

South Sudan 2014 CHF Standard Allocation Project Proposal

for CHF funding against CRP 2014

For further CHF information please visit <http://unocha.org/south-sudan/financing/common-humanitarian-fund>
or contact the CHF Technical Secretariat chfsouthsudan@un.org

This project proposal shall be submitted by cluster partners in two stages to the Cluster Coordinators and Co-coordinators for each project against which CHF funds are sought. In the first stage, before cluster defenses, applying partners fill sections I and II. The project proposal should explain and justify the activities for which CHF funding is requested and is intended to supplement information already available in the CRP Project Sheets. The proposals will be used by the cluster Peer Review Team in prioritizing and selecting projects for CHF funding during CHF Standard Allocation round. Partners should also fill and submit to cluster coordinator/ co-coordinator the CHF Project Summary (Annex 1). In the second stage projects recommended for funding by the CHF Advisory Board must complete Section III of this application and revised/update sections I and II if needed.

SECTION I:

CRP Cluster	Protection
CHF Cluster Priorities for 2014 First Round Standard Allocation	
This section should be filled by the cluster Coordinators/Co-coordinators before sending to cluster partners. It should provide a brief articulation of Cluster priority activities and geographic priorities that the cluster will recommend for funding from the CHF in line with the cluster objectives highlighted in the CRP 2014.	
Cluster Priority Activities for this CHF Round	Cluster Geographic Priorities for this CHF Round
<ul style="list-style-type: none"> - Protection monitoring, advocacy and response to mitigate the effects of the rise in violence and increased protection concerns for IDPs, host communities, and migrants. - Enhance protection of children, adolescents and other vulnerable groups affected by crisis, with an emphasis on identification of separated, unaccompanied or missing children and family tracing, reunification and/or alternative care. - Provide timely, safe, and high-quality child and gender-sensitive prevention and response services to survivors of GBV. - Promote psychosocial well-being of children and GBV survivors through a community-based approach. 	Unity, Jonglei, Upper Nile, Lakes and Central Equatoria (Juba).

SECTION II

Project details	
The sections from this point onwards are to be filled by the organization requesting CHF funding.	
Requesting Organization	
Confident Children Out of Conflict (CCOC)	
Project CRP Code	CRP Gender Code
SSD-14/P-HR-RL/60491	2a
CRP Project Title (please write exact name as in the CRP)	
Support to Survivors of Sexual Gender Based Violence and Children in Conflict/Emergency	
Total Project Budget requested in the in South Sudan CRP	\$350,000
Total funding secured for the CRP project (to date)	\$48,378
Direct Beneficiaries (Ensure the table below indicates both the total number of beneficiaries targeted in the CRP project and number of targeted beneficiaries scaled appropriately to CHF request)	
	Number of direct beneficiaries targeted in CHF Project
Women:	1000
Girls:	400
Men:	200
Boys:	400
Total:	2000
Targeted population:	Abyei conflict affected, IDPs, Returnees, Host communities, Refugees
Implementing Partner/s (Indicate partner/s who will be sub-contracted if applicable and corresponding sub-grant amounts)	
Contact details Organization's Country Office	
Organization's Address	CCC, Hai Mission, Juba
Project Location(s) - list State and County (payams when possible) where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State	
State	%
Central Equatoria	100
County/ies (include payam when possible)	
Juba (Gumbo, Rajaf, Kator, Juba Town)	
Funding requested from CHF for this project proposal	
US\$350,000	
Are some activities in this project proposal co-funded (including in-kind)? Yes <input type="checkbox"/> (if yes, list the item and indicate the amount under column i of the budget sheet)	
Indirect Beneficiaries / Catchment Population (if applicable)	
700 in Gumbo IDP camp, host community population unknown 1000 Mahdi and host communities Salakhana, St Mary's Konyokonyo Loogo and host community 300	
CHF Project Duration (12 months max., earliest starting date will be Allocation approval date)	
Indicate number of months: 9	
1 July 2014 – 30 March 2015	
Contact details Organization's HQ	
Organization's Address	n/a

Project Focal Person	John Fenning, john.fenning@gmail.com 0956 862217
Country Director	Cathy Groenendijk, cathy.groenendijk@gmail.com 0955 065445
Finance Officer	Andrew Wafunika, awafunisa7@yahoo.com , 0927 332047

Desk officer	n/a
Finance Officer	Name, Email, telephone

A. Humanitarian Context Analysis

Briefly describe (in no more than 300 words) the current humanitarian situation in the specific locations where CHF funded activities will be implemented. Provide evidence of needs by referencing assessments and key data, including the number and category of the affected population¹

The protection cluster identified GBV and sexual violence against IDPs as a major unmet protection concern. UNFPA estimate 24,500 South Sudanese women and girls are at risk of SGBV, and Save the Children report more than 6,000 UASC at high risk of abuse, recruitment into armed forces with gender roles increasing their vulnerability. A number of these children have already been sexually and psychologically abused and / or forcibly recruited into armed groups.

It has been acknowledged in the CPWG that most of the recreational activities in the CFS in the IDP camps targeted children below 13 years, leaving older boys and girls within the camp at risk of recruitment into AAFG as child soldiers and prostitution. There has been no or limited programming for adolescents in the camps.

CCC witnessed girls as young as 10 being offered up for marriage, and as young as 12 forced into prostitution. With limited resources, CCC has worked since the onset of the conflict, in 3 out of UN PoC Gumbo, Mahdi, and Lologo and the host communities camps responding to GBV and PSS issues. CCC observed that traffickers young girls in IDP camps for CSW. During this crisis over 30 UASM (boys and girls) referred from the frontlines around South Sudan with were injuries for interim care as FTR went on. The centre was originally exclusively for girls but CCC was forced to take a limited number of young boys or those critically injured.

Among, UASM referred to CCC were former abductees, survivors of GBV including Grave Violations against human rights (maimed, severely sexually abused and infected with HIV) and they showed signs of PTSD and onset of AIDS. CCC was not able to provide quality PSFA, because of limited funds and lack of specialized capacity to provide the services.

B. Grant Request Justification

Briefly describe (in no more than 300 words) the reasons for requesting CHF funding at this time. Explain how CHF funding will help address critical humanitarian gaps in your cluster. Explain the value added by your organization (e.g. geographical presence). Indicate if any other steps have been taken to secure alternative funding.

The UNICEF PCA with CCOC ends in August 2014 and does not cover lifesaving services for boys and girls between 13-17 years in IDP camps, with quality case management.

The CHF funds will be used to cover crucial funding so that CCC will have the time to raise other funds for the sustainability of the activities. CCOC will provide technical interim care for male UASMs as well. Further funds will be used in programming for youth in IDP centres who are vulnerable to recruitment into armed groups, by providing psychosocial and awareness. This will lead to enhanced protection of adolescents affected by crisis, contributing directly to the CHF objective.

This will serve as preventative measure against GBV and forced recruitment of UASM into armed forces.

CCOC will recruit protection/GBV officer, case-management specialist, and specialized staffs to provide special needs care at the interim centre (e.g. health, AIDS, and deaf), which were not included in earlier programming.

CCOC will provide physical safety and Interim care for both boys and girls and a Case manager will establish a quality case management system and quality Documentation, Tracing and Reunification for UASM at risk of recruitment into armed groups, physical and sexual abuse.

CCOC is well-positioned to provide lifesaving services for UASM owing to several years experience in working with communities affected by conflict in Juba. CCOC built strong relationships with community leaders in Gumbo, Mahdi and Lologo, already before the beginning of the crisis, and has experience providing quality interim care for children in distress and working with survivors of GBV since 2009.

CHF grant enables CCOC to step-up support for UASM referred from conflict-zones all over South Sudan to provide physical protection, Psychosocial Support, health care and case-management. CCOC will hire vehicles to transport children to hospital, schools and staff to work.

C. Project Description (For CHF Component only)

i) Contribution to Cluster Priorities

Briefly describe how CHF funding will be used to contribute to the achievement of the cluster priority activities identified for this allocation.

Finally, CCOC will provide interim care for girls and young boys, the critical need that is constantly raised in the working group for unaccompanied and separated children is for a quality care centre for boys too. This directly contributes to enhanced protection of children, adolescents and other vulnerable groups affected by crisis and provision of alternative care that is gender-sensitive and promotion of psychosocial well-being of children and GBV survivor through a community based approach.

ii) Project Objective

State the objective/s of this CHF project and how it links to your CRP project (one specific geographical area, one set of activities or kick-start/support the overall project). Objective/s should be Specific, Measurable, Achievable, Relevant and Time-bound (SMART)

By the end of March 2015 to increase the resilience and resistance of conflict-affected communities in Gumbo, Lologo, Mahdi and the host communities of Salakhana, St Mary's, and Konyokonyo to sexual gender based violence towards children and young people through the provision of timely, safe, age-appropriate, and gender-sensitive prevention and response services to survivors and those at risk of GBV, as well as professional support services for psychological, case management, physical, and spiritual well-being (target 500 children and young people).

¹ To the extent possible reference needs assessment findings and include key data such as mortality and morbidity rates and nutritional status, and how the data differs among specific groups and/or geographic regions. Refer situation/data/indicators to national and/or global standards.

To increase the responsiveness of conflict-affected communities to GBV and the appropriate referral pathways through community-led assessments, awareness-raising campaigns, and through the strengthening of the community-based protection committee, reaching 1,500 conflict-affected people by the end of 2014.

iii) Project Strategy and proposed Activities

Present the project strategy (**what the project intends to do, and how it intends to do it**). There should be a logical flow to the strategy: activities should lead to the outputs, which should contribute towards the outcomes, which should ultimately lead to the project objective.

List the main activities and results to be implemented with CHF funding. As much as possible link activities to the exact location of the operation and the corresponding number of direct beneficiaries (broken down by age and gender to the extent possible).

1. Provide interim care for Unaccompanied and Separated Children for both boys and girls
2. Provide access, Psychosocial, case management and other referral lifesaving services to children
3. Provide psychosocial support services (PSS) for GBV survivors and those at risk in of Gumbo, Mahdi, Lologo, out of UN PoC and host communities of St Mary's, Salakhana, and Konyokonyo
4. Provide recreational and creative services for adolescents on SGBV and protection
5. Raise awareness on SGBV through CBPC to support survivors of Sexual Gender based violence and protection of boys against recruitment into armed forces.
6. Coordinate activities with other GBV actors and others actors in the four locations about distribution of life saving supplies (solar lamps, Dignity Kits)

iv) Expected Result(s)/Outcome(s)

Briefly describe the results you expect to achieve at the end of the CHF grant period.

- Up to 80 UASC and survivors of SGBV boys and girls are provided with interim care
- 500 are provided with PSFA, Case management, and other life saving services (health care through referral pathway etc)
- Youth 13-18 are empowered as champions for peace at both an interpersonal (including inter-gender), community, and national level
- 800 Girls and boys (13-17 years) in conflict-affected communities are better protected from sexual violence and recruitment into Armed Groups.
- Up to 500 members of Conflict-affected communities have increased knowledge about different forms of GBV and know how to refer survivors of SGBV to relevant medical, legal, and psychological services
- Ensure that 2000 women receive solar lights to prevent SGBV in and around their homes at night,

v) List below the output indicators you will use to measure the progress and achievement of your project results. Use a reasonable and measurable number of indicators and ensure that to the most possible extent chosen indicators are taken from the cluster defined Standard Output Indicators (SOI) (annexed). Put a cross (x) in the first column to identify the cluster defined SOI. Indicate as well the total number of direct beneficiaries disaggregated by gender and age. Ensure these indicators are further used in the logframe.

SOI (X)	#	Standard Output Indicators (Ensure the output indicators are consistent with the output indicators that will be used in the results framework section III of this project proposal).	Target (indicate numbers or percentages) (Targets should be disaggregated by age and sex as per the standard output indicators list and add-up to the number of direct beneficiaries identified page 1)
X	1.	# of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured	80: (60 girls, 20 boys)
X	2.	# of crisis affected children receiving psychosocial support and services	400 children (13-17): 200 girls and 200 boys UASC:
X	3.	# of GBV survivors referred to police and legal aid services and other lifesaving services.	60
X	4.	# of GBV survivors referred to health services	60
X	5.	% of GBV survivors receiving psychosocial response receive services in line with standards of quality care	100%
	6.	# of outreach initiatives providing life-saving information conducted	8
X	7.	# of affected populations reached by outreach initiatives providing lifesaving information	3650= 1000 in Gumbo (300 women, 350 boys, 350 girls), (1,000 in Mahdi and host community 200 men+ 500 women + 150 boys and 150 girls) 1450 Host community Mahdi (330 women, 220 men, 425 boys 425 girls) (250 in Lologo, 80 women + 85 boys and 85 girls
X	8.	# of affected populations reached by messaging initiatives providing life-saving information	3650= 1000 in Gumbo (300 women, 350 boys, 350 girls), (1,000 in Mahdi and host community 200 men+ 500 women + 150 boys and 150 girls) 1450 Host community Mahdi (330 women, 220 men, 425 boys 425 girls) (250 in Lologo, 80 women + 85 boys and 85 girls
X	9.	# of beneficiaries reached with behavior change messages of GBV and available services in emergency settings	3650= 1000 in Gumbo (300 women, 350 boys, 350 girls), (1,000 in Mahdi and host community 200 men+ 500 women + 150 boys and 150 girls) 1450 Host community Mahdi (330 women, 220 men, 425 boys 425 girls) (250 in Lologo, 80 women + 85 boys and 85 girls
	10.	No of solar lamps distributed	2000
	11.	No of dignity kits distributed/hygiene kits distributed	2000

vi). Cross Cutting Issues

Briefly describe how crosscutting issues (e.g. gender, environment, HIV/AIDS) are addressed in the project implementation. CCOC ensures in all their programs that there is equality and equity among the staff. CCOC mainstreams gender balance during recruitment. All the survivors regardless are treated equally regardless of their sex without any discrimination. HIV/AIDS is generally mainstreamed ensuring that women and girls of reproductive age are aware of their sexuality, receive information proper disposal of used dignity kits. Create awareness on cholera outbreak among communities in our areas of work, the elderly and the disable needs are always considered in and during our projects lifeline. CCOC staffs sign a code of conduct to mitigate potential Sexual Exploitation and Abuse (SEA).

vii) Implementation Mechanism

Describe planned mechanisms for implementation of the project. Explain if it is implemented through implementing partners such as NGOs, government actors, or other outside contractors.

CCOC is a member of GBV and Child Protection sub clusters in South Sudan, with operations Central Equatoria State. CCOC manages a team of staffs with clear responsibilities of management, supervision and implementation of activities in the field. We have technical expertise in GBV and case management. The executive Director supported by the program manager, and they all work closely with social workers in the organization. The Program Manager ensures the project officers and social workers plan and execute their activities on monthly and weekly basis. The Executive Director ensures that cluster coordination meetings at national and state levels are attended. The case manager ensures the capacity and structure of case management in the organization. The GBV/Psychosocial Manager provided technical support and supervision on Protection and GBV contents. The admin finance department ensures timely logistics to move and Finances and supplies are provided for staff to implement their plans and activities in the field.

The M&E Officer is responsible for monitoring field activities and ensuring that plans are executed. for The Logistician will help to facilitate the movement of supplies and personnel to the field sites. CCOC also receives and facilitates partners for joint, monitoring and evaluation visits in the field.

CCC is also a partner of IsraAid who are coordinating GBV activities in CES. We work in close collaboration with the State Ministry of Social Development, Education and Health State Coordinators,

viii) Monitoring and Reporting Plan

Describe how you will monitor and report on the progress and achievements of the project. Notably:

1. Explain how will you measure whether a) Activities have been conducted, b) Results have been achieved, c) Cross-cutting issues have been addressed, and d) Project objectives have been met.
2. Indicate what are the monitoring institutional arrangements (e.g. monitoring team, monitoring schedule, updates to management etc.) and monitoring tools and technics will be used to collect data on the indicators to monitor the progress towards the results achieved. Please provide an indication of the frequency data will be collected and if there is already a baseline for the indicators or if a baseline will be collected.
3. Describe how you will analyze the data collected and report on the project achievements in comparison with the project strategy.
4. Ensure key monitoring and reporting activities are included in the project workplan (Section III)².

CCOC will work closely with the Ministry of Gender Child and Social Welfare at National Level, Sate Ministry of Social Development, County, Payam and City Authorities concerning policy matters.

The project proposal and its log frame are tools, which clearly demonstrate how the program is planned, implemented, monitored and evaluated using the indicators given. The budget is constructed during the proposal writing and it is used in allocation of costs for various activities.

The M&E officer collect weekly and monthly data from the field, compile them and share them with relevant authorities. The data is analyzed to come to conclusions and changes in the program where necessary. Field reports will be sent to the cluster on weekly, monthly and Quarterly basis. Information will be shared on emergency trends in the implementation areas.

The Executive director oversees the overall management she delegates and follows up with the program with other management staff. She authorizes financial transactions, and when she is away she authorizes the Program Manager to act on her behalf. The finance office provides financial accountability reports.

D. Total funding secured for the CRP project

Please add details of secured funds from other sources for the project in the CRP.

Source/donor and date (month, year)	Amount (USD)
UNICEF 17 th February 2014	48,378
Pledges for the CRP project	
UNICEF 1 th June 2014	48,378

² CHF minimum narrative reporting requirements will include the submission of a final narrative report and where applicable a narrative mid-term report. Narrative reports will include a progress on the project achievements using the outputs indicators listed in this project proposal.

SECTION III:

This section is **NOT required** at the first submission of a proposal to the cluster coordinator/co-coordinator. However it is required to be filled for proposals recommended for funding by the Advisory Board.

The logical framework is a tool to present how the implementation of CHF funded activities and their results (outputs and outcomes) will contribute to achieving higher level humanitarian results (project and cluster objectives) and how these results will be measured.

Fill in the logical framework below for this project proposal ensuring the information provided is in accordance with the strategies and activities described in the narrative section of this proposal, in particular section C. Follow the guidance and the structure (Goal, objective, outcome, outputs and activities) and the numbering. Add/remove lines according to the project strategy.

LOGICAL FRAMEWORK			
CHF ref./CRP Code: SSD-14/P-HR-RL/60491		Project title: Support to Survivors of Sexual Gender Based Violence and Children in Conflict/Emergency	Organisation: Confident Children out of Conflict (CCOC)
Goal/Objectives/Outcomes/Outputs	Indicator of progress	Means of Verification	Assumptions and Risks
Goal/Impact (cluster priorities) What are the Cluster Priority activities for this CHF funding round this project is contributing to?	What are the key indicators related to the achievement of Cluster Priority activities?	What are the sources of information on these indicators?	
<ul style="list-style-type: none"> • Identification, registration, documentation and reunification • Provision of interim care through foster families or alternative care • Prevention of separation • Prevention of family separation • Child friendly spaces • Community-based Psychosocial support • Psychosocial first aid • Monitoring and reporting on grave violations against children • Community based child protection networks • Awareness raising • Prevention of children association to armed forces or armed groups • Community based monitoring, reporting and referral pathways for sexual violence 	<ul style="list-style-type: none"> • # of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured • # of crisis affected children receiving psychosocial support and services • # of GBV survivors referred to police and legal aid services • # of GBV survivors referred to health services % of GBV survivors receiving psychosocial response receive services in line with standards of quality care. • Community-based dispute resolution (CDR) / Community-based Protection (CBP) mechanisms are established, with trained leadership • # of trained leaders for community-based dispute resolution for (CDR) / Community-based protection (CBP) mechanisms are established • # of outreach initiatives providing life-saving information conducted • # of affected populations reached by outreach initiatives providing lifesaving information.\ 	<ul style="list-style-type: none"> • Case Management System • Registrations from Child Friendly Space sessions • Minutes of CBP Committee meetings • Record of CBP Trainings • Documentation from outreach initiatives • Registration forms from outreach initiatives 	<ul style="list-style-type: none"> • Security prevails (mitigation; staff security training (SSAFE), coordination with UN systems, insecurity scenario-planning, including possible evacuation of children to safer locations of children at safe space.) • Cooperation of communities (mitigation; meetings with community groups, participatory planning & monitoring) • Funding received on time (mitigation; timely reporting and liquidation by CCC in time) • Inflation does not increase too much (mitigation; cost-effective and -adjusted budgeting)

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> # of beneficiaries reached with behavior change messages of GBV and available services in emergency settings 		
CHF project Objective	What is the result the project will contribute to by the end of this CHF funded project?	What indicators will be used to measure whether the CHF Project Objective are achieved?	What sources of information will be collected/already exist to measure this indicator?	What factors not under the control of the project are necessary to achieve these objectives? What factors may get in the way of achieving these objectives?
	<p>By March 2015 to increase the resilience and resistance of conflict-affected communities in Gumbo, Mahdi and Lologo IDP centres and the host communities, Salakhana, St Mary's, and Konyokonyo; to sexual violence towards children and young people through the provision of timely, safe, age-appropriate, and gender-sensitive prevention and response services to survivors and those at risk of GBV, as well as professional support services for psychological, physical, and spiritual well-being (target 800 children and young people).</p> <p>To increase the responsiveness of conflict-affected communities to GBV and the appropriate referral pathways through community-led assessments, awareness-raising campaigns, and through the strengthening of the community-based protection committee, reaching 2,000 conflict-affected people by the end of 2014.</p>	<ul style="list-style-type: none"> Increase in knowledge about GBV in target communities Increased reports of incidents of GBV # of GBV survivors referred to police and legal aid services (target 5) # of GBV survivors referred to health services (target: 20) % of GBV survivors receiving psychosocial response receive services in line with standards of quality care (target: 100%) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Communities are not forcibly moved from current locations (mitigation; in case vulnerable communities are relocated within Juba, CCC will follow communities with services) Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD)
Outcome 1	Up to 80 UASC and survivors of SGBV boys and girls are provided with interim care	<ul style="list-style-type: none"> # Number of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured #no of GBV survivors referred to health services 	<ul style="list-style-type: none"> Intake records Case management system Evaluation 	<ul style="list-style-type: none"> Cooperation with other agencies (mitigation; attend all coordination meetings at national and CES (protection cluster, GBV, FTR etc.) Funding is assured (scenario planning for reduced resources)

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> • % of GBV survivors receiving psychosocial response receive services in line with standards of quality care 		<ul style="list-style-type: none"> • Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWR)
Out come 2	500 are provided with PSFA, Case management, and other life saving services (health care through referral pathway etc)	<ul style="list-style-type: none"> • No of crisis affected children receiving psychosocial support and services • # No of GBV survivors referred to health services • % of GBV survivors receiving psychosocial response receive services in line with standards of quality care 	<ul style="list-style-type: none"> • case management forms 	<ul style="list-style-type: none"> • Funding is assured (mitigation; timely reporting and liquidation by CCC in time) • Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWRA)
Out come 3	Youth 13-17 are prevented from getting associated into armed forces or armed groups	<ul style="list-style-type: none"> • No of affected populations reached by outreach initiatives providing lifesaving information 	<ul style="list-style-type: none"> • Attendance records • Observation • Reports • Pictures • Monitoring visits • Participants list. 	<ul style="list-style-type: none"> • Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWRA) • Cooperation of communities (mitigation; meetings with community groups, participatory planning & monitoring) • Youth cooperation (mitigation; mobilisation of youth through careful explaining purpose of programme)
Out come 4	800 Girls and boys (13-17 years) in conflict-affected communities are better protected from sexual violence and recruitment into Armed Groups.	<ul style="list-style-type: none"> • No of outreach initiatives providing life-saving information conducted. • No of crisis affected children receiving psychosocial support and services • # No of GBV survivors referred to health services 	<ul style="list-style-type: none"> • Pictures • Monitoring visits • Field Visibility • Baseline survey & Final evaluation • Community assessments during and after community outreach • GBVIMS data 	<ul style="list-style-type: none"> • Youth cooperation (mitigation; mobilisation of youth through careful explaining purpose of programme) • Cooperation of communities (mitigation; meetings with community groups, participatory planning & monitoring) • Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWRA) • Weather permits (mitigation; ensure vehicles are road worthy, flexibility with activities in case of adverse weather)
Out come 5	Up to 500 members of Conflict-affected communities have	<ul style="list-style-type: none"> • No of outreach initiatives providing life-saving information conducted 	<ul style="list-style-type: none"> • Reports • Pictures 	<ul style="list-style-type: none"> • Youth cooperation (mitigation; mobilisation of youth through

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
	increased knowledge about different forms of GBV and know how to refer survivors of SGBV to relevant medical, legal, and psychological services	<ul style="list-style-type: none"> No of GBV survivors receiving psychosocial response receive services in line with standards of quality care 	<ul style="list-style-type: none"> Monitoring visits Participants list. Field Visibility Baseline survey & Final evaluation Community assessments during and after community outreach 	<p>careful explaining purpose of programme)</p> <ul style="list-style-type: none"> Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWRA) Weather permits (mitigation; ensure vehicles are road worthy, flexibility with activities in case of adverse weather
Out come 6	Ensure that 2000 women receive solar lights to prevent SGBV in and around their homes at night	<ul style="list-style-type: none"> Number of solar light distributed Number of dignity kits distributed 	<ul style="list-style-type: none"> Reports Pictures Monitoring visits Participants list. Distribution lists Field Visibility Baseline survey & Final evaluation Community assessments during and after community outreach GBVIMS data 	<ul style="list-style-type: none"> Lack of Cooperation with other agencies might lead to duplication of activities (mitigation; attend all coordination meetings at national and CES (protection cluster, GBV, FTR etc.) Funding is assured (mitigation; timely reporting and liquidation by CCC in time)
Out puts	List the products, goods and services that will result from the implementation of project activities and lead to the achievement of the outcome.	What are the indicator(s) to measure whether and to what extent the project achieves the output? Ensure the indicators identified in Section II (v) of this proposal are adequately inserted in this section.	What are the sources of information on these indicators?	What factors not under the control of the project are necessary to achieve the expected outcomes? What factors may get in the way of achieving these objectives?
Out put 1	Provide interim care for Unaccompanied and Separated Children for both boys and girls	<ul style="list-style-type: none"> # of identified and registered separated / unaccompanied children reunited with their families or alternative care arrangements assured (target 80, 60 girls & 20 boys # of affected populations reached by messaging initiatives providing life-saving information 	<ul style="list-style-type: none"> Attendance records Curriculum Case forms 	<ul style="list-style-type: none"> Funding is assured (mitigation; timely reporting and liquidation by CCC in time) Political situation remains stable to continue work (mitigation; maintain clear relations with MoSD and MoCWRA)
Activity 1.1.1	Provide interim care and life saving services to Unaccompanied and separated children referred by other agencies from the front line			
Activity 1.1.2	Continue to support UASC referred to CCOC so far in the crisis by frontline partners			
Activity 1.1.3	Provide access to health, case management and other life saving services			
Activity 1.1.4	Facilitate tracing and reunification of children in interim care at CCOC with the support of IDTR partners.			
Output 2	Provide access, Psychosocial, case management and other referral lifesaving services to children.	<ul style="list-style-type: none"> # of GBV survivors referred to police and legal aid services # of GBV survivors referred to health services 	<ul style="list-style-type: none"> Case management system Records of distributions of dignity kits / communications with other agencies 	<ul style="list-style-type: none"> Cooperation of communities and other service providers (mitigation; meetings with community groups, participatory

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
		<ul style="list-style-type: none"> • % of GBV survivors receiving psychosocial response receive services in line with standards of quality care 		planning & monitoring) <ul style="list-style-type: none"> • Cooperation with other agencies (mitigation; attend all coordination meetings at national and CES (protection cluster, GBV, FTR etc.)
Activity 2.1.1	Provide Psychological First Aid services to survivors of GBV and any others identified as in critical need in the target communities.			
Activity 2.1.2	Refer survivors to health, police, and legal aid service.			
Output 3	Youth 13-17 are Prevented from getting association to armed forces or armed groups	<ul style="list-style-type: none"> •)# of crisis affected adolescent children receiving psychosocial support and services (target: 250 girls and 250 boys) 	<ul style="list-style-type: none"> • Attendance records • Field visits observation • Curriculum 	<ul style="list-style-type: none"> • Youth cooperation (mitigation; mobilisation of youth through careful explaining purpose of programme) • Cooperation of communities and other service providers (mitigation; meetings with community groups, participatory planning & monitoring)
Activity 3.1.1	Establish a register of members of the IDP communities in stratified forms			
Activity 3.1.2	Conduct FGD targeting youth for boys and girls separately about GBV			
Output 4	Provide recreational and creative services for adolescents on SGBV and protection	<ul style="list-style-type: none"> • # of affected populations reached by messaging initiatives providing life-saving information • # of crisis affected children receiving psychosocial support and services 	<ul style="list-style-type: none"> • Case management system • Final evaluation 	<ul style="list-style-type: none"> • Youth cooperation (mitigation; mobilisation of youth through careful explaining purpose of programme) • Lack of Cooperation with other agencies might lead to duplication of activities (mitigation; attend all coordination meetings at national and CES (protection cluster, GBV, FTR etc.) • Cooperation of communities and other service providers (mitigation; meetings with community groups, participatory planning & monitoring)
Activity 4.1.1	Form teams of boys and girls in the IDP centers			
Activity 4.1.2	Facilitate a participatory selection of team leaders			
Activity 4.1.3	Conduct ToT for the team leaders in facilitation of creative, recreation and life skills			
Activity 4.1.3	Facilitate recreational activities, life skills, and creative activities			
Out put 5	Raise awareness on SGBV through CBPC to support survivors of Sexual Gender based violence and protection of boys against recruitment into armed forces.	<ul style="list-style-type: none"> • No of people participating in events • No of affected populations reached by messaging initiatives providing life-saving information 	<ul style="list-style-type: none"> • Pictures, • Reports • Weekly reports 	<ul style="list-style-type: none"> • Youth cooperation (mitigation; mobilisation of youth through careful explaining purpose of programme and cultural sensitive approach during meetings) • Girls might be stopped from

Goal/Objectives/Outcomes/Outputs		Indicator of progress	Means of Verification	Assumptions and Risks
				attending meetings for cultural reasons: (mitigation; Separate meetings between boys and girls, careful explaining purpose of programme and cultural sensitive approach during meetings) <ul style="list-style-type: none"> • Lack of Cooperation with other agencies (mitigation; attend all coordination meetings at national and CES (protection cluster, GBV, FTR etc.)
Activity 5.1.1	Conduct mobilization of community members			
Activity 5.1.2	Select and train focal point persons			
Activity 5.1.3	Conduct and supervise awareness events in the communities			
Out put 6	Coordinate activities with other GBV actors and others actors in the four locations about distribution of life saving supplies (solar lamps, Dignity Kits)	<ul style="list-style-type: none"> • Number of people who receive supplies 	<ul style="list-style-type: none"> • Distribution register 	<ul style="list-style-type: none"> • Lack of Cooperation with other agencies may lead to duplication of activities (mitigation; attend all coordination meetings at national, CES and Camp level (protection cluster, GBV, FTR etc.)
Activity 6.1.1	Carry out an assessment on the number of dignity kits distributed			
Activity 6.1.2	Distribute solar lamps to house holds in the community			

PROJECT WORK PLAN

This section must include a work plan with clear indication of the specific timeline for each main activity and sub-activity (if applicable).

The work plan must be outlined with reference to the quarters of the calendar year. Please insert as well the key monitoring activities to be conducted during the project implementation (collection of baseline, monitoring visits, surveys etc.)

Project start date: 1 July 2014 **Project end date:** 30 March 2015

	Activities	Q3/2014			Q4/2014			Q1/2015		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Activity 1.1.1	Provide interim care and life saving services to Unaccompanied and separated children referred by other agencies from the front line	X	X	X	X	X	X	X	X	X
Activity 1.1.2	Continue to support UASC referred to CCOC so far in the crisis by frontline partners	X	X	X	X	X	X	X	X	X
Activity 1.1.3	Provide access to health, case management and other life saving services	X	X	X	X	X	X	X	X	X
Activity 1.1.4	Facilitate tracing and reunification of children in interim care at CCOC with the support of IDTR partners.	X	X	X	X	X	X	X	X	X
Activity 2.1.1	Provide Psychological First Aid services to survivors of GBV and any others identified as in critical need in the target communities.	X	X	X	X	X	X	X	X	X
Activity 2.1.2	Refer survivors to health, police, and legal aid service.	X	X	X	X	X	X	X	X	X
Activity 3.1.1	Establish a register of members of the IDP communities in stratified forms	X	X				X	X	X	X
Activity 3.1.2	Conduct FGD targeting youth for boys and girls separately about GBV	X	X						X	X
Activity 4.1.1	Form teams of boys and girls in the IDP centers	X	X	X						
Activity 4.1.2	Facilitate a participatory selection of team leaders	X	X	X	X					
Activity 4.1.3	Conduct ToT for the youth team leaders in facilitation of creative, recreation and life skills	X	X	X	X					
Activity 4.1.3	Facilitate recreational activities, life skills, and creative activities in the CFS	X	X	X	X	X	X	X	X	X
Activity 5.1.1	Conduct mobilization of community members for community awareness events	X	X							
Activity 5.1.2	Select and train focal point persons	X	X							
Activity 5.1.3	Conduct and supervise awareness events in the communities		X	X						
Activity 6.1.1	Carry out an assessment on the number of dignity kits distributed			X	X	X	X	X	X	
Activity 6.1.2	Distribute solar lamps to house holds in the community	X	X							

*: TIMELINE FOR EACH SPECIFIC ACTIVITY MUST BE MARKED WITH AN X AND SHADED GREY 15%