© OCHA Coordination Saves Lives			Project Proposal
Requesting Organization :	Community in Need Aid		
Allocation Type :	2nd Round Standard Allocation		
Primary Cluster	Sub Cluster		Percentage
PROTECTION	Child Protection in Emergencies		100.00
			100
Project Title :	Accelerating provision of quality IDP children and their caregiver		cation and Psychosocial Support Services to
Allocation Type Category :	Frontline services		
OPS Details			
Project Code :		Fund Project Code :	SSD-16/HSS10/SA2/P/NGO/3537
Cluster :		Project Budget in US\$:	100,000.00
Planned project duration :	4 months	Priority:	
Planned Start Date :	01/09/2016	Planned End Date :	31/12/2016

Actual End Date:

31/12/2016

01/09/2016

**Actual Start Date:** 

#### **Project Summary:**

As part of the ongoing humanitarian response to provide critical and lifesaving needs to displaced populations, CINA has continued to demonstrate ability to response to growing child protection needs of IDP children in Awerial. This second standard allocation of South Sudan Humanitarian Fund 2016 will continue to provide family tracing and reunification and psychosocial support services to children affected by the conflict. Populations influx continue to increase to Awerial from Bor and Twic East when insecurity arise. Most of the child protection actors closed down their interventions in Awerial in 2016 due to lack of funding. The protection cluster has tasked CINA to coordinate child protection sub cluster activities in Awerial. With this funding, CINA will be able to deliver in collaboration with CPSC, PC, RRC in Awerial and protection actors there to provide the child protection services needed and strengthen coordinated intervention and mainstreaming of child protection services with broader humanitarian service providers in Awerial. Lakes state.

Project Objective: To accelerate provision of quality family tracing and reunification and psychosocial support services for IDP children and their caregivers

Proposed Activities:

Output 1.1: Unaccompanied and separated children in the active FTR caseload received tracing and reunification services with their caregivers

Activity 1.1.1: Conduct tracing actions for 100 active cases (50 boys, 50 girls) to locate their families/caregivers

Activity 1.1.2. Provide reunification for 100 UASC verified cases with their families/caregivers Activity 1.1.3. Facilitate and manage case transfers/referral for 10 UASC cases (5 boys, 5 girls) that have changed locations or received from partners

Output 1.2: Temporary care monitoring and case closure is achieved for 100 active UASC cases (50 boys, 50 girls)

Activity 1.2.1. Provide at least 3 follow up visits to each of 100 active UASC cases (50 boys, 50 girls) and report appropriately services provided through temporary care monitoring form on a weekly/monthly

Activity 1.2.2. Conduct reintegration follow ups and case closures for 100 reunified cases (50 boys. 50 airls)

Output 1.3: Appropriate family-based interim care services are provided to UASC without parental care and support and further family separation is reduced

Activity 1.3.1. Provide material support to 20 UASC (10 boys, 10 girls) in extremely vulnerable situations through a family-based interim care system

Activity 1.3.2. Provide awareness messages on prevention of family separation to 200 conflict-affected children (100 boys, 100 girls) within a family environment.

Output 2.1, Quality PSS services provided mainly through community-based and non-community-based PSS (CFS) prevention and response services, by supporting and working with caregivers and community based child protection network;

Activity 2.1.1. Provide PSS services to 1000 children (500 boys, 500 girls) through community based

activities in church, FDGs, community centres, peer-to-peer outreach, etc.

Activity 2.1.2. Provide PSS services to 500 children (250 boys, 250 girls) through non-community based PSS activities in the CFS, schools, etc.

Activity 2.1.3. Support and work with 10 kinship families (10 women), 40 community based child protection mechanisms (20 men, 20 women) and 60 caregivers (40 women, 20 men) to provide protection, psychosocial support and care to children without parental care. Outcomes/expected results:

- 1. UASC with active FTR caseload are reunified with their families and regular follow up and familybased interim care services lead to reduced family separation.
- 2. Conflict-affected children cope with threats and vulnerabilities through appropriate community based PSS and non-community based PSS services.

## Direct beneficiaries:

Men Women		Boys	Girls	Total	
40	70	960	960	2,030	

## Other Beneficiaries:

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	40	70	960	960	2,030

## **Indirect Beneficiaries:**

# **Catchment Population:**

## Link with allocation strategy:

Page No : 2 of 15

This project will contribute to the second protection cluster objective; CO2; Quality protection response services are available and can be accessed safely and freely. CINA interventions will focus mainly on provision of rapid life-saving family tracing and reunification (FTR) services for separated/unaccompanied and missing children (UASC and psychosocial support component (Mainly community based PSS): CINA will double efforts in scaling up reunification and monitoring of the new UASC identified and documented through its existing FTR capacity. Active case management will be ensured through maximizing follow up actions after referral of UASC to other services. CINA will establish appropriate family-based care arrangements for UASC without adult caregivers where identified UASC can be temporarily fostered under kinship care which is contextually the best applicable type of alternative care, awaiting family reunification. CINA will also ensure that, where separated children may already be attached to families or individuals, these situations will be thoroughly reviewed to ensure that the child is in a safe environment which will afford him/her with appropriate care and opportunities. CINA will also support and work with caregivers and community child protection network to provide community based PSS and non-community based PSS services to the conflict affected children. . This project aims at scaling up the FTR and PSS work CINA has been providing to IDP children in Mingkaman and its surrounding IDP sites in Awerial County as well as responding to the growing protection needs of IDP children given the new influx of IDPs in Mingkaman in from December 2015, in addition to the pre-existing IDPs. For 2016 HRP and CPSC SAG recommendation, Awerial is a Tier 1 location for Protection Cluster, given the gap that has been created by absence of partners there, leaving CINA as the CP partner coordinating CPSC activities. In the remaining months of the year, efforts will be made to meet the desperate Child Protection needs of IDPs in close collaboration and coordination with Protection Cluster and especially Child Protection Sub-cluster (CPSC) at both national and state level CPWG and other sectors to mainstream child protection in other services and programmes, including access to referral services, for all children including children living with disabilities, children living with HIV/AIDS, children living and working on the streets and survivors of sexual and gender based violence, abduction and armed recruitment (ex-CAAFAG). This 2016 SSHF SA2 funding will complement CINA's CP activities (through scaling up FTR and PSS) in Mingkaman being supported by CHF SA1 funding aiming to reach 2010 conflict affected children and caregivers by end of December 2016 and the 2010 direct beneficiaries will be involved in implementation of project activities through establishment of appropriate beneficiary feedback mechanisms to enhance clear transparency and accountability to children, their caregivers and community members.

#### **Sub-Grants to Implementing Partners:**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

## Organization focal point:

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Dr. Daniel Machuor Arok	Executive Director	machuorcina@gmail.com	0955413184
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## **BACKGROUND**

# 1. Humanitarian context analysis

Page No : 3 of 15

The crisis in South Sudan greatly hit Jonglei (Bor) among other states, including the neighboring Lakes State (Awerial County) to where big population from Bor, Twic East and Duk has been displaced since early February 2014. Many former IDPs and refugees are returning to their places of origin given a relative peace being witnessed in January 2014 to present in the two states. However, the humanitarian situation of IDP and conflict-affected populations has been deteriorating as a result of fear from continuous attacks, inadequacy of basic services in IDP sites and PoCs and increased protection threats which have continued to cause increased mobility of families to safe locations within the country and across the region. There are currently 78.307 IDPs in Awerial County Lakes States (UNOCHA: South Sudan Crisis IDP monitor 01/10/2015). Again, another 29,656 individuals displaced by fresh attacks in Jalle (Bor) and Mar Payams (Twic East) arrived Mingkaman (Mingkaman IRNA: December 04, 2015). This increased mobility has resulted to further separation of children from families, difficulty in tracing, follow up and reunification of separated and/or unaccompanied minors; increased tensions of psychosocial distress, especially among the adolescents, being aggravated by absence of schools; increased tendency of adolescent boys to be used by armed forces and armed groups; increased food insecurity and poor livelihood condition resulting into children living and working on the streets, forced child marriage and increased child exploitation and worse forms of child labour. In early 2016, Child Protection actors including Save the Children closed down their interventions in Awerial due to lack of funding. CINA has been left with a huge burden to provide active CP services in addition to coordinating the CPSC activities in Awerial. These have been ongoing well with support from CHF SA1 2016 Allocation funds which ends on 31 August with NCE for 1 month. Protection response in the first 7 months of 2016 and in late 2015 show more needs and significant gaps that include: Out of 21,140 children at risk of family separation, 534 separated/unaccompanied children have received FTR case management services with only reunification less than 80%, being in part due to widespread population movements, inaccessibility to location such as Duk and Twic East where parents missing children could be traced; Of 31,282 children are at risk of psychosocial distress, 12000 children have received individual psychosocial support services release; risk of sexual violence and exploitation. (CINA W matrix Report to CPSC: July 28, 2016). This project will address the above critical needs through accelerating provision of FTR services through tracing and closing the current caseload up to 100% follow ups and reunifications and/or family based care as well as managing new cases of UASC to be identified in 2016 through improved quality of registration, maintenance of database locally and improved coordination of data nationally to strengthen FTR case management services; effective community based psychosocial support services( main approach) by working with caregivers, community based mechanisms and adolescents clubs as well as noncommunity based PSS services through CFS activities. This project will be coordinated at national level with PC, CPSC, FTR WG, PSS WG, and at state level with CPWG and local authorities to explore synergies, ensure quality and accountability to beneficiaries and adherence to minimum relevant policy standards. CINA has selection criteria for recruitment of CB-CPNs and they sign CINA's Child Protection Policy with Code of Conduct and Reference Checks upon taking service contract offers.

The project results achieved and reported will be reviewed against the monthly situation and response monitoring tool kit that will be conducted by CINA's Monitoring and Reporting Coordinator or by the CPSC team as may be required.

#### 2. Needs assessment

Child Protection Rapid Assessment and Situation Response Monitoring have been conducted in Awerial in March and July 2016 respectively and show that children continue to be separated from their families and psychosocial needs for IDP children continue to increase especially children aged 8-11 and 12-17years). More as girls (especially aged 7-11, and 12-17 years) continue to experience violence, including sexual and gender based violence and exploitation that increase their psychosocial distress, boys aged 12-17 continue to be more separated due to frequent movement across Bor and Minkaman. CINA's response in Awerial county in the first half of 2016 show that out of 142 active FTR caseload 97 UASC have been reunited with their families, 91 received follow up services and 35 UASC received family based interim care case management services. Much as these achievements look great, still over 200 UASC identified have not been supported with FTR case management services and over 4000 children in Mingkaman IDP sites 1 and 3 still need psychosocial support services to strengthen their resilience. Furthermore, the continuous IDP influx is expected to cause more family separation and thus the increased FTR needs will outstretch the existing resources for the currently ongoing project. In PSS response in 2016, CINA reached its target (Target: 1000 children; Reached 5800 children). Despite these achievements, more IDP influx has created additional PSS needs, coupled with the fact that partners (SCI) have pulled out from Mingkaman, leaving CINA with the challenge to absorb its existing PSS sites to continue providing community based PSS services there.

## 3. Description Of Beneficiaries

The direct beneficiaries of this project will include IDP children and their caregivers/community based child protection networks in Awerial County including 1920 children (960 boys, 960 girls); 60 caregivers (40 women, 20 men) and 40 community based child protection networks (20 men, 20 women), 10 foster/kinship parents (all women). The beneficiaries are targeted based on their protection risks and threats as identified through needs assessment from location hosting large numbers of IDPs in the camp and where services are overstrained. Boys and girls will be targeted based on individual child and group's protection concerns especially the separated and unaccompanied and missing children. Adolescents (12-17 years) will be more targeted especially for psychosocial support and be also involved in all activities. This project will also ensure continuous support of caregivers and CB-CPNs to provide care, protection and PSS care services in their communities. The caregivers and CP-CPNs have been selected on the basis of personal willingness to voluntarily support vulnerable children within their communities. Working with caregivers (parents, relatives and poster parents) and CB-CPN network is critical in ensuring community based care, preserving and strengthening local structures and systems, in the context of providing services in such a complex displacement pattern in South Sudan. Community members (parents, church leaders, teachers, youth representatives, etc.) that have been identified with the help of local authorities (chiefs, village heads, payam administrators) and trained will be continuously supported by CINA on issues of child protection in emergency, identification of separated/unaccompanied child and working with UASC children, as well as prevention of family separation to strengthen their skills to provide appropriate PSS care and FTR services to children. The caregivers and CB-CPNs (volunteers) are recruited using selection criteria developed by CINA. Before taking up service contract offers, their reference checks are made and they sign CINA's Child Protection Policy (with code of conduct). All these is to ensure safety of children they come in

# 4. Grant Request Justification

Page No : 4 of 15

The violence which broke out in South Sudan capital Juba on December 16, 2013 and quickly spread to Bor. Duk and Twic East resulting into huge displacements in Awerial County of Lakes States has exacerbated family stresses, disrupted normal patterns of living and crumbled social support systems exposing children to protection threats including widespread separation of families. Children have been forced to flee all that is familiar to them and have experienced violence, fear and loss. Without appropriate care and family-based support, these children will be forced to process their conflict experience alone, which may prevent them from being able to fully engage in daily activities such as playing, learning, or basic social interaction. Conflict affected and displaced children have been exposed to physical threats as well. Without protection and support their physical survival is threatened, and their status puts them at high risk of abuse, exploitation, forced labor, abduction, or recruitment into armed forces. The interventions proposed in this project will focus on increasing access to quality family tracing and reunification and psychosocial support services for conflict affected children; thus contributing to the cluster priority of ensuring quality protection response services are available and can be accessed safely and freely. Given the numerous threats to the survival and well being of conflict affected and displaced children this project seeks to increase access to age appropriate, effective, multi-sectoral FTR and PSS responses in the priority county. The proposed interventions in this project are accelerating provision of quality improve family reunification services for separated/unaccompanied and psychosocial support for conflict affected children in Awerial. This project will focus on critical activities related to Objective 2 of the Protection Cluster. Given the severity of the protection threats faced by children affected by conflict and displacement, the child protection interventions proposed under this project are one of the frontline services that are critical to the physical and psychosocial survival of conflict affected and displaced children in Awerial County. Despite absence of CP actors in Awerial from early 2016 due to lack of funding, CINA has been implementing Child Protection Programs in Awerial in addition to coordinating CPSC partners in Awerial since March 2016 to date and has demonstrated clear institutional commitment to providing quality programs that support children's well-being in emergencies and crises, and the agency continues to invest in highly skilled staff who have the knowledge and skills to ensure optimal Child Protection in emergencies. The agency has a strong established presence in Mingkaman and will be able to rapidly mobilize resources as the project continues. CINA is committed to securing additional funds, especially from UNICEF to supplement the CHF funding and is in discussions with other partners in this regard. CINA has a secured funding from UNICEF that is running up to November 30 2016, but even if extended, it will be directed to meet other CP needs including FTR, PSS, CAAFAG response, sexual and GBV, access to justice for children, etc. in Tier 2 locations of CINA (Bor, Twic East and Duk of Jonglei State and Juba PoCs). CINA has demonstrated success in previous CHF funded project (with thematic areas of FTR and PSS responses, child protection monitoring mechanisms, prevention of violence, etc.) in Lakes and Jonglei States.

#### 5. Complementarity

In line with 2016 HRP, CINA will continue to respond to the protection needs of UASC and PSS distressed children in coordination with CPSC. UNICEF support CINA child protection activities in Bor, Twic East and Duk and the populations in these counties have much in common with IDPs in Awerial. inter-state tracing actions and reunifications will eaily be completed given the close proximity of these locations. CINA's 2016 CP response i Awerial show some gap in transiting from CFS approach of pyschosocial support programming to a more community based approach. Despite the efforts, CPSC recommend that more caregivers are reached with pyschosocial support skills to ensure sustainable PSS interventions. More collaborated actions are needed with education actors in Awerial to integrate PSS into school activities as part of the new and broader approach to sustainable PSS programming

In line with SSHF SA2 2016 and protection Cluster Strategic Plan, the SSHF SA2 grant will help in complementing the current gaps in FTR and PSS needs of conflict affected children so far highlighted. More emphasis will be directed towards working with caregivers and community based mechanisms, and caseworkers, enabling their capacity to increase rates of tracing, follow ups and reunification of previously registered and new UASC and missing children and continue to support caregivers in providing family-based care and psychosocial support for children without parental care. The SSHF complementary grant will be an ideal support grant to quickly accelerate the FTR work in the the remaining months of 2016 with aim to bring reunification and follow up rates to 100% of the current active FTR caseload and other new cases in the RapidFTR database by December 31, 2016 as well as enhancing coping mechanisms for distressed children through provision of improved community based PSS and non-community based PSS services. UNICEF funding for Jonglei ends in November 2016, but even if extended, it will be

directed to meet critical child protection services in Jonglei (Bor, Twic East and Duk) as well as Juba PoCs.

## LOGICAL FRAMEWORK

### Overall project objective

To accelerate provision of quality family tracing and reunification and psychosocial support services to IDP children and caregivers in Awerial, Lakes.

PROTECTION							
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities					
CO2: Quality protection response services are available and can be accessed safely and freely	HRP 2016 SO1: Save lives and alleviate suffering through safe access to services and resources with dignity	100					

Contribution to Cluster/Sector Objectives: As a contribution to above protection cluster objectives, CINA will triple its efforts to scaling up reunification, follow up services and case closure of the current active FTR caseload in CINA's RapidFTR system using its existing FTR capacity as well as continuing to enhance delivery of quality PSS services to the conflict affected children. The recent child protection rapid assessment (CPRA) in Mingkaman in March 2016 and Situation Monitoring conducted by CINA in July 2016 show that more cases of family separation continue to happen due to continuous civilian movements, along with children from Bor to Mingkaman in search of food. CINA will also continue to support the UASC without parental care through appropriate alternative care arrangements where identified UASC can be temporarily fostered, awaiting family tracing and reunification. CINA will ensure where separated children may already be attached to families or individuals, these situations will be thoroughly reviewed using relevant existing care placement criteria to ensure that the child is in a safe environment which will afford him/her with appropriate care and opportunities. CINA will ensure quality of FTR data, reporting and enhanced case management through strengthening staff capacity in the use of RapidFTR/CPIMS system as well as supporting the caregivers and CB CPNs to gain necessary skills for working with UASC and providing community based PSS and also non-community based PSS services in their locations.

## Outcome 1

Unaccompanied and separated children with active FTR caseload are reunified with their families and regular follow ups and family-based interim care services lead to reduced family separation

### Output 1.1

## Description

Active cases of UASC received tracing and reunification with their families

#### **Assumptions & Risks**

# Assumptions:

- 1. FTR teams are well equipped with CPIMS database management skills to manage FTR cases in the system.
- 2. There is reduced population movements from Bor to Mingkaman and vice-versa.

#### Risks:

- 1. Infrastructure problems (i.e. bad roads and telecoms),
- 2. Insecurity,
- 3. Unpredictable government restrictions(i.e. where you can go, who you can hire),
- 4. Culture and society (i.e. sometimes the beneficiaries don't like being monitored).

#### Mitigation Plan:

- 1. Plan mobile response team to carry out rapid response missions to where populations move abruptly.
- 2. Preparedness in place to move to new locations as the government may decide

## Activities

# Activity 1.1.1

Conduct tracing actions for 100 UASC active cases to locate their families/caregivers

#### Activity 1.1.2

Provide reunification for 100 verified UASC cases with their families/caregivers

#### Activity 1.1.3

Facilitate and manage case referrals/transfers for 10 UASC received from agencies/changed locations

#### Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Frontline services # of UASC and missing children for whom active family-tracing is initiated			50	50	100

# Means of Verification: 1.Tracing action forms

2. RapidFTR/CPIMS

Baseline: 142 UASC

Indicator 1.1.2	PROTECTION	Frontline services # of UASC reunited with their parents or primary caregivers, or placed in		50	50	100
		alternative care				

## Means of Verification: 1. RapidFTR/CPIMS

- 2. 5 W matrix
- 3. Monthly situation and response monitoring
- 4. Narrative reports
- 5. Photos during reunification

Baseline: 142 UASC

# Output 1.2

## Description

Temporary care monitoring and cases closure is achieved for 100 UASC active cases

## **Assumptions & Risks**

# Assumptions:

- 1. There is reduced population movement and children are seen on regular monitoring visits
- 2. Humanitarian basic services are available with agencies that received case referrals and children well being is ensured
- 3. Children don't want family reunion because they are separated from families for purpose of getting basic needs

### Risks:

- 1. Floods and bad roads limit field activities
- 2. Insecurity
- 3. Unpredictable government restrictions
- 4. Culture and society

# Mitigation:

- 1. Close cases that do not need family reunion upon after several monitoring visits
- 2. Plan mobile response teams to do follow up in new locations to where populations have moved

## Activities

## Activity 1.2.1

Conduct at least 3 follow up visits for the 100 UASC active cases and report appropriately services provided through temporary care monitoring on a weekly/monthly basis

## Activity 1.2.2

Conduct reintegration follow ups and cases closure for 100 reunified UASC

## **Indicators**

Page No : 6 of 15

			End cycle beneficiaries			End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	Frontline services # of UASC cases who receive follow-up visits			50	50	100

Means of Verification: 1. Weekly TCMs and rapidFTR/CPIMS

2. 5 W matrix

3. Narrative reports

Baseline: 142 UASC

## Output 1.3

## Description

Appropriate family based interim care services are provided to UASC without parental care and further family separation is reduced

#### **Assumptions & Risks**

#### Assumptions:

- 1. Community members are willing to care for children of their relatives
- 2. Awareness messages on family separation are understood

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- 1. Causes of separation include search for food in Mingkaman, thus family reunion becomes uncertain
- 2. Insecurity
- 3. Unpredictable government restrictions
- 4. Culture and society (GBV and forced marriage of UASC living in extended families)

#### Mitigation:

- 1.Train and mentor caregivers on protection principles and role of community members
- 2. Increase awareness on risks of child separation and dangers of GBV, including child marriage or use in armed conflicts

## Activities

#### Activity 1.3.1

Provide material support and other basic services to 20 UASC in extremely vulnerable situations through a family based care system

#### Activity 1.3.2

Provide awareness messages on prevention of family separation to 200 conflict affected children within a family based environment

## Indicators

			End cycle beneficiaries			End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	PROTECTION	Frontline services # of UASC in interim care, including family-based care			110	110	220

## Means of Verification: 1. Care plans and services forms

- 2. 5 W matrix
- 3. Narrative reports
- 4. Photos of children supported through care arrangements
- 5. Contact details of foster/kinship caregivers

Baseline: 20 UASC

## Outcome 2

Conflict affected children cope with threats and vulnerabilities through appropriate community based PSS and non-community based PSS (CFS) services

# Output 2.1

# Description

Quality PSS services provided to children through appropriate community based PSS approaches

# Assumptions & Risks

### Assumptions:

- 1. Community members are ready to provide PSS services voluntarily to children within their community
- 2. Community based PSS toolkit and methodologies from CPSC are already adapted and found working for communities in Awerial

### Risks

- 1. Unpredictable government restrictions (change of location-space for play for children)
- 2. Insecurity (limit time for play)
- 3. Culture and society (girls have often more preoccupied with household duties and have no time to play and relax)
- 4. Problem of volunteering given the economic crisis in the country

## Mitigation:

- 1. Stress the role of community members during selection and induction to own project and support children within their community
- 2. Preparedness in place to move to new locations as the government may decide
- 3. Strengthen capacity of caregivers, community based child protection networks to provide care and psychosocial support to their children

Page No : 7 of 15

#### Activities

#### Activity 2.1.1

Provide PSS services to 1000 children through community based PSS methodologies and activities in schools, churches, FGDs, community centers, peer-to-peer outreach, etc.

#### Activity 2.1.2

Provide PSS services to 500 children through Child Friendly Space activities (non-community based PSS supplies)

Provide capacity building training and continuous support to 10 kinship parents and 60 caregivers on provision of psychosocial support care to children

#### Activity 2.1.4

Provide capacity building training and continuous support to 40 members of community based children protection network on provision of psychosocial support and care for children

n				

			End	cycle ber	neficiar	ies	End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	PROTECTION	Frontline services # of children reached with community-based PSS			500	500	1,000

## Means of Verification: 1.5 W matrix

- 2. Narrative reports
- 3. Monthly PSS database
- 4. Monthly situation and response monitoring
- 5. PSS center work plan and attendance registers
- 6. Photos of children in CFS/PSS site

Baseline: 12000 distress children

Indicator 2.1.2	PROTECTION	Frontline services # of children reached through non-community-based PSS		250	250	500
Means of Verif 2. Narrative rep 3. Monthly PSS						

- 4. CFS work plan and attendance register
- 5. Photos of children in CFS

Baseline: 1500 children

Indicator 2.1.3	PROTECTION	Frontline services # of adult caregivers reached	20	50		70
		with capacity-building on PSS				

# Means of Verification: 1.5 W Matrix

- 2. PSS database
- 3. Training attendance and photos of caregivers
- 4. Narrative reports

Baseline: 50 caregivers

Indicator 2.1.4	PROTECTION	Frontline services # of community members (other	20	20	0	0	40
		than caregivers) reached with capacity-building on					
		PSS					

# Means of Verification: 1.5 W matrix

- PSS database
- 3. Training attendance and photos of community based child protection network members
- 4. Narrative reports
- 5. Monthly situation and response monitoring

Baseline: 20 CB-CPNs

## Additional Targets:

## M & R

## Monitoring & Reporting plan

Page No: 8 of 15

CINA has an existing and improved monitoring and reporting system under the responsibility of Monitoring and Reporting Coordinator who is roving from Juba and move across CINA's location to provide technical support, beside

the child protection staff, which will be responsible for all field implementation, supervision and reporting activities of this project. CINA staff have received a number of capacity building on FTR systems and community based PSS toolkit for South Sudan and have been applying these in high skills standard for gulaity delivery. The Child Protection Manager and Monitoring and Reporting Coordinator will continue to provide project field support to improve quality of services delivered, accountability to project beneficiaries, gulaity and frequency of reporting. Project implementation and management decisions will always be informed by reporting indicators, ensuring flexibility in reprioritizing specific interventions, at some point, as needs may arise. CINA has Child Protection Area Coordinator in Awerial who supervise project implementations, 1 CPiE Officer, and 2 Case workers (FTR and PSS) who directly support field implementation of FTR and PSS activities and provide link with community members, caregivers and children. The Child Protection Area Coordinator compile and submit their reports to Child Protection Manager, coping Monitoring and Reporting Coordinator who then double check the quality of reports by providing comments and support. The Child Protection Manager share the final reports with Child Protection Program Coordinator, who then review the whole reports and share it with the Donor and Senior Management of CINA. There is also FTR Coordinator who supervises FTR case management from Juba and coordinate with field staff as well as providing technical FTR support and directly work with Save the Children for coordinated tracing referrals, reunification missions, caseload harmonization, and other FTR technical guidance. CINA will use the RapdiFTR/CPIMS, Offline database, Weekly Caseload Summary, 5 W matrix, PSS database tool for internal data collection and reporting to CINA management and partners such as Save the Children (Central FTR database) and to CPSC for 5 W matrix updates and situation and Response Monitoring. These reports wlll be provided on a weekly and monthly basis. The Child Protection Manager and Monitoring and Reporting Coordinator will play a supervisory role, technical guidance and feedback for improvement to field staff to ensure that these reports are duly submitted and that quality of data and reporting is paramount. The project progress and final reports (both narrative and financial) for activities conducted against targets and indicators will be submitted to the Donor (SSHF) TS through the GMS on a quarterly and semi annual basis by Child Protection Manager/Monitoring and Reporting Coordinator and Finance and HR Manager respectively with attached documents as means of verification. Apart from the narrative reports on SSHF supported activities, CINA will also provide a response analysis reports showing the profile of beneficiaries reached against targets and the qualitative aspect of results achieved. All the results achieved and reported using various reporting tools mentioned above will be reviewed regularly against the agreed targets and indicators using the CPSC situation and monitoring toolkit by either the Monitoring and Reporting Coordinator of CINA or by the CPSC team as may be required for that matter. These monitoring and reporting tools are already in place since they are inter-agency tools and those that were specific to CINA (weekly, monthly and quarterly progress reports) have been customized from previous projects and have been in used since 2015 HRP project until now. Where improvement may be needed on these reporting tools, support would be sought from CPSC and SSHF TS as it may be deemed necessary.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct tracing actions for 100 UASC active cases to locate their families/caregivers	2016									Х	Х	Х	Х
Activity 1.1.2: Provide reunification for 100 verified UASC cases with their families/caregivers	2016									X	X	X	X
Activity 1.1.3: Facilitate and manage case referrals/transfers for 10 UASC received from agencies/changed locations	2016									X	X	X	Х
Activity 1.2.1: Conduct at least 3 follow up visits for the 100 UASC active cases and report appropriately services provided through temporary care monitoring on a weekly/monthly basis	2016									X	X	X	X
Activity 1.2.2: Conduct reintegration follow ups and cases closure for 100 reunified UASC	2016									X	X	X	X
Activity 1.3.1: Provide material support and other basic services to 20 UASC in extremely vulnerable situations through a family based care system	2016										X	X	Х
Activity 1.3.2: Provide awareness messages on prevention of family separation to 200 conflict affected children within a family based environment	2016									X	X	X	X
Activity 2.1.1: Provide PSS services to 1000 children through community based PSS methodologies and activities in schools, churches, FGDs, community centers, peer-to-peer outreach, etc.	2016									X	X	X	X
Activity 2.1.2: Provide PSS services to 500 children through Child Friendly Space activities (non-community based PSS supplies)	2016									X	Х	X	X
Activity 2.1.3: Provide capacity building training and continuous support to 10 kinship parents and 60 caregivers on provision of psychosocial support care to children	2016									X	X	X	X
Activity 2.1.4: Provide capacity building training and continuous support to 40 members of community based children protection network on provision of psychosocial support and care for children	2016									X	X	X	X

# **OTHER INFO**

**Accountability to Affected Populations** 

The project is designed in a way that will promote accountability to CINA FTR and PSS beneficiaries as well as caregives and community members. From the previous SSHF 2015 projects, beneficiary feedback on the FTR and PSS case management services offered by CINA have been documented (FTR issues such as delay in getting referral services, empty promise from some programmes/service providers, inadequate education and medication packages, etc.) and will inform current response strategies to improve inclusion of beneficiary feedback from the onset of project implementation. CINA M&R Coordinator will complete these forms at the field with beneficiaries and share the findings with field staff and CINA management to inform response strategies. To make it very transparent, CINA will convene Beneficiary Feedback Conferences at agreed intervals with

parents/primary caregivers, community based CP networks, individual children and adolescents attending CFS/under care placement, to gather their views on their level of satisfaction about our child protection/FTR services, as well as their suggestions for improvement in services delivery. Information provided by individual child or group of children/adolescents and caregivers, including their photos will be kept confidential, accessible only to those persons it concerns on a need-base and in line with information sharing protocol (ISP) for National CP SC, 2014.In dealing with issues of children, all those staff are recruited using the CINA selection criteria and individuals in regular contact with children including caseworkers will have to sign and adhere by provisions of CINA Child Protection Policy and Code of Conduct. This is to ensure that children are safe and services are in line with Do No Harm principle, remembering the fact those buildings on existing structures/systems as well as respecting community/individual norms and beliefs are ideal in keeping with the humanitarian core principles of partiality and neutrality, provided that the best interest of the child is met.

#### Implementation Plan

CINA will directly implement this project without sub-contracting. CINA already incepted this project and will have to reassure the community of the project continuity whereas all CP/FTR staff directly and indirectly involved in the project will be oriented on the project activities, outputs, indicators,. The lines of distribution of duties to this project runs at the top from the Director, who plans the project implementation timelines, directs program staff to implement the project and evaluates project results and financial management, submit technical reports and maintains donor relations. CINA's Child Protection Manager supports and supervises project staff in project implementation, reports to the donor and coordinates activities with other actors. The FTR project activities will be coordinated with CP SC (locations/services mapping, coordination and policy direction), Save the Children

(for RapidFTR database) State Ministry of Gender, Child and Social Welfare (Government policy and direction), Relief and Rehabilitation Commission (link with communities and support coordination at state level) and local authorities (County Commissioners, Payam Administrators and chiefs for community mobilization and local solutions). Special coordination with UNICEF, Protection Cluster and UNOCHA to ensure their technical and coordination support. The M&R Coordinator review reports and submit to CP Program Coordinator for submission to the donor and monitor and evaluate field staff and advice on project progress. The frontline CP staffs are responsible for implementing project activities; work with children and caregivers and community and local authorities, especially the field supervisor (Child Protection Area Coordinator). The project accountant (Finance and HR Manager his Assistant) are responsible for management of project funds, use of funds on planned project activities and financial reports to the donor in line with donor requirements, given the physical presence of CINA CPiE/FTR and PSS team currently on ground in Mingkaman in humanitarian hub and the dry season opportunity However, if for any reason (as may be due to insecurity or other emergencies) that disrupts activities, CINA will respond according to the needs, capacity and availability of funds to provide services in any other safe locations to which the IDPs have moved and settled.

#### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MoH/WHO/IMC	Referral of children for medical, nutrition and other health services
WFP/ACTED/HDC	Referral of children for food, shelter and NFI services
NRC	Referral of children for education in emergency services
UNICEF/RUWASA	Referral of children for WASH services

## **Environment Marker Of The Project**

## **Gender Marker Of The Project**

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

## Justify Chosen Gender Marker Code

The project has been contributing directly to meeting both the specific needs of boys and girls and specific role of caregivers (women and men) and will continue to highlight those gender-specific needs are addressed differently. In brief, equal number of boys as girls are being targeted. However, the conflict affect girls and boys in different ways. For instance, girls are more exposed to psychosocial distressed as a result of denial to school, early marriage, more kitchen work and lack of opportunities to play. Boys are at more risks of separation due to distant of play away from home, type of games, socioeconomic (pull) factors in the market places, etc.

## **Protection Mainstreaming**

CINA will ensure that all staff, volunteers and clients that come in contact with children have signed and adhere to CINA's Child Protection Policy, to ensure that service providers Do No Harm in due course and those services are purely humanitarian, provided in safety and dignity. The project will ensure that needs of all children are equally met, including children living with HIV/AIDS, children living with disabilities and street children. To achieve these all children will be given equal opportunity to participate at all stages of project cycle. Advocacy meetings and awareness sessions, as well as focus group discussions and life skills discussions will be held with different groups of children and adolescents as well as caregivers to ensure that they understand how to protect themselves and individually from any form of abuse, violence and exploitation.

# **Country Specific Information**

## Safety and Security

In Awerial County, the security situation is generally good with no threats to humanitarian work. However, due to lack of spaces for privacy for women and girls, there are issues of GBV against women and girls in the camps at night especially, resulting to sexual violence and abuse.

# <u>Access</u>

Page No : 10 of 15

CINA has established physical presence in Mingkaman. The location is generally accessible both by air, on land from Juba and via river from Bor. There are UNHAS regular flights to Mingkaman coordinated from Juba by WFP. Although the road from Juba to Awerial is rough,it's still accessible.

				_		1	
Code	Budget Line Description	D/S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
Staff an	d Other Personnel Costs						
1.1	AWERIAL-Child Protection Area Coordinator (100%)	D	1	1,700	4	100.00	6,800.00
	Staff coordinates implementation of CPiE activities in Awerian salary= (\$1700-17% NSIF-10% Tax- 5% risks allowance)X4		ates CPSC	activitie	es, report fie	ld activities	progress. Basic
1.2	JUBA- Child Protection Manager (20%)	S	1	1,800 .00		20.00	1,440.00
	Child Protection Manager coordinates program activities with technical support to field staff. Basic salary= (\$ 1800-17% NS						
1.3	ROVING- Monitoring and Reporting Coordinator (20%)	S		1,700	4	20.00	1,360.00
	Roving M&R Coordinator supervise quality of services and in to CINA management and donors. Provide technical support allowance)= 1700 X 4 months X 20%						
1.4	JUBA-CINA Director (20%)	S	1	4,500 .00		20.00	3,600.00
	Director provide policy, planning and management role to all Basic salary= (\$4500-17%NSIF-10%Tax-5% risk allowance):				he organiza	tion, partne	rs and donor.
1.5	JUBA-Finance and HR Manager (20%)	S	1	2,500		20.00	2,000.00
	Finance and HR manager manages use of donor funds, staff CINA management and to donor. Basic salary (=\$2500-17%l						
1.6	AWERIAL- Finance and Logistics Assistant (100%)	D		1,200 .00	4	100.00	4,800.00
	Finance and Logistics Assistant facilitate logistics and monitor manager. Basic salary = (\$1200-17%NSIF-10%Tax-5% risk a					ports to Fir	nance and HR
1.7	AWERIAL- CPiE Officer (100%)	D	1	1,000	4	100.00	4,000.00
	CPiE Officer implements FTR, PSS and general CP activities community. Basic Salay= (\$1000-17%NSIF-10%tax- 5% risk					a entry. Pro	ovide link with
1.8	AWERIAL- FTR and PSS Caseworkers (100%)	D		800.0	4	100.00	6,400.00
	FTR Caseworker conduct FTR case management activities in sites and supervises PSS facilitators. Conduct PSS case manallowance)= 800 X 2 pax X 4 months X 100%						
1.9	JUBA (2, AWERIAL (3) Support Staff (20%)	S	5	300.0	4	20.00	1,200.00
	Support staff include Driver, 2 security guards and 2 cleaners 5 pax X 4 months X 20%.	s. Basic sa	alary= (\$30	0-17%N	NSIF-10%Ta	x-5%risk a	llowance)= 300 X
	Section Total						31,600.00
Supplie	s, Commodities, Materials						
2.1	Family reunification support kits for 100 UASC	D	100	100.0	1	100.00	10,000.00
	Reunification support kit include: a pair of cloth, shoe, bed sh babies, etc. Cost of kit= \$100 X 100 pax given once	eet, moso	quito net, s	chool ba	ag, sanitary	pads for gir	ls, milk for
2.2	Famiy based interim care kits for 20 UASC without parental care	D	20	100.0	3	100.00	6,000.00
	Interim care kits include a pair of cloth, shoe, bed sheet, mos bag, etc. Cost of kits = \$ 100 X 20 pax X 3 months	quito net,	basin, soa	p, sanit	ary pads for	girls, milk t	for babies, school
2.3	Local supplies for maintenance of 6 existing CFS	D	6	300.0	1	100.00	1,800.00
	Local supplies include bamboo, grass, poles, ropes, mud, etc	c. Cost of	maintaining	g CFS=	\$ 300 X 6 c	enters	
2.4	Cost of running CFS activities (water, sanitation, safety, etc)	D	6	200.0	4	100.00	4,800.00
	Cost of sanitary supplies, drinking water for children, cleaning months X 6 CFS	g material	s, safety of	play ma	aterials and	premises,	etc = \$ 200 X 4
2.5	Training meals/drinks for 70 caregivers and CB-CPNs	D	70	10.00	5	100.00	3,500.00

	Training meals and drinks = \$ 10 X 5 days X 70 pax						
2.6	Venue hire for 4 trainings	D	4	50.00	5	100.00	1,000.00
	hall hire= \$ 50 X 4 training X 5 days						
2.7	Training stationery for 4 trainings	D	4	200.0	1	100.00	800.00
	Training supplies include pens, markers, flip charts, rim of paper trainings	rs, han	dout printin	g, etc. L	ump sum pe	er training=	\$ 200 X 4
2.8	Stipends for PSS Facilitators	D	12	100.0	4	100.00	4,800.00
	PSS Facilitators run daily PSS activities in the community and in pax X 4 months	n CFS	and care fo	r childre	en. Wages=	\$ 100 per F	acilitator X 12
	Section Total						32,700.00
Equipr	ment						
3.1	Vehicle hire for facilitating CP project activities	D	1	100.0	120	100.00	12,000.00
	Cost of vehicle hire outside Juba= \$ 100 per day = 100 X 30 day	ys X 4	months				
3.2	Purchase of 2 desktop computers for Program and Finance	D	2	700.0 0	1	100.00	1,400.00
	Cost of desktop purchase and transport = \$ 700 X 2 pieces						
3.3	Addition of solar panel and battery for Juba Office's power supply	D	2	500.0 0	1	100.00	1,000.00
	Cost of solar panel and battery= \$ 500 X 2 pieces						
	Section Total						14,400.00
Travel	·						
5.1	Air tickets for 2 program officers' visit to Awerial every month	D	2	400.0 0	4	100.00	3,200.00
	Cost of 2-way air ticket= \$ 400 X 2 pax X 4 months						
5.2	Air tickets for 4 project officers' training travel to Juba	D	4	400.0 0	1	100.00	1,600.00
	Cost of 2-way air ticket = \$ 400 X 4 pax						
5.3	DSA and accomodation for 2 program officers outside Juba for 5 days in 4 months	D	2	50.00	20	100.00	2,000.00
	DSA and accommodation cost outside Juba = \$50 X 2 pax X 5	daysX	4 months				
5.4	DSA and accommodation for project officers in Juba for 5 days	D	5	100.0	5	100.00	2,500.00
	DSA and accommodation in Juba = \$ 100 X 4 pax X 5 days						
	Section Total						9,300.00
Genera	al Operating and Other Direct Costs						
7.1	Maintenance of vehicle and motor cylces	D	1	400.0 0	4	100.00	1,600.00
	Cost of maintenance (lump sum) = \$ 400 per month X 4 months	3					
7.2	Fuel for vehicle and motor cycles	D	300	2.00	4	100.00	2,400.00
	Cost of purchasing and transporting fuel = \$ 2 X 300 Liters X 4 I	months					
7.3	Office rent in Awerial	D	1	1,100 .00	4	100.00	4,400.00
	Cost sharing for humanitarian hub = \$ 1100 (for 4 pax resident/o	office) .	X 4 months				
7.4	Office stationery for program and finance	D	1	200.0	4	100.00	800.00
	Stationery include cartridge, rim of papers, box files, pens, note stationery= \$ 200 per month X 4 months	books	envelopes	, tapes,	cleaning ma	aterials, etc	. Lump sum for
7.5	Internet bills contribution for Mingkaman Offices	D	1	250.0 0	4	100.00	1,000.00
	Internet bills/ bundles per month = \$ 250 X X 4 months	-					

7.0	Atotion and to for Cold and					_		0 5 00		100.00	400.00
7.6	Airtime units for field com			,		D		8 5.00	4	100.00	160.00
	Air time units for 8 staff =			ns		_		0 50 00		100.00	100.00
7.7	Website and finance syste					D		2 50.00	4	100.00	400.00
	Cost of system maintenar		system	is X 4 mon							
7.8	Bank charges and miscell	aneous				D		1 310.0	4	100.00	1,240.00
	Lump sum charges from b	oank and other	rs=\$31	10 per mor	nth X 4	months	3				
	Section Total										12,000.00
SubTotal	l						569.0	0			100,000.00
Direct											90,400.00
Support											9,600.00
PSC Cost	t										
PSC Cost	t Percent										
PSC Amo	ount										0.00
Total Cos	st										100,000.00
Grand To	otal CHF Cost										100,000.0
Project L	ocations										
	Location	Estimated percentage	Estim	ated num	ber of I		ciaries		Act	ivity Name	
		of budget for each		ioi ca	on loca						
		location									
			Men	Women	Boys	Girls	Total				
											ations for 100
Lakes ->	Awerial	100	40	70	960	960	2,030	Activity 1.	1.1 : Condu	ct tracing ac	CHOIS IOI TOO
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Lakes ->	Awerial	100	40	70	960	960	2,030	UASC act families/ca Activity 1. verified U/families/ca	ive cases to aregivers 1.2 : Provid ASC cases aregivers	o locate their	r on for 100
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Lakes ->	Awerial	100	40	70	960	960		UASC act families/ca Activity 1. verified U/families/ca Activity 1. referrals/tr agencies/ca Activity 1. for the 100 appropriate temporary basis Activity 1. and cases Activity 1. basic serv vulnerable system Activity 1. preventior affected chenironme Activity 2. children the methodological activity 3. children the methodolog	ive cases to aregivers 1.2: Provid ASC cases are givers 1.3: Facilità ransfers for changed lor 2.1: Condu 0 UASC act tely services or care monit 2.2: Condu a closure for 3.1: Provid or of family s hildren with tent 1.1: Provid trough compagies and are given ar	e reunification with their sate and man 10 UASC recations control to the cate and so provided the cases are an area as a case as a c	ron for 100  lage case eccived from  follow up visits not report horough weekly/monthly tion follow upsed UASC upport and othe remely lamily based care as messages on 200 conflict based ces to 1000 ed PSS chools,
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Lakes ->	Awerial	100	40	70	960	960		UASC act families/ca Activity 1. verified U/families/ca Activity 1. referrals/tr agencies/ca Activity 1. for the 100 appropriate temporary basis Activity 1. and cases Activity 1. basic serv vulnerable system Activity 1. preventior affected cherches, peer outre Activity 2. children the methodoloc churches, peer outre Activity 2. children the (non-command continuation) and continuation of the case of the continuation of the case of the continuation of the case	ive cases to aregivers 1.2: Provid ASC cases are givers 1.3: Facilità ransfers for changed lor 2.1: Condu 0 UASC act tely services or care monit 2.2: Condu 6 closure for 3.1: Provid 7 cast tely services to 20 le situations 3.2: Provid 1.1: Provid	e reunification with their sate and man 10 UASC recations ct at least 3 ive cases are sprovided the oring on a vector reintegrate 100 reunifice material separation to in a family be PSS servimunity based PSS servimunity centre e PSS servimunity c	ron for 100  lage case eceived from  follow up visits of report follow upset land other remely lamily based care as messages on 200 conflict lased  ces to 1000 ad PSS chools, ters, peer-to-ces to 500 pace activities olies)  uniding training ship parents and
Lakes ->	Awerial	100	40	70	960	960		UASC act families/ca Activity 1. verified U/verified U/	ive cases to aregivers 1.2: Provid ASC cases are givers 1.3: Facilita ransfers for changed loc 2.1: Condu 0 UASC act tely services or care monit 2.2: Condu a closure for 3.1: Provid rices to 20 Le situations 3.2: Provid a rof family shildren with ent 1.1: Provid rough composition of family shildren with ent 1.2: Provid rough Children with ent 1.3: Provid rough Children with ent 1.4: Prov	e reunification with their with their with their wate and man 10 UASC recations control to the cations and control to the cations control to the cation cations cations control to the cations c	ron for 100  lage case eccived from  follow up visits of report and report and other remely are last of 200 conflict based case to 1000 and PSS chools, ters, peer-to-ces to 500 pace activities of parents and chosocial are last on the last of the