

Requesting Organization :	IsraAID	
Allocation Type :	2nd Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
PROTECTION	Gender Based Violence as subsidiary clusters	100.00
		100
Project Title :	Emergency Protection (GBV) Program in Kajo Keji and Lainya	
Allocation Type Category :	Frontline services	

OPS Details			
Project Code :	SSD-17/P-HR-RL/104022	Fund Project Code :	SSD-17/HSS10/SA2/P/INGO/6492
Cluster :	Protection	Project Budget in US\$:	200,009.75
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018

Project Summary :

The Project's ultimate goal is to ensure that the displaced and host communities affected by the recent hostilities and subsequent displacement and trauma in Kajo Keji and Lainya including GBV survivors, 1) have access to, and receive comprehensive, gender-sensitive, survivor-centered, life-saving psychosocial, case management and referral services; 2) rebuild social cohesion and community-based support mechanisms; and 3) are prevented from further harm. To reach this ultimate goal, the project will seek the following outcome: Enhanced life-saving and survivor-centered prevention and response protection services of quality available to/and visible to vulnerable communities affected by the recent conflicts, with a particular focus on GBV survivors.

Note: the project will take place in 3 IDP locations in Kajo Keji (Ajo, Kerwa, Logo) with the hope to expand to other locations within the county pending access and security. Additionally, the project proposes to implement life saving services in Lainya county.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
1,058	2,085	3,218	3,829	10,190

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Trainers, Promoters, Caretakers, committee members, etc.	57	83	15	25	180
Internally Displaced People	801	1,602	2,402	3,203	8,008
People in Host Communities	200	400	801	601	2,002

Indirect Beneficiaries :

We estimate the multiplier effect of this project of being 5 for community members (estimation is made according to the demographic composition of households as well as community and family structures) and of 20 for service providers.

Catchment Population:

The project should benefit the entire communities targeted who should be able to benefit from, and access, improved available services.

Link with allocation strategy :

First, the project 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, through 1) training of psychosocial in the affected areas Kajo Keji and Lainya; and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure 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. Thus, the project intends to save lives and alleviate sufferings in the most in need, and fully reflect 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 prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – 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.

The projects will take place in Kajo and Lainya – two priority Counties identified by the Fund’s overarching strategy where humanitarian needs and protection concerns have significantly increased in the second half of 2017

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
CHF First Allocation Q3 in Lainya but not Q4	25,000.00
	25,000.00

Organization focal point :

Name	Title	Email	Phone
Timothy Berke	Country Director	tberke@israAid.org	0955335148
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BACKGROUND

1. Humanitarian context analysis

In July 2016, heavy fighting broke in Juba claiming the lives of hundreds of civilians, and displacing tens of thousands of vulnerable individuals already affected by years of violence, displacement and distress. The ripple effects of this ongoing conflict further coupled with the economic destabilization exacerbated the risks and occurrence of Gender-Based Violence (GBV). Women and girls are deliberately targeted; rape is used as a weapon of war; and domestic violence has significantly increased due to trauma, displacement, and on-going violence. In addition, trust and cohesion among the population have significantly been affected by the on-going violence. Services, service providers and infrastructures have considerably been weakened – further increasing the vulnerability of affected populations – especially women, children, people with disability, and the elderly.

The ongoing tensions since July 2016 have been coincided with intense violence against civilians – including women and children – as a by-product of clashes between armed forces and various pockets of opposition and deliberate targeting based on ethnicity – including an increased number of rapes.

In addition, Kajo Keji and Lainya Counties have continuously been subject to violence and displacement since June 2015 and intensified since July 2016. The recent hostilities further exacerbated the humanitarian needs and protection concerns. Kajo Keji and Lainya are locations where emergency thresholds continue to be breached with regard to levels of displacement, food insecurity, malnutrition, protection concerns and disease, thus they have been identified as priority locations.

2. Needs assessment

Kajo Keji:

An Initial Rapid Needs Assessment (IRNA) was conducted by the GBV SC from the 20th to 22nd of December 2016 (see attached report under document section). The report revealed that a number of Internally Displaced People (IDPs) arrived and settled in Ajo (3,668 people), Kerwa (10,187 people), Logo (16,759 people) locations in Kajo-Keji County, Central Equatoria. These people have been displaced multiple times as a result of continual fighting Central Equatoria, South Sudan.

Among others, the following protection specific issues were identified:

- Many women and girls have been raped and tortured during the displacement period;
- There are no shelters for families, women and girls live in the open space with no privacy;
- The nearest water point is three (3) kilometers away from the IDPs settlements. There is only a water logged area being used by both human beings and animals;
- Women and girls lack sanitary materials;
- The few women with businesses in Kajo-Keji town have been threatened by armed forces for collaborating with wrong groups
- Women mentioned that they are tired of displacement and would not wish to go anywhere again with or without support, they need tools to dig and plant something for their families.

The above assessment was cross checked and supported by CIDO Needs assessment Report in Kajojeji County in December, 2016.

Lainya:

A Protection Cluster took the lead in coordinating a needs assessment in Lainya, February 2017, in which IsraAid partner SSUHA took part (see attached under the documents tab). Additionally, On April 2017, IsraAid joined an Inter-Agency Response Team traveling to Lainya County and acted as the lead agency (along with SCA) for the protection cluster in which an assessment was also conducted (see attached report under the documents tab) along side the response.

The assessments indicated that after the July, 2016 conflicts in Juba, around September to December 2016 Lainya experienced grave human rights violations, sexual violence, killing, forced displacement, and disappearances of young men. Around 75% of people have fled the area but vulnerable persons remain and are traumatized after having witnessed human rights violations and abuses and expressions of living in fear.

In all areas visited during the assessments (Lainya town, Limbe, Kenyi, Loka and Longwile) gender based violence, including rape, reportedly occurred at the onset of the conflict in July. All age groups were susceptible to the violence: elderly women and young girls were allegedly among people who were raped. Gender-based violence has continued to occur after July, with incidents of sexual violence reportedly occurring weeks before both the assessment missions. Women face high risk of sexual violence when they go to collect food for their children. The biggest challenge to responding to the needs of survivors is that health facilities have not been functional because of the insecurity, and GBV actors have not had access to the area to provide services. Humanitarians have recently supported the reopening of one the health facilities in Lainya, which could allow for GBV service providers to put referral systems in place to assist survivors.

In summary the assessments revealed the following:

The access to services is limited due to:

- The Service Providers themselves were scattered during the last 22months
- The services themselves were looted, vandalized, and damaged (e.g. the hospital)
- The long distance required to walk in order to receive services
- The high level of insecurity

The main concerns, which brought up during the assessment:

- Lack of food, education and security.
- Most of the girls and women scattered to distant places due to the GBV
- Women have no access to income opportunity

3. Description Of Beneficiaries

Direct beneficiaries are those whom receive training from IsraAid directly (e.g. service providers and community focal points). Additionally, weekly outreach activities and weekly group activates community members are reached through key messages are also indicated as direct beneficiaries. In most cases we estimate the effect of indirect beneficiaries of this project of being 5 for community members (estimation is made according to the demographic composition of households as well as community and family structures) and of 20 for service providers.

The catchment area is defined here as the entire communities whom should be able to benefit from, and access, improved available services.

Kajo Keji

- 55 Service providers (SCA, Psychosocial Personnel, Social Workers, Gender Directorate, CEDO, Frontline health workers) 60% of whom should be women;
- 60 Community Focal Points: 60% of whom should be women;
- 6,600 Community members reach through outreach activities which are roughly 20% woman, 10% men, 40% girls and 30% boys;
- 1,980 participate in weekly group activities (e.g. Woman and Youth Groups, etc.), which are roughly 20% woman, 10% men, 40% girls and 30% boys.

Lainya

- 25 Service providers (SSUHA, Social Workers, Yei River County Gender Directorate, VfC) 60% of whom should be women;
- 40 Community Focal Points: 60% of whom should be women;
- 1,100 Community members reach through outreach activities which are roughly 20% woman, 10% men, 40% girls and 30% boys;
- 333 participate in weekly group activities (e.g. Woman and Youth Groups, etc.), which are roughly 20% woman, 10% men, 40% girls and 30% boys.

4. Grant Request Justification

First, the project 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, through 1) training of psychosocial respondents in the affected areas in Kajo Keji; and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure 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. Thus, the project intends to save lives and alleviate sufferings through safe access to services with dignity, and fully reflect the second objective of the protection cluster to ensure the availability of, and safe and free access to quality protection response services.

In addition, the project will work with communities to (re)build community-based prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – 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 second objective.

The projects will take place in Kajo Keji and Lainya – two priority areas identified by the Fund's overarching strategy where humanitarian needs and protection concerns have significantly increased as a result of continual conflict and economic crisis. Please reference needs assessment section above for particular needs in each location.

In both locations there are almost no caseworkers where there is high need. Kajo Keji and Lainya only have a few government social workers, which are frequently not available because they have fled due to conflict or are not paid. Humanitarian service is the only realistic option for these populations who have experienced high levels of GBV, particularly sexual violence.

5. Complementarity

IsraAid is co-chairing the GBV working group in CES, which is under the GBV sub cluster, thus ensuring that activities are not duplicating in Kajo Keji and Lainya. IsraAid also is in coordination with GBV actors in CES and taking the lead in reporting updates on GBV activities in CES to the GBV sub cluster.

Kajo Keji

Street Children Aid (SCA) participate in protection (GBV) coordination group, thus they and IsraAid are ensuring activities do not overlap. Additionally, in Kajo Keji, IsraAID and SCA are among the few protection (GBV) actors operating. IsraAID and SCA continuously cooperate with authorities on the ground as well as other national and international organizations operating in the area in other sectors of activities (e.g. health, WASH). IsraAid has discussed and identified that they would like IsraAids accompaniment in community outreach and capacity development on case management and PSS support to deliver services with adhering to minimum standard of care. SCA also has some training and community activities planned under UNICEF's budget in Kajo Keji that would complement CHF's funding.

Lainya:

SSUHA is currently operating in Lainya providing some basic health services but are lacking adequate support to reach all the needs. IsraAid has provided CMR training in the past with SSUHA (3 months ago). SSUHA has also identified that they would welcome accompaniment and capacity development on community outreach activities and training on GBV and PSS support to deliver services with adhering to minimum standard of care. IsraAid also has some training and community activities planned under CHF first allocation's budget in Lainya that would complement the second allocation of CHF funding.

LOGICAL FRAMEWORK

Overall project objective

The Project's ultimate goal is to ensure that the displaced and host communities affected by the ongoing and recent hostilities and subsequent displacement and trauma in Kajo Keji and Lainya including GBV survivors, 1) have access to, and receive comprehensive, gender-sensitive, survivor-centered, life-saving mental health and psychosocial, case management and referral services; 2) rebuild social cohesion and community-based prevention and support mechanisms; and 3) are prevented from further harm.

PROTECTION		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	10
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	60
Prevention-oriented programming is implemented in counties that are heavily affected by conflict or displacement, and communities are assisted to maintain their coping capacities	SO2: Protect the rights and uphold the dignity of the most vulnerable	30
<p>Contribution to Cluster/Sector Objectives : First, the project 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, through 1) training of psychosocial in the affected areas Kajo Keji and Lainya; and 2) establishment of effective, safe, ethical referral mechanisms. In parallel, the project will ensure 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. Thus, the project intends to save lives and alleviate sufferings in the most in need, and fully reflect the second objective of the protection cluster to ensure the protection response services are available in all counties heavily affected by displacement and conflict.</p> <p>In addition, the project will work with communities to (re) build community-based prevention mechanisms and ensure a safer environment for all, especially women, children, the elderly, and people with disability – 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.</p> <p>The projects will take place in Kajo Keji and Lainya – two priority areas identified by the Fund's overarching strategy where humanitarian needs and protection concerns have significantly increased in the second half of 2017.</p>		
Outcome 1		
Enhanced community-based prevention protection mechanisms and services available to affected communities, especially for GBV survivors		
Output 1.1		
Description		
Selected Community-Based Protection Focal Points and social workers trained in prevention, role of focal points in communities, and community-based prevention mechanisms.		
Assumptions & Risks		
<ul style="list-style-type: none"> • Security Challenges – South Sudan remains a fragile and volatile environment. IsraAID's team in cooperation with national partners and security focal points will constantly monitor security developments and political dynamics. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID's staff has been trained in risk assessment and mitigation strategy. • Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence and in some locations contributed to famine. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. monitoring the bank exchange rates). • Community Resistance – Communities may be resistant to new programs, especially if unknown individuals and/or organizations lead them. IsraAID has been working in the communities of within Central Equatoria for several years and has developed solid relationships with leaders and members, as well as with national partners particularly SCA in Kajo Kejo and South Sudan Health Association in Lainya. Additionally, IsraAID has been coordinating with the CES Gender directorate. IsraAid always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID's staff has been fully trained in culturally sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities. • Managing Expectations – The communities affected by the ongoing conflict and economic hardship are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities. • Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities. • Access Constraints - IsraAid plans to redirect the funding if access is lost to one of the delivery areas. Due to the fluid environment in South Sudan IsraAid is committed to ensure and contribute to life-saving outcomes even if one location in the project cannot operate. The project has been designed so that if access is lost in one area, the activities can continue in the other service area. In the case of Kajo Keji local partners that have been operating based out of Moyo Uganda that allow access to the three IDP locations within Kajo Keji during the day hours. The capacity development and technical support that IsraAid is capable of providing can be implemented and/or modified (e.g. shift to remote/mobile options for case management and training). 		
Indicators		

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Number of frontline actors trained on GBV guiding principles and safe referrals					125
Means of Verification : Attendance lists; weekly table of activities; checklists and assessment of knowledge and practice of focal points; pre- and post-program FGD with focal points and beneficiaries.							
Activities							
Activity 1.1.1							
Training of 100 community focal points and ongoing weekly technical support to focal points							
Activity 1.1.2							
Training of 25 social workers in prevention - Kajo Keji							
Output 1.2							
Description							
Effective and trusted community-based prevention mechanisms in place to reduce threats and vulnerabilities - with a particular focus on GBV - and utilizing existing positive coping mechanisms							
Assumptions & Risks							
<p>Security Challenges – South Sudan remains a fragile and volatile environment. IsraAID's team in cooperation with national partners and security focal points will constantly monitor security developments and political dynamics. A thorough risk assessment and mitigation strategy should be attached to each activity. IsraAID's staff has been trained in risk assessment and mitigation strategy.</p> <ul style="list-style-type: none"> • Economic Instability – Economic volatility has created huge inflation that has significantly and negatively impacted the stability of the country, further fueling cycles of violence and in some locations contributed to famine. In addition, it may also affect budgetary planning. Economic and political developments should therefore be constantly monitored and budget planned accordingly and realistically (e.g. monitoring the bank exchange rates). • Community Resistance – Communities may be resistant to new programs, especially if unknown individuals and/or organizations lead them. IsraAID has been working in the communities of within Central Equatoria for several years and has developed solid relationships with leaders and members, as well as with national partners particularly SCA in Kajo Kejo and South Sudan Health Association in Lainya. Additionally, IsraAID has been coordinating with the CES Gender directorate. IsraAid always makes sure to include beneficiaries and national partners in the design, implementation and evaluation of any project, to ensure local ownership and sustainability, even in emergency response programs. IsraAID's staff has been fully trained in culturally sensitive program design, protection mainstreaming and Accountability for Affected Persons principles to avoid creating further harm in communities. • Managing Expectations – The communities affected by the ongoing conflict and economic hardship are facing gigantic humanitarian needs. It is crucial that program managers/officers, together with community leaders and national partners on the ground, identify a realistic and concrete scope of activities and objectives. Expectations should be managed from the onset and community leaders should be included into the design and implementation of the project to be able to explain the goals and limitations of the activities to their communities. • Isolated Nature of Protection Programming – It is often difficult for protection officers to implement protection activities in communities facing urgent humanitarian needs such as health, food security and shelter. People may be reluctant to attend community outreach activities, for instance, when they could spend their time looking for food instead. Likewise, it is harmful to develop case management mechanisms when basic health services are not in place. Therefore, it is fundamental that the project fully coordinates with other sectorial actors, especially health actors as well as food security, NFI, and WASH partners, and advocate for a comprehensive and coordinated response. IsraAID is striving to build strong linkages between health and protection programming to be able to deliver a comprehensive response package to vulnerable populations, including GBV survivors, and avoid creating more harm in the communities. • Access Constraints - IsraAid plans to redirect the funding if access is lost to one of the delivery areas. Due to the fluid environment in South Sudan IsraAid is committed to ensure and contribute to life-saving outcomes even if one location in the project cannot operate. The project has been designed so that if access is lost in one area, the activities can continue in the other service area. In the case of Kajo Keji local partners that have been operating based out of Moyo Uganda that allow access to the three IDP locations within Kajo Keji during the day hours. The capacity development and technical support that IsraAid is capable of providing can be implemented and/or modified (e.g. shift to remote/mobile options for case management and training). 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Number of functional women and girls safe spaces (inside and outside PoCs)					4
Means of Verification : Weekly report of activities, FGD with beneficiaries, weekly attendance sheet, list of topics discussed in women groups.							
Indicator 1.2.2	PROTECTION	Number of individuals reached with messages on GBV prevention and services	770	1,540	2,310	3,080	7,700
Means of Verification : Data collection sheet, weekly table of activities, FGD guidelines for community members and red/blue cards knowledge assessment game (pre- and post- activity)							
Indicator 1.2.3	PROTECTION	Number of safety audits conducted (inside and outside of PoCs)					4
Means of Verification : Safety audits documents completed							
Indicator 1.2.4	PROTECTION	Number of community members engaged in community dialogue activities	924	1,386			2,310

Means of Verification : Weekly report of activities, FGD with beneficiaries, weekly attendance sheet for woman and youth groups, list of topics discussed.

Activities

Activity 1.2.1

Weekly outreach activities in communities (awareness-raising through lectures, dramas, theaters, music, small- medium- and large-scale events) reaching a total of 7,700 community members

Activity 1.2.2

Home visits in communities (including discussion on prevention)

Activity 1.2.3

Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities) reaching 2,310 community members

Activity 1.2.4

4 Safety audits through FGD conducted and findings shared with other protection actors and clusters

Outcome 2

Enhanced safe response mechanisms and services available to affected communities, especially GBV survivors

Output 2.1

Description

Psychosocial Personnel and selected community-based focal points trained in protection response, with a particular focus on GBV, Psychological First Aid (PFA) (for all), survivor-centered case management in emergency (including ethical referrals and use of site-based referral pathways).

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	Number of frontline psycho -social service providers trained on GBV response in crisis settings					25

Means of Verification : Attendance sheets, checklists for service providers, guidelines for FGD with service providers and pre-post-program case-based scenario simulation to assess knowledge and practice.

Indicator 2.1.2	PROTECTION	Number of non-GBV frontline humanitarian workers trained on GBV Guiding Principles and Mainstreaming Guidelines	15	10			25
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Means of Verification : Attendance sheets, checklists for service providers, guidelines for FGD with service providers and pre-post-program case-based scenario simulation to assess knowledge and practice from multisectoral training

Activities

Activity 2.1.1

Training for 25 service providers on case management (in emergency)

Activity 2.1.2

Training of 60 individuals on basic GBV (includes response)

Activity 2.1.3

Training of 25 service providers in MHPSS (including PFA)

Activity 2.1.4

Continued technical support to all service providers and other participants

Activity 2.1.5

Review simulations on case management for Kajo Keji and Lainya for 50 service providers

Activity 2.1.6

Multisectoral training for 30 service providers on GBV and finalizing referral pathway

Output 2.2

Description

Effective and trusted client-centered response mechanisms strengthened, including case management services (with particular emphasis on referrals to psychosocial services) and psychosocial support (including PFA, and other community-based psychosocial support mechanisms) that respect minimum standards of care to GBV survivors and their communities.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	PROTECTION	Number of functional women and girls safe spaces (inside and outside PoCs)					4
Means of Verification : Weekly report of activities, FGD with beneficiaries, weekly attendance sheet, list of topics discussed in women							
Indicator 2.2.2	PROTECTION	Number of new or updated referral pathways					2
Means of Verification : Site-based Referral pathways filled in form and the checklist for service providers							
Activities							
Activity 2.2.1							
Identification of safe places for women							
Activity 2.2.2							
Psychosocial support (including PFA)							
Activity 2.2.3							
Case management							
Activity 2.2.4							
Home visits							
Activity 2.2.5							
Monthly coordination meetings (9)							
Activity 2.2.6							
Development of 2 site-based referral pathways (through service mapping, continuing update and coordination among service providers)							
Additional Targets : For outcome 1, output 1, additional indicators include: - At least 70% of increase in knowledge and practice of focal points.							
For outcome 2, output 1, additional indicators include: - At least 40% increase in knowledge and practice of service providers; - At least 80% of trained services applying minimum standards of care for working with GBV survivors.							
For outcome 2, output 2, additional indicators include: - At least 1 PSS activity organized in each affected location weekly (including home visits); - At least 80% of sample community members satisfied with PSS services at the end of program							
Note: here we also revise the indicator "increased access to GBV services".							

M & R

Monitoring & Reporting plan

Monitoring Strategy:

Focus group discussions (FDGs) will be organized at the beginning of the project (mid August) to further understand baseline, at mid-term to monitor the progress of the project (mid November) and at the end of the project (End of January) to evaluate impact. FGD outcomes will be documented into IsraAID's FGD tools and shared with stakeholders. IsraAID has developed and tested a series of monitoring and evaluation tools that were endorsed by UNICEF and that enable us to assess the knowledge and perceptions of communities, as well as knowledge and practice of service providers and focal points. All IsraAID's programmatic staffs as well as partners have been comprehensively trained on the utilization and analysis of such tools. The tools are available in hard and soft copies to all stakeholders.

Reporting Strategy:

IsraAID and its partners fill-up weekly table reports of activities (narrative) that can be shared with CHF whenever needed (i.e. weekly, bi-weekly, monthly or quarterly). In addition, IsraAID and its partners fill in a data collection excel sheet on a weekly basis that present all disaggregated data per activity and location (this can also be shared at any time) and monthly IsraAid's managers compile all data gathered from the field into one template which is then checked for quality assurance bi-monthly by the program director. Finally, IsraAID's county director will provide a mid-term (end of October) and final narrative report (January) compiling, evaluating and analyzing both qualitative and quantitative data from the weekly table of activities and data collection sheet. The final report will also include an evaluation analysis. Please see attached document indicating when and who is responsible for reporting within IsraAid program team.

All IsraAID's staff and partners have been involved in the development of the logical framework and M&E strategy of this project, and will therefore be able to implement and report accordingly. One IsraAID staff will be appointed to collect, review and systemize all reports from partners and other staff, on a weekly basis, for CHF activities in each location.

In addition, the 5Ws will be completed on a monthly basis as a HRP partner, which is also shared with the PC. Finally, IsraAID and partners will provide bi-weekly updates (including safety audits conducted) at GBV Sub-Cluster, Protection Cluster, Urban Actors Meeting and State GBV Working Groups. IsraAid is responsible for updating the GBV SC as the co-chairs for CES GBV working group.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Training of 100 community focal points and ongoing weekly technical support to focal points	2017									X	X	X	X
	2018	X											

Activity 1.1.2: Training of 25 social workers in prevention - Kajo Keji	2017									X				
	2018													
Activity 1.2.1: Weekly outreach activities in communities (awareness-raising through lectures, dramas, theaters, music, small- medium- and large-scale events) reaching a total of 7,700 community members	2017								X	X	X	X	X	
	2018	X												
Activity 1.2.2: Home visits in communities (including discussion on prevention)	2017								X	X	X	X	X	
	2018	X												
Activity 1.2.3: Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities) reaching 2,310 community members	2017								X	X	X	X	X	
	2018	X												
Activity 1.2.4: 4 Safety audits through FGD conducted and findings shared with other protection actors and clusters	2017									X		X		
	2018	X												
Activity 2.1.1: Training for 25 service providers on case management (in emergency)	2017									X				
	2018													
Activity 2.1.2: Training of 60 individuals on basic GBV (includes response)	2017											X	X	
	2018													
Activity 2.1.3: Training of 25 service providers in MHPSS (including PFA)	2017													
	2018	X												
Activity 2.1.4: Continued technical support to all service providers and other participants	2017								X	X	X	X	X	
	2018	X												
Activity 2.1.5: Review simulations on case management for Kajo Keji and Lainnya for 50 service providers	2017											X		
	2018	X												
Activity 2.1.6: Multisectoral training for 30 service providers on GBV and finalizing referral pathway	2017												X	
	2018													
Activity 2.2.1: Identification of safe places for women	2017								X	X	X			
	2018													
Activity 2.2.2: Psychosocial support (including PFA)	2017								X	X	X	X	X	
	2018	X												
Activity 2.2.3: Case management	2017								X	X	X	X	X	
	2018	X												
Activity 2.2.4: Home visits	2017								X	X	X	X	X	
	2018	X												
Activity 2.2.5: Monthly coordination meetings (9)	2017								X	X	X	X	X	
	2018	X												
Activity 2.2.6: Development of 2 site-based referral pathways (through service mapping, continuing update and coordination among service providers)	2017												X	
	2018	X												

OTHER INFO

Accountability to Affected Populations

All above-mentioned activities are implemented in accordance with a thorough needs assessment in consultation with community leaders and representatives. Throughout the project, IsraAID will continue to organize consultative meetings with community representatives on a regular basis to ensure inclusiveness, accountability, local ownership and sustainability. In addition, IsraAID will organize mid-term monitoring FGD to assess the perception of the programs by beneficiaries and analyze intermediate targets as well as final FGD to evaluate actual outcomes and outputs. Finally, at the end of the program, IsraAID organizes a discussion with both its staff and a sample of beneficiaries to analyze the evaluation and identify best practices, lessons learned, challenges and remaining gaps for knowledge management and reporting purposes.

Throughout its programs, IsraAID has placed a particular emphasis on IASC AAP principles. It continuously trained its own staff as well as national partners on those principles and how to incorporate them into activities.

IsraAID makes sure to include community members, service providers and other beneficiaries throughout the project cycle, from needs assessment to evaluation, by organizing regular FGD and consultation meetings in the communities (on a bi-weekly basis) and briefings with service providers and partners. Those discussions and briefings provide a platform of dialogue for feedback mechanisms from the beneficiaries. They offer a unique opportunity to discuss challenges, gaps and explore solutions in a participatory manner. For sensitive requests and/or complaints, beneficiaries are also informed that they can directly contact (by phone, email or at the office) a specifically identified staff, not associated with the project. IsraAID has placed a particular emphasis on accountability to affected individuals with disability, ensuring their full participation in the design, implementation, monitoring and evaluation frameworks of the project. IsraAID has a series of practical and user-friendly tools and checklists that all staff are required to use both at management and at the field/community level to ensure sustainability, local ownership, do-no-harm and effective implementation of program. Tools are all available to all in hard and soft copies.

IsraAID's staff has been fully trained in culturally-sensitive program design, protection mainstreaming and Accountability to Affected Persons principles to avoid creating harm in communities.

Implementation Plan

In Kajo Keji and Lainya, IsraAID will continue to provide on-going and on-the-job technical support to Street Children Aid's (SCA) and South Sudan The South Sudan Health Association (SSUHA) staff. SCA and SSUHA particularly need training and technical support in case management/psychosocial support, program design and implementation, monitoring and evaluation. SCA and SSUHA will therefore accompany IsraAid, throughout the project, to provide on-the-job training and support to their respective management staff and social workers and will monitor the implementation of activities.

SCA and SSUHA together with IsraAid will fill the table report of activities on a weekly basis, together with the data collection sheet – that it then shared with IsraAID's focal person who is in charge of reviewing, systemizing and commenting on the information. IsraAID's protection managers, together with SCA and SSUHA, are then responsible for identifying best practices, challenges and gaps, and exploring effective solutions and action points for improvement.

Allocation of roles:

- Social workers/community mobilizers collect data from the field (using the field reporting form) that they share on a weekly basis with SCA, SSUHA and IsraAid's program managers;
- The program managers then are responsible for compiling and systemizing the information into the weekly table of activity and excel data collection form, and sharing with IsraAID's advisor and field coordinator;
- IsraAID's field coordinator reviews, systemize information, and compares it with actual targets;
- The advisor is in charge of addressing professional gaps and challenges, discussing with SCA & SSUHA's team and organizing training sessions and/or professional briefings accordingly;
- SCA and SSUHA's managers, together with social workers, are responsible for organizing pre- mid- and final monitoring and evaluation FGD with beneficiaries, in accordance with the M&E strategy developed together with IsraAID's protection managers. The managers are in charge of providing technical support on M&E;
- IsraAid's program and finance managers, together with IsraAID's program director, will develop a monthly cash focus based on the activity workplan. This monthly budget plan will be monitored on a weekly basis by the program manager who will make sure that all weekly expenditures are incorporated into the weekly expense report template. IsraAID will also provide technical support in the process to SCA and SSUHA's finance officers and share the consolidated expense report on a monthly basis, as IsraAID is responsible for supervising budget expenditures versus budget planned.

In Lainya (Yei River State) and Kajo Keji (Jubek State) IsraAID, SSUHA and SCA have excellent relationships with the government authorities, religious institutions and community structures, which allow for an effective and sustainable implementation of the program.

IsraAID's Emergency Protection Manager, together with the social and health workers of IsraAID's national partners (SCA, SSUHA, etc.), have allocated themselves to specific areas of operations. All social and health workers are responsible for collecting information from the field using the field reporting form, and sharing with the Emergency Protection Manager on a weekly basis – who is then in charge of filling up both the weekly table of activities and the data collection sheet. Staff meetings are organized every Monday with all staff to ensure smooth coordination between programs and operations, and among programs themselves. Every Tuesday, IsraAID organizes a comprehensive professional briefing on protection with its staff and partners (if they are able to attend).

IsraAID also organizes regular one-to-one meetings with other partners operating in the area, and leads the GBV State Working Group to maximize cooperation.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
State Ministry of Education, Gender and Social Welfare, Directorate of Gender, Jubek State & Yei River State	The Directorate of Gender has been IsraAID's partner since 2011. IsraAID has been comprehensively training and providing continuous technical support to its social workers. All activities are therefore implemented in full cooperation with the Ministry's social workers in Jubek and Yei River states (former CES).

The South Sudan Health Association (SSUHA)	IsraAid started their partnership with SSUHA in 2016 with trainings on Clinical Management of Rape (CMR) in Lainya County and has continued the partnership through 2017. IsraAID is now strengthening their partnership with SSUHA to improve their capacity in GBV prevention and response programming. Thus, the rationale is to accompany SSUHA in its effort to become a strong GBV partner and be able to independently design and implement its own GBV response programs.
Street Children Aid (CBO)	IsraAID is partnering with SCA to strengthen their capacity in GBV prevention and response programming. SCA has attached social workers to IsraAID to receive on-the-job training during this emergency in Urban Juba. Thus, the rationale is to accompany SCA in its effort to become a strong GBV partner and be able to independently design and implement its own GBV response programs in the near future, specifically in Kajo Keji.

Environment Marker Of The Project

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

The project fully embraces a gender sensitive approach. A gender analysis was included in the situational analysis, need assessment and risk assessment. All Community- and Professional-Based Focus Groups (as well as formal and informal discussions/interviews) before, throughout and after the completion of the project include a proportionate and representative number of men, women, boys and girls. Each category is fully represented in the decision-making process related to each component of the project. The activities also make sure to target a proportionate and representative number of men, women, boys and girls – addressing the specific needs of each category. Even in women groups’ activities, men are consulted, invited, and updated so that they can also benefit from the fruits of the activities. When some activities only target women and girls, such as distribution of dignity kits, the Project’s staff makes sure to fully brief men on the nature of the distribution and involve when needed and feasible.

Protection Mainstreaming

IsraAID has developed protection mainstreaming training modules (1-2 days) for both its own staff across sectors (health, protection and education) and for its national partners. Protection Mainstreaming is one of IsraAID’s core implementing principles. IsraAID ensures protection mainstreaming by:

- Training staff and national partners
- Conducting regular protection mapping to identify and be able to decrease threats and vulnerabilities, as well as identify and maximize positive coping mechanisms in order to mitigate negative impacts on safety and dignity of the beneficiaries including sharing safety audits conducted with all relevant actors and sub-clusters.
- Developing, based on protection mapping, protection risk analysis and protection mainstreaming plans, with concrete mitigation measures and strategies
- Conducting regular monitoring and evaluation exercises (FGD, consultative meetings and interviews with key informants) to assess the perceptions of the community towards the program and analyze the effectiveness of the mainstreaming activities on the protection environment
- Collect best practices, lessons learned, challenges and recommendations (in IsraAID’s knowledge management matrix) to inform future humanitarian interventions

All tools are available to all staff and partners in hard and soft copies.

Additionally, IsraAID is now the focal point for the GBV SC in the health cluster and regularly attends rapid response missions and conducts protection needs assessment on behalf of the protection cluster (see Lainya protection assessment in attached documents).

Country Specific Information

Safety and Security

In Kajo Keji, the situation is not stable in all Payams but the majority of the remaining population within the county have reallocated to three areas (Ajio, Kerwa, Logo). Transportation to and out of these locations is relatively safe if done from Moyo Uganda. The county capital is under government control but is deemed insecure from local actors. Humanitarians and service providers are accessing the IDP locations daily via Moyo but are unable to stay the night in and near the IDP camps, thus are based in Moyo. The security situation in Lainya is beginning to stabilize but there are still challenges. The town centers (Lainya town and Kenye payam) are relatively secure but on the periphery of these areas is still very tense and challenging (see attached Lainya protection assessment conducted by IsraAid in the documents section).

IsraAID’s staff has been trained in risk assessments and mitigation strategies - with a particular emphasis on security and risk management. IsraAID’s staff uses a series of security checklists, tools and protocols that enable them to identify threats and vulnerabilities related to each activity and each location, and report accordingly to risk management.

IsraAID benefits from a vast network of community mechanisms, government officials, religious structures and other stakeholders that enable the organization to have access to timely and accurate security information, and develop relevant mitigation and response strategies accordingly.

Access

Movement from Juba to Kajo Keji is currently hampered as it is not safe to travel by road but flights have resumed with Mission Aviation Flights (MAF) and UNHAS to Numile. From Numile one can travel to Moyo Uganda via road. All service providers currently operating in Kajo Keji are based in Moyo Uganda and drive daily to three IDP locations (Ajo, Kerwa, Logo). Transportation to and out of these locations is relatively safe if done from Moyo Uganda. The county capital is under government control but is deemed insecure from local actors. Humanitarians and service providers are accessing the IDP locations daily via Moyo but are unable to stay the night in and near the IDP camps due to insecurity and lack of infrastructure, thus are based in Moyo.

Within Greater Mundri, movement has slowly scaled but staff and communities are still monitoring the security situation. All areas or accessible except for Lui where sporadic fighting is ongoing. In all other locations activities have fully resumed (e.g. case management, home visits, weekly woman groups, outreach activities, etc.).

Additionally, Lainya County is accessible via flight to Yei and a subsequent vehicle to Lainya town but the road from Juba to Yei is insecure. Within Lainya County both Lainya town and Kenye payam are accessible but local authorities (chiefs, etc.) are in current access negotiations with local security forces to broaden the reach of humanitarians. IsraAid does not yet recommend or approve its staff to travel by road but will be monitoring the security situation closely throughout the implementation period.

As indicated in the logical frame under risk and mitigations, IsraAid plans to redirect the funding if access is lost to one of the delivery areas. Due to the fluid environment in South Sudan IsraAid is committed to ensure and contribute to life-saving outcomes even if one location in the project cannot operate. The project has been designed so that if access is lost in one area, the activities can continue in the other three service areas (Lainya and Kajo Keji). The capacity development and technical support that IsraAid is capable of providing can be implemented and/or modified (based on the capacity of national partners and community focal points) in the other location. Additionally, IsraAid and its partners can shift to remote/mobile options for case management and training but a reallocation will be needed.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	40% Contribution to Finance Manager	S	1	1,700.00	6	40.00	4,080.00
	<i>Finance Manager will arrange all financial transactions and ensure timely financial reporting.</i>						
1.2	30% Contribution to County Director	S	1	9,300.00	6	30.00	16,740.00
	<i>This includes salary and accommodation/food allowances (all organizational costs) CD will be supporting will contribute to, reporting and monitoring and evaluation</i>						
1.3	Salary Case Manager Supervisor	D	1	1,700.00	6	100.00	10,200.00
	<i>Oversee case management in Kajo Keji and Lainya</i>						
1.4	Salary for Social Workers	D	4	800.00	6	100.00	19,200.00
	<i>3 for 3 IDP camps in Kajo Keji and 1 for Lainya</i>						
1.5	50% Contribution to Operation Officer	S	1	800.00	6	50.00	2,400.00
	<i>Support Logistics and Procurement</i>						
1.6	MHPSS/Case Advisor for Kajo Keji and Lainya	D	1	450.00	20	100.00	9,000.00
	<i>Technical support provided to national partner on case management/case supervision and support on MHPSS training materials. Salary includes organizational costs (tax fees, insurance, flights).</i>						
	Section Total						61,620.00
2. Supplies, Commodities, Materials							
2.1	Storage and transportation of items (e.g. dignity kits, etc.)	D	2	5,000.00	1	100.00	10,000.00
	<i>Dignity Kits, woman group materials, IEC materials to Kajo Keji and Lainya</i>						
2.2	Weekly community outreach materials and supplies	D	4	250.00	6	100.00	6,000.00
	<i>Refreshment and communication materials</i>						
2.3	Weekly women/youth group materials and supplies	D	4	250.00	5	100.00	5,000.00
	<i>Refreshment and communication materials</i>						
2.4	IEC Materials for 60 focal points in Kajo Keji	D	75	20.00	1	100.00	1,500.00
	<i>e.g. T.shirts for focal points with key messages, etc.</i>						
2.5	Rent of hall/fuel for GBV, MHPSS, case management training in Kajo Keji	D	3	50.00	5	100.00	750.00

	<i>3 5-day trainings for 25 service providers</i>						
2.6	Food and refreshment for 25 participants for GBV, MHPSS, case management training in Kajo Keji	D	30	15.00	15	100.00	6,750.00
	<i>3 5-day trainings for 25 service providers</i>						
2.7	Accommodation for GBV, MHPSS, case management training in Kajo Keji	D	3	35.00	14	100.00	1,470.00
	<i>2 IsraAid staff in Moyo for 3 5-day trainings</i>						
2.8	Rent of hall/fuel for Multisectoral training Kajo Keji	D	3	50.00	5	100.00	750.00
	<i>5-day trainings for 30 service providers</i>						
2.9	Food and refreshment for 30 participants for multisectoral training	D	35	15.00	5	100.00	2,625.00
	<i>5-day trainings for 30 service providers</i>						
2.10	Accommodation for multisectoral training	D	7	35.00	6	100.00	1,470.00
	<i>2 IsraAid staff and 5 services providers (out of 30) that live far in Moyo for 3 5-day trainings</i>						
2.11	Rent for hall for monthly coordination meeting in Kajo Keji and Lainya	D	1	50.00	6	100.00	300.00
	<i>Monthly coordination meeting each location</i>						
2.12	Refreshments and communication materials for monthly coordination meetings in Kajo Keji and Lainya	D	2	150.00	6	100.00	1,800.00
	<i>Monthly coordination meeting each location</i>						
2.13	Rent of hall/fuel for 3 3-day trainings for 60 community focal points in Kajo Keji	D	3	50.00	3	100.00	450.00
	<i>3 3-day trainings for 60 community focal points (30 in each IDP camp)</i>						
2.14	Food and refreshment for 3 3-day trainings for 60 community focal points in Kajo Keji	D	3	15.00	75	100.00	3,375.00
	<i>3 3-day trainings for 60 community focal points (30 in each IDP camp)</i>						
2.15	Accommodation 3 3-day trainings for 60 community focal points on GBV/case management	D	3	35.00	70	100.00	7,350.00
	<i>Accommodation for 3 3-day trainings for 60 community focal points and 2 IsraAid staff. The focal points will need to be transported to Moyo as it is not secure for facilitators to stay over night and there are no places to stay and or facilitate the training in Kajo Keji within the IDP camps. Thus the trainings will take place in Moyo and accommodation will be needed for 3 days for each of the three trainings.</i>						
2.16	Rent of hall/fuel for 1-day review training of case management for 40 community focal points in Lainya	D	1	150.00	1	100.00	150.00
	<i>1-day review training for 40 community focal points in Lainya</i>						
2.17	Food and refreshment for 1-day review training of case management for 40 community focal points in Lainya	D	1	15.00	40	100.00	600.00
	<i>1-day review training for 40 community focal points in Lainya</i>						
2.18	Material support for 100 focal points	D	100	14.00	5	100.00	7,000.00
	<i>Focal points receive material support for the benefit of their communities on a monthly basis. 60 FP in Kajo Kejo will receive for 6 months and 40 FP from Lainya will receive for 3 months</i>						
2.19	Leaflets/referral pathways printed with pictures	D	500	5.00	1	100.00	2,500.00
	<i>Printing of 500 leaflets cards with services</i>						
2.20	Emergency Material Support for GBV Survivors	D	20	22.00	1	100.00	440.00
	<i>Support for roughly 20 emergency GBV cases (e.g. Water, food, clothing, transport, etc.)</i>						
2.21	IEC Materials for WGFS, and WG	D	4	1,000.00	1	100.00	4,000.00
	<i>threads, beads making, bedsheets, etc.</i>						
	Section Total						64,280.00
3. Equipment							
3.1	Computer	D	2	500.00	1	100.00	1,000.00

	<i>For case managment/ GBVIMS</i>						
3.2	File cabinet	D	2	200.00	1	100.00	400.00
	<i>For keeping confidential case files</i>						
3.3	Printer	D	2	400.00	1	100.00	800.00
3.4	Thuraya	D	1	1,285.00	1	100.00	1,285.00
	<i>1 for Kajo Keji</i>						
	Section Total						3,485.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
5. Travel							
5.1	Domestic flights from Juba to Numile and Yei (to Lainya)	D	2	550.00	6	100.00	6,600.00
	<i>12 round trip tickets (2 person a month to each location (2) for 6 months)</i>						
5.2	Car hire for supporting implementation of activities in Kajo Keji and Lainya	D	2	150.00	120	100.00	36,000.00
	<i>Car hire for 20 days/month to support running of activities</i>						
	Section Total						42,600.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	<i>NA</i>						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Bank Fees	D	1	300.00	6	100.00	1,800.00
	<i>Bank Charges for transferring funds</i>						
7.2	50% of Office Rent	S	1	2,700.00	6	50.00	8,100.00
	<i>Running cost of Juba office supporting field-planning coordination</i>						
7.3	70% Communication/Security (internet, airtime and Thuraya)	S	1	1,200.00	6	70.00	5,040.00
	<i>Internet, airtime and thuraya</i>						
	Section Total						14,940.00
SubTotal			827.00				186,925.00
Direct							150,565.00
Support							36,360.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,084.75
Total Cost							200,009.75

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria -> Kajo-Keji	75	782	1,563	2,345	3,126	7,816	Activity 1.1.1 : Training of 100 community focal points and ongoing weekly technical support to focal points Activity 1.1.2 : Training of 25 social workers in prevention - Kajo Keji Activity 1.2.1 : Weekly outreach activities in communities (awareness-raising through lectures, dramas, theaters, music, small-medium- and large-scale events) reaching a total of 7,700 community members Activity 1.2.2 : Home visits in communities (including discussion on prevention) Activity 1.2.3 : Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities) reaching 2,310 community members Activity 1.2.4 : 4 Safety audits through FGD conducted and findings shared with other protection actors and clusters Activity 2.1.1 : Training for 25 service providers on case management (in emergency) Activity 2.1.2 : Training of 60 individuals on basic GBV (includes response) Activity 2.1.3 : Training of 25 service providers in MHPSS (including PFA) Activity 2.1.4 : Continued technical support to all service providers and other participants Activity 2.1.5 : Review simulations on case management for Kajo Keji and Lainnya for 50 service providers Activity 2.1.6 : Multisectoral training for 30 service providers on GBV and finalizing referral pathway Activity 2.2.1 : Identification of safe places for women Activity 2.2.2 : Psychosocial support (including PFA) Activity 2.2.3 : Case management Activity 2.2.4 : Home visits
Central Equatoria -> Lainnya	25	237	475	712	950	2,374	Activity 1.1.1 : Training of 100 community focal points and ongoing weekly technical support to focal points Activity 1.2.1 : Weekly outreach activities in communities (awareness-raising through lectures, dramas, theaters, music, small-medium- and large-scale events) reaching a total of 7,700 community members Activity 1.2.2 : Home visits in communities (including discussion on prevention) Activity 1.2.3 : Women and youth groups (which includes three components: discussion group, awareness-raising and vocational training/income-generating activities) reaching 2,310 community members Activity 1.2.4 : 4 Safety audits through FGD conducted and findings shared with other protection actors and clusters Activity 2.1.4 : Continued technical support to all service providers and other participants Activity 2.1.5 : Review simulations on case management for Kajo Keji and Lainnya for 50 service providers Activity 2.2.1 : Identification of safe places for women Activity 2.2.3 : Case management Activity 2.2.4 : Home visits Activity 2.2.5 : Monthly coordination meetings (9) Activity 2.2.6 : Development of 2 site-based referral pathways (through service mapping, continuing update and coordination among service providers)

Documents	
Category Name	Document Description
Project Supporting Documents	Kajokeji County Central Equatoria Highlights 22.12.16 (1).pdf
Project Supporting Documents	NEED ASSESSMENT REPORT - Kajokeji Dec 2016 CIDO.pdf
Project Supporting Documents	Lainya Assessment 2017 (1).pdf
Project Supporting Documents	Lainya protection basic needs assessment 2017 .docx
Project Supporting Documents	Reporting Mechanism and Duration (1).docx
Budget Documents	Breakdown budget.xlsx