

<b>Requesting Organization :</b>	Confident Children out of Conflict			
<b>Allocation Type :</b>	2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
PROTECTION	Child Protection in Emergencies	100.00		
		<b>100</b>		
<b>Project Title :</b>	GBV Prevention and Response in Juba Urban IDP/ Host communities (Gumbo, Mahad, Lologo, Korobou, St. Mary and Salakana).			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/P/NGO/3447	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	99,999.90	
<b>Planned project duration :</b>	6 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	03/10/2016	<b>Planned End Date :</b>	30/04/2017	
<b>Actual Start Date:</b>	03/10/2016	<b>Actual End Date:</b>	30/04/2017	
<b>Project Summary :</b>	<p>South Sudan has experienced decades of conflict even before its separation from Sudan, meaning the realisation of basic needs has for decades been far below minimum standards. Yet following the December 2013 conflict, many people from rural and urban areas have been and continue to be displaced and further endangered. Again, following the outbreak of violence in Juba in early July, thousands of civilians were internally displaced, while over 67,000 fled to neighbouring countries. These displacements have led to family splits leaving over 10,000 children unaccompanied and separated from their parents and families across the country. Gender-based violence, including sexual violence (GBV) has also been a major feature of the current crisis, disproportionately affecting women, girls and other vulnerable children including rape and killing of Aid workers. Considering the increasing tensions and insecurity across the country, and the fragile and complex political economy, instability and violence are likely to persist throughout the country given the recent violation of the August's 2015 peace agreement in July 2016. Again, the most vulnerable will continue to bear the brunt of the burden with negative coping mechanisms such as forced child marriages and commercial sexual exploitation of women and girls, and others of the worst forms of labor. It is in this context, and with a several years track record of restoring hope to South Sudan's most vulnerable populations around Juba, that CCoC is seeking further support from CHF in this SA2 allocation to be able to meet and contribute towards responding to GBV incidents in the displaced communities. Our staff skilled and in cooperation with IsrAid, SMOGSD, and other GBV partners in addition to CHF has enabled CCC to provide interim care to 60 UASCs and additional 48 orphans and other vulnerable children over the past 6 months. Unicef's financial support besides SA1 CHF allocation enabled CCoC to develop their case management system and improve care provided to children recovering from trauma as a result of conflict and Gender Based Violence. CCoC remains the only interim and safety care centre where both UASCs, OVCs &amp; GBV survivors are referred and admitted from all over the country. This SA2 CHF allocation request seeks to enable CCoC continue to build on the quality of care provided to survivors and children, focusing on individual and group care plans for each child and survivor strengthening efforts to equip prospective community foster caregivers &amp; cement on the partnership with the State Ministry of Social Development to respond all throughout the emergency and normal circumstances. CCoC's chosen approach to tackling the complex social problems before and during the current conflict has been through working with and training local focal points to form Community-Based Protection Networks in areas of operation to deliver an intervention whose legacy will last. These CBCPNs have helped raise awareness on GBV &amp; identify both GBV &amp; Child Protection needs to enable communities to better provide a protective environment during and after emergency and ensure survivors are referred in a timely manner. However, the ongoing social challenges in these communities, as well as repeated movement in and out of the communities mean this work must continue. A women and youth friendly environment in IDP settings and schools also needs to be promoted and strengthened in order to provide an appropriate protective learning &amp; safe environment for all. Setting up monitoring systems within the community, promoting child, youth and women participation in all activities will be one way of achieving this. The CBCPNs (GBV focal points) social workers and Community leaders will require refresher training on GBV &amp; PFA/PSS approaches to care for survivors of GBV in their care in the community and households.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
371	810	490	591	2,262

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	200	570	340	400	1,510
People in Host Communities	141	170	150	191	652
Trainers, Promoters, Caretakers, committee members, etc.	30	70	0	0	100

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

COB 2) Response: Quality Protection response services are available and can be accessed safely and freely. Quality protection response services to address the current conflict, displacement and violence in the country are current priorities within the Protection Cluster in South Sudan. The proposed interventions are centrally located within all of the 2016 protection cluster objectives for CES. CHF SA2 Funding will enable CCoC to continue to strengthen community-based monitoring and reporting along the existing and yet to be updated referral pathway established by partners and GBV State coordinating Agency IsraAid. We require more specialised support in order to be able to deliver urgent psychological first aid to more critical and complex cases of GBV survivors. While much work has been ongoing on Child Friendly Spaces, the child protection sub-cluster has regularly acknowledged the critical need for programmes specifically tailored to youth for conflict affected areas. Our activities for youth engagement will include providing psychosocial support to young people excluded from programming until now, and also will engage them in GBV community dialogue activities and in through the existing Youth/WFS. This engagement will both serve as a preventative activity against GBV and forced recruitment of young people into armed forces or groups. Finally, while CCoC has offered interim care for girls and young boys, the current critical need is that of providing safety and protective spaces for survivors of GBV to be able to express their concerns freely and be helped to access services they need in an appropriate manner especially for survivors of sexual violence. The CHF funding will enable CCoC continue to meet this critical need and provide a safe haven for Survivors away from threats they receive from abusers or perpetrators of violence and engagement in or subjection to sexual abuse. Home to home visits to provide for PFA and PSS will help survivors who fear or are threatened to openly report abuse, confide to our trained and experienced case workers and be able to receive the care, support and services they deserve.

**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
Arno Louws	Finance Manager	arnolouws@zonnet.nl	+211 954300143
Cathy Groenendijk	Executive Director	cathy.groenendijk@gmail.com	+211955065445
Andrew Wafunika	Finance Officer	andrew.wafunika7@gmail.com	+211955885758
Sam Onyait	Protection/GBV Officer	iaonyaits@gmail.com	+211912026773

**BACKGROUND****1. Humanitarian context analysis**

The protection cluster identifies GBV and sexual violence against IDPs and targeted communities as one of the continued major unmet protection concern. UNMISS Human Rights reports all parties in the conflict have committed acts of sexual violence against women. The GBV sub cluster estimates over 24,500 South Sudanese women and girls are at risk of GBV and sexual abuse, including recruitment into armed forces with gender roles increasing their vulnerability. Indeed, a number of women and girls have already been sexually and psychologically abused and / or forcibly recruited into armed groups. We have recently witnessed girls as young as 10 being offered up for marriage, and as young as 12 years forced into prostitution. With limited resources, CCoC has worked in 3 out of UN PoC camps responding to GBV and CP issues. Reports show that when girls and women went looking for firewood away from the camps was when acts of rape were committed in and around Juba. During the CHF SA1 2016 grant over 30 UASC (boys and girls) referred from the worst conflict affected areas around South Sudan were referred for interim care in Juba especially during transit for reunification. The centre was originally exclusively for girls but CCoC thought it was wise and justifiable to take a limited number of young boys including those critically injured. Among UASC referred to CCoC were former abductees as well as survivors of GBV including Grave Violations against human rights (sexually abused) and they showed signs of PTSD. CCoC was able to provide quality PFA/PSS, for Survivors of GBV because of the support of funds from UNICEF 2016 that enabled us hire a specialised Clinical Psychologist who has been very proactive in conducting psychological assessments of the UASCs and GBV survivors referred for safety and care services. We also acknowledge that most of the recreational activities in the CFS and WFS in the IDP camps and Host Communities targeted children below 13 years, leaving older boys and girls within the camp at risk of recruitment into AFAG as child soldiers and probable forced marriages. There has been no or limited programming for adolescents/youth in the urban IDP camps given due to the SA1 CP priorities.

## 2. Needs assessment

## 3. Description Of Beneficiaries

Total number of Beneficiaries (both IDPs and Host Communities) 2262 [i.e. Children 1081 (490 boys & 591 girls), Adults 1181 (371 men & 810 women including caregivers)]. The target groups are IDPs from Gumbo (Don Bosco) and Mahad and host communities of Korobou, Salakana, St. Mary cemetery, Gurei and Lologo communities.

## 4. Grant Request Justification

CCoC has been responding to this crisis in these communities, though current funding is insufficient to meet some of the existing gaps as already sighted. Throughout the SA1 implementation process and in line with the protection cluster response strategy for Central Equatoria we identified the following critical gaps in providing life-saving response that we are ready to fill especially among the urban IDP and Host communities. The need for Psychological First Aid: As identified across the country, CCoC's own work with GBV survivors indicates there are a number who require basic and quality services to provide quality and life-saving relief. Psychosocial Support Services (PSS) specifically tailored to young people: The Child Protection Minimum Standards indicates the priority of organizing activities specifically for young people yet the CP sub-cluster identifies this as a critical issue where a life-saving response and messages to both boys and girls are still wanting in the state especially following the outbreak of violence in Juba in July. This represents a critical obstacle to empowering boys and girls to respond to or prevent both various forms of GBV and forced recruitment into armed forces. CCoC has been providing protection, care, and age and gender-sensitive PSS for girls and a few young boys as a prevention and response mechanism to GBV since the beginning of the crisis. With CHF SA2 funding we will be able to strengthen our operations to provide for the critical need of both adolescent boys and girls for interim care especially those at risk of recruitment and GBV. This will serve both as a preventative response to GBV, but also provide prevention against the vulnerability of unaccompanied boys to forced recruitment into armed forces. CCoC is therefore, in the strongest position to provide such a response owing to several years of experience in these communities and strong relationships we have built up with community leaders in Gumbo, Mahad, Lologo, St. Mary (Cemetery), Salakana and Korobou communities since the beginning of the crisis. Confident Children out of Conflict will respond to the needs of vulnerable populations including women and girls affected by the conflict in Central Equatoria State and will build on existing CCoC GBV and CP responses that are already in place in Juba. These locations are much dispersed and there are few organizations providing adequate protection services. CCoC will utilize internal emergency response capacity to respond to GBV case management and PFA/PSS, protection monitoring and risk mitigation activities in the proposed project locations within urban Juba. This will be a short term response for a period of 03 months (October - December 2016). CCoC emergency protection team will conduct weekly GBV community dialogues with local leaders and the affected populations focusing on human rights violations and targeted violence, discrimination, coping mechanisms, and problems related to access to services, and share protection monitoring reports with clusters and other humanitarian actors to inform advocacy and recommend programming adjustments. In addition, the organization will mainstream CP in all its interventions in these areas. The GBV/Protection team will continue to run the CBPSS safe healing spaces for children and youth and revive 04 Women Friendly Spaces that will provide psychosocial and recreational support through structured and age appropriate group and individual activities, including recreational, life skills building, and basic learning activities. These spaces will also provide children with a protective and conducive environment to play, socialize, learn, express and receive tailored assistance.

## 5. Complementarity

### LOGICAL FRAMEWORK

#### Overall project objective

By the end of 2016, increase the resilience and resistance of conflict-affected communities in Gumbo, Mahad, Lologo, Salakhana, St Mary's, and Korobou 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 of the population.

### 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 activities of the Project inherently complement and support the activities of both Child Protection and GBV Sub clusters, notably through its linkage and relevance to FTR, PSS/CBPSS, and GBV prevention and response (Case Management), including adolescent life skills activities. This is to be done notably through direct implementation of, and GBV/CP mainstreaming through the use of the new Protection Mainstreaming Toolkit. Other tools and activities that promote linkages are the Situation and Response Monitoring Mechanism (SRMM), Analysis, and reporting.

#### Outcome 1

Strengthened IDPs response to GBV related issues to reduce adverse effects of GBV in emergency in IDP camps in Urban Juba

#### Output 1.1

##### Description

700 (50 men, 250 boys & 100 girls and 300 women) receive child and youth-focused psychosocial support services (PSS) including GBV survivors and those at risk in the conflict-affected areas of Gumbo, Mahad, St Mary's, Lologo, Salakhana, and Korobou.

##### Assumptions & Risks

Men, Women, boys and Girls will participate in PSS/PFA sessions

##### Activities

###### Activity 1.1.1

Provide Psychological First Aid services to survivors of GBV and any others identified as in critical need in the target communities. Refer survivors to health, police, and legal aid services

Activity 1.1.2							
Ensure all girls of adolescent age and above have received dignity kits. Liaise with other GBV actors to meet need where necessary (especially Girls in IDP schools)							
Activity 1.1.3							
Provide youth-specific PSS for survivors of GBV and those at risk in both Gumbo and CCoC's WFS. Develop a youth-centred, gender-sensitive, and inclusive (with no prejudice to physical ability, social background, or beliefs) programme accessible to youths from conflict-affected communities (30 male and 30 female youths targeted in both WFS). A curriculum including youth-tailored life-saving messages on topics such as GBV, sex education, HIV/AIDS, Early marriages and pregnancies, child abuse and rights etc will be developed.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Frontline services # of children referred to other sectors for assistance/support services			10	20	30
<b>Means of Verification</b> : Activity reports, referral forms							
Indicator 1.1.2	PROTECTION	(Frontline services) # of GBV survivors who receive at least one of the GBV services in the GBV SC Minimum Package (GBV case management, CMR and/or PSS/PFA)	50	100	250	300	700
<b>Means of Verification</b> : # persons benefiting from PSS/PFA sessions							
Indicator 1.1.3	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					100
<b>Means of Verification</b> : Distribution list, Activity reports							
Output 1.2							
Description							
78 UASC (58 girls and 20 boys) prioritising GBV survivors or those identified as at grave risk of sexual abuse are provided with safety and interim care services.							
Assumptions & Risks							
Activities							
Activity 1.2.1							
Continue to provide safety and interim care and support to survivors of GBV and the current 48 UASC and OVCs (12 boys, 36 girls) that will be referred to CCoC over the project period.							
Activity 1.2.2							
In coordination with GBV partners receive up to 30 cases of survivors for safety, interim care, PSS, and medical care ( including CMR).							
Activity 1.2.3							
Facilitate family reunification and community reintegration of GBV survivors in Juba and CES.							
Activity 1.2.4							
Facilitate PFA orientation and sessions to case workers and GBV survivors respectively							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	(Frontline services) # of GBV survivors who receive at least one of the GBV services in the GBV SC Minimum Package (GBV case management, CMR and/or PSS/PFA)	5	20	15	38	78
<b>Means of Verification</b> : ICC intake registers for GBV survivors and UASCs, referral forms, Activity reports, CCoC's GBVIMS reports							
Indicator 1.2.2	PROTECTION	Frontline services # of GBV referral pathways developed and/or updated					1
<b>Means of Verification</b> : Functional GBV referral pathway in use							
Indicator 1.2.3	PROTECTION	Frontline services # of GBV service providers trained on PSS	24	48			72
<b>Means of Verification</b> : # of case workers and CBPN trained on PSS,PFA etc							
Output 1.3							
Description							
1322 members of the conflict-affected communities in Juba are reached with GBV messaging through community dialogue (FGDs) sessions with men, women, boys and girls.							
Assumptions & Risks							
Men, Women, Girls and Boys attend weekly GBV community dialogue sessions on weekly basis							
Activities							
Activity 1.3.5							

Conduct PFA/PSS Home to home visits to women and survivors of GBV as a means to reach out to those in fear of coming out openly to discuss or share their experiences.

**Activity 1.3.1**

The Community Based Protection Networks (CBPNs) carry out GBV dialogue sessions with behavior change messages on topics such as GBV prevention and response, availability of GBV services, human rights and peaceful coexistence. Topics should be selected by the CBPN members and to be conducted as group discussions and information sessions reach 1322 people, of which at least 60% women and Girls.

**Activity 1.3.2**

Strengthen Community Based protection Network (GBV focal points) and train them to monitor, receive, handle, refer and report GBV cases that could otherwise go without being reported. 60 CBPNs members (10 per location), 60% of whom will be women on GBV prevention and response in emergency.

**Activity 1.3.3**

Re-establish and maintain Women's friendly spaces ( for PSS, counselling, and meetings)

**Activity 1.3.4**

Distribution of dignity kits (at least 150 pieces) to women and girls of reproductive age

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	PROTECTION	(Frontline services) # of women, girls, boys and men at risk of GBV reached through community-based protection networks	330	770	110	112	1,322

**Means of Verification** : FGDs minutes, attendance sheets, CBPN training reports, activity reports, DK distribution lists, # of WFS functional etc

Indicator 1.3.2	PROTECTION	Frontline services # of Women Friendly Spaces (WFS) established/maintained					4
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**Means of Verification** : # of functional WFS well maintained (in Gumbo, Mahad, Lologo & Korobou)

Indicator 1.3.3	PROTECTION	(Frontline services) # of dignity kits distributed to beneficiaries					150
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**Means of Verification** : DK distribution lists and photography reports

Indicator 1.3.4	PROTECTION	Frontline services # of service providers trained on GBV Case Management	15	45			60
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**Means of Verification** : # of CBPN (GBV focal points) trained on GBV case management

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

Most indicators are connected to the protection Cluster CHF 2016 standard project output indicators and will be part of the standard procedures that Protection Cluster HRP partner's performance will be measured. The M&E- along with the Child Protection Project Officer will carry out regular supervision and monitoring visits to the respective field sites. As a way of supporting and strengthening the capacity of local leaders and community protection networks such as the CBCPNs, CCoC will organise periodic (quarterly) joint monitoring visits to the CBCPNs, Youth and caregivers together with CHF technical staffs in each of the respective project locations. CCoC will also organise review meetings with the respective community protection networks, youth, caregivers and children along with CHF technical staffs and Reports will be shared on a weekly (5Ws), monthly (internal reports) and quarterly /mid term (CHF/GMS) basis. Weekly PSS attendance sheets, training reports, financial reports, Activity work plans and reports, ICC register etc will be used for data verification.

The project staffs will have weekly meetings to coordinate, to share the field experiences, which include the activities planned which were carried out, activities planned not carried out discuss internal and external constraints and if possible adjust and where the constraints are beyond the reach of CCC to share those with the partners in the cluster and sub-clusters meeting.

The M&E officer will pay un scheduled visits to each area of operation at least once a month to verify activities reported by field staff

CCC will continue to provided the weekly and biweekly data reports to the sub-clusters

CCC will also report on any extraordinary trends that my surface in the areas of operation to alert the partners in case such trends might require immediate response which might be beyond the means abilities of CCC to mitigate.

CCC will attend and participate actively in the regular cluster and sub-cluster meetings, which include GBV, child protection, and FTR

CCC will provided narrative and financial mid and end term reports as required by the sub cluster.

CCC will coordinate joint review meetings with the CHF technical staffs and field visits so that they are able to view for themselves and verify activities in the field and at the centre.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide Psychological First Aid services to survivors of GBV and any others identified as in critical need in the target communities. Refer survivors to health, police, and legal aid services	2016										X	X	X
	2017	X	X	X									
Activity 1.1.2: Ensure all girls of adolescent age and above have received dignity kits. Liaise with other GBV actors to meet need where necessary (especially Girls in IDP schools)	2016										X	X	X
	2017	X	X	X									

Activity 1.1.3: Provide youth-specific PSS for survivors of GBV and those at risk in both Gumbo and CCoC's WFS. Develop a youth-centred, gender-sensitive, and inclusive (with no prejudice to physical ability, social background, or beliefs) programme accessible to youths from conflict-affected communities (30 male and 30 female youths targeted in both WFS). A curriculum including youth-tailored life-saving messages on topics such as GBV, sex education, HIV/AIDS, Early marriages and pregnancies, child abuse and rights etc will be developed.	2016																		X	X	X
	2017	X	X	X																	
Activity 1.2.1: Continue to provide safety and interim care and support to survivors of GBV and the current 48 UASC and OVCs (12 boys, 36 girls) that will be referred to CCoC over the project period.	2016																		X	X	X
	2017	X	X	X																	
Activity 1.2.2: In coordination with GBV partners receive up to 30 cases of survivors for safety, interim care, PSS, and medical care ( including CMR).	2016																		X	X	X
	2017	X	X																		
Activity 1.2.3: Facilitate family reunification and community reintegration of GBV survivors in Juba and CES.	2016																		X	X	X
	2017	X	X	X																	
Activity 1.2.4: Facilitate PFA orientation and sessions to case workers and GBV survivors respectively	2016																		X	X	X
	2017	X	X	X																	
Activity 1.3.1: The Community Based Protection Networks (CBPNs) carry out GBV dialogue sessions with behavior change messages on topics such as GBV prevention and response, availability of GBV services, human rights and peaceful coexistence. Topics should be selected by the CBPN members and to be conducted as group discussions and information sessions reach 1322 people, of which at least 60% women and Girls.	2016																		X	X	X
	2017	X	X	X																	
Activity 1.3.2: Strengthen Community Based protection Network (GBV focal points) and train them to monitor, receive, handle, refer and report GBV cases that could otherwise go without being reported. 60 CBPNs members (10 per location), 60% of whom will be women on GBV pervention and response in emergency.	2016																		X	X	X
	2017	X	X	X																	
Activity 1.3.3: Re-establish and maintain Women's friendly spaces ( for PSS, counselling, and meetings)	2016																		X	X	X
	2017	X	X	X																	
Activity 1.3.4: Distribution of dignity kits (at least 150 pieces) to women and girls of reproductive age	2016																		X	X	X
	2017	X	X	X																	
Activity 1.3.5: Conduct PFA/PSS Home to home visits to women and survivors of GBV as a means to reach out to those in fear of coming out openly to discuss or share their experiences.	2016																		X	X	X
	2017	X	X	X																	

#### OTHER INFO

##### Accountability to Affected Populations

The project will ensure that its interventions are accountable to IDPs and Host conflict-affected communities through participatory approaches that bring together groups of women, men, the elderly, youth, children and adolescents that are able to constructively contribute to local reconciliation, social cohesion and peace building. Priority will be given to community groups' structures who demonstrate activities that promote meaningful co-existence between IDPs and Host communities in disregard of tribe or ethnicity. CCC will use participatory approach in implementing the activities in assessment, planning implementation and evaluation of activities. The field staffs will ensure that the approaches used are first discussed and agreed by the community members and their leaders.

##### Implementation Plan

CCoC will take sole responsibility for the implementation of this project. The Projects manager will oversee the planning and implementation of this project in the locations, in collaboration with the programs coordinator under the supervision of the Executive Director and in coordination and the Monitoring and Evaluation (M & E) Officer. The Psychologist and Case Manager will work alongside the social workers in the provision of quality care and case management for survivors of child abuse. A Youth Education Officer along with CFS facilitators/animations will spearhead the work with the children, Youth and care givers. Our interim care supervisor her staffs will continue to run activities at the centre for girls and young boys. CCC will first assess the situation to establish whether the trained community volunteers who were trained are still available and if not they will recruit new volunteers with the support of the CBPC conduct follow up training and those will work with the community social workers.

An implementation work plan will detail all the activities to be carried out within the Project Contract Agreement.

CCC will carry out projects out line design training, and inducting their staff to let them get familiar with the plan before the actual practical work starts.

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

##### 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**

Gender Based Violence considerations are core to all this Project's activities. The principal purpose of the project is therefore, to promote and advance gender equality in all its intervention in the selected project locations. Gender sensitivity has been integrated throughout this project in recognition that gender needs and problems associated with those needs mean a varied response is required in order to meet a minimum package for GBV services including safety and care for child survivors of GVB and Sexual Violence. This as well is intended to fill some critical gaps in the current crisis response in the state. While the focus of CCoC until the crisis had been ICC for UASC, and providing protection to other most vulnerable children who are victims of, Child abuse, Neglect and Exploitation remains a priority, both to this end and for general child protection reasons, we realize a response that is tailored to the needs of both boys and girls, especially adolescents remains critical in Juba and Central Equatoria in general. The Gender programming will include some youth including boys and girls gender-specific activities, and community home visits to survivors of GBV given the complex environment at the moment. The programme will integrate aspects of what it means to be a good citizen, which will include environmental responsibility. We plan to focus on young people and women doing community GBV dialogue sessions, which will include activities such as psychosocial care through PFA and counselling in addition to services offered to the youth and women in the Women Friendly Spaces (WFS) respectively. HIV / AIDS will be an important topic to address in both the youth groups, and in the community GBV dialogue sessions and family visits and follow up activities. With the arrival of new IDPs into these areas, understanding on GBV critical issues during emergencies remains flawed among communities and must be integrated in all aspects of the outreach interventions.

**Protection Mainstreaming**

CCC will ensure that all programs child protection concern are highlighted and addressed

**Country Specific Information**

**Safety and Security**

A security firm will conduct a security assessment at the ICCC and the staffs will follow the recommendations in the report. CCC staffs will monitor and assess the security situation int and safety in the field and also at the centre, CCC will design some security indicators to use while in the field to ensure the safety of staffs and beneficiary. These should raise the flag when the staff and beneficiaries are exposed to security risks.

**Access**

CCC will hire vehicles and maintain a daily logistics plan to coordinate transport of staffs to the field. CCC works with community and camps leaders and this ensures smooth entry into the camps.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Executive Director	D	1	5,000.00	6	25.00	7,500.00
	<i>The executive Director is the final responsibility of the project. 30% of her management time will be spent on the CHF program. Part of her remuneration is covered by other private funds</i>						
1.2	Protection / GBV Project Manager	D	1	4,500.00	6	25.00	6,750.00
	<i>The Protection/GBV manager will spend 50% of his time on the CHF project for at least 6 months. He ensures that all the activities take place in the community. He/she supervises the social and workers and field operations by the social workers.</i>						
1.3	Psychologist / Case Manager	D	1	4,500.00	6	25.00	6,750.00
	<i>The Psychologist / Case Manager will work directly with the children and women survivors of GBV referred to the centre for safety and care, maintain the records, make care plans for the survivors, open and close the cases etc.</i>						
1.4	Interim care staff (Safe house)	D	3	500.00	6	50.00	4,500.00
	<i>The interim care staff work directly with the Survivors of GBV in the care centre and will spend 100% of their time on this program</i>						
1.5	Field Social/case workers	D	8	500.00	6	40.00	9,600.00
	<i>Social workers will provide PFA/PSS to GBV survivors, work with caregivers (GBV focal points) and youth in the IDP and community (the activities of CCoC are labour intensive), in providing life saving skills and information to women, girls, men and Boys.</i>						
1.6	Nurse	D	1	500.00	6	50.00	1,500.00
	<i>The nurse will be responsible for the health of the GBV Survivors and Children at the interim care centre. Her remuneration will be covered in this budget 50% for at least 4 months. The other part will be charged on other funds.</i>						
1.7	Cleaners	D	2	400.00	6	50.00	2,400.00
	<i>Will be responsible for the general maintenance of the safe house /ICC</i>						
	<b>Section Total</b>						<b>39,000.00</b>

<b>Supplies, Commodities, Materials</b>							
2.1	Provision of case management supplies	D	78	20.00	3	25.00	1,170.00
	<i>Provision of case management and interim care supplies this includes printing paper, storage materials</i>						
2.2	Provision of safety and interim care supplies commodities and materials (lumpsum)	D	78	191.50	6	15.00	13,443.30
	<i>This includes the 25% direct maintenance of the interim care centre, welfare and provision of food, medical supplies, hygiene, clothing, water, per child we are expecting at least 78 cases in 2016 each child will cost \$ 250 including security</i>						
2.3	Materials to support Provision of Youth/ women friendly services at WFS.	D	5	1,500.00	3	15.00	3,375.00
	<i>Provision of youth and Women friendly services at the (WFS), including materials for knitting and PSS, i.e. the money will be used to purchase teaching aids and Knitting materials,etc</i>						
2.4	Snacks, Water, Sodas, Biscuits, Sweets etc	D	5	1,000.00	3	20.00	3,000.00
	<i>Refreshments for Women and Youth Friendly activities and weekly GBV community dialogue sessions during FGDs, Refresher trainings for CBPNs and Social/Case workers</i>						
2.5	Direct assistance to GBV survivors	D	30	500.00	1	20.00	3,000.00
	<i>Soap, transport, etc</i>						
	<b>Section Total</b>						<b>23,988.30</b>
<b>Equipment</b>							
3.1	Purchase of cartridges, paper and printer service	D	3	1,200.00	1	25.00	900.00
	<i>These equipment will be used for printing materials for GBV and PSS case management</i>						
	<b>Section Total</b>						<b>900.00</b>
<b>Contractual Services</b>							
4.1	4 Days PFA/PSS, GBVIMS/MARA refresher training for GBV case workers	D	8	200.00	1	100.00	1,600.00
	<i>Meals. refreshments, stationery etc</i>						
4.2	5 Days refresher training for CBPN (GBV focal points) on PSS and Basic GBV prevention & response during emergency)	D	80	40.00	1	50.00	1,600.00
	<i>Water, Soda,stationary (i.e. note books, pens, flip charts and marker pens), Mats for sitting as this will be taking place in the respective camp settlement areas or locations) and a monthly stipend of 200 SSP per person for 80 members for three months.</i>						
4.3	Monitoring and Evaluation officer	D	1	600.00	6	50.00	1,800.00
	<i>The M&amp;E officer conducts regular monitoring and evaluation of the program to ensure quality</i>						
4.4	Communication costs	D	3	1,500.00	1	25.00	1,125.00
	<i>This amount includes, internet subscription and mobile telecommunication air time/ credit cards</i>						
4.5	Rent of facilities of house to accommodate GBV survivors under safety and Interim Care	D	3	10,000.00	1	50.00	15,000.00
	<i>Renting and maintaining ongoing facilities where GBV survivors can be accommodated. These funds will enable CCoC to continue provide safety and interim care services for boys, girls and women equally.</i>						
	<b>Section Total</b>						<b>21,125.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Vehicle hire/mileage	D	2	2,500.00	3	25.00	3,750.00
	<i>CCoC will hire vehicles including a four wheel vehicle used in field trips and follow up of cases in the communities and far places. Most of the work CCC does requires a lot of transport arrangement. It involves moving staff to more than 4 field stations around Juba, Taking children for medical care, being on standby for emergency calls; attending meetings and workshops, transporting materials to the field. The past experience has shown a need of at least 2 vehicles. The Roads around Juba are in very poor conditions. To hire a 4 wheel car can cost up to 100\$ per vehicle per day. Since CCC is going to scale up and in order to maintain quality or work, transport will also need to be increased.</i>						
7.2	Fuel and maintenance for the cars and Generator	D	3	8,500.00	1	18.41	4,694.55



<i>Servicing, maintenance of Generator and vehicles and fuel, the vehicles need to be kept in a very good condition, there are times when fuel prices are hiked too high in Juba. i.e costs of fuel and spare parts have gone so high in recent times. This cost has been reduced in order to fit in the budget ceiling however it is rather higher than it is costed and we are afraid the expenditures may affect us more.</i>							
<b>Section Total</b>							<b>8,444.55</b>
<b>SubTotal</b>					316.00	<b>93,457.85</b>	
Direct							
Support							
<b>PSC Cost</b>							
PSC Cost Percent							
7.00							
PSC Amount							
6,542.05							
<b>Total Cost</b>							
<b>99,999.90</b>							
<b>Grand Total CHF Cost</b>							
<b>99,999.90</b>							
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Central Equatoria -> Juba	100	371	810	490	591	2,262	
<b>Documents</b>							
Category Name				Document Description			