

Requesting Organization :	Community in Need Aid			
Allocation Type :	2nd Round Standard Allocation			
Primary Cluster	Sub Cluster	Percentage		
PROTECTION	Child Protection in Emergencies	100.00		
		100		
Project Title :	Access to lifesaving child protection services to IDP children and families in Bor South (static response) and in priority locations of South Sudan through integrated protection mobile teams			
Allocation Type Category :	Frontline services			
OPS Details				
Project Code :	SSD-17/P-HR-RL/103019	Fund Project Code :	SSD-17/HSS10/SA2/P/NGO/6517	
Cluster :	Protection	Project Budget in US\$:	310,000.01	
Planned project duration :	6 months	Priority:		
Planned Start Date :	01/08/2017	Planned End Date :	31/01/2018	
Actual Start Date:	01/08/2017	Actual End Date:	31/01/2018	
Project Summary :	<p>Bor South and its surrounding islands is among locations facing protracted humanitarian crisis in South Sudan. Recent needs assessments underscore the criticality for accelerating child protection response services and preparedness in the likelihood of inter-tribal conflicts and child abduction activities that will likely result in future large scale displacement at the periphery of Bor town, Jalle, Maar and surrounding islands of Kuei, Ziam-Ziam, Panlueth, Biol, and Panakok in North Bor as well as in Kolnyang (Malek) and Gemeiza islands in South Bor, respectively where these IDPs are concentrated currently (Integrated CPRA Report and Inter-Agency Fact Finding reports July 2017). This population displacement has exacerbated family stresses, disrupted normal patterns of living and crumbled social support systems exposing children to protection threats including widespread separation of families, risks of child recruitment and use by armed forces/groups, sexual violence, child marriages, harsh forms of child labour and exploitation against children. Children have been forced to flee all that is familiar to them and have experienced violence, fear and loss. Estimated IDP population in the surrounding islands of North Bor and South Bor are approximately 25,970 individuals, with 70% as children. The interventions proposed in this project will focus on enhancing access to lifesaving family tracing and reunification services in line with best interests of the child, including emergency alternative family-based interim care arrangements for children without parents and support them through direct material and referral services. The project will also ensure provision of child friendly recreational and informal learning opportunities for crisis affected children through community based psychosocial/psychosocial support approaches, working with caregivers and integrating prevention and response messages on CP risks and services into WASH, Nutrition, and Health/cholera outreach and awareness activities. Unaccompanied children and other vulnerable children will also be protected from violence and violations through CP Help Desks in the community.</p> <p>Humanitarian access remains limited due to insecurity in most parts of the country, especially in counties such as Uror, Nyirol, Duk, Akobo, Fashoda, Nasir, Guit, Magwi, Kajo-keji, Terekeka, Yei, Lainya, Tonj North and Tonj East which have witnessed recent populations displacements (SSHF SA2 Allocation Strategy June 2017). Given resource constraints and humanitarian access challenges in these areas and others, emergency mobile teams are essential to immediately reach populations and respond to the needs of those fleeing during transit and after displacement. Integrated protection mobile teams (IPMT) will be deployed and coordinated by the Protection Cluster to provide services to newly displaced population in hard to reach locations. CINA staff will take part in these IPMTs to provide assistance and services to affected children. The IPMT mission interventions will include needs assessments/context analysis, frontline CP response where there are no partners, and surge capacity to support CP actors on ground overwhelmed by a given emergency or crisis. The dedicated IPMT CP services in the acute stage will include referral for emergency healthcare, nutrition and food distribution, identification, documentation and immediate tracing of unaccompanied minors, emergency alternative care for unaccompanied children, and provision of Psychological First Aid (PFA)/Psychosocial Support (PSS), risk mitigation, coordination and advocacy. These will be adapted to the context based on the availability of services and particular needs. Two teams of three staff will be deployed (usually in different locations) for 2 week missions over the course of this 6-month allocation.</p> <p>CINA has institutional capacity and presence in Jonglei (with main office in Bor) since 2011 and is currently implementing CPIE program</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
100	140	6,085	6,085	12,410

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	0	0	6,085	6,085	12,170
Trainers, Promoters, Caretakers, committee members, etc.	100	140	0	0	240

Indirect Beneficiaries :

16000

Catchment Population:

32000

Link with allocation strategy :

This project will provide timely and lifesaving family tracing and reunification services for unaccompanied and separated children, integrated psychosocial support services to all at risk children and active case management and referral services to child survivors of sexual and physical violence, abuse and exploitation and thereby contributing to the allocation strategic objectives of saving lives and alleviating suffering of those most in need; and protecting the rights and upholding the dignity of those most vulnerable in the priority location of Bor South. The caregivers and members of community based child protection networks will be trained on child protection in emergency skills to prevent and respond to abuse, violence, neglect and exploitation to children occurring within their community and this will contribute to the strategic objective of supporting communities most at risk to sustain their coping mechanisms.

New identifications of separated and unaccompanied children will be conducted, active family tracing initiated and case management provided both through regular follow ups, family-based interim care and subsequent family reunifications. Database case management through CPIMS will be done by the existing skilled FTR team of CINA. The psychosocial support activities of this project will be structured and run in community-based child friendly and temporary learning spaces where children will also receive integrated response services including emergency feeding for children, hygiene promotion, prevention and response to cholera and establishing referral pathways. The child protection messages including prevention and response of child protection risks and services will be integrated into Nutrition, Health and WASH outreach and awareness activities. Unaccompanied minors and other vulnerable children will receive protection services to prevent violence and violations occurring within the community through CP Help Desks, which will be established in schools and community centers.

To ensure that emergency protection response services are accessible to hard-to-reach populations, CINA will deploy mobile child protection teams to provide robust integrated mobile protection response services to IDP children in the locations prioritized by protection cluster across the country. The mobile teams will be trained on field security and risk management in mobile responses. CPiE mobile services such as rapid family tracing and reunification, dedicated support to needs of unaccompanied minors and other vulnerable cases through case management packages, physiological first aid (PFA) and PSS, needs assessments and analyses, information sharing, coordination and advocacy will be provided during mobile responses. The teams will be deployed initially as first responders for two weeks once in a month for six months to reach 1500 children per month, followed by a second line response. The teams will also be deployed as surge capacity to support CP interventions where protection actors in particular priority locations have limited workforce, such as in situations of massive displacements, etc. The activities of integrated mobile protection response will also be conducted through child protection rapid assessments and responses (CPRA) and/or ICRM,

The mobile child protection response activities will be coordinated with protection cluster coordinators including the CPSC at National level and with CPWG at state level. The preposition of child protection supplies (ECD kits, CFS kits, recreational, dignity kits, etc.) will be coordinated with UNICEF where possible. FTR CPIMS case management will be coordinated with Save the Children. Adherence to core humanitarian standards, including best interest of the child, will be ensured at all times during provision of child protection services.

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 :

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BACKGROUND**1. Humanitarian context analysis**

On top of December 2013 South Sudan crisis, the humanitarian crisis in Jonglei has become long, deep and wide in 2017. The children and families displaced from Gemeiza in May 2017 are currently in remote islands South of Bor and Malek. Similarly, children and families displaced from Jalle and Mar in April 2017 live in islands north of Bor, including Panakok, Biol, Kuei, Ziam-Ziam and Panlueth, etc. Most of the children who fled to those islands are either separated from their families or have psychosocial problems, at risk of sexual and physical violence and exploitation and severely lack food and clean water which poses the to risks of cholera and diarrheal diseases. Bor town is hosting all the IDP families and communities who deserted the payams of Kolnyang, Anyidi, Makuach, Baidit and Jalle due to continuous escalation of fears and protracted humanitarian situation as well as families from Yei who returned after July 2016 crisis and returnees children who left Mingkaman due to lack of better schools and poor shelter conditions during rainy season. This population influx has led to over-straining of the already limited resources in Bor.

The protraction of conflict has led to collapse of community social structures and livelihoods consequently exposing children to protection threats including sexual abuse and exploitation, increasing number of children living and working on the streets and child headed households, risks of child recruitment into armed forces and armed groups, child marriages and school-drops out, etc.

The populations that have been displaced to the islands both in North Bor and South Bor islands have no ongoing humanitarian assistance and their humanitarian situation is worse.

Needs assessment reports show that in North Bor Islands (Panakok, Panlueth, Biol, Kuei, and Ziam Ziam), 4230 individuals have recently been displaced there (450 HHs), and of these 2750 are children, with 80 of the children being separated and unaccompanied (North Bor Islands CPRA Reports 11 July 2017). Only Sudan Medical Care established a Cholera treatment Unit in Kuei island but no other humanitarian service reached the five islands since January 2017.

In Malek (South Bor), about 1415 IDPs from Gemeiza (364 HHs) have been displaced to Malek due to conflict on Juba-Bor road. 894 of them are children and 17 are separated and unaccompanied children (Malek IDPs CPRA Report 13 May 2017.) RRC provided food but no other services have been provided to Malek IDPs.

Similarly, 20325 IDPs (4065 HHs) from Gemeiza have been displaced to islands South of Bor (Khorshomba, Kany-awai, Gulubach, Gori, Yeki, Malang and Leggeri). 70% of the IDPs are children who are in extreme fears and lack recreation opportunities. A significant number is separated (Inter-Agency Fact Finding Assessment for Gemeiza IDPs: 23 May 2017). No humanitarian assistance is ongoing in all the islands mentioned above.

Humanitarian access remains limited due to insecurity in most parts of the country, especially in counties such as Urur, Nyirol, Duk, Akobo, Fashoda, Nasir, Guit, Magwi, Kajo-keji, Terekeka, Yei, Lainya, Tonj North and Tonj East which have witnessed recent populations displacements (SSHF SA2 Allocation Strategy June 2017). Given resource constraints and humanitarian access challenges in these areas and others, integrated protection mobile teams are essential to immediately reach populations.

Despite the huge and critical protection needs evidenced, and the centrality of protection in humanitarian action, child protection in emergency programming remains largely underfunded.

CINA secured only 25.7% of its 2017 HRP requirement for Central Equatoria, Jonglei and Lakes States from UNICEF which has already been 50 % spent in the first half of 2017 for CPIE program in Duk, Twic East, Bor and Juba PoC 1 and PoC 3. Besides the existing funding deficit for the ongoing CPIE programming, the new emerging child protection needs are dire and cannot wait.

2. Needs assessment

Child Protection Rapid Assessments and Inter-Agency Needs Assessments have been conducted from May-July 2017 in both the North Bor Islands and South Bor Islands and Malek and all show that the humanitarian situation there is critical as described in the context analysis above.

There are 4230 IDPs in North Bor Islands, 2750 of these are children who lack schools and opportunities to play and therefore exhibit somewhat elements of distress. 80 children have been found to be separated and unaccompanied.

In Malek, there are 1415 IDPs displaced from Gemeiza. 894 distressed children and 17 separated and unaccompanied minors.

Similarly, 20325 IDPs from Gemeiza live currently in South Bor Islands without humanitarian assistance. Most of these are children who lack recreational opportunities.

There are numerous cases of violence and exploitation against children. Children as young as 7 years are forced to go fishing and collecting wild fruits for survival. All of the children have been seen going naked, including adolescent girls. Boys as young as 13 years have been seen carrying guns. Child marriages and other harmful traditional practices have been exacerbated in IDP communities due to poverty. The IDP population in the islands is generally facing lack of access to basic services such as food, healthcare (including risk of cholera, malaria, and respiratory infections), nutrition, clean water and sanitation facilities, education, shelter, and essential NFIs, etc.

To monitor situation of IDPs and progress of response, child protection situation and response monitoring activities will be conducted in the targeted locations on monthly basis, using the Monitoring Toolkit of the CPSC.

Due to ongoing fighting/insecurity in most hotspots of the country, there is no needs assessment conducted to inform the integrated CPIE mobile response. However, this mobile intervention aims to provide the integrated protection services through protection needs assessments and ICRMs during first-line response. The information collected during the first-line response will be used to inform the interventions for follow up/second line response.

3. Description Of Beneficiaries

The direct beneficiaries of this project will include IDP, returnees and conflict-affected children and adolescents in Bor South and its surrounding islands. (1585 boys, 1585 girls); 120 caregivers of UASC (80 women, 60 men) and 50 members of community based child protection networks, 20 (all women) foster/kinship caregivers of other children in extremely vulnerable situations and 30 teachers (10 women, 20 men). The beneficiaries are targeted based on their protection risks and threats as identified through needs assessment from location hosting large numbers of IDPs, where services are over-strained both in the five islands of North Bor, Malek and periphery of Bor town. Boys and girls will be targeted based on individual child and group's protection concerns especially the separated and unaccompanied minors and missing children. Adolescents (12-17 years) will be more targeted especially for support against sexual violence and other harmful cultural practices and they will also be involved in all activities. Boys will be supported against risk of armed recruitment and abduction as they are fond of playing far from home. Children living with disabilities will be included in all the activities. This project will also ensure continuous support of caregivers, teachers and members of CB-CPNs to provide care, protection and PSS care services in their communities. The caregivers, teachers and CP-CPNs have been selected on the basis of personal willingness to voluntarily support vulnerable children within their communities. Working with caregivers (parents, relatives and poster parents) and CB-CPN network is critical in ensuring community based care, preserving and strengthening local structures and systems during such displacement patterns. This in part is to ensure sustainability of the community coping capacities. Community members (parents, church leaders, teachers, youth representatives, etc.) that have been identified with the help of local authorities (chiefs, village heads, payam administrators) and trained will be continuously supported by CINA on issues of child protection in emergency, identification of separated/unaccompanied child and working with UASC children, as well as prevention of family separation to strengthen their skills to provide appropriate PSS care and FTR services to children.

The beneficiaries for integrated protection mobile response will include 9000 crisis-affected children (4500 boys, 4500 girls) from across priority locations in the country. The mobile teams will reach 750 children per mission. Since the priority locations for IPMT are not yet determined, the beneficiaries are currently distributed across the 10 states. These will include 300 UASC who will receive emergency FTR services, including emergency family based interim care support and dedicated case management services such as direct material support and referrals for those in extremely vulnerable situations. 50 UASC and other vulnerable children will benefit from case management support services (these are the emergency cases and include high risk UASC cases, children who are at risk of recruitment, child survivors of GBV, children detained during screening process, and children exhibiting severe episodes of distress). They will be identified using care placement criteria developed by CINA. 8700 children and adolescents will receive emergency psychological first aid (PFA) and PSS services through child friendly recreational activities and counselling sessions, caregivers supports as well as protection messages on risks of family separation and other CP services, all integrated into WASH, health and nutrition awareness activities.

4. Grant Request Justification

The protracted humanitarian crisis in Jonglei that has worsen in 2017 has witnessed displacement of many populations from Jalle and Mar to islands in North Bor as well in Gemeiza to Malek and islands in South Bor in the mid-2017 as described in the humanitarian context and needs analysis above. This population displacement has exacerbated family stresses, disrupted normal patterns of living and crumbled social support systems exposing children to protection threats including widespread separation of families. Children have been forced to flee all that is familiar to them and have experienced violence, fear and loss. Without appropriate care and family-based support, these children will be forced to process their conflict experience alone, which may prevent them from being able to fully engage in daily activities such as playing, learning, or basic social interaction. Conflict affected and displaced children have been exposed to physical threats as well. Without protection and support their physical survival is threatened, and their status puts them at high risk of abuse, exploitation, forced labor, abduction, or recruitment into armed forces. The interventions proposed in this project will focus on enhancing access to lifesaving family tracing and reunification and psychosocial support services for conflict affected children as well as active case management services for survivors of sexual and physical violence, child recruitment, child abduction, injuries and other children in extremely vulnerable situation including children living with disabilities through CP Help Desk.

This project will also deploy mobile child protection staff as part of IPMTs to conduct protection needs assessments and provide emergency protection response to populations living in hard-to-reach areas identified and prioritized by Protection Cluster ; thus contributing to the cluster priority of ensuring quality protection response services are available and can be accessed safely and freely. Given the numerous threats to the survival and well-being of conflict affected and displaced children, this project seeks to increase access to age-appropriate, effective, multi-sectoral CPIE responses in the priority IDP locations in Bor South. To integrate this response, community based child friendly and learning spaces will be used as platforms for children to receive emergency feeding services, hygiene promotion, cholera prevention and response services, and establishing referral pathways. Child protection messages for prevention and response to child protection risks and services will be incorporated into Nutrition, Health and WASH outreach and awareness activities.

Given the seriousness of the protection threats faced by children affected by conflict and displacement, the child protection interventions proposed under this project are one of the frontline services that are critical to the physical and psychosocial survival of conflict affected and displaced children in priority locations.

CINA has been implementing CPIE program in Bor South since July 2011 among other locations (Awerial in Lakes, Juba POCs in Central Equatoria, and Twic East and Duk in Jonglei) and has made a clear institutional commitment to providing quality programs that support children's well-being in emergencies and crises, and the agency continues to invest in highly skilled staff who have the knowledge and skills to ensure optimal child protection in emergencies. The agency has a strong established presence in Bor and Juba. CINA has secured funding of 180,000 USD from UNICEF (25.7% of CINA's 2017 HRP requirement) that is running up to December 2017 for the CPIE programming in Juba PoCs, Duk, Twic East and host communities/IDPs in Bor South mainland. The 2017 SA2 SSSH fun will be used to complement CP activities in the North Bor islands, South Bor islands, Malek IDPs and recent IDPs from Yei living at the periphery of Bor town and for supporting integrated protection mobile team.

5. Complementarity

In line with CINA's 2017 HRP CPIE project, CINA will continue to respond to the protection needs of conflict -affected children with UNICEF support in Bor South and other locations in Jonglei and Central Equatoria. However, the 2017 SSHF SA2 Funding will be used to complement CPIE activities in the islands of North Bor, South Bor, Malek and Yei IDPs/returnees living at the periphery of Bor town. This response is informed by the needs assessment reports conducted in the priority location in May-July 2017 that show significant displacement of populations with immense protection needs. In line with SSHF 2017 SA2 Allocation Strategy, this funding will be used to alleviate the suffering and protect the rights and uphold the dignity of the separated and unaccompanied children through active family tracing and reunifications, provision of play and informal learning opportunities for distressed children, provision of case management services to child survivors of sexual and physical violence, child recruitment, child abduction, child marriages and exploitation against children, etc.

To the largest extent possible, the integrated mobile protection response in hard-to-reach populations will coordinate with partners from other humanitarian sectors. Where possible and appropriate, the intervention activities will provide emergency identification and referral for health/nutrition/WASH and food distribution services, immediate rapid family tracing and reunification and dedicated case management support to unaccompanied minors and other vulnerable children. Both the static and the mobile CP activities will also strengthen capacity of caregivers and community based child protection network members to prevent and respond to abuse, violence, neglect and exploitation against children occurring within their community thereby sustaining their resilience capacities.

LOGICAL FRAMEWORK

Overall project objective

Enhance access to lifesaving child protection services to IDP children and families through static CPIE response in Bor South and integrated protection mobile teams in priority locations of South Sudan

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	90
Prevention-oriented programming is implemented in counties that are heavily affected by conflict or displacement, and communities are assisted to maintain their coping capacities	SO3: Support at-risk communities to sustain their capacity to cope with significant threats	10

Contribution to Cluster/Sector Objectives : To contribute to Protection Cluster objective 2, CINA will initiate registration, tracing actions, follow ups and reunification of separated and unaccompanied children with their families. The UASC are usually exposed to multiple threats and vulnerabilities. Once reunited with their caregivers, their lives will be saved and they will be protected from risks of separation. In addition, distressed children will access play and informal learning opportunities through integrated child friendly space and community based psychosocial activities in churches, schools, peer groups, etc. The children identified to be in extremely vulnerable situation, including unaccompanied minors, child survivors of sexual and physical violence, armed recruitment, child abduction, disabilities, injuries, etc will benefit from comprehensive case management services directly and through CP Help Desk. In this way, the IDP children in Bor South and its surrounding islands will receive protection response from threats of displacement and conflicts, and their lives, suffering, rights and dignity will be protected. In addition, the caregivers of conflict affected children, teachers, members of community based child protection networks will be trained on child protection in emergency to prevent and respond to abuse, exploitation, neglect and violence against children and thereby enhancing their resilience capacities.

Given insecurity and accessibility challenges in most hotspot areas in the country, IPMT will be deployed to immediately reach populations and respond to the protection needs of those children fleeing during transit and after displacement, including referral for emergency healthcare, nutrition and food distribution, identification, documentation and immediate tracing of unaccompanied minors, emergency alternative care for unaccompanied children, and provision of Psychological First Aid (PFA)/Psychosocial Support (PSS), risk mitigation, coordination and advocacy during mobile response. This mobile intervention will actively contribute to Protection Cluster objective 2.

Outcome 1

Unaccompanied and separated children registered are reunited with their families and followed up regularly

Output 1.1

Description

Identified and registered separated/unaccompanied and missing children (UASC) reunited and supported with their parents/primary caregivers and further separation reduced.

Assumptions & Risks

Continuous displacement as a result of conflict increase rate of families separation

Risks:

1. Infrastructure problems i.e. roads and telecoms.
2. Capacity i.e. national staff may not have training or be able to move easily. Or hiring international staff may leave a partner vulnerable to high turnover rates when such staff are turned off by harsh living conditions.
3. Insecurity.
4. Unpredictable government restrictions (i.e. on where you can go, who you can hire)
5. Culture and society (i.e. sometimes the beneficiaries don't like being monitored or may speak another language).
6. Priorities i.e. partners may face pressure from the donor to get stuff out there in a short time so standards might slip).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Number of children reunified through FTR services			60	60	120

Means of Verification : CPIMS database registration and reunification updates.

- Registration and Tracing Action Forms.
- Photos of UASC reunified
- Monthly and Narrative Activity Reports
- Monitoring reports (Internal and external)
- Baseline data: 97 UASC cases identified during needs assessment

Activities

Activity 1.1.1

Initiate registration, tracing actions, and provide family reunification services for 120 cases of UASC (60 boys, 60 girls)

Activity 1.1.2

Provide appropriate support to 120 UASC identified (60 boys and 60 girls) through comprehensive case management approach in family tracing, reunification and reintegration (FTR) in line with minimum standards and inter-agency (IA) information management system (IMS).

Activity 1.1.3

Provide CP messages including prevention of separation and response of CP risks and services to 3000 conflict affected children (1500 boys, 1500 girls)

Activity 1.1.4

Provide regular follow up visits to 120 UASC registered at least 2 times in 3 months and report using temporary care monitoring forms

Output 1.2

Description

Children in extremely vulnerable situation received family-based interim care including referral services

Assumptions & Risks

Widespread population movement makes follow up difficult.

Risks:

- 1.. Infrastructure problems i.e. roads and telecoms.
2. Capacity i.e. national staff may not have training or be able to move easily. Or hiring international staff may leave a partner vulnerable to high turnover rates when such staffs are turned off by harsh living conditions.
3. Insecurity.
4. Unpredictable government restrictions (i.e. on where you can go, who you can hire)
5. Culture and society (i.e. sometimes the beneficiaries don't like being monitored or may speak another language).
6. Priorities i.e. partners may face pressure from the donor to get staff out there in a short time so standards might slip).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Number of vulnerable children, including UASC registered and received individual support from CP Help Desks			15	15	30

Means of Verification : -Case Management forms

- Monthly and Narrative Reports
- Monitoring reports (internal and external)
- case conference minutes
- Photos of children

Indicator 1.2.2	PROTECTION	Number of children referred to other sectors for assistance/support services, including nutrition and specialized health service			15	15	30
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Means of Verification : -Referral forms

- List of agencies that provided services (referral pathway)
 - Monthly and narrative reports
 - Monitoring reports
- Baseline: 10

Activities

Activity 1.2.1

Establish CP Help Desks in 10 schools, 5 CFS and 5 churches to serve as hubs for reporting and responding to violence and violations against children occurring within the community

Activity 1.2.2

Conduct referral actions for 30 UASC in extremely vulnerable situation identified through CP Help Desks to other services including health, nutrition, NFIs, FSL, WASH and maintain effective referral pathways

Activity 1.2.3

Conduct capacity building training for 120 caregivers (60 men, 60 women) of the 120 UASC identified to prevent and respond to CP risks

Activity 1.2.4

Provide direct material support to 30 UASC and other children in extremely vulnerable situations within a family-based system

Outcome 2							
Distressed children, caregivers and community members cope with threats and vulnerabilities.							
Output 2.1							
Description							
Integrated PSS services provided to conflict affected children through community-based PSS approach and structured child friendly recreational and learning activities by supporting and working with caregivers and community based child protection network;							
Assumptions & Risks							
Assumptions: 1.Community members will work voluntarily to provide PSS services 2. Community has their own coping strategies and those structures will be explored							
Risks: 1. Ongoing displacements increase population movements 2. Insecurity 3. Lack of space for play activities on the islands 4. Absence of schools 5. Access constraints due to closed routes in the river or bad roads and poor telecoms.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	Number of emergency affected children receiving psychosocial support through provision of child friendly spaces or other community-based interventions			1,500	1,500	3,000
Means of Verification : 1. List of Community based PSS sites and CFS functional 2. PSS sites work plans displayed and attendance register 3. Monthly and narrative activity reports 4. Monitoring reports (internal and external) 5. List of distressed children supported with case management services							
Activities							
Activity 2.1.1							
Conduct community based PSS activities to 3000 children (1500 boys, 1500 girls) in schools, churches, TLS, peer groups, etc using appropriate CB PSS methodologies							
Activity 2.1.2							
Provide structured child friendly space recreational and informal learning activities to 3000 children (1500 boys, 1500 girls) and integrate CP risks awareness messages into cholera prevention, WASH and nutrition outreach and awareness activities							
Activity 2.1.3							
Provide capacity building training and support to 40 caregivers (40 women), 30 teachers (10 women, 20 men), and 50 members (30 women, 20 men) of community based child protection networks on CPiE to prevent and respond to CP risks occurring within their community							
Outcome 3							
Crisis affected children thrive within family environment and cope with threats and vulnerabilities through integrated CPiE mobile services							
Output 3.1							
Description							
Emergency child protection missions conducted through integrated mobile protection teams to inform prioritization of CP response in targeted locations							
Assumptions & Risks							
1.Security situation is stable enough for mobile intervention. 2. Lack of services, in particular, specialized CP services in priority locations 3. High numbers of IDPs, particularly children, in need of protection services 4. Newly displaced populations (i.e. above 2,000) with limited presence of protection actors 5. Mobile teams are oriented on field level security and risk management during mobile response 6. There is available means of transport to hotspot areas 7. State and non-state armed actors permit teams to conduct mobile activities without hindrance in priority locations							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	PROTECTION	Number of IPMT missions undertaken by integrated mobile protection teams					12
Means of Verification : IPMT joint mission reports							
Indicator 3.1.2	PROTECTION	Number of debriefing sessions to the protection cluster from integrated mobile protection teams					4

Means of Verification : Minutes of the Protection Cluster meetings

Activities

Activity 3.1.1

Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children

Activity 3.1.2

Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors

Activity 3.1.3

Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions

Activity 3.1.4

Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions

Output 3.2

Description

Crisis affected children received first line CP response and second line services including rapid family tracing and reunification, case management support for unaccompanied minors and other children with protection concerns as well as psychological first aid and psychosocial support provided to distressed children

Assumptions & Risks

1. The IPMT teams are well equipped to conduct mobile response activities
2. The security is stable to permit establishment of CFS in the communities
3. There is constant population movement that makes family tracing difficult
4. Community members will support CP and PSS activities voluntarily

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	PROTECTION	Number of children reached through mobile CP teams			4,500	4,500	9,000

Means of Verification : 1. CPIMS database for UASC

2. 5 W matrix reports
3. Activity interim narrative and final reports
4. Photos of children during mobile response activities
5. Case management forms for children directly/indirectly supported

Indicator 3.2.2	PROTECTION	Number of children referred to other sectors for assistance/support services, including nutrition and specialized health service			100	200	300
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Means of Verification : 1. Referral forms.

2. List of referral pathways

Activities

Activity 3.2.1

Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances

Activity 3.2.2

Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed

Activity 3.2.3

Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)

Activity 3.2.4

Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response

Activity 3.2.5

Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation

Additional Targets :

M & R

Monitoring & Reporting plan

CINA has an existing and improved monitoring and reporting system under the responsibility of Monitoring and Evaluation Officer, apart from the child protection Manager in Bor and CPiE Manager for Mobile teams to be based in Juba, which will be responsible for all monitoring and reporting activities of this project. From the inception of previous SSHF SA2 project, the CP staff will be oriented on the project implementation strategies, the indicators and means of verification and will continue to be strongly highlighted in this SSHF SA2 2017 and mentored further to ensure that they understand the current project targets and all reporting lines and send their reports timely (weekly, monthly and quarterly narrative) in line with the planned outputs, indicators and with reference to means of verification. Project implementation and management decisions will always be informed by reporting indicators, ensuring flexibility in re-prioritizing specific interventions, at some point, as needs may arise. CINA has 2 CPiE team leaders for mobile response who will coordinate team activities and CPiE caseworkers/data entry clerks that will be responsible for collecting information about children, compile and submit their reports to Child Protection Manager, coping Monitoring and Evaluation, who then compiles the whole reports and share it with the Donor and Senior Management of CINA. There is also FTR/CPiMS Manager who records FTR information using the CPiMS and coordinate with Save the Children for CPiMS database management. The M&E Officer also compiles 5 W matrix reports and submits to Child Protection Sub Cluster on monthly basis; monitor the field activities to ensure that the activities are implemented against targets and indicators). He submits quarterly interim and final narrative reports (activities against targets and indicators) to SSHF TS and CPSC coordinators for review and a quarterly narrative and financial reports with attached means of verification. CINA will also conduct monitoring of activity progress and share reports with CPSC and SSHF TS. CINA's team will be ready to facilitate the project monitoring team of SSHF whenever required.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Initiate registration, tracing actions, and provide family reunification services for 120 cases of UASC (60 boys, 60 girls)	2017								X	X	X	X	X
	2018	X											
Activity 1.1.2: Provide appropriate support to 120 UASC identified (60 boys and 60 girls) through comprehensive case management approach in family tracing, reunification and reintegration (FTR) in line with minimum standards and inter-agency (IA) information management system (IMS).	2017								X	X	X	X	X
	2018	X											
Activity 1.1.3: Provide CP messages including prevention of separation and response of CP risks and services to 3000 conflict affected children (1500 boys, 1500 girls)	2017								X	X	X	X	X
	2018	X											
Activity 1.1.4: Provide regular follow up visits to 120 UASC registered at least 2 times in 3 months and report using temporary care monitoring forms	2017								X	X	X	X	X
	2018	X											
Activity 1.2.1: Establish CP Help Desks in 10 schools, 5 CFS and 5 churches to serve as hubs for reporting and responding to violence and violations against children occurring within the community	2017								X	X			
	2018												
Activity 1.2.2: Conduct referral actions for 30 UASC in extremely vulnerable situation identified through CP Help Desks to other services including health, nutrition, NFIs, FSL, WASH and maintain effective referral pathways	2017								X	X	X	X	X
	2018	X											
Activity 1.2.3: Conduct capacity building training for 120 caregivers (60 men, 60 women) of the 120 UASC identified to prevent and respond to CP risks	2017								X	X			
	2018												
Activity 1.2.4: Provide direct material support to 30 UASC and other children in extremely vulnerable situations within a family-based system	2017								X	X	X		
	2018												
Activity 2.1.1: Conduct community based PSS activities to 3000 children (1500 boys, 1500 girls) in schools, churches, TLS, peer groups, etc using appropriate CB PSS methodologies	2017								X	X	X	X	X
	2018	X											
Activity 2.1.2: Provide structured child friendly space recreational and informal learning activities to 3000 children (1500 boys, 1500 girls) and integrate CP risks awareness messages into cholera prevention, WASH and nutrition outreach and awareness activities	2017								X	X	X	X	X
	2018	X											
Activity 2.1.3: Provide capacity building training and support to 40 caregivers (40 women), 30 teachers (10 women, 20 men), and 50 members (30 women, 20 men) of community based child protection networks on CPiE to prevent and respond to CP risks occurring within their community	2017								X	X			
	2018												
Activity 3.1.1: Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children	2017								X	X	X	X	X
	2018	X											
Activity 3.1.2: Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors	2017									X			X
	2018												
Activity 3.1.3: Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions	2017								X	X	X	X	X
	2018	X											

Activity 3.1.4: Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions	2017								X	X	X	X	X
	2018	X											
Activity 3.2.1: Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances	2017								X	X	X	X	X
	2018	X											
Activity 3.2.2: Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed	2017								X	X	X		
	2018												
Activity 3.2.3: Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)	2017								X	X	X	X	X
	2018	X											
Activity 3.2.4: Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response	2017								X	X	X	X	X
	2018	X											
Activity 3.2.5: Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation	2017								X	X	X	X	X
	2018	X											

OTHER INFO

Accountability to Affected Populations

The project is designed in a way that will promote accountability to CINA FTR and PSS beneficiaries. From the previous SSHF projects undertaken, beneficiary feedback on the FTR and PSS case management services offered by CINA have been established (FTR issues such as delay in getting referral services, empty promise from some programs/service providers, inadequate education and medication packages, etc.) and will inform current response strategies to improve inclusion of beneficiary feedback from the onset of project implementation. CINA M&E Officer will complete these forms at the field with beneficiaries and share the findings with field staff and CINA management to inform response strategies. To make it very transparent, CINA will convene Beneficiary Feedback Conferences at agreed intervals with parents/primary caregivers, community based CP networks, individual children and adolescents attending CFS/under care placement, to gather their views on their level of satisfaction about our child protection/FTR services, as well as their suggestions for improvement in services delivery. Information provided by individual child or group of children/adolescents and caregivers, including their photos will be kept confidential, accessible only to those persons it concerns on a need-base and in line with information sharing protocol (ISP) for National CPSC. In dealing with issues of children, all those staff and individuals in regular contact with children will have to sign and adhere by provisions of CINA Child Protection Policy and Code of Conduct. This is to ensure that children are safe and services are in line with Do No Harm principle, remembering the fact those buildings on existing structures/systems as well as respecting community/individual norms and beliefs are ideal in keeping with the humanitarian core principles of partiality and neutrality, provided that the best interest of the child is met.

From time of project inception, the role of community members will be highlighted. Community leaders will be consulted to identify locations for setting up CFS. The caregivers will be trained on better parenting skills and together with adolescent groups will participate in design of CFS activities. CINA will establish a beneficiary feedback mechanism where children enrolled in the CFS and UASC children receiving direct support from CINA will have to share their views about adequacy of services they have received. Analysis of their views will be done and incorporated into next implementation phase. There will be established appropriate complaint mechanism where children and caregivers can address their concerns over services being offered/or against performance of certain staff in the community.

Implementation Plan

CINA will directly implement this project without sub-contracting. CINA plans to incept the project where all CP/FTR staff directly and indirectly involved in the project will be oriented on the project activities, outputs, indicators,. The lines of distribution of duties to this project runs at the top from the Director who provide strategic direction and decision to Program Development Coordinator when then plans the project implementation timelines, directs program staff to implement the project and evaluates project results and financial management, submit technical reports and maintains donor relations. CINA's Child Protection Manager supports and supervises project staff in project implementation, reports to the donor and coordinates activities with other actors. The FTR project activities will be coordinated with CP SC (locations/services mapping, coordination and policy direction), Save the Children (for RapidFTR database) State Ministry of Gender, Child and Social Welfare (Government policy and direction), Relief and Rehabilitation Commission (link with communities and support coordination at state level) and local authorities (County Commissioners, Payam Administrators and chiefs for community mobilization and local solutions). CINA will ensure s good partnership coordination with UNICEF, CPSC, Protection Cluster and SSHF TS to ensure their technical and coordination support leverages on CINA's CP response. The M&E Officer compiles reports and sends to the donor, monitor and evaluate field staff and advice on project progress. The frontline CP staffs are responsible for implementing project activities; work with children and caregivers and community and local authorities, especially the field supervisor. The project accountant (Admin/Finance Officer and Assistant) are responsible for management of project funds, use of funds on planned project activities and financial reports to the donor in line with donor requirements. Despite the wet season, the activities will start in August 2017, and end in January 2018, given the physical presence of CINA CPiE/FTR team currently on ground in Bor and accessibility to islands using the boat. However, if for any reason (as may be due to insecurity or other emergencies) that disrupts activities, CINA will respond according to the needs, capacity and availability of funds to provide services in any other safe locations to which the IDPs have moved and settled.

The integrated Mobile CPiE activities will be provided by IPMT teams who will be deployed to priority locations decided by Protection Cluster. 2 teams of 3 staff will be deployed for at least 2 weeks in a month, for the 6 months. They will reach at least 1500 children during the mobile response. The teams will be trained on field based security and risk management and equipped with first aid kit for the field. They will also be oriented on intervention activities for mobile programming. The teams will compose of Mobile CPiE Manager who will be based in Juba, 2 mobile CPiE Team leaders and 4 mobile CPiE caseworkers, and 36 community mobilizers and 1 Driver/logistics Assistant. The flight bookings for the teams will be coordinated by UNHCR. The teams will work jointly with IPMT teams from NP (general protection), INTERSOS (GBV), and MAG (mine action) and other sectors on ground.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Child Protection Subcluster	Strategic and technical direction, coordination support of activities in Bor and reporting via 5 W matrix
UNICEF	Preposition of CP kits (ECD kits, recreational, CFS kits, dignity kits, WASH supplies, etc), complementary funding for activities in Bor
Protection Cluster/UNHCR	Strategic direction and technical support on approaches to integrated mobile programming and flight bookings of IMPT teams
Sudan Medical Care/MoH	Referral of children identified to have medical conditions during CP awareness activities in Bor
Save the Children	Referral of malnourished children in Bor. Support on CPIMS database case management/training
WFP	Referral for food assistance to most vulnerable children and NFIs
PAH/HDC	Referral of children for WASH supplies and NFIs in Bor
RRC/UN OCHA	Collaborate on planning integrated needs assessments
Ministry of Gender, Child and Social Welfare and county authorities and community leaders	Collaborate on community mobilization for local ownership of projects, including providing volunteer resource persons

Environment Marker Of The Project**Gender Marker Of The Project**

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

Justify Chosen Gender Marker Code

The project has been designed to involved equal number of boys as girls and equal number of men as women, both in activities design, implementation of activities and all project monitoring and evaluation activities. Specific needs of girls, including sexual violence (child marriages), denial of education and social exclusion will be addressed throughout the project. Need of boys including advocacy against armed recruitment and harsh labor will be addressed. Women of equal number as men will be involved and supported by the project as caregivers, teachers and members of community based child protection network.

Protection Mainstreaming

1. Safety and dignity and avoid causing harm:

CINA will ensure that services are designed to prevent as much as possible any unintended negative effects which can increase children's vulnerability to both physical and psychosocial risks. In particular all staff of CINA and volunteers will sign and adhere to CINA's Child Protection Policy to protect children from any eventual abuse

2. Meaningful Access:

CINA will ensure that all children have access to CP services in the CFS or direct support without any discrimination. In particular, children living with disabilities, children living with HIV/AIDS, child headed households, child mothers, children demobilized from armed forces/groups, SGBV survivors, etc. will be accorded with necessary assistance and services.

3. Participation and empowerment:

Adolescent girls and boys (peer educators) will be trained on live skills education to protect themselves and also help support other small children. Adolescents and child rights clubs will be formed in schools to help children develop self-protection capacities to enable them claim their rights, including rights to education, health, sanitation, Food/NFIs, shelter, etc.

Country Specific Information**Safety and Security**

Bor town and its surrounding islands are relatively safe and peaceful; However, there are always isolated incidents of attack along Juba-Bor road, in Jalle, and other Bomas at the periphery of Bor town. Nonetheless, those incidents can temporary delay operations for some days when they occur as roads may be blocked. There is airport in Bor for emergency landing and evacuation. There is police patrol in Bor and presence of UN keeping force.

Most of the priority locations that will be targeted by Protection Cluster for integrated mobile protection teams may be inaccessible due to insecurity. There are many hotspot areas in the country where fighting is still ongoing such as in Northern Jonglei, Warrap, Central Equatoria (Kajo-Keji), Upper Nile, Unity, etc. Some of those distant locations are not safe and are actually the locations where living condition of the IDP population is extremely harsh.

Access

The project location in Bor South is accessible on roads from December to July, and by air from August to November. The islands surrounding Bor are accessible through the river. There is telecommunication network in Bor town. However, telecoms in the islands are a challenge. Again, when the reeds block the routes in the river, it becomes hard sometimes to gain access easily to some distant islands.

Most of the hotspots locations across the country that will be targeted for mobile response are not accessible by road. However, some locations have airstrips (accessible with full-wing flights or by MI26). Generally in all government controlled areas except in Kajo-keji, access to humanitarian workers is allowable. Similarly, in areas controlled by non-state armed actors, access is possible but sometimes is derailed.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	(BOR) Child Protection Manager (100%)	D	1	1,200.00	6	100.00	7,200.00
	<i>Child Protection Manager (Grade 2.A) supervises implementation of CP activities, coordinates with CP actors on ground, reports and evaluates CP activities. Grade 2.A. Basic salary= (\$ 40*20 working days=\$ 800) + \$100 medical insurance+ \$100 hazard pay+ \$50 hazard pay + \$ 200 NSSF + \$ 50 PIT) = \$1200</i>						
1.2	(BOR) Family Tracing and Reunification Officer (100%)	D	1	700.00	6	100.00	4,200.00
	<i>FTR Officer implement FTR activities, do FTR CPIMS database entry, FTR case management, assign tracing lists, manage referrals and accompany children during reunification missions; reports to CP Manager. FTR Officer supervises FTR caseworkers. Grade 3.A. Basic salary = \$20*20 working days(= \$400 basic salary+100 medical insurance+50 hazard pay + \$ 100 NSSF + \$50 PIT)= \$ 700</i>						
1.3	(BOR) Psychosocial Support Officer(100%)	D	1	700.00	6	100.00	4,200.00
	<i>PSS Officer implements PSS activities in the community and through CFS. Designs layout of PSS activities, methodologies. Conducts training of caregivers and community members. Reports to CP Manager and supervises the PSS Caseworkers. G.3.A . Basic salary=\$20*20 working days(=\$ 400+\$ 100 medical insurance+ \$ 50 hazard pay + \$ 50 PIT + \$ 100 NSSF) = \$ 700</i>						
1.4	(BOR) 2 FTR Caseworkers and 2 PSS Caseworkers (100%)	D	4	350.00	6	100.00	8,400.00
	<i>Caseworker is a Field Assistant who conducts FTR/PSS sessions with children and caregivers and community members. FTR Caseworker conducts tracing actions and follow up visits and CP awareness sessions. PSS caseworker conducts PSS sessions in schools/churches/CFS, peer teams FGDs, etc. The FTR and PSS Caseworkers report to FTR Officer and PSS Officer respectively. The PSS caseworker supervises PSS facilitators. Caseworker is G.6.A. Basic salary = \$10*20 working days (= \$200 + \$50 medical insurance + \$30 hazard pay + \$50 NSSF + \$ 20 PIT) = \$ 350</i>						
1.5	(Bor-Community) 12 PSS Facilitators (100%)	D	12	100.00	6	100.00	7,200.00
	<i>PSS Facilitators are community volunteers who provide PSS sessions in the CFS and community. They follow PSS site work plan already design. They help identify CP risks and refer children for services. They have temporary service contract and are not entitled to benefits. They are paid incentives of \$ 100 per month without benefits or deductions. They are supervised by PSS caseworkers and community leaders</i>						
1.6	(JUBA) CINA's Director (40%)	S	1	3,400.00	6	40.00	8,160.00
	<i>The Director is a technical CP specialist who does not only provide supervisory role but provide technical supports to CP teams, program implementation and Financial management. The Director coordinates donor relations and partnerships. Grade 1.A. Basic Salary = \$ 100 *20 working days (= \$2000 + \$ 200 medical insurance + \$ 500 hazard pay + \$500 NSSF + \$ 200 PIT) = \$ 3400 *40% = \$1360</i>						
1.7	(JUBA) Finance Program Officer (100%)	S	1	1,650.00	6	40.00	3,960.00
	<i>The Finance Program Officer manages the project funds through bank, cash control, budget preparation and control, financial management, computerizing accounting, payroll management, financial reporting, compliance management and audit preparation. Reports to Director and supervises the Finance/Logistic Assistants. Grade 2.A Basic Salary = \$ 50*20 working days (= \$1000 + \$ 100 medical insurance + \$ 200 hazard pay + \$ 250 NSSF + \$100 PIT)= \$ 1650* 40% = \$ 660</i>						
1.8	(BOR) Logistics/Finance Assistant (40%)	S	1	1,230.00	6	40.00	2,952.00
	<i>The Logistics/Finance Assistant manages petty cash/cashier, bank transactions, asset management, purchases, fuel/office/support staff. Reports to Finance Program Officer. G.5.A. Basic salary = \$ 40 * 20 working days(= \$ 800 + \$ 100 medical insurance + \$ 50 hazard pay + \$ 200 NSSF + \$ 80 PIT) = \$ 1230 *40% = \$ 492</i>						
1.9	(JUBA) Monitoring and Evaluation Officer (40%)	S	1	1,750.00	6	40.00	4,200.00
	<i>The M&E officer monitors progress of project implementation and evaluate effectiveness, efficiency and impact of activities to beneficiaries. Supports field teams to implement according to targets and reports the actual. Conduct data audits for reporting accuracy. Reports to Program Development Coordinator. G.4.A. Basic salary = \$50 * 20 working days (= \$ 1000+ \$ 100 medical insurance + \$ 300 hazard pay + \$ 250 NSSF + \$ 100 PIT) = \$ 1750 * 40% = \$ 700</i>						
1.10	(3 JUBA), (3 BOR) Support Staff	D	6	100.00	6	100.00	3,600.00
	<i>Support staff includes cleaner/messenger/tea maker and security guards. They provide security, cleaning, and refreshment support to the classified staff. Support staff have temporary service contracts and act as volunteers. They are paid wages without benefits and deductions. The monthly wage = \$ 100</i>						
1.11	Consultancy cost for training on Computerized Accounting (50%)	D	1	900.00	6	40.00	2,160.00
	<i>Finance consultancy cost for training of Finance team on computerized accounting and auditing of Quick Books for 5 days in Juba= \$ 900 per day* 5 days</i>						
1.12	Finance Manager (40%)	S	1	1,850.00	6	40.00	4,440.00

	<i>Finance Manager controls project grants and reports to donors. G.2.A (= \$50 per day* 20 working days= \$ 1000 + \$ 250 NSSF + \$ 100 PIT + \$ 200 hazard pay+ \$ 300 medical insurance = \$ 1850</i>						
1.13	Program Development Coordinator (40%)	S	1	1,850.00	6	40.00	4,440.00
	<i>PDC controls project grants, technical field supervision, quality implementation and reports to donors. G.2.A (= \$50 per day* 20 working days= \$ 1000 + \$ 250 NSSF + \$ 100 PIT + \$ 200 hazard pay+ \$ 300 medical insurance = \$ 1850</i>						
1.14	Human Resource Manager (20%)	S	1	1,650.00	6	40.00	3,960.00
	<i>HRM recruits, supervises staff performance (admin) and appraise them. G.2.A (= \$50 per day* 20 working days= \$ 1000 + \$ 250 NSSF + \$ 100 PIT + \$ 100 hazard pay+ \$ 200 medical insurance = \$ 1650.</i>						
1.15	(JUBA) CPiE Manager (for Mobile CP response)-100%	D	1	1,300.00	6	100.00	7,800.00
	<i>CPiE Manager lead implementation of IMPT missions, supervises staff, coordinate with IMPT partners and PC and reports to donors. them. G.3.A (= \$40 per day* 20 working days= \$ 800 + \$ 200 NSSF + \$ 80 PIT + \$ 120 hazard pay+ \$ 100 medical insurance = \$ 1300.</i>						
1.16	2 Mobile CPiE Team Leaders (100%)	D	2	840.00	6	100.00	10,080.00
	<i>Mobile CPiE TL lead IMPT team activities in the field, coordinate with local authorities and other IMPT partners, support CPiE case workers and alert organization on security issues in the field. G.4.A (= \$20 per day* 20 working days= \$ 400 + \$ 100 NSSF + \$ 40 PIT + \$ 200 hazard pay+ \$ 100 medical insurance = \$ 840</i>						
1.17	4 Mobile CPiE Caseworkers (100%)	D	4	520.00	6	100.00	12,480.00
	<i>Mobile CPiE caseworkers manage individual cases of children during IMPT activities in the field, including UASC, PSS activities, assessment data collection in the field. G.5.A them. (= \$10 per day* 20 working days= \$ 200 + \$ 50 NSSF + \$ 20 PIT + \$ 200 hazard pay+ \$ 50 medical insurance= \$ 520</i>						
1.18	Logistics/security Officer (40%)	D	1	640.00	6	100.00	3,840.00
	<i>Logistics/Security officer coordinates all the logistics of IMPT and scan security in the field prior to field travel and coordinates security issues with IMPT partners security focal point. G.4.A (= \$20 per day* 20 working days= \$ 400 + \$ 100 NSSF + \$ 40 PIT + 50 hazard pay + 50 medical insurance = \$ 640</i>						
1.19	Incentives for 36 IMPT community mobilizers	D	36	50.00	1	100.00	1,800.00
	<i>IMPT community mobilizers are community volunteers who help in awareness activities in the community, coordinate referral of children, give relevant information and help in identification of vulnerable children. They are unclassified with G.7.A, paid lumpsum of \$ 50 during one mission without deduction and no entitlements.</i>						
	Section Total						105,072.00
2. Supplies, Commodities, Materials							
2.1	Material support kit for 100 UASC and other children in extremely vulnerable situation	D	100	200.00	1	100.00	20,000.00
	<i>Material support for UASC and other children in extremely vulnerable situation include packages as cash for dietary meals, milk for babes, clothes, soap, sugar, medication, sanitary pads for girls, scholastic materials, lawa for caregiver, etc. = \$ 50 * 50 children * 3 months</i>						
2.2	Training/coaching refreshment for 160 caregivers	D	160	10.00	3	100.00	4,800.00
	<i>Training refreshment for caregivers include stipends for meals/organized meals/drinks and transport refund, etc.= \$ 20 * 3 days* 160 participants</i>						
2.3	Training refreshment for 30 teachers and 50 members of CB-CPN	D	80	20.00	3	100.00	4,800.00
	<i>Training refreshment for teachers and members of CB CPN include stipends for meals/drinks and transport refund. = \$ 20 * 3 days * 80 participants</i>						
2.4	Training stationery and CP supplies for FTR and PSS and IPMT	D	100	25.00	1	100.00	2,500.00
	<i>Training stationery and CP supplies include notebooks, pens, markers, flip charts, fuel/generator hire, handouts printing/bags= Lumpsum= \$25 * 100 participants*1</i>						
2.5	IEC materials for CP risk awareness activities	D	3000	2.00	1	100.00	6,000.00
	<i>IEC materials for CP awareness include film CD prints, PSS/FTR banners, T-shirts, gumboots, hand-wound radios/airtime=lumpsum= \$ 2 * 3000 children that will be reached</i>						
2.6	Boat hire for transportation of CP supplies and staff in islands	D	1	800.00	10	100.00	8,000.00
	<i>Boat hire include costs for transportation of CP supplies and staff to islands. Boat will visit island twice in a month. The hire costs is determined from local rates.= 1 boat* \$ 800 * 5 months * 2 visits</i>						
2.7	Local materials/services for 6 Community based CFS construction/maintenance	D	6	1,500.00	1	100.00	9,000.00
	<i>Local materials for construction/maintenance of CFS include poles, grass, iron sheet, timbers, nails, mud, water supply, cleaning, fencing, security of items. Local rates = \$ 1500 per CFS * 6 CFS</i>						
2.8	Tents/shelter for CP Help Desks during IPMT missions	D	4	2,100.00	1	100.00	8,400.00

	4 tents for 12 IPMT missions, costing \$ 2100 purchase in Juba or using local materials in the field						
2.9	Hire of plastic chairs/table during IPMT response	D	10	2.00	180	100.00	3,600.00
	<i>8 Plastic chairs/table and 2 tables hired at field for CP help desks, costing \$ 2 per day* 15 days * 12 missions=</i>						
2.10	Hire of car (including fuel and service)) for IPMT response activities and static project activities in Bor	D	1	200.00	180	100.00	36,000.00
	<i>Hire of car per day for project activities= \$ 200*15 days* 12 missions</i>						
2.11	Training of 10 IPMT staff on field security and risk management and basics of mobile CPiE programming	D	10	25.00	6	100.00	1,500.00
	<i>Training DSA (meals/drinks) for 8 IPMT staff and 2 supervisors at \$ 25 per day* 3 days* 2 training* 10 pax</i>						
	Section Total						104,600.00
3. Equipment							
3.1	Purchase of 1 Thuraya phones and units for field communication in islands	D	1	1,800.00	1	100.00	1,800.00
	<i>Thuraya phones will be used in far islands of Panlueth, Ziam-Ziam for field communication. Costs in Juba = \$ 1500 /phone. Monthly units= 300 units =\$ 300* 6 months= \$1800</i>						
3.2	Purchase of Laptop computers 1 for Program and 1 for Finance in Bor	D	2	1,300.00	1	100.00	2,600.00
	<i>Laptops for the project staff to be used in Bor. Rate= \$1300* 2 laptops</i>						
3.3	Purchase of a Printer for Project activities in Bor	D	1	1,300.00	1	100.00	1,300.00
	<i>Printer for project activities at cost =\$ 1300 * 1 printer</i>						
3.4	Purchase of solar panels/battery for office power supply in Bor	D	8	400.00	1	100.00	3,200.00
	<i>4 panels with 4 batteries for reliable office power supply at cost = \$400 * 8 pieces</i>						
3.5	Purchase of 2 Thuraya phones and credit units for 2 IPMT teams (security equipment)	D	2	1,800.00	1	100.00	3,600.00
	<i>Thuraya phones will be by IPMT for for field communication. Costs in Juba = \$ 1500 /phone. Monthly units= 300 units =\$ 300* 6 months= \$1800 * 2 phones</i>						
3.6	Purchase of 6 VHF radios and its accessories for 2 IPMT teams (security equipment)	D	6	800.00	1	100.00	4,800.00
	<i>VHF radios will be by IPMT for for field communication. Costs in Juba = \$ 800 /phone. Monthly units= 300 service. batteries, etc = \$ 300* 6 months= \$800 * 6 radios</i>						
3.7	Purchase of camping tents, gumboots, rain coats, and IEC visibility materials for IMPT teams	D	8	900.00	1	100.00	7,200.00
	<i>Security and IEC and visibility assorted materials/kit is a lumpsum of \$ 900 per kit* 8 staff</i>						
3.8	Purchase of first aid kit (mosquito repellent, antimalarial, water guards, salt, sugar, biscuits, cup/plate, etc for IMPT teams	D	8	800.00	1	100.00	6,400.00
	<i>First aid kit for IPMT team is a lumpsum package of assorted items @ 800 * 8 IMPT staff</i>						
3.9	Purchase of 1 Laptop for Mobile CPiE Manager in Juba	D	1	1,300.00	1	100.00	1,300.00
	<i>Laptop for reporting of IPMT activities in Juba, cost \$ 1300</i>						
	Section Total						32,200.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Air tickets for 1 program officers during field monitoring and support activities	D	1	400.00	10	100.00	4,000.00
	<i>Air tickets for 1 staff during 2 visits/month for 5 months = 2 staff* 2 visits*5*\$400</i>						
5.2	Air tickets for 4 project officers during training travel to Juba for FTR/PSS	D	4	400.00	2	100.00	3,200.00
	<i>4 FTR/PSS staff will travel to Juba for FTR/PSS training for 5 days= 4 staff* \$ 400 * 2 training</i>						

5.3	DSA for accommodation/meals for program staff in the field	D	1	30.00	100	100.00	3,000.00
	<i>DSA for accommodation/meals per day in the field = \$ 30 * 5 days * 1 times * 5 months * 2 staff</i>						
5.4	DSA for accommodation/meals for project officers in Juba during FTR/PSS training	D	4	50.00	14	100.00	2,800.00
	<i>DSA for accommodation/meals per day in Juba = \$ 50 * 4 staff * 7 days * 2 times</i>						
5.5	DSA for accommodation/meals for Finance consultant during training in Juba	D	1	200.00	5	100.00	1,000.00
	<i>DSA for meals = \$ 50/day. DSA for accommodation = \$ 150/day for Finance Consultant in Juba for 7 days</i>						
	Section Total						14,000.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	(JUBA), (BOR) Office rent/maintenance cost (40%)	S	1	2,200.00	6	40.00	5,280.00
	<i>40% of Office rent cost sharing for the project: Bor office = \$ 800 per month. Juba Office = \$ 1400 per month. Total = \$ 2200</i>						
7.2	(BOR) Office stationery (toner, rims, pens, envelopes, lights, water, sanitation, files, etc)	S	2	1,200.00	6	40.00	5,760.00
	<i>40% of Office supplies include stationery, toner, rims, pens, envelopes, lights, sanitation, water, tea, etc). Lumpsum at \$ 1200 per office per month</i>						
7.3	Fuel for office generator, car and motorbikes	S	2500	2.00	6	40.00	12,000.00
	<i>40% of 2500 liters of Fuel for office generator, car, motorbikes at \$ 2 per liter * 6 months</i>						
7.4	(JUBA), (BOR) Office internet bundles for per month (40%)	S	2	950.00	6	40.00	4,560.00
	<i>40% of Office internet bundles per month at \$ 950 * 2 offices * 6 months</i>						
7.5	Maintenance cost for car/bikes/generator	S	3	400.00	6	40.00	2,880.00
	<i>40% of Car/bikes/generator service costs per month = lumpsum at \$ 400 per item * 3 items * 6 months</i>						
7.6	Air time for staff communication	D	12	30.00	6	100.00	2,160.00
	<i>Air time for staff communication at \$ 30 per month * 12 staff * 6 months</i>						
7.7	(JUBA) Office security gadgets (40%)	D	1	1,800.00	1	100.00	1,800.00
	<i>office security gadgets (wall perimeter, mirror, wages, etc) = Lumpsum at \$ 1800 once</i>						
7.8	Bank charges	D	1	4,926.10	1	100.00	4,926.10
	<i>Bank charges including withdrawal charges, transfer charges, cheque book printing charges, account maintenance fee, etc. at rate of 2% = \$ 5036.7</i>						
	Section Total						39,366.10
SubTotal			6,119.00				295,238.10
Direct							232,646.10
Support							62,592.00
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							14,761.91
Total Cost							310,000.01

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	5			450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>

Jonglei	5		450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Jonglei -> Bor South	50	100	140	1,585	1,585	3,410	<p>Activity 1.1.1 : Initiate registration, tracing actions, and provide family reunification services for 120 cases of UASC (60 boys, 60 girls)</p> <p>Activity 1.1.2 : Provide appropriate support to 120 UASC identified (60 boys and 60 girls) through comprehensive case management approach in family tracing, reunification and reintegration (FTR) in line with minimum standards and inter-agency (IA) information management system (IMS).</p> <p>Activity 1.1.3 : Provide CP messages including prevention of separation and response of CP risks and services to 3000 conflict affected children (1500 boys, 1500 girls)</p> <p>Activity 1.1.4 : Provide regular follow up visits to 120 UASC registered at least 2 times in 3 months and report using temporary care monitoring forms</p> <p>Activity 1.2.1 : Establish CP Help Desks in 10 schools, 5 CFS and 5 churches to serve as hubs for reporting and responding to violence and violations against children occurring within the community</p> <p>Activity 1.2.2 : Conduct referral actions for 30 UASC in extremely vulnerable situation identified through CP Help Desks to other services including health, nutrition, NFIs, FSL, WASH and maintain effective referral pathways</p> <p>Activity 1.2.3 : Conduct capacity building training for 120 caregivers (60 men, 60 women) of the 120 UASC identified to prevent and respond to CP risks</p> <p>Activity 1.2.4 : Provide direct material support to 30 UASC and other children in extremely vulnerable situations within a family-based system</p> <p>Activity 2.1.1 : Conduct community based PSS activities to 3000 children (1500 boys, 1500 girls) in schools, churches, TLS, peer groups, etc using appropriate CB PSS methodologies</p> <p>Activity 2.1.2 : Provide structured child friendly space recreational and informal learning activities to 3000 children (1500 boys, 1500 girls) and integrate CP risks awareness messages into cholera prevention, WASH and nutrition outreach and awareness activities</p> <p>Activity 2.1.3 : Provide capacity building training and support to 40 caregivers (40 women), 30 teachers (10 women, 20 men), and 50 members (30 women, 20 men) of community based child protection networks on CPiE to prevent and respond to CP risks occurring within their community</p>
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Lakes	5		450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Northern Bahr el Ghazal	5		450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Unity	5		450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Upper Nile	5		450	450	900	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Warrap	5		900	900	1,800	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Western Bahr el Ghazal	5		300	300	600	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Western Equatoria	5		300	300	600	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Central Equatoria	5		300	300	600	<p>Activity 3.1.1 : Conduct 12 integrated Child Protection Rapid Assessments (CPRA) through IPMT missions in collaboration with the community to identify immediate risks faced by children</p> <p>Activity 3.1.2 : Conduct 4 debriefing sessions with the IPMT and protection cluster to ensure that child protection considerations are integrated into their advocacy and arrangements with authorities and humanitarian actors</p> <p>Activity 3.1.3 : Develop integrated emergency referral pathways based on available services in hotspot areas (including integrated service mapping) during integrated mobile protection missions</p> <p>Activity 3.1.4 : Jointly disseminate key messages and IEC materials regarding protection of women and children; prevention of family separation, including support services for unaccompanied and separated children (UASC) to be integrated into the IPMT early warning or contingency planning and awareness sessions where possible; GBV; Mine/IED risk; service providers and helplines during IPMT missions</p> <p>Activity 3.2.1 : Establish emergency safe spaces/CFS and provide PFA and PSS services to 6000 distressed children to respond to immediate emotional and psychosocial distress caused by displacement and other stressful circumstances</p> <p>Activity 3.2.2 : Assess any needs for material support for 50 UASC and other children with protection concerns– specifically dignity kits, baby kits, clothing etc. for girls and boys and provide or refer to other agencies for Core Relief Items (CRI) if needed</p> <p>Activity 3.2.3 : Provide targeted case management support package to 50 emergency cases (cases requiring immediate intervention (including: high risk UASC cases, children at risk of recruitment, children detained following screening process, child survivors of GBV, children who show high level of distress)</p> <p>Activity 3.2.4 : Conduct targeted rapid tracing actions to 300 UASC, facilitate family-based care, temporary care monitoring and timely family reunification during first line response</p> <p>Activity 3.2.5 : Conduct second line structured PSS activities for 6000 children, case management support for those in extremely vulnerable situation and conduct safety audits and community safety planning through surge capacity support to CP partners on ground overwhelmed by situation</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Proposal_Draft1_CINA_28July2017_RK_JM.doc