

Requesting Organization :	International Organization for Migration	
Allocation Type :	Reserve Allocation 1	
Primary Cluster	Sub Cluster	Percentage
PROTECTION		100.00
		100

Project Title :	Psycho-social support services for the conflict affected population in Wau
Allocation Type Category :	

OPS Details :			
Project Code :		Fund Project Code :	SSD-16/HSS10/RA1/P/UN/3155
Cluster :		Project Budget in US\$:	\$150,000.09
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/08/2016	Planned End Date :	31/01/2017
Actual Start Date:	01/08/2016	Actual End Date:	31/01/2017

Project Summary :	To provide PSS services to conflict affected population in Wau Town. IOM conducted a needs assessment from the 30th of June to the 3rd of July 2016. 90 households were interviewed with a total of 675 individuals participating in the exercise from the UNMISS PoC. An overwhelming majority of the participants (92%) reported that a feeling of distress is widespread in the community while 76% reported experiencing a very strong feeling of emotional distress. The first cause of distress mentioned is "killings": fear of death, witnessing killings, loss of loved ones. At the family level, most interviewees reported experiencing fear. In addition, households reported being separated, and feeling unable to provide adequately for the persons under their care. This project will allow IOM to respond to the needs of IDPs through the following activities: Specialized psychotherapy, lay counseling, training and provision of Mobile PSS teams to establish community support groups; establishment of conflict mediation teams to address peace building issues; the establishment of an MHPSS resource center to function as a safe space for beneficiaries; MHPSS mainstreaming workshops; and awareness campaigns with key messaging to raise awareness of services available.
--------------------------	--

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
8,580	10,663	5,000	5,400	29,643

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	8,580	10,663	5,000	5,400	29,643

Indirect Beneficiaries :
Activities will mainly target adults and youths. However, because there will be a focus on strengthening family and community support mechanisms, it is expected that the displaced communities as a whole will be impacted positively. For instance, a mother who is better to function psychologically and socially will be better to fulfill her role as a mother and thus impact positively on her children's psychosocial wellbeing. By providing conflict resolution activities, it is expected that not only the displaced population but also the community at large will benefit from the implementation of the project.

Catchment Population:
The catchment population will be the conflict affected population in Wau Town, and more specifically the population displaced sheltering at the UNMISS PoC site, the South Sudanese Red Cross site and the Cathedral site.

Link with allocation strategy :
The protection cluster has identified the provision of PSS services as a priority in Wau. This project proposes to implement direct PSS services at all levels as well to build the capacity of other humanitarian actors and community members to provide adequate psychosocial support, as in line with the ISAC guidelines on Mental Health and Psychosocial Support Services in Emergency Settings.

Sub-Grants to Implementing Partners :		
Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :	
Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Kelsi Kriitmaa	Health Programme manager	kkriitmaa@iom.int	+211 (0) 922 406 631
Iain McLellan	Programme Support Officer	imclellan@iom.int	+211920885985
Jennifer Pro	Programme Support Coordinator	jpro@iom.int	+211 920 885 988

BACKGROUND**1. Humanitarian context analysis**

In June, increasing violence and related displacements were reported in the Wau State, while the affected populations had very little access to services. Assessment from the ICWG mission on the 8-9 June highlighted needs for community based psychosocial support, including the need to deploy a psychosocial specialist for a mission to develop capacity of local actors. Reports of targeted abuse, torture, detention, killings and widespread use of sexual violence continue; it is estimated that there are over 854 incidents of GBV in locations assessed. On the weekend of the 24-25th of June, the conflict escalated in Wau Town sparking another wave of displacements in more than 7 sites in Wau Town. Tens of thousands civilians sought refuge by the UNMISS base and in other locations such as churches and schools. More left to hide in the bushes. Some civilians have since returned from the bushes to Wau Town to seek protection and access to services. There are currently 25,000 IDPs in the UNMISS PoC sites, 13,123 at the Cathedral and 3,023 at the South Sudanese Red Cross sites in Wau Town. The escalation of conflict was particularly violent, with deliberate targeting of civilians and numerous reports of killings, and human rights violations. The situation remains very tense to this day.

2. Needs assessment

IOM conducted a needs assessment from the 30th of June to the 3rd of July. 90 households were interviewed with a total of 675 individuals participating in the exercise from the UNMISS PoC. An overwhelming majority of the participants (92%) reported that a feeling of distress is widespread in the community while 76% reported experiencing a very strong feeling of emotional distress. The first cause of distress mentioned is "killings": fear of death, witnessing killings, loss of loved ones. At the family level, most interviewees reported experiencing fear. In addition, households reported being separated, and feeling unable to provide adequately for the persons under their care. At a community level, insecurity and fear of renewed violence is reported as the main issue causing distress. At an individual, family and community level, results indicate a feeling of being overwhelmed. The majority of respondents reported not knowing how to cope with the situation, or what to do help improve their psychosocial wellbeing. The majority of distress indicators spontaneously reported were sleeping problems, tiredness, anxiety and aggressiveness/anger. The main coping mechanism appeared to be through prayers, with collective prayers being organized on a regular basis in the site. To the question "what could be organized at a community level to enhance psychosocial wellbeing?" participants expressed the need for religious centers, organization of recreational activities and youth groups. In addition, the need to create of "peace cooperatives" was mentioned. A majority of the respondents (78%) reported that a space to share feelings would be useful. The assessment seems to indicate that PSS activities should focus on enabling families and the community to cope with feelings of being overwhelmed and fear. Families are struggling to be able to provide support to their members. Participants explained that they do not their neighbors, the persons they usually rely on are not available anymore. Support networks have to be rebuilt. This will also help beneficiaries to regain a sense control and make decisions about their futures. Through the assessment, at least 17 cases of acute emotional distress and possible mental health disorders were identified. Considering the numerous reports of witnessing high levels of violence, including SGBV, it is important to avail specialized services as well.

With regards to existing, there are currently no PSS services targeting adults and youth. Some organizations are providing PSS services for children but mostly level 2 services. Other notable areas needing to be addressed are community based services to strengthen the community ability to provide support to persons affected by the conflict and violence as well as mainstreaming of MHPSS into basic services. Finally, considering the cycle of the escalation of violence, it would be appropriate to include conflict transformation and reconciliation activities, especially as anger/aggressiveness were listed as common spontaneous distress indicators.

3. Description Of Beneficiaries

The main target beneficiaries are men, women and youths who have been displaced by the conflict in Wau town. All have fled without their belongings, some to the bushes and went back to Wau town to access protection and services. The needs assessment show that the majority of IDPs are experiencing acute emotional distress and feeling overwhelmed by the violence witnessed, the displacement and also by the living conditions.

4. Grant Request Justification

IOM has experience in implementing MHPSS activities within the South Sudan context. Current direct service activities are being implemented in Bentiu, Bor and soon Malakal. In addition, IOM provided training on PFA and mainstreaming of MHPSS approach to humanitarian actors, government workers and civil society members throughout the country. IOM has a comparative advantage as it has operational presence in Wau and is currently implementing activities in PSS and other sectors. IOM has been active in coordinating its MHPSS activities at a national level through the PSS task force, Mental Health Platform and relevant clusters as well as at a local level through the protection cluster in Wau. Moreover, IOM is able to complement the activities funded through this allocations through other source of funding.

5. Complementarity

Through its MHPSS service mapping assessment, it was found that there are no functional MHPSS services addressing the needs of women, me, youth female and youth female. The few local service providers that existed were also impacted upon by the crisis and were unable to operate as previously. IOM will offer complementarity by offering capacity building to other actors, especially local actors (including government workers, where appropriate) as well as protection, education, health and other sectors partners on psychological first aid and MHPSS mainstreaming. IOM is an active member of the protection cluster and coordinate its activities with other cluster members to promote complementarity, and avoid duplication. Moreover, IOM is also implementing WASH, CCCM, Shelter & NFI and health activities in the targeted locations. This will enable a better mainstreaming of MHPSS approach into the above mentioned activities.

LOGICAL FRAMEWORK**Overall project objective**

To provide PSS services to conflict affected population in Wau Town.

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 : This projects contributes towards achieving the cluster objectives two and three. Through providing essential psycho social services to vulnerable beneficiaries, IOM will ensure free and safe access to protection strategies that are needed (CO2 / SO1) and will support individuals to achieve solutions and freedom of movement, coping strategies and protection capacities of individuals, communities, and local actors (CO3/SO2).

Outcome 1

IDPs in Wau Town receive PSS services

Output 1.1

Description

PSS services delivered to beneficiaries in Wau Town

Assumptions & Risks

Assuming that survivors and individuals are aware of services and seek support services. Also assuming that there is an awareness of the benefit of these community focused services. Finally, we also assume that project trainers are available to work and have access to sites. The risks of the project include outbreaks of conflict and that the community are accessible.

Activities

Activity 1.1.1

Assessment: MHPSS service mapping, rapid MHPSS needs and resources assessment in UNMISS PoC.

Activity 1.1.2

Lay counseling services

Activity 1.1.3

Provision of specialized psychotherapy

Activity 1.1.4

Establishment of PSS mobile teams: the mobile teams will establish level 2 and level 3 activities such as recreational activities, discussion and support groups. Activities will include use of creative methodologies such as theater, music, plastic arts. Specific groups will be developed to address the needs of women, men, male and female youth.

Activity 1.1.5

Training of PSS mobile teams: PSS mobile teams will consist of selected IDPs. The PSS mobile team members will be provided with intensive training to build their capacity in provision of basic PSS services. This will encourage a sustainable approach, as once the population moves from the site, they will still be able to use to acquired knowledge and skills within their community.

Activity 1.1.6

Establishment of conflict mediation teams, "peace cooperatives": as per the assessment conducted, there is a need to address peace building issues. A conflict mediation officer will assess the best structures to implement to encourage community participation and build its capacity in implementing positive conflict resolution mechanisms.

Activity 1.1.7

Establishment of MHPSS resource center: the MHPSS resource center will act as a focal point and safe space for beneficiaries to access services, for partners to refer cases or access MHPSS resources and as well as a training venue for MHPSS capacity building. In addition, the center will be open to be used by other actors implementing activities aiming at improving psychosocial wellbeing.

Activity 1.1.8

Training on PFA and MHPSS mainstreaming: requests were received from other actors to build MHPSS activities mainly on PFA. IOM will undertake to provide support in facilitating such requests and organize MHPSS mainstreaming workshop in order to promote the implementation of minimum standards as per the IASC guidelines.

Activity 1.1.9

Awareness campaigns, key messaging: in order to raise awareness on MHPSS services available and how to access them. The awareness campaigns will also provide information on stress reactions, how to cope with them, and what can the community do to provide support to each other.

Activity 1.1.10

Regular weekly reporting and monitoring activities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	PROTECTION	Frontline services # of children reached with community-based PSS			5,000	5,400	10,400

Means of Verification : PSS data collection

Indicator 1.1.2	PROTECTION	Frontline services # of caregivers reached with community-based PSS	8,580	10,663			19,243
-----------------	------------	---	-------	--------	--	--	--------

Means of Verification : PSS data collection and verifications						
Indicator 1.1.3	PROTECTION	# of humanitarian actors, civil society and community members trained on PFA and MHPSS approach				100

Means of Verification : IOM internal records						
Indicator 1.1.4	PROTECTION	Frontline services # of protection monitoring visits or safety audits in the targeted locations				24

Means of Verification : IOM internal records

Additional Targets:

M & R

Monitoring & Reporting plan

The activities will be monitored through weekly internal reporting that contains data collected on a weekly basis. The reporting will be based on the case registers of beneficiaries attending counseling and attendance register of group meetings. In addition, there will be a record of cases referred and assisted. With regards to capacity building, pre and post questionnaires as well as attendance registers and evaluation forms will be used when facilitating trainings. Finally, Pre and Post testing will be used to inform reports with regards to knowledge acquired and how to improve training. Beneficiaries will be requested to provide feedback with regards to their satisfaction with the services provided. Satisfaction will be analysed to improve services and accessibility. The psychologist will be responsible to oversee the activities, under the guidance of the MHPSS project manager and the head of sub-office in Wau. A monthly report will be collated to provide a trend analysis of identified cases over the period of the project.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Assessment: MHPSS service mapping, rapid MHPSS needs and resources assessment in UNMISS PoC.	2016								X				
	2017												
Activity 1.1.10: Regular weekly reporting and monitoring activities.	2016								X	X	X	X	X
	2017	X											
Activity 1.1.2: Lay counseling services	2016									X	X	X	X
	2017	X											
Activity 1.1.3: Provision of specialized psychotherapy	2016									X	X	X	X
	2017	X											
Activity 1.1.4: Establishment of PSS mobile teams: the mobile teams will establish level 2 and level 3 activities such as recreational activities, discussion and support groups. Activities will include use of creative methodologies such as theater, music, plastic arts. Specific groups will be developed to address the needs of women, men, male and female youth.	2016								X		X		X
	2017												
Activity 1.1.5: Training of PSS mobile teams: PSS mobile teams will consist of selected IDPs. The PSS mobile team members will be provided with intensive training to build their capacity in provision of basic PSS services. This will encourage a sustainable approach, as once the population moves from the site, they will still be able to use to acquired knowledge and skills within their community.	2016									X		X	
	2017	X											
Activity 1.1.6: Establishment of conflict mediation teams, "peace cooperatives": as per the assessment conducted, there is a need to address peace building issues. A conflict mediation officer will assess the best structures to implement to encourage community participation and build its capacity in implementing positive conflict resolution mechanisms.	2016									X	X	X	X
	2017	X											
Activity 1.1.7: Establishment of MHPSS resource center: the MHPSS resource center will act as a focal point and safe space for beneficiaries to access services, for partners to refer cases or access MHPSS resources and as well as a training venue for MHPSS capacity building. In addition, the center will be open to be used by other actors implementing activities aiming at improving psychosocial wellbeing.	2016								X	X	X	X	X
	2017	X											
Activity 1.1.8: Training on PFA and MHPSS mainstreaming: requests were received from other actors to build MHPSS activities mainly on PFA. IOM will undertake to provide support in facilitating such requests and organize MHPSS mainstreaming workshop in order to promote the implementation of minimum standards as per the IASC guidelines.	2016								X	X	X	X	X
	2017	X											
Activity 1.1.9: Awareness campaigns, key messaging: in order to raise awareness on MHPSS services available and how to access them. The awareness campaigns will also provide information on stress reactions, how to cope with them, and what can the community do to provide support to each other.	2016								X		X		X
	2017												

OTHER INFO

Accountability to Affected Populations

The project is designed to enhance community participation throughout its different phases: assessment, development, implementation and evaluation. Throughout each stage, community members will be consulted through focus groups to monitor the appropriateness of the project. In addition, the affected population will not only be recipient of services but also active service providers, enabling their input into the projects. The conflict resolution teams will specifically focus on engaging with the affected population to elicit their perceptions, fears and understanding and responding to these through 2 way communication channels. In addition, feedback from the beneficiaries will be elicited so as to assess satisfaction with services provided and adjust accordingly.

Implementation Plan

This project will be implemented in line with IOM regulations and also in line with the Health and PSS Units. The overall coordination of the programme manager is critical to the success of the project and the manager will coordinate with the current humanitarian infrastructure in place. Any issues that arise through the regular monitoring and evaluation of the project will be responded to in real time and any difficulties in implementation will be raised with the relevant cluster and/or sub cluster. If there will be any deadlines or concerns with project resources or timing, CHF and OCHA will be consulted in good time.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Protection Cluster	Programming, strategy, policy guidance, implementation, security, protection issues and protocols.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender has been taken into account in the initial assessments, planning, project implementation, and data gathering. Specific interventions will target the needs of women and female youth as well male youth. Females were and still are at high risks of gender based violence. Experience has shown that in order to maximize women's participation it is important to combine PSS services with activities that promote social networking and are productive. Careful attention will also be made to recruit PSS mobile team members in a gender balance manner. In similar context, male youth have been flagged as a high risk category, not only for their own protection needs but also as potentially threatening the protection of other IDPs. It is crucial that their needs are addressed. Capacity building will be implemented in a way that promotes gender balance so as to increase service accessibility for both genders. GBV issues will be integrated into capacity building in order to contribute to the identification, referral and response to the needs of survivors of gender based violence. With regards to monitoring, data collected will be disaggregated by gender in order to assess the impact of the activities on both genders.

Protection Mainstreaming

The project will include protection mainstreaming in ensuring access to services to most vulnerable through the establishment of psychosocial mobile teams who will conduct outreach campaigns. In addition, all psychosocial mobile team members will be trained on protection mechanisms and referrals pathways. It is expected that there will be strong coordination with protection actors in order to promote protection mainstreaming. For instance, input from protection actors were requested when developing key messaging in order to ensure mainstreaming and coherence of messages.

Country Specific Information

Safety and Security

The safety and security of all beneficiaries and staff is taken seriously. Staff security and safety is coordinated through IOMs staff security unit, and falls under the guidance of IOM procedures and UNDSS protocols. Beneficiary safety and security is of utmost importance. psycho-social issues are very sensitive. Staff working with beneficiaries are trained of correct procedures to reduce any negative impacts. Community projects are community led and coordinated. Any issues with safety or security will be coordinated among community members and resolved in the most pragmatic fashion.

Access

Access issues will be coordinated with UNDSS and IOM internal security protocols. Thus far IOM has been able to mitigate any issues with access in Wau town. Any issues that arise will be coordinated part of a multi agency response. Flight Safety Assurances have been granted for Wau, and any issues with clearance will be coordinated with WFP and the Logistics cluster, and OCHA.

BUDGET

Code	Budget Line Description	D / S	Quantit y	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	International Program Manager P3 x 1, based in Juba with travel	D	1	16,000.00	6	10%	9,600.00
	<i>MHPSS International Staff</i>						
1.2	National pogramme staff G5 x 1, based in Wau	D	1	2,300.00	6	100%	13,800.00
	<i>MHPSS National Staff</i>						
1.3	International support staff (finance, admin, HR, PSU, logistics and procurement)	s	9	16,000.00	6	1%	8,640.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 1% of the overall collective cost of these support staff.</i>						
1.4	National staff (finance, admin, HR, PSU, logistics and procurement)	s	18	2,300.00	6	2%	4,968.00
	<i>Support staff that assist with various aspects of the project. This project will only charge 2% of the overall collective cost of these support staff.</i>						

1.5	Psychologist	D	1	9,10 0.00	5	100%	45,500.00
	<i>Consultant, based in Wau</i>						
1.6	PSS Training Specialist	D	1	9,10 0.00	6	5%	2,730.00
	<i>Consultant, roving</i>						
1.7	Conflict Resolution Specialist	D	1	9,10 0.00	6	5%	2,730.00
	<i>Consultant, roving</i>						
	Section Total						87,968.00
Supplies, Commodities, Materials							
2.1	Pschosocial activty supplies and materials	D	1	2,18 6.49	6	100%	13,118.94
	<i>Materials needed to for the group activities, based on identified needs and forms of PSS: can be embroidery materials, materials to build music instruments, etc</i>						
2.2	Visibility materials	D	1	1,50 0.00	1	100%	1,500.00
	Section Total						14,618.94
Equipment							
3.1	Programme IT Equipment	D	1	1,40 0.00	1	100%	1,400.00
	<i>laptops, cameras and general IT materials for programming</i>						
	Section Total						1,400.00
Contractual Services							
4.1	Community Counselling	D	3	150. 00	6	100%	2,700.00
	<i>PSS mobile team supervisor /focal point</i>						
4.2	Pschosocial Mobile Support	D	25	60.0 0	6	100%	9,000.00
	<i>PSS mobile team members</i>						
	Section Total						11,700.00
Travel							
5.1	Travel	D	3	500. 00	1	100%	1,500.00
5.2	DSA	D	3	142. 86	7	100%	3,000.06
	Section Total						4,500.06
General Operating and Other Direct Costs							
7.1	PSS Resource centers operations	D	1	5,00 0.00	1	100%	5,000.00
	<i>PSS Center operations based on average monthlu expenditure in other locations, monthly cost include repair of infrastructure and supplies as needed</i>						
7.2	Office Rent, Maintenance, Utilities and Other Common Costs	S	1	125, 000. 00	6	1%	3,750.00
	<i>Shared costs are directly linked to the project implementation, based on well-justified, reasonable and fair allocation system. Rent, cleaning, water, electricity. Project only charged .50% of entire costs for the mission</i>						
7.3	Security and Shared Radio Room costs	S	1	145, 000. 00	6	1%	4,350.00
	<i>Security and common radio costs, project charged .50% of entire mission's yearly costs</i>						
7.4	Vehicle Running Costs	S	1	110, 000. 00	6	1%	3,300.00

	<i>Costs include fuel, repair and maintenance and other vehicle related costs, project charged .50% of entire mission's yearly cost</i>						
7.5	Communication Costs	S	1	80,000.00	6	1%	2,400.00
	<i>Costs include internet, courier and telephone expenses, project charged .50% of entire mission's yearly costs</i>						
7.6	Other Office Costs	S	1	40,000.00	6	1%	1,200.00
	<i>Costs include bank charges, office supplies and materials and other office costs not covered by other budget lines, project charged .50% of entire mission's yearly costs</i>						
	Section Total						20,000.00
SubTotal			75.00				140,187.00
Direct							111,579.00
Support							28,608.00
PSC Cost							
PSC Cost Percent							7%
PSC Amount							9,813.09
Total Cost							150,000.09
Grand Total CHF Cost							150,000.09
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Western Bahr el Ghazal -> Wau	100	8,580	10,663	5,000	5,400	29,643	
Documents							
Category Name	Document Description						