

Requesting Organization :	United Nations Population Fund	
Allocation Type :	1st Round Standard Allocation	
Primary Cluster	Sub Cluster	Percentage
PROTECTION	Gender Based Violence as subsidiary clusters	100.00
		100
Project Title :	Restoring the dignity of affected population with improved GBV services provision	
Allocation Type Category :	Core pipeline	

OPS Details

Project Code :	SSD-16/H/87358	Fund Project Code :	SSD-16/HSS10/SA1/P/UN/672
Cluster :	Health	Project Budget in US\$:	229,857.40
Planned project duration :	6 months	Priority:	1
Planned Start Date :	01/02/2016	Planned End Date :	31/07/2016
Actual Start Date:	01/02/2016	Actual End Date:	31/07/2016

Project Summary :

The goal of this project is to ensure the safety and dignity of the most vulnerable populations in conflict affected areas of South Sudan through improved GBV service provision. The focus will be on capacity building for GBV actors, including on CMR, GBV PSS and case management, safe referral and GBV minimum standards, to ensure the provision of quality GBV services and effective referral mechanisms. The project will facilitate GBV service provision through the procurement and distribution of dignity kits as well as supporting the provision of CMR and GBV case management in the target areas of Leer and Rubkhona, and Fangak. Dignity kits will be distributed through GBV SC actors (indicatively according to the following list: 1000 to SALF in Old Fangak, 1000 to Nile Hope in New Fangak, 2500 to IMC in Leer, 1500 to UNIDO in Leer and Roubkona and 2500 to IRC in Bentiu PoC), and present in the target areas, and will be utilized as an entry point to working with women and girls vulnerable to GBV.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
45	5,075	0	3,500	8,620

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	10	5,000	0	3,500	8,510
People in Host Communities	35	75	0	0	110
Pregnant and Lactating Women	0	2,000	0	300	2,300

Indirect Beneficiaries :

IDP Population of targeted areas who will benefit from the improvement of GBV services

Catchment Population:

IDPs in PoCs and in the identified project locations

Link with allocation strategy :

The project will contribute to the allocation strategy by improving the quality of the protection response focusing on GBV. The project will strengthen the capacities of services providers to deliver effective services for GBV survivors including CMR and case management according to Protection Cluster strategy and recommendations. The project supports the provision of GBV services in the target areas of Rubkhona, Leer and Fangak. High quality service provision and distribution of dignity kits to women and girls of reproductive age, the project will contribute to restore the dignity of affected populations.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source		Other Funding Amount	
Organization focal point :			
Name	Title	Email	Phone
Erica Talentino	GBV Specialist	talentino@unfpa.org	+221950004561
James Wanyama	Humanitarian Coordinator	wanyama@unfpa.org	+211950994561
BACKGROUND			
<u>1. Humanitarian context analysis</u>			
<p>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 of Greater Upper Nile and increasingly, in Western Equatoria in the last quarter of 2015. Populations affected by the conflict have been trying to reach safer areas with an important increase of the number of displaced people especially in Unity and Jonglei States. There are limited protection options in country for most of the vulnerable populations, with only about 10% of IDP's taking refuge in UNMISS protection of civilian sites (PoC).. The traditional family and community protective mechanisms have been weakened and is non-existent in most parts of the country, increasing vulnerability for those who need protection from GBV</p> <p>The situation of gender based Violence in South Sudan is worsening with widespread violence in multiple locations, affecting persons of all ages, genders and ethnicity.</p> <p>Whilst initially the crisis was concentrated in the Greater Upper Nile region of Jonglei, Unity and Upper Nile states since mid - 2015, the fighting has flowed down to the Equatorial states in particular Western and Central Equatorial states which had been relatively calm before. Women, men, girls and boys living in areas of active conflict continue to face different forms of GBV and other forms of violence.</p> <p>Sexual violence, including rape, continued to be a characteristic of the conflict, with one in every four cases reported in the Gender-based Violence Information Management System (GBV IMS) involving sexual violence, during both the second and third quarters of 2015. In Unity State alone, it was estimated that over 1,300 women and girls were raped between April and September, some of which resulted in loss of life. Moreover, the data collected through the South Sudan Monitoring and Reporting Mechanism (MRM) indicated that over 155 girls were raped and 180 girls were abducted in this quarter alone. Reported GBV incidents based on the Gender based Violence Information System (GBVIMS), show that among the survivors who have sought services between January and September 2015, on average, 95% are women and girls and the remaining 5% are men and boys</p>			
<u>2. Needs assessment</u>			
<p>As a result of the degradation of community protection systems in counties 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.</p> <p>Survivors urgently need to access specialized services including CMR and case management. A clear referral pathway needs to be established to facilitate the survivors to access the services and should be disseminated in the communities. It is also extremely important that women and girls can be provided with basic items that can restore their dignity, as they are often left with no items at all during flight. In conflict affected areas (especially in Unity and Upper Nile) and in the areas with a significant influx of displaced population, the health situation of women and girls was made worse by limited or non-existent access to services (in some areas humanitarian actors faced serious challenges to continue to deliver services). This reduced access to basic reproductive health services including Clinical Management of Rape (CMR), HIV/AIDS but also basic items which meet the hygiene and RH needs of women and girls, making very difficult for displaced community to maintain proper hygiene standards. Displaced women and girls need basic items in order to interact comfortably in public and maintain their personal hygiene, particularly menstrual hygiene. Without access to culturally appropriate clothing and hygiene items, the mobility of women and girls is restricted and their health is compromised. Furthermore, without certain items women may be unable to seek basic services, including humanitarian aid, which may increase their vulnerability to GBV.</p> <p>The provision of specialized services is not always ensured because of shortage of qualified human resources deployed in high to reach areas. The capacities of services providers are often quite weak and the turnover of specialized staff is high which require a continuous program of capacity building.</p>			
<u>3. Description Of Beneficiaries</u>			
<p>The primary beneficiaries of this project are women and girls affected by the ongoing conflict in Greater Upper Nile States. Often women and girls are cut off from basic services and support while seeking refuge and they lack basic items which can meet the specific hygiene needs of women. 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.</p> <p>The project 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. Beneficiaries of the project will be the GBV services providers trained (and indirectly the survivors that will receive specialized support).</p>			
<u>4. Grant Request Justification</u>			

The project aims at ensuring the provision of qualitative services to GBV survivors and restore the dignity of women and girls affected by conflict and displacement. The project will be organized in two main components: capacity building to ensure quality service provision and support the GBV response through service delivery and procurement and provision of dignity kits to reduce vulnerability and connect women and girls to information and services.

To ensure the service provision reaches a higher quality UNFPA will deliver specific trainings on Clinical Management of Rape (CMR) for health service providers, and GBV case management/PSS support for social workers/case workers in the targeted areas. This second training will be followed by coaching sessions during monitoring missions with the final aim of building pools of trained psychosocial staff able to provide services up to minimum standards. The capacity building program will also include two additional training for non-specialized GBV actors and frontline responders on safe identification and referral and basic GBV Minimum Standards aimed at improving the referral mechanisms and ensuring safe identification of survivors against the low reporting rate of GBV incidents.

Reinforcing the capacity of local organizations will be a priority to ensure sustainability, continuity and avoid high turnover of international staff.

The project will use the distribution of dignity kits (DK) through partners to reach out to large numbers of women and girls of reproductive age, to restore their dignity, self-esteem and confidence. The procurement and distribution of dignity kits is considered as part of the integrated response to GBV by UNFPA, UNFPA IPs and other GBV actors. Field research on dignity kits has found that the value of the kits is more than material; many women have expressed that the actual experience of receiving a kit in a time of need was in itself beneficial, and made them feel as though they had not been forgotten. Dignity kits contain standard hygiene items such as sanitary napkins, hand soap, toothbrushes, toothpaste and underwear, as well as information on available GBV services, including where and how to access those services. Kits may also include items such as radios, whistles and lights – tools that may help mitigate GBV risks.

Dignity kit distribution and the information provided in the kits themselves can also help connect survivors to safe spaces or health program, enabling them to access critical support and services.

During distribution, UNFPA staff and partners will initiate focus group discussions with affected populations around GBV issues or use the opportunity to raise awareness of aid opportunities. The dignity kits will be procured by UNFPA and in coordination with the GBV SC a distribution plan will be outlined to systematically provide the kits to organizations in the field providing GBV services (and especially in areas highly affected by the conflict or with a high rate of displaced population). Guidelines for the distribution of the kits will be developed and shared to ensure the distribution is not a standalone intervention and the beneficiaries of the kits are the most vulnerable population (women of reproductive age, including women head of household, lactating women, disabled women and girls). Feedback from the women and girls receiving the DK will be sought through FGDs with selected women beneficiaries. Organizations distributing the kits will be requested to participate in the post distribution survey and organize FGDs with beneficiaries of the DK to evaluate the satisfaction of the beneficiaries in relation to the content of kits and the selection of beneficiaries and the distribution mechanisms.

5. Complementarity

The project will complement UNFPA interventions to provide GBV services, SRH and maternal health services, and youth promotion. In the selected areas, UNFPA and the IPs are providing GBV services and are mobilizing communities to ensure widespread of GBV messages and mitigate GBV risks. The project will also complement the programs of the GBV actors that will receive DKs which will be used as an entry point to reach the most affected communities. In Unity and in Jonglei States UNFPA is supporting IPs (IRC and IMC) in delivering RH services and this project will complement those interventions with the specific capacity building on CMR and with the provision of dignity kits to partners. In the same locations, frontline workers of GBV and RH actors will be trained on the GBV Minimum Standards, safe referral and the referral pathway to promote clear procedures to refer GBV survivors and increment the percentage of survivors safely identified and referred to access services. The intervention will complement UNFPA Reproductive Health interventions including provision of RH commodities, support to Family Planning and fight against maternal mortality. Women and girls receiving DK will be informed about RH services available and encourage seeking support and medical attention if needed. Lastly, the project will also be complementary with UNFPA Implementing Partners interventions in general protection and child protection in the targeted areas integrating GBV Minimum Standards and sharing GBV messages and information during the implementation of general protection and child protection activities

LOGICAL FRAMEWORK

Overall project objective

The project aims at restoring the dignity of conflict affected and most vulnerable populations improving GBV services provision.

PROTECTION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
CO2: Quality protection response services are available and can be accessed safely and freely	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	100

Contribution to Cluster/Sector Objectives : 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.

Outcome 1

Restore the dignity of GBV survivors through improved services provision and distribution of dignity kits

Output 1.1

Description

The capacities of GBV responders is improved thanks to a capacity building program including training of health personnel in CMR and training of social workers in case management and GBV and non GBV actors in GBV Minimum Standards, safe referral and the referral pathway.

Assumptions & Risks

Assumptions:

- Medical facilities in the targeted areas can ensure the participation of medical staff in the training
- Social workers and GBV staff of GBV partners are able to participate in the training
- The targeted areas of the project are accessible (no security concerns for trainers and participants)
- Participants in the trainings will keep their positions for at least one year

Risks:

- Security issues do not allow the organization of the trainings in field locations

Activities**Activity 1.1.1**

Train 45 health staff (doctors, midwives, nurses) in CMR provision. UNFPA specialists will conduct the training in selected locations (three 5-day trainings).

Activity 1.1.2

Train 75 frontline responders in the GBV Minimum Standards safe identification and referral and the referral pathway in Roubkona, Fangak and Leer. UNFPA GBV specialists and GBV field coordinators will train frontline workers on GBV Minimum Standards, safe referral and the referral pathway (two 1-day trainings).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Frontline services # of health workers trained on clinical management of rape (CMR)	15	30			45

Means of Verification : Training Attendance List, Training Reports, Pictures

Indicator 1.1.2	PROTECTION	Frontline services # people trained on GBV in emergencies using GBV Minimum Standards	30	45	0	0	75
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Means of Verification : Training Attendance List, Training Reports, Pictures

Output 1.2**Description**

Dignity of women and girls and survivors of GBV is restored through the provision of GBV services and the distribution of Dignity Kits (Provision of GBV services, including procuring and distributing dignity and deliver of GBV services (case management and CMR) is ensured)

Assumptions & Risks**Assumptions:**

- Survivors feel comfortable to reports incidents to GBV services providers
- Health facilities have staff able to provide CMR and have post-rape kits
- Dignity kits are procured and distributed according to distribution plan
- Services providers are available in the targeted areas and agree to be included in the referral pathway

Risks:

- Security conditions do not allow the provision of services and the access of affected areas and the distribution of dignity kits
- Dignity Kits are not culturally sensitive and are rejected by the beneficiaries or misused
- Raining seasons jeopardize the distribution of Dignity kits in targeted areas

Activities**Activity 1.2.1**

Procure 8.500 dignity kits for women and girls of reproductive age in targeted areas (Fangak, Roubkona, Leer).

Activity 1.2.2

Distribute 8500 Dignity Kits according to distribution plan and requests from GBV actors. The kits will be distributed by GBV organizations in the field prioritizing the most vulnerable women and girls among the displaced ones. During the distribution, information on services available will be disseminated along with GBV messages to make sure survivors of violence know where to seek help.

Activity 1.2.3

Establish/Update referral pathways in the targeted areas (Leer, Fangak, Roubkona, Bentiu PoC). UNFPA in collaboration with IPs and other GBV actors will develop or update the referral pathway in 4 locations: Roubkona, Bentiu PoC, Leer and Fangak. The referral pathway will be disseminated by the partners in the field with the support of the field GBV WGs.

Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 1.2.1	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					8,500						
Means of Verification : Distribution Lists, Pictures of distribution													
Indicator 1.2.2	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					4						
Means of Verification : Referral Pathway documents													
Indicator 1.2.3	PROTECTION	# of dignity kits procured and distributed to GBV organizations for distribution					8,500						
Means of Verification : Distribution Plan, Distribution Lists													
Additional Targets : UNFPA has addressed all the comments raised by the Technical Review Committee. The GBV SC recommends this proposal for approval.													
M & R													
Monitoring & Reporting plan													
<p>UNFPA will regularly monitor the project activities through monitoring missions in the field and through the support of UNFPA staff in the field. Two missions on the project sites will be conducted in the second and fifth month of implementation.</p> <p>UNFPA will provide technical support to IPs to ensure timely and efficient monitoring and reporting. UNFPA will support partners to improve their reporting skills and ensure they share information on project achievements on a monthly basis. IPs will send project reports to UNFPA on a monthly basis, including indicators/targets performances and narrative reports. The narrative reports will highlight the main achievements and challenges during implementation and will suggest possible ways forward. GBV Sub-Cluster partners monthly reports and the M&E plan of the GBV Sub-Cluster strategy will also be used as tools to monitor the project.</p> <p>Regarding the capacity building program, for each training pre-tests and post-tests will be used to evaluate if participants acquire the right knowledge. Evaluation forms will be disseminated among the participants to measure the level of satisfaction about the way the training was conducted (organization, capacities of the trainers, training meeting the objectives and expectations of the participants, etc). Training reports will be realized and will be annexed to the final narrative report, along with the participant lists and the agenda of the training.</p> <p>Feedback from the different groups of beneficiaries including women, men, boys and girls on the project progress and benefits obtained from the project intervention will be recorded and used to improve the implementation of the project. Both quantitative and qualitative data will be used during the intervention in order to have a broader view of the effectiveness of the project.</p> <p>UNFPA will use the distribution plan to monitor the distribution of DKs to GBV organizations. The organizations receiving the kits will share with UNFPA distribution lists on a quarterly basis.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Train 45 health staff (doctors, midwives, nurses) in CMR provision. UNFPA specialists will conduct the training in selected locations (three 5-day trainings).	2016		X		X		X						
Activity 1.1.2: Train 75 frontline responders in the GBV Minimum Standards safe identification and referral and the referral pathway in Roubkona, Fangak and Leer. UNFPA GBV specialists and GBV field coordinators will train frontline workers on GBV Minimum Standards, safe referral and the referral pathway (two 1-day trainings).	2016		X		X		X						
Activity 1.2.1: Procure 8.500 dignity kits for women and girls of reproductive age in targeted areas (Fangak, Roubkona, Leer).	2016		X	X									
Activity 1.2.2: Distribute 8500 Dignity Kits according to distribution plan and requests from GBV actors. The kits will be distributed by GBV organizations in the field prioritizing the most vulnerable women and girls among the displaced ones. During the distribution, information on services available will be disseminated along with GBV messages to make sure survivors of violence know where to seek help.	2016			X	X	X	X	X					
Activity 1.2.3: Establish/Update referral pathways in the targeted areas (Leer, Fangak, Roubkona, Bentiu PoC). UNFPA in collaboration with IPs and other GBV actors will develop or update the referral pathway in 4 locations: Roubkona, Bentiu PoC, Leer and Fangak. The referral pathway will be disseminated by the partners in the field with the support of the field GBV WGs.	2016			X	X	X	X	X					
OTHER INFO													
Accountability to Affected Populations													
<p>The project will ensure accountability to the affected population through encouraging the participation and ownership of beneficiaries in the implementation of the activities. Beneficiaries will be asked to provide feedback to the implementation of the project. In the distribution of dignity kits women and girls groups will be involved in the identification of most vulnerable women and girls. Regular FGDs (Focus Group Discussions) with women and girls will be conducted to understand the level of satisfaction and appreciation of the content of the DKs and if the distribution was effective and fair.</p> <p>IPs delivering case management will introduce clients; satisfaction mechanisms as client satisfaction forms and specific mechanisms for illiterate clients. Mechanisms to report an abuse will also be put in place identifying focal points to whom beneficiaries can report abuses. Beneficiaries will also be encouraged to use IPs hotlines to report abuses</p>													
Implementation Plan													

UNFPA will develop an implementation plan according to the priority areas to cover and to the access in specific locations. For the Dignity Kits, the procurement will start in the first month of the project to be able to develop a distribution plan at the same time and proceed with the distribution starting from the second/third month of implementation. Regarding the capacity building, a training needs assessment will be conducted in the first month of the project to be able to identify the participants of the different trainings and adapt the trainings material. The three training will be delivered in month 3,4 and 6 of the project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IMC	This project builds on to UNFPA ongoing partnership with IMC, IRC, INTERSOS, SALF and UNIDO in the target areas. UNFPA is also ensuring the coordination of the GBV WG in the field and will ensure to avoid overlapping and to coordinate with all relevant actors in the field.
IRC	his project builds on to UNFPA ongoing partnership with IMC, IRC, INTERSOS, SALF and UNIDO in the target areas. UNFPA is also ensuring the coordination of the GBV WG in the field and will ensure to avoid overlapping and to coordinate with all relevant actors in the field.
SALF	his project builds on to UNFPA ongoing partnership with IMC, IRC, INTERSOS, SALF and UNIDO in the target areas. UNFPA is also ensuring the coordination of the GBV WG in the field and will ensure to avoid overlapping and to coordinate with all relevant actors in the field.

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

This project focuses mostly on the needs of women and girls, but equal priority will be given to boys and men in need of accessing GBV response. In the capacity building male and female professionals, services providers, frontline workers will be given equal opportunities of participation

Protection Mainstreaming

UNFPA will uphold the Do not harm principle by active engagement of beneficiaries, other clusters such as WASH, Health, FSL, Protection and ensure participation and get feedback of women, men, boys and girls.. UNFPA will work with organized women’s groups to provide them with information on where services are available and create awareness on GBV issues for empowerment and behavior change. The principle of confidentiality will be promoted and reinforced to ensure the rights of beneficiaries are respected. Using survivor centered approach will be another way of ensuring that survivors, rights are not violated. Provision of dignity kits to women and girls will give them dignity all the time as they will not have to stay at home and hide when they experience their menses

Country Specific Information

Safety and Security

UNFPA and partner staffs will uphold the UNDSS advisory on safety and security and act accordingly. UNFPA and partners will share security updates to ensure safety and security. The project areas in Jonglei and Unity states are L3, the situation is highly volatile and unpredictable. UNFPA and partners will adhere strictly to UNDSS security advice and protocols and will keep our partners fully informed. The partners UNFPA has chosen to work with trained national staff who will be the last to be evacuated in the event the security gets worse and the international staff are evacuated or re allocated

Access

UNFPA has GBV and RH specialists deployed in Jonglei and Unity states. These officers will coordinate and monitor the activities of partners and facilitate the capacity building activities and the distribution of dignity kits. The project will make use of community groups including women and key gate keepers to reach out beneficiary communities in the hard to reach areas, particularly when security situation gets worse. UNIDO and SALF (UNFPA IPs) are present and active in the targeted areas since the beginning of 2015.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Supplies, Commodities, Materials							
2.1	Procure Dignity Kits	D	8500	15.50	1	100%	131,750.00
	<i>Each DK costs 15 USD and contains: reusable pads, torch, underwear and t-shirt, hand soap and clothes soap</i>						
2.2	International Transport of Dignity Kits	D	1	44,625.00	1	100%	44,625.00
	<i>International transport is planned as 35% of total cost of the items procured according to previous procurement procedures</i>						
2.3	3 Tracks form Juba to Bentiu, Leer, Fangak (each track costs 7500)	D	3	7,500.00	1	100%	22,500.00

	Section Total								198,875.00
Contractual Services									
4.1	Training on Clinical Management of Rape	D	3	3,225.00	1	100%			9,675.00
	<i>The requested amount will be spent to organize three 5-day training on CMR. Each training includes the following costs: DSA for the facilitators (100 USD x facilitators for 7 days x 2 facilitators) = 1400 lunch, refreshment and transportation for participants: 15 USD x 15 participants x 5 days= 1125. Training material, lump sum: 200. Rent of the room= 100x5=500 Each training will cost 1176+1125+500= 3225</i>								
4.2	Training on GBV Minimum Standards	D	3	1,350.00	1	100%			4,050.00
	<i>The requested amount will be spent to organize three 2-day training on GBV Minimum Standards for frontline responders. The amount includes: lunch, refreshment and transportation for participants: 15 USD x 25 participants x 2 day = 750 (for each trainings), DSA for the facilitators (100 per days x 3 nights)= 300, rental of training room (100 per day x 2 day)= 200. Training material lump sum: 100. Each training will cost= 1350</i>								
	Section Total								13,725.00
Travel									
5.1	Travel for training missions	D	2	370.00	3	100%			2,220.00
	<i>2 persons will travel to project locations for training and monitoring in project target areas from Juba. This amount is requested to cover airfare tickets A/R from Juba to project loactions (1 to Bentiu/Roubkona and 1 to Fangak) for two people. 2 staff x 370 USD x 3 travels (1 to Bentiu/Roubkona and 1 to Fangak) = During the mission the staff will deliver the training (CMR and GBV Case management)</i>								
5.2	Training on GBV Minimum Standards		0	0.00	0	0%			0.00
	Section Total								2,220.00
SubTotal				8,512.00					214,820.00
Direct									214,820.00
Support									
PSC Cost									
PSC Cost Percent									7%
PSC Amount									15,037.40
Total Cost									229,857.40
Grand Total CHF Cost									229,857.40

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jonglei -> Fangak	35	15	1,000		1,000	2,015	<p>Activity 1.1.1 : Train 45 health staff (doctors, midwives, nurses) in CMR provision. UNFPA specialists will conduct the training in selected locations (three 5-day trainings).</p> <p>Activity 1.1.2 : Train 75 frontline responders in the GBV Minimum Standards safe identification and referral and the referral pathway in Roubkona, Fangak and Leer. UNFPA GBV specialists and GBV field coordinators will train frontline workers on GBV Minimum Standards, safe referral and the referral pathway (two 1-day trainings).</p> <p>Activity 1.2.1 : Procure 8,500 dignity kits for women and girls of reproductive age in targeted areas (Fangak, Roubkona, Leer).</p> <p>Activity 1.2.2 : Distribute 8500 Dignity Kits according to distribution plan and requests from GBV actors. The kits will be distributed by GBV organizations in the field prioritizing the most vulnerable women and girls among the displaced ones. During the distribution, information on services available will be disseminated along with GBV messages to make sure survivors of violence know where to seek help.</p> <p>Activity 1.2.3 : Establish/Update referral pathways in the targeted areas (Leer, Fangak, Roubkona, Bentiu PoC). UNFPA in collaboration with IPs and other GBV actors will develop or update the referral pathway in 4 locations: Roubkona, Bentiu PoC, Leer and Fangak. The referral pathway will be disseminated by the partners in the field with the support of the field GBV WGs.</p>
Unity -> Leer	25	15	2,250		1,250	3,515	<p>Activity 1.1.1 : Train 45 health staff (doctors, midwives, nurses) in CMR provision. UNFPA specialists will conduct the training in selected locations (three 5-day trainings).</p> <p>Activity 1.1.2 : Train 75 frontline responders in the GBV Minimum Standards safe identification and referral and the referral pathway in Roubkona, Fangak and Leer. UNFPA GBV specialists and GBV field coordinators will train frontline workers on GBV Minimum Standards, safe referral and the referral pathway (two 1-day trainings).</p> <p>Activity 1.2.1 : Procure 8,500 dignity kits for women and girls of reproductive age in targeted areas (Fangak, Roubkona, Leer).</p> <p>Activity 1.2.2 : Distribute 8500 Dignity Kits according to distribution plan and requests from GBV actors. The kits will be distributed by GBV organizations in the field prioritizing the most vulnerable women and girls among the displaced ones. During the distribution, information on services available will be disseminated along with GBV messages to make sure survivors of violence know where to seek help.</p> <p>Activity 1.2.3 : Establish/Update referral pathways in the targeted areas (Leer, Fangak, Roubkona, Bentiu PoC). UNFPA in collaboration with IPs and other GBV actors will develop or update the referral pathway in 4 locations: Roubkona, Bentiu PoC, Leer and Fangak. The referral pathway will be disseminated by the partners in the field with the support of the field GBV WGs.</p>

Unity -> Rubkona	40	15	1,825		1,250	3,090	<p>Activity 1.1.1 : Train 45 health staff (doctors, midwives, nurses) in CMR provision. UNFPA specialists will conduct the training in selected locations (three 5-day trainings).</p> <p>Activity 1.1.2 : Train 75 frontline responders in the GBV Minimum Standards safe identification and referral and the referral pathway in Roubkona, Fangak and Leer. UNFPA GBV specialists and GBV field coordinators will train frontline workers on GBV Minimum Standards, safe referral and the referral pathway (two 1-day trainings).</p> <p>Activity 1.2.1 : Procure 8.500 dignity kits for women and girls of reproductive age in targeted areas (Fangak, Roubkona, Leer).</p> <p>Activity 1.2.2 : Distribute 8500 Dignity Kits according to distribution plan and requests from GBV actors. The kits will be distributed by GBV organizations in the field prioritizing the most vulnerable women and girls among the displaced ones. During the distribution, information on services available will be disseminated along with GBV messages to make sure survivors of violence know where to seek help.</p> <p>Activity 1.2.3 : Establish/Update referral pathways in the targeted areas (Leer, Fangak, Roubkona, Bentiu PoC). UNFPA in collaboration with IPs and other GBV actors will develop or update the referral pathway in 4 locations: Roubkona, Bentiu PoC, Leer and Fangak. The referral pathway will be disseminated by the partners in the field with the support of the field GBV WGs.</p>
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Documents

Category Name

Document Description