

Requesting Organization :	International Organization for Migration		
Allocation Type :	1st Round Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
NON FOOD ITEMS AND EMERGENCY SHELTER		66.00	
CAMP COORDINATION AND CAMP MANAGEMENT		18.00	
WATER, SANITATION AND HYGIENE		4.00	
HEALTH		12.00	
		100	
Project Title :	Multi-sectoral response to increased CCCM, S-NFIs, WASH, and Health needs of the most vulnerable populations affected by increased violence, natural disasters and food insecurity in Warrap, Jonglei, Unity and Western Equatoria states.		
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :		Fund Project Code :	SSD-22/HSS10/SA1/NFI-CCCM-WASH-H/UN/22864
Cluster :		Project Budget in US\$:	5,581,358.57
Planned project duration :	12 Months	Priority:	
Planned Start Date :	01/09/2022	Planned End Date :	30/06/2023
Actual Start Date:	01/11/2022	Actual End Date:	31/10/2023
Project Summary :	<p>According to Round 12 of IOM DTM's monitoring of displacement and return movement, 2,229,657 people remain displaced in South Sudan, taking shelter across 174 displacement sites and 3,480 locations with host communities. In several displacement sites and collective centers, more than 440,000 individuals continue to live in situations of protracted displacement. Displacement figures have continued to increase despite the signing of the R-ARCSS in 2018 due to an increase of incidents such as sub-national conflict and unprecedented climate-related disasters. Of great concern are sub-national conflicts, cattle raiding, and the unprecedented scale of natural disasters displaced 973,100 people in 2021 and over 300,000 in 2022 so far. The situation is particularly dire in Warrap, Jonglei, Western Equatoria and Unity States where populations are subjected to repeated waves of violence and seasonal flooding (IOM DTM).</p> <p>Territorial conflict in the Abyei Administrative Area (AAA) in March 2022 led to the displacement of more than 100,000 people within the AAA and into Twic County of Warrap State. In Jonglei State and the Greater Pibor Administrative Area (GPAA), continued displacement due to floods and sub-national violence since 2021 have continued to seriously affect over 300,000 people. The displaced communities are in dire need of urgent humanitarian support, with most, if not all of their emergency coping mechanisms exhausted due to repeated shocks.</p> <p>Through this project, the International Organization for Migration (IOM) will implement a multi-sectoral and lifesaving response to the acute humanitarian needs of people affected by recent events of sub-national violence, and flooding in Warrap, Jonglei, Western Equatoria and Unity State by providing frontline interventions in Camp Coordination and Camp Management (CCCM), Water Sanitation and Hygiene (WASH), Shelter-Non Food Items (NFIs), and Health. IOM CCCM, in partnership with implementing partners, will provide emergency CCCM roving response services to 22,000 people in Pibor and 30,267 people in Twic and 46,580 people in Panyijar, Mayendit and Leer, tailored to each location considering the extent of flooding in the country with a specific focus on protection mainstreaming, community self-management and CCCM coordination and monitoring, ensuring equitable and secure access to these services, maintenance of existing infrastructure through Cash for Work (CfW) interventions. IOM's Emergency Shelter and NFIs will provide assistance to 69,666 (52% cash) affected people in Fangak, Pibor, Twic and Nagero with in-kind and cash-based interventions in target locations where needs have been assessed and markets are functional. IOM has a dedicated Core Pipeline team that manages both S-NFI and WASH pipeline and provides strong support to the Clusters in coordinating procurement, warehousing, and transporting. These activities will be integrated with CCCM, and WASH reinforcing better coordination and execution with other sectors. WASH services will target 18,000 conflict-affected IDPs in Twic country and include; provision of WASH kits to caregivers, and sanitation facilities at community and nutrition sites. IOM health team will provide essential and lifesaving maternally, child and adolescent health, sexual and reproductive health services, treatment of common illnesses, disability, Mental Health and psychosocial support (MHPSS) and GBV-related health services to 39,203 beneficiaries Twic county, 68,607 in Ezo and 42,491 Nagero. IOM will implement with 7 national partners who will receive over 30% of the overall budget, in line with the SSHF strategy to enhance the national organizations' capacity and participation in planning and implementation.</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
61,921	73,041	65,790	72,902	273,654

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	10,935	12,571	12,738	13,322	49,566
Internally Displaced People	36,718	43,451	37,749	42,576	160,494
Returnees	14,268	17,019	15,303	17,004	63,594

Indirect Beneficiaries :
20,000 indirect beneficiaries.

Catchment Population:

Link with allocation strategy :

The project will contribute towards Priority 2 of the 2022 SSHF Standard Allocation (SA) Strategy, namely the "Scale up of the multi-sectoral response in Warrap, Jonglei and Unity States in order to maximize the impact of the humanitarian response in seven counties, in complementarity with the 2022 CERF allocations". IOM CCCM intends to provide emergency CCCM services in 22 displacement sites in Twic County (Warrap State), Pibor (Jonglei) and Mayendit, Leer and Panyijar (Unity). The project is also in line with the CCCM Cluster Strategy as stipulated in the 2022 South Sudan Humanitarian Response Plan (HRP), specifically, contributing to Objectives 1, 2 and 3 of the CCCM Cluster Strategy, "improving the living conditions of IDPs by facilitating safe, equitable and dignified access to cross-sectoral humanitarian services, including CCCM", "enhancing the protective environment, responding to vulnerable populations with priority on addressing protection gaps and strengthening predictability and effectiveness of multi-sectoral interventions at site level" and "supporting vulnerable IDPs to recover from crisis by strengthening self-management, building resilience to promote solutions for displaced people in sites", respectively. In line with the 2022 SSHF SA Strategy, the project will ensure that the Centrality of Protection (CoP) and AAP Principles are mainstreamed throughout the project life cycle to ensure that the needs of the most vulnerable (women, girls and persons with disabilities) are catered for. The project will also work towards localization, partnering with two national NGOs (NNGOs). The project is designed in line with the 3 WASH Cluster sectoral objectives: (1) contribute to reducing WASH-related morbidity and mortality in priority counties through WASH integrated programming with Nutrition; (2.1) provision of access to basic WASH services in emergencies and/or WSC 4 and 5 counties; (2.2) provision of WASH specific activities for GBV (or mitigating WASH GBV) in SSD; and (3) community members exposure to environmental hazards is reduced through the construction of disaster-resistant structures and infrastructure. With its implementing partner (Care for Children & Old Age in South Sudan (CCOSS), IOM WASH will scale up IPC response in Twic targeting mainly the Conflict affected population residing in IDPs sites.

As concerns SNFI, the project activities are aligned to the SSHF allocation strategy and the priority areas of the ES-NFI cluster. The target locations are selected based on the priority areas as identified in the allocation strategy and IOM and partners' presence in the target locations. The project activities will contribute to strategic objective 1, "Improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities", and aligned to the ES-NFI Cluster strategy, the project promotes multi-sector in-kind and cash-based interventions, ensuring people access to shelter and NFIs while also contributing to their other sectoral needs. IOM currently implements the CERF project in these locations, a key requirement and complementarity of the strategy. The project is being implemented through national partners, which again is completely aligned with the SSHF strategy to enhance national organizations' participation in planning and implementation. For health, and in alignment to the allocation strategy, this project targets 4 out of the 10 prioritized counties of Twic, Ezo and Nagero in the respective states of Warrap and Western Equatoria to address the needs of the most vulnerable groups, women and girls and people with disabilities while ensuring the centrality of protection in humanitarian action. For Health interventions, IOM will implement with a local partner, United Network for Health (50% of the budget) to increase efficiency of interventions, in line with the SSHF strategy.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount
CERF	13,200,000.00
	13,200,000.00

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

Over 8.9 million people (including 4.6 million children) are estimated to need some form of humanitarian assistance and protection in South Sudan in 2022 (HRP 2022). Their situation is worsened by endemic violence, conflict, access constraints and operational interference, public health challenges such as direct and indirect effects of COVID-19 and climatic shocks resulting in the dual phenomena of extraordinary flooding and localized drought, which have a severe impact on people's livelihoods, hampers access to education and water, sanitation and hygiene and health services. An estimated 835,000 people were affected by severe flooding between May and December 2021, and 80 per cent of those affected were from Jonglei, Unity and Upper Nile states. Many flood-displaced people, including those who were displaced by the 2020 floods were unable to return to their homes until early 2022, if at all. In Abyei and Twic, inter-communal conflicts have displaced more than 129,000 people from both locations. From the 17th to the 18th of February 2022, an IRNA was conducted to confirm the reported needs of the conflict-affected population. IOM WASH and Protection conducted a rapid assessment to identify the existing services and gaps (WASH, Protection, Health, Nutrition). On 17th April 2022, an IRNA conducted in Muom (Leer) confirmed massive displacement of more than 26,000 people due to clashes between Leer and Mayendit communities, and also between the SPLA-IO and the youth from Koch and Mayendit. Please find attached the rapid assessment report as an annex.

In addition to displacement due to conflict in early 2022, a recent update from the CCCM Cluster in Unity State confirmed that the southern parts of the State were hit by unprecedented flooding because of heavy rainfall in the month of August 2022, causing displacement of residents from their locations of origin, particularly in Leer County – with the estimated affected population of 49,854 individuals (9,635 HHs). In Mayendit county, heavily affected by the floods, the CCCM Cluster estimated the affected population to be 21,265 individuals. In Payinjar, the total recent estimate stands at 17,648 people affected by flooding. In these counties, based on organizational assessments, IRNAs (Feb and April 2022) and DTM report, acute needs fall within CCCM, FSL, SNFI, WASH, Health, Nutrition, Protection and Education. In the first half of 2022, IOM DTM conducted multiple assessments in Warrap, Jonglei and Unity States tracking the displacement of 156,605 across 41 different payams noting the severe need for SNFI, Health, WASH and protection support. About 52% of the population were residing in displacement sites and collective centres, indicating the dire need for CCCM support to engage communities.

This humanitarian situation is worsened by the low level of functionality of health facilities and low immunization coverage of less than 60% which often results in incidences of disease outbreaks such as the ongoing 2022 measles, Hepatitis E and cholera outbreaks which have affected populations across South Sudan including displaced populations in Rubkona, Maban, Torit, Tambura and among returnees and host communities in Gogrial West and Northern Bar el Ghazal. Continued stress due to repeated cycles of crises, disasters and displacement has affected the mental well-being and social cohesion of the affected populations and disrupted health service delivery. This coupled with the reduction of HPF funding, more facilities are now operating with minimum capacity under the County Health departments with limited ability to respond to the needs of the flood-affected population to an estimated 21,675 individuals displaced to the counties of Nagero within the 3 payams of Nagero central, Duma and Namatina.

3. Description Of Beneficiaries

4. Grant Request Justification

Through a multi-sector approach, inclusive of CCCM, WASH, Health and S-NFI, IOM will contribute to the reduction of vulnerabilities of the targeted population impacted by increased violence, flooding and food insecurity in ten counties of the four worst-hit states: Warrap, Jonglei, Unity and Western Equatoria states. IOM currently implements CERF-funded projects in Twic, Pibor and Fangak through ADA as an implementing partner. As a result, IOM has already completed different assessment in target locations, and has a team in place well positioned to initiate project implementation immediately. IOM also works through national partners, bringing the added advantage of technical expertise and field-level swift implementation. IOM partners (ADA and CCROSS) have a static presence in the target locations, and the proposed project supplements existing activities for maximum efficiency and integration. In addition, IOM has a long-term development project in Fangak and Pibor to mitigate flood impact in these areas. IOM is a projectized agency and does not have core funding to support its operations. The grant will help IOM and the national partners to expand the programming and provide humanitarian support to the affected population.

Through this project, IOM and partners will contribute to the cluster objectives, that focus on responses that will improve access to safe, appropriate emergency shelter and lifesaving NFIs to newly displaced or populations with new vulnerabilities. IOM CCCM has a strong mobilization capacity, with teams ready to deploy encompassing camp management operation officers and community mobilizers, alongside engineering site planners. The combination of strong institutional capacity and operational flexibility enables IOM CCCM to rapidly respond to new and hard-to-reach IDP displacement sites, ensuring coordination during crucial phases in displacement crises. Working with national partners, such as Peace Corps Organization (Pibor), is essential to improve sustainability and community-engagement as well as localization. All the partners have already significant contextual knowledge and operational base in CCCM target locations. Growing insecurity and flooding have challenged displaced communities' accessibility - reason why CCCM will mobilize its teams to ensure communities' continuous access to basic services through infrastructure activities. At the same time, since these communities are displaced in camp-like settings, it is necessary for CCCM's intervention to develop the capacity of the community to enhance site governance structures, ensure site level coordination and service delivery monitoring, care and maintenance of the site infrastructure and supporting referral and response mechanisms for protection incidents.

Through this grant, IOM WASH will to maximize the impact of its interventions in Twic by providing financial and technical support to its implementing partner Care for Children & Old Age in South Sudan (CCOSS) to continue addressing the WASH needs for the conflict affected population in IDP sites. Response to these needs is in line with WASH Cluster SSHF Strategic Allocation approaches, WC WASH-Nut, WC WASH EPnR guidelines, and WC Cholera Contingency and Response Plan. IOM Health team will work with United Networks for Health (UNH), a National NGO with proven experience in providing emergency health response in fragile environments, to provide equitable access to life-saving essential quality health care services.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Provision of life saving emergency Shelter and Non-food Items (ES/NFI) assistance to newly displaced people and those with new vulnerabilities affected by recent events of sub national violence, food insecure and flooding in Twic, Nagero, Fangak, and Pibor counties.

IOM seeks to significantly expand the ongoing humanitarian efforts in addressing the impact of multiple shocks caused by conflict and sub-national violence, unprecedented flooding and food insecurity in area including Nagero, Twic, Fangak and Pibor. The IOM Emergency Shelter and Non-Food Items assistance will include the provision of shelter and NFIs through in-kind and cash-based intervention modalities to the affected populations in target locations where needs are assessed and markets functional. In addition, the IOM Shelter and Settlement will partner with two National NGOs, Africa Development Aid (ADA) and Care of Children and Old Age in South Sudan (CCOSS), for the project's overall implementation in target locations.

IOM shelter and NFIs, under this project, plans to reach 69,666 (52% cash) flood and conflict-affected people in the target counties based on the S-NFI cluster standard allocation strategy and guidelines. IOM already has complementary funding from CERF for Twic, Pibor and Fangak, which delivers shelter, NFI and multipurpose cash assistance to flood and conflict-affected communities. However, as the needs are high, the project cannot meet all requirements within the available resources. Therefore, IOM continues to use the Shelter-NFI cluster flood response methodology in flood-affected areas while, in Pibor, Nagero, and Twic, IOM will use the standard response methodology. The project will ensure that accurate data is collected, detailed needs, market assessments conducted, consultations with affected communities and monitoring strategies placed to ensure quality programming. Furthermore, IOM will place coordination at the forefront and undertake a holistic approach by providing complementary activities are conducted with the other Clusters. The project prioritizes boys, girls, women and persons with disability throughout the response cycle and ensures robust monitoring for all activities.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	100

Contribution to Cluster/Sector Objectives : Under this response, IOM and UNH will provide emergency and basic lifesaving health services focusing on major causes of morbidity and mortality and enhancing equitable access to life-saving essential quality health care services including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, MHPSS and GBV health services to crisis affected populations while enhancing resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms through coordination with communities, county health departments and other implementing partners. The services that will be provided through the fixed facilities and mobile health clinics will contribute to health cluster specific objectives 1) focusing on improving equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to crisis-affected people, 2) to reduce excess morbidity and mortality by the timely detection and coordinated response to epidemic-prone diseases and 3) enhance resilience and promote humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

Outcome 1

Conflict affected communities are provided with equitable access to life-saving essential quality health care services, including maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses, disability, mental health and psychosocial support (MHPSS) and GBV-related health services to reduce excess morbidity and mortality while enhancing resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms to a total of 188,462 beneficiaries including IDPs, flood affected population, returnee, vulnerable host communities and 28,269 persons with disabilities in the counties of Twic, Panyijar, Ezo and Nagero.

Output 1.1

Description

Proposed Health and MHPSS interventions will support the establishment of 2 mobile teams that will be able to assess various identified vulnerable populations with flexibility depending on the availing needs within the county and strengthening 1 PHCUs in each of the counties identified in coordination with the affected communities, the county health department and existing developmental health partners on ground. In Ezo and Nagero IOM will only provide technical support, oversight, quality control and M&E and the rest of the health interventions will be implemented by UNH. In Twic, health interventions will be provided to the affected population through 2 mobile clinics while in Ezo and Nagero, through one PHCU and mobile clinic in each county.

The below activities will be implemented in alignment to national and international standards of health and MHPSS services in humanitarian emergencies.

- a) Deployment of health mobile health and MHPSS teams to priority locations.
- b) Procure and distribute Personal protective (PPEs) gears and other items to healthcare workers
- c) Minor rehabilitation and Support to health facilities with essential supplies and drugs
- d) Provision of essential Health Care to vulnerable populations including routine immunization, maternal, child and adolescent health, sexual and reproductive health, treatment of common illnesses and nutritional screening
- e) Conduct initial in-patient stabilization treatment for trauma and common diseases.
- f) Training of project staffs on infection prevention and control, COVID-19 prevention, and mitigation within the health facility
- g) Provide training of community healthcare workers and health promoters on human-centered design for health promotion community engagement
- f) Carry out disease Surveillance /EWARN using routine surveillance tools while supporting active disease surveillance in the event of a suspected or confirmed epidemic disease outbreak.
- g) Facility- based and community-based health Promotion/risk communication including COVID-19 awareness raising
- h) Procure and distribute IEC materials for health promotion and awareness creation
- i) Training of Health workers on cross-cutting issues including, HIV, PSEA, GBV mitigation and CMR
- j) Integration of COVID-19 response including COVID-19 vaccination during health service delivery

Cross-cutting themes:

- (a) This intervention will aim at mitigating risks for women and girl's safety to access health services by training of project staff on PSEA, mainstreaming GBV risk mitigation messages during health promotion sessions including messages on availability of GBV health services including CMR.

Assumptions & Risks

Assumptions:

The assumption is that the security situation in the areas of operation especially in Twic, Ezo and Nagero remain relatively stable and that the flooding in Panyijar does not reach uncontrollable levels.

Risks:

The security situation in the prioritized locations still remains unstable and this can further deteriorate as from previous experiences forcing relocation of humanitarian teams from one or more of the indicated locations and hence interruption in service delivery. Additional risks of extreme flooding still exist in Panyijar which could result in further population displacement and interruption of project activities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of functional health facilities supported					4
Means of Verification : Weekly IDSR and EWARS reports							
Indicator 1.1.10	HEALTH	Number of people reached by health education and promotion	23,349	24,365	26,395	27,410	101,519
Means of Verification : Health facility registers and weekly activity reports							
Indicator 1.1.11	HEALTH	Number of health workers trained on IMC/EWARS/common illnesses Case management guidelines and protocol	48	24			72
Means of Verification : Training reports							
Indicator 1.1.12	HEALTH	Number of health workers trained on infection prevention and control (IPC)	48	24			72
Means of Verification : Training reports, pre- and post-training tests, participants' training evaluations							
Indicator 1.1.13	HEALTH	Number of health workers trained in CMR	12	12			24
Means of Verification : Training reports							
Indicator 1.1.14	HEALTH	Number of HHP trained in hygiene promotion, early detection and referral of suspected cases of cholera	30	30			60
Means of Verification : Training reports							
Indicator 1.1.15	HEALTH	Number of epidemic prone disease alerts verified and responded to within 48 hours					12
Means of Verification : Weekly IDSR reports							
Indicator 1.1.2	HEALTH	Number of facilities providing BEmONC services					4
Means of Verification : Weekly IDSR and EWARS reports							
Indicator 1.1.3	HEALTH	Number of health facilities providing Sexual and Gender Based Violence services					4
Means of Verification : Weekly IDSR and EWARS reports							

Indicator 1.1.4	HEALTH	Number of children under 5 and PLWs screened for malnutrition			10,968	10,968	21,936
Means of Verification : Consultation registers, weekly activity reports							
Indicator 1.1.5	HEALTH	Number of normal deliveries attended by skilled birth attendants		600			600
Means of Verification : Delivery registry, weekly reports							
Indicator 1.1.6	HEALTH	Number of Mobile teams deployed					8
Means of Verification : Activity reports							
Indicator 1.1.7	HEALTH	Number of Out-Patient Department (OPD) consultation					40,000
Means of Verification : Health facility registers, weekly activity reports							
Indicator 1.1.8	HEALTH	Number of children receiving measles vaccinations			3,015	3,015	6,030
Means of Verification : Vaccination registers, weekly activity reports							
Indicator 1.1.9	HEALTH	Number of children receiving 3 doses of pentavalent vaccine			3,015	3,015	6,030
Means of Verification : Vaccination registers, weekly activity reports							
Activities							
Activity 1.1.1							
Standard Activity : Support health facilities with essential supplies and drugs							
In order to supplement health commodities supplies obtained through the Health and Reproductive health pipelines, IOM will procure and ensure the availability of essential medical supplies including RH supplies for the provision of primary health care to displaced communities in Twic through operation of 2 Mobile clinics in Ajak kuac, Turalei and Wunrok payams while IOM's implementing partner UNH will support 1PCHU and 1 mobile clinic in each of the counties of Ezo and Nagero.							
Activity 1.1.2							
Standard Activity : Provision of essential Health Care to vulnerable populations							
This activity will mainly target the most vulnerable members of the community including women, girls, boys and persons with disabilities (PWDs). Under this activity, IOM together with its partner UNH will conduct nutritional screening of children under the age of five, provide outpatient treatment of MAM and SAM cases without complication while referring SAM cases with medical complications for secondary care at specialized therapeutic centers in collaboration with key nutrition partners. IOM's integrated package of basic primary health care will include general outpatient consultation and curative services, diagnosis and management of common childhood illnesses including malaria, acute diarrheal illnesses and respiratory tract infections which are often exacerbated by acute severe malnutrition, integration of routine immunization, deworming of all children under 5 years and provision of supplemental vitamin A to children and pregnant women and early referral for secondary care to available treatment facilities, whilst ensuring the integration and mainstreaming of COVID-19 prevention activities. Health teams will work with community leaders, county health authorities and members of the boma health initiative to conduct health promotion sessions to encourage positive health seeking behavior and key community intervention strategies including on recommended Infant and Young Child Feeding (IYCF). The CBHP will also support household screening of children under 5 and referral of MAM and SAM cases to therapeutic canterers. RRT teams will comprise of trained midwives capable of providing BEmONC and other SRH services including family planning, ante-natal care, post-natal care, nutritional screening of pregnant and lactating mothers, provision of CMR and PFA to survivors of SGBV. While IOM will directly implement activities in Twic through 2 mobile clinics in the payams of Ajak Kuac and turalei, UNH will implement similar activities in Ezo and Nagero together with IOM who will provide oversight and supervisory roles while independently implementing in the Payams of Akoc, Aweng , Turalei and Wunrok of Twic county.							
Activity 1.1.3							
Standard Activity : Deployment of health mobile teams in priority locations							
Two mobile teams will be deployed (two in Twic country (IOM), one in Ezo county (UNH) and one in Nagero county (UNH)) to provide emergency health services to vulnerable populations according to the identified needs within the county. IOM mobile teams will exercise flexibility to cover wide areas within the county to within the three payams of Ajak kuac , Turalei and Wunrok during the duration of the project while in Twic UNH will independently support the primary healthcare services in Akoc, Aweng and Panyok Payams of Twic county.							
Activity 1.1.4							
Standard Activity : Provision of essential Health Care to vulnerable populations							
IOM (Twic- Ajak Kuac, Turalei, Wunrok Payams)) together with UNH (Ezo, Nagero, Twic- Akoc, Aweng Panyok Payams) will support outpatient consultation for 39,800 individuals including 10,400 males <5years, 10,600 females<5years,9200 males >5years and 9600females >5years							
Activity 1.1.5							
Standard Activity : Vaccinations against measles and vaccine preventable diseases							
Routine immunization for measles and other vaccine preventable diseases will be integrated into primary healthcare services in coordination with the county and state EPI officers and managers. CHWs will liaise with community leaders within the camps to create demand for vaccine preventable diseases, identify zero dose children and missed doses for referral to static health facilities. IOM will continue to support the health cluster in conducting planned supplementary vaccination campaigns and/or PIRI campaigns.							
Activity 1.1.6							
Standard Activity : Health Promotion/risk communication							
Community Health promoters will conduct facility based as well as community-based health promotion (CBHP) activities in coordination with CCCM social mobilizers and community camp management leaders to conduct health promotion sessions to create awareness on health concerns, create demand for health services and encourage positive health seeking behavior and key community intervention strategies including on recommended Infant and Young Child Feeding (IYCF). The CBHP will also support household screening of children under 5 and referral of MAM and SAM cases to therapeutic canterers. In addition, the CHWs will conduct active case search and community-based surveillance during epidemic disease outbreaks within the IDP camps and/or the PoCs.							

Activity 1.1.7

Standard Activity : Training health workers on infection prevention and control (IPC)

IOM trained health workers will conduct refresher trainings for UNH, and CHD staff deployed to supported health facilities on general principles of infection prevention at health facilities including on environmental hygiene, personal hygiene, safe waste management, rational use of PPEs, donning and doffing of PPEs among others. Training will include both clinical and support personnel at the facility including cleaners, guards and other casual workers who are at risk of hospital acquired infections.

Activity 1.1.8

Standard Activity : Training of Health workers trained in CMR

A basic 3-day CMR training will be provided to selected healthcare workers using the IASC guidelines on the management of SGBV in humanitarian emergencies including clinical management of rape, provision of psychological first aid (PFA) and the referral to GBV partners using established GBV referral pathways.

Activity 1.1.9

Standard Activity : [COVID-19]: Procure and distribute Personal protective (PPEs) gears and other items

IOM will procure basic PPE including disposable gloves, face masks, face shields, aprons and gum boots for staff and volunteers deployed to the 4 IOM and UNH supported static health facilities and mobile teams.

Activity 1.1.10

Standard Activity : [COVID-19]: Provide training on COVID-19 and key messages

IOM will provide refresher training on COVID-19 prevention and mitigation measures to at least 30 healthcare workers deployed to the 3 IOM supported health facilities using WHO approved training materials and National SOPs on COVID-19 in coordination with WHO state focal points. Trainings will include COVID-19 facility-based and community-based surveillance, early case detection, raising alerts, initial case management and referral to COVID-19 specific health facilities or to home -based care based on updated case management guidelines.

Activity 1.1.11

Standard Activity : Carry our disease Surveillance /EWARN

IOM and UNH team supervisors within the respective locations will ensure the timely submission of weekly EWARS and IDSR reports through the EWARS and IDSR online platforms in coordination with the county surveillance officers and WHO state focal points. In addition, IOM and UNH teams will use available data to monitor for early warning signs of epidemic disease outbreaks such as increased caseloads for certain disease conditions, unexplained community deaths or mass fatalities within the community. Alerts will be raised where appropriate to WHO focal points for onward investigation.

Output 1.2

Description

Conflict-affected populations Twic, Ezo and Nagero counties benefit from focused, non-specialized MHPSS services, such as counselling, support group discussions and care for caretakers and are able to participate in the community-driven awareness raising and sensitization on priority MHPSS topics and concerns pertinent to their community. Through operation of Psychosocial Mobile Teams (PMTs) in the IDP sites, IOM will offer focused non-specialized MHPSS services as part of integrated healthcare services (static MHPSS response on the premises of health clinic) and through community outreach and home visits as and when required. Based on previously tested (namely, MHU/MHPSS joint intervention on mobilization of the community leadership structure representatives in Bentiu IDP Collective Site in 2019) successful models of the community-driven awareness raising and sensitization, as part of its psychoeducation initiative, IOM will mobilize and capacitate community leadership structure representatives (such as community and religious leaders, teachers, youth and women leaders, caretakers of marginalized groups e.g. people with disabilities, neurological and mental health conditions) and enable them to act as ambassadors of change in the community.

Assumptions & Risks

General security considerations at IDP collective sites and host communities in Twic, Ezo and Nagero counties, including developments with regards to COVID-19 Pandemic are conducive and allow for implementation of MHPSS interventions and collective sites. Uptake of MHPSS services among beneficiary communities is sufficient to allow for the intervention to be functional and to produce impact at individual, family and community levels.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of community leadership structure representatives sensitized and capacitated on mainstreaming MHPSS in their daily activities	53	22	0	0	75

Means of Verification : Training reports

Indicator 1.2.2	HEALTH	Number of health workers trained on MHPSS in conflict affected states (HC priority locations)	27	27			54
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Means of Verification : Training reports

Indicator 1.2.3	HEALTH	[COVID-19]: Number of conflict-affected populations sensitized on MHPSS considerations relating to COVID-19 and capacitated to better deal with stressors imposed by the Pandemic	2,040	3,796	934	1,202	7,972
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Means of Verification : Activity reports

Indicator 1.2.4	HEALTH	Number of individuals who receive focused, non-specialized MHPSS services	1,020	1,898	467	601	3,986
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Means of Verification : Activity reports

Indicator 1.2.5	HEALTH	Number of Mobile teams deployed					8
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Means of Verification : Activity reports

Activities

Activity 1.2.1

Standard Activity : Health Promotion/risk communication

Conduct psychoeducation sessions to IDPs and host community; Based on IOM (2020), Mental Health and Psychosocial Support (MHPSS) in the COVID-19 Response Guidance and Toolkit for the use of IOM MHPSS Teams: Version III-Final, and the WHO and IASC MHGAPHIG IOM will conduct community-based awareness raising sessions within targeted IDP camps specifically focusing on MHPSS considerations in the context of COVID-19. Psychoeducation sessions will be conducted in a gender-sensitive way, aiming at providing specifically tailored information to relevant gender groups, such as, children, youth, women, men, elderly, persons with disabilities, persons infected with COVID-19 and their family members, community leaders and front-line workers. IECs will include facts and evidence relating to COVID-19 transmission ways, efficient coping strategies and tips for daily self-regulation to withstand Pandemic related stressors.

Activity 1.2.2

Standard Activity : Provision of essential Health Care to vulnerable populations

Provide focused, non-specialized MHPSS services (Psychological First Aid (PFA), Counselling, Support Groups and Referrals, Assistance to persons at-risk and caretakers delivering care to persons with health conditions or disabilities, neurological and mental health conditions). Render focused, non-specialized MHPSS services to persons in need of counselling, support groups, those at-risk and caretakers of patients with health conditions or disabilities, neurological and mental health conditions:

Through operation of Psychosocial Mobile Teams (PMTs) within the IDP and host community, IOM will deliver static (health clinic based) and mobile (outreach within the community, including home visits) focused, non-specialized MHPSS services, such as counselling, support group discussions, referrals and support to caretakers of patients with health conditions, disabilities, neurological and mental health conditions. This will alleviate psychosocial needs of the beneficiary community and will enhance their personal capacities to deal with normal stresses of life as well as difficult circumstances (such as, care for a person with health condition, disability, neurological or mental health conditions) requiring greater resilience and stronger coping capacities and emotional self-regulation skills.

Activity 1.2.3

Standard Activity : Health Promotion/risk communication

Train 24 healthcare workers and 30 community leadership structure representatives within the IDP and host communities on mainstreaming MHPSS in their daily activity. Based on its past successful interventions involving community leadership structure representatives in the community-driven awareness raising and sensitization (specifically, as part of MHU and MHPSS joint intervention on capacity building of community leadership structures in Bentiu IDP Camp in 2019), IOM will conduct capacity building workshops on MHPSS mainstreaming to capacitate community leadership structures among the IDP and host communities within the supported counties of Twic, Ezo and Nagero. This will result in enhanced capacity and ability of community leadership structure representatives to multiply and apply gained knowledge on MHPSS in their daily activity. Capacity building workshops will cover diverse priority MHPSS topics, such as positive parenting, prevention of stigmatization and discrimination based on health condition or disability, neurological and mental health conditions, prevention of alcohol and substance abuse, inclusive care, promotion of healthy lifestyles and positive coping mechanisms. Community leadership structure representatives comprising community and religious leaders, women and youth leaders, Community Disability Committee leaders, teachers, parents and caretakers of patients with health conditions, disability, neurological and mental health conditions will enhance their knowledge and skills on addressing priority MHPSS topics mentioned above and will act as ambassadors of positive change by leading community-driven, sustainable awareness raising and psychoeducation intervention.

Additional Targets :

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Addresses live-saving needs in disaster contexts to restore immediate access to basic WASH services either temporarily or permanently	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	100

Contribution to Cluster/Sector Objectives : WASH activities are aligned with the approach put forward in the SSHF SA Strategy 2022, with the aim of scaling up WASH response in emergencies and/or WSC 4 and 5 counties such as Twic where response gaps persist. Overall, this intervention will contribute to mitigating the risk of exposure to environmental hazards by increasing access to safe basic WASH services for conflict affected IDPs settled in Twic IDP sites, including provision of WASH kits to SAM/MAM caregivers, and sanitation facilities at community and nutrition sites. GBV risk mitigation and AAP are core components of the response, and activity package is aligned with 4 key WASH Cluster guidelines (integration of WASH in Nutrition programmes in South Sudan during IPC crises response, - WASH GBV mitigation in SSD and – technical guidelines for WASH programming in SSD – WASH Cluster Cholera Contingency and Response Plan); as well as the WASH Cluster EPnR Strategy (2020).

Outcome 1

IDPs, returnees and vulnerable host communities affected by famine, insecurity, diseases outbreak and natural disasters in South Sudan have equitable, safe and dignified access to WASH services

Output 1.1

Description

Access to critical WASH services is increased through the provision of water, hygiene promotion awareness activities, and provision of WASH NFIs to the conflict-affected people in Twic IDP camps through technical and financial support to Implement partner Care for Children & Old Age in South Sudan (CCOSS)

Assumptions & Risks

Assumptions:

Supplies are adequate and prepositioned in a timely fashion; access is granted for activities to be conducted, security situation remains stable or improves; funds are adequate to support the activities

Risks:

Heightened insecurity, no access; supplies looted, or no access to preposition; funds delayed.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people with access to safe water	2,340	4,860	5,400	5,400	18,000
Means of Verification : Pictures, weekly report, intervention report							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of people with access to improved sanitation facilities	2,340	4,860	5,400	5,400	18,000
Means of Verification : Pictures, latrine design, intervention report							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of people reached with WASH/hygiene messaging	2,340	4,860	5,400	5,400	18,000
Means of Verification : Pictures, distribution lists, weekly reports, intervention reports							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of women and girls having access to secure rehabilitated latrines		4,860		5,400	10,260
Means of Verification : Pictures, distribution lists, intervention reports							
Indicator 1.1.5	WATER, SANITATION AND HYGIENE	Number of nutrition facilities with improved access to sanitation	3	0	0	0	3
Means of Verification : Pictures, design, intervention reports							
Indicator 1.1.6	WATER, SANITATION AND HYGIENE	Number of malnourished children and PLWs receiving WASH kits		0	500	500	1,000
Means of Verification : Pictures, distribution lists, intervention reports							
Indicator 1.1.7	WATER, SANITATION AND HYGIENE	Number of people with access to improved sanitation facilities	2,340	4,860	5,400	5,400	18,000
Means of Verification :							
Indicator 1.1.8	WATER, SANITATION AND HYGIENE	Number of women and girls reached with MHM kit		500		1,000	1,500
Means of Verification : Distribution list and intervention report							

Activities

Activity 1.1.1

Standard Activity : Water supply at community level

To ensure the conflict affected population residing in the IDP camps in Twic are safely accessing water, and with technical support from IOM, CCOSS will maintain the operation and maintenance of the existing water supply systems (SWAT and Water Yards) in Nyundeng Ayuel and Gomgoi IDP camps. On daily basis, water operators will check the quality of the water by measuring the turbidity and free chlorine residual (FRC) prior distribution to users. On weekly basis, community hygiene promoters and WASH technicians will conduct water quality testing will be conducted at household level to monitor the safety of drinking water and mitigate risk of waterborne diseases outbreak. As part of the commitment to sustainability and an exit strategy, and with technical support from IOM, CCOSS will promote community ownership in operating and managing the water infrastructures. Through community process, 7 to 9 members per site will be elected to form the Water Management Committee that will be supporting at no cost the daily operations of the water points within their assigned areas. With technical support from IOM, CCOSS will ensure the representation of both host communities and IDPs, thus ensuring a shared responsibility, and will take into considerations the representation of groups and sub-groups (women, men, people with special needs...). Three days sessions will be conducted on their roles and responsibilities, operation and maintenance of the water system (minor, major), mobilization of resources, planning and conflict management, as well as GBV and Protection components (IOM values, PSEA and IOM code of conduct). The training will also include operational agreements where the committee should establish some ground rules to guarantee equitable and continuous access to water by the community. IOM will assist in providing guidelines and examples on how to perform this activity, but it will be the committee, with the consensus of the community, the ones to decide which rules are appropriate for them according to their culture and environment.

Activity 1.1.2

Standard Activity : Household water treatment

To ensure the conflict affected population have access to water containers and soap, CCOSS will conduct the distribution of 2,000 households WASH NFI kits based on WASH cluster's recommendations. All materials will be sourced from Core Pipeline. CCOSS will hold 4 community consultations with different groups and sub-groups representatives with much emphasis on women, girls and people with disabilities to define the beneficiary's vulnerability and selection criteria for WASH NFIs distribution, the potential distribution sites, including the most appropriate time. Information will be also provided on CCOSS Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA) policy, as well as the Complaints and Feedback mechanisms and the reporting and feedback mechanism. 4 Safety audits will be conducted with women, men, boys and girls as well and people with disabilities in order to ensure that the interventions are safe, secure and accessible. During the distribution, CCOSS will ensure training is conducted on usage of Kits, including key topics such as: water treatment and safe handling, personal hygiene and COVID-19 prevention measures. Jointly with other WASH partners, and with guidance from WASH Cluster, monthly soap distribution strategy will be established to enable good hygiene practices

Activity 1.1.3

Standard Activity : Construction of sanitation facilities at Institutional level

To mitigate risk of waterborne diseases outbreak, CCOSS will address the sanitation gaps and build 10 latrine facilities (5 men and 5 for women) and 10 shower blocks (5for men and 5 for women) in , Gomgoi and Nyundeng Ayuel. CCOSS will also work closely with the Nutrition partners (ACF and World Vision) to ensure that nutrition sites without latrine facilities are also prioritized during this process. Each latrine block will be composed of 8 stances and will be segregated by gender. The number of nutrition sites targeted will be determined after the initial sanitation assessment. CCOSS will ensure the construction sites are identified through community consultation and safety audits are conducted to ensure they are safe, secure and accessible for the users. The safety audits will be conducted with women, men, boys, girls and people with disabilities to determine the challenges faced and the potential mitigation risk. Technical assessment will be held by WASH Engineers to check on the nature of the soil and the environmental risk (flood, drainage...). Prior to construction, meeting will be done with the community members to share feedback on the main findings and the most suitable locations for construction of the sanitation facilities. CCOSS will promote the community ownership for the construction and maintenance. CCOSS will also coordinate with IOM CCCM and local authorities in clustering households and share responsibilities. That approach will contribute to the recovery process, as soon as security is reported being stable, and the displaced population will be able to resettle in their places of origin. Finally, CCOSS will ensure tippy tap are used as handwashing station near each of the latrine facility.

Activity 1.1.4

Standard Activity : Safe water and hygiene promotion at HH level

To promote the adoption of good hygiene behaviors and to mitigate risks of waterborne diseases, CCOSS will work with the existing 16 Community hygiene promoters (8 women, 8 men) in the targeted IDP camps and will be conducting daily hygiene promotion activities through household visits, events and integrated monthly hygiene promotion, on safe water handling practices and IPC/COVID-19 safe prevention and control measures, hand washing, water disinfection, proper use/maintenance of WASH facilities, safe water chain, prevention of diarrhea, solid and liquid waste management, safe food preparation, and nutritional information vis-à-vis infants and children/COVID-19. IOM and CCOSS will also coordinate with Nutrition partners to conduct training on WASH and Nut components for Nutrition volunteers, so messages can be displayed during outreach visits. CCOSS plan to displayed 20 IEC materials produced by publication of posts erected in strategic positions with hygiene promotion messages. They will also be used for dissemination and use of standard WASH cluster hygiene promotion materials – IEC materials. Plan is to reach 18,000 individuals.

Activity 1.1.5

Standard Activity : Conduct safety audits and FGDs for WASH structures and at distribution sites

Referring to the WASH Cluster's guideline on "WASH GBV Mitigation in SSD, and technical support from IOM, CCOSS will mainstream Protection and GBV safety risk assessment with the affected population to identify the threats in accessing WASH services and develop mitigation plan to reduce exposure and ensure access are meaningful, safe and dignified. With technical support from IOM, CCOSS will ensure 5 safety audits are conducted prior water sources improvement, construction of sanitation facilities, or the selection of distribution sites, preferred days and time. Consultation will be done with gender and age groups to determine the challenges faced by women, men, girls and boys and other marginalized groups. The process will be conducted with 8 individuals from the same gender and age to assess the GBV risks and how they can be reduced. Although GBV risks cannot be completely eliminated, some GBV risks can be reduced by discussing women and girls' preferences and developing solutions to reduce these risks with the wider community.

Activity 1.1.6

Standard Activity : Menstrual Hygiene Kits (MHM) kit distribution at community and Institutional level

CCOSS intends to reach 1,500 women and girls on menstrual age with Menstrual Hygiene Management (MHM) kits. All materials will be sourced from Core Pipeline. CCOSS will hold community consultations with different groups and sub-groups representatives with much emphasis on women, girls and people with disabilities to define the beneficiary's vulnerability and selection criteria for WASH NFIs distribution, the potential distribution sites, including the most appropriate time. Information will be also provided on CCOSS Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA) policy, as well as the Complaints and Feedback mechanisms and the reporting and feedback mechanism. Safety audits will be conducted with women and girls as well and people with disabilities in order to ensure that the interventions are safe, secure and accessible. During the distribution, CCOSS will ensure training is conducted on usage of the provided MHM kits.

Activity 1.1.7

Standard Activity : WASH Standard Hygiene kit distribution for SAM/MAM caregiver families at household level

CCOSS will work closely with Nutrition partners to identify households with SAM/MAM children to be prioritized and distributing 1,000 SAM/MAM children. All materials will be sourced from Core Pipeline. During the distribution, CCOSS will ensure training is conducted on usage of Kits, including key topics such as: water treatment and safe handling, personal hygiene and COVID-19 prevention measures. Jointly with other WASH partners, and with guidance from WASH Cluster, monthly soap distribution strategy will be established to enable good hygiene practices

Additional Targets :

CAMP COORDINATION AND CAMP MANAGEMENT

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Contribute to improved, safe, and secure living conditions for the displaced people with dignified access to cross-sectoral humanitarian services	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	100

Contribution to Cluster/Sector Objectives : The project activities will contribute towards the CCCM Cluster Strategy as stipulated in the 2022 South Sudan Humanitarian Response Plan (HRP) - namely through the coordination and monitoring of the delivery of humanitarian services to the displaced populations in Twic in and around Pibor, Leer, Panyijar and Mayendit and Pibor, while emphasizing community participation and capacity building, the strengthening of inclusive community governance structures as well as the maintenance of site infrastructure through Cash-for-Work modalities. A Protection and AAP lens will remain at the forefront of all interventions. The proposed project activities will aim to contribute towards Priority 2 of the 2022 SSHF Standard Allocation (SA) Strategy, namely the "Scale up of the multi-sectoral response in Warrap, Jonglei and Unity States in order to maximize the impact of the humanitarian response in seven counties, in complementarity with the 2022 CERF allocations". More specifically, IOM CCCM intends to provide emergency CCCM services in 10 displacement sites in Twic County (Warrap State), Pibor Town (Jonglei) and Leer, Mayendit and Panyijar (Unity). The project is also in line with the CCCM Cluster Strategy as stipulated in the 2022 South Sudan Humanitarian Response Plan (HRP). More specifically, the project will contribute to Objectives 1, 2 and 3 of the CCCM Cluster Strategy, namely "improving the living conditions of IDPs by facilitating safe, equitable and dignified access to cross-sectoral humanitarian services, including CCCM", "enhancing the protective environment, responding to vulnerable populations with priority on addressing protection gaps and strengthening predictability and effectiveness of multi-sectoral interventions at site level" and "supporting vulnerable IDPs to recover from crisis by strengthening self-management, building resilience to promote solutions for displaced people in sites", respectively. Furthermore, in line with the 2022 SSHF SA Strategy, the project will ensure that the Centrality of Protection (CoP) and AAP Principles are mainstreamed throughout the project life cycle to ensure that the needs of the most vulnerable (women, girls and persons with disabilities) are catered for. The project will also work towards localization, partnering with two national NGOs (NNGOs) in the tandem implementation of project activities.

Outcome 1

Conflict and flood-affected populations in Pibor, Twic, Mayendit, Panyijar and Leer have enhanced access to basic services and assistance, including CCCM, through improved partner coordination and service monitoring, meaningful community participation, local capacity-building support for community-based governance structures, community-led site improvement works to improve access and reduce protection risks.

Output 1.1

Description

Carry out life-saving CCCM Roving Response activities, including multi-sectoral needs assessments, 3Ws that provides up-to-date information to humanitarian actors to ensure that the displaced populations have equitable and safe access to protection and services through a well-coordinated and evidence-based response.

Assumptions & Risks

Assumptions: the security situation remains stable and does not prevent the implementation of project activities; the roads leading to Twic from Wau and Gogrial, as well as within Twic, are accessible for the movement of teams, cargo and equipment; no flooding or natural disasters on a scale that would necessitate a heavy disruption in services as well as a change in implementation strategy and locations; despite the decrease of COVID-19 cases worldwide, COVID-19 is contained – while other health risks are monitored and mitigated; furthermore, project activities will be implemented observing COVID-19 preventative measures and streamlining COVID awareness in targeted communities; The South Sudanese Pound remains stable and continues to recover – ensuring that rates of procurement as estimated in the budget remain the same, while markets remain functional and accessible for the procurement of items; the local authorities at areas of intervention for CCCM activities, inclusive of the RRC in Twic and Pibor, continue to coordinate and facilitate access of CCCM teams to allow coordinated delivery of project activities; partners will be able to conduct multi-sector cost-effective interventions to avoid duplication and enhance accountability towards the affected population; good and stable relationships between host communities and IDP populations continue to persist and improve; implementing partners Narrative Hub and PCO South Sudan continue being able to implement activities.

Risks: Should sub-national, intercommunal, political or cattle raiding conflict erupt in and around displacement sites in Twic, Pibor, Panyijar, Mayendit and Leer IOM will maintain communication with the UN Safety and Security Unit, as well as IOM's Office for Safety and Security Unit (OSS) in areas of operation and Juba, and will comply with safety and security measures and instructions. If the intensity of the situation necessitates it, IOM CCCM in coordination with Narrative Hub and PCO South Sudan will temporarily suspend activities and operations to avoid putting staff or beneficiaries at risk; IOM will utilize all available means of transport to reach areas of operations; in addition to secondary resources developed prior to project implementation, including conflict analyses conducted by IOM's in-house conflict analysts, risk analysis will be conducted prior to any mobile mission to ascertain potential risks and mitigation measures – in coordination with conflict analysts and IOM's OSS; IOM will maintain communication with other partners on the ground for daily weather forecasts; in the event of heavy rains and the occurrence of dangerous natural hazards such as flooding, IOM will suspend operations to avoid putting its staff (inclusive of IP staff and volunteers) or beneficiaries under risk; despite decreasing trends of COVID-19 cases around the world, should a COVID-19 outbreak be announced and a lockdown/curfew or state of emergency is imposed, IOM CCCM and implementing partners will decrease their foot print in areas of intervention, while maintaining strict measures of remote management in order to ensure continuity of services for the displaced population that the project intends to service by strictly adhering to IPC measures as instructed by MoH and WHO; the deterioration in the value of the South Sudanese Pound, in addition to heavily impacting the community's purchasing power and increasing vulnerabilities of the IDP populations, IOM will strive to ensure that these risks are monitored and that contingencies are in place.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	CAMP COORDINATION AND CAMP MANAGEMENT	Number of 3Ws created					22

Means of Verification : 3Ws reports, sites sitreps and profiles, FGDs and KIIs transcripts

Indicator 1.1.2	CAMP COORDINATION AND CAMP MANAGEMENT	Number of people benefiting from camp management services	24,270	24,618	22,427	27,532	98,847
Means of Verification : Service monitoring, bi-weekly report, DTM biometric registration, headcount reports, photos							
Indicator 1.1.3	CAMP COORDINATION AND CAMP MANAGEMENT	% of sites phased out and handed over to the community for self-management					30
Means of Verification : Site handover reports, exit plans, handover/exit checklists							
Indicator 1.1.4	CAMP COORDINATION AND CAMP MANAGEMENT	% of IDPS living in camp like settings have improved coverage of their humanitarian needs					100
Means of Verification : Service monitoring , Bi weekly reports , photos and satisfaction surveys							
Indicator 1.1.5	CAMP COORDINATION AND CAMP MANAGEMENT	% of site population who are satisfied with levels of service observed through satisfaction surveys					80
Means of Verification : Baseline and Endline Satisfaction Survey							
Activities							
Activity 1.1.1							
Standard Activity : Coordinate site level service provision, and undertake joint, multi-sector assessments to understand needs and capacities.							
<p>Related to Indicators 1.1.1, 1.1.2</p> <p>Participate in multi-sectoral needs assessments using standardized CCCM Cluster assessment tools, and in coordination with DTM and Protection teams, who guard the expertise on risk mitigation and do-no-harm principles, IOM for Twic, Leer, Mayendit, Panyijar, and Peace Corps Organization South Sudan for Pibor, in any assessments conducted to identify the gaps, needs, challenges, and constantly updating IOM and the CCCM Cluster on the ground situation. The implementing partners will also maintain 3Ws matrixes once a month and contact lists that will be used as a bases to monitor delivery of services and allow for adequate and timely referrals. This will be done on a monthly basis. The Implementing Partners (IPs) will visit the sites to meet with service providers, information sharing including challenges on access, security and any other challenges that would require State Focal Points (SFP) and State Working Groups (SWG) attention. This will ensure that the referral mechanism is active and functional. The moment sites are inaccessible remote management will be activated. Additionally, key informant interviews (KIIs) as well as Focus Group Discussions (FGDs) with community leadership structures will also be conducted by the CCCM teams in order to be able to understand the needs of the displaced population and identify vulnerable households. Lastly, IOM CCCM roving team will make sure the implementing partners are assisted with the necessary tools and training on data collection methodology to ensure accuracy and consistency of data.</p>							
Activity 1.1.2							
Standard Activity : Set up of CCCM coordination structures							
<p>Related to Indicator 1.1.2:</p> <p>IOM CCCM will directly implement in Twic, Leer, Mayendit, Panyijar and provide technical support to partner, Peace Corp, who will be implementing this activity in Pibor. This is especially crucial that IOM supports in the first 4 months of the project to build the capacity since this is the first time partnering with them in CCCM and in the process, robust monitoring will be undertaken, ensuring that the set up of the coordination structures are carried out according to CCCM Cluster's guidelines to facilitate effective coordination, service mapping and monitoring, as well as the referral mechanisms. IOM and Peace Corps will set-up CCCM coordination mechanisms in their areas of responsibility which should be inclusive of service providers, government representative, community governance structures (inclusive of traditional and elected leadership, women and youth groups, PwD Committees, religious leaders) to guarantee participatory, coordinated and needs-based responses that meet international humanitarian standards and cater for enhanced application of community participation, ownership and Accountability to Affected Population (AAP), avoid duplication of services as well as address protection concerns. Service provider coordination meetings will also allow for the identification of gaps in service delivery to be then referred to appropriate and relevant agencies and partners – and serve as basis for advocacy at State and National levels (CCCM Cluster and ICCGs) in order to cater to those gaps. Bi-weekly (or as need arise) coordination meetings between service providers as well as community leaders will be organized by IOM and IPs to ensure a safe and non-discriminatory access to basic services for all groups of the displaced population. Additionally, Cluster coordination tools such as 3Ws and contact lists will serve as mechanisms to coordinate and map the response of service providers at site level by identifying gaps, establishing referrals for protection concerns and advocating for increased service delivery among partners.</p>							
Activity 1.1.3							
Standard Activity : Establish/updates service mapping, site profiles and exit plans							
<p>Related to Indicators 1.1.3 and 1.1.4</p> <p>Guided by the CCCM Cluster tools, IOM will conduct service mapping, produce site profile for Twic, Leer, Mayendit, Panyijar and ensure development of exit strategy. Same will be done by Peace Corp for Pibor. This undertaking shall enable collaborative environment, linking the community's needs to the service provider's resources, ensure continuous advocacy of the gaps, develop contextualized and site-specific exit plans aided by the phase-out checklists and SOPs that will guide the community through performing their duties upon handing over of the site to the self-managed committees. The handover to the community will only take place once IOM and Peace Corp have secured a safe and inclusive environment for the displaced community to live in, CFM desks are functional and reliable to create referral pathways to partners and site care and maintenance committees have been established and trained on how to respond to shocks taking into account the current and next year's rainy season. As part of the exit strategy, IPs having footprints in the area have established relationship with the local stakeholders thereby enabling smooth operations and transition. The project will be formalized through an inception meeting and exit conference. The implementing partners will participate in the monthly CCCM Cluster meetings to share information on 5Ws, flag the service gaps and challenges encountered in the field.</p>							
Activity 1.1.4							
Standard Activity : Monitor service delivery in displacement sites							

Related to Indicators 1.1.1 and 1.1.4

Service mapping and monitoring will be conducted on a regular basis utilizing CCCM Cluster, IOM CCCM and OCHA's approved standardized tools (3Ws and contact lists) as well as collecting information through KIIs and FGDs engaging community leaders and community vulnerable groups (women, youth, PWDs). Collected data will be analyzed to develop response plans that are tailored to the needs. In addition to service mapping, specific service monitoring tools will be developed and utilized in order to monitor the availability, delivery and quality of service delivery in the displacement sites. Situation report will be produced to identify gaps in service provision and ensure the set-up of adequate referrals of gaps to partners. Additionally, IPs will establish and maintain strong communication links with local authorities in the areas of intervention in order to sensitize, engage and mobilize them in implementing project activities.

Service mapping and monitoring is key in this activity. With IOM's expanded service monitoring tool that can be tailored to the context of the response, and with its information management capacity, IOM and Peace Corps will benefit in this technology that will not only process the data collected but also analyze and generate report that outlines recommendations that are practical and actionable. The tool will be directly administered by IOM and Peace Corps in their area of responsibilities with technical support from IOM Juba team.

Additionally, by engaging the displaced community, and in close coordination with Protection and SGBV partners operating in areas of operation, will conduct participatory safety audits to identify site risks including fire safety, flooding, protection and GBV risks. Findings will serve to minimize protection risks and ensure safety in sites while promoting community participation, resilience and ownership. In order to achieve this, safety committees will be established, and community members will be trained on conducting regular safety audits to strengthen their capacity to identify risks and refer to relevant partners or/and develop mitigation strategies to address context specific risks. Findings will also inform site care & maintenance activities geared towards upkeep of the site, improving access, reducing exposure to SGBV risks.

Activity 1.1.5

Standard Activity : Conduct formal community engagement initiatives to ensure different needs, capacities and expectations of all groups in the displaced community are represented and addressed

Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1.5:

IOM CCCM and its Implementing Partners will conduct an inception meeting and exit conference with the community representatives, government authorities and key stakeholders in the site to ensure that project strategy is properly communicated before the project starts. IOM will arrange an inception meeting and handover ceremony in Twic, Leer, Panyijar and mayendit while Peace Corps will do the same in Pibor. This activity is important to ensure community is engaged and informed about the services available. This also supports ownership and localization since the project aims to improve the living condition of the IDPs, create protective environment especially the most vulnerable populations with priority on addressing protection gaps and strengthening predictability and effectiveness of multi-sectoral interventions at site level. This project is designed to strengthen self-management and building resilience, so it is paramount to involve and consult them in the process. Apart from the exit conference, the CCCM team will also conduct an end-line satisfaction survey to understand the impact of the intervention to the lives of the IDPs especially the most vulnerable. This exercise is preceded by a baseline survey.

Output 1.2

Description

The IDPs are actively participating and represented throughout the project lifecycle through the establishment of community governance mechanisms, the set-up of community feedback systems, capacity building initiatives, as well as through regular and appropriate community engagement interventions, including the implementation of CwC activities.

Assumptions & Risks

Assumptions: the security situation remains stable and does not prevent the implementation of project activities; the roads leading to Twic from Wau and Gogrial, as well as within Twic, are accessible for the movement of teams, cargo and equipment; no flooding or natural disasters on a scale that would necessitate a heavy disruption in services as well as a change in implementation strategy and locations; despite the decrease of COVID-19 cases worldwide, COVID-19 is contained – while other health risks are monitored and mitigated; furthermore, project activities will be implemented observing COVID-19 preventative measures and streamlining COVID awareness in targeted communities; The South Sudanese Pound remains stable and continues to recover – ensuring that rates of procurement as estimated in the budget remain the same, while markets remain functional and accessible for the procurement of items; the local authorities at areas of intervention for CCCM activities, inclusive of the RRC in Twic and Pibor, continue to coordinate and facilitate access of CCCM teams to allow coordinated delivery of project activities; partners will be able to conduct multi-sector cost-effective interventions to avoid duplication and enhance accountability towards the affected population; good and stable relationships between host communities and IDP populations continue to persist and improve; implementing partners Narrative Hub and PCO South Sudan continue being able to implement activities.

Risks: Should sub-national, intercommunal, political or cattle raiding conflict erupt in and around displacement sites in Twic, pibor, Panyijar, Mayendit and Leer, IOM will maintain communication with the UN Safety and Security Unit, as well as IOM's Office for Safety and Security Unit (OSS) in areas of operation and Juba, and will comply with safety and security measures and instructions. If the intensity of the situation necessitates it, IOM CCCM in coordination with Narrative Hub and PCO South Sudan will temporarily suspend activities and operations to avoid putting staff or beneficiaries at risk; IOM will utilize all available means of transport to reach areas of operations; in addition to secondary resources developed prior to project implementation, including conflict analyses conducted by IOM's in-house conflict analysts, risk analysis will be conducted prior to any mobile mission to ascertain potential risks and mitigation measures – in coordination with conflict analysts and IOM's OSS; IOM will maintain communication with other partners on the ground for daily weather forecasts; in the event of heavy rains and the occurrence of dangerous natural hazards such as flooding, IOM will suspend operations to avoid putting its staff (inclusive of IP staff and volunteers) or beneficiaries under risk; despite decreasing trends of COVID-19 cases around the world, should a COVID-19 outbreak be announced and a lockdown/curfew or state of emergency is imposed, IOM CCCM and implementing partners will decrease their foot print in areas of intervention, while maintaining strict measures of remote management in order to ensure continuity of services for the displaced population that the project intends to service by strictly adhering to IPC measures as instructed by MoH and WHO; the deterioration in the value of the South Sudanese Pound, in addition to heavily impacting the community's purchasing power and increasing vulnerabilities of the IDP populations, IOM will strive to ensure that these risks are monitored and that contingencies are in place; IOM CCCM and implementing partners will continue to maintain cooperative relationships with local authorities in areas on interventions.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	CAMP COORDINATION AND CAMP MANAGEMENT	% Sites with functional referral pathways					100
Means of Verification : Mobile reports, minutes of meetings with service providers							
Indicator 1.2.2	CAMP COORDINATION AND CAMP MANAGEMENT	% of site population who consider the complaints response mechanisms accessible, effective, confidential and safe					100
Means of Verification : Perception surveys, satisfaction surveys, KIIs, FGDs, CBCM SoP							
Indicator 1.2.3	CAMP COORDINATION AND CAMP MANAGEMENT	% of Persons with Disabilities (PwDs) engaged as community mobilizers and in inclusive Cash for Work initiatives					20
Means of Verification : Attendance sheet, training curriculum, photos							
Indicator 1.2.4	CAMP COORDINATION AND CAMP MANAGEMENT	% of established community structures, committees, service providers and government counterparts trained in CCCM, AAP and CFM					100
Means of Verification : Attendance sheet, training curriculum, photos							
Indicator 1.2.5	CAMP COORDINATION AND CAMP MANAGEMENT	Number of community engagement initiatives conducted					70
Means of Verification : Bi-weekly reports, attendance sheets, messages lists, photos							
Activities							
Activity 1.2.1							
Standard Activity : Conduct basic communication with communities							
<p>Related to Indicators 1.2.1 and 1.2.2: Strong and effective communication channels between service providers and the community are as equally relevant as coordination mechanisms among the same actors. In this manner, IOM CCCM will set up the Community-based Complaints Feedback Mechanisms (CBCM), through defined and established SoPs. IOM CCCM will conduct a training of trainers to the implementing partners to support them in establishing the CBCM. There will be mentorship support from IOM for the first 4 months until the system is in place and that the partners will be well acquainted with the system. IOM will establish 18 in Twic and at least 3 in Leer, Mayendit and Panyijar while Peace Corps will establish 1 in Pibor.</p> <p>CBCM is designed to be accessible, confidential and responsive, with consideration of cultural, conflict, and gender-sensitive. Through the Communication and Community Engagement Working Group (CCE WG), a forum where Accountability to the Affected Populations (AAP) is also a priority, CBCM SOPs are enhanced making them more useful and efficient especially in locations with no static presence of CCCM actors. Committees, with a specific ToR and adhering to IOM's Standards of Conduct specific to community committees working with CCCM, will be supported and capacitated with instruments needed to implement and maintain the system, fostering the community's ability to communicate their needs and feedback to the concerned stakeholders. IOM will endeavor to transfer the skills to IPs particularly in operationalizing the CBCM- how to support and refer complaints from persons with disabilities and other vulnerable persons, protection principles especially confidentiality and how to refer cases to Protection partners, including referrals for GBV, child protection and other sensitive protection cases (inclusive of PSEA and SoC violations). The CBCM committees will be established considering gender-balance, ensuring that women staff are also trained. The methods of this service will be through roving/outreach, complemented by regular community consultations through FGDs, KIIs and qualitative perception surveys to guarantee that feedback from the community is constantly monitored and CCCM's advocacy and information sharing role is fulfilled. Feedback desks and CFM data (received and used with informed consent) are a key source of information for CCCM to adjust its interventions throughout the response accordingly to the community's changing needs and complaints.</p>							
Activity 1.2.2							
Standard Activity : Conduct basic communication with communities							
<p>Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2.5: Accountability to Affected Populations is at the center of IOM's responses and is mainstreamed throughout CCCM operations with the establishment of strong Communications and Community Engagement (CCE) mechanisms, informed by contextualized, appropriate and good practices taken from South Sudan and other operations, which will facilitate the linkage between the service providers and the community - enabling smooth referrals and coordination of services. Recognizing that information is life-saving, CCCM will ensure timely and effective information-sharing with all segments of the affected population, leaving no one behind, including host communities during the project life. On the one hand, leadership structures will be engaged to mobilize the community for information dissemination and dialogue meetings. On the other hand, IOM and its IPs will engage and train community mobilizers on how to disseminate messaging and correct misconceptions, debunk rumors, inclusive of COVID-19 prevention measures as well as hygiene promotion sensitization to avoid and mitigate the outbreak of diseases. Community mobilizers will be recruited among the displaced population, considering gender balance and inclusivity of PwDs as well as youth volunteers. Messaging will be carried out through different modalities and tailored communication strategies, including megaphones, door-to-door sensitization, information boards and town hall meetings among others.</p>							
Activity 1.2.3							
Standard Activity : Enhance Governance and Community Participation							

Related to Indicator 1.2.4:

Utilizing CCCM Cluster and IOM CCCM standardized tools, IOM and Peace Corps will conduct mapping of the governance structures whether active or inactive, community groups and other representative groups within the displaced population to better grasp how community engagement practices are in the project locations considering the dynamics and sensitive context to better design projects for the community. This mapping will include host, returnee and displaced people, government/municipality mechanisms, religious leaders, and other context-specific stakeholders and be inclusive of women, minority groups, vulnerable populations and other subsets of the population. An assessment will be conducted utilizing the findings from the community governance structures mapping to understand the composition of the structures, inclusion of minority and underrepresented groups, ethnic diversity, ability to advocate on behalf of their communities, their relationship with communities they represent, and level of engagement with service providers and other stakeholders. This assessment will inform the project on the level of capacity building design for the community leaders to ensure they can confidently play their role in the community and enhance ability to self-manage the community.

Activity 1.2.4

Standard Activity : Conduct capacity building trainings for site committees and CCCM staff

Related to Indicator 1.2.4:

Following the identification and/or establishment of the community governance structures, IOM and Peace Corps. will conduct capacity building and trainings on core CCCM, Humanitarian Principles and safe programming/mainstreaming protection in their area area of responsibility. While CCCM will focus on trainings regarding site-management committees' TORs/CoC, Roles and Responsibilities of CCCM, Community Participation, Accountability to Affected Populations, Complaints and Feedback Mechanism, Fire Prevention and Safety, Emergency Preparedness and Community Mapping; Protection partners will support with trainings on Protection principles, PSEA, GBV introduction, guiding principles and referral pathways information as well as Disability Inclusion. These trainings will also be conducted for service providers as well as government counterparts. Number of participants targeted during these trainings will be determined based on the leadership structure of each site with an estimate of 10 to 15 pax per training. CCCM team will use visuals and materials that are relatable to the community to aid the learning of the participants. Important to note that IOM CCCM will conduct a Training of Trainers to implementing partners before they roll out in the project areas. IOM will continue to mentor them the first 4 months of the project to ensure delivery of trainings are delivered with quality. IOM have certified trainers both international and national staff, capable of training national authorities, service providers and IDP leaders.

Output 1.3

Description

Carry out site care and maintenance activities informed by a multi-sectoral service monitoring and safety audit, through cash for work modalities, to ensure dignified living conditions, promoting safe and protective environment especially the most vulnerable population.

Assumptions & Risks

Assumptions: the security situation remains stable and does not prevent the implementation of project activities; the roads leading to Twic from Wau and Gogrial, as well as within Twic, are accessible for the movement of teams, cargo and equipment; no flooding or natural disasters on a scale that would necessitate a heavy disruption in services as well as a change in implementation strategy and locations; despite the decrease of COVID-19 cases worldwide, COVID-19 is contained – while other health risks are monitored and mitigated; furthermore, project activities will be implemented observing COVID-19 preventative measures and streamlining COVID awareness in targeted communities; The South Sudanese Pound remains stable and continues to recover – ensuring that rates of procurement as estimated in the budget remain the same, while markets remain functional and accessible for the procurement of items; the local authorities at areas of intervention for CCCM activities, inclusive of the RRC in Twic and Pibor, continue to coordinate and facilitate access of CCCM teams to allow coordinated delivery of project activities; partners will be able to conduct multi-sector cost-effective interventions to avoid duplication and enhance accountability towards the affected population; good and stable relationships between host communities and IDP populations continue to persist and improve; implementing partners Narrative Hub and PCO South Sudan continue being able to implement activities.

Risks: Should sub-national, intercommunal, political or cattle raiding conflict erupt in and around displacement sites in Twic, Pibor, Panyijar, Mayendit and Leer IOM will maintain communication with the UN Safety and Security Unit, as well as IOM's Office for Safety and Security Unit (OSS) in areas of operation and Juba, and will comply with safety and security measures and instructions. If the intensity of the situation necessitates it, IOM CCCM in coordination with Narrative Hub and PCO South Sudan will temporarily suspend activities and operations to avoid putting staff or beneficiaries at risk; IOM will utilize all available means of transport to reach areas of operations; in addition to secondary resources developed prior to project implementation, including conflict analyses conducted by IOM's in-house conflict analysts, risk analysis will be conducted prior to any mobile mission to ascertain potential risks and mitigation measures – in coordination with conflict analysts and IOM's OSS; IOM will maintain communication with other partners on the ground for daily weather forecasts; in the event of heavy rains and the occurrence of dangerous natural hazards such as flooding, IOM will suspend operations to avoid putting its staff (inclusive of IP staff and volunteers) or beneficiaries under risk; despite decreasing trends of COVID-19 cases around the world, should a COVID-19 outbreak be announced and a lockdown/curfew or state of emergency is imposed, IOM CCCM and implementing partners will decrease their foot print in areas of intervention, while maintaining strict measures of remote management in order to ensure continuity of services for the displaced population that the project intends to service by strictly adhering to IPC measures as instructed by MoH and WHO; the deterioration in the value of the South Sudanese Pound, in addition to heavily impacting the community's purchasing power and increasing vulnerabilities of the IDP populations, IOM will strive to ensure that these risks are monitored and that contingencies are in place.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	CAMP COORDINATION AND CAMP MANAGEMENT	Number of Safety audits conducted					22
Means of Verification : bi-weekly site reports, sitreps, assessment reports, pictures							
Indicator 1.3.2	CAMP COORDINATION AND CAMP MANAGEMENT	Number of displaced people engaged in community level self-reliance activities	250	250	0	0	500
Means of Verification : bi-weekly site reports, sitreps, assessment reports, pictures							

Indicator 1.3.3	CAMP COORDINATION AND CAMP MANAGEMENT	Number of site clean-up activities with a specific focus on hygiene promotion conducted in coordination with WASH						22
Means of Verification : bi-weekly site reports, sitreps, assessment reports, pictures								
Activities								
Activity 1.3.1								
Standard Activity : Implement emergency sites improvement projects to minimize protection risks and ensure safety in sites								
<p>Related to Indicators 1.3.1, 1.3.2 and 1.3.3</p> <p>In relation to the implementation of safety audit findings and the FGDs conducted with the communities, site care and maintenance committees will be established by engaging community leaders and representatives to ensure upkeep of displacement sites as well as facilitate meaningful community participation in interventions. CCCM will train the site care and maintenance committee members on localized construction methodologies, community based DRR, basic maintenance of community facilities. CCCM will work with WASH partners in training the community on proper maintenance of landfill, solid waste management and maintenance of sanitation facilities to prevent poor environmental hygiene, possible contaminations that would result to disease outbreaks. Additionally, IOM is committed to contribute to its IOM institutional framework on GBV in Crisis. Through site care and maintenance, CCCM will mitigate protection risks and ensure safe environment.</p> <p>In Twic, IOM CCCM, through the roving Engineer will carry out the technical component and will ensure mobilization of the community. Same modality applies for Leer, Mayendit, Panyijar. On the other hand, in Pibor, Peace Corps will implement the full component of care and maintenance as they have technical person capable of carrying out the activities.</p>								
Activity 1.3.2								
Standard Activity : Support community led site maintenance activities to ensure upkeep of sites-cash for work								
<p>Related to Indicators 1.3.1, 1.3.2 and 1.3.3</p> <p>Following the safety audit findings, CCCM will implement community-led projects through cash for work modality. Considering context sensitivity and potential risks associated with Cash-based Interventions, while also being informed by market analyses, conflict analyses as well as the Centrality of Protection, CCCM will implement the project together with Protection partners. CCCM will also work with WASH for the site care and maintenance activities that focuses on preventing public health issues. Additionally, cleanup activities with a specific focus on hygiene promotion conducted in coordination with WASH. IOM and Peace Corps will identify a total of 500 individuals during the 12 months duration of the project (15 days/month)– considering gender balance as well as the inclusion of youth and persons with disabilities to support on basic community-led site maintenance activities. When implementing the works, each participant will be paid 5 (for unskilled) ,7 (for semi skilled) and 9 (for skilled) USD per day as informed by the CCCM Cluster daily labor wage rate. In Twic, payment will be made by IOM roving team at the end of each month after the successful implementation of the agreed work while in Pibor and Leer, Mayendit, Panyijar, payment will be made by Peace Corps.</p>								
Activity 1.3.3								
Standard Activity : Conduct formal community engagement initiatives to ensure different needs, capacities and expectations of all groups in the displaced community are represented and addressed								
<p>Related to Indicators 1.3.1, 1.3.2, and 1.3.3</p> <p>In addition to addressing findings in the safety audit, CCCM will also train the site care and maintenance committee members in carrying out localized care and maintenance activities such as construct and maintain site infrastructures including roads, shelters, bridges, drainages, garbage collection facilities, WASH facilities, and community structures. Care and maintenance trainings will target all segments of the displaced population (men, women, boys, girls and PwDs) focusing on mitigating natural risks such as fires during dry season (such as fire breaks between shelters and blocks) and flooding during rainy season (adequate tertiary drainage systems that would promote natural flow and discharge of storm water – to avoid stagnation) as well as protection, GBV and health concerns (water-borne and vector-borne diseases, for instance). CCCM team will procure and hand over basic care and maintenance gears to the committee and develop SoPs to guide committee members on using and keeping them safe from vandalism.</p>								
Additional Targets :								

NON FOOD ITEMS AND EMERGENCY SHELTER

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Increasing direct support to people affected by crisis, including newly displaced people, people in protracted displacement, crisis-affected, non-displaced people, and returnees	SO1: Vulnerable people have reduced morbidity and mortality through equitable and dignified access to critical cross-sectoral essential services to meet their needs	100

Contribution to Cluster/Sector Objectives : The project activities are aligned with the Shelter and NFI Cluster's objectives and Sectoral objectives (SO1 and SO3). IOM selected the target locations based on SSHF allocation strategy and Cluster priority areas. In addition, IOM currently implements the CERF project in selected locations, which is one of the key requirements and complementarity of the strategy. The project is being implemented through national partners, which again is completely in-lined with the SSHF strategy to enhance national organizations' participation in planning and implementation. The project will support new IDPs and population with new vulnerabilities in Fangak, Pibor, Twic and Nagero, through in-kind and cash-based interventions. Furthermore, the project activities are integrated with other sectors like CCCM, WASH and Protection, reinforcing better coordination and execution with other sectors. IOM maintains a mobile team comprising of operations assistants based in Juba, responsible for implementing and monitoring activities in all locations. The static team located in Wau, will implement project activities in Nagero and Twic alongside implementing partner for communities displaced due to Tambura and Abyei conflict.

Following the S-NFI Cluster strategy, wherever markets are functional (Fangak, Pibor and Twic), the project promotes cash interventions, ensuring people access to shelter and NFIs while also contributing to their other sectoral needs. The beneficiary target criteria will include households affected by floods and conflict in the target locations. The project will involve protection partners on the ground, deploy trained team members to ensure that the protection concerns are identified and mitigating measures are taken to address the protection risks, including risks of GBV. IOM will prioritize the vulnerable individuals, particularly persons with disability for shelter and NFI assistance based on their customized needs.

Outcome 1

Conflict and flood-affected communities in target locations have timely and equitable access to shelter and NFI support.

Conflict and flood-affected communities in target locations have timely and equitable access to shelter and NFI support.

IOM and national partners (ADA and CCOSS) seek to respond to the multifaceted needs of flood and conflicted-affected households in the target locations of Fangak, Pibor, Twic and Nagero through emergency assistance. Cumulatively, 69,666 IDPs and affected communities will access timely and appropriate shelter and NFI support through project intervention. In addition, the project contributes to improving the target population's living standard through improved shelter for protection and safety and Non- Food Items to meet the urgent needs for cooking, malaria prevention and lighting. (The role of partners and targets are provided in output 1.1)

IOM as the Cluster lead and Pipeline agency for shelter and SNFI will continue to provide partners with in-kind NFIs in all ten locations as identified in the allocation strategy.

Output 1.1

Description

Lifesaving emergency shelter and NFI assistance to population by affected by conflict, flooding and food insecurity through in-kind and cash-based interventions in the target locations.

IOM, ADA and CCOSS plan to respond to the SNFI needs of flood and conflicted-affected population and the food insecure ones in target locations of Nagero, Twic, Pibor and Fangak counties through provision of lifesaving and life-sustaining shelter and non-food items (NFIs). The project will ensure safe, equitable and dignified access to lifesaving emergency shelter and NFI basic services to enable populations meet their basic needs. Through in-kind and cash-based interventions. Based on the completed needs assessment in all these locations the urgent needs include provision of plastic sheets, mosquito nets, blankets, kitchen set, sleeping mat, solar lamps and ropes.

Role of partners:

Role of IOM:

- o Direct implementation in Nagero and Fangak – Both Cash and in-kind – Total target for direct implementation: 30,158 individuals
- o Conduct assessment, safety audit, distributions (in-kind and cash) and market assessment in Nagero an Fangak.
- o Overall project management and monitoring in all four locations
- o Conduct rapid and PDM in all locations including those for partners
- o Capacity building of partner on cash disbursement, transfer value calculation, data collection tools and sampling
- o Coordinate response and provide information management support to the partners.
- o Report overall project activities and progress to OCHA
- o Financial reporting

Role of Africa Development Aid (ADA)

- o Implement project in Pibor – Cash and kind – Total target: 25,102
- o Conduct assessment, safety audit, distribution and market assessment in Pibor
- o Conduct process and routine monitoring – IOM will conduct PDMs

Role of Care of Children and Old Age in South Sudan (CCOSS)

- o Implement project in Twic – Cash and kind – Total target: 14,406
- o Conduct assessment, safety audit, distribution and market assessment in Twic
- o Conduct process and routine monitoring – IOM will conduct PDMs

Assumptions & Risks

Humanitarian organizations in South Sudan constantly faces challenges that affects access to targeted locations like logistic barriers, recurrent floods, poor road infrastructure and insecure operating environment. All targeted locations are either affected by floods during the rainy season or are facing internal communal violence and displacement. The following are the assumptions and risks identified under this project:

Assumptions:

The project assumes that in order to implement the project timely the political environment will remain stable, security situation in target locations is calm, and access to the areas are available for the humanitarian assistance. Furthermore, the core pipeline items are provided for in-kind distributions and the logistic Cluster has the required capacity to transport the emergency S-NFIs to logistics hubs near response locations as well as affected locations. The project success largely depends on the functional markets, supply of construction material and stable local currency in areas where cash-based intervention will be implemented

Risks:

The project anticipates limited access to target location due to increased sub-national violence, floods, and limited operational capacity of Logistic Cluster, which is in constant threat of funding shortfall. The increased demand for in-kind assistance will ultimately affected the availability of stocks of SNFIs. The other risks including no functional market, high inflation and unstable local currency, risk of looting during transportation and distribution of items, global delay in the supply chain due to increased need of items across the world due to the pandemic and the Ukraine crisis, protection concerns and gender-based violence may also slow down project implementation.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NON FOOD ITEMS AND EMERGENCY SHELTER	Number of people receiving cash assistance for emergency shelter	1,660	1,948	1,732	1,876	7,216
Means of Verification : Beneficiaries' registration and distribution lists, progress reports, distribution, progress and needs analysis reports, joint verification and registration reports/lists, market assessment reports, pipeline request reports/forms, rapid monitoring and PDM reports.							
Indicator 1.1.2	NON FOOD ITEMS AND EMERGENCY SHELTER	Number of people receiving cash assistance for life saving NFIs	8,295	9,738	8,657	9,376	36,066
Means of Verification : Beneficiaries' registration and distribution lists, progress reports, distribution, progress and needs analysis reports, joint verification and registration reports/lists, market assessment reports, pipeline request reports/forms, rapid monitoring and PDM reports.							
Indicator 1.1.3	NON FOOD ITEMS AND EMERGENCY SHELTER	Number of people receiving in kind emergency shelter assistance	1,932	2,268	2,016	2,184	8,400
Means of Verification : Beneficiaries' registration and distribution lists, progress reports, distribution, progress and needs analysis reports, joint verification and registration reports/lists, market assessment reports, pipeline request reports/forms, rapid monitoring and PDM reports.							
Indicator 1.1.4	NON FOOD ITEMS AND EMERGENCY SHELTER	Number of people receiving in kind life-saving NFIs assistance	7,728	9,072	8,065	8,735	33,600
Means of Verification : Beneficiaries' registration and distribution lists, progress reports, distribution, progress and needs analysis reports, joint verification and registration reports/lists, market assessment reports, pipeline request reports/forms, rapid monitoring and PDM reports.							
Indicator 1.1.5	NON FOOD ITEMS AND EMERGENCY SHELTER	Percentage of displaced population served with shelter and/or NFI reporting that assistance is contributing to meeting their urgent need					85
Means of Verification : PDM reports, data sets, questionnaires							
Indicator 1.1.6	NON FOOD ITEMS AND EMERGENCY SHELTER	Percentage of displaced population served with shelter and/or NFI reporting that assistance is delivered in a safe, accessible and participatory manner					85
Means of Verification : PDM reports, data sets, questionnaires							
Indicator 1.1.7	NON FOOD ITEMS AND EMERGENCY SHELTER	Number of people receiving in-kind emergency shelter and lifesaving NFI assistance through the IOM Core Pipeline	26,274	29,511	25,928	29,359	111,072
Means of Verification : S-NFI partner distribution report; pipeline request tracking/database, goods received vouchers (GRV)							

Activities

Activity 1.1.1

Standard Activity : Provision of NFIs through in-kind distribution

Needs Assessment: IOM's shelter and NFI interventions precedes a detailed needs and risk assessment as the initial steps of the assistance. Upon consultation and endorsement of S-NFI Cluster leads and state Focal Points (SFP), IOM and partners will initiate plans to conduct needs and risk assessment in the target locations. The Cluster and OCHA always compiles flood information and data, which will be used as the planning document for IOM and partners response in flood-affected areas. In the food insecure areas data provided from the FSL Cluster, OCHA and WFP will be used to plan responses through the holistic approach. IOM will use IRNA reported from OCHA to inform the need to conduct an in-depth assessment in target locations. Furthermore, the project will use Shelter Cluster standard data collection tool for needs analysis. The needs and risk analysis process will include household interviews, focus group discussion, and key informant interviews. Furthermore, IOM Shelter and NFI team has completed need, risk and market analysis in recent months in Pibor, Fangak, Nagero and Twic. In collaboration with other clusters and humanitarian partners in the target locations, IOM and partners will follow a holistic approach and plan for joint assessments with WASH, CCCM, Protection, FSL and other partners. IOM has already collected information and assessment for some of the locations. In Nagero and neighboring area the IDPs did not receive shelter and NFI assistance. Based on IOM's needs assessment in April 2022, over 9,000 people need S-NFI support as most live in temporary makeshift shelters. In addition, Namatina Payam was not accessible, and needs are still unmet due to access constraints, and more assistance is needed in locations in Duma, and Namatina payam. Similarly, in Twic, IOM through CERF is currently supporting the IDPs affected by the conflict in Abyei Administrative Area and displaced to Twic in Nyindeng Ayual, Gomgoy, Akoc, Ajack Kuac, Aweng, and Panyok. However, there are still over 14,000 IDPs that need urgent assistance. In addition, more than 60,000 persons in Fangak and Pibor, affected by floods, require Shelter and NFI assistance.

Role of partners:

As the leading agency, IOM will manage, support and monitor overall project activities and coordinate with Cluster and partners on project implementation. IOM is directly implementing the project in Nagero and Fangak, which include needs and market assessment (10), safety audits, distribution of in-kind and cash and voucher assistance (10), rapid monitoring (10) and post-distribution monitoring (5) and on the job technical and coordination support. While in Pibor and Twic, IOM will support in market assessments to collect comprehensive information for cash distribution. To ensure independent monitoring, IOM will conduct PDMs in Fangak, Pibor, Nagero and Twic for IOM activities and partner's activities especially cash and voucher assistance. Partners will conduct routine monitoring during assessment and verification. Africa Development Aid (ADA) will implement project activities in Pibor, with technical and monitoring support from IOM. The ADA activities include needs assessment (2), market assessment (1), verification (2), distribution (4) and one PDM for in-kind activities. At the same time, CCOSS is responsible for project implementation activities in Twic. The CCOSS will conduct assessments (4), safety audits (4) and market assessments (2), and distribution (4) for in-kind and cash programming in Twic.

Market assessments: Given the duration of the project and changing context in all target locations, it is important to conduct and update market assessments in all areas. For example, in Nagero, IOM did not conduct a market assessment in the past for cash intervention. Similarly, due to conflict in Fangak, it is important to update and conduct a detailed assessment as the supply routes have been affected.

Activity 1.1.2

Standard Activity : Provision of in-kind Emergency Shelter Kits (ESKs) and NFI

Upon endorsement of the needs analysis reports by the S-NFI Cluster and SFP, the project partners request for the release of items from the S-NFI Core Pipeline and coordinates with the Logistics Cluster to transport the items to the distribution sites. The IOM under this project will follow the Cluster standard packages for distribution of ES-NFI items to the conflict and flood-affected communities. Prior to the distribution of the kits, IOM and partners will conduct verification and registration of the most vulnerable in the target locations, where possible project will collaborate with protection partners and DTM during the verification of affected communities. The standard ES-NFI package includes plastic sheet, ropes, blankets, and mosquito nets. However, IOM and partners during the assessment will document all S-NFI relevant needs and will inform the affected population about the standard package for flood-affected communities. For conflict-affected communities, the needs analysis will help identify only critical needs. In-kind S-NFI response for conflict-affected will include the distribution of plastic sheeting, ropes, kitchen sets, blankets, sleeping mat, treated mosquito nets, solar lamps, and Kanga (cloths), depending on need assessment recommendation. The project will closely coordinate with Shelter Cluster state focal points, S-NFI partners, and other clusters.

The Project seeks to reach 33,600 individuals with in-kind response in Fangak: (6,816), Pibor (10,041): Twic (10,084): and Nagero (6,659). The project team will consult with the affected communities and local authorities and finalize distribution sites to ensure an equitable distribution approach and a suitable location for safe and dignified access to shelter and NFIs for all beneficiaries. Distribution committees' members will share further information about the date, time, location, and items to be distributed to the communities. The beneficiary selection criteria include

context-specific Persons with Special Needs (PSN), single female-headed households, elderly persons, persons with disabilities, unaccompanied/separated children, child-headed families, persons with chronic illness, and persons with no kinship or clan affiliations/minorities.-

To ensure accountability to the affected population, IOM will ensure that communication with the communities is made in the local language and at all levels and in an inclusive manner. For each intervention starting from assessment to distribution, the project will establish complaint desks and ensure that complaints are documented, addressed, and communicated back to the beneficiaries. IOM developed a digital complaint feedback mechanism which track the status of each complaint and that will be used to track progress on the complaints. Targeting Persons with disability and other vulnerable group

In addition to IOM and partners trained staff, project will engage protection partners on the ground to ensure that the protection concerns are identified, and mitigation measures are taken to address the protection risks, including risks of GBV. IOM will prioritize the vulnerable individual, particularly persons with disability, women, boys, girls and minority group and provide the required assistance on priority basis. During the distribution, the project team will guide beneficiaries on installing plastic sheets, guidelines on the utilization of mosquito nets (washing instructions), and kitchen sets.

Role of partners:

For in-kind distribution, IOM directly implement the project activities in Nagero and Fangak targeting 13,475 individuals in different payams.. IOM aims to conduct six in-kind distribution (06). ADA will implement project activities in Pibor, assisting 10,041 individuals. The ADA conducts two verification and two distribution. At the same time, CCOSS is responsible for project implementation activities in Twic, including in-kind distribution (4). CCOSS helps 10,084 individuals in Twic

Activity 1.1.3

Standard Activity : Provision of conditional or unconditional cash transfer

In South Sudan, IOM is the lead of the Interagency Cash Working Group and is committed to enhancing the strategic, technical, and operational skills of the IOM team, partners, and Cash community of practice on quality humanitarian programming through CVA interventions.

In Nagero, Fangak, and Pibor, Twic where markets are functional and accessible, the project will implement Cash and Voucher Assistance. Recent IOM reports suggest that markets are accessible in Nagero, Pibor, Fangak, and Twic however in some locations like Fangak and Pibor during the height of the rainy season the access can be cut off by floods, IOM has already completed the market assessment in Fangak, and Pibor data collection is in progress which will further inform the cash and voucher assistance programming. IOM will also use data and information from REACH and JMMI of the Cash Working group as well, partners market assessment reports

Nagero is close to Wau and Tombura, Local traders in Twic can access the markets in Kuajok and Wau, where markets are functional and basic items are available and can easily be transported. Depending on market assessment, the project team will identify the type of cash-based interventions; conditional or unconditional.

The project aims to assist 36,066 individuals (Fangak: 10,024 (60% of target caseload), Pibor (15,061 - (60% of 70% caseload): Twic (4,322 (30% of total caseload): and Nagero (6,659 (50% of total caseload): with the provision of cash and voucher assistance. On average, one household cost will be around between \$55-65. The cost is based on the MEB for Shelter and NFI as agreed with Cash Working Group. However, while calculating the cost per beneficiary, IOM will consider the Minimum Expenditure Basket for specific area, local rates, and Cluster guidelines to implement a CVA

CVA responses will be provided in areas where markets are functional, accessible, and/or have the capacity to entertain the intervention needs. The cash-based interventions include cash for work (CFW), multisectoral cash grants, and restricted cash grants, depending on needs and market assessments' findings. The project will verify the beneficiaries as per the set criteria and engage Financial Service Providers for the beneficiaries' biometric registration to avoid duplication. IOM is already working with over three FSPs and through the project. IOM and IPs will jointly do cash distribution so that national organization can expand on cash-based programming in future.

In the case of a voucher, market days will be organized in consultation with the beneficiaries. Local traders will be identified and selected through a competitive process following IOM and partner's standard operating procedures.

IOM is piloting with Aidonics to digitize beneficiary registration. They system has the capacity to record biometric, generate unique IDs, token and provide Realtime information for tracking and verification. IOM and the partner will share lessons learnt and best practices about the system with other partners.

Targeting Persons with disability and another vulnerable group
As explained above, the project will prioritize the vulnerable individual, particularly persons with disability, women, boys, girls and minority group and provide the required assistance on priority basis. The cash-assistance for the Persons with Disability will be high as compare to other groups based on their customized needs. In addition, IOM will monitor cash utilization through post-distribution monitoring (PDM) and exit interview of beneficiaries.

Role of partners:

For cash and voucher assistance, IOM directly implement the project activities in Nagero and Fangak targeting 16,683 individuals in different payams. ADA will assist 15,061 individuals with cash assistance in Pibor and and CCROSS will provide cash to 4,322 individuals in Twic

Activity 1.1.4

Standard Activity : Post distribution and post construction monitoring exercises

Based on IOM experience in humanitarian assistance, the project will have a robust monitoring and evaluation systems to monitor and evaluate project activities. IOM Shelter and Settlement unit host a dedicated M&E team comprising of an M&E Officer and two M&E Assistants. Furthermore, the implementing partners have trained M&E staff and budget to monitor the activities as first layer of monitoring. The M&E team is aware of the response methodologies and uses comprehensive, tested data collection tools to monitor the quality of response from assessment to post-distribution/construction monitoring. IOM Programme Support Unit provides technical backstopping and collates information at the program level on key performance indicators.

IOM has developed different data collection tools depending on the type of activity and has a pool of trained enumerators to collect data in deep field locations. Wherever possible, project M&E uses a standardized checklist for rapid monitoring of the distribution and cash-based intervention. M&E officer conducts exit interviews of the beneficiaries relevant to the entire distribution process, including selection, communication, accessibility, and quality of the intervention. The team monitors distance, locations, access, community engagement, protection risks and status of complaints.

In addition to rapid monitoring, the M&E team will conduct post-distribution monitoring of randomly selected distributions. IOM and national partners use standard Cluster tools, which include household interviews, focus group discussion guide and critical informant interview. The household sample will be identified based on Cluster guideline; 90-95% confidence level and 5% margin of error. M&E team will conduct PDM after two to four weeks of the intervention following standard Cluster guideline. Under the project, IOM aims to conduct at least one PDM in each location besides rapid monitoring.

The M&E team track project progress through regular indicator tracking sheets, budget vs actual analysis and after-action reviews. The project ensures that monitoring team findings are discussed within the larger group and programming is improved based on the results.

Furthermore, IOM will host series of meeting and capacity building events for the two partners on M&E, data management, analysis and report writing to build their capacity.

Role of partners:

As the lead agency, IOM will conduct random rapid monitoring and PDM for both partners' cash and kind distribution. IOM has budgeted ten rapid monitoring activities to monitor the registration process, verification process and distribution of cash and in-kind. Similarly, IOM will conduct five post-distribution monitoring activities (mostly for cash and voucher assistance) in all four locations. The partners budgeted limited monitoring cost to monitor their internal processes and progress tracking and one PDM for in-kind distribution

Activity 1.1.5

Standard Activity : Not Selected

IOM will immediately procure supplies to replenish current stocks, which will be released for the immediate S-NFI response for the affected population in priority areas, including Tambura, Nagero, and Ezo in Western Equatoria State; Twic in Warrap State; Pibor, Fangak, and Canal/Pigi in Jonglei State; and Leer, Mayendit, and Panyijar in Unity State. All pipeline requests from frontline S-NFI partners will undergo a thorough review by the S-NFI Cluster Coordinating Team (including state focal points) who will determine endorsement, exact response locations, and targeted beneficiaries through review of partner assessment reports and filled-out pipeline request form. This review mechanism is critical to avoid duplication and ensure efficiency and prioritization of response in targeted locations under this allocation.

Supplies to be procure under this project will include plastic sheets, rubber ropes, mosquito nets, blankets, kanga, kitchen sets, and NFI bags. The 18,512 SNFI kits will be released to S-NFI partners for distribution to areas of displacement in the ten mentioned counties and targeted to reach approximately 111,072 people targeted by the S-NFI cluster.

Activity 1.1.6

Standard Activity : Not Selected

Aside from IOM's main warehouse in Juba, IOM Core Pipeline will transport S-NFI supplies to key logistics hubs in Wau, Rumbek, Bor, Bentiu and Malakal to replenish the stock in these locations enabling faster emergency responses as these hubs are closer to response locations. Surface road transport will be the maximized while road access permits in order to maintain cost-efficiency. Air cargo will be used as last resort in order to reach logistical hubs and response locations that are impassable due to impact of the rainy season and flooding of road networks. IOM will also facilitate transportation to accessible response locations by road whenever possible. IOM coordinates its movement to the Logistics cluster in order to facilitate efficient transportation of supplies and ensure security of materials and staff. IOM will continue to assume responsibility for management of supplies, including warehousing, storing and quality control of supplies in IOM warehouse locations.

Activity 1.1.7

Standard Activity : Not Selected

IOM Core Pipeline team will conduct one post distribution monitoring (PDM) under this project, in close coordination with the S-NFI Cluster and the respective S-NFI partners, which conducted the distribution. The PDM will include household questionnaires, focus group discussions (FGD), and key informant interviews (KII), which are comprehensive and include cross-cutting issues such as Protection, Gender, and AAP. The result of the PDM will be disseminated to the Cluster and partners. The team will utilize other assessments undertaken by humanitarian partners to avoid duplication of efforts. The Pipeline team will utilize internal structures for regular monitoring of core pipeline supply delivery, quality control, storage management, and supply utilization.

Additional Targets :

M & R

Monitoring & Reporting plan

IOM South Sudan has well established internal structures to monitor the progress of projects through data collection, analysis, reporting and feedback. Through these processes, progress against project deliverables is monitored and challenges identified. On a daily basis, field teams will monitor and supervise interventions, supported by Senior IOM Management who undertake regular visits to provide technical oversight. Information and data gathered through thematic unit monitoring activities will be analysed by M&E technical staff to assess activities, outputs and outcomes and to discern any notable issues. M&E technical staff will also ensure regular communication with the Programme Managers and relevant staff to ensure timely feedback of any identified issues.

Project achievements and progress will be tracked through robust monitoring systems, including weekly staff meetings; weekly narrative reports and quantitative indicator tracking matrix; and regular monitoring visits from program manager, during which structured focus group discussions, governance meetings, and key informant interviews are conducted to review program implementation. Regular monitoring tools culminate in quarterly progress reviews of implementation progress, including review of protection and inclusion mainstreaming progress against project agreement and Gender-Based Violence in Context (GBViC) framework. Cluster monitoring systems include monthly Cluster coordination meetings, twice-monthly narrative reporting, monthly 5w matrix, Cluster support deployments of Co-Coordinator and Cluster support staff, regular monitoring visits by State Focal Points and Cluster Co-Coordinator, and annual thematic workshops. Indeed, IOM will use standardized data collection tools for PDM, AAP checklist and assessment. IOM will maintain sex and age desegregated data for each intervention ensuring data security and confidentiality. Data collection protocol will be followed, and IOM ensure beneficiary consent for pictures, videos or any other information relevant to an individual.

In addition to IOM and partner's internal M&E mechanism, IOM will follow SSHF monitoring and reporting plans. The project track progress of S-NFI activities on a weekly basis through a response tracking mechanism where each intervention is tracked from alert status to the time of final distribution/assistance. IOM and partner will conduct rapid monitoring for at least 80 per cent of in-kind interventions, using the rapid monitoring tool, and follow S-NFI Cluster tools for post distribution monitoring. The project uses kobo data collection tool for assessments and PDMs as first choice of data collection method. Community feedback is ensured through setting up community feedback mechanism and rapid monitoring tools at the time of intervention. Furthermore, the M&E team will maintain sex and age desegregated data of all responses. The data is further analyzed for the state, county, Payam, Boma and type of responses. For CBI, the project collect data of each household and involves FSP for biometric registration of beneficiaries and beneficiary level data is collected at the time of registration, including name, number of household members, registration number if any, and status of household. Data protection is fundamental, and project will ensure that beneficiaries data is not shared with anyone, password protected and personal information's are masked. Beneficiary consent for pictures and interviews will be ensured. The PDM tools include household questionnaires, FGD, and KII, which are comprehensive and include cross-cutting issues such as HLP, Protection, Gender, AAP, and environment. M&E team analyze PDM results, community feedback, market assessment, indicator progress and monitoring visits findings for informed decision and adaptive management. The M&E team uses DTM village assessment survey, mobility tracking and flow monitoring data for triangulation of target numbers.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2</p> <p>Participate in multi-sectoral needs assessments using standardized CCCM Cluster assessment tools, and in coordination with DTM and Protection teams, who guard the expertise on risk mitigation and do-no-harm principles, IOM for Twic, Leer, Mayendit, Panyijjar, and Peace Corps Organization South Sudan for Pibor, in any assessments conducted to identify the gaps, needs, challenges, and constantly updating IOM and the CCCM Cluster on the ground situation. The implementing partners will also maintain 3Ws matrixes once a month and contact lists that will be used as a bases to monitor delivery of services and allow for adequate and timely referrals. This will be done on a monthly basis. The Implementing Partners (IPs) will visit the sites to meet with service providers, information sharing including challenges on access, security and any other challenges that would require State Focal Points (SFP) and State Working Groups (SWG) attention. This will ensure that the referral mechanism is active and functional. The moment sites are inaccessible remote management will be activated. Additionally, key informant interviews (KIIs) as well as Focus Group Discussions (FGDs) with community leadership structures will also be conducted by the CCCM teams in order to be able to understand the needs of the displaced population and identify vulnerable households. Lastly, IOM CCCM roving team will make sure the implementing partners are assisted with the necessary tools and training on data collection methodology to ensure accuracy and consistency of data.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.1.2: Related to Indicator 1.1.2:</p> <p>IOM CCCM will directly implement in Twic, Leer, Mayendit, Panyijjar and provide technical support to partner, Peace Corp, who will be implementing this activity in Pibor. This is especially crucial that IOM supports in the first 4 months of the project to build the capacity since this is the first time partnering with them in CCCM and in the process, robust monitoring will be undertaken, ensuring that the set up of the coordination structures are carried out according to CCCM Cluster's guidelines to facilitate effective coordination, service mapping and monitoring, as well as the referral mechanisms. IOM and Peace Corps will set-up CCCM coordination mechanisms in their areas of responsibility which should be inclusive of service providers, government representative, community governance structures (inclusive of traditional and elected leadership, women and youth groups, PwD Committees, religious leaders) to guarantee participatory, coordinated and needs-based responses that meet international humanitarian standards and cater for enhanced application of community participation, ownership and Accountability to Affected Population (AAP), avoid duplication of services as well as address protection concerns. Service provider coordination meetings will also allow for the identification of gaps in service delivery to be then referred to appropriate and relevant agencies and partners – and serve as basis for advocacy at State and National levels (CCCM Cluster and ICCGs) in order to cater to those gaps. Bi-weekly (or as need arise) coordination meetings between service providers as well as community leaders will be organized by IOM and IPs to ensure a safe and non-discriminatory access to basic services for all groups of the displaced population. Additionally, Cluster coordination tools such as 3Ws and contact lists will serve as mechanisms to coordinate and map the response of service providers at site level by identifying gaps, establishing referrals for protection concerns and advocating for increased service delivery among partners.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.1.3: Related to Indicators 1.1.3 and 1.1.4</p> <p>Guided by the CCCM Cluster tools, IOM will conduct service mapping, produce site profile for Twic, Leer, Mayendit, Panyijjar and ensure development of exit strategy. Same will be done by Peace Corp for Pibor. This undertaking shall enable collaborative environment, linking the community's needs to the service provider's resources, ensure continuous advocacy of the gaps, develop contextualized and site-specific exit plans aided by the phase-out checklists and SOPs that will guide the community through performing their duties upon handing over of the site to the self-managed committees. The handover to the community will only take place once IOM and Peace Corp have secured a safe and inclusive environment for the displaced community to live in, CFM desks are functional and reliable to create referral pathways to partners and site care and maintenance committees have been established and trained on how to respond to shocks taking into account the current and next year's rainy season. As part of the exit strategy, IPs having footprints in the area have established relationship with the local stakeholders thereby enabling smooth operations and transition. The project will be formalized through an inception meeting and exit conference. The implementing partners will participate in the monthly CCCM Cluster meetings to share information on 5Ws, flag the service gaps and challenges encountered in the field.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X

<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4</p> <p>Service mapping and monitoring will be conducted on a regular basis utilizing CCCM Cluster, IOM CCCM and OCHA's approved standardized tools (3Ws and contact lists) as well as collecting information through KIIs and FGDs engaging community leaders and community vulnerable groups (women, youth, PWDs). Collected data will be analyzed to develop response plans that are tailored to the needs. In addition to service mapping, specific service monitoring tools will be developed and utilized in order to monitor the availability, delivery and quality of service delivery in the displacement sites. Situation report will be produced to identify gaps in service provision and ensure the set-up of adequate referrals of gaps to partners. Additionally, IPs will establish and maintain strong communication links with local authorities in the areas of intervention in order to sensitize, engage and mobilize them in implementing project activities.</p> <p>Service mapping and monitoring is key in this activity. With IOM's expanded service monitoring tool that can be tailored to the context of the response, and with its information management capacity, IOM and Peace Corps will benefit in this technology that will not only process the data collected but also analyze and generate report that outlines recommendations that are practical and actionable. The tool will be directly administered by IOM and Peace Corps in their area of responsibilities with technical support from IOM Juba team.</p> <p>Additionally, by engaging the displaced community, and in close coordination with Protection and SGBV partners operating in areas of operation, will conduct participatory safety audits to identify site risks including fire safety, flooding, protection and GBV risks. Findings will serve to minimize protection risks and ensure safety in sites while promoting community participation, resilience and ownership. In order to achieve this, safety committees will be established, and community members will be trained on conducting regular safety audits to strengthen their capacity to identify risks and refer to relevant partners or/and develop mitigation strategies to address context specific risks. Findings will also inform site care & maintenance activities geared towards upkeep of the site, improving access, reducing exposure to SGBV risks.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1.5:</p> <p>IOM CCCM and its Implementing Partners will conduct an inception meeting and exit conference with the community representatives, government authorities and key stakeholders in the site to ensure that project strategy is properly communicated before the project starts. IOM will arrange an inception meeting and handover ceremony in Twic, Leer, Panyijar and mayendit while Peace Corps will do the same in Pibor. This activity is important to ensure community is engaged and informed about the services available. This also supports ownership and localization since the project aims to improve the living condition of the IDPs, create protective environment especially the most vulnerable populations with priority on addressing protection gaps and strengthening predictability and effectiveness of multi-sectoral interventions at site level. This project is designed to strengthen self-management and building resilience, so it is paramount to involve and consult them in the process. Apart from the exit conference, the CCCM team will also conduct an end-line satisfaction survey to understand the impact of the intervention to the lives of the IDPs especially the most vulnerable. This exercise is preceded by a baseline survey.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X

<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong and effective communication channels between service providers and the community are as equally relevant as coordination mechanisms among the same actors. In this manner, IOM CCCM will set up the Community-based Complaints Feedback Mechanisms (CBCM), through defined and established SoPs. IOM CCCM will conduct a training of trainers to the implementing partners to support them in establishing the CBCM. There will be mentorship support from IOM for the first 4 months until the system is in place and that the partners will be well acquainted with the system. IOM will establish 18 in Twic and at least 3 in Leer, Mayendit and Panyijar while Peace Corps will establish 1 in Pibor.</p> <p>CBCM is designed to be accessible, confidential and responsive, with consideration of cultural, conflict, and gender-sensitive. Through the Communication and Community Engagement Working Group (CCE WG), a forum where Accountability to the Affected Populations (AAP) is also a priority, CBCM SOPs are enhanced making them more useful and efficient especially in locations with no static presence of CCCM actors. Committees, with a specific ToR and adhering to IOM's Standards of Conduct specific to community committees working with CCCM, will be supported and capacitated with instruments needed to implement and maintain the system, fostering the community's ability to communicate their needs and feedback to the concerned stakeholders. IOM will endeavor to transfer the skills to IPs particularly in operationalizing the CBCM- how to support and refer complaints from persons with disabilities and other vulnerable persons, protection principles especially confidentiality and how to refer cases to Protection partners, including referrals for GBV, child protection and other sensitive protection cases (inclusive of PSEA and SoC violations). The CBCM committees will be established considering gender-balance, ensuring that women staff are also trained. The methods of this service will be through roving/outreach, complemented by regular community consultations through FGDs, KIs and qualitative perception surveys to guarantee that feedback from the community is constantly monitored and CCCM's advocacy and information sharing role is fulfilled. Feedback desks and CFM data (received and used with informed consent) are a key source of information for CCCM to adjust its interventions throughout the response accordingly to the community's changing needs and complaints.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2.5: Accountability to Affected Populations is at the center of IOM's responses and is mainstreamed throughout CCCM operations with the establishment of strong Communications and Community Engagement (CCE) mechanisms, informed by contextualized, appropriate and good practices taken from South Sudan and other operations, which will facilitate the linkage between the service providers and the community - enabling smooth referrals and coordination of services. Recognizing that information is life-saving, CCCM will ensure timely and effective information-sharing with all segments of the affected population, leaving no one behind, including host communities during the project life. On the one hand, leadership structures will be engaged to mobilize the community for information dissemination and dialogue meetings. On the other hand, IOM and its IPs will engage and train community mobilizers on how to disseminate messaging and correct misconceptions, debunk rumors, inclusive of COVID-19 prevention measures as well as hygiene promotion sensitization to avoid and mitigate the outbreak of diseases. Community mobilizers will be recruited among the displaced population, considering gender balance and inclusivity of PwDs as well as youth volunteers. Messaging will be carried out through different modalities and tailored communication strategies, including megaphones, door-to-door sensitization, information boards and town hall meetings among others.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cluster and IOM CCCM standardized tools, IOM and Peace Corps will conduct mapping of the governance structures whether active or inactive, community groups and other representative groups within the displaced population to better grasp how community engagement practices are in the project locations considering the dynamics and sensitive context to better design projects for the community. This mapping will include host, returnee and displaced people, government/municipality mechanisms, religious leaders, and other context-specific stakeholders and be inclusive of women, minority groups, vulnerable populations and other subsets of the population. An assessment will be conducted utilizing the findings from the community governance structures mapping to understand the composition of the structures, inclusion of minority and underrepresented groups, ethnic diversity, ability to advocate on behalf of their communities, their relationship with communities they represent, and level of engagement with service providers and other stakeholders. This assessment will inform the project on the level of capacity building design for the community leaders to ensure they can confidently play their role in the community and enhance ability to self-manage the community.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X

<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.2.4: Related to Indicator 1.2.4: Following the identification and/or establishment of the community governance structures, IOM and Peace Corps. will conduct capacity building and trainings on core CCCM, Humanitarian Principles and safe programming/mainstreaming protection in their area area of responsibility. While CCCM will focus on trainings regarding site-management committees' TORs/CoC, Roles and Responsibilities of CCCM, Community Participation, Accountability to Affected Populations, Complaints and Feedback Mechanism, Fire Prevention and Safety, Emergency Preparedness and Community Mapping; Protection partners will support with trainings on Protection principles, PSEA, GBV introduction, guiding principles and referral pathways information as well as Disability Inclusion. These trainings will also be conducted for service providers as well as government counterparts. Number of participants targeted during these trainings will be determined based on the leadership structure of each site with an estimate of 10 to 15 pax per training. CCCM team will use visuals and materials that are relatable to the community to aid the learning of the participants. Important to note that IOM CCCM will conduct a Training of Trainers to implementing partners before they roll out in the project areas. IOM will continue to mentor them the first 4 months of the project to ensure delivery of trainings are delivered with quality. IOM have certified trainers both international and national staff, capable of training national authorities, service providers and IDP leaders.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 In relation to the implementation of safety audit findings and the FGDs conducted with the communities, site care and maintenance committees will be established by engaging community leaders and representatives to ensure upkeep of displacement sites as well as facilitate meaningful community participation in interventions. CCCM will train the site care and maintenance committee members on localized construction methodologies, community based DRR, basic maintenance of community facilities. CCCM will work with WASH partners in training the community on proper maintenance of landfill, solid waste management and maintenance of sanitation facilities to prevent poor environmental hygiene, possible contaminations that would result to disease outbreaks. Additionally, IOM is committed to contribute to its IOM institutional framework on GBV in Crisis. Through site care and maintenance, CCCM will mitigate protection risks and ensure safe environment. In Twic, IOM CCCM, through the roving Engineer will carry out the technical component and will ensure mobilization of the community. Same modality applies for Leer, Mayendit, Panyijar. On the other hand, in Pibor, Peace Corps will implement the full component of care and maintenance as they have technical person capable of carrying out the activities.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.3.2: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 Following the safety audit findings, CCCM will implement community-led projects through cash for work modality. Considering context sensitivity and potential risks associated with Cash-based Interventions, while also being informed by market analyses, conflict analyses as well as the Centrality of Protection, CCCM will implement the project together with Protection partners. CCCM will also work with WASH for the site care and maintenance activities that focuses on preventing public health issues. Additionally, cleanup activities with a specific focus on hygiene promotion conducted in coordination with WASH. IOM and Peace Corps will identify a total of 500 individuals during the 12 months duration of the project (15 days/month)— considering gender balance as well as the inclusion of youth and persons with disabilities to support on basic community-led site maintenance activities. When implementing the works, each participant will be paid 5 (for unskilled) ,7 (for semi skilled) and 9 (for skilled) USD per day as informed by the CCCM Cluster daily labor wage rate. In Twic, payment will be made by IOM roving team at the end of each month after the successful implementation of the agreed work while in Pibor and Leer, Mayendit, Panyijar, payment will be made by Peace Corps.</p>	2022											X	X
	2023	X	X	X	X	X	X	X	X	X	X	X	
<p>CAMP COORDINATION AND CAMP MANAGEMENT: Activity 1.3.3: Related to Indicators 1.3.1, 1.3.2, and 1.3.3 In addition to addressing findings in the safety audit, CCCM will also train the site care and maintenance committee members in carrying out localized care and maintenance activities such as construct and maintain site infrastructures including roads, shelters, bridges, drainages, garbage collection facilities, WASH facilities, and community structures. Care and maintenance trainings will target all segments of the displaced population (men, women, boys, girls and PwDs) focusing on mitigating natural risks such as fires during dry season (such as fire breaks between shelters and blocks) and flooding during rainy season (adequate tertiary drainage systems that would promote natural flow and discharge of storm water – to avoid stagnation) as well as protection, GBV and health concerns (water-borne and vector-borne diseases, for instance). CCCM team will procure and hand over basic care and maintenance gears to the committee and develop SoPs to guide committee members on using and keeping them safe from vandalism.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X

HEALTH: Activity 1.1.1: In order to supplement health commodities supplies obtained through the Health and Reproductive health pipelines, IOM will procure and ensure the availability of essential medical supplies including RH supplies for the provision of primary health care to displaced communities in Twic through operation of 2 Mobile clinics in Ajak kuac, Turalei and Wunrok payams while IOM's implementing partner UNH will support 1PCHU and 1 mobile clinic in each of the counties of Ezo and Nagero.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
HEALTH: Activity 1.1.10: IOM will provide refresher training on COVID-19 prevention and mitigation measures to at least 30 healthcare workers deployed to the 3 IOM supported health facilities using WHO approved training materials and National SOPs on COVID-19 in coordination with WHO state focal points. Trainings will include COVID-19 facility-based and community-based surveillance, early case detection, raising alerts, initial case management and referral to COVID-19 specific health facilities or to home -based care based on updated case management guidelines.	2023	X	X		X					X	X		
	2022											X	X
HEALTH: Activity 1.1.11: IOM and UNH team supervisors within the respective locations will ensure the timely submission of weekly EWARS and IDSR reports through the EWARS and IDSR online platforms in coordination with the county surveillance officers and WHO state focal points. In addition, IOM and UNH teams will use available data to monitor for early warning signs of epidemic disease outbreaks such as increased caseloads for certain disease conditions, unexplained community deaths or mass fatalities within the community. Alerts will be raised where appropriate to WHO focal points for onward investigation.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
HEALTH: Activity 1.1.2: This activity will mainly target the most vulnerable members of the community including women, girls, boys and persons with disabilities (PWDs). Under this activity, IOM together with its partner UNH will conduct nutritional screening of children under the age of five, provide outpatient treatment of MAM and SAM cases without complication while referring SAM cases with medical complications for secondary care at specialized therapeutic centers in collaboration with key nutrition partners. IOM's integrated package of basic primary health care will include general outpatient consultation and curative services, diagnosis and management of common childhood illnesses including malaria, acute diarrheal illnesses and respiratory tract infections which are often exacerbated by acute severe malnutrition, integration of routine immunization, deworming of all children under 5 years and provision of supplemental vitamin A to children and pregnant women and early referral for secondary care to available treatment facilities, whilst ensuring the integration and mainstreaming of COVID-19 prevention activities. Health teams will work with community leaders, county health authorities and members of the boma health initiative to conduct health promotion sessions to encourage positive health seeking behavior and key community intervention strategies including on recommended Infant and Young Child Feeding (IYCF). The CBHP will also support household screening of children under 5 and referral of MAM and SAM cases to therapeutic centers. RRT teams will comprise of trained midwives capable of providing BEmONC and other SRH services including family planning, ante-natal care, post-natal care, nutritional screening of pregnant and lactating mothers, provision of CMR and PFA to survivors of SGBV. While IOM will directly implement activities in Twic through 2 mobile clinics in the payams of Ajak Kuac and turalei, UNH will implement similar activities in Ezo and Nagero together with IOM who will provide oversight and supervisory roles while independently implementing in the Payams of Akoc, Aweng , Turalei and Wunrok of Twic county.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
HEALTH: Activity 1.1.3: Two mobile teams will be deployed (two in Twic country (IOM), one in Ezo county (UNH) and one in Nagero county (UNH)) to provide emergency health services to vulnerable populations according to the identified needs within the county. IOM mobile teams will exercise flexibility to cover wide areas within the county to within the three payams of Ajak kuac , Turalei and Wunrok during the duration of the project while in Twic UNH will independently support the primary healthcare services in Akoc, Aweng and Panyok Payams of Twic county.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
HEALTH: Activity 1.1.4: IOM (Twic- Ajak Kuac, Turalei, Wunrok Payams)) together with UNH (Ezo, Nagero, Twic- Akoc, Aweng Panyok Payams) will support outpatient consultation for 39,800 individuals including 10,400 males <5years, 10,600 females<5years,9200 males >5years and 9600females >5years	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
HEALTH: Activity 1.1.5: Routine immunization for measles and other vaccine preventable diseases will be integrated into primary healthcare services in coordination with the county and state EPI officers and managers. CHWs will liaise with community leaders within the camps to create demand for vaccine preventable diseases, identify zero dose children and missed doses for referral to static health facilities. IOM will continue to support the health cluster in conducting planned supplementary vaccination campaigns and/or PIRI campaigns.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X

HEALTH: Activity 1.1.6: Community Health promoters will conduct facility based as well as community-based health promotion (CBHP) activities in coordination with CCCM social mobilizers and community camp management leaders to conduct health promotion sessions to create awareness on health concerns, create demand for health services and encourage positive health seeking behavior and key community intervention strategies including on recommended Infant and Young Child Feeding (IYCF). The CBHP will also support household screening of children under 5 and referral of MAM and SAM cases to therapeutic canters. In addition, the CHWs will conduct active case search and community-based surveillance during epidemic disease outbreaks within the IDP camps and/or the PoCs.	2023	X	X	X	X	X	X	X	X	X				
	2022											X	X	
HEALTH: Activity 1.1.7: IOM trained health workers will conduct refresher trainings for UNH, and CHD staff deployed to supported health facilities on general principles of infection prevention at health facilities including on environmental hygiene, personal hygiene, safe waste management, rational use of PPEs, donning and doffing of PPEs among others. Training will include both clinical and support personnel at the facility including cleaners, guards and other casual workers who are at risk of hospital acquired infections.	2023	X	X	X		X	X	X	X	X	X			
	2022											X	X	
HEALTH: Activity 1.1.8: A basic 3-day CMR training will be provided to selected healthcare workers using the IASC guidelines on the management of SGBV in humanitarian emergencies including clinical management of rape, provision of psychological first aid (PFA) and the referral to GBV partners using established GBV referral pathways.	2022											X	X	
	2023	X	X				X	X	X	X	X			
HEALTH: Activity 1.1.9: IOM will procure basic PPE including disposable gloves, face masks, face shields, aprons and gum boots for staff and volunteers deployed to the 4 IOM and UNH supported static health facilities and mobile teams.	2022											X	X	
	2023	X	X		X					X	X			
HEALTH: Activity 1.2.1: Conduct psychoeducation sessions to IDPs and host community; Based on IOM (2020), Mental Health and Psychosocial Support (MHPSS) in the COVID-19 Response Guidance and Toolkit for the use of IOM MHPSS Teams: Version III-Final, and the WHO and IASC MHGAPHIG IOM will conduct community-based awareness raising sessions within targeted IDP camps specifically focusing on MHPSS considerations in the context of COVID-19. Psychoeducation sessions will be conducted in a gender-sensitive way, aiming at providing specifically tailored information to relevant gender groups, such as, children, youth, women, men, elderly, persons with disabilities, persons infected with COVID-19 and their family members, community leaders and front-line workers. IECs will include facts and evidence relating to COVID-19 transmission ways, efficient coping strategies and tips for daily self-regulation to withstand Pandemic related stressors.	2023	X	X	X	X	X	X	X	X	X	X			
	2022											X	X	
HEALTH: Activity 1.2.2: Provide focused, non-specialized MHPSS services (Psychological First Aid (PFA), Counselling, Support Groups and Referrals, Assistance to persons at-risk and caretakers delivering care to persons with health conditions or disabilities, neurological and mental health conditions). Render focused, non-specialized MHPSS services to persons in need of counselling, support groups, those at-risk and caretakers of patients with health conditions or disabilities, neurological and mental health conditions: Through operation of Psychosocial Mobile Teams (PMTs) within the IDP and host community, IOM will deliver static (health clinic based) and mobile (outreach within the community, including home visits) focused, non-specialized MHPSS services, such as counselling, support group discussions, referrals and support to caretakers of patients with health conditions, disabilities, neurological and mental health conditions. This will alleviate psychosocial needs of the beneficiary community and will enhance their personal capacities to deal with normal stresses of life as well as difficult circumstances (such as, care for a person with health condition, disability, neurological or mental health conditions) requiring greater resilience and stronger coping capacities and emotional self-regulation skills.	2023	X	X	X	X	X	X	X	X	X	X			
	2022											X	X	

<p>HEALTH: Activity 1.2.3: Train 24 healthcare workers and 30 community leadership structure representatives within the IDP and host communities on mainstreaming MHPSS in their daily activity. Based on its past successful interventions involving community leadership structure representatives in the community-driven awareness raising and sensitization (specifically, as part of MHU and MHPSS joint intervention on capacity building of community leadership structures in Bentiu IDP Camp in 2019), IOM will conduct capacity building workshops on MHPSS mainstreaming to capacitate community leadership structures among the IDP and host communities within the supported counties of Twic, Ezo and Nagero. This will result in enhanced capacity and ability of community leadership structure representatives to multiply and apply gained knowledge on MHPSS in their daily activity. Capacity building workshops will cover diverse priority MHPSS topics, such as positive parenting, prevention of stigmatization and discrimination based on health condition or disability, neurological and mental health conditions, prevention of alcohol and substance abuse, inclusive care, promotion of healthy lifestyles and positive coping mechanisms. Community leadership structure representatives comprising community and religious leaders, women and youth leaders, Community Disability Committee leaders, teachers, parents and caretakers of patients with health conditions, disability, neurological and mental health conditions will enhance their knowledge and skills on addressing priority MHPSS topics mentioned above and will act as ambassadors of positive change by leading community-driven, sustainable awareness raising and psychoeducation intervention.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI interventions precedes a detailed needs and risk assessment as the initial steps of the assistance. Upon consultation and endorsement of S-NFI Cluster leads and state Focal Points (SFP), IOM and partners will initiate plans to conduct needs and risk assessment in the target locations. The Cluster and OCHA always compiles flood information and data, which will be used as the planning document for IOM and partners response in flood-affected areas. In the food insecure areas data provided from the FSL Cluster, OCHA and WFP will be used to plan responses through the holistic approach. IOM will use IRNA reported from OCHA to inform the need to conduct an in-depth assessment in target locations. Furthermore, the project will use Shelter Cluster standard data collection tool for needs analysis. The needs and risk analysis process will include household interviews, focus group discussion, and key informant interviews. Furthermore, IOM Shelter and NFI team has completed need, risk and market analysis in recent months in Pibor, Fangak, Nagero and Twic. In collaboration with other clusters and humanitarian partners in the target locations, IOM and partners will follow a holistic approach and plan for joint assessments with WASH, CCCM, Protection, FSL and other partners. IOM has already collected information and assessment for some of the locations. In Nagero and neighboring area the IDPs did not receive shelter and NFI assistance. Based on IOM's needs assessment in April 2022, over 9,000 people need S-NFI support as most live in temporary makeshift shelters. In addition, Namatina Payam was not accessible, and needs are still unmet due to access constraints, and more assistance is needed in locations in Duma, and Namatina payam. Similarly, in Twic, IOM through CERF is currently supporting the IDPs affected by the conflict in Abyei Administrative Area and displaced to Twic in Nyindeng Ayual, Gomgoi, Akoc, Ajack Kuac, Aweng, and Panyok. However, there are still over 14,000 IDPs that need urgent assistance. In addition, more than 60,000 persons in Fangak and Pibor, affected by floods, require Shelter and NFI assistance.</p> <p>Role of partners: As the leading agency, IOM will manage, support and monitor overall project activities and coordinate with Cluster and partners on project implementation. IOM is directly implementing the project in Nagero and Fangak, which include needs and market assessment (10), safety audits, distribution of in-kind and cash and voucher assistance (10), rapid monitoring (10) and post-distribution monitoring (5) and on the job technical and coordination support. While in Pibor and Twic, IOM will support in market assessments to collect comprehensive information for cash distribution. To ensure independent monitoring, IOM will conduct PDMs in Fangak, Pibor, Nagero and Twic for IOM activities and partner's activities especially cash and voucher assistance. Partners will conduct routine monitoring during assessment and verification. Africa Development Aid (ADA) will implement project activities in Pibor, with technical and monitoring support from IOM. The ADA activities include needs assessment (2), market assessment (1), verification (2), distribution (4) and one PDM for in-kind activities. At the same time, CCOSS is responsible for project implementation activities in Twic. The CCOSS will conduct assessments (4), safety audits (4) and market assessments (2), and distribution (4) for in-kind and cash programming in Twic.</p> <p>Market assessments: Given the duration of the project and changing context in all target locations, it is important to conduct and update market assessments in all areas. For example, in Nagero, IOM did not conduct a market assessment in the past for cash intervention. Similarly, due to conflict in Fangak, it is important to update and conduct a detailed assessment as the supply routes have been affected.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X

<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.2: Upon endorsement of the needs analysis reports by the S-NFI Cluster and SFP, the project partners request for the release of items from the S-NFI Core Pipeline and coordinates with the Logistics Cluster to transport the items to the distribution sites. The IOM under this project will follow the Cluster standard packages for distribution of ES-NFI items to the conflict and flood-affected communities. Prior to the distribution of the kits, IOM and partners will conduct verification and registration of the most vulnerable in the target locations, where possible project will collaborate with protection partners and DTM during the verification of affected communities. The standard ES-NFI package includes plastic sheet, ropes, blankets, and mosquito nets. However, IOM and partners during the assessment will documents all S-NFI relevant needs and will inform the affected population about the standard package for flood-affected communities. For conflict-affected communities, the needs analysis will help identify only critical needs. In-kind S-NFI response for conflict-affected will include the distribution of plastic sheeting, ropes, kitchen sets, blankets, sleeping mat, treated mosquito nets, solar lamps, and Kanga (cloths), depending on need assessment recommendation. The project will closely coordinate with Shelter Cluster state focal points, S-NFI partners, and other clusters.</p> <p>The Project seeks to reach 33,600 individuals with in-kind response in Fangak: (6,816), Pibor (10,041): Twic (10,084): and Nagero (6,659). The project team will consult with the affected communities and local authorities and finalize distribution sites to ensure an equitable distribution approach and a suitable location for safe and dignified access to shelter and NFIs for all beneficiaries. Distribution committees' members will share further information about the date, time, location, and items to be distributed to the communities. The beneficiary selection criterial include context-specific Persons with Special Needs (PSN), single female-headed households, elderly persons, persons with disabilities, unaccompanied/separated children, child-headed families, persons with chronic illness, and persons with no kinship or clan affiliations/minorities.-</p> <p>To ensure accountability to the affected population, IOM will ensure that communication with the communities is made in the local language and at all levels and in an inclusive manner. For each intervention starting from assessment to distribution, the project will establish complaint desks and ensure that complaints are documented, addressed, and communicated back to the beneficiaries. IOM developed a digital complaint feedback mechanism which track the status of each complaint and that will be used to track progress on the complaints.</p> <p>Targeting Persons with disability and other vulnerable group</p> <p>In addition to IOM and partners trained staff, project will engage protection partners on the ground to ensure that the protection concerns are identified, and mitigation measures are taken to address the protection risks, including risks of GBV. IOM will prioritize the vulnerable individual, particularly persons with disability, women, boys, girls and minority group and provide the required assistance on priority basis. During the distribution, the project team will guide beneficiaries on installing plastic sheets, guidelines on the utilization of mosquito nets (washing instructions), and kitchen sets.</p> <p>Role of partners:</p> <p>For in-kind distribution, IOM directly implement the project activities in Nagero and Fangak targeting 13,475 individuals in different payams.. IOM aims to conduct six in-kind distribution (06). ADA will implement project activities in Pibor, assisting 10,041 individuals. The ADA conducts two verification and two distribution. At the same time, CCOSS is responsible for project implementation activities in Twic, including in-kind distribution (4). CCOSS helps 10,084 individuals in Twic</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												

<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagency Cash Working Group and is committed to enhancing the strategic, technical, and operational skills of the IOM team, partners, and Cash community of practice on quality humanitarian programming through CVA interventions.</p> <p>In Nagero, Fangak, and Pibor, Twic where markets are functional and accessible, the project will implement Cash and Voucher Assistance. Recent IOM reports suggest that markets are accessible in Nagero, Pibor, Fangak, and Twic however in some locations like Fangak and Pibor during the height of the rainy season the access can be cut off by floods, IOM has already completed the market assessment in Fangak, and Pibor data collection is in progress which will further inform the cash and voucher assistance programming. IOM will also use data and information from REACH and JMMI of the Cash Working group as well, partners market assessment reports</p> <p>Nagero is close to Wau and Tombura, Local traders in Twic can access the markets in Kuajok and Wau, where markets are functional and basic items are available and can easily be transported. Depending on market assessment, the project team will identify the type of cash-based interventions; conditional or unconditional.</p> <p>The project aims to assist 36,066 individuals (Fangak: 10,024 (60% of target caseload), Pibor (15,061 - (60% of 70% caseload): Twic (4,322 (30% of total caseload): and Nagero (6,659 (50% of total caseload): with the provision of cash and voucher assistance. On average, one household cost will be around between \$55-65. The cost is based on the MEB for Shelter and NFI as agreed with Cash Working Group. However, while calculating the cost per beneficiary, IOM will consider the Minimum Expenditure Basket for specific area, local rates, and Cluster guidelines to implement a CVA</p> <p>CVA responses will be provided in areas where markets are functional, accessible, and/or have the capacity to entertain the intervention needs. The cash-based interventions include cash for work (CFW), multisectoral cash grants, and restricted cash grants, depending on needs and market assessments' findings. The project will verify the beneficiaries as per the set criteria and engage Financial Service Providers for the beneficiaries' biometric registration to avoid duplication. IOM is already working with over three FSPs and through the project. IOM and IPs will jointly do cash distribution so that national organization can expand on cash-based programming in future.</p> <p>In the case of a voucher, market days will be organized in consultation with the beneficiaries. Local traders will be identified and selected through a competitive process following IOM and partner's standard operating procedures.</p> <p>IOM is piloting with Aidonics to digitize beneficiary registration. They system has the capacity to record biometric, generate unique IDs, token and provide Realtime information for tracking and verification. IOM and the partner will share lessons learnt and best practices about the system with other partners.</p> <p>Targeting Persons with disability and another vulnerable group</p> <p>As explained above, the project will prioritize the vulnerable individual, particularly persons with disability, women, boys, girls and minority group and provide the required assistance on priority basis. The cash-assistance for the Persons with Disability will be high as compare to other groups based on their customized needs. In addition, IOM will monitor cash utilization through post-distribution monitoring (PDM) and exit interview of beneficiaries.</p> <p>Role of partners:</p> <p>For cash and voucher assistance, IOM directly implement the project activities in Nagero and Fangak targeting 16,683 individuals in different payams. ADA will assist 15,061 individuals with cash assistance in Pibor and and CCOSS will provide cash to 4,322 individuals in Twic</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												

<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.4: Based on IOM experience in humanitarian assistance, the project will have a robust monitoring and evaluation systems to monitor and evaluate project activities. IOM Shelter and Settlement unit host a dedicated M&E team comprising of an M&E Officer and two M&E Assistants. Furthermore, the implementing partners have trained M&E staff and budget to monitor the activities as first layer of monitoring. The M&E team is aware of the response methodologies and uses comprehensive, tested data collection tools to monitor the quality of response from assessment to post-distribution/construction monitoring. IOM Programme Support Unit provides technical backstopping and collates information at the program level on key performance indicators.</p> <p>IOM has developed different data collection tools depending on the type of activity and has a pool of trained enumerators to collect data in deep field locations. Wherever possible, project M&E uses a standardized checklist for rapid monitoring of the distribution and cash-based intervention. M&E officer conducts exit interviews of the beneficiaries relevant to the entire distribution process, including selection, communication, accessibility, and quality of the intervention. The team monitors distance, locations, access, community engagement, protection risks and status of complaints.</p> <p>In addition to rapid monitoring, the M&E team will conduct post-distribution monitoring of randomly selected distributions. IOM and national partners use standard Cluster tools, which include household interviews, focus group discussion guide and critical informant interview. The household sample will be identified based on Cluster guideline; 90-95% confidence level and 5% margin of error. M&E team will conduct PDM after two to four weeks of the intervention following standard Cluster guideline. Under the project, IOM aims to conduct at least one PDM in each location besides rapid monitoring.</p> <p>The M&E team track project progress through regular indicator tracking sheets, budget vs actual analysis and after-action reviews. The project ensures that monitoring team findings are discussed within the larger group and programming is improved based on the results.</p> <p>Furthermore, IOM will host series of meeting and capacity building events for the two partners on M&E, data management, analysis and report writing to build their capacity.</p> <p>Role of partners: As the lead agency, IOM will conduct random rapid monitoring and PDM for both partners' cash and kind distribution. IOM has budgeted ten rapid monitoring activities to monitor the registration process, verification process and distribution of cash and in-kind. Similarly, IOM will conduct five post-distribution monitoring activities (mostly for cash and voucher assistance) in all four locations. The partners budgeted limited monitoring cost to monitor their internal processes and progress tracking and one PDM for in-kind distribution</p>	2023	X	X	X	X	X	X	X	X	X			
	2022												X
<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.5: IOM will immediately procure supplies to replenish current stocks, which will be released for the immediate S-NFI response for the affected population in priority areas, including Tambura, Nagero, and Ezo in Western Equatoria State; Twic in Warrap State; Pibor, Fangak, and Canal/Pigi in Jonglei State; and Leer, Mayendit, and Panyijar in Unity State. All pipeline requests from frontline S-NFI partners will undergo a thorough review by the S-NFI Cluster Coordinating Team (including state focal points) who will determine endorsement, exact response locations, and targeted beneficiaries through review of partner assessment reports and filled-out pipeline request form. This review mechanism is critical to avoid duplication and ensure efficiency and prioritization of response in targeted locations under this allocation.</p> <p>Supplies to be procure under this project will include plastic sheets, rubber ropes, mosquito nets, blankets, kanga, kitchen sets, and NFI bags. The 18,512 SNFI kits will be released to S-NFI partners for distribution to areas of displacement in the ten mentioned counties and targeted to reach approximately 111,072 people targeted by the S-NFI cluster.</p>	2023	X	X	X	X					X	X		
	2022												X
<p>NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.6: Aside from IOM's main warehouse in Juba, IOM Core Pipeline will transport S-NFI supplies to key logistics hubs in Wau, Rumbek, Bor, Bentiu and Malakal to replenish the stock in these locations enabling faster emergency responses as these hubs are closer to response locations. Surface road transport will be the maximized while road access permits in order to maintain cost-efficiency. Air cargo will be used as last resort in order to reach logistical hubs and response locations that are impassable due to impact of the rainy season and flooding of road networks. IOM will also facilitate transportation to accessible response locations by road whenever possible. IOM coordinates its movement to the Logistics cluster in order to facilitate efficient transportation of supplies and ensure security of materials and staff. IOM will continue to assume responsibility for management of supplies, including warehousing, storing and quality control of supplies in IOM warehouse locations.</p>	2023	X	X	X	X	X	X	X	X	X	X		
	2022												X

NON FOOD ITEMS AND EMERGENCY SHELTER: Activity 1.1.7: IOM Core Pipeline team will conduct one post distribution monitoring (PDM) under this project, in close coordination with the S-NFI Cluster and the respective S-NFI partners, which conducted the distribution. The PDM will include household questionnaires, focus group discussions (FGD), and key informant interviews (KII), which are comprehensive and include cross-cutting issues such as Protection, Gender, and AAP. The result of the PDM will be disseminated to the Cluster and partners. The team will utilize other assessments undertaken by humanitarian partners to avoid duplication of efforts. The Pipeline team will utilize internal structures for regular monitoring of core pipeline supply delivery, quality control, storage management, and supply utilization.	2023	X	X	X	X	X	X	X	X	X	X			
	2022												X	
WATER, SANITATION AND HYGIENE: Activity 1.1.1: To ensure the conflict affected population residing in the IDP camps in Twic are safely accessing water, and with technical support from IOM, CCOSS will maintain the operation and maintenance of the existing water supply systems (SWAT and Water Yards) in Nyundeng Ayuel and Gomgoi IDP camps. On daily basis, water operators will check the quality of the water by measuring the turbidity and free chlorine residual (FRC) prior distribution to users. On weekly basis, community hygiene promoters and WASH technicians will conduct water quality testing will be conducted at household level to monitor the safety of drinking water and mitigate risk of waterborne diseases outbreak. As part of the commitment to sustainability and an exit strategy, and with technical support from IOM, CCOSS will promote community ownership in operating and managing the water infrastructures. Through community process, 7 to 9 members per site will be elected to form the Water Management Committee that will be supporting at no cost the daily operations of the water points within their assigned areas. With technical support from IOM, CCOSS will ensure the representation of both host communities and IDPs, thus ensuring a shared responsibility, and will take into considerations the representation of groups and sub-groups (women, men, people with special needs...). Three days sessions will be conducted on their roles and responsibilities, operation and maintenance of the water system (minor, major), mobilization of resources, planning and conflict management, as well as GBV and Protection components (IOM values, PSEA and IOM code of conduct). The training will also include operational agreements where the committee should establish some ground rules to guarantee equitable and continuous access to water by the community. IOM will assist in providing guidelines and examples on how to perform this activity, but it will be the committee, with the consensus of the community, the ones to decide which rules are appropriate for them according to their culture and environment.	2023	X	X	X	X	X	X	X	X	X	X			
	2022												X	X
WATER, SANITATION AND HYGIENE: Activity 1.1.2: To ensure the conflict affected population have access to water containers and soap, CCOSS will conduct the distribution of 2,000 households WASH NFI kits based on WASH cluster's recommendations. All materials will be sourced from Core Pipeline. CCOSS will hold 4 community consultations with different groups and sub-groups representatives with much emphasis on women, girls and people with disabilities to define the beneficiary's vulnerability and selection criteria for WASH NFIs distribution, the potential distribution sites, including the most appropriate time. Information will be also provided on CCOSS Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA) policy, as well as the Complaints and Feedback mechanisms and the reporting and feedback mechanism. 4 Safety audits will be conducted with women, men, boys and girls as well and people with disabilities in order to ensure that the interventions are safe, secure and accessible. During the distribution, CCOSS will ensure training is conducted on usage of Kits, including key topics such as: water treatment and safe handling, personal hygiene and COVID-19 prevention measures. Jointly with other WASH partners, and with guidance from WASH Cluster, monthly soap distribution strategy will be established to enable good hygiene practices	2023	X	X	X	X	X	X	X	X	X	X			
	2022												X	X
WATER, SANITATION AND HYGIENE: Activity 1.1.3: To mitigate risk of waterborne diseases outbreak, CCOSS will address the sanitation gaps and build 10 latrine facilities (5 men and 5 for women) and 10 shower blocks (5for men and 5 for women) in , Gomgoi and Nyundeng Ayuel. CCOSS will also work closely with the Nutrition partners (ACF and World Vision) to ensure that nutrition sites without latrine facilities are also prioritized during this process. Each latrine block will be composed of 8 stances and will be segregated by gender. The number of nutrition sites targeted will be determined after the initial sanitation assessment. CCOSS will ensure the construction sites are identified through community consultation and safety audits are conducted to ensure they are safe, secure and accessible for the users. The safety audits will be conducted with women, men, boys, girls and people with disabilities to determine the challenges faced and the potential mitigation risk. Technical assessment will be held by WASH Engineers to check on the nature of the soil and the environmental risk (flood, drainage...). Prior to construction, meeting will be done with the community members to share feedback on the main findings and the most suitable locations for construction of the sanitation facilities. CCOSS will promote the community ownership for the construction and maintenance. CCOSS will also coordinate with IOM CCCM and local authorities in clustering households and share responsibilities. That approach will contribute to the recovery process, as soon as security is reported being stable, and the displaced population will be able to resettle in their places of origin. Finally, CCOSS will ensure tippy tap are used as handwashing station near each of the latrine facility.	2022												X	X
	2023	X	X	X	X	X	X	X	X	X	X			

WATER, SANITATION AND HYGIENE: Activity 1.1.4: To promote the adoption of good hygiene behaviors and to mitigate risks of waterborne diseases, CCOSS will work with the existing 16 Community hygiene promoters (8 women, 8 men) in the targeted IDP camps and will be conducting daily hygiene promotion activities through household visits, events and integrated monthly hygiene promotion, on safe water handling practices and IPC/COVID-19 safe prevention and control measures, hand washing, water disinfection, proper use/maintenance of WASH facilities, safe water chain, prevention of diarrhea, solid and liquid waste management, safe food preparation, and nutritional information vis-à-vis infants and children/COVID-19. IOM and CCOSS will also coordinate with Nutrition partners to conduct training on WASH and Nut components for Nutrition volunteers, so messages can be displayed during outreach visits. CCOSS plan to displayed 20 IEC materials produced by publication of posts erected in strategic positions with hygiene promotion messages. They will also be used for dissemination and use of standard WASH cluster hygiene promotion materials – IEC materials. Plan is to reach 18,000 individuals.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
WATER, SANITATION AND HYGIENE: Activity 1.1.5: Referring to the WASH Cluster's guideline on "WASH GBV Mitigation in SSD, and technical support from IOM, CCOSS will mainstream Protection and GBV safety risk assessment with the affected population to identify the threats in accessing WASH services and develop mitigation plan to reduce exposure and ensure access are meaningful, safe and dignified. With technical support from IOM, CCOSS will ensure 5 safety audits are conducted prior water sources improvement, construction of sanitation facilities, or the selection of distribution sites, preferred days and time. Consultation will be done with gender and age groups to determine the challenges faced by women, men, girls and boys and other marginalized groups. The process will be conducted with 8 individuals from the same gender and age to assess the GBV risks and how they can be reduced. Although GBV risks cannot be completely eliminated, some GBV risks can be reduced by discussing women and girls' preferences and developing solutions to reduce these risks with the wider community.	2022											X	X
	2023	X	X	X	X	X	X	X	X	X	X		
WATER, SANITATION AND HYGIENE: Activity 1.1.6: CCOSS intends to reach 1,500 women and girls on menstrual age with Menstrual Hygiene Management (MHM) kits. All materials will be sourced from Core Pipeline. CCOSS will hold community consultations with different groups and sub-groups representatives with much emphasis on women, girls and people with disabilities to define the beneficiary's vulnerability and selection criteria for WASH NFIs distribution, the potential distribution sites, including the most appropriate time. Information will be also provided on CCOSS Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA) policy, as well as the Complaints and Feedback mechanisms and the reporting and feedback mechanism. Safety audits will be conducted with women and girls as well and people with disabilities in order to ensure that the interventions are safe, secure and accessible. During the distribution, CCOSS will ensure training is conducted on usage of the provided MHM kits.	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X
WATER, SANITATION AND HYGIENE: Activity 1.1.7: CCOSS will work closely with Nutrition partners to identify households with SAM/MAM children to be prioritized and distributing 1,000 SAM/MAM children. All materials will be sourced from Core Pipeline. During the distribution, CCOSS will ensure training is conducted on usage of Kits, including key topics such as: water treatment and safe handling, personal hygiene and COVID-19 prevention measures. Jointly with other WASH partners, and with guidance from WASH Cluster, monthly soap distribution strategy will be established to enable good hygiene practices	2023	X	X	X	X	X	X	X	X	X	X		
	2022											X	X

OTHER INFO

Accountability to Affected Populations

Accountability to Affected Persons (AAP) will constitute a core focus of the project. IOM will ensure that beneficiaries are given the opportunity to actively participate in the processes and activities that affect them. Throughout implementation, feedback from beneficiaries will be used for comparative analysis and to establish baselines and to analyze progress. Where possible, casual workers and volunteers are sourced from local communities, focusing on women and youth, to ensure communities benefit to the greatest extent, ensuring age and gender diversity. The proposed project activities allow community participation through their involvement in needs identification. Community based Protection structures are platforms through which the affected populations can use for reporting complaints and provide feedback. In addition, IOM will continue to use Cluster recommended AAP tools to mainstream AAP throughout the process, including a) checklist for needs analysis and distribution; b) rapid monitoring tools; and c) debrief tools after each intervention. The use of AAP tools will help IOM teams form Community Committees involving women, men, boys, girls and elders representatives of different groups for assessment and distribution, ensure appropriate targeting, and identify needs and context-specific risks and enable community feedback. IOM will fully assess the needs of persons with disabilities and will examine the accessibility of the project design through consultation with persons with a wide range of disabilities. Given the need for context-specific approaches to project design and implementation, the specific conditions of the priority areas under this intervention will be fully assessed and reflected in response planning. All activities will be designed to protect the rights of the beneficiaries, local economy and natural environment. At all stages of project management, the beneficiaries will have the opportunity to provide feedback and raise complaints through CFMs that will be established at each distribution site. IOM will keep a record of each complaint and update the status of the issue. PDM has an important section to monitor the CFM desk's performance, which will inform on the performance and recommend measures in case of any changes. IOM will also continue to explore the use of technology for CFM in locations where phones and the internet are functioning.

IOM S-NFI under this project will continue to ensure that beneficiaries are given the opportunity to actively participate in the processes and activities. During the project implementation, feedback from beneficiaries will be used for identification of needs, interventions design and comparative analysis. Where possible, casual workers and volunteers are sourced from local communities, focusing on women and youth, to ensure communities benefit to the greatest extent. Persons with disability will also be selected as causal workers. The project activities ensure community participation through their involvement in FGDs, KIIs and household surveys. Community mobilization will be centrally conducted by the community in local languages.

Additionally, IOM and partner will continue to use S-NFI Cluster recommended AAP tools to mainstream AAP throughout the process, including a) checklist for needs analysis and distribution; b) rapid monitoring tools; and c) debrief tools after each intervention. The PDM tool has an important section to monitor the CFM desk's performance, which will inform on the performance and recommend measures in case of any changes, hence contribute to program quality improvement. During distribution of items, the project establishes distribution committees to ensure community p

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

In line with the GBViC framework, IOM will implement the following activities: 1. Ensure all IOM staff and implementing partners are trained on IOM's Code of Conduct, PSEA and AAP. PSEA training for all staff, enumerators and casual labour is mandatory. IOM will dedicate time and resources to ensure all staff are trained on PSEA principles, protocols and reporting mechanism 2. Uphold PSEA protocols and reporting mechanisms throughout the humanitarian system. 3. In coordination with IOM GBV, translate PSEA educational material in IOM offices (into English and Arabic). 4. Educate beneficiaries (women, girls, boys and men) about their right, how and where to report SEA incidents and confidentiality of information. Indeed, protection principles will be mainstreamed into all activities. The safety and dignity of beneficiaries, meaningful access, transparency and accountability as well as participation and empowerment will be ensured through adhering to the Protection global standards. IOM Protection will ensure the meaningful engagement of persons with disabilities in assessments, implementation, and monitoring and evaluation of the project, and barriers to meaningful access for women, youth, children, persons with disabilities will be identified and measures put in place to ensure safe and equitable access to the assistance being provided. Protection mainstreaming principles will be taken into consideration during the design, implementation, monitoring and evaluation. Through protection risk assessments and safety audits, risks will be identified, and appropriate mitigation and prevention mechanisms applied. Project staff will continue to apply risk reduction approaches during protection, situational, and context analyses, to enable monitoring of how the project contributes to improved conflict sensitive context outcomes likes improved social cohesion and inclusive participation of minority groups and vulnerable groups.

Country Specific Information

Safety and Security

Access

South Sudan remains one of the most challenging service delivery environments in the world as agencies continue to operate in a context of limited access. To address sporadic incidents of insecurity, a comprehensive and flexible security strategy is in place and provides for a tailored response to insecure conditions. By continuing to operate on a needs-basis, IOM continues to demonstrate the impartial, neutral manner in which it delivers assistance, thus limiting the opportunities for parties to deny access or interrupt work. IOM teams have substantial experience in front line responses and has a well-established relationship with stakeholders. IOM will engage with all stakeholders operating in the areas of interest and dedicate security risk assessments ahead of deployment to ensure safe access. IOM coordinates regularly with other clusters for the purpose of planning inter-sectoral interventions and information sharing. Identification and selection of beneficiaries is based on existing Interagency Rapid Needs Assessment (IRNAs) and agency assessments, the OWG under the ICCG; feedback from stakeholders such as government counterparts, and IOM's own assessment of needs and target populations once the teams reach the locations of intervention.

Shelter and NFI: Access to target areas will improve as both ADA and CCOSS have static presence in target locations except Nagero, where IOM will directly implement SNFI activities through Wau Office. The project will regularly coordinate with all stakeholders including local authorities particularly RRC, local CBOs, NNGOs, INGOs, UNDSS, OCHA Access focal points and SFPs before each intervention. IOM and partners security teams compile and collect incident reports and advise based on their expertise. The project will coordinate regularly with other clusters for the purpose of planning inter-sectoral interventions and information sharing

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	SNFI Programme Coordinator (P3)	D	1	18,300.00	10	10.00	18,300.00
	<i>International Staff P3 x 1, charged at 10% LOE, This is a management position based in Juba with frequent travel to project implementation areas. Programme Coordinator for S/NFI, . Responsible for overall project implementation, coordination, physical and financial progress, technical review, capacity building of the team and team management. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status. (1Pax*\$18,300*10%*10 months = \$18,300).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.2	SNFI Operations Officer (P2)	D	2	15,800.00	10	20.00	63,200.00
	<i>(International Staff P2 x 2 Based in Juba and Wau), charged at 20% LOE. Responsible for planning and coordinating intervention with Cluster, SFP, Pipeline, LC and partners. The staff is responsible for team supervision and capacity building, as well as direct implementation of the project activities. Operations Officer, Wau will manage Nagero (IOM direct implementation) directly and Twic (CCOSS) through partner. Whereas Ops Officer in Juba will manage Fangak (IOM direct implementation) directly and Pibor through implenting partner (ADA) The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(2PAX*\$15,800*10 Months*20%=\$63,200).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.3	SNFI Monitoring & Evaluation Officer (P2)	D	1	15,800.00	10	10.00	15,800.00
	<i>(International Staff P2 x 1, charged at 10% LOE, based in Juba with frequent travel to Wau, Fangak, Pibor and Twic :1 Monitoring Officer for S/NFI, . Responsible for designing M&E plan, indicator tracking matrix, tool design, modification, PDM, data collection, data analysis, team capacity building on monitoring, weekly, monthly and quarterly progress tracking and donor reporting. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitl(International Staff P2 x 1, charged at 10% LOE, based in Juba with frequent travel to Wau :1 Monitoring Officer for S/NFI, . Responsible for designing M&E plan, indicator tracking matrix, tool design, modification, PDM, data collection, data analysis, team capacity building on monitoring, weekly, monthly and quarterly progress tracking and donor reporting. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1pax*\$15,800*10 Months*10%=\$15800).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.4	SNFI Information Management Officer (P2)	D	1	15,800.00	10	10.00	15,800.00
	<i>International staff P2*1, charged at 10% LOE, based in Juba: Responsible for information management of Cluster activities, as well as IOM and shelter and NFI data management. maintain and update data, track progress of Cluster activities, attend and represent Cluster at various forums. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. FringInternational staff P2*1, charged at 10% LOE, based in Juba: Responsible for information management of Cluster activities, as well as IOM and shelter and NFI data management. maintain and update data, track progress of Cluster activities, attend and represent Cluster at various forums. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*15,800*10 Months*10%=\$15,800).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.5	Core Pipeline Officer (P3)	D	1	18,300.00	12	5.00	10,980.00

	<i>International staff P3*1, LOE 5%, based in Juba and directly responsible for the Pipeline project operational activities related to the flood responses, coordinate and oversee the procurement and quality control process of pipeline supplies, working closely with procurement unit, liaising with SNFI and WASH Clusters and partners for arrangement of release of supplies indicated for the flood response, coordination with warehouse and logistic unit in transporting supplies and storing in relevant warehouses. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$18,300*12Months*5%=\$10,980)</i>							
1.6	Core Pipeline Reporting & Monitoring Officer (P2)	D	1	15,80 0.00	12	5.00	9,480.00	
	<i>International staff P2*1, LOE 5%, based in Juba and responsible for supporting IOM Pipeline database management, in coordination with different clusters and IOM Information Managmt Unit. Directly responsible for leading post-distribution monitoring activities. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$15,800*12Months*5%=\$9,480)</i>							
1.7	Procurement Officer (P2)	D	1	15,80 0.00	12	10.00	18,960.00	
	<i>International Staff, P2*1, LOE 10%, based in Juba will responsible and accountable for providing support to activities with procurement services within establish internal control mechanisms. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave.(1PAX*\$15800*12Months*10%=\$18,960)</i>							
1.8	Warehouse Officer (P2)	D	1	15,80 0.00	12	5.00	9,480.00	
	<i>International Staff, P2*1, LOE 5%, based in Juba is responsible for logistics coordination for the construction and operation of the project. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$15,800*12Months*5%=\$9,480)</i>							
1.9	Core Pipeline, Information Management Officer (P2)	D	1	15,80 0.00	12	5.00	9,480.00	
	<i>International staff P2*1, charged at 5% LOE, based in Juba: Responsible for information management of Cluster activities, maintain and update data, track progress of Cluster activities, attend and represent Cluster at various forums. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$15,800*12Months*5%=\$9,480)</i>							
1.10	Migration Health Programme Coordinator(P3)	D	1	18,30 0.00	12	5.00	10,980.00	
	<i>International (P3*1). Charged 5%, Project Manager based in Juba will be responsible to oversee the overall implementation of the project at both technical and administrative levels. S/he will be responsible to provide technical guidance, supervision and monitoring and evaluation of the project performance. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status. (1PAX*\$18,300*12Months*5%=\$10,980)</i>							
1.11	Migration Health Officer(P2)	D	2	15,80 0.00	12	5.00	18,960.00	
	<i>International (P2*2). Charged 5%,Health Officers based in Juba will be responsible for technical oversight of project implementation. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(2PAX*\$15,800*12Months*5%=\$18,960)</i>							
1.12	MHPSS Officer (RRT MHPSS Response Coordinator) P2	D	1	15,80 0.00	12	10.00	18,960.00	
	<i>International staff P-2. Charged 10%,Juba based with travel. He/She is responsible for coordinating the MHPSS component of RRT missions.The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$15,800*12Months*10%=\$18,960)</i>							
1.13	CCCM Cluster Coordinator (P3)	D	1	18,30 0.00	12	20.00	43,920.00	

	<i>International staff P3 x 1, charged at 20% LOE, based in Juba responsible for leading CCCM Cluster coordination activities for all Cluster partners, attend and represent CCCM Cluster at various forums. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.</i>							
1.14	CCCM Programme Coordinator (P3)	D	1	18,30 0.00	12	20.00		43,920.00
	<i>International P3 x 1, charged at 20% LOE, Juba based with frequent travel to the field. Providing overall management to the project and ensuring all project activities are donor compliant. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.</i>							
1.15	CCCM Reporting and M&E Officer (P2)	D	1	15,80 0.00	12	20.00		37,920.00
	<i>International Staff P2x 1, charged at 20% LOE, based in Juba responsible for reporting, analyzing data, carry out monitor and evaluation activities int he field. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.</i>							
1.16	CCCM Programme Officer (P2)	D	1	15,80 0.00	12	20.00		37,920.00
	<i>International Staff P2 x 1, charged at 20% LOE, based in Juba with frequent travel to project locations to provide technical support, cinduct staff capacity building around CCCM program components (planning, implementation and ensuring all agreed operations frameworks are in place). The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.</i>							
1.17	CCCM Project Officer (Camp Manager - Bentiu) P2	D	2	15,80 0.00	12	50.00		189,600.00
	<i>2 International Staff P2, charged at 50% LOE, based in the field offices, 1 will be based in Wau overall in charge of the project implementation in Twic and 1 in Bentiu to manage the project implementation for Leer and Mayendit. The staff will participate in the coordination meetings and share information to partners. Ensure on-time submission of report. The unit cost includes basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant, and family allowances according to type of contract and dependency status.</i>							
1.18	International Support staff (P2)	D	4	15,80 0.00	12	15.00		113,760.00
	<i>International Staff P2 x 4 (1-RMO,1-Security and 2-P&L Officer), charged 15%, based in Wau and Juba supporting overall project. The staff will support all RMU requirements during the implementation and coordinate the best practices with implementing partner. Ensure on-time submission of report. The unit cost includes basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant, and family allowances according to type of contract and dependency status. (4PAX*\$15,800*12Months*15%=\$113,760)</i>							
1.19	S/NFI M&E Assistants (G5)	D	2	3,700 .00	10	25.00		18,500.00
	<i>National Staff G5 x 2. Charged at 25% LOE. Based in Juba and Wau to monitor activities in target locations. Both in roving capacity to conduct rapid monitoring, post distribution monitoring, document case studies, and assist in data management and reporting. M&E Assistant will monitor activities including data management, rapid monitoring, data collection, PDM and reporting for GMS and Cluster. National Staff G5 x 2. Charged at 25% LOE. Based in Juba and Wau to monitor activities in target locations. Both in roving capacity to conduct rapid monitoring, post distribution monitoring, document case studies, and assist in data management and reporting. M&E Assistant will monitor activities including data management, rapid monitoring, data collection, PDM and reporting for GMS and Cluster. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(2PAX*\$3,700*10 Months*25%=\$18500.Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>							
1.20	SNFI National M&E Officer (NOA)	D	1	5,700 .00	10	25.00		14,250.00
	<i>1 National Officer(NOA) for Wau and Juba. Charged at 25% LOE. The National M&E Officer will conduct field monitoring visits and post-distribution monitoring. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(1PAX*\$5,700*10Months*25%=\$14,250).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>							
1.21	SNFI Operations Assistants (G5)	D	5	3,700 .00	10	75.00		138,750.00

	<i>G5 x 05 staff. Charged at 75% LOE. Static and mobile team : 2 operation assistants based in Wau for Nagero and Twic. and 3 Mobile team members Juba based to support interventions in (Fangak (2 staff) and Pibor) team in case of high caseload and increased interventions. The Fangak and Nagero staff members will be in field for most of the time as IOM is directly implementing the project. The Team is in charge of monitoring partners work, directly conduct assessments, support and build capacity of the local partners, support Needs Analysis, S-NFI Response (in kind distribution) , Rapid Monitoring. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(5PAX*\$3,700*10Months*75%=\$138,750).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.22	SNFI National Officer (NOA)	D	2	5,700.00	10	25.00	28,500.00
	<i>2 National Officer(NOA) 2 for Wau and Juba. Charged at 25% LOE. The National Officers are in charge of coordinating responses in Fangak, Pibor, Nagero and Twic including coordination with the Cluster, NNGOs, RRC and other partners on ground. NOA Juba will support and manage Fangak (IOM direct implementation) and Pibor through partner (ADA), whereas the NOA in Wau will support and manage Nagero (IOM direct implementation) and Twic through (CCOSS). The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(2PAX*\$5,700*10Months*25%=\$28,500).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</i>						
1.23	Senior Core Pipeline Assistant (G7)	D	1	4,700.00	12	15.00	8,460.00
	<i>National staff, G7*1, LOE 10%, based in Juba, supporting all the S/NFI pipeline procurement, quality control and supplies transportation, to coordinate closely with Warehosue, Logistic and Logistic Cluster. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, compensation plan, and family allowances according to type of contract and dependency status.(1PAX*\$4,700*12Months*15%=\$8,460)</i>						
1.24	CP Operations Assistant (G5)	D	1	3,700.00	12	20.00	8,880.00
	<i>National staff, G5*1, LOE 10%, based in Juba, directly supporting the coordination with WASH Cluster and WASH partners related to the WASH pipeline supplies allocation, distribution and utilization. Also supports the procurement and transprotation process as well as quality control. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, compensation plan, and family allowances according to type of contract and dependency status.(1PAX*\$3,700*12Months*20%=\$8,880)</i>						
1.25	Core Pipeline Monitoring and Reporting Assistant (G5).	D	1	3,700.00	12	20.00	8,880.00
	<i>National staff, G5*1, LOE 10%, based in Juba with travel to field locations: To assist with the day to day pipeline activities, reporting and PDM. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, compensation plan, and family allowances according to type of contract and dependency status.(1PAX*\$3,700*12Months*20%=\$8,880)</i>						
1.26	Quality Control Staff (G5)	D	1	3,700.00	12	20.00	8,880.00
	<i>National staff, G5*1, LOE 5%, based in Juba. Directly involved in Pipeline supplies quality control activities for supplies to assist in the implementation of well-coordinated procurement and logistics activities in South Sudan. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, compensation plan, and family allowances according to type of contract and dependency status. (1PAX*\$3,700*12Months*20%=\$8,880)</i>						
1.27	Warehouse Assistants (G4)	D	6	3,200.00	12	20.00	46,080.00
	<i>National staff, G4*6, LOE 20%, based in Juba, Bentiu, Bor, Malakal, Rumbek, and Wau. Directly involve in Pipeline supplies managemetn in warehosue locations in Juba, Rumbek, Bor, Wau, Bentiu and Malakal. The warehouse assistants are responsible in ensuring timely, and accurate safekeeping and release of core pipeline supplies to partners to assist in the implementation of well-coordinated procurement and logistics activities in South Sudan. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, compensation plan, and family allowances according to type of contract and dependency status. (6PAX*\$3,200*12Months*20%=\$46,080)</i>						
1.28	Midwife-Twic G3	D	1	2,800.00	12	25.00	8,400.00
	<i>National staff (G3 x 1, Twic), Charged 25%, service provision of maternal and neonatal child health including ANC,FP, safe facility delivery, PNC, HIV testing , CMR services. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status. (1PAX*\$2,800*12Months*25%=\$8,400)</i>						

1.29	Medical Assistants/Clinical Assistants-Twic G4	D	1	3,200.00	12	25.00	9,600.00
	<i>National staff (G4 x 1Twic), Charged 25%, OPD Consultative curative treatment for children and adults including nutritional screening. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(1PAX*\$3,200*12Months*25%=\$9,600)</i>						
1.30	Health Senior M&E Assistant - G6.	D	1	4,400.00	12	25.00	13,200.00
	<i>National staff -G6, Charged 25%, Timely and accurate data collection and reporting including submission of IDSR and EWARS reports. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(1PAX*\$4,400*12Months*25%=\$13,200)</i>						
1.31	MHPSS Project Assistants (G5 ,Twic)	D	1	3,700.00	12	20.00	8,880.00
	<i>National staff (G5 x 1, Twic, MHPSS Operations Support).Charged 20%, He/She is responsible for frontline monitoring of MHPSS activities including the establishment of Recreational and Counselling Centres and psychosocial mobile teams (PMTs), and the capacity building of IDP communities, stakeholders on MHPSS-related interventions and mainstreaming. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1PAX*\$3,700*12Months*20%=\$8,880)</i>						
1.32	MHPSS Field Assistants (G3,Twic)	D	1	2,800.00	12	25.00	8,400.00
	<i>National staff (G3 x 1, Twic, MHPSS Operations Support). Charged 20%, He/She is responsible for frontline monitoring of MHPSS activities including the establishment of Recreational and Counselling Centres and psychosocial mobile teams (PMTs), and the capacity building of IDP communities, stakeholders on MHPSS-related interventions and mainstreaming. The unit cost include basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, hardship allowance, non-family service allowance, R&R allowance, compensation plan, home leave benefits, educational grant and family allowances according to type of contract and dependency status.(1Pax*\$2,800*12Months*25%=\$8,400)</i>						
1.33	CCCM Sr Operations Assistant - Juba (G6)	D	1	4,400.00	12	50.00	26,400.00
	<i>National Staff G6 x 1, charged at 50% LOE, based in Juba, SSHF grant focal point with frequent travel to the project locations. The unit cost includes basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.</i>						
1.34	CCCM Operations Assistant - Twic	D	3	3,700.00	12	50.00	66,600.00
	<i>National Staff G5 x 3, charged at 50% LOE, based in Wau with roving capacity, in charge of implementing CCCM roving operations in Twic . The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.)</i>						
1.35	CCCM Operations Assistant - Leer/Mayendit	D	3	3,700.00	12	50.00	66,600.00
	<i>National Staff G5 x 3, charged at 50% LOE, based in Leer with roving capacity to Mayendit, in charge of implementing CCCM roving operations in these 2 locations. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.</i>						
1.36	CCCM Project Assistant - Panyijar	D	2	3,700.00	12	50.00	44,400.00
	<i>National Staff G5 x 2, charged at 50% LOE, based in Jonglei, with roving capacity to monitor and provide technical support to Peace Corps Ogranization, as implementing partner in Pibor. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.</i>						
1.37	CCCM Operations Assistant- Jonglei	D	1	3,700.00	12	50.00	22,200.00
	<i>National Staff G5 x 1, charged at 50% LOE, based in Jonglei, with roving capacity to monitor and provide technical support to Peace Corps Ogranization, as implementing partner in Pibor. The unit cost include basic salary and fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.</i>						
1.38	National Essential staff (G5)	D	12	3,700.00	12	20.00	106,560.00

	National Staff G5 x12 (2-each from Finance unit, Security Unit, Warehouse, IT, Procurement & Logistics), based in each area of implementation i.e. based in Juba, Bentiu, Bor, Malakal, Rumbek, and Wau , Charged 20%, supporting overall project in RMU related matters. The staff will support all RMU requirements during the implementation and coordinate the best practices with implementing partner. Ensure on-time submission of report. The unit cost includes basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(12PAX*\$3,700*12Months*20%=\$106,560)						
1.39	Drivers (G3)	D	6	2,800.00	12	20.00	40,320.00
	National Staff G3 x6 (2 in each location), Charged 20%, supporting overall project implementation. The unit cost includes basic salary and post adjustment, fringe benefits and other staff entitlements according to IOM Staff Rules and Regulations. Fringe benefits include but not limited to health insurance, pension fund, danger pay, compensation plan and family allowances according to type of contract and dependency status.(6PAX*2,800*12Months*20%=\$40,320)						
	Section Total						1,390,160.00
2. Supplies, Commodities, Materials							
2.1	SNFI, Need verification, risk assessment and data collection and market assessment for cash-based interventions.	D	10	2,000.00	1	100.00	20,000.00
	<i>(Activity: 1.1,1.2.1.3): Vehicles in the field need verification to target location. Estimation is based on 10 needs verifications and market assessments in Fangak and Nagero by IOM teams and support in other risk analyses during the project period. This cost does not include partners' assessment in Twic and Pibor. The cost will include vehicle cost to field locations with an average cost of \$2,000 per mission (average 08 days*250) depending on distance, duration, terrain, accessibility for the mission and security situation of the area. On average 8 days each for assessment, verification, distribution, and monitoring. As UN standard security Sops, IOM will have to move with latest two vehicles. S-NFI, CCCM and WASH will share the cost of vehicle movement for joint visits - (QTY8*\$2,000*1*100%)</i>						
2.2	Registration and distribution of NFIs:	D	1	26,430.00	1	100.00	26,430.00
	<i>(Activity: 1.1,1.2.1.3): Vehicles in the field for assessments to target location. Estimation is based on 10 needs and market assessment in Fangak and Nagero by IOM teams and support in other risk analysis during the project period. This cost does not include partners assessment in Twic and Pibor. The cost will include vehicle cost to field locations and printing IEC material As UN standard security Sops, IOM will have to move with latest two vehicles. S-NFI, CCCM and WASH will share the cost of vehicle movement for joint visits - Refer to BoQ.</i>						
2.3	SNFI, Rapid monitoring and PDM (field visit/data collection)	D	15	1,013.00	1	100.00	15,195.00
	<i>(Activity 1.1.3 and 1.1.4: This cost includes transportation of M&E staff and enumerators to beneficiaries' areas for the monitoring of items utilization and feedback. There will be 15 events (5 PDM and 10 rapid monitoring). There will be 5 PDMs. Each PDM includes use of transport (1 car for 08 days @\$250) and engagement of enumerators (6 for 08 days @13/day. Each PDM will cost \$2,624 (Transport \$2000 and enumerators \$624). Each Rapid monitoring will involve 4 enumerators for 4 days @\$13/day. (No transportation cost is required). Total rapid monitoring cost: 10*208: 2080 On average each event cost is \$1013.</i>						
2.4	SNFI, Other field cost (warehouse, transport and boats)	D	6	6,000.00	1	100.00	36,000.00
	<i>(Activity: 1.1,1.2) This is the transportation cost for the transportation of items from the nearest hub to the distribution point. The cost includes truck and boat hire. Based on our experience in the last SSHF, IOM transported items as the Logistic cluster did not have the budget. The average cost from Malakal to Fangak was \$6,000 This is the average cost for both Fangak and Nagero. In Fangak, the cost of transportation will be high due to access challenges and the use of boats for the transportation of items. Depending on the volume of the transportation. For example, from Pagueer to Old Fangak, one boat trips cost around \$900, and on average, 5-6 trips are required to transport items. There is an additional cost from old Fangak to other Boma, depending on location. There is an additional cost from old Fangak to other Boma, depending on location.</i>						
2.5	Procurement of Core Pipeline S-NFI Flood Response Kits	D	18512	62.38	1	100.00	1,154,778.56
	<i>"Each kit contains: plastic sheets; rubber ropes; mosquito nets; and blanket. Cost estimates based on current market prices available to IOM. See attached BOQ,(QTY18,512*\$62.38*1*100%)"</i>						
2.6	Insurance - Core Pipeline Supplies	D	1	18,476.46	1	100.00	18,476.46
	<i>Insurance cost for core pipeline items, 1.6% of the procurement value. Insurance cost caters for insurance cover on all procured SNFI and WASH supplies under this allocation. The list of items has been provided in the BOQ shared under codes 2.1 include among others Plastic Sheet, Rubber Rope, Mosquito Nets, Blankets, Kanga, Kitchen Sets, NFI bag, Solar Lamp. The items will be transported to the logistics hub in Bentiu, Bor, Malakal, Rumbek and Wau; as well as response locations as in the case of SNFI pipeline. The insurance coverage is especially essential when items are en route for prepositioning and to response locations (SNFI), and during warehousing in logistical hubs across the country. Cost estimates based on current market prices available to IOM. See attached BOQ.(QTY1*\$18,476*1*100%). This is to safeguard items procured under this grant. The operating environment has multiple risks that for example looting) Without insurance we would not be able to recover the value of goods lost) Traditionally this has always been budgeted and accepted by SSHF). We propose to keep this.</i>						

2.7	Handling Cost of Core Pipeline Supplies	D	1	28,150.00	10	20.00	56,300.00
	<i>Handling cost of CP supplies and Quality control of pipeline supplies and warehouse related cost for proper storing for supplies earmarked for response and its contingency, including casual workers in each warehouse locations in Juba, Rumbek and Bor for supplies handling (loading/offloading/storing). The cost also includes the loading and unloading of items during transportation and to put them in the storage in all the key hubs location, checking samples receives during procurement and delivery. The figure is calculated at a rate of \$15 per person x 55 staff for three locations, Juba, Rumbek and Bor) x 22 days works/month. The project will contribute 20% of this monthly cost. In addition to the handling cost the project will incur warehouse rental costs and general maintenance of \$10,000 per month with an allocation of 10% to this project. (\$10,000 x 10 months x 10% = \$10,000)</i>						
2.8	Core Pipeline-Transport & Fuel Costs	D	300	700.00	1	100.00	210,000.00
	<i>Core Pipeline-Transport and Fuel Costs of CP Supplies in metric tons. Estimate target is 300 metric tons of SNFI supplies to be transported or prepositioned to Bor and Rumbek. Average unit cost of transportation and prepositioning is USD 700 per metric ton. Hence total should be \$ 210,000 (300mtX\$700) refer to column J13 on the procurement BoQ for the metric tons)</i>						
2.9	CCCM Inception and Project End Meeting	D	120	15.00	2	100.00	3,600.00
	<i>(Activity 1.1.3 and 1.1.5) Cost related to lunch/refreshment for inception and project end meeting with the government authority and local leaders to share information about the project and discuss exit plans. This will be undertaken upon the project start and end to ensure everyone is informed of the services related to the SSHF project, it's progress and proper handover to the local leaders. Cost is calculated as standard meeting cost covering 30 people per project location (30 persons * \$15 * 4 locations * 2 meetings)</i>						
2.10	CCCM Site Coordination meetings	D	120	15.00	12	100.00	21,600.00
	<i>(Activity 1.1.1, 1.1.2, 1.1.3, 1.1.4) Cost related to Snacks/refreshment for partners coordination meetings to establish and strengthen coordination and referral mechanism in the sites. Aside from meetings, CCCM will also use other methodologies like KII and FGDs to triangulate information before producing 3Ws and site profile. Number of coordination meeting will take place once a month. Estimated number of partners participating in the meeting is 30 per project location- representatives from UN, NGOs, Community Based Organizations (CBOs), Camp Administrators, and government authority. The cost is calculated based on previous experience and budget estimates (12 meetings x 4 locations x 100 persons * \$15)</i>						
2.11	CCCM Community Governance and community engagement activities	D	400	15.00	12	100.00	72,000.00
	<i>(Activity 1.2.1, 1.2.2, 1.2.3, 1.2.4) Cost related to lunch/refreshment during community engagement activities particularly the mapping and set-up of inclusive community governance structures in the sites, engagement with the governance structure all throughout the project cycle to build capacity and sense of ownership, townhall meetings, FGDs, KII, awareness raising on issues related to services, public health, and the likes, and any other community led initiatives. Across all 4 project locations (Leer, Mayendit, Payinjar, Twic county) there are total of 51 sites targeting to reach atleast 100 IDPs each county. This is the realistic monthly reach given the locations are hard to reach areas. (\$15 * 4 locations * 100 people * 12 meetings during the project period)</i>						
2.12	HEALTH & MHPSS PPE for health workers and casuals	D	1	6,900.00	1	100.00	6,900.00
	<i>(Activity 1.1.1) Procurement of basic COVID-19 PPE equipment (disposable gloves, face masks, face shields) for staff for Twic operations(QTY1*\$1,225*1*50%)1151pax combine 2.7</i>						
2.13	HEALTH Medicine and supplies	D	1	10,000.00	1	100.00	10,000.00
	<i>(Activity 1.1.10) Procurement of assorted medical supplies for treatment of common illnesses including malaria, acute watery diarrhea, ARIs as well as medical consumables to compliment core pipeline supplies (Refer to BOQ)</i>						
2.14	HEALTH & MHPSS PPE for health workers and casuals	D	1	1,225.00	1	50.00	612.50
	<i>(Activity 1.1.1) Procurement of basic COVID-19 PPE equipment (disposable gloves, face masks, face shields) for staff for Twic operations(QTY1*\$1,225*1*50%)</i>						
2.15	HEALTH IPC Supplies and maintenance at Health facilities	D	1	1,200.00	1	100.00	1,200.00
	<i>(Activity 1.1.10) Infection prevention and control supplies for Twic mobile clinic teams including cleaning materials such as soap, brooms, buckets and waste disposal materials such as plastic bags</i>						
2.16	HEALTH & MHPSS Visibility items for Casuals	D	30	45.00	1	100.00	1,350.00
	<i>(Activity 1.1.9) Visibility items for 10 community health casuals*2 mobile teams in Twic (14 for Health and 6 for MHPSS including reflector jackets, branded T-shirts, caps and raincoats).(QTY30*\$45*1*100%)</i>						
2.17	HEALTH &MHPSS RCCE - IEC Materials for COVID-19 Sensitisation and various Health promotion activities	D	600	1.00	3	100.00	1,800.00
	<i>(Activity 1.1.7) IEC posters and flyers for COVID-19 sensitization in Twic including MHPSS considerations (IEC material-MHPSS100pcs, MHU 200pcs).(QTY1800*\$1*1*100%(Twic only)</i>						
2.18	HEALTH RCCE - Supplies/tools and material for Health Promoters	D	30	50.00	1	100.00	1,500.00
	<i>(Activity 1.1.14) Risk Communication and Community Engagement (RCCE) tools for health promoters in Twic including megaphones, batteries, backpacks items. (QTY30*50*1*100%)</i>						
2.19	MHPSS Materials for recreational activities to be used during support group discussions	D	1	2,000.00	1	100.00	2,000.00

	<i>(Activity 2.1.2) Materials for recreational activities to be used during support group discussions, such as, beads, bedsheets, crayons, drawing paper, knitting accessories, knitting threads for Twic. Each set will amount to \$400 and will include a bedsheet, beads, knitting accessories, such as rings, knitting threads of different colour, niddles and scissors. Moreover, the set will also include a box of crayons, drawing paper of A3 size as well as paper roll for painting on the floor, paint buckets of 50 ml (three primary colors - red, yellow and blue), coloured papers for art activities (shadows' theatre performance, including story telling) as well as accessories required for this activity, such as glue, scissors, sticks and markers. The price of set includes delivery by cargo.(QTY2*\$2,000*1*100%)</i>							
2.20	MHPSS Refreshments and consumables	D	30	25.00	1	100.00	750.00	
	<i>(Activity 2.1.3) Refreshments for community leaders during MHPSS workshops with community leadership structures in Twic (QTY30*\$25*1*100%)</i>							
2.21	HEALTH Training of Healthcare workers	D	54	15.00	1	100.00	810.00	
	<i>Training of 24 healthcare workers and county surveillance officers,30 community health promoters and boma health workers in Twic on IPC,COVID-19 prevention, RCCE, IDSR/EWARS disease surveillance and CMR.</i>							
2.22	HEALTH Monitoring and evaluation	D	1	2,147.00	1	100.00	2,147.00	
	<i>Printing of data collection tools including patient registers, EPI registers, ANC registers, PNC registers and IDSR forms</i>							
2.23	MHPSS communication cost	D	1	1,000.00	1	100.00	1,000.00	
	<i>Communication cost including airtime for coordination with field teams in Twic</i>							
2.24	SNFI Cash-based interventions (Not included partners caseload) (households)Cash-based interventions (Not included partners caseload) (households)	D	2890	60.00	1	100.00	173,400.00	
	<i>(Activity: 1.1.3, 1.1.4.)The cash is both unconditional (83%) and conditional (17%). The locations will be identified after the updated market assessments. The cash is estimated based on Survival Minimum Expenditure Basket (SMEB) for Shelter and NFI. However, the final transfer value will be determined based on market prices in the particular area. Target households are 2890 in Fangak and Nagero.: (Nagero: 1109 households and Fangak 1781 households.</i>							
2.25	SNFI, IEC cost during distribution	D	1	2,267.00	1	100.00	2,267.00	
	<i>Activity: 1.1,1.2.1.3, 1.4) printing Cash voucher and Token (QTY1*\$2,267*1*100%)</i>							
2.26	CCCM Training for CBCM volunteers	D	8	45.00	2	100.00	720.00	
	<i>(Activity 1.2.1, 1.2.2, 1.2.3, 1.2.4) Cost related to CBCM/AAP/PSEA trainings for the community volunteers operating the CBCM. A 2-day training will be hosted for each project location. Cost is for am snacks, lunch and pm snacks for participants. Refer to BOQ.</i>							
2.27	CCM set up of the Community Based and Complaints Mechanism with provision of CBCM kit	D	8	26.00	12	100.00	2,496.00	
	<i>(Activity 1.2.1, 1.2.2, 1.2.3, 1.2.4) Cost related to provision of CBCM kits to communitiy volunteers. Set up community based complaints and feedback mechanism in each of the locations. There will be 2 community volunteers in each area 1 male and 1 female to ensure gender representation and both will receive CBCM kit which composed of the monthly phone credit and stationaries. This will aid them in receiving and referring complaints nad feedback from community to relevant stakeholders. Kits will cost \$26 per month which will be distributed to 8 community mobilizers selected from the 4 locations for 12 months (refer to BOQ)</i>							
2.28	CCCM Training for the community governance structure	D	1	5,120.00	1	100.00	5,120.00	
	<i>(Activity 1.2.1, 1.2.2, 1.2.3, 1.2.4) Cost related to capcity building for community governance structure to enhance community participation and equip them to self manage once the project is concluded. Cost including hiring of training venue (onsite), training materials and refreshments during the trainings. Estimated number of training days based on previous experience is 2 days per site, this covers self-management, basic coordination and communication skills which are useful as they carry out their leadership role, and basic Care and Maintenance, for Twic, Leer, Mayendit, Panyijar. The unit cost was calcaulted based on previous experience and budgeted estimates. Refer to BoQ</i>							
2.29	CCCM support material to community leaders	D	1	4,520.00	1	100.00	4,520.00	
	<i>(Activity 1.2.1, 1.2.2, 1.2.3, 1.2.4) Cost related to provision of support materials for community leaders. The set consist of tables, chairs, logbook and pens are items mostly requested by community groups base on previous experience. Refer to BoQ</i>							
2.30	CCCM care and maintenance committee training	D	1	3,584.00	1	100.00	3,584.00	

	(Activity 1.3.1, 1.3.2, 1.3.3) Cost related to care and maintenance committee set up meeting In coordination with the protection partner, CCCM care and maintenance team will set up a care and maintenance committee in 4 project locations- Twic, Leer, Mayendit, Panyijar, represented by women, men, PWDs and youth, total of 15 people per location. The committee will receive safety audit training and basic community mitigation skills. CCCM team will run a 2 day training which includes practical element to demonstrate proper use of the tools. Cost is calculated base on the training standard package (refer to BOQ)							
2.31	CCCM Provision of Care and Maintenance committee toolkit	D	4	2,675.00	1	100.00	10,700.00	
	Activity 1.3.1, 1.3.2, 1.3.3) Cost related to the tools to be handed over to the community care and maintenance committees after they received the training. The tools will support the committee in performing the needed mitigation works to maintain upkeep of the site and reduce the potential risks and repair community facilities that can be used by the community that enables coordination and community engagement. This can also be complemented with the community projects designed for the vulnerable groups. There's 1 committee per location- Twic, Leer, Mayendit, Panyijar, total 4 and each will receive the toolkit. (refer to BOQ)							
2.32	CCCM small scale community projects to address safety audit findings	D	1	75,120.00	1	100.00	75,120.00	
	(Activity 1.3.1, 1.3.2, 1.3.3) Cost related to Community-led Projects addressing safety audit findings and risk assessments, as part of mainstreaming GBV in CCCM activities (see methodology below). Community will be supported with materials required in addressing the protection risks. Activities may range from lighting installation, access to safe latrines, ramp for person with disability, recreational activities for youth and children, space for women to meet, basic skills training or peace building activities. This activity will be undertaken in close coordination with the Protection partners present in the field. The materials will be procured by IOM CCCM when feasible the items will be locally sourced, depending on the materials availability. This project will allow community groups to learn how to identify potential risks, contribute to decisions making processes, build ownership over solutions and reducing risks as community which then leads to developing skills to self-management. (refer to BOQ) Methodology 1. Undertake a joint safety audit exercise. Community representatives, CCCM and Protection will participate. 2. Convene a meeting, discuss the findings, come up with a report with list of recommendations. 3. Using the recommendations, come up with action plans and this will be the projects the community will work on to improve the situation and reduce the risks. 4. The workplan can be supported either by partners referral or supported through community project budget if partners have no capacity to support. 5. The project will be undertaken by the community and has to be completed within a month time after the materials are provided.							
2.33	CCCM Transport via air cargo	D	1500	2.34	4	100.00	14,040.00	
	(Activity 1.2 and 1.3) Cost for transporting materials from Juba to project locations or it's nearest IOM office- Wau, Leer, Mayendit, Panyijar, by air cargo. Items to be transported are training materials that are not available in the field location, tools for the care and maintenance committee- handgloves, reflectorized vest, rain boots, shovel, spade, Wheelbarrows, Pick axes with handle, among others. Unit cost based on calculation 2.34 per kilos per previous CCCM cargo transactions. (refer to BOQ for full details)							
2.34	Visibility	D	1	3,600.00	1	100.00	3,600.00	
	Activity 1.1, 1.2 and 1.3) Cost for visibility vest and shirts particularly community leaders will be provided with 1 visibility shirts and 1 visibility vest. (refer to BOQ for the breakdown)							
2.35	CCCM Mobile top up	D	26	10.00	12	100.00	3,120.00	
	(Activity 1.1, 1.2 and 1.3) Cost for communication of the staff and casual workers operating in the deep field. Total of 10 staff and 16 casual workers will be working in Twic, Leer, Mayendit, Panyijar, to implement the SSHF project. Roving operations involves heavy mobile communications requirement to coordinate with IDPs, partners and government authorities. Calculation is based on the previous experience operating in roving modality. (refer to BOQ)							
2.36	SNFI Beneficiary database management for Cash-Based and In-kind intervention - Pilot (data management, token generations, and quality check)	D	1	0.00	1	50.00	0.00	
	(Activity: 1.3, 1.4 In order to avoid duplication and improve the quality of beneficiary data management, IOM is piloting new tools for both cash and in-kind beneficiaries. The tool will help improve data management and quality							
2.37	CCCM Cash Incentive for work	D	500	13.46	15	100.00	100,950.00	
	(Activity 1.3.1, 1.3.2, 1.3.3) Cost related to casual labor incentives to support the care and maintenance committees in drainage, berm and other mitigation works. considering gender balance for 15 days Cash for work activities to support basic community-led site maintenance activities and ensure the upkeep of sites. Each participant will be paid 13.46 USD per day. Payment will be made at the end of the month after the successful implementation of the agreed work. (refer to BOQ)							
	Section Total						2,064,086.52	
3. Equipment								
3.1	SNFI, Thuraya for field staff in location with no internet	D	2	500.00	1	100.00	1,000.00	
	Satellite phone for coordination reporting and updates. (QTY2*\$500*1*100%)							

3.2	CCCM laptop for roving team	D	4	1,350.00	1	100.00	5,400.00
	<p>(Activity, 1.1, 1.2, 1.3) Cost for procurement of new laptop for data management activities (data collection, CBCM) to be assigned to the operations assistants for each location so total of 4. Laptop Technical Specifications: 10th Generation Intel® Core™ i5-10210U Processor (1.60GHz, up to 4.20 GHz with Turbo Boost, (ThinkPad T14 laptop) Black Windows 10 Pro. OS 35.56cms (14)</p>						
	Section Total						6,400.00
4. Contractual Services							
4.1	Health Hire of daily workers for the two mobile clinics in Twic	D	1	42,000.00	1	100.00	42,000.00
	<p>Hire of 14daily workers (1Community midwife Assistants, 2 nurses, 1 cleaners ,1 guards and 2 CHWs) per mobile clinic for two mobile clinics in Twic 7 daily workers per mobile clinic*2 mobile clinics*15USD per day * 22days a month*12 months(Ref BoQ)</p>						
4.2	MHPSS Incentives for community-based Psychosocial mobile teams for MHPSS interventions	D	5	250.00	12	100.00	15,000.00
	<p>(Activity 1.1.17) Local hire of 5 daily workers Psychosocial Mobile Team (PMT) members for Twic county (Activity 1.2.2) The psychosocial mobile teams are comprised of 5 individuals including 2counsellors, 1 animator, 1facilitator, 1 team leader. Counsellors provide psychoeducation and counselling , Facilitators facilitate peer group activities such as group discussions, Animators facilitate recreational activities and non-formal learning while the team leader provides technical guidance, facilitates reporting and coordinates the movemnet plan and general activities of the team</p>						
4.3	Incentives for MHPSS facility-based interventions in Twic	D	5	242.00	12	100.00	14,520.00
	<p>(Activity 1.1.16) Local hire of 5 daily workers Psychosocial team (counsellors) based at the health facility Twic. (QTY5*\$11*22days12*100%). Activity 1.1.16) Local hire of 5 daily workers Psychosocial team (counsellors) based at the health facility in Twic. The counsellors provide psychosocial support to clients identified at the facility including individual counselling sessions that complement the medical management of clients in coordination with the medical team at the health facility</p>						
4.4	CCCM Vehicle rental for roving CCCM team	D	4	2,500.00	12	100.00	120,000.00
	<p>(Activity 1.1, 1.2, 1.3) Vehicle rental in the field for roving CCCM operations (coordination, service monitoring, community engagement and care and maintenance). Estimated number of trips based on previous experience and projected estimates is 10 trips each month per project location. The total cost is derived from cumulative number of trips for 12 months, with car hire per day @USD250 (10 trips * 12 months * \$250 * 4 locations = 120,000)</p>						
	Section Total						191,520.00
5. Travel							
5.1	Staff Travel - SNFI	D	28	550.00	1	100.00	15,400.00
	<p>(Activity: 1.1,1.2.1.3, 1.4) Estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs. Each return is USD 550 per trip. The trip include 2 trips for programme Manager to program locations, 10 trips for M&E Officer and M&E Assistants, and 16 trips for Program Officers and Assistants based in for support in distributions, assessment and coordination - (28Trips*\$550*100%=\$15,400) Refer to BoQ; Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</p>						
5.2	Staff DSA - SNFI	D	192	91.00	1	100.00	17,472.00
	<p>(Activity: 1.1,1.2.1.3, 1.4) Estimated number of trips based on previous experience and projected estimates. (8 days for each of the 24 trips including field visit of monitoring and evaluation team, programme manager and Program Officer - Refer to BoQ.(24Trips*8days each*\$91*100%=\$17,472).Note that IOM doesn't have static presence in Nagero and Fangak. Therefore, the staff based in Wau and Juba will travel to these locations to implement project activities.</p>						
5.3	Staff Travel - CCCM	D	24	550.00	1	100.00	13,200.00
	<p>(Activity: 1.1, 1.2, 1.3) Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs round trip is USD 550. "</p>						
5.4	Staff DSA - CCCM	D	139	91.00	1	100.00	12,649.00
	<p>(Activity: 1.1, 1.2, 1.3) Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs round trip is USD 550. The total number of trips for this project is 24. Refer to BOQ</p>						
5.5	Staff Travel - Core pipeline	D	2	550.00	1	100.00	1,100.00

	<p>"Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs round trip is USD 550. Estimated number of trips based on previous experience and projected estimates, 2 pax for 1 return trip to the preposition location and/or PDM location. This will cover travel of all operations and monitoring related activities for project staff. (2PAX*\$550*100%)"</p>						
5.6	Staff DSA - Core Pipeline	D	10	91.00	1	100.00	910.00
	<p>"Domestic - Based on UN standard per diem - 91USD per day Estimated 1 trip for 2 staff with the trip lasting 5 days for each staff. This will cover subsistence for project staff travelling for operations and monitoring related activities such as overseeing preposition progress and/or PDM activities."</p>						
5.7	Staff Travel - Health	D	2	550.00	4	100.00	4,400.00
	<p>(Activity 1.1.2, 1.1.4, 1.1.12 and 1.1.13) Domestic Travel - (Estimated number of trips based on projected estimates. Cost based on UNHAS flight costs at 550 USD per return trip). (2 staff *4 quarterly visits*\$550*100%)</p>						
5.8	Staff Travel - MHPSS	D	3	550.00	1	100.00	1,650.00
	<p>(Activity 2.1.1, 2.1.2 and 2.1.3) Domestic Travel - (Estimated number of trips based on projected estimates. Cost based on UNHAS flight costs at 550 USD per return trip). 1 staff each*3 field visits (3Trips*\$550=\$1,650)</p>						
5.9	Staff DSA - Health	D	8	91.00	7	100.00	5,096.00
	<p>(Activity 1.1.2, 1.1.4, 1.1.12 and 1.1.13) Daily Subsistence Allowance (DSA) for 2 staff each*4 quarterly monitoring visits per year each lasting 7 days a week (2*4*7*\$91)</p>						
5.10	Staff DSA - MHPSS	D	97	91.00	1	100.00	8,827.00
	<p>(Activity 2.1.1, 2.1.2 and 2.1.3) Domestic - Estimated number of days based on projected estimates. Based on IOM standard costs - 91USD per day. 1 staff * 2 field visits each visit lasting 45 days & 1 staff * 1 visit lasting 7 days ((2staff*45days + 1staff*7days)*\$91*100%=\$8,827)</p>						
5.11	Staff Travel - Support	D	10	550.00	1	100.00	5,500.00
	<p>Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs round trip is USD 550. The total number of trips for this project is 5 including for at least 5 Support staff for entire period. (QTY5*5*\$550*100%)</p>						
5.12	Staff DSA - Support	D	46	91.00	1	100.00	4,186.00
	<p>""Domestic - Based on UN standard per diem - 91USD per day Estimated 4 visits by 5 staff with the mission, lasting 5 days for each staff. This will cover subsistence for support staff ""(QTY4*5*\$91*5*100%) "</p>						
5.13	Staff Travel - WASH	D	30	550.00	1	100.00	16,500.00
	<p>Domestic - estimated number of trips based on previous experience and projected estimates. Based on UNHAS flight costs round trip is USD 550. The total number of trips for this project is 5 including for at least 5 WASH staff on IP monitoring for entire period. (QTY6*5*\$550*100%)</p>						
5.14	Staff DSA - WASH	D	30	91.00	7	100.00	19,110.00
	<p>""Domestic - Based on UN standard per diem - 91USD per day Estimated 6 visits by 5 staff with the mission, lasting 7 days for each staff. This will cover subsistence for WASH staff on IP monitoring ""(QTY6*5*\$91*7*100%) "</p>						
	Section Total						126,000.00
6. Transfers and Grants to Counterparts							
6.1	SNFI Partner budget for Pibor (ADA - Africa Development Aid)	D	1	269,881.25	1	100.00	269,881.25
	<p>ADA will work as implementing partner in Pibor The cost include activities cost, staff and cash-based interventions in Pibor</p>						
6.2	SNFI and WASH Partner budget for Twic (CCOSS)	D	1	286,360.82	1	100.00	286,360.82

	CCOSS will work as implementing partner in locations Twic. The cost include activities cost, staff and cash-based interventions. Through this grant, IOM WASH intends to maximize the impact of its interventions in Twic by providing financial and technical support to its implementing partner Care for Children & Old Age in South Sudan (CCOSS) to continue addressing the water, sanitation and hygiene needs for the conflict affected population settled in IDP sites. the IP will oversee the operation and maintenance of 2 SWATs and 2 Water yards, conduct regular water quality testing, construct 10 sanitation facilities, recruit 16 hygiene promoters to conduct awareness activities and construct the distribution WASH NFI kits targeting SAM and MAM caregivers and conflict affected population.						
6.3	CCCM IP Budgeth Peace Corps Organization - South Sudan (PCO)	D	1	196,847.00	1	100.00	196,847.00
	Through this grant, IOM WASH intends to maximize the impact of its interventions in Twic by providing financial and technical support to its implementing partner Care for Children & Old Age in South Sudan (CCOSS) to continue addressing the water, sanitation and hygiene needs for the conflict affected population settled in IDP sites. the IP will oversee the operation and maintenance of 2 SWATs and 2 Water yards, conduct regular water quality testing, construct 10 sanitation facilities, recruit 16 hygiene promoters to conduct awareness activities and construct the distribution WASH NFI kits targeting SAM and MAM caregivers and conflict affected population.						
6.4	HEALTH IP Agreement with UNH	D	1	305,336.45	1	100.00	305,336.45
	UNH will provide Primary health care services to crisis affected population in the two counties of Ezo and Nagero in partnership with IOM's Migration Health Unit who will provide technical oversight, capacity building, quality assurance and monitoring and evaluation of the project implementation.						
	Section Total						1,058,425.52
7. General Operating and Other Direct Costs							
7.1	Office Rent, Maintenance, Utilities and Other Common Costs	S	1	32,500.00	12	20.00	78,000.00
	Shared costs are directly linked to the project implementation, based on a justified, reasonable and fair allocation system. Costs are calculated for the space occupied by staff working directly on the project and also pertain to the Field Offices. The unit cost includes the cost of rent, utilities and maintenance. The percentage is a contribution to running costs in the Juba and sub-offices considering some of the procedures, particularly related to liaison and procurement will be administered from the Juba office. Project only charged 20% of entire costs for mission. (Refer to BOQ). Note that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.2	Security & Shared Radio Room Costs	S	1	22,000.00	12	35.00	92,400.00
	Security contract costs and common radio costs, WFP radio room, Warrior Security. Unit costs are based on current market prices charged on IOM for its security related costs. Project charged 35% of monthly costs. Refer to BoQ. te that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.3	Communication Costs	S	1	18,000.00	12	35.00	75,600.00
	Shared costs that are directly linked to the project implementation, based on a justified, reasonable and fair allocation system. Communication costs include the cost of VSAT & Internet in Juba and sub-office to ensure un-interrupted communication; and use of mobile phones and satellite phones (where needed, as per security requirements) for programme staff - Programme Coordinator, Emergency Coordinator), including support staff of procurement in Juba office. This project only charged 35% of cost (Refer to BOQ).Note that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.4	Vehicle running costs	S	1	21,500.00	12	25.00	64,500.00
	hicle pool maintenance costs. Project charged 25% of entire mission's annual cost.Refer to BoQ.Note that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.5	Office and IT supplies	S	1	10,000.00	12	25.00	30,000.00
	"Cost includes a contribution to the overall monthly cost for office supplies (toner, cartridges, stationaries, USB, etc.), maintenance of IT infrastructure and estimated cash transfer service charge per month for payment of labourers engaged in the project implementation. The cost breakdown is available in the document tab.(Refer to BOQ).Note that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.6	Motor Vehicles-Insurance costs	S	1	10,000.00	12	20.00	24,000.00
	"Insurance for office (assets, damage due to fire, political violence, looting, etc.) and four vehicles used to directly support implementation of activities.(Refer to BOQ).Note that, this project will be implemented in areas which administratively are under Wau and Bentiu.						
7.7	Other office costs	S	1	538.41	12	100.00	6,460.92
	Bank charges dedicated for this project - monthly charge \$538.41 costs.						
7.8	SNFI Service charges for CBIs (5%)	S	1	8,670.00	1	100.00	8,670.00

	<i>I/OM engages Financial Service Providers for disbursement of cash in the field. Based on our recent tendering process, IOM is currently paying 5% to FSP/ On average on the disbursement amount</i>		
	Section Total		379,630.92
SubTotal		25,911.0 0	5,216,222.96
Direct			4,836,592.04
Support			379,630.92
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			365,135.61
Total Cost			5,581,358.57

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Warrap > Twic > Turalei	23.60000	0	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2 Participat...</p> <p>CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di...</p> <p>CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4 Service...</p> <p>CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1...</p> <p>CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong...</p> <p>CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2...</p> <p>CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl...</p> <p>CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide...</p> <p>H: Activity 1.1.1: In order to supplement health commodities supplie...</p> <p>H: Activity 1.1.2: This activity will mainly target the most vulnera...</p> <p>H: Activity 1.1.3: Two mobile teams will be deployed (two in Twic c...</p> <p>H: Activity 1.1.4: IOM (Twic- Ajac Kuac, Turalei, Wunrok Payams)) to...</p> <p>H: Activity 1.1.5: Routine immunization for measles and other vaccin...</p> <p>H: Activity 1.1.6: Community Health promoters will conduct facility ...</p> <p>H: Activity 1.1.7: IOM trained health workers will conduct refresher...</p> <p>H: Activity 1.1.8: A basic 3-day CMR training will be provided to se...</p> <p>H: Activity 1.1.9: IOM will procure basic PPE including disposable g...</p> <p>H: Activity 1.1.10: IOM will provide refresher training on COVID-19 p...</p> <p>H: Activity 1.1.11: IOM and UNH team supervisors within the respectiv...</p> <p>H: Activity 1.2.1: Conduct psychoeducation sessions to IDPs and host...</p> <p>H: Activity 1.2.2: Provide focused, non-specialized MHPSS services (...)</p> <p>H: Activity 1.2.3: Train 24 healthcare workers and 30 community lead...</p> <p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p> <p>NFI: Activity 1.1.2: Upon endorsement of the needs analysis reports by...</p> <p>NFI: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagenc...</p> <p>NFI: Activity 1.1.4: Based on IOM experience in humanitarian assistanc...</p> <p>WASH: Activity 1.1.1: To ensure the conflict affected population residi...</p> <p>WASH: Activity 1.1.2: To ensure the conflict affected population have a...</p> <p>WASH: Activity 1.1.3: To mitigate risk of waterborne diseases outbreak,...</p> <p>WASH: Activity 1.1.4: To promote the adoption of good hygiene behaviors...</p> <p>WASH: Activity 1.1.5: Referring to the WASH Cluster's guideline on "WAS...</p> <p>WASH: Activity 1.1.6: CCOSS intends to reach 1,500 women and girls on m...</p> <p>WASH: Activity 1.1.7: CCOSS will work closely with Nutrition partners t...</p>

Western Equatoria > Ezo > Ezo_Centre	10.60000	0	0	0	0	<p>H: Activity 1.1.1: In order to supplement health commodities supplie...</p> <p>H: Activity 1.1.2: This activity will mainly target the most vulnera...</p> <p>H: Activity 1.1.3: Two mobile teams will be deployed (two in Twic c...</p> <p>H: Activity 1.1.4: IOM (Twic- Ajac Kuac, Turalei, Wunrok Payams)) to...</p> <p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p>
Western Equatoria > Nagero > Nagero	10.60000	0	0	0	0	<p>H: Activity 1.1.1: In order to supplement health commodities supplie...</p> <p>H: Activity 1.1.2: This activity will mainly target the most vulnera...</p> <p>H: Activity 1.1.3: Two mobile teams will be deployed (two in Twic c...</p> <p>H: Activity 1.1.4: IOM (Twic- Ajac Kuac, Turalei, Wunrok Payams)) to...</p> <p>H: Activity 1.1.5: Routine immunization for measles and other vaccin...</p> <p>H: Activity 1.1.6: Community Health promoters will conduct facility ...</p> <p>H: Activity 1.1.7: IOM trained health workers will conduct refresher...</p> <p>H: Activity 1.1.8: A basic 3-day CMR training will be provided to se...</p> <p>H: Activity 1.1.9: IOM will procure basic PPE including disposable g...</p> <p>H: Activity 1.1.10: IOM will provide refresher training on COVID-19 p...</p> <p>H: Activity 1.1.11: IOM and UNH team supervisors within the respectiv...</p> <p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p> <p>NFI: Activity 1.1.2: Upon endorsement of the needs analysis reports by...</p> <p>NFI: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagenc...</p> <p>NFI: Activity 1.1.4: Based on IOM experience in humanitarian assistanc...</p>
Western Equatoria > Tambura > Tambura	6.60000	0	0	0	0	<p>NFI: Activity 1.1.6: Aside from IOM's main warehouse in Juba, IOM Core...</p> <p>NFI: Activity 1.1.7: IOM Core Pipeline team will conduct one post dist...</p>
Jonglei > Canal/Pigi > Atar	6.60000	0	0	0	0	<p>NFI: Activity 1.1.5: IOM will immediately procure supplies to replenis...</p> <p>NFI: Activity 1.1.6: Aside from IOM's main warehouse in Juba, IOM Core...</p>
Jonglei > Fangak > Old_Fangak	6.60000	0	0	0	0	<p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p> <p>NFI: Activity 1.1.2: Upon endorsement of the needs analysis reports by...</p> <p>NFI: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagenc...</p> <p>NFI: Activity 1.1.4: Based on IOM experience in humanitarian assistanc...</p>

Jonglei > Pibor > Pibor	15.60000	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2</p> <p>Participat...</p> <p>CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di...</p> <p>CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4</p> <p>Service...</p> <p>CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1...</p> <p>CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2:</p> <p>Strong...</p> <p>CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2...</p> <p>CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl...</p> <p>CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide...</p> <p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p> <p>NFI: Activity 1.1.2: Upon endorsement of the needs analysis reports by...</p> <p>NFI: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagenc...</p> <p>NFI: Activity 1.1.4: Based on IOM experience in humanitarian assistanc...</p>
Unity > Leer > Leer	6.60000	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2</p> <p>Participat...</p> <p>CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di...</p> <p>CCCM: Activity 1.1.3: Related to Indicators 1.1.3 and 1.1.4</p> <p>Guided ...</p> <p>CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4</p> <p>Service...</p> <p>CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1...</p> <p>CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2:</p> <p>Strong...</p> <p>CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2...</p> <p>CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl...</p> <p>CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide...</p> <p>CCCM: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3</p> <p>...</p> <p>NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p> <p>NFI: Activity 1.1.2: Upon endorsement of the needs analysis reports by...</p> <p>NFI: Activity 1.1.3: In South Sudan, IOM is the lead of the Interagenc...</p> <p>NFI: Activity 1.1.4: Based on IOM experience in humanitarian assistanc...</p>

Unity > Mayendit > Luom	2.20000	0	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2 Participat... CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di... CCCM: Activity 1.1.3: Related to Indicators 1.1.3 and 1.1.4 Guided ... CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4 Service... CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1... CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong... CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2... CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl... CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide... CCCM: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 ... CCCM: Activity 1.3.2: Related to Indicators 1.3.1,1.3.2 and 1.3.3 F... CCCM: Activity 1.3.3: Related to Indicators 1.3.1, 1.3.2, and 1.3.3 NFI: Activity 1.1.7: IOM Core Pipeline team will conduct one post dist...</p>
Unity > Mayendit > Rubkuay	2.20000	0	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2 Participat... CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di... CCCM: Activity 1.1.3: Related to Indicators 1.1.3 and 1.1.4 Guided ... CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4 Service... CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1... CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong... CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2... CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl... CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide... CCCM: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 ... CCCM: Activity 1.3.2: Related to Indicators 1.3.1,1.3.2 and 1.3.3 F... CCCM: Activity 1.3.3: Related to Indicators 1.3.1, 1.3.2, and 1.3.3 NFI: Activity 1.1.7: IOM Core Pipeline team will conduct one post dist...</p>

Unity > Mayendit > Thaker	2.20000	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2 Participat... CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di... CCCM: Activity 1.1.3: Related to Indicators 1.1.3 and 1.1.4 Guided ... CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4 Service... CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1... CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong... CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2... CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl... CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide... CCCM: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 ... CCCM: Activity 1.3.2: Related to Indicators 1.3.1,1.3.2 and 1.3.3 F... CCCM: Activity 1.3.3: Related to Indicators 1.3.1, 1.3.2, and 1.3.3 NFI: Activity 1.1.7: IOM Core Pipeline team will conduct one post dist...</p>
Unity > Panyijjar > Panyijar	6.60000	0	0	0	0	<p>CCCM: Activity 1.1.1: Related to Indicators 1.1.1, 1.1.2 Participat... CCCM: Activity 1.1.2: Related to Indicator 1.1.2: IOM CCCM will di... CCCM: Activity 1.1.4: Related to Indicators 1.1.1 and 1.1.4 Service... CCCM: Activity 1.1.5: Related to Indicators 1.1.2, 1.1.3, 1.1.4 and 1.1... CCCM: Activity 1.2.1: Related to Indicators 1.2.1 and 1.2.2: Strong... CCCM: Activity 1.2.2: Related to Indicators 1.2.2, 1.2.3, 1.2.4 and 1.2... CCCM: Activity 1.2.3: Related to Indicator 1.2.4: Utilizing CCCM Cl... CCCM: Activity 1.2.4: Related to Indicator 1.2.4: Following the ide... CCCM: Activity 1.3.1: Related to Indicators 1.3.1, 1.3.2 and 1.3.3 ... NFI: Activity 1.1.1: Needs Assessment: IOM's shelter and NFI intervent...</p>

Documents	
Category Name	Document Description
Budget Documents	Deleted
Audit Documents	CCCM IP Budget_Narrative hub.xlsx
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted

Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Monitoring	Twic Assessment Report_27042022_FINAL.pdf
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
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Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	Deleted
Budget Documents	6.1_ADA Budget for IOM 15.10. 2022 Revised.xlsx
Budget Documents	6.2_CCOSS-IOM WASH SNFI BUDGET_SSHF_TWIC_20221015 (11h31).xlsx
Budget Documents	6.3_PCO CCCM SSHF Budget PIBOR GPAA 2022. REVISED 221015.xls
Budget Documents	6.4 UNH Budget SSHF - BOQ-20221018.xlsx
Budget Documents	SSHF_ IOM proposal -BOQs_Final version.xlsx
Budget Documents	RE_ IOM CCCM budget for clarification.pdf