular safety audits in areas of population displacements, with IDP site to better understand population movements and intentions and inform prevention and response plans.</p> <p>Activity 1.2.2 : Build capacity of community based protection mechanisms; women's groups on GBV Guiding principles, PFA, referral pathways in locations with available services to enable a functional referral system and for case workers and social to partners (national NGOs, CBOs, FBOs to provide community based quality case management and, psychosocialand psychosocial support including PSS and case management dedicated for children; girls and boys in extremely vulnerable situations and those facing multiple protection risks which will include skills building, and referral services .</p> <p>Activity 1.2.3 : Support community based psychosocial support and PFA and/or establishing and equipping women and girl friendly spaces (WGFS) with PSS materials like beads, threads, knitting and weaving materials.</p> <p>Activity 1.2.4 : Map referral pathways &amp; train stakeholders to adhere to standard operating procedures (SOPs) - Comprehensive service mapping exercise completed. 2 days' workshop delivered in each location with legal, health, PSS &amp; security actors, to review GBV SOP, agree on referral pathway &amp; SOP endorsement. This activity in particular, is aimed at enhancing GBV coordination. This activity will be conducted in close collaboration with Ministry of Gender, Child and Social Welfare, Health Link South Sudan, Plan International, CDI, WASI, INTERSOS and other partners in Eastern Equatoria. Materials to be shared with National and State GBVSC.</p> <p>Activity 2.1.1 : Conduct community outreach and engagement activities; local activism to disseminate key information on GBV, including information on the availability of services, and promote positive social norms to improve the safety and well-being of women and girls. Awareness sessions for IDPs &amp; host community WMBGs through Outreach Volunteers (OVs).Community Activists will be provided with training, monthly supervision sessions</p> <p>Activity 2.1.2 : WMBGs are reached through media and advocacy; monthly radio broadcasts. Each month, OVs &amp; a CARE staff and partner's staff members will perform a radio drama followed by a phone in radio show.</p>

**Documents**

Category Name	Document Description
Budget Documents	Copy of CHF_GBV_July 31st 2017.xlsx