

Requesting Organization :	International Rescue Committee				
Allocation Type :	1st Round Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
PROTECTION	Child Protection in Emergencies		100.00		
			100		
Project Title :	Centrality of Child Protection in Famine Response in Unity State				
Allocation Type Category :	Frontline services				
OPS Details					
Project Code :	SSD-17/P-HR-RL/103058	Fund Project Code :	SSD-17/HSS10/SA1/P/INGO/5122		
Cluster :	Protection	Project Budget in US\$:	109,999.49		
Planned project duration :	6 months	Priority:			
Planned Start Date :	03/04/2017	Planned End Date :	02/10/2017		
Actual Start Date:	03/04/2017	Actual End Date:	02/10/2017		
Project Summary :	<p>This project will be part of an integrated mobile emergency response by IRC comprising of health, nutrition, GBV and Child protection. The integrated team proposes to provide holistic assistance to address the famine emergency as well as the urgent child protection needs of children in Ganyiel, Panyijar County, Unity State. The Child Protection team will provide:</p> <ol style="list-style-type: none"> 1. Child Protection Caseworkers to support with registration of vulnerable children in the CPIMS for assistance with provision of rapid FTR for unaccompanied and separated children, and referral for comprehensive case management for children who have experienced violence, exploitation and abuse; 2. Training of parents on management of stress levels and equipping them with skills to address psychological distress in their children who are suffering from malnutrition; 3. Awareness raising on child protection and targeted of key messaging for health, nutrition and child protection; and 4. Mainstreaming child protection to ensure that children with specific needs are included in outreach and service provision <p>Targeted beneficiaries include: caregivers of children identified to be at risk of, or experiencing malnutrition, vulnerable children at risk of abuse, exploitation and neglect, including UASC. The team will be supported by the IRC's Global Emergency Response Team, and staff with technical expertise newly recruited to support with this initiative.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
1,100	1,600	2,366	3,174	8,240	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	660	960	1,419	1,904	4,943
People in Host Communities	440	640	947	1,270	3,297
Indirect Beneficiaries :					
<p>The project will be focusing on training of parents/caregivers on caring for the growth and developmental needs of children, provision of PSS to children identified to be suffering from malnourishment and awareness raising on key messages on nutrition, child protection and health. Indirect beneficiaries shall be children and members of the households of the parents/caregivers trained as well as individuals caring for the unaccompanied children.</p>					
Catchment Population:					
<p>The catchment population will constitute conflict and famine affected communities, especially IDPs living in Greater Ganyiel. Mobile teams will be targeting hard to reach areas, while the static team will be able to provide assistance to extremely vulnerable children in all of Ganyiel including areas that are more easily accessible.</p>					
Link with allocation strategy :					

Towards the end of 2016, the Child Protection Sub-cluster had already identified Panyijar and some of the activities offered herein to be of high priority in the HRP 2017. The Child Protection Sub-Cluster identified Panyijar as Tier 1 in its response strategy and the components of the project such as FTR, community-based PSS were some of the Tier 1 activities included. In February 2017, Panyijar County in Unity State was classified as IPC4 affected, a location requiring urgent interventions to avert famine. The area of project implementation is within the priority areas identified and teams will use mobile modalities to reach those most affected in hard to reach locations. Specific child protection activities will include registration of vulnerable children such as unaccompanied and separated children, identification and registration of children at high risk of abuse, exploitation and neglect in order to provide both case management and FTR services. Cases requiring comprehensive follow up will be referred to existing static programming. Parents and caregivers will receive a one day training on management of stress, PFA and key aspects of early childhood development and stimulation for children who are malnourished or likely to suffer from malnutrition. Additionally, IRC aims to utilize community-based child protection mechanisms to support capacity building on PFA and some basic activities for children around social and emotional learning (SEL) which is part of IRC's evidence based framework for PSS. As both FTR/CM and PFA/PSS are included as components of the sub-clusters objectives, this CHF proposal is aligned with the sub-cluster's strategy.

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
STICHTING -VLUCHTELING (Child Protection; Health; Nutrition - total 500,000 Euros)	119,692.00
ECHO (Protection, Child Protection, Health, Nutrition - total 1 million)	300,000.00
	419,692.00

Organization focal point :

Name	Title	Email	Phone
Rosalind Montanez	Grants Coordinator	Rosalind.Montanez@rescue.org	0920-590-0004
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BACKGROUND

1. Humanitarian context analysis

Unity State has been the center of the conflict in South Sudan since 2013 and has grown increasingly more volatile following the conflict in July 2016.. As Unity State continues to be a battleground for the government and the opposition, conflict concentrating in Central and parts of southern Unity State has resulted in the civilian populations having limited access to food, trade, and humanitarian assistance. (Reference in Comment 1)

These culminating factors have resulted in a man-made famine where much of the population in southern Unity State, is food insecure, experiencing high rates of malnutrition and increased or exacerbated protection risks and vulnerabilities. (See reference No. 02 in Comments) Agencies operating in this area have reported increased violence and exploitation of civilian populations resulting in increased incidence of gender based violence, family separation and heightened rates of child recruitment and abduction. Some reports also indicate that civilians are particularly targeted following receipt of humanitarian assistance including food distributions. As a result, agencies operating in these areas have promoted mobile integrated rapid response programming, in order to reduce civilian exposure to protection violations in transit from central Unity to receive humanitarian assistance. This strategy highlights the need for integrated, mobile modalities of humanitarian assistance for a comprehensive response, especially in an effort to reach the most vulnerable populations who have fled into traditionally safe catchment areas such as Ganyiel. Present displacement figures for Ganyiel indicate that displacement is ongoing and is anticipated to increase, while this population is predominately children (55%).

Children have been deeply impacted by prolonged exposure to violence, displacement and continue to be affected by the resulting food insecurity/malnutrition, family separation, and psychosocial distress. Frequent or prolonged exposure to such adversities without protective relationships can result in toxic stress. Unaddressed, toxic stress can have a damaging effect on children's brain development and, over time, can have cumulative effects on their overall health and well-being.

Families trapped on the frontlines of conflict are often limited in their ability to provide nurturing care for their children as they are often occupied with survival activities and/or personally affected by poor health and wellbeing. As a result young children lack nurturing care, including psychosocial stimulation, with adverse consequences for children's development and wellbeing. Particularly vulnerable children are at higher risk during food crises, including disabled children, unaccompanied and separated children, child headed households, children of family members who are sick, injured or disabled, adolescent mothers etc. The negative effects of violence and neglect can be mitigated and reversed by supporting these children early in an emergency with comprehensive and multidisciplinary services with specialized support from trained child protection caseworkers who can ensure a multi-disciplinary approach to enable their safety and recovery.

Families facing food insecurity in Ganyiel have resorted to coping mechanisms which are not always protective of children's safety, development and wellbeing. Due to both conflict and food insecurity, IRC protection teams have observed an increase in early marriage, number of children living and working on the street and heightened rates of family separation occurring during displacement and as a result of household coping mechanism in which children are encouraged to bring home food or income to support the household. Armed groups and cattle raiding are both seen as one potential solution to alleviate household economic stress.

2. Needs assessment

An assessment by IRC undertaken in November 2016 revealed that a number of children in Ganyiel are actually forced to engage in negative coping strategies in order to support their families or to fend for themselves. Food rations provided are not sufficient and families are often trying to compensate through adoption of sometimes harmful coping strategies. In conflict, women and children are often at heightened risk of violence and exploitation. Historically, the population seeking refuge in Ganyiel, Panyijar often constitute the extremely vulnerable such as unaccompanied and separated children, children under the care of elderly persons, single female heads of households and persons with disabilities from the conflict-ridden areas of Unity State such as Leer, Mayendit and Koch. Between August 2015 and end of 2016 it was reported by local authorities in the area that they had received over 40,000 internally displaced persons with children making up 55% of this population. Many of these children are separated with some unaccompanied as well. It is common to find children living with very elderly persons or persons with disabilities.

3. Description Of Beneficiaries

Caretakers and parents of malnourished children will be targeted by the Child Protection team on PSS suitable for under nourished children, with parenting skills and key messaging on child protection, nutritional/social-emotional requirements of children for growth and development as well as ways to avoid family separation during conflict or crisis. Vulnerable children, including UASC, children who have experienced violence, abuse, exploitation or neglect will also be targeted for PSS, case planning and referral for FTR/alternative care and CM as needed. These cases will be referred to the static Child Protection team for follow-up. Outreach and community mobilization will be conducted jointly by nutrition and child protection teams. The target population will include conflict and famine affected men, women, boys and girls. Both nutrition and health teams will also benefit from training on child protection mainstreaming, Care for Child Development as well as other integrated components of the project. Community members shall be trained in PFA and SEL in order to support children with the most basic form of PSS in these hard to reach locations in a more sustainable manner all year round.

4. Grant Request Justification

The IRC seeks CHF funds to provide urgently needed child protection humanitarian services to conflict affected internally displaced persons (IDPs) and host communities in South Sudan's Unity State. Panyijar has been prioritized by the Child Protection Sub-cluster and is similarly targeted by both nutrition and health clusters for emergency famine response activities. The IRC has been working in Panyijar County for over 23 years and has developed strong and supportive relationships with local authorities across the county. Additional emergency response funds would strengthen ongoing life-saving services while also facilitating expansion to newly displaced populations and food insecure locations through mobile services.

The mobile integrated emergency response program, has three core, integrated components: (1) health; (2) child protection and development; (3) nutrition. The child protection and development component will be accomplished by embedding 2 child protection caseworkers within mobile health and nutrition teams. The entire mobile team will complete a training on Care for Child Development (CCD), to support caregivers with sick and malnourished children to engage in play, communication activities and specialized care for low birth weight/malnourished newborns to aid in their recovery.

IRC will launch a total of 2 mobile rapid response teams in Ganyiel, for approximately 1-2 week periods in each prioritized location (Panyizok, Taiyar, Payikidit, Pariel, Jiech and Tuangkel) with a minimum of at least one follow-up to each location for continuity of care and ongoing treatment. Once the team is deployed, a child protection officer will continue to support the mission with multidisciplinary awareness raising, targeted key messaging (for health, nutrition, child protection) and for ensuring that children with specific needs are included in outreach and service provision. Once the mission is completed and the team has redeployed to the next location, a child protection case worker, will follow-up with specific complex cases to ensure additional support as needed and to mitigate any exploitation following service provision. Additionally, a child protection officer will also collect any feedback regarding the mission from the population served, to improve service provision on future missions.

A child protection case worker will complete CPIMS registration as needed for identified unaccompanied and separated children for tracing. After the initial assessment is conducted, the case worker will determine whether the case needs to go through a more comprehensive counseling and individual case planning which would incorporate child protection follow-up care after discharge. Complex cases will be referred to established child protection caseworkers who are responsible for those geographic catchment areas to continue with follow-up and comprehensive case management services following the conclusion of the mobile service delivery.

Another Child Protection Caseworker will hold sessions with caregivers individually or in groups, where possible, to help reduce their stress levels and give them the opportunity to learn evidence-based parenting practices that will improve their children's outcomes during the recovery phase after discharge. Additionally, this case worker will also work with CBCPM to train them on PFA and basic SEL activities in order to expand PSS coverage in hard reach locations. The mobile child protection caseworkers will be trained on early childhood development and parenting during the early years, with a focus on nurturing care and techniques to promote cognitive and psychosocial stimulation, such as serve and return.

The IRC proposes to use funds to support the rapid scale-up of these mobile teams by integrating a child protection and development component with health and nutrition teams in Ganyiel while also strengthening existing referral pathways and enhance child protection mainstreaming.

5. Complementarity

CHF funded activities will complement standing programming as mobile teams will identify vulnerable children in hard to reach communities and refer those cases for services with IRC's static child protection program for additional support and ongoing follow-up. This program will expand the catchment of the existing child protection program through strengthened identification and referral of those cases for service provision. The child protection component of the mobile teams will also compliment activities by both IRC health and nutrition teams in response to famine affected populations by ensuring child friendly reporting mechanisms, additional screening for complex protection and nutrition cases and supporting clinical care with additional PSS. CHF funding will also strengthen the referral pathway between the mobile teams and static programs as well as child protection referrals and mainstreaming in existing health clinics and stabilization centers.

LOGICAL FRAMEWORK

Overall project objective

The overall objective is to ensure children and families affected by both conflict and famine are safe and supported with the appropriate services.

PROTECTION											
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities							
Protection response services are available in all counties that are heavily affected by conflict or displacement.		SO1: Save lives and alleviate the suffering of those most in need of assistance and protection		100							
Contribution to Cluster/Sector Objectives : The Child Protection Sub-Cluster identified Panyijar as Tier 1 in its response strategy and the components of the project such as FTR, community-based PSS were some of the Tier 1 activities included in HRP 2017.											
Outcome 1											
Children are safe in the community and receive assistance when they experience harm.											
Output 1.1											
Description											
Children receive specialized and appropriate services when they have experienced violence, abuse, neglect or exploitation, through case management, rapid FTR, PSS (through IRC's SEL model) and caregiver information sessions.											
Assumptions & Risks											
Increased insecurity could affect program implementation, in Panyijar county as there continues to be conflict in and around Panyijar and particularly north of the county in Mayendit and Leer. If humanitarian access is limited due to a deterioration in security, IRC will relocate mobile teams to areas within the county that are less affected by insecurity and where there are high concentrations of displaced populations. If implementation continues to be hindered, IRC will request a no-cost extension in order to ensure implementation is completed and targets are achieved.											
Indicators											
				End cycle beneficiaries							
Code	Cluster	Indicator		Men	Women	Boys					
Indicator 1.1.1	PROTECTION	Number of children reached through mobile CP teams			270	270					
Means of Verification : Referral forms, weekly reports											
Indicator 1.1.2	PROTECTION	Number of vulnerable children, including UASC registered and received individual support from CP Help Desks			96	104					
Means of Verification : CPIMS, weekly reports											
Indicator 1.1.3	PROTECTION	Number of caregivers reached through targeted PSS and information sessions, including health, nutrition and child protection key messages				900					
Means of Verification : Weekly reports, attendance sheets											
Indicator 1.1.4	PROTECTION	Number of emergency affected children receiving psychosocial support through provision of child friendly spaces or other community-based interventions			2,000	2,800					
Means of Verification : Attendance sheet; weekly report(s)											
Activities											
Activity 1.1.1											
Training of mobile team: Facilitated by a Child Protection Manager, to include topics related to UASC, FTR/CM, PFA, and a customized parenting information session which incorporates education on toxic stress, ECD/CCD which has been tailored to the famine response. Participants will include health, nutrition and child protection staff (total target: 25 participants). It is anticipated that through this efforts this teams will be able to reach 540 children											
Activity 1.1.2											
Identification, registration, referral and follow-up of vulnerable children for CM and FTR services as needed. These cases will be identified upon intake at the mobile medical/nutrition services and additional screening will allow for more sensitive identification of UASC and children who present with sever child protection needs can be easily referred through the medical and nutrition teams. This intake process and additional counseling support will be provided by a second case worker who is embedded into the health/nutrition team. More severe cases that require significant follow-up will be referred to existing IRC CP caseworkers who are responsible for that geographic location. (Target: 200 CM/FTR cases, 96 boys and 104 girls)											
Activity 1.1.3											
Sessions with 900 caregivers (200 men and 700 women) on toxic stress, ECD/CCD which has been customized for children facing food insecurity by a caseworker who is embedded into the mobile response team and attached to the medical/nutrition services. These sessions will be organized through the mobile clinic in which health and nutrition services will be provided, by engaging parents who are seeking services with their children and by working with mother-to-mothers groups.											
Activity 1.1.4											
Provision of Psychosocial support to emergency affected children through use of IRC's Social Emotional Learning model. IRC case worker will work to identify CBCPM and community groups who can provide support to children affected by conflict and food insecurity. Once identified, those CBCPM will be trained on PFA and SEL. The case worker will facilitate 2 sessions with the CBCPM for children in the community while the mobile team is present.											
Output 1.2											
Description											

The protective environment for children and families is strengthened, through child protection mainstreaming across the response, referral pathways have been updated and finalized and communities are aware of child protection response services and risk mitigation measures and can support with basic PFA and SEL activities.

Assumptions & Risks

Another risk is that referral pathways will be established that will have limited functionality in the rainy season when people are unable to travel between locations for services due to flooding in the area. IRC will work with local structures to maintain service provision in hard to reach areas while also increasing community awareness of risk mitigation measures and reductions in negative coping mechanisms. Additionally, Increased insecurity could affect program implementation, in Panyijar County as there continues to be conflict in and around Panyijar and particularly north of the county in Mayendit and Leer. If humanitarian access is limited due to a deterioration in security, IRC will relocate mobile teams to areas within the county that are less affected by insecurity and where there are high concentrations of displaced populations. If implementation continues to be affected, IRC will request a no-cost extension in order to ensure implementation is completed and targets are achieved.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	
Indicator 1.2.1	PROTECTION	Number of sessions conducted for CP monitoring and mainstreaming					3
Means of Verification : Attendance sheets, activity reports, weekly reports							
Indicator 1.2.2	PROTECTION	Number of new or updated referral pathways					5
Means of Verification : Finalized referral pathways, activity reports, weekly reports							
Indicator 1.2.3	PROTECTION	Number of individuals reached with messages on child protection response services and risk mitigation measures					1,800

Means of Verification : Weekly reports, activity reports

Activities

Activity 1.2.1

IRC's child protection officer will complete a total of 3 trainings with other humanitarian agencies during the duration of this project on child protection mainstreaming in emergencies.

Activity 1.2.2

Training of the CBCPM on PFA for children, identification of children in distress and vulnerable children, training on child protection referral pathways and activities on social emotional learning in order to address the PSS needs of children. This activity will be completed with 10-15 community members per location and 5 referral pathways will be finalized with community contributions.

Activity 1.2.3

Awareness raising sessions: the Child Protection Officer will liaise with community authorities or CBCPCs to raise awareness on the developmental needs of children, child protection and support dissemination of information on the child protection referral pathway. These sessions will be conducted in each community that is targeted by the mobile team. (Target: Men: 900; Women: 900 will be reached with targeted key messages)

Additional Targets :

M & R**Monitoring & Reporting plan**

The IRC field-based Protection Manager will work closely with the Child Protection Officers based in the mobile teams to provide regular monitoring of activities to support implementation and compile regular activity reports that monitor progress. Upon return from every mission, the team will de-brief with the Manager, report on challenges faced, trends noted including information on whether there is need to re-define or adapt the implementation strategy. This information will be shared with the program coordinator and discussed carefully in consultation with relevant stakeholders to ensure decisions are consultative. A monitoring and evaluation staff attached to the static team will track progress towards planned activities including risk assessment and assisting the project team in finalizing required monthly and quarterly reports. These personnel will be responsible for data collection and analysis. Information on identified cases of vulnerable children shall be registered in the CPIMS data sheet. Project-specific means of verification and monitoring and evaluation tools, will be further strengthened by direct technical guidance to the IRC in South Sudan over the life of the project from Child Protection technical units based in IRC headquarters.

The Juba-based Program Coordinator for Protection and Child Protection will periodically visit the field to provide technical support to the team and with support from the IRC Protection Manager, will track progress through various means of verification and ensure quality implementation. The IRC program coordinator will also work with the IRC Grants Unit to ensure timely submission of quality program progress reports. These reports will provide information on the qualitative and quantitative successes and challenges of the program, as well as lessons learned and plans for improving the project. The reporting schedule will be aligned with CHF reporting timetable.

Workplan

Activity description	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Training of mobile team: Facilitated by a Child Protection Manager, to include topics related to UASC, FTR/CM, PFA, and a customized parenting information session which incorporates education on toxic stress, ECD/CCD which has been tailored to the famine response. Participants will include health, nutrition and child protection staff (total target: 25 participants). It is anticipated that through this efforts this teams will be able to reach 540 children	2017			X									
Activity 1.1.2: Identification, registration, referral and follow-up of vulnerable children for CM and FTR services as needed. These cases will be identified upon intake at the mobile medical/nutrition services and additional screening will allow for more sensitive identification of UASC and children who present with severe child protection needs can be easily referred through the medical and nutrition teams. This intake process and additional counseling support will be provided by a second case worker who is embedded into the health/nutrition team. More severe cases that require significant follow-up will be referred to existing IRC CP caseworkers who are responsible for that geographic location. (Target: 200 CM/FTR cases, 96 boys and 104 girls)	2017			X	X	X	X	X	X	X	X		
Activity 1.1.3: Sessions with 900 caregivers (200 men and 700 women) on toxic stress, ECD/CCD which has been customized for children facing food insecurity by a caseworker who is embedded into the mobile response team and attached to the medical/nutrition services. These sessions will be organized through the mobile clinic in which health and nutrition services will be provided, by engaging parents who are seeking services with their children and by working with mother-to-mothers groups.	2017			X	X	X	X	X	X	X	X		
Activity 1.1.4: Provision of Psychosocial support to emergency affected children through use of IRC's Social Emotional Learning model. IRC case worker will work to identify CBCPM and community groups who can provide support to children affected by conflict and food insecurity. Once identified, those CBCPM will be trained on PFA and SEL. The case worker will facilitate 2 sessions with the CBCPM for children in the community while the mobile team is present.	2017			X	X	X	X	X	X	X	X		
Activity 1.2.1: IRC's child protection officer will complete a total of 3 trainings with other humanitarian agencies during the duration of this project on child protection mainstreaming in emergencies.	2017				X		X		X		X		
Activity 1.2.2: Training of the CBCPM on PFA for children, identification of children in distress and vulnerable children, training on child protection referral pathways and activities on social emotional learning in order to address the PSS needs of children. This activity will be completed with 10-15 community members per location and 5 referral pathways will be finalized with community contributions.	2017			X	X	X	X	X	X	X	X		
Activity 1.2.3: Awareness raising sessions: the Child Protection Officer will liaise with community authorities or CBCPCs to raise awareness on the developmental needs of children, child protection and support dissemination of information on the child protection referral pathway. These sessions will be conducted in each community that is targeted by the mobile team. (Target: Men: 900; Women: 900 will be reached with targeted key messages)	2017			X	X	X	X	X	X	X	X		

OTHER INFO**Accountability to Affected Populations**

IRC is extremely committed to accountability to affected populations and will throughout the project period ensure the involvement of clients in the various program stages in priority locations with the highest needs. This information from clients will be captured by the static Child Protection Staff in interactions with clients through focus group discussions and key informant interviews and will thereafter serve to identify areas of most need. Throughout the project period IRC will solicit clients' feedback on services provided and areas of improvement. The IRC team will work closely with existing community structures to ensure their active participation in implementation. IRC will periodically collect information from the community, and local authorities on ways to course correct project implementation where necessary. IRC will always endeavor to create an open environment where junior staff from this area can also provide perspectives on implementation and impact on the community.

Implementation Plan

Through CHF funds, IRC will scale up child protection activities in Ganyiel with the introduction of an integrated mobile response team in hard to reach areas of Ganyiel where there are vulnerable displaced populations as well as some host community. This project seeks to ensure that the response places the best interests of the child at the center of the famine response and aims to identify populations in most need of assistance in hard to reach locations. If insecurity in program locations affects implementation, IRC will seek to relocate or adapt the response strategy to continue to support populations in need of assistance or IRC shall request for a No Cost Extension to enable finalization of this project in a satisfactory manner.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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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

This Project recognizes that the conflict in Unity State has a huge impact on families and children specifically but with varying effects on the different genders and ages. The famine that is also plaguing the region has exacerbated the impact differently for men, women, boys and girls. It has been noted that during difficult economic times, there is a rise in cases of child marriages as the girl becomes a means for the family to obtain wealth or income. The boys and men are seen as the sole providers and boys often engage in child labor in order to supplement income to the family. In some cases, boys are the heads of the family and this increases pressure on them. It is likely during famine that the family will adopt changes in feeding or will ignore the provision of other nutrients for children which is extremely necessary for their growth and development. The interventions proposed herein have been tailored to address these challenges and how it will impact on the development needs of girls and boys. The social roles played by each gender and age were factored in the targeting of beneficiaries and planned interventions taking into account the dominant role women play in the community in raising children and addressing the needs of the children.. The action will be integrated with health, nutrition and GBV and as such there will be systematic identification of cases of sexual and gender based violence and these survivors will benefit from the integrated services provided. Reporting of activities shall clearly indicate the gender and age of the different beneficiaries.

Protection Mainstreaming

Protection will be mainstreamed throughout the program, making sure at-risk groups' specific needs are taken into consideration and risks are mitigated where and when possible. Health and nutrition teams will be trained on protection guiding principles and key considerations to inform their programming and response efforts. Risk mitigation measures will be incorporated into both mobile teams as well as existing humanitarian programs operating in the area for protection mainstreaming. The Child Protection team will also train Community Nutrition Workers and Volunteers on protection principles, the child protection referral system including the nearest focal points for identification of cases. The project interventions will focus on the most vulnerable groups affected by the ongoing conflict and famine, including both the internally displaced persons (IDPs), as well as host communities who are receiving the displaced and who are lacking livelihood opportunities and access to primary services. The IRC Protection team in Nyal and Ganyiel will assist with referrals of PSN to the mobile child protection, health and nutrition teams for a multidisciplinary response.

Country Specific Information

Safety and Security

Panyijar county has been relatively calm in terms of insecurity; however, this county has been affected by cattle raids and revenge fighting which could impact program implementation as well as the safety and security of staff operating in this locations. IRC will mitigate security risks, by continuing to assess and monitor the security environment and to connect with local authorities in each mobile location prior to deployments. There will also be a strict communications plan which will require the team to check-in regularly and to report any changes in the security situation that may warrant removing staff preemptively for security reasons. As IRC has operations in Nyal, Ganyiel, Bentiu and soon in Koch, security will be triangulated across Unity State in order to best equip the teams on the ground.

Access

IRC has been operating in Panyijar county for over 23 years and through that experience has established very supportive relationships with local authorities across the county. These relationships will strengthen IRC's access to areas across the county.

For locations that are accessible by land, teams will travel by car or on foot and for locations that are only accessible by boat, teams will travel by canoe to access those locations. During the rainy season the team will travel mostly by boat as many of the land routes become inaccessible due to flooding in the area. If access is hindered by insecurity, IRC will aim to relocate to new locations that are less affected but where there are still high concentrations of displaced people or as a last resort, will request a no cost extension in order to ensure implementation is completed and targets are achieved.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Staffing - Expat staff Child Protection programme	D	1	2,702 .10	6	100.00	16,212.60
<p><i>Child Protection Coordinator and Child Protection Manager are budgeted at 12% of their monthly salary. Coordinator oversees overall technical and quality implementation of this project, Manager will be on site in Ganyiel to oversee daily technical implementation. Child Protection Coordinator and Child Protection Manager are budgeted at 2% of monthly salary, R\$R at %765, hardship at \$ 500, homeleave at \$ 1500 and COLA @ \$ 833</i></p> <p><i>Deputy Director of Programs, who oversees all programming under IRC including CHF) and the Grants Coordinator, who oversees management of the grant in respect to reporting and compliance to donor requirements, are budgeted at 2% of monthly salary, R\$R at %765, hardship at \$ 500, homeleave at \$ 1500 and COLA @ \$ 833</i></p>							
1.2	Staffing- Expat staff support	D	1	1,426 .87	6	100.00	8,561.22
<p><i>The 5 staff in this category are Country Director, Finance Controller, Supply Chain Coordinator, Senior Finance Manager - Budgeting, Finance Manager- Treasury and they support operations aspect of the project. They are all budgeted at 2% of their monthly salaries with 27.75% benefits, R&R at \$ 765 * 5%, one homeleave of \$ 1500*5% , hardship allowance at 9*500*5% , 1 field coordinator budgeted at 4% of their monthly salary with 27.75% benefits, R&R at \$ 765 * 5%, one homeleave of \$ 1500*5% , hardship allowance at 9*500*5%</i></p>							
1.3	Staffing - National staff Child Protection programme	D	1	4,373 .70	6	100.00	26,242.20
<p><i>Deputy Child Protection Manager budgeted at 10% of his monthly salary will assist in management of some of the staff. 6 Child Protection Officers to be based in static sites for Child Protection and will cover - FTR, 2 for PSS, Training of Parents, Management of Alternative Care for UASC and 1 for overall CM are supported in this project because they will follow up with cases received from the mobile team and provide consistent support to children including after the project conclusion. These 6 CPOs are budgeted at 35% of their monthly salaries. 2 mobile Child Protection Officers are budgeted at 50% of their monthly salaries and will be handling the emergency caseload and thereafter referring to the Static team. 4 mobile Caseworkers budgeted at 50% of their monthly salaries and will be divided to deal with individual case management for each child and the other to deal with PSS and training of parents for PSS. Once the mobile team moves to a new location it will be the responsibility of the static case workers to meet the needs of the vulnerable children referred by the mobile teams. All national staff will receive 23% benefit for NSSI and gratuity and \$75 for medical.</i></p>							
1.4	Staffing - National staff support	D	1	1,378 .16	6	100.00	8,268.96
<p><i>National staff will support with various functions of operations including HR, procurement, finance both at the field level and in Juba, transportation and maintenance.</i></p> <p><i>The Ganyiel based staff is budgeted at 4% of their monthly salaries and the Juba based staff are budgeted at 2% of their monthly salaries; with 23% benefit for NSSI and \$75 medical.</i></p>							
Section Total							
Supplies, Commodities, Materials							
2.1	Office supplies for mobile teams	D	1	472.0 0	6	100.00	2,832.00
<p><i>Stationary, water-proof folders to store documents, clip-boards, toner for printing</i></p>							
2.2	Training of Parents	D	30	8.00	18	50.00	2,160.00
<p><i>Parents will be trained on PSS for malnourished children, better nutrition and child protection</i></p>							
2.3	Materials for Parenting program	D	1	500.0 0	6	50.00	1,500.00
<p><i>Materials needed for basic messaging on needs for children, child protection</i></p>							
2.4	CM/UASC/Alternative Care Training	D	12	10.00	10	50.00	600.00
<p><i>Caregivers identified for UAMs will receive parenting training to ensure they are well equipped to address the needs of the children</i></p>							
2.5	Emergency Funds for UACS	D	30	100.0 0	1	100.00	3,000.00
<p><i>Child-headed households will be provided support to assist settling in the area</i></p>							
2.6	CM Materials and Supplies	D	1	500.0 0	1	50.00	250.00
<p><i>Case management supplies required – intake and follow-up forms, confidentiality documents</i></p>							

2.7	Kits for Mobile Staff	D	5	600.00	1	100.00	3,000.00
<i>Materials needed for the mobile team – tents, sleeping bag, torches,</i>							
2.8	Mobile teams transportation	D	3	2,500.00	1	100.00	7,500.00
<i>Resources required for movement of the mobile teams within Ganyiel</i>							
2.9	Awareness Raising	D	1	200.00	6	100.00	1,200.00
<i>IRC shall raise awareness in the community on Child Protection, Response and Services available</i>							
2.10	Casual labor (boat driver)	D	3	243.00	6	50.00	2,187.00
<i>The team will require casual laborers to assist while out on the mission</i>							
2.11	Training CBCPM on Mobile PSS (SEL)	D	180	6.00	1	100.00	1,080.00
<i>CBCPM in each location will be trained on core package of PFA/ SEL/ PSS.</i>							
2.12	PSS/ SEL Materials	D	1	1,500.00	1	100.00	1,500.00
<i>Materials/ supplies for SEL/ PSS with children led by CBCPM</i>							
Section Total							26,809.00
Travel							
5.1	Domestic Travel / air travel	D	1	753.23	6	100.00	4,519.38
<i>Airfare, accomodation, and air travel for aweil east, Juba, Ganyiel field travels budgeted at \$ 743.23 for 6 months combined. Rate is at \$ 500 per travel, 120 accommodation and 16 per diem</i>							
Section Total							4,519.38
General Operating and Other Direct Costs							
7.1	Running Expenses Juba Office	S	1	1,418.50	6	100.00	8,511.00
<i>Running costs for Juba main office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuildin, generator costs and postage) budgeted for 6 months at 1,419 *6 @ 1.5%</i>							
7.2	Running Expenses Field Office	S	1	613.15	6	100.00	3,678.90
<i>Running costs for field office(Rent, Internet, security services, vehicle costs, communication, insurance, bank charges, legal fees, teambuilding, generator costs and postage) budgeted for 6months at 4% Ganyiel 613.15*6</i>							
Section Total							12,189.90
SubTotal				275.00			102,803.26
Direct							
Support							
PSC Cost							
PSC Cost Percent							
PSC Amount							
Total Cost							
Project Locations							

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Unity -> Panyijiar	100	1,100	1,600	2,366	3,174	8,240	<p>Activity 1.1.1 : Training of mobile team: Facilitated by a Child Protection Manager, to include topics related to UASC, FTR/CM, PFA, and a customized parenting information session which incorporates education on toxic stress, ECD/CCD which has been tailored to the famine response. Participants will include health, nutrition and child protection staff (total target: 25 participants). It is anticipated that through this efforts this teams will be able to reach 540 children</p> <p>Activity 1.1.2 : Identification, registration, referral and follow-up of vulnerable children for CM and FTR services as needed. These cases will be identified upon intake at the mobile medical/nutrition services and additional screening will allow for more sensitive identification of UASC and children who present with sever child protection needs can be easily referred through the medical and nutrition teams. This intake process and additional counseling support will be provided by a second case worker who is embedded into the health/nutrition team. More severe cases that require significant follow-up will be referred to existing IRC CP caseworkers who are responsible for that geographic location. (Target: 200 CM/FTR cases, 96 boys and 104 girls)</p> <p>Activity 1.1.3 : Sessions with 900 caregivers (200 men and 700 women) on toxic stress, ECD/CCD which has been customized for children facing food insecurity by a caseworker who is embedded into the mobile response team and attached to the medical/nutrition services. These sessions will be organized through the mobile clinic in which health and nutrition services will be provided, by engaging parents who are seeking services with their children and by working with mother-to-mothers groups.</p> <p>Activity 1.1.4 : Provision of Psychosocial support to emergency affected children through use of IRC's Social Emotional Learning model. IRC case worker will work to identify CBCPM and community groups who can provide support to children affected by conflict and food insecurity. Once identified, those CBCPM will be trained on PFA and SEL. The case worker will facilitate 2 sessions with the CBCPM for children in the community while the mobile team is present.</p> <p>Activity 1.2.1 : IRC's child protection officer will complete a total of 3 trainings with other humanitarian agencies during the duration of this project on child protection mainstreaming in emergencies.</p> <p>Activity 1.2.2 : Training of the CBCPM on PFA for children, identification of children in distress and vulnerable children, training on child protection referral pathways and activities on social emotional learning in order to address the PSS needs of children. This activity will be completed with 10-15 community members per location and 5 referral pathways will be finalized with community contributions.</p> <p>Activity 1.2.3 : Awareness raising sessions: the Child Protection Officer will liaise with community authorities or CBCPCs to raise awareness on the developmental needs of children, child protection and support dissemination of information on the child protection referral pathway. These sessions will be conducted in each community that is targeted by the mobile team. (Target: Men: 900; Women: 900 will be reached with targeted key messages)</p>

Documents	
Category Name	Document Description
Project Supporting Documents	protection_cluster-update_on_southern_unity-20160511-final_0 (1).pdf
Budget Documents	CHF Child Protection Personnel list.xlsx