

<b>Requesting Organization :</b>	Handicap International			
<b>Allocation Type :</b>	2nd Round Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
PROTECTION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Mitigating the effects of conflict on men, women, boys, and girls at risk of exclusion to emergency responses and protection mechanisms through rapid mobile service delivery and extended field-based support to humanitarian actors in conflict-affected areas in South Sudan			
<b>Allocation Type Category :</b>	Frontline services			
<b>OPS Details</b>				
<b>Project Code :</b>	SSD-16/P-HR-RL/89603	<b>Fund Project Code :</b>	SSD-16/HSS10/SA2/P/INGO/3514	
<b>Cluster :</b>	Protection	<b>Project Budget in US\$ :</b>	250,000.14	
<b>Planned project duration :</b>	5 months	<b>Priority:</b>	1	
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/01/2017	
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/01/2017	
<b>Project Summary :</b>	<p>The project responds to essential needs of the most vulnerable at risk of exclusion, adults and children with disabilities, the elderly, single women/mothers, and other persons with specific needs in conflict-affected areas in South Sudan, through a “flying” team of rehabilitation and psychosocial support specialists who are rapidly deployed on a needs-basis to various remote locations in the country. The intervention addresses conflict-induced needs of mostly displaced populations and host communities, most of whom have been injured, have weak coping mechanisms, experiencing psychological distress, and who have difficulties accessing humanitarian assistance. Using a twin-track approach, HI provides direct services through physiotherapy, occupational therapy, and psychosocial support, complemented with tailored practical support for humanitarian actors in different sectors (Health, Protection, Education, Livelihoods) in the field to promote their capacity to identify and refer persons in psychological distress or conduct psychological first aid (PFA).</p> <p>Flying team missions are triggered by requests from humanitarian partners, who initially identify gaps in service provision to the most vulnerable. HI flying teams provide flexible, tailor-made, and quick support through two modalities adapted to the context on the ground: (1) surge missions lasting 1-2 weeks, focusing on rapid needs-based vulnerability assessments and emergency direct service delivery through physiotherapy, occupational therapy, distribution of mobility devices, psychological first aid and psychosocial support; and (2) medium-term deployment for 1-2 months which involves comprehensive support to service providers, including direct service delivery and training of humanitarian staff and community members on psychological first aid and community-based PSS. These activities are focused on improving coping mechanisms of persons at risk of exclusion and enhancing community-based protection strategies.</p> <p>However, the flying team’s modalities of intervention remain flexible and could for instance allow the deployment of interventions in the Eastern Equatoria in support to humanitarian actors (including HI itself who could deploy teams in line with its humanitarian mandate) providing 1) the security context allows the flying team to be deployed; 2) the humanitarian actors present have developed a strategy which includes the coverage of vital basic needs (water, food, medical needs) of the population pre-identified for a flying team intervention.</p> <p>This response is in line with the HRP’s objective to provide “mobile and rapid interventions in hard-to-reach areas where longer-term presence is difficult due to insecurity and lack of resources.” It also fits with the first HRP strategic objective of “saving lives and alleviating suffering through safe access to services with dignity.”</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
736	900	322	271	2,229

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	532	650	241	203	1,626
People in Host Communities	177	217	81	68	543
Trainers, Promoters, Caretakers, committee members, etc.	27	33	0	0	60

**Indirect Beneficiaries :**

Indirect beneficiaries are family members of direct beneficiaries who can benefit from improvement of function, well being, quality of life, and skills of direct beneficiaries.

The standard family composition of an average South Sudanese household is 5 family members. Considering that direct sessions, (by improving independence, improve the capacity to engage in daily activities and improvement of employment opportunities by capacity building) will benefit the whole household, the number of indirect beneficiaries can be estimated to be:

- Total direct beneficiaries : 2,229
- Average family size composition: 5 member per household
- Indirect beneficiaries: 8,916

The number of indirect beneficiaries is the number of direct beneficiaries multiplied by 4 (assuming that the fifth member is the direct beneficiary)

**Catchment Population:**

The catchment population extends to host communities as well as populations in formal and informal IDP settlements.

For the proposed areas of intervention, the estimated population of the States are:

Eastern Equatoria State: 962,719  
 Unity State: 645, 465  
 Central Equatoria State: 1,193,130  
 Western Bahr el Ghazal: 358, 692

The estimated population is from the last census completed in 2010 by the South Sudan Centre for Census, Statistics and Evaluation

**Link with allocation strategy :**

The projects seeks the protection of the most vulnerable men and women, boys and girls in areas previously and newly affected by conflict, mitigating the effects of the crisis by enabling access to humanitarian responses through direct service delivery (rehabilitation and psychosocial support), referrals to other services, and tailored support to humanitarian actors most especially in remote areas where specialized services are lacking or non-existent.

Using this strategy, the action expects to contribute significantly to the HRP's first strategic objective of "saving lives and alleviating suffering through safe access to services with dignity." In line with CERF's life-saving criteria, the project guarantees a practical and viable response to a group facing specific vulnerabilities that are not sufficiently taken into consideration in ongoing multi-sector responses, threatening their survival and their right to live in dignity and exposing them to physical and psychological harm in displacement and conflict-affected communities. Aware of the scope and cross-cutting nature of the needs of the target group, as well as of the limited time and resources humanitarian partners confront in the face of the extremely complex South Sudan crisis, the proposed intervention strategy aims at offering rapid, time-limited and contextualized solutions to service access limitations, working with men and women, girls and boys in disabling situations, their families and communities, but also with humanitarian partners across sectors to enhance impact and promote comprehensive response to multi-faceted needs. This project also supports the second HRP objective of "ensuring communities are capable and prepared to cope with significant threats" by enhancing inclusiveness of existing community-based protection mechanisms, and working with persons in disabling situations, their families and communities to improve their coping mechanisms and their ability to identify specific risks and threats and preventive and mitigating measures.

By covering geographical areas that have been previously and newly affected by crisis and ensuring efficient and effective specialized mobile response to a rapidly deteriorating operating environment, the action contributes significantly to Protection Cluster Objective (PCSO) 2. In addition, under PCSO 3, the project ensures individual and coping mechanisms, which often disintegrate in times of crisis and displacement, are strengthened through individual or group psychosocial intervention and training of other humanitarian actors to identify and refer persons in psychological distress or conduct psychological first aid (PFA).

Therefore, the proposed intervention is fully aligned with HRP 1 and 2 and PCSO 2 and 3, as it seeks to reinforce the protection of a significantly vulnerable group confronting not only underlying discriminatory dynamics but also insufficient access to ongoing responses and, subsequently, to their rights.

**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
ECHO, Ministry of Foreign Affairs-Luxembourg	654,487.39
	<b>654,487.39</b>

## **Organization focal point :**

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## **BACKGROUND**

### **1. Humanitarian context analysis**

Following months of political turmoil, violence broke out in Juba, the capital of South Sudan, on December 15, 2013, and quickly spread to several other states. Within months, thousands of people were killed or wounded in the violence, and hundreds of thousands displaced. In less than a year, this crisis has massively impacted the already fragile humanitarian situation of South Sudan. Two years after the start of the crisis, the humanitarian situation remains dire and complex. Notwithstanding ongoing peace negotiations and engagement of regional actors, offensives have continued in key strategic areas of the country. The fragmentation of armed groups, the lack of inclusivity of negotiations, and the reported re-arming of the main parties continued to call to caution. In mid-July 2016, heavy fighting broke out between forces loyal to the president and first vice president in the capital Juba, which killed more than 300 soldiers and civilians, including peacekeepers and aid workers, and displaced tens of thousands within the country and to the neighboring countries. In the aftermath of the recent crisis, sporadic unrest and fighting are reported in different states. Most importantly, humanitarian needs in areas which have not been previously affected by the crisis such as the Greater Equatoria and Greater Bahr El Ghazal regions have now grown exponentially. As sporadic fighting continues and the roads become more and more insecure, access to beneficiary populations have become extremely challenging more than ever.

During any humanitarian crises, whether emergency or protracted, persons with disabilities and temporary impairments, older persons, persons with psychological distress, and their families are among the most affected and are more at risk. They face challenges in fleeing from danger and are "invisible" to mainstream relief organizations. Given the urgency to provide humanitarian relief, many of these vulnerable groups find themselves excluded from relief efforts because they often do not have the capacity to compete for scarce resources. Over the years, the specific needs of these groups have been put in the backburner in favour of other priorities considered to be basic and life-saving such as health, food, water, and shelter. In the past, rehabilitation and psychosocial support is not regarded as life-saving in the humanitarian context. However, unmet rehabilitation needs can delay discharge from medical facilities, limit activities, restrict participation, cause deterioration in health, increase dependency on others for assistance, and decrease quality of life. These negative outcomes can have broad social and psychological implications for individuals, families, and communities. While a few humanitarian agencies seek to assist persons with specific needs, in South Sudan there are few examples of organized assistance to this group.

Handicap International has already responded to requests from Humanitarian partners following the approach outlined, and has currently pending requests in priority areas including Juba, Torit, Bentiu, Wau, Mingkaman, Bor, and Ajour Thok. Although the final definition of target locations can vary considering the fluid nature of the crisis, the changing conflict and displacement patterns and the likelihood of intensified violence during the dry season, the flying team will prioritize requests in the most severely-affected areas, including areas toward the border to Uganda where displaced populations flock to cross over to the neighboring country, being also available to respond rapidly and flexibly to emerging needs requiring the proposed scope of activities through surge interventions.

### **2. Needs assessment**

The project is based on accumulated data gathered by flying teams from January this year in 6 locations (Mingakman, Malakal PoC, Lankien, Mayuandit South, Agok and Bentiu PoC) through 9 missions as well as Juba-based data gathering with key partners. An internal assessment was done in August 2015 by a technical specialist from HI's headquarters. In addition, HI participated in multi-cluster needs assessment in Eastern Equatoria from Aug. 16-22, 2016, as well as rapid needs assessments in the urban IDP sites in Juba following the crisis in mid-July 2016.

Data collected from individual assessments and focus group discussions during flying team missions and the internal technical assessment conducted in Aug. 2015 revealed that lack of emergency specialized care and limited access to basic humanitarian assistance continue to put persons with specific needs in situations of extreme vulnerability such as deterioration of their physical and mental health that eventually hamper reintegration into their communities. Rapid needs assessments in Don Bosco and Mahad IDP sites following heavy fighting that broke out in Juba in mid-July point to serious psychological distress experienced by the displaced population, both children and adults, who witnessed violence and death. Survivors reported difficulties sleeping, headaches, and having flashbacks. Parents report children screaming at night and talking to themselves, and fearing to attend school as fighting could erupt any time.

The Eastern Equatoria assessment revealed huge needs for basic and specialized services in the region, which has been largely forgotten in the past owing to it being a relatively stable area in terms of security and economy until recently. The security situation in Torit, the main town, has drastically worsened since the fighting in July, which caused large displacements of people and a worsening problem in food security and availability and accessibility of basic services. What is making the situation dire is the few number of NGOs (mostly working on development projects) and no humanitarian partners on the ground to provide rapid response. According to the report, 100% of the conflict affected persons, including IDPs, residents living in affected areas and host communities, are in need of humanitarian assistance. The most vulnerable persons affected by the conflict are women heads of household, lactating women, unaccompanied children, children under 5, youth, persons with disabilities, elderly, and even men. The conflict has drastically increased vulnerabilities within the community. It is estimated that 30% of the conflict-affected population in Torit County are among the most vulnerable groups and the most at risk and therefore are in most need of protection humanitarian assistance.

Considering these gaps and the life-saving implications to provide timely response, HI seeks to coordinate with Protection and Health partners to deploy its flying team to conflict-affected areas with the greatest needs, enabling access to emergency rehabilitation care and psychosocial support for persons with specific needs, across all sectors of humanitarian implementation. The flying team's modalities of intervention remain flexible and could allow the deployment of interventions in the Eastern Equatoria in support to humanitarian actors (including HI itself who could deploy teams in line with its humanitarian mandate) provided the security context allows the flying team to be deployed and humanitarian actors present have developed a strategy which includes the coverage of vital basic needs of the population pre-identified for a flying team intervention. In addition, HI will likewise collaborate with the Child Protection Sub Cluster to provide complement psychosocial support to children where needed. In line with HI's bid to expand its geographical scope, it is open to extend its services toward the border to Uganda where populations often run to to escape fighting.

### **3. Description Of Beneficiaries**

The project seeks protection of most vulnerable groups in internally displaced and host communities, facing additional difficulties in accessing essential services and thus more at risk with focus on men and women, boys and girls with specific needs and other persons in disabling situations, such as persons with disabilities and temporary injuries or impairments, older persons, and those suffering from psychological distress, as a direct or indirect result of conflict. Although all South Sudanese in conflict-affected communities have been and continue to be exposed to violence, displacement and dispossession, some groups are disproportionately vulnerable to their consequences, due to underlying discriminatory dynamics.

As highlighted in HI assessments, among the persons the most at risk, men and women, boys and girls with disabilities and in disabling situations have been confronted and continue to face increased difficulties to survive. In the onset of the crisis, they were less able to move fast and independently, and some were left behind according to local sources. Of those who managed to flee, many reported a limited ability to carry items, including mobility devices, being even less prepared to adapt to displacement. Violence and displacement exacerbate the individual and environmental barriers to accessing basic services essential for survival. Support networks and adaptation mechanisms forged by vulnerable persons in their communities are broken or severely impacted, intensifying feelings of disempowerment, dependency, exclusion, and distress. In addition, basic life-saving services available, even insufficient, to the general population in displacement are not accessible to them.

In the framework of the project, individuals and/or households in situations of heightened vulnerability are prioritized with different identification mechanisms: pre-identification of vulnerable persons, who could benefit from the flying team services by key humanitarian partners in the location, is coordinated through the hosting organization. In areas newly affected by the conflict and targeted by HI's field assessment, such as Torit, HI team will ensure direct identification of persons with specific needs in collaboration with onsite other organizations providing complementary services. Upon deployment, the flying team organizes detailed assessments and further identification of vulnerable persons in collaboration with community representatives, including leadership, women, youth groups and local authorities, with balanced representation of different gender and age groups.

The beneficiaries of the project are selected using the following criteria:

- Rapid response/surge missions: identified beneficiaries (men, women, children) in direct need of emergency specialized response due to injuries (linked to short or longer term, impairments), pre-existing impairments where there is a risk of critical complications, or psychological trauma in conflict-affected areas.
- Medium-term intervention: persons with specific needs and/or at risk of exclusion, including single women, children, separated children, elderly people and persons with disabilities and temporary injuries, as well as persons in psychological distress in post-conflict areas.
- Cross- mainstreaming and capacity building on PFA: humanitarian partners having strong impact across sectors on access to humanitarian aid as well as international and local actors requesting specific intervention of HI (priority list defined with clusters), specifically critical incident debriefing and training on psychological first aid (PFA).

### **4. Grant Request Justification**

The protracted and new crisis has disturbed precarious balance which South Sudanese have always lived in. Although the consequences of violence and displacement have impacted all in conflict-affected areas, they have disproportionately affected groups facing already pre-existing exclusion and discriminatory dynamics prior to the conflict such as children and adults with disabilities, elderly people, and single women/mothers. At the same time, the violence dramatically increased the number of persons with complicated injuries and psychological distress (46% increase on number of children reported to be in psychological distress on last quarter of 2015) requiring specific support to prevent permanent impairments or mitigate their impact. Most vulnerable persons, already at risk, have been forced to adapt to extremely challenging environments, as support networks break down.

During the 20 flying team missions in different states with various partners in different sectors in 2015 and 2016, specialist HI staff have been able to ascertain the impact of lacking specialised emergency services for people physically and psychologically affected by the crisis, and the significant risks on limiting access to basic services for excluded groups in locations affected by the crisis. The lack of specialized services, including emergency rehabilitation and psychosocial support, increases the risk of developing permanent disabilities through disabling and critical complications following injury (such as stiffness, muscle wasting and bedsore) and/or worsening of pre-existing conditions, impacting their ability to reintegrate into the community. HI's data reveal that close to 66% of the persons assessed reported significant difficulties in accessing basic services. Children with disabilities continue to be excluded in psychosocial support and educational activities, increasing their vulnerability to situations of neglect and abuse. The specific needs and constraints of persons in disabling situations are frequently not adequately considered in protection mechanisms due to inaccessible or insufficiently inclusive responses. This adds to the individual difficulties of persons with disabilities and persons in disabling situations to adapt to challenging environments after the disruption of their support networks and stretched coping mechanisms through changes in their communities. A recent multi-sectoral needs assessment conducted in Eastern Equatoria participated by HI revealed that an important number of persons with specific needs, including persons with disabilities and the elderly, are isolated and left behind when residents fled to neighboring states and countries when fighting broke out between government and opposition forces. Conflict affected residents have no resources to support them and coping mechanisms remain extremely weak and not sustainable. In addition the current insecurity that communities are facing has reduced drastically their capacities to cope with the situation in terms of food, livelihood and access to basic services. Negative coping mechanisms have been highlighted during the assessment, leaving vulnerable, neglected and isolated persons even more at risk. The recent crisis has affected the social well-being of the community. Children, in particular, are afraid to go out of their houses and go back to school. Insecurity and lack of assistance are important factors of distress that affects the psychosocial situation of all community members.

Within this action, as per requests of humanitarian partners or as a result of HI's field assessments, HI will send specialist flying teams to conduct detailed assessments and provide targeted support through surge missions (1-2 weeks) or medium-term deployments (1-2 months), depending on the needs. As a complementary activity, HI will also provide training to humanitarian staff of other agencies on psychological first aid and provide critical incident debriefing, as necessary.

### **5. Complementarity**

This intervention fits into a bigger humanitarian action in South Sudan and is included in the 2016 HRP (Humanitarian Response Plan) under the Protection Cluster. The project is closely linked with Handicap International's Urban IDP project in 2016 to strengthen services to persons with specific needs, funded by UNHCR. The two projects will adopt a similar approach to responding to the essential needs of the most vulnerable through direct service delivery of emergency rehabilitation as well as psychosocial support to persons in affected by conflict, while at the same time promoting inclusion and protection mainstreaming across different humanitarian sectors.

HI believes that coordination between humanitarian and development strategies is essential to ensure minimum access to basic services. Therefore, this project (which under the Emergency docket) will develop effective synergies with the organization's Development projects, most specifically the project "Touching Minds, Raising Dignity" which provides community-based psychosocial support in Juba while providing capacity development and operational support to the Psychiatric Department of Juba Teaching Hospital and the wards in Juba Central Prison that houses inmates with mental health issues.

## LOGICAL FRAMEWORK

### Overall project objective

To enhance protection and improve psychosocial and physical independence of the most vulnerable men and women, girls and boys in conflict-affected areas in South Sudan, through increased and timely access to essential emergency responses.

## 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	50
CO3: Individuals are supported to achieve solutions and freedom of movement; coping strategies and protection capacities of individuals, communities and local actors are strengthened	HRP 2016 SO2: Ensure communities are protected, capable and prepared to cope with significant threats	50

**Contribution to Cluster/Sector Objectives :** By covering geographical areas that have been previously and newly affected by crisis and ensuring efficient and effective specialized mobile response to a rapidly deteriorating operating environment, the action contributes significantly to Protection Cluster Objective (PCSO) 2. In addition, under PCSO 3, the project ensures individual and coping mechanisms, which often disintegrate in times of crisis and displacement, are strengthened through individual or group psychosocial intervention and training of other humanitarian actors to identify and refer persons in psychological distress or conduct psychological first aid (PFA).

Therefore, the proposed intervention is fully aligned with SRP 1 and 2 and PCSO 2 and 3, as it seeks to reinforce the protection of a significantly vulnerable group confronting not only underlying discriminatory dynamics but also insufficient access to ongoing responses and, subsequently, to their rights.

### Outcome 1

Persons with specific needs and/or at risk of exclusion have improved their functional independence and reduced their psychosocial distress through access to rehabilitation care and psychosocial support

#### Output 1.1

##### Description

Emergency rehabilitation care for persons with disabilities and other persons in disabling situations to improve autonomy and self-sufficiency is provided

##### Assumptions & Risks

Assumptions:

- The security situation allows movement of the flying teams to and within the target locations
- Persons with disabilities and other persons in disabling situations are adequately identified by Humanitarian partners on the ground
- The basic medical and nursing care are ensured for the individuals pre-identified by Humanitarian partners

Risks:

- The security situation doesn't allow access to, or limit movement within the target locations
- Pre-identification of persons with disabilities and other persons in disabling situations has not been adequately completed by Humanitarian partners on the ground.
- Basic medical needs are not covered for the individuals pre-identified by Humanitarian partners

### Activities

#### Activity 1.1.2

1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services

SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness

SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness

SA 1.1.2.3 Education of patients and caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises

SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance

#### Activity 1.1.1

1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Frontline services # of persons with specific needs (disabled, elderly, chronically ill) who receive targeted support/assistance	381	466	156	127	1,130

**Means of Verification** : Detailed, database (identification, assessment and provision of services) disaggregated by gender and age  
 Individualized assessment and intervention plan files.  
 Flying team missions' reports  
 Monitoring reports  
 Case studies on improved autonomy

Indicator 1.1.2	PROTECTION	Frontline services # of people with specific needs (disabled, elderly, chronically ill) referred to other sectors for assistance/support services	114	140	47	38	339
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**Means of Verification** : Orientation reports  
 Flying team missions' reports  
 Monitoring reports  
 Client database and assessment forms

**Output 1.2**

**Description**

Basic psychosocial orientations and support, individualized protection risk prevention and mitigating measures to promote positive coping-mechanisms, self-reliance and safety are provided to persons with specific needs and/or at risk of exclusion and caregivers

**Assumptions & Risks**

Assumptions:

- The security situation allows movement of the flying teams to and within the target locations
- Persons with disabilities and other persons in disabling situations are adequately identified by Humanitarian partners on the ground
- The provision of basic services (e.g. water and food) is ensured for the individuals pre-identified by Humanitarian partners

Risks:

- The security situation doesn't allow access to, or limit movement within the target locations
- Pre-identification of persons with disabilities and other persons in disabling situations has not been adequately completed by Humanitarian partners on the ground
- Basic needs (e.g. water and food) are not covered for the individuals pre-identified by Humanitarian partners, which does not allow these individuals to receive the psychosocial support provided

**Activities**

**Activity 1.2.1**

1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.

**Activity 1.2.2**

1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.

**Activity 1.2.3**

1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms

**Activity 1.2.4**

1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Frontline services # of children reached with community-based PSS			50	50	100

**Means of Verification** : Flying team reports  
 Client database  
 Case studies

Indicator 1.2.2	PROTECTION	Frontline services # of community members (other than caregivers) reached with capacity-building on PSS	45	55	0	0	100
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<b>Means of Verification</b> : Flying team reports Client database Case studies							
Indicator 1.2.3	PROTECTION	# of persons with psychosocial distress and caregivers provided with basic psychosocial orientations and individualized recommendations on protection risks prevention and mitigation					500

<b>Means of Verification</b> : Client database Flying team mission reports Case studies/success stories							
Indicator 1.2.4	PROTECTION	# of community members, humanitarian workers, and community health workers trained on psychological first aid (PFA) and positive coping mechanisms					60

**Means of Verification** : Training curriculum  
Training reports

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

Handicap International has a well-established system of M&E embedded in its Participative Monitoring & Evaluation (PME) Policy and its approach to project cycle management. HI uses a standardized PME tool used in all its programs for activity planning and review, indicator tracking, and budget monitoring. The policy incorporates participatory and inclusive mechanisms from the project inception phase to the decision-making level.

Implementation of the project will be monitored at the field, national, and headquarters level. Daily monitoring will be conducted at the field level by the flying team members in close collaboration with staff of the host agencies and community structures, who will be involved in the daily running of activities and collection of information. Information will be entered by the flying team members through tablets into an electronic data-collection system (I-data) and a protected online database to systematize the collection and management of beneficiaries' data, disaggregated by place of origin, gender, age and type of impairment. This database also includes information on services provided by beneficiary, including rehabilitation services, distribution of mobility and assistive devices, psychosocial support, mainstream needs and accompanied referrals. Equally, it includes information on the attendance to the trainings developed. I-data system reduces the time of data process compared to paper based questionnaires by a minimum of 60%, by avoiding the data entry process and sending secured information directly to online databases for data interpretation and analysis for reporting. Compilation, consolidation, and writing of monthly narrative and statistical reports will be coordinated by the Flying Team Leader and sent to the Emergency Coordinator (EC) for review before sending to the Deputy Desk Officer in the headquarter for technical validation. Monthly and final reports will be shared with relevant partners and the Health and Protection Clusters (5Ws) and donors (SSHF, ECHO, MAE Lux) as per agreement in the contract. HI will likewise produce case studies and success stories to share to different partners and donors. The EC is in charge of the overall supervision of the project. He ensures smooth coordination with host agencies, other clusters, and government authorities. He has a technical link with the Program Director, who provides regular operational and technical support, ensuring that the project implementation and results are in line with HI's standard of quality. The EC also ensures timely and quality reporting both internally and externally (donors).

While day-to-day internal controls is overseen by the EC, monthly budget follow-up is conducted by a support service team based in Juba--- composed of an Administrative Coordinator, Finance Manager, and Program Accountant---to guarantee timely and proper utilization of funds. The team regularly visits the field to ensure HI's logistical, administrative, and human resource policies and procedures are adhered to. The project will be subject to at least one quarterly progress review with the Emergency Coordinator, Flying Team Leader, and Administrator, leading, if necessary, to a revision of the action plan and a budget update. Technical advisers from the headquarters will travel to the field for support visits, as necessary, to ensure technical quality of intervention respects HI's and global standards. Considering the unique nature of the intervention, which includes close cooperation with a variety of humanitarian partners in different locations, specific ToRs are developed with each humanitarian partner, with a detailed break-down of joint activities and expected results. Additionally, missions' follow up tools, including the designation of focal points per location and the completion of feedback reports based on the implementation of tailored recommendations are used.

Workplan	Activitydescription	Year												
			1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria		2016									X	X	X	X
		2017	X											
Activity 1.1.2: 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance		2016									X	X	X	X
		2017	X											

Activity 1.2.1: 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.	2016								X	X	X	X
	2017	X										
Activity 1.2.2: 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.	2016								X	X	X	X
	2017	X										
Activity 1.2.3: 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms	2016								X	X	X	X
	2017	X										
Activity 1.2.4: 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.	2016								X	X	X	X
	2017	X										

## OTHER INFO

### Accountability to Affected Populations

The short duration of the missions and the differences in context, operational capacities, and security limitations in each location have required the development of flexible mechanisms for beneficiary information, participation and feedback. Engagement with beneficiaries is promoted from the planning stage in each flying team mission, although it depends on the security access granted. As much as possible, prior to deployment, the hosting organization is requested to present the scope of activities of the flying teams in existing community representation mechanisms, including traditional leadership, women, youth, and faith-based groups, as well as to the relevant authorities and the broader humanitarian community.

Upon deployment, HI flying team specialists directly engage with these stakeholders and organize inclusive focus group discussions with key community members as well as representatives of the target group, who are normally excluded from community representation mechanisms. The inclusion of the most vulnerable persons, including women and girls with disabilities and persons with intellectual and mental impairments, is encouraged. In these sessions, the level of access of the target group to existing services and the main gaps in coverage of basic and specific needs are discussed; risks and threats that might affect the target population are jointly identified; and possible mitigating measures are proposed. This information, together with the data gathered in individual and household assessments, is integrated in direct service delivery and advocacy activities with clusters. After the mission, HI team keeps contact with the partner's organization (focal points) to measure the effective (or ineffective) implementation of accessibility recommendations and mainstreaming activities.

### Implementation Plan

Due to the nature of the intervention, a specific technical qualified team is required by the project. The extremely limited availability of the required technical staff in country and the restrictions for deployment of national staff in conflict-affected areas (ethnic issues) make the project to rely heavily on expatriate staff. Emergency Coordinator ensures active participation in key coordination mechanisms at national level and maintaining regular coordination with key emergency partners, is responsible for continuous analysis of humanitarian needs, and coordinating the overall management of the flying teams and other emergency projects under his responsibility, and analyzes the technical quality of direct services and provides support to technical staff when needed. Physiotherapists and Occupational therapists are in charge of the identification and assessment of the beneficiaries and addressing the emergency rehabilitation plans. They engage with caregivers and other partners to promote sustained quality care and lead the trainings on basic rehabilitation skills for health field staff. Psychologists work together with the rehabilitation technical staff to improve rehabilitation outcomes and engagement of caregivers. They also work with communities and partners to promote resilience, positive coping mechanisms, identification of persons with high level of distress, inclusion and develop basic and sustainable psychosocial support initiatives. They are in charge of developing and delivering tailored Psychological First Aid trainings for Humanitarian field staff. Database officer (national) is responsible for ordering, filing, encoding and analyzing of data gathered in the field by the flying team. The technical quality of the project is overseen by a technical adviser in the head office.

Monthly budget follow-up is conducted by the admin and finance team headed by an expatriate staff (based in Juba) to guarantee timely and proper utilization of funds. The Logistics Coordinator regularly visits the field to ensure HI's logistical and procurement policies and procedures are followed. The main procurement required for the project implementation is the purchase of assistive devices. HI works with regional providers to minimize costs and reduce import times and costs. Transportation of imported goods to Juba will be managed by HI logistics team. Transportation from Juba to the flying team locations will require coordination with hosting organizations and will be done through humanitarian cargo services or the organizations' own cargo capacity. Due to the big volume of our devices (tricycles, wheelchairs) large trucks or cargo planes are required increasing the cost of transportation. We could ensure our partners that we will try our best to minimize those prices and find the best solutions to decrease this amount.

In all its missions, HI ensures that activities are not duplicated in the same geographical areas within the same; hence, the importance of partnerships with other humanitarian actors. HI participates in Protection and Health clusters, and is a co-lead of the Mental Health and Psychosocial Working Group, working closely with the ministry to improve mental health care and psychosocial support services in the country. At the national level, HI works closely with the Ministry of Gender, Children and Social Affairs, which is informed about, appreciates and supports the work the organization develops in IDP sites in the country. Additionally, HI actively participates in the Disability and Victim Assistance Working Group, chaired by the above mentioned Ministry, where monthly updates on the emergency activities implemented are regularly shared with key actors.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Danish Refugee Council	Partnership for identification of PwD and CwD, provision of individual and group physiotherapy sessions, distribution of mobility devices, accessibility analysis and capacity building for NGOs and INGOs staff in Bentiu PoC.

MSF Swiss	Capacity building of medical staff for rehabilitation sessions in surgical ward and for children with delayed developmental milestones, direct provision of sessions in Agok MSF clinic.
Samaritans Purse	Identification and individual & group sessions for PwD and CwD in Mayendit South. Establishment of referral mechanisms and capacity building & awareness of NGO and INGO staff on inclusive services and identification of PwD and CwD
ACTED	Identification of PwD and CwD, provision of group and individual sessions, strengthening of inclusive referral mechanisms and distribution of mobility devices in Mingakman IDP site.
MSF Holland	Capacity building of medical staff for rehabilitation sessions in surgical ward and for children with delayed developmental milestones, direct provision of sessions in Lankien MSF- Holland clinic
IMC	Capacity building of medical staff, direct provision of rehab sessions and distribution of mobility devices in Juba PoC site.

#### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

The target population is diverse with different ethnicities and different community structures and dynamics, consisting of internally displaced persons with mostly female-headed households and male-headed host communities. In male-oriented households, women are relegated to secondary roles such as children care and domestic work, with little power, no access to education, and have no authority and platforms to voice out their opinions and concerns. Men engage in income-generating activities further away from their homes, which also forces women to be major protectors of their households in times of conflict. Female-headed households, on the other hand, are usually target of marginalization, denial or resources, and other risks including gender-based violence. Most of the female-headed households fled armed conflict in their places of origin and are widowers or separated families. They are usually marginalized and stigmatized from society, directly affecting their household members' access to basic goods and services, including children, the elderly, and persons with disabilities. At the same time, the rapid economic downturn in South Sudan has fuelled an environment of unemployment and inability to provide food and basic needs for the family. Men have reported that this is a particular psychosocial issue for them, leading to a sense of shame at their inability to perform their duties as breadwinners. Within this environment, there is a high possibility of domestic violence, survival sex and child labor, and petty crimes as families look to a last resort to gain income.

As vulnerability additional factors, gender dynamics are intertwined with disability. First, female with disabilities report greater discrimination than their male counterparts. As revealed in several focus group discussions, they feel isolated and excluded. Women and girls with disabilities are also more vulnerable to situations of abuse and violence, and have even less possibilities of escaping them. Secondly, as the main or sole caregivers, women are responsible for supporting persons with disabilities in their households without specific services to improve their autonomy and function and with limited access to mainstream services. Displaced persons with disabilities face serious protection risks in IDP camps, including exploitation, physical and sexual abuse, harassment, ridicule, discrimination, and neglect.

The ethical principle of non-discrimination underlies all of HI's actions. HI is conscious that situations of vulnerability mainly affect women, often excluded from development and humanitarian initiatives, and are also a factor in a disability-creation process that increases the vulnerability of women with disabilities. The project strives to increase gender sensitivity and to equitably promote the qualities of both women and men in all life activities.

Handicap International's gender approach is based on three principles: (1) Non-discrimination and protection at work; (2) Dual inclusion of gender and disability, with a particular focus on discrimination against women with disabilities; and (3) The gender approach as a project quality criterion.

The specific needs of women and girls have been taken into consideration in the assessment and design stages, and will constitute a key focus in the implementation. Flying teams will purposely analyze location-specific vulnerabilities and work with partners, families and communities to minimize the impact. Amongst the proposed activities, the specific needs and constraints of women and girls will be specifically targeted through psychosocial support orientations. They will also be specifically analyzed both in the assessment of barriers in access to services and in the identification of protection risks and threats, and incorporated into trainings and recommendations to humanitarian partners as well as into the design of community-based mitigating measures and inclusive protection mechanisms.

#### **Protection Mainstreaming**

The project aims at providing a contextualized and adequate response to the needs and challenges of persons with specific needs and other vulnerable persons, who are disproportionately affected by the effects of violence and displacement due to the combination of different factors. As stated, this group has specific difficulties to navigate new and changing environments, especially following the disruption or collapse of support networks. Additionally, their specific needs and challenges are not sufficiently taken into consideration in the design and implementation of emergency response interventions, limiting their ability to access in equal basis key life-saving and specialized services. These limitations not only affect their chances of survival and expose them to increased risks and threats, but also deny their right to live with dignity by limiting their access to services available to the wider community even if with minimum standards. The project is designed to support humanitarian partners and communities to bridge these gaps and confront associated challenges by ensuring field-based assessment of barriers to, and facilitators of inclusion and by providing contextualized, practical and realistic technical advice and field staff mentoring and supervision to improve access of persons with specific needs to key services and facilitates across sectors and community-based protection mechanisms. Thus, one of the key objectives of the project, together with individual service delivery, is to support other humanitarian partners in including inclusive protection mainstreaming principles in their responses. In doing so, the project will allow them to fulfill humanitarian principles in a more inclusive manner and to improve their compliance with relevant human rights frameworks, such as the UNCRPD (United Nations Convention on the Rights of Persons with Disabilities) as well as the UN Convention on the Rights of the Child and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW)---both of which South Sudan is a signatory of---and operational guidelines, such as the Sphere standards, which highlight the need of devoting specific attention to accessibility and inclusiveness in Humanitarian response interventions.

Moreover, the project also incorporates service delivery focused on supporting persons with specific needs and their families to increase autonomy and self-reliance, as well as on identifying specific protection risks and threats and targeted mitigating measures. It is important to point out that specific needs and age-related needs and constraints will be taken into account in the assessment of and support to individuals and families, ensuring equal and impartial access to the services provided. The wider community will also be engaged through participatory analysis, awareness raising and information sessions, which will aim at changing perceptions on persons with specific needs with a specific focus on promoting more protective environments for the target group. These activities are therefore fully focused on improving self-protection capacities of persons with specific needs and their caregivers, as well as on promoting an improved inclusion of this collective in community-based protection mechanisms.

## **Country Specific Information**

### **Safety and Security**

The South Sudan environment is extremely volatile. Violent clashes are still reported in key conflict-affected areas, harassment and access restrictions are widespread and common criminality is sharply increasing due to the severe economic crisis. In order to mitigate risks HI maintains updated security analysis and management processes and tools. Continuous gathering of context information, communication on risks and challenges with key security coordination mechanisms, timely reporting of incidents to relevant structures are also ensured. Due to the nature of the project, security management of flying team staff on deployment requires close cooperation with the hosting organizations. HI flying team members are typically under full security coverage of humanitarian partners on the ground, they abide by their security protocols and are included in the organizations' evacuation protocols. The arrangements on security management are clearly outlined in the planning stages and formally agreed upon.

Flying teams will develop their activities in areas affected by direct conflict or the influx of displaced populations, and will therefore be also exposed to risks in personal security. Additionally, the fact that they will be separated from the main team and delivering services in areas and sites new to them can increase their perception of vulnerability and pose an additional stress to expatriates. To respond to the needs and constraints of the flying team in relation to staff safety and security, two main points have to be highlighted: first, the flying team will only be deployed after a previous framework of cooperation has been established with trusted humanitarian partners. This framework will include the inclusion of the HI team within the security provisions of the host organization, including hibernation and evacuation, and the continuous communication between both organizations' security referents prior to, and during the flying team mission. Before deployment, and through existing contacts the Emergency Coordinator, together with the Logistics Coordinator, will also review the security situation and seek final validation from the Program Director and the HI security referent to ensure that standards of safety are adequate and risks are within the assumable levels. Secondly, the flying team will be equipped with materials, including medical treatments and communication equipment, in order to ensure autonomy to confront specific risks. While on mission, the flying team will track daily with the Emergency Coordinator to provide specific field information.

The changing context, the widespread security concerns, and the dependence on partner organizations' security management can have a direct impact in the implementation of flying team missions. In order to mitigate this risk, and make the most of the available resources, the flying teams will maintain the required flexibility to accommodate changes in the missions' planning, duration and locations. Additional security arrangements, especially in PoCs, will also be analyzed and promoted to increase autonomy in the flying team deployments. Security procedures are in place in all permanent offices, guesthouses and stock facilities and will be continuously monitored and periodically reviewed.

As indicated above, the flying team's modalities of intervention remain flexible and could allow for instance the deployment of interventions in the Eastern Equatoria in support to humanitarian actors (including HI itself who could deploy teams in line with its humanitarian mandate). However, security of all staff and partners, including beneficiaries, will be a systematic pre-requisite to the validation of each intervention. The security context will have to be assessed by HI and/or its partners and a framework of cooperation agreed on as previously mentioned.

### **Access**

The flying teams will support organizations well established in the missions' locations. These organizations will liaise with the relevant authorities and communities to secure access and ensure that the teams are able to operate successfully within the framework of the established activities. Information related to access and potential access constraints is thoroughly discussed in the planning stage in Juba, and revised upon arrival in the missions' locations. If the situation in each of the target locations at the time of implementation requires contingency planning will also be established in close cooperation with the hosting organizations, which have the necessary field information and contacts to ensure adequate measures are in place. The same process would apply to HI itself if the organization is to host a flying team intervention.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Psychologists (expatriate)	D	2	7,964.67	4	100.00	63,717.36
	<i>Two psychologists/psychosocial support experts experienced in humanitarian contexts will be recruited to lead the psychosocial support activities. They will be in charge of delivering individual psychosocial support to identified persons in need and caregivers, and will also lead community-based protection risk assessments and awareness-raising activities on mitigating measures. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance.</i>						
1.2	Physiotherapists (expatriate)	D	2	7,964.67	4	100.00	63,717.36
	<i>They will be in charge of ensuring the quality of the rehabilitation services provided by the flying teams. With significant experience in humanitarian contexts and ability to adapt his/her practice making the most of limited resources, they will be responsible for initial specialized assessments and the design and implementation of rehabilitation plans, depending on the type of impairment. They will also cooperate with the Occupational Therapist for the distribution of adequate mobility and assistive devices, and for orienting persons with disabilities and other persons in disabling situations and caregivers on safe use and maintenance, autonomy and functional adaptation. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. The number of months included is 4. It is expected that 2 physiotherapists will be available for the whole duration of the project.</i>						
1.3	Logistics Coordinator (expatriate)	S	1	7,964.67	2	50.00	7,964.67
	<i>The Logistics Coordinator will be based in Juba, and will be responsible for the procurement and stocking of mobility and assistive devices and adapted items. He/she will be in close link with Humanitarian partners' Logistic departments, who will be in charge of transporting the items to flying team locations. The salary cost includes basic salary, medical insurance, return flight from country of origin and cost of living allowance. This project will cover 50% of the logistics coordinators costs for 2 months.</i>						
1.4	Programme Accountant (local)	S	1	1,098.00	2	50.00	1,098.00
	<i>Based in Juba, he will be responsible for the supervision of project-related expenses and for the compliance with internal and donor procedures and regulations. The salary cost includes basic salary, coverage of medical expenses and housing benefits. The projects will cover 50% of the costs of program accountant for 2 months.</i>						
1.5	Counsellors (local)	D	2	1,003.00	4	100.00	8,024.00
	<i>Two counsellors will assist the psychologist in assessing persons with psychosocial distress and following them up. The salary cost includes basic salary, coverage of medical expenses and housing benefits</i>						
1.6	Translators/enumerators (local)	D	48	15.00	4	100.00	2,880.00
	<i>The translators will be hired locally, in the flying team locations, to support specialist teams in the implementation of the activities. The unit rate reflects approximate monthly expense for daily contracts.</i>						
	<b>Section Total</b>						<b>147,401.39</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Mobility/assistive devices	D	500	50.00	1	100.00	25,000.00
	<i>The estimated cost of each assistive device is based on average cost of devices such as crutches, commode chairs, canes, walkers, and wheelchairs.</i>						
2.2	Inter-country road transport and custom clearing	D	1	10,000.00	1	100.00	10,000.00
	<i>Estimated cost based on rates of 40 cubic meter truck from Nairobi, Kenya to Juba, South Sudan plus customs clearing and offloading charges.</i>						
2.3	Intra-country cargo plane transport	D	1	15,000.00	1	100.00	15,000.00
	<i>Cost estimate of one Antonov from Juba to Bentiu.</i>						
2.4	Rehabilitation materials	D	1	5,000.00	1	100.00	5,000.00
	<i>Lumpsum of average costs of bandages, massage oils, rehabilitation toys, etc.</i>						
	<b>Section Total</b>						<b>55,000.00</b>
<b>Equipment</b>							
3.1	Tablets for data collection	D	4	500.00	1	100.00	2,000.00
	<i>These tablets will be used by the flying team members while on mission on the ground. It will be used by the 4 expatriate staff (psychologists and physiotherapists).</i>						
	<b>Section Total</b>						<b>2,000.00</b>

Travel							
5.1	Local UNHAS flights	D	8	500.00	4	100.00	16,000.00
<i>Estimated 4 return travels per month of each expatriate specialist staff (4).</i>							
5.2	Accommodation	D	40	50.00	4	100.00	8,000.00
<i>Estimated cost of 4 staff for five nights in each location for two trips a month.</i>							
<b>Section Total</b>							<b>24,000.00</b>
General Operating and Other Direct Costs							
7.1	Satellite phone	S	2	30.00	4	100.00	240.00
<i>Contribution to cost of post-paid airtime for 2 sat phones per month.</i>							
7.2	Airtime	S	5	20.00	4	100.00	400.00
<i>Contribution to airtime of 5 project staff per month.</i>							
7.3	Stationeries	S	1	150.90	4	100.00	603.60
<i>Contribution to stationeries budget per month.</i>							
7.4	Internet	S	1	1,000.00	4	100.00	4,000.00
<i>Contribution to office internet per month.</i>							
<b>Section Total</b>							<b>5,243.60</b>
<b>SubTotal</b>			620.00				<b>233,644.99</b>
Direct							219,338.72
Support							14,306.27
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							16,355.15
<b>Total Cost</b>							<b>250,000.14</b>
<b>Grand Total CHF Cost</b>							<b>250,000.14</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Eastern Equatoria -> Torit	20	110	135	48	41	334	<p>Activity 1.1.1 : 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria</p> <p>Activity 1.1.2 : 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services                      SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness                      SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness                      SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises                      SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance</p> <p>Activity 1.2.1 : 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.</p> <p>Activity 1.2.2 : 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.                      Activity 1.2.3 : 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms                      Activity 1.2.4 : 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.</p>

Unity -> Mayendit	20	74	90	32	27	223	<p>Activity 1.1.1 : 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria</p> <p>Activity 1.1.2 : 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services  SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises  SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance</p> <p>Activity 1.2.1 : 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.</p> <p>Activity 1.2.2 : 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.</p> <p>Activity 1.2.3 : 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms</p> <p>Activity 1.2.4 : 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.</p>
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Unity -> Rubkona	20	184	225	80	68	557 <p>Activity 1.1.1 : 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria</p> <p>Activity 1.1.2 : 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services  SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises  SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance</p> <p>Activity 1.2.1 : 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.</p> <p>Activity 1.2.2 : 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.</p> <p>Activity 1.2.3 : 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms</p> <p>Activity 1.2.4 : 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.</p>
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Western Bahr el Ghazal -> Wau	20	147	180	65	54	446	<p>Activity 1.1.1 : 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria</p> <p>Activity 1.1.2 : 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services  SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises  SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance</p> <p>Activity 1.2.1 : 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.</p> <p>Activity 1.2.2 : 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.</p> <p>Activity 1.2.3 : 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms</p> <p>Activity 1.2.4 : 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.</p>
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Central Equatoria -> Juba	20	221	270	97	81	669	<p>Activity 1.1.1 : 1.1.1 Identification and assessment of at least 1130 persons with disabilities and temporary injuries or impairments, using the needs-based vulnerability criteria</p> <p>Activity 1.1.2 : 1.1.2 Direct provision of physical and functional rehabilitation services, as well as orientation towards other essential services  SA 1.1.2.1 Provision of physiotherapy and occupational therapy care to at least 791 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.2 Prescription of assistive devices to at least 339 persons with disabilities or persons with temporary injuries/impairments or chronic illness  SA 1.1.2.3 Education of patients are caregivers on proper use and maintenance of assistive devices and basic therapeutic exercises  SA 1.1.2.4 Referral of at least 339 persons with specific needs (persons with disabilities, elderly, persons with temporary injuries and impairments and persons with chronic illness) to other sectors for assistance</p> <p>Activity 1.2.1 : 1.2.1 Provision of Psychosocial First Aid (PFA) and community-focused psychosocial activities through play groups to at least 100 children at risk of exclusion in order to promote positive coping mechanisms.</p> <p>Activity 1.2.2 : 1.2.2 Provision of capacity building sessions on psychosocial support including information and orientation to other essential services, to enhance self-reliance and adaptation to at least 100 at most risk individuals in coordination with other stakeholders providing basic needs services.</p> <p>Activity 1.2.3 : 1.2.3 Provision of Psychological First Aid (PFA), and community-focused psychosocial activities through focus groups and one shot group support to at least 500 persons with specific needs and/or at risk of exclusion in order to promote and improve positive coping mechanisms</p> <p>Activity 1.2.4 : 1.2.4 Training of at least 60 community members, humanitarian workers and community health workers on PFA and positive coping mechanisms other stakeholders providing basic needs services.</p>
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Documents	
Category Name	Document Description