

Requesting Organization :	Agency for Technical Cooperation and Development				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
CAMP COORDINATION AND CAMP MANAGEMENT		100.00			
		100			
Project Title :	CCCM Response in Wau Collective Centres & Kajo Keji IDP Sites				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SSD-17/HSS10/SA1/CCCM/INGO/5222		
Cluster :		Project Budget in US\$:	251,529.99		
Planned project duration :	9 months	Priority:			
Planned Start Date :	03/04/2017	Planned End Date :	31/12/2017		
Actual Start Date:	03/04/2017	Actual End Date:	31/12/2017		
Project Summary :	<p>The proposed project will support the implementation of a light-touch Camp Coordination and Camp Management approach in two locations: Wau Collective Centers in Western Bahr el Ghazal, and IDP settlements in Kajo Keji, Central Equatoria. These activities will seek to strengthen the capacity of local leadership and relevant national NGOs as CCCM is handed over to community self management structures as a transitional approach. ACTED will phase out support and develop a clear phaseout/Handover strategy. In parallel to this ACTED will implement the provision of traditional CCCM services including CwC, information management, coordination of service provision, and advocacy.</p> <p>In Western Bahr el Ghazal, ACTED will continue to support existing site coordination and management in Wau's five Collective Centers, providing services to 15,887 IDPs in Wau Cathedral, St. Joseph's, Nazareth, Lokoloko and Wau Episcopal Church with a NNGO to be identified in the second quarter of 2017 to continue the CCCM activities and transitioning process with the eventual handover to the NNGO by the end of 2017 . In Central Equatoria, ACTED will launch its light-touch CCCM approach with a NNGO, Healthlink, across the three settlements in Liwolo payam, Kajo Keji County, supporting 36,569 IDPs in Logo, Kerwa and Ajo. ACTED will phase out by the last quarter of 2017 with HealthLink eventually phasing out in 2018 as part of the community self management process. In both Wau and Kajo Kaji a phase out strategy will be shared with the cluster and the State Focal Points by the end of May 2017</p> <p>In line with the CCCM Cluster Strategic Objectives for 2017, ACTED will seek to improve living standards and strengthen accountable service delivery with simultaneously equipping local actors with the tools and knowledge to apply CCCM concepts and best practices. To this end, ACTED will work closely with collective site community management structures and site managers to provide day-to-day capacity development on camp management and coordination, while continuing to bolster transparent and governance structures, and ensuring that site planning and infrastructure is adequate and in place for an eventual transition to self-management. This approach will work towards Cluster strategic objectives and is also designed in line with the Cluster's strategy to continue identifying opportunities for handover of CCCM responsibilities to local actors in 2017. Considerations for gender, ethnic origin, physical ability and age that affect vulnerability and coping strategies will continue to be identified and taken into account; protection will be mainstreamed in the implementation of all project activities.</p> <p>For the Wau collective centres, this project proposal outlines 7 months of project activities within the framework of a 9-month project. In Kajo Keji, this project will support the set-up phase of CCCM support, for an initial 3 months in conjunction with HealthLink's funding from other sources to take the project to 7 month of implementation. As such, both activity indicators and budget figures within this proposal are meant to represent these respective periods of project implementation.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	11,098	14,544	12,265	14,549	52,456
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	11,098	14,544	12,265	14,549	52,456
Indirect Beneficiaries :					

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

The need for continued CCCM programming in Wau, and the need to start CCCM support in Kajo Keji are clearly outlined and prioritized in the Cluster SSHF allocation strategy, in turn in line with SSHF prioritized areas of intervention in South Sudan.

The proposed projects will also directly contribute to the Cluster's Specific Objectives for 2017: SO1: Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings, and SO3: Equip humanitarians, local actors, and authorities with the knowledge to apply CCCM concepts and best practices

In line with the CCCM cluster priority of NNGO engagement ACTED in both locations will be working with NNGOs to handover CCCM oversight with eventual management handed over to local community structures.

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
Michael Mangano	Country Director	michael.mangano@acted.org	+211 959 100 146
Tricia Cassidy	Project Development Manager	tricia.cassidy@acted.org	+211 954 533 855
Gabrielle Tomovcik	Project Development Officer	gabrielle.tomovcik@acted.org	+211 959 100 193
Camille Chemin	Grant Manager (HQ)	camille.chemin@acted.org	+ 33 1 42 65 33 33

BACKGROUND**1. Humanitarian context analysis**

On June 24th 2016, violent clashes erupted in Wau Town, Western Bahr el Ghazal. Lasting for several days, the violence left at least 40 people dead, and displaced an estimated 77,150 more. Amid this conflict, civilians sought shelter in several primary locations: the Wau Cathedral grounds, the South Sudan Red Cross Compound subsequently almost emptied following threats from a nearby business), the churches of St. Joseph, Nazareth and Lokoloko, and a temporary protective site near Wau's UNMISS base. In the time since, the population outside of the UNMISS base has been settled into a Protection of Civilians site (PoCAA), and the smaller sites have been designated as collective centers. Since June, continued insecurity and threats in Wau town have resulted in a dynamic movement of the population in and out of the collective centres. In late January 2017, cattle raiding in several villages near Jur River to the south of Wau town again triggered displacement, with reports of lootings, killings and the burning of homes. Between late January and early February 2017, over 4,000 civilians fled to Wau town, primarily seeking shelter in Nazareth collective site, and eventually leading to the creation of a new collective center at Wau's Episcopal Church (ECS) – now hosting a population of 4,078. As of late February, approximately 15,887 people are still hosted in Wau's five main collective centers. Contrary to initial expectations that the displacement in Wau would be short-term, population in the Collective Centers is still high, and prevailing insecurity in their locations of origin make significant returns even in the medium-term unlikely. As highlighted by this recent displacement, insecurity around Wau Town remains high, particularly to its south and southwest, and tensions between ethnic communities remain significant. Moreover, new arrivals from the Jur River displacement fled with virtually no possessions, and reports indicate that few would return to find homes and possessions still intact. Wau county is also expected to remain in IPC Phase 4 (emergency) through July 2017, further limiting the resources available to vulnerable IDPs required to return home.

Following the outbreak of violence in Juba in July 2016, instability spread throughout the Greater Equatoria region, particularly in Kajo-Keji, Lainya, Yei, and Morobo counties. This insecurity has triggered largescale displacement both inside and outside of South Sudan The population in Kajo Keji has faced numerous shocks over the last year, including waves of cattle raiding from June to August 2016, and rumors of revenge attacks from IDPs fleeing Yei County in December. In late January 2017, fighting between SPLA & opposition forces resulted in the deaths of several civilians. A subsequent alleged attack of a police station triggered mass displacement, due to growing fears of larger scale clashes to come. As fears rose and sporadic violence prevailed, displacement grew, u leaving 3 of Kajo Keji's payam's close to vacant – over 30,000 people have fled since January 2017. Nearly all market activity has ceased, and all schools have closed. While tens of thousands have fled south to Uganda, Kajo Keji has also been the destination for thousands fleeing insecurity elsewhere in the state. In Liwolo payam, 3 IDP settlements have formed: Logo, Kerwa, and Ajio (37,569 per late February headcount). A December 2016 IRNA indicated IDPs had predominantly come from Morobo, Yei and Lainya and Kansuk, displaced by both waves of cattle raiding, or the arrival of armed groups associated with the conflict. Southern Kajo Keji has long been considered a safe location by Equatorians, and is a historical place of refuge (REACH, Dec 2016). Humanitarian access remains a significant constraint in reaching these populations, where access through Kajo Keji town is monitored and often restricted by armed actors; partners currently implement activities with daily exit/entry via Moyo, Uganda.

2. Needs assessment

Wau Collective Centres - As CCCM lead in the Wau collective centres ACTED has been providing CCCM activities since June, conducting essential support including: monitoring of service delivery, coordination of service providers within and amongst collective sites, upgrade of site infrastructure, advocacy on protection issues. Issues of significant concern remain

- Protection issues continue to be of serious concern across all sites. Freedom of movement within Wau town remains a concern particularly for men, while a rise in SGBV continues to be reported. In addition, the smaller sites continue to experience serious security and protection concerns, with individuals or groups being targeted and threatened by external actors on both one-off and recurring bases. Protection partner support continues to be stretched, and ACTED has played a significant role in strengthening referral pathways, and advocacy for increased protection partner engagement at the sites.

- Living conditions continue to be of serious concern, with space constraints meaning that partners struggle to meet humanitarian standards in key sectors including shelter and WASH; coordination of humanitarian service delivery remains imperative as partners work towards improvement of conditions in the sites

- Population movement to the POC, as recently seen with the exodus of the population from the South Sudan Red Cross compound following threats and a consequent increase of arrivals to Wau POC2, is likely if living standards and protective environment in the collective centres become untenable for the populations to remain

- Continued insecurity and population movement to collective sites and dynamic displacement. Insecurity and threats in Wau town have resulted in a dynamic movement of the population in and out of the collective centres, with population increasing by 1000 persons between mid-October and mid-November and then the January influx to ECS ad Nazareth.

Partners also struggle to meet humanitarian standards in key sectors including shelter and WASH; strong coordination of humanitarian service delivery remains imperative as partners work towards improvement of site conditions. It is likely if the living standards and protective environment become untenable for the population, that an influx to Wau PoC will be experienced.

Kajo Keji - ACTED has carried out assessments throughout March and engaged in coordination discussions at Juba level. Issues of concern include:

- Service provision in the sites by humanitarian agencies has been limited, with water trucking and mobile health services available, but no food delivered.

- Humanitarian access remains a significant constraint in reaching these populations, particularly where access through Kajo Keji town is heavily monitored and often restricted by military actors

- Clear request from County Commissioner & Executive Committee for a Camp Management agency who will support but not provide full camp management support

- CWC - identified as a need to open up communications and share information, updated headcount numbers, understand beneficiaries intentions and to better link the three sites and inform humanitarian implementation

- community committee support - instill and strengthen community structures for self-management

3. Description Of Beneficiaries

ACTED will continue providing CCCM support to 15,863 people currently residing across Wau's five collective sites (Cathedral: 7,968, ECS: 4,078, Lokoloko: 581, Nazareth: 2,759, and St. Joseph's: 477). Whereas the initial caseload that arrived in June/July 2016 largely originated within Wau Town itself, January 2017's influx – now predominantly sheltering at ECS and Nazareth – fled violence in five villages in the environs of Jur River, to Wau's Southwest. The newly arrived population in ECS is almost all women and children.

Logo (20,980), Kerwa (9,589) and Ajjo (6,000) settlements in Liwolo payam, Kajo Keji, host 36,569 IDPs from across the Equatorias – most notably from Nyeko, Juba, Kajo-Keji, Lanyia, Yei and Morobo. Initial observations by local site leadership indicate a high proportion of IDPs under 18 years pointing to a potentially very vulnerable population

Similarly, many IDPs sheltering in both the Collective Centers and Kajo Keji settlements are particularly vulnerable, and may face additional constraints in accessing services – including, the elderly, pregnant or lactating women, and persons with disabilities. ACTED will ensure the inclusion of age/sex disaggregated data in site population figures, and will likewise work to ensure the full participation and access to services of persons with specific needs. ACTED has developed a recommended policy that encourages all partners to provide work opportunities to women and people with disabilities. In its capacity as camp management, ACTED will continue working with partners to identify creative work and community engagement opportunities for minority groups will continue to be a priority for project implementation.

4. Grant Request Justification

ACTED's CCCM approach in Wau has been supportive of the 'site managers' – religious leaders who took on responsibility for management of the sites following the initial crisis. However, managers in all sites expressed that they do not wish to take full CCCM responsibility, as their religious duties take precedence. ACTED has therefore been working to build the capacity of community committees in each site, towards the goal of self-management. Therefore, there remains a significant need to provide coordination and monitoring of services across all sites in conjunction with a NGO which will be chosen in the 2nd quarter of 2017 with eventual handover in the last quarter of 2017, while in parallel providing ongoing capacity development to site leadership and committees until local capacity is sufficient to transition some sites to self-management, and others to a lighter-touch CCCM approach. Ideally working with an NNGO already present and committed to staying in Wau, this will ensure continuation of necessary CCCM activities in the larger sites and monitoring of the smaller, while reducing reliance on INGO presence. By the start of this project, the two smaller sites, St. Joseph and Lokoloko, will have been handed over to the site managers and community committees for self-management, with regular monitoring to be continued by ACTED. By the end of 2017, ACTED plans to hand over Nazareth and ECS, and thereafter projects that a light Camp Management presence in the Cathedral site would be needed, along with continued monitoring of the other locations. This workplan is based on a scenario analysis that displacement remains relatively stable or declines in the collective centers, and that people continue to seek refuge in the sites into 2018. Should the security or displacement context change, ACTED's strategy will be adapted – whether to hand over sooner, or to expand CCCM support to new sites established in Wau town.

In the Kajo Keji settlements, residents of the camps report having no intention to move to Uganda unless forced to do so, but also report having little to no information about relatives left behind or the situation in surrounding areas (IRNA, Dec 2016; REACH, 12 Jan 2017). In recent weeks, humanitarian agencies in the area have reported the departure of several hundred families from Logo to Uganda, citing that they are leaving to access food, but intend to return. While local leadership has established a basic, functioning camp structure (i.e designation of blocks, and appointment of site leadership), significant gaps and opportunities for capacity development remain, including: communication with communities (CwC), displacement tracking and information management, coordination between the three sites. Importantly, local capacity to engage in effective joint advocacy to Juba/OCHA remains a significant gap. A light-touch CCCM approach – similar to Wau -- combined with capacity development for local partners with a long-term presence including Healthlink, a NNGO that ACTED will be working together over the course of 7 months to handover CCCM. With separate funding for Healthlink complementing this initial quick response funding, to will reinforce existing local approaches to CCCM, while building technical capacity to bolster their effectiveness, increase local capacity to engage in advocacy and coordination with partners on the ground and within the humanitarian system (Juba). Strategy for this transition will be developed with the CCCM Cluster. Material costs will be shared between agencies over the 7-month implementation duration, with Healthlink staff seconded to ACTED for a 3-month period.

5. Complementarity

Registered and licensed in South Sudan since 2007, ACTED, a French NGO (operating under the French law Association loi 1901), is Camp Manager for UN House and Bor Protection of Civilian sites (PoCs), Kaya and Gendrassa refugee camps in Maban County, and has been providing CCCM services across all of Wau's collective sites since their establishment in July 2016. In addition to being CCCM Cluster Co-Lead at the national level, ACTED is also the current State Focal Point for Central Equatoria. Our Camp Coordination and Camp Management teams have over 6 years of experience within the context of South Sudan in addition to building on various experiences within camp settings in, Iraq, Nepal, and other locations.

This project is a continuation of previous SSHF funding under SSHF Project Code: SSD-16/HSS10/SA1/CCCM/INGO/880 and project Code: SSD-16/HSS10/SA1/CCCM/INGO/786 in which ACTED's CCCM programming in the Juba PoCs and Bor PoC was funded. ACTED is also being funded through OFDA for CCCM activities in Bor, Juba PoCs, Kajo Keji IDP settlements and Wau collective centres and from UNHCR for activities in Gendrassa and Kaya refugee camps in Maban.

ACTED is currently the CCCM lead in Juba and Bor PoCs, in Gendrassa and Kaya refugee camps in Maban and as a dedicated camp management agency in the Collective Centres in Wau and will be providing light touch CCCM in the Kajo Keji IDP sites. ACTED's CCCM approach to CCCM is a strategy that sees the push to self-management as much as possible within the sites which is line with the CCCM cluster's priorities.

ACTED has also received funding to implement a seeds and crops distribution programme in the Kejo Keji IDP settlements. Food is a need that is not currently being addressed in the settlements and this programme will work closely with the CCCM structures to ensure a coordinated approach

LOGICAL FRAMEWORK

Overall project objective

Improve living standards and enhance local self-management capacity in IDP sites in South Sudan [Cluster Objectives 1 & 3]

CAMP COORDINATION AND CAMP MANAGEMENT

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Equip humanitarian, local actors, and authorities with the tools and knowledge to apply CCCM concepts and best practices.	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	50
Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings	SO1: Save lives and alleviate the suffering of those most in need of assistance and protection	50

Contribution to Cluster/Sector Objectives : This project is designed to directly contribute to the Cluster's HRP Strategic Objectives 1 and 3.

S.O.1 "Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings."
S.O.3 "Equip humanitarian, local actors, and authorities with the tools and knowledge to apply CCCM concepts and best practices."

In Wau, ACTED has had a clear exit strategy in place since the inception of the project: to capacity-build actors to self-manage the sites. In Kajo Keji, the intention of implementation of CCCM is to support the existing local actors managing the sites to improve and continue their work. By the end of this project, existing local CCCM actors should have higher skills and capacity to deliver services, while new actors will be equipped to apply their knowledge in their activities within the sites, contributing to S.O.1.

In parallel to this capacity-building, mainstreamed throughout all ACTED's activities, ACTED will directly implement some core CCCM functions while identifying the appropriate opportunity and timeline to hand over to local actors. These include improving service monitoring, coordination, information management, communication with communities, and humanitarian partner accountability to the population – aiming to improve site living standards and accountability, in line with S.O.1.

Outcome 1

Living standards improved and camp management structures established in IDP sites in Wau Town and Kajo Keji county

Output 1.1

Description

Site conditions and service delivery standards monitored and improved

Assumptions & Risks

- Security situation in surrounding areas permits safe access to the sites
- Local authorities permit full humanitarian access to the sites
- No significant influx or population outflow occurs
- Economic situation and goods availability in South Sudan enables timely procurement
- Local actors (authorities, community committees, site managers) have full buy-in to project activities and self-management outcomes

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	CAMP COORDINATION AND CAMP MANAGEMENT	Number of Camp Coordination and Camp Management meetings organized					20
Means of Verification : - Security situation in surrounding areas permits safe access to the sites - Local authorities permit full humanitarian access to the sites - No significant influx or population outflow occurs - Economic situation and goods availability in South Sudan enables timely procurement - Local actors (authorities, community committees, site managers) have full buy-in to project activities and self-management outcomes							
Indicator 1.1.2	CAMP COORDINATION AND CAMP MANAGEMENT	Total number of beneficiaries targeted within the project					52,456

Means of Verification : registration reports, intention surveys

Activities

Activity 1.1.1

Implementation of Service delivery monitoring and coordination in Wau Collective Centres

Regular monitoring of service delivery and standards – conducted by or transitioning to, community committees. ACTED will continue to support coordination and advocacy with partners and with Clusters. Regular coordination meetings will be held between community committees and partners (biweekly), with ACTED disseminating service mapping and 3W. If an NNGO partner is brought in, ACTED will capacity-build this organization to conduct the higher-level coordination.

Activity 1.1.2

Essential site maintenance works implemented in Wau Collective centres

ACTED will conduct some minor essential works in the sites, with a focus on safety and security. This will include upgrade to external fencing to ensure physical security at night, and installation of solar lighting in locations identified by the community as of Protection concern (e.g. latrines, entrances...).

Activity 1.1.3							
Implementation of service delivery monitoring and coordination in Kajo Keji IDP settlements							
Monitoring of service delivery, gaps, needs, by ACTED and Healthlink working with self-management structures to build capacity for community monitoring, with ACTED supporting communication and advocacy with partners and Clusters handing over to Healthlink by project end. ACTED will ensure regular coordination with humanitarian agencies, working closely with Protection to ensure Do No Harm approaches are realized. Exact structure of partner coordination is to be defined with the CCCM Cluster & OCHA to ensure integration with local actors and sustainability							
Activity 1.1.4							
Essential site maintenance works implemented in Kajo Keji IDP settlements							
ACTED will maintain a small capacity for material purchases to support community-led site improvements focusing on safety and security, dependent on evolving needs. (e.g. purchase of tools to be handed over to community leadership, with labour to be provided by the community or construction of meeting spaces for the community). Should no necessary works be identified in the project timeframe, budget will be reoriented to support community committees.							
Output 1.2							
Description							
Improved information availability and strengthened feedback mechanisms for IDPs and humanitarian partners							
Assumptions & Risks							
<ul style="list-style-type: none"> - Security situation in surrounding areas permits safe access to the sites - Local authorities permit full humanitarian access to the sites - No significant influx or population outflow occurs - Economic situation and goods availability in South Sudan enables timely procurement - Local actors (authorities, community committees, site managers) have full buy-in to project activities and self-management outcomes 							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	CAMP COORDINATION AND CAMP MANAGEMENT	% of complaints and feedback received or feedback mechanisms responded to					75
Means of Verification : - Anonymised Complaints and Feedback Mechanism database (Cathedral) - Meeting minutes							
Activities							
Activity 1.2.1							
Embed accountability structures within programme and Communication with Communities (CwC) activities implemented in Wau Collective Centers							
Information dissemination will be conducted through community committees and ACTED Outreach Workers, with ACTED facilitating regular meetings between community leaders and humanitarian partners. An information desk will be operational in all sites (ECS to be constructed), staffed community committee representatives or ACTED ORW. A Complaints and Feedback Mechanism will be run in the Cathedral by ACTED/eventual NNGO partner, and an adapted version in the smaller sites by community committees.							
Activity 1.2.2							
Establishment or reinforcement of Information management mechanisms in Wau Collective Centers							
Continuation of dissemination of data on all sites, update of intentions surveys for all sites with capacity-building for NNGO partner to take over these functions. Population data (headcount, Movement Trend Tracking) will continue to be provided by IOM DTM.							
Activity 1.2.3							
Embed Accountability structures within programme and Communication with Communities (CwC) activities in Kajo Keji IDP settlements							
ACTED with HealthLink will ensure regular partner/community meetings, and support community leaders to disseminate information and receive feedback from their population, enhancing their accountability. CwC is identified by Protection as a significant gap, and mechanisms will be established with partners and community to improve this, focusing on self-sustainability and relying on community leadership to facilitate & partners to engage.							
Activity 1.2.4							
Establishment of information management mechanisms in Kajo Keji IDP settlements							
Improving information on the population in the sites will be a main focus of this project set up stage, including updated headcount as needed with sex & age disaggregated data, intentions survey. ACTED will capacity-build Healthlink to conduct these information management activities.							
Outcome 2							
Increased local capacity for IDP site self-management and services coordination in Wau Town and Kajo Keji county							
Output 2.1							

Description							
Local actors (community committees, local authorities, church leaders, NNGOs) trained on CCCM principles and activities							
Assumptions & Risks							
<ul style="list-style-type: none"> - Security situation in surrounding areas permits safe access to the sites - Local authorities permit full humanitarian access to the sites - No significant influx or population outflow occurs - Economic situation and goods availability in South Sudan enables timely procurement - Local actors (authorities, community committees, site managers) have full buy-in to project activities and self-management outcomes - Local actors (authorities, community committees, site managers) engage proactively in capacity-building and training opportunities, and in undertaking responsibilities within the sites 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	CAMP COORDINATION AND CAMP MANAGEMENT	Number of individuals from camp management agencies, humanitarian agencies, community leadership, local actors, local authorities receiving training on CCCM	20	20			40
Means of Verification : - Training attendance sheets - Community committee ToRs							
Activities							
Activity 2.1.1							
Provide Community governance and self-management capacity-building structures in Wau Collective Centres							
<p>Strengthening local capacity is the core of ACTED's approach with Outcome 1 activities incorporating continuous capacity-building and handover to community self-management structures and NNGOs. Strong focus on ensuring representative and accountable leadership committees and a fair representation of women, youth, and smaller ethnic groups</p> <p>In Wau, continuing to build site manager, committee, and community watch group capacities through day-to-day engagement and dedicated trainings (e.g. CCCM, Protection) delivered or facilitated by ACTED, with transition to NNGO CCCM support by the end of project as agreed with the Cluster.</p>							
Activity 2.1.2							
Provide Community governance and self-management capacity-building structures in Kajo Keji							
Working with Healthlink to identify with local authorities of most appropriate sustainable management mechanism for sites (likely combination of local authorities, community committees and development of workplan to identify capacity-building needs. ACTED will draw on Wau lessons to develop a training and support workplan for committees and Healthlink staff.							
Additional Targets :							

M & R

Monitoring & Reporting plan

Monitoring Plan - Standard monitoring procedures have been developed internally by ACTED to ensure a good level of relevance of its activities. Therefore, for the proposed project, the following will be implemented

1. First level control will be conducted by the project management team, in accordance with ACTED guidelines, including the Project Management Framework (PMF), a tool employed by ACTED for monitoring of indicators and progress, updated every month. Monthly activity reports will be prepared by the project manager(s) and submitted to the Deputy Country Director: Operations. The PM, with the Area Coordinator, is responsible for monitoring and ensuring that problems do not hinder progress. Once solutions are determined for identified problems, they are integrated into the work plan and monitored;
2. Second level control will be conducted by ACTED's Appraisal, Monitoring, and Evaluation Unit (AMEU) & Healthlink through ongoing monitoring. Activities will be monitored throughout implementation, with a focus on risks, achievements compared to objectives, analysis of problems, links with communities, and quality of implementation. AMEU reviews will be based on independent interviews, observations of programming processes, and analysis of support documentation. and
3. ACTED's AME adheres to the following principles: independence, transparency, ethical research, timeliness, relevance, professionalism, inclusiveness, and linkages with local organizations for the development of local research capacity and expertise. ACTED monitoring procedures aim at ensuring a systematic and continuous process of collection, analysis and use of information, for the purpose of management and decision-making. It will involve the on-going and routine review of interventions to verify whether they are developing according to the proposed plan and budgetary requirements, and whether adjustments are needed to achieve intended goals. ACTED AME will focus on performance monitoring of inputs, activities, outputs, outcomes and program processes. This monitoring will be based on SMART indicators mentioned in the logframe listing indicators, the proposed work plan, and a comparison with data collected at the beginning of the project.

Reporting Plan:

1. Monthly internal reporting - in accordance with ACTED guidelines, including the Project Management Framework (PMF), a tool employed by ACTED for monitoring of indicators and progress, the PMF will updated once a month. The PM, with the Area Coordinator, is responsible for monitoring and ensuring that problems do not hinder progress. Once solutions are determined for identified problems, they are integrated into the work plan and monitored;
2. Communications externally - based on the internal reporting informal updates will be shared with the CCCM cluster and other related actors for information and advocacy purposes where needed
3. Reporting: preparation of quarterly / final reports to donor, participation in coordination meetings and reporting on progress to UN / Authorities will take place as required
4. Reporting also includes the establishment and update of the FLATS and program filing system for compliance and relevance purposes

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: Implementation of Service delivery monitoring and coordination in Wau Collective Centres</p> <p>Regular monitoring of service delivery and standards – conducted by or transitioning to, community committees. ACTED will continue to support coordination and advocacy with partners and with Clusters. Regular coordination meetings will be held between community committees and partners (biweekly), with ACTED disseminating service mapping and 3W. If an NNGO partner is brought in, ACTED will capacity-build this organization to conduct the higher-level coordination.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.1.2: Essential site maintenance works implemented in Wau Collective centres</p> <p>ACTED will conduct some minor essential works in the sites, with a focus on safety and security. This will include upgrade to external fencing to ensure physical security at night, and installation of solar lighting in locations identified by the community as of Protection concern (e.g. latrines, entrances...).</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.1.3: Implementation of service delivery monitoring and coordination in Kajo Keji IDP settlements</p> <p>Monitoring of service delivery, gaps, needs, by ACTED and Healthlink working with self-management structures to build capacity for community monitoring, with ACTED supporting communication and advocacy with partners and Clusters handing over to Healthlink by project end. ACTED will ensure regular coordination with humanitarian agencies, working closely with Protection to ensure Do No Harm approaches are realized. Exact structure of partner coordination is to be defined with the CCCM Cluster & OCHA to ensure integration with local actors and sustainability</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.1.4: Essential site maintenance works implemented in Kajo Keji IDP settlements</p> <p>ACTED will maintain a small capacity for material purchases to support community-led site improvements focusing on safety and security, dependent on evolving needs. (e.g. purchase of tools to be handed over to community leadership, with labour to be provided by the community or construction of meeting spaces for the community). Should no necessary works be identified in the project timeframe, budget will be reoriented to support community committees.</p>	2017				X	X	X	X	X	X	X	X	X

<p>Activity 1.2.1: Embed accountability structures within programme and Communication with Communities (CwC) activities implemented in Wau Collective Centers</p> <p>Information dissemination will be conducted through community committees and ACTED Outreach Workers, with ACTED facilitating regular meetings between community leaders and humanitarian partners. An information desk will be operational in all sites (ECS to be constructed), staffed community committee representatives or ACTED ORW. A Complaints and Feedback Mechanism will be run in the Cathedral by ACTED/eventual NNGO partner, and an adapted version in the smaller sites by community committees.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.2.2: Establishment or reinforcement of Information management mechanisms in Wau Collective Centers</p> <p>Continuation of dissemination of data on all sites, update of intentions surveys for all sites with capacity-building for NNGO partner to take over these functions. Population data (headcount, Movement Trend Tracking) will continue to be provided by IOM DTM.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.2.3: Embed Accountability structures within programme and Communication with Communities (CwC) activities in Kajo Keji IDP settlements</p> <p>ACTED with HealthLink will ensure regular partner/community meetings, and support community leaders to disseminate information and receive feedback from their population, enhancing their accountability. CwC is identified by Protection as a significant gap, and mechanisms will be established with partners and community to improve this, focusing on self-sustainability and relying on community leadership to facilitate & partners to engage.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 1.2.4: Establishment of information management mechanisms in Kajo Keji IDP settlements</p> <p>Improving information on the population in the sites will be a main focus of this project set up stage, including updated headcount as needed with sex & age disaggregated data, intentions survey. ACTED will capacity-build Healthlink to conduct these information management activities.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 2.1.1: Provide Community governance and self-management capacity-building structures in Wau Collective Centres</p> <p>Strengthening local capacity is the core of ACTED's approach with Outcome 1 activities incorporating continuous capacity-building and handover to community self-management structures and NNGOs. Strong focus on ensuring representative and accountable leadership committees and a fair representation of women, youth, and smaller ethnic groups</p> <p>In Wau, continuing to build site manager, committee, and community watch group capacities through day-to-day engagement and dedicated trainings (e.g. CCCM, Protection) delivered or facilitated by ACTED, with transition to NNGO CCCM support by the end of project as agreed with the Cluster.</p>	2017				X	X	X	X	X	X	X	X	X
<p>Activity 2.1.2: Provide Community governance and self-management capacity-building structures in Kajo Keji</p> <p>Working with Healthlink to identify with local authorities of most appropriate sustainable management mechanism for sites (likely combination of local authorities, community committees and development of workplan to identify capacity-building needs. ACTED will draw on Wau lessons to develop a training and support workplan for committees and Healthlink staff.</p>	2017				X	X	X	X	X	X	X	X	X
OTHER INFO													
<u>Accountability to Affected Populations</u>													

Needs assessment & project design - ACTED has been providing CCCM activities in all Wau Collective Centers since June 2016. This work has been supportive of the 'site managers' – religious leaders in the sites who took on responsibility for management of the displacement sites following the initial crisis. ACTED has therefore been working to establish and bolster the capacity of community committees in each site, gradually working towards the goal of self-management. As a result ACTED has worked closely with the structures to monitor the situation, carry out assessments especially when there have been population influxes and establish work plans. In Kajo Keji ACTED has assessed the situation significantly in March 2017 which has involved engagement with beneficiaries and local authorities to understand the need and ensure an appropriate model. throughout the project community leadership structures (executive committees, clock leaders, camp chairpersons) will be engaged in all activities and will support implementation of activities with specific roles such as sectorial committees, trainings, site maintenance. this is critical for the success of the community self management structure

Community self management - the eventual goal in Wau and Kajo Keji is the eventual self management of the sites by established community structures. As a result as already explained the involvement of beneficiaries and accountability to their needs is at the heart of this project

CWC - Support to information dissemination, through Outreach Workers and community committees which includes facilitating regular meetings between community leaders and humanitarian partners and facilitating initial meetings, with early handover to community committees/ An information desk will be operational in all sites of Wau (ECS to be constructed), staffed by ACTED or community committee representatives.

Complaints Response Mechanism (CRM) - CCCM staff will implement and support a CRM in each of the sites, in collaboration with the Appraisal, Monitoring and Evaluation unit. The CCCM team will be responsible for the collection of complaints, referral to necessary agencies, and delivery of the feedback to the complainant. Complaints desks will be set up in each site, and national staff trained in accurate complaints recording. Once collected, a record of the complaint will be handed to the AMEU department, and to the agency most appropriate for the dealing with the complaint. The agency will be required to follow up the complaint and provide feedback within a 1-2 week period. Once the feedback from the agency has been received, a copy of the feedback will be supplied to the AMEU team, and another copy sent to the complaints desk where the feedback can be delivered to the complainant. AMEU will be responsible for management of the complaints database, and for tracking un-closed complaints.

Implementation Plan

Wau Collective Centres - Plan of operation:

June – December 2017: In the 2nd quarter of 2017, ACTED plans to have identified a NNGO to collaborate with and handover CCCM to and then in the last quarter of 2017 a handover strategy will be implemented and ACTED will eventually phase out. In parallel ACTED and the NNGO will look to continue with the already begun transition to community self-management in the two smallest sites (Lokoloko and St. Joseph's), maintaining thereafter regular light monitoring of the sites, and providing support to self-management structures at the request of the committees. By the end 2017, there is an expectation and plan to have transitioned Nazareth and ECS sites to this same level of autonomous management. Owing to its size (still nearly 8,000 people as of mid-February 2017), overcrowding, and level of need for coordination, the NNGO will plan to maintain full CCCM functions at the Cathedral while continuing work to bolster committee self-management capacities. This maintenance of full CCCM at the Cathedral is the current recommendation of the CCCM Cluster State Focal Point – to be discussed as situation evolves in 2017.

January 2018 onwards (outside the scope of this funding): Monitoring of all four self-managed sites should continue by the NNGP, with light-touch CCCM support to the committees in the Cathedral. Best modality to be determined with Cluster.

Kajo Keji - plan of operation:

- April - October - ACTED will collaborate with and handover CCCM to Healthlink. A handover strategy will be implemented and ACTED will eventually phase out. In parallel ACTED and the NNGO will look to transition to community self-management maintaining thereafter regular light monitoring of the sites, and providing support to self-management structures at the request of the committees.

As Central Equatoria State focal point - Following a period of dormancy in 2016 due to low displacement in Central Equatoria (a policy of the Cluster), ACTED reactivated the CE SFP role in 2017. ACTED plans to continue in its capacity as SFP, which involves supporting the management of existing sites in Central Equatoria e.g. through monitoring of displacement sites, trainings, data collation for displacement tracking, as well as regular reporting to the Cluster as required, and coordination with other Clusters and partners at state level on prioritization and coordination of the Central Equatoria response. As a result this project will be coordinated and communicated with other humanitarian partners at the local level but also at the Juba level and the role of the Project Manager will be to coordinate with other stakeholders in Kajo Keji such as WASH, protection actors.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Healthlink	following the CCCM Cluster's strategic goal of NNGO engagement ACTED will work with HealthLink to provide light touch CCCM support in kajo Keji whilst establishing (where appropriate) and developing community self management structures for an eventual phase out of support to the three IDP settlements in 2018. As a result ACTED will work closely with Healthlink with an integrated CCCM structure of implementation whilst ACTED will maintain overall project management of the project
TBD	In Wau a NNGO will be identified in the 3rd quarter of 2017 with handover in the last quarter of 2017 and a long term transition in 2018 by the NNGO to community self-management structures. An exist strategy will be established by ACTED.
ARC	OCHA's deep field coordination focal point in Kajo Keji. ACTED will liaise with them on a regular basis to share updates and discuss any issues that arise
IOM	CCCM and registration in all sites

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ACTED will ensure that all groups, particularly women, are integrated and part of the governance structures of the different sites. ACTED will work with all sector providers in the sites managed to ensure that services offered do not put the most vulnerable groups such as children or women at further risks. Where protection partners are present, ACTED will work with protection and health partners to ensure that appropriate referral mechanisms for sexual and gender based violence are in place and functional, and that in addition of assistance to the survivors, prevention and sensitization activities are implemented. ACTED supports and advocates for vocational, recreational, and educational activities to take place in order to reduce the risk of forced recruitment into armed forces, and of criminality, alcohol, and drug abuse – addressing issues particularly affecting male youth and adults. Finally, ACTED will ensure inclusion of age/sex disaggregated data in site population figures, and as possible collect indicators disaggregated by gender on the different activities and services provided.

Protection Mainstreaming

Protection mainstreaming is fundamental to the implementation of this project and a protection lens will be approached in each site. Protection issues are of serious concern across all sites. Project activities will address protection mainstreaming, gender integration and inclusion of persons with disabilities and older persons. Ensuring identification of housebound, vulnerable women, older persons, and people with disabilities is guaranteed as is assistance. ACTED will ensure inclusion of age/sex disaggregated data in site population figures, and women's, older persons' and people with disabilities' involvement in decision-making, and in humanitarian prevention and response activities is facilitated and proportionally represented. In addition, ACTED will liaise with partners addressing protection issues on site to ensure that older displaced persons are included in tracing and re-unification activities. ACTED will support the creation of or maintain site-based community committees to ensure that the management of sites is sustainable and locally owned. Further, by ensuring site-based structures are representative of all persons (women, youth, the elderly, as well as people of different ethnicities and origins) efforts are made towards ensuring that decisions are made throughout all sectors of the IDP population, not just a few. ACTED will promote community participation in all aspects related to living in collective accommodation, including shelter options, water and sanitation services, and security of settlement sites. ACTED will ensure food distribution points are located in accessible locations; help for elder persons, people with disabilities and chronically ill is available to assist in collecting food / NFI items distributed, should deemed necessary. In coordination with protection partners, ACTED will assist site-based community committees to nominate focal points for SGBV and human rights abuses, and ensuring these focal points are adequately trained for and supported in their role. While the primary role of ACTED as CCCM lead is the effective delivery of humanitarian assistance, it is possible that staff members will witness or hear about human rights abuses in the course of their daily work. It is critical that ACTED staff members respond to these abuses in a way that does no further harm to survivors of a human rights abuse and/or to other community members; and provides protection for the survivors of abuse when feasible and safe. To ensure this, ACTED will be aware of existing referral mechanisms for cases of abuse. Site management staff will also keep updated information on service providers for victims (such as medical and psychosocial support) as well as existing reporting pathways for victims of abuse. Specific protection issues will be addressed such as conducting some minor works in the sites, with a focus on safety and security. This will include upgrades to external fencing in the Wau collective centres to ensure physical security at night, and installation of solar lighting across all implementation sites in locations within sites identified by the community as of Protection concern e.g. latrines. The use of solar lights within all sites to reduce the exposure of vulnerable groups and particularly women. ACTED will ensure regular coordination with humanitarian agencies working in the sites, working closely with the Protection cluster on ensuring Do No Harm approaches are realized in the planning for the types of activities to be implemented in the sites. Healthlink in Kajo Keji are an experienced NNGO in implementing protection programmes and this knowledge and connection with other protection partners will ensure the programme will be strong in mainstreaming protection

Country Specific Information

Safety and Security

Wau - Insecurity around Wau Town, particularly to the south and southeast remains high, and tensions between ethnic communities remain significant. Wau town remains safe and secure with local police force an SPLA control with sporadic engagement. we have clear lock down procedure with other organizations for rapid . ACTED is the security focal point for Wau. A community self-management structure will be dependent on an improved security context.

Kajo Keji - there is a heavy presence of military and the town itself is fairly vacant. The Nimule road has seen in the last month a decrease in incidences due to a heavier presence on SPLA resulting in fewer incidences recorded. Kajo Keji IDP settlements are very close to the Uganda Border which facilitates an easy evacuation to Uganda and in the event of an incident this process would be followed through private charters or UNMISS flight or by road. Due to close proximity of border. supported ACTRED Uganda for pick up if necessary. For medical needs we could evacuate to the closest hospital facilities in Uganda. Staff will be trained in basic medical procedures to allow staff to provide immediate medical care.

Macroeconomic instability stemming from the country's lack of stability and the depreciation of the South Sudanese Pound to the dollar has caused urban households to increase their minimum expenditures on food and non-food items and an increase of criminality rates. Though the Agreement on the Resolution of the Conflict in the Republic of South Sudan was signed on the 17th of August 2015, the adoption of various decisions by the government caused further unrest in Central and Western Equatorial causing new displacements. Concurrently, the reduction of humanitarian funding and the complexity of the operational realities, are created further tensions as the humanitarian live-saving services provided to the IDP communities keep shrinking. In addition, humanitarians have experienced various attacks on humanitarian assets, personnel and country headquarters, that have impacted in their daily operations, putting restrictions on their movement. Led by its Country Security Manager, ACTED takes its staff safety and security seriously. If evacuation is absolutely necessary, ACTED will work remotely from Nairobi, supported by its HQ until it is deemed safe to return.

Access

Kajo Kaji - Humanitarian access remains a significant constraint in reaching these populations, particularly where access through Kajo Keji town is heavily monitored and often restricted by military actors. Owing to these access constraints and volatility in greater Kajo Keji, partners working in the settlements currently adopt a modality of daily entry/exit into the area via Moyo, Uganda. ACTED and Healthlink will explore this and will establish the best option including establishing a team within one of the IDP settlements or in the local area. Where access constraints are significant and local capacity exists, ACTED will seek to align, coordinate with and support local partners throughout its implementation.

Wau - there are no current access issues for the Wau collective Centres and ACTED has developed strong relationships with Community leaders and authorities to maintain this access.

Based on ACTED's internal security analysis and communication with continuous engagement with external forums for security updates and humanitarian access, ACTED will be able to react and respond to any security situations as they arise or should the security situation exacerbate in the country, Wau might have the highest likelihood to be negatively affected among the 2 target areas for this project because of the ongoing influx of IDPs and the volatile situation in Northern Wau. If the increased armed presence and deteriorating security situation impedes the implementation of ACTED project activities in Bor, ACTED will communicate with CHF for approval of shifting of funding among project areas to upscale foreseen activities and to achieve disbursements of funds.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	CCCM PM/Coordinator	D	1	4,000.00	7	100.00	28,000.00
	<i>For Wau & Kajo Keji</i>						
1.2	CCCM Officer	D	1	1,300.00	7	100.00	9,100.00
	<i>Based in Wau</i>						
1.3	CCCM Officer (Healthlink Camp Manager)	D	1	3,200.00	2	100.00	6,400.00
	<i>Wau</i>						
1.4	CCCM Assistant - Wau	D	1	950.00	7	100.00	6,650.00
	<i>Wau</i>						
1.5	CCCM Assistant (Healthlink Camp Officer)	D	1	3,000.00	3	100.00	9,000.00
	<i>Based in Kajo Keji</i>						
1.6	Outreach Workers	D	4	570.00	7	100.00	15,960.00
	<i>Based in Kajo Keji</i>						
1.7	Casual labor : Outreach worker - Kajo-Keji	D	84	5.00	3	100.00	1,260.00
	<i>Based in Kajo Keji</i>						
1.8	Driver - Wau/Kajo-Keji	D	1	850.00	10	100.00	8,500.00
	<i>For Wau/Kajo-Keji</i>						
1.9	Finance, admin, logistics staff	s	2	1,320.00	9	100.00	23,760.00
	<i>country-wide</i>						
	Section Total						108,630.00
Supplies, Commodities, Materials							
2.1	Community Mobilisation - Wau	D	1	4,825.55	1	100.00	4,825.55
	<i>Included within this budget is materials for community watch groups (torches, megaphones), visibility for camp committees and community watch group (jacket, t-shirts), stationary, and equipment for community mobilization (plastic chairs, tables, white boards)</i>						
2.2	Site maintenance - Wau	D	1	41,007.64	1	100.00	41,007.64
	<i>Included in this budget is solar lighting and fencing work</i>						
2.3	CCCM - Wau	D	1	2,295.47	1	100.00	2,295.47

	<i>included is training costs for committee members</i>						
2.4	Casual Labour - Wau	D	1	1,866.35	1	100.00	1,866.35
	<i>to carry out the intention surveys, support solar light fittings, repair and maintenance and for an AME surveyor</i>						
2.5	CCCM (mobilization, tools) - Kajo Keji	D	1	1.00	4000	100.00	4,000.00
	<i>including megaphones, clipboards, notebooks, stationary</i>						
2.6	Casual Labour - Kajo Keji	D	171	3.00	5	100.00	2,565.00
	<i>for enumerators for head count and intention surveys</i>						
2.7	Information Management - Kajo Keji	D	1	1.00	1640	100.00	1,640.00
	<i>equipment including smartphones and laptops</i>						
	Section Total						58,200.01
Equipment							
3.1	Laptops	D	2	800.00	1	100.00	1,600.00
	<i>For Wau & Kajo Kaji</i>						
3.2	Security & communications equipment	D	10	600.00	1	100.00	6,000.00
	<i>For Wau & Kajo Kaji including first aid kits and VHF radios</i>						
	Section Total						7,600.00
Contractual Services							
4.1	Car rental	d	1	4,200.00	3	100.00	12,600.00
	<i>For Wau and Kajo Keji</i>						
4.2	Security Company	S	1	9,700.00	1	100.00	9,700.00
	<i>For Wau and Kajo Keji and Juba</i>						
	Section Total						22,300.00
Travel							
5.1	National travel	D	32	550.00	1	100.00	17,600.00
	<i>For Wau and Kajo Keji - flights from/to Juba to support set up, implementation, monitoring and close out</i>						
5.2	International travel	s	4	1,500.00	1	100.00	6,000.00
	<i>HQ travel and if flights needs to be taken to Uganda for kajo Kaji</i>						
	Section Total						23,600.00
General Operating and Other Direct Costs							
7.1	Office / GH rent	s	1	7,500.00	1	100.00	7,500.00
7.2	Office/GH supplies	s	1	1,594.75	1	100.00	1,594.75
7.3	V-Sat Airtime / Communication costs	s	1	2,600.00	1	100.00	2,600.00
	<i>For Wau and Kajo Keji</i>						
7.4	Fuel and manitenance car/generator	s	1	2,600.00	1	100.00	2,600.00
7.5	Bank charges	s	1	450.00	1	100.00	450.00

	<i>Juba level</i>						
	Section Total						14,744.75
SubTotal		328.00					235,074.76
Direct							180,870.01
Support							54,204.75
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							16,455.23
Total Cost							251,529.99
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	

Western Bahr el Ghazal -> Wau	80	3,329	4,363	3,679	4,516	15,887	<p>Activity 1.1.1 : Implementation of Service delivery monitoring and coordination in Wau Collective Centres</p> <p>Regular monitoring of service delivery and standards – conducted by or transitioning to, community committees. ACTED will continue to support coordination and advocacy with partners and with Clusters. Regular coordination meetings will be held between community committees and partners (biweekly), with ACTED disseminating service mapping and 3W. If an NNGO partner is brought in, ACTED will capacity-build this organization to conduct the higher-level coordination.</p> <p>Activity 1.1.2 : Essential site maintenance works implemented in Wau Collective centres</p> <p>ACTED will conduct some minor essential works in the sites, with a focus on safety and security. This will include upgrade to external fencing to ensure physical security at night, and installation of solar lighting in locations identified by the community as of Protection concern (e.g. latrines, entrances...).</p> <p>Activity 1.2.1 : Embed accountability structures within programme and Communication with Communities (CwC) activities implemented in Wau Collective Centers</p> <p>Information dissemination will be conducted through community committees and ACTED Outreach Workers, with ACTED facilitating regular meetings between community leaders and humanitarian partners. An information desk will be operational in all sites (ECS to be constructed), staffed community committee representatives or ACTED ORW. A Complaints and Feedback Mechanism will be run in the Cathedral by ACTED/eventual NNGO partner, and an adapted version in the smaller sites by community committees.</p> <p>Activity 1.2.2 : Establishment or reinforcement of Information management mechanisms in Wau Collective Centers</p> <p>Continuation of dissemination of data on all sites, update of intentions surveys for all sites with capacity-building for NNGO partner to take over these functions. Population data (headcount, Movement Trend Tracking) will continue to be provided by IOM DTM.</p> <p>Activity 2.1.1 : Provide Community governance and self-management capacity-building structures in Wau Collective Centres</p> <p>Strengthening local capacity is the core of ACTED's approach with Outcome 1 activities incorporating continuous capacity-building and handover to community self-management structures and NNGOs. Strong focus on ensuring representative and accountable leadership committees and a fair representation of women, youth, and smaller ethnic groups</p> <p>In Wau, continuing to build site manager, committee, and community watch group capacities through day-to-day engagement and dedicated trainings (e.g. CCCM, Protection) delivered or facilitated by ACTED, with transition to NNGO CCCM support by the end of project as agreed with the Cluster.</p>
-------------------------------	----	-------	-------	-------	-------	--------	---

Central Equatoria -> Kajo-Keji	20	7,769	10,181	8,586	10,033	36,569	<p>Activity 1.1.3 : Implementation of service delivery monitoring and coordination in Kajo Keji IDP settlements</p> <p>Monitoring of service delivery, gaps, needs, by ACTED and Healthlink working with self-management structures to build capacity for community monitoring, with ACTED supporting communication and advocacy with partners and Clusters handing over to Healthlink by project end. ACTED will ensure regular coordination with humanitarian agencies, working closely with Protection to ensure Do No Harm approaches are realized. Exact structure of partner coordination is to be defined with the CCCM Cluster & OCHA to ensure integration with local actors and sustainability</p> <p>Activity 1.1.4 : Essential site maintenance works implemented in Kajo Keji IDP settlements</p> <p>ACTED will maintain a small capacity for material purchases to support community-led site improvements focusing on safety and security, dependent on evolving needs. (e.g. purchase of tools to be handed over to community leadership, with labour to be provided by the community or construction of meeting spaces for the community). Should no necessary works be identified in the project timeframe, budget will be reoriented to support community committees.</p> <p>Activity 1.2.3 : Embed Accountability structures within programme and Communication with Communities (CwC) activities in Kajo Keji IDP settlements</p> <p>ACTED with HealthLink will ensure regular partner/community meetings, and support community leaders to disseminate information and receive feedback from their population, enhancing their accountability. CwC is identified by Protection as a significant gap, and mechanisms will be established with partners and community to improve this, focusing on self-sustainability and relying on community leadership to facilitate & partners to engage.</p> <p>Activity 1.2.4 : Establishment of information management mechanisms in Kajo Keji IDP settlements</p> <p>Improving information on the population in the sites will be a main focus of this project set up stage, including updated headcount as needed with sex & age disaggregated data, intentions survey. ACTED will capacity-build Healthlink to conduct these information management activities.</p> <p>Activity 2.1.2 : Provide Community governance and self-management capacity-building structures in Kajo Keji</p> <p>Working with Healthlink to identify with local authorities of most appropriate sustainable management mechanism for sites (likely combination of local authorities, community committees and development of workplan to identify capacity-building needs. ACTED will draw on Wau lessons to develop a training and support workplan for committees and Healthlink staff.</p>
--------------------------------	----	-------	--------	-------	--------	--------	---

Documents	
Category Name	Document Description
Project Supporting Documents	SSHF CN_narrative-almost-to-submit.doc
Budget Documents	SSHF budget 15032017_To Submit.xlsx