

Standard Operating Procedures

Preventing of and responding to protection issues in South Sudan

Version: December 2019

Content

1.	Introduction	2
1.1.	Purpose and scope	2
1.2.	Context and rough overview of the needs	2
1.3.	Legal framework	3
2.	Definitions and Guiding Principles	5
2.1	Definitions	4
2.2	Guiding Principles for Protection	7
2.3	Guidelines and policies	6
2.4	Dissemination and revision	8
3.	Roles and responsibilities	9
3.1	Role of Help a Child	9
3.2	Engaging community members, families and children	10
3.3	Engaging protection services	11
4.	Case management steps	12
4.1	Basic principles for case management	11
4.2	Identifying protection issues and making referrals	11
4.3	The steps of case management	12
4.4	The different steps	13
4.4.1	Identification	13
4.4.2	Basic assessment and registration	13
4.4.3	Follow-up Assessment – Case planning and implementation	14
4.4.4	Follow up, review and case-closure	15
5.	Case Management Guidelines	16
5.1	Cases: symptoms, assessment questions and referral options	16
5.2	Information management	18
6.	Reference Documents	19
7.	Annexes	19

1. Introduction

1.1 Purpose and scope

The Standard Operating Procedures (SOPs) are guidelines for protection case management processes to have a coordinated, standardized and harmonized approach to prevent and respond to protection issues. In this document, explanations are outlined on what to do in specific individual cases, offering a set of information and procedures.

The process of case management starts with someone recognizing certain symptoms, after which a caseworker or manager can follow a protocol to help the child with his/her needs. However, as every situation is different, these SOPs are 'just' guidelines. As a caseworker or manager it is important to discuss together with your team –and family of the child if appropriate– what is best for a child and make decisions based upon much more than just these SOPs. In addition, it is really stimulated to link with other organizations when responding to child protection concerns. There is need for coordination, collaboration and these SOPs can help with that; providing a clear overview on when it would be beneficial and complementary to link with other relevant and responsible stakeholders. This can be, for example, national authorities, humanitarian agencies, civil society organizations or community leaders. In the end, case management is 'only' a smaller system within the family– and community system to protect children.

These Standard Operating Procedures focus on the protection concerns of children. However, concerns with family members, neighbors and friends also impact children, which means that these concerns and risks need to be taken into account as well.

1.2 Context and rough overview of the needs

These SOPs have been developed for South Sudan; a country in which Help a Child has been working since 2010. Help a Child works in different regions in South Sudan, but commonalities across these different regions are that people are in need of protection, prevention of abuses, promotion of awareness, response to cases. According to the Humanitarian Needs Overview 2020, In total, nearly 7.5 million people are in need of some type of humanitarian assistance or protection. It is due to years of violent conflict, protracted crisis and inter-ethnic conflict that people are often displaced and have many psychosocial needs caused by having only one meal a day till witnessing or even directly being exposed to violence.

To sum up some of the needs: nearly 54 per cent of the population were acutely food insecure in August 2019 and 44 per cent of the population are at risk of communicable and non-communicable diseases. Up to 900,000 children are afflicted with psychological

trauma as a result of witnessing violence or experiencing it directly. Moreover, in some counties, only one in four children goes to school. These are all numbers mentioned in the most recent Humanitarian Needs Overview.

In Wau and Jur River Counties, we are responsible for providing protection. At community level Child Friendly Spaces have been established, and projects such as What's Up People, What's Up Children, and What's up Ladies are running successfully. These are group based tools, developed by Help a Child. Different tools engage with different groups of people, and all groups may face protection issues, and can learn that and how they can prevent and respond. Goal: it helps people to get back a bit of control of happenings around them. It is very participatory, so they will be active. Some groups need a bit more support, either because something did happen to them already or they are more at risk than others or have difficulty coping with the situation.

Moreover, teachers are trained and Child Protection Committees have been established with influential community members and other adults who take some extra responsibility to ensure the protection of the children in their community; mentoring the wellbeing of children, identifying problems, help families in dealing with problems and referring cases when needed. Moreover, general protection sensitizing is really breaking ground. The latter because of engaging with local drama groups, community leaders and other actors such as teachers and parents as well.

1.3 Legal framework

For Help a Child staff, in particularly the Protection Coordinator, it is important to have basic knowledge of the national and international framework as well as the traditional system.

Amongst others, the SOPs are aligned to the South Sudan Child Act that upon call all actors to play an important role in ensuring protection of children. Article 21 stipulates prohibition of all forms of violence against children. Among the areas highlighted are corporal punishment and child marriage. It is important to have a copy of the South Sudan Child Act in close reach, for example have it in the office.

These SOPs are also developed within the framework of the Universal Declaration of Human Rights, the African Charter on Human and People Rights and the Convention of the Rights of the Child (CRC). Three key legal instruments defining child protection and to be used against all forms of violence, abuse, exploitation and neglect. Few examples related to child protection in the South Sudan context are:

- The right of the child to have his or her best interests taken as a primary consideration CRC Article 14
- Protection from child labour – CRC Article 32
- Protection from forced and under-age marriage – CRC Articles 24.3, 16.2.
- Rights of children with disabilities – CRC Articles 23.1, 23.2, 23.3, 23.4
- Rights of Children Associated with Armed Groups or forces – CRC Article 38
- Rights of unaccompanied and separated children- CRC Articles 10, 20, 21

2. Definitions and guiding principles

2.1 Definitions

Key concept for Case Management	Definition
Alternative care	The care provided for children by those who are not their biological parents, like foster-parents, small-scale family homes, etc.
Caregiver	The person providing daily care to a child, without necessarily implying legal responsibility.
Case conference	A case conference is not something regular but can be done in case of a complex case. A case can be discussed by the team of Help a Child, and also this meeting can be used to link with other organizations to discuss together what is in best interest of the child.
Case management	The process of addressing a child's needs in an appropriate, systematic and timely manner. These processes include identification, assessment, planning, implementation, review and closure. Direct support can be offered as well linking with other organizations. Monitoring and coordination remains part of case management.
Case management meetings	Regular meetings among caseworkers, supervisors and managers of Help a Child to review caseloads and discuss cases anonymously. Learn from common experiences and look at the progress made.
Case worker	The social worker in charge from identification to case closure.
Children Associated with an Armed Force or Armed Group	Any child who is/was recruited or used by an armed force or armed group.
Child protection	The prevention of and response to abuse, neglect, exploitation, and violence affecting children.

Child trafficking	The recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation.
Child survivor	Any person under the age of 18 who has experienced any form of Gender Based Violence.
Follow up	Check whether planned actions in a case have been implemented.
Foster Care	Temporary placing a child with another family, as the child cannot live with their own parents. The family has been prepared and authorized to provide care. The family will be supervised and supported, for example by the probation officer or family court.
Gender Based Violence	A harmful act against a person's will, based on socially ascribed (i.e. gender) differences between males and females. Human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices, including forced, early marriage.
Informed Consent	Agreement of an individual who has the capacity to give consent, after provision of the needed information. Consent should be sought from children and their families/caregivers prior to providing services.
Kinship Care	Family-based care within the child's extended family or with close friends of the family known to the child.
Monitoring	Regular activities such as home visits and weekly meetings to verify that a person's situation is stable and progressing positively.
Psychosocial Support	Support to build a child's resilience through addressing the psychological, emotional, and social needs of the child. This is achieved through the care and support offered by family members, caregivers, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialized services and professionals.
Referral	Linking with another organization to request their service. There are established procedures for this. Caseworkers maintain overall responsibility for the case regardless of referrals.

Unaccompanied Children / Unaccompanied Minors	Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.
Vulnerability	Children who face increased risk due to physical, social, economic, family, and environmental factors.

2.2 Guiding Principles for Protection

Protection is about reducing the risk of being harmed; instead promoting the safety, equal access and dignity of people involved. Mitigating risks for abuse, neglect, exploitation and violence against people affected by crisis and reinforcing people's resilience.

Within the humanitarian sector, there are the Sphere Protection Principles¹ to ensure that risks and benefits are considered in humanitarian programs:

- Avoid exposing people to further harm as a result of your actions – Do No Harm.
- Ensure people's access to impartial assistance – in proportion to need and without discrimination.
- Protect people from physical and psychological harm arising from violence and coercion.
- Assist people to claim their rights, access available remedies and recover from the effects of abuse.

In short, protection mainstreaming is promoting safety, access and dignity of people involved in a humanitarian program. This means that there is need for preventing harm – violence, exploitation, deprivation or discrimination– but also to respond to protection concerns such as the ones just mentioned before. It is about being aware of the risks and challenges involved in for instance cash-programming and subsequently mitigating these risks.

2.3 Guidelines and policies

There are several international accepted guidelines which have been developed for humanitarian actors in humanitarian crisis. The following are connected to Protection:

- UNICEF Guidelines on community based mental health and psychosocial support in humanitarian settings (2018)
- IASC Minimum Operating Standards for Protection from Sexual Exploitation and Abuse (2015)

¹ <https://www.developmentbookshelf.com/doi/full/10.3362/9781908176707.003>

- IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (2015)
- IASC Guidelines for Case Management Child Protection (2014)
- Minimum Standards for Child Protection in Humanitarian Action (CPWG, 2019)

2.4 Dissemination and revision

The Help a Child Country Director of South Sudan is responsible for sharing these SOPs with their staff and for making sure that everyone understands why we have SOPs and how they work. Altogether, the whole team is responsible for ensuring the implementation of these SOPs.

Information on the protection services in the area will change over time. That is why it is important to review these SOPs at an annual basis.

3. Roles and responsibilities

First and foremost, national authorities are responsible for child protection services and should be held responsible for this. However, international organisations as well as local organizations should complement and support national authorities where necessary to ensure the protection of children. If possible, child protection should be coordinated on country-level, for example by a Child Protection Coordination Group as well as the education clusters at national level. In addition to this, there should be working groups and child protection-, education-, gender based violence- and other clusters at state level. Help a Child should try to be actively involved in the existing Child Protection structures, for example by joining the Child Protection meetings, as well as meetings on Sexual and Gender-Based violence, Education and Mental Health and Psychosocial Support coordination meetings. Within Help a Child, there should be a focal point person identified to take on this role. Part of this role is also to strengthen working relationships with authorities, sign formal agreements between parties for cooperation, and do capacity building and support.

3.1 Role of Help a Child

At an **organizational level**, Help a Child has the responsibility to ensure all staff is aware of the internal child safeguarding policies and the code of conduct of Help a Child and has the responsibility to immediately take action in case this code has been breached.

Secondly, Help a Child should ensure that staff has the skills and capacity they need to prevent and respond to protection issues regarding children. Assessments can be done to find out 1) the skills of staff and areas that need improvement, and 2) when follow up for certain topics is needed. Capacity building could, for example, be around child protection, child development, confidentiality principles as well as principles of informed consent and Do no harm.

A **supervisor** should keep overview, assigning cases to caseworkers, and support caseworkers where needed. For example with arranging case conferences for the very complex cases. In addition, managers should ensure adherence to best practices by monitoring all aspects of case management services. Last but not least, managers are

responsible for ensuring access to material- and logistical support, on-the-job-training and support to cope with stress.

Ideally, a supervisor has up to six caseworkers which they support, and caseworkers have max twenty-five people at the time whom they assist. However, the amount of cases is highly flexible, depending on the complexity of cases.

Case workers are in close contact with the children and their families, and maintain overall responsibility for the individual cases; following up from identification through to closure of cases or to transfer of cases. They should adhere to best practices and safeguard documentation of the case files.

3.2 Engaging community members, families and children

In the prevention of risks as well as in the response, community members, families and children themselves have a key role in child protection. They can be part of identification, prevention and response. Think, for example, of youth groups when a teenager feels lonely, Music, dance, and drama groups in the community can help a lot.. Or a woman whose husband died, she can feel really supported by other mothers in the Mothers Union of the Church, etc. A community can do a lot to support people who have small or big problems. Local groups can be of enormous value when used well. Help a Child can be supportive to this by knowing these groups and linking people to these groups when appropriate, and also build capacity in psychosocial support and protection to important people of those groups± church leaders, women leaders, youth leaders, teachers, etc.

Within a community, different groups can contribute to making a community more safe. Think off church groups, youth groups, women union ,teachers, etc. These are all groups of people who together can think of ways to make a community more safe as well as ways to report to, for example, parents, teachers or community leaders, when something seems not okay.

Besides these different groups, there is also a well-known mechanism for prevention as well as response are the so-called Child Protection Committees. These are organized community groups who can promote positive values, attitudes and behaviors, and who know what to do when a child protection issue is reported. They have been trained in child protection by Child Protection agencies They play a role in mobilization and creating awareness to the community on child protection and the importance of reporting cases. In the end, everyone –engaged in these Child Protection Committees or not– has an important role in identifying vulnerable children and referring them to child protection actors.

Family-members and caregivers have a crucial role in both prevention as well as response to child protection issues. However, it might be that family-members are the reason of a child protection concern. A thorough problem-analysis needs to take place, before engaging family members in the solution. Caseworkers need to be careful not to put the child to further harm in such cases.

3.3 Engaging protection services

Organizations have their strengths and focus-areas, which means that they cannot do everything. Sometimes, Help a Child needs to link with other organizations to ensure that a child receives support as fast as possible. We do 'community and actors mapping' so that we can easily link with other organizations in the area, and we can adapt these documents when crucial changes are made. Adaptation of the SOPs should happen at a yearly basis.

Important is that this community and actors mapping is very handy to use, and all case-workers should easily know how to work with the SOPs. Meaning that case-workers can easily link certain symptoms with specific protection issues, after which the SOPs outline what should happen next. Amongst others, this could mean that there will be need for linking with health services, protection staff, community leaders, etc.

4. Case management steps

4.1 Basic principles for case management

- Respect someone's rights, needs, dignity, capacity, resilience and wishes
- Empower the other
- Involve the other
- Inform someone on all possible choices and options
- Listen and care for the other
- Ensure consent and confidentiality
- Always act in the best interest of the person.
- Do not discriminate

4.2 Identifying protection issues and making referrals

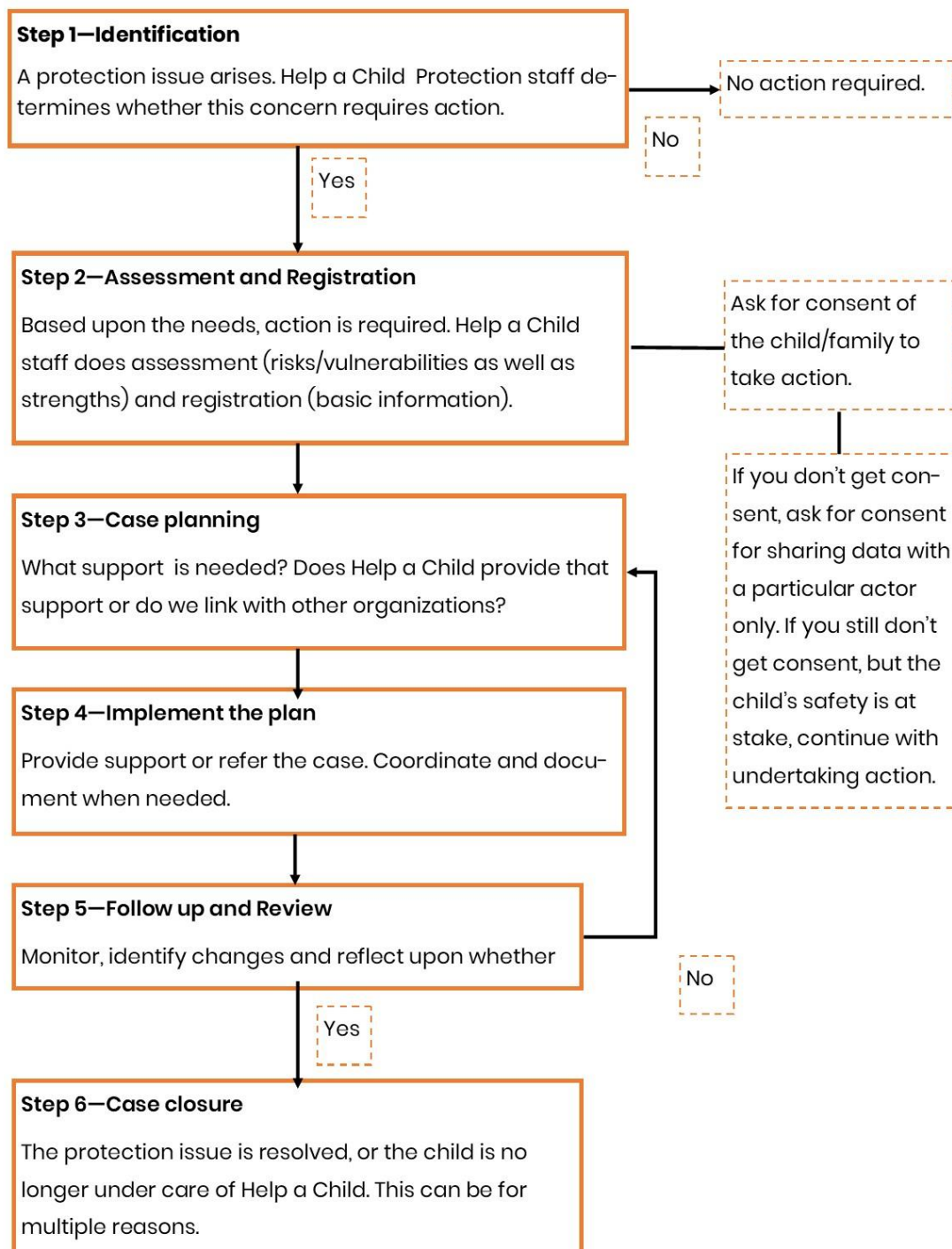
One of the first steps in the process of protection is that people in a community should be aware of their rights and how they can ask support when they feel their rights, or the rights of someone else, is being violated. People should know how they can ask for support of protection services available in the context.

In identifying problems and in making referrals, everyone in a community can play a role. Starting with children. Children can refer themselves, or they can be referred by family-members, or community members. Referrals can go to both formal as well as non-formal services. An example of formal assistance is case-management; focusing on the needs of an individual child and their family. Through case-management, problems of children can be addressed in an appropriate, systematic and timely manner. Help a Child can support a child in many ways, but it could also link with other organizations. Organizations should work together to address the needs of children, as well as others in the community. Organizations all have their focus-areas and specialty, and it would be good if organizations increasingly make use of each other's expertise. To realize this, connections amongst organisations are important as well as clear overviews on what every organization does or does not do.

A whole range of different issues can be addressed through case management, however, these SOPs focus on protection issues.

4.3 The steps of case management

In the following diagram, the steps of 'case management' become clear. These are the steps specific to the Protection Help a Child's team in South Sudan.



4.4 The different steps

4.4.1 Identification

In case you are worried about a child or adult, you have to determine whether or not there is need for case management or another form of assistance. You can discuss this with the child and preferably also with the parents/caregiver. You sit together and you ask questions to assess his/her vulnerability and the risk that he/she might run at the moment.

Main questions:

- Is the child currently safe to go home?
- Is the child under care of family/caregiver?
- Did the child/adult receive services already? In the past or at the moment?
- Is the child/adult already enrolled in certain programs related to the issue?

Interview tips

- Introduce yourself and tell a bit about your role in Help a Child. This can help in building trust and making people feel more at ease.
- Take time to explain the purpose of any interview or meeting.
- Explain all steps of the process. Be honest and give complete information to a child and his/her caregiver about the available services and options.
- Never make false promises or create expectations you cannot meet.
- Never say anything that is not true.
- Explain that there are no right or wrong answers when a question is being asked.
- At the end of the conversation, explain what the next steps will be, and when you will meet again.
- Ask whether the person has any questions.
- End a conversation on a positive note, for example with a compliment.
- Sometimes choose to sit without the child's family or caregivers.

4.4.2 Basic assessment and registration

In case you agree that the person has a protection issue that needs follow-up, you gather basic data, and you document this. At this stage, it does not matter whether you take on the case as Help a Child or you refer to another organization working in the area. However, it is important that the child and/or family gives consent to accept that Help a Child will take action, to document important information, and to share information with other organizations when needed. Sometimes you do not get the consent to share data. You can explain clearly what data will be shared and with whom. If you still do not get consent, then you have to consider whether a child's safety is at risk and you simply have to continue with

the process, or that the safety of a child is not at risk. In that case, you have to respect someone's wishes to stop the process.

The registration form can be used to collect basic data (see annex):

- Name, age and sex
- Family/caregiver: who the child is living with or staying with (if anyone)
- Where the child is currently staying and contact details
- Date and location where they are registered
- Initial protection concerns/needs

4.4.3 Follow-up Assessment – Case planning and implementation

At this stage, you either hand-over the case to another organization (you make a referral), or you take on the case as Help a Child. In case Help a Child keeps the case, you should do an assessment to analyze the protection risks of the person, the concerns, strengths, resources, protective factors, etc:

- Basic demographic information
- Current care arrangements
- The child's social and family relations
- Psychosocial wellbeing
- Access to education and/or vocation training
- Basic health, nutritional status
- Access to water, etc.

You might have already known some of this information, for example because you know a child already, or you learned the information from doing the basic registration.

In addition, the assessment should determine:

- If the child is or has been exposed to or is at risk of violence, abuse, exploitation and/or neglect;
- The type of violence and if possible, the reasons;
- Any actions that the child, their caregivers or others have taken to protect the child.

(For separated and unaccompanied children, the assessment should also identify if the child needs family tracing and/or alternative care.)

Please see the Assessment Form in the Annex.

Immediate risk

If Help a Child staff notices that a child is in immediate risk, there should be timely response. Immediately the threat to the child should be mitigated, action needs to be taken within two days, and follow up with the child should be done twice a week at least. In all cases, immediate psychosocial support to the child and his/her family should be provided as well

as support with referring to the services that are needed. After that, follow up and close monitoring is of utmost importance.

High priority cases requiring urgent action include: unaccompanied children, children in detention, children with immediate safety- or health risks. In case of a health issue, the child should be referred to medical care as soon as possible. You can try to contact a child's caregiver but in case that is too time-consuming, you can also accompany the child yourself to a healthcare worker. In the meantime, you could continue reaching out to family of the child, possibly through phone. After the event, please report to your manager.

For children whose case is not so immediate,, a child should receive a response within maximum of ten days. This is also depending on whether a child has caring parents or some responsible caregivers around. The child is being protected during the next days and is currently not at high risk of danger, injury or death. Of course, response should still be as fast as possible.

4.4.4 Follow up, review and case-closure

Follow-up meetings as well as review meetings have the purpose to monitor and identify any changes. Furthermore, during these meetings it should become clear how implementation is going. Is it in line with the case plan? How is the team going time-wise?

If the case plan was implemented successfully, the case can be closed. If not, the case plan should be revised.

There are also other reasons for closing a case, for example when the child is safe again, or when a child moves to another area. No case can be closed by a case worker without consultation and authorization by the case manager. After that, the child and the family need to be informed very clearly about this decision. The case information should be protected and confidential for in case the it needs to be reopened.

Please see the Follow-up Form in the Annex, as well as the case-closure form.

5. Case Management Guidelines

In this paragraph, steps are outlined to explain what can or should be done when you recognize certain symptoms with a child or when you hear specific protection concerns from others. The list of symptoms help you to see what protection issue might be linked to certain symptoms. Every case is unique and there is always an entire context to take into account. Thorough assessment remains important: Why does a child have particular symptoms? What protection issues do these symptoms refer to? It is also the reason why case management meetings are important. You can use the list of symptoms to come up with a first diagnoses, but then you should take time together as protection officers to reflect and discuss amongst each other. Never rush to determine the case. Also, symptoms can be linked to more than one protection issue.

5.1 Symptoms, assessment questions and referral options specific to a case

Annex 3 can be used by caseworkers to recognize specific protection issues such as physical abuse, sexual abuse, emotional abuse, neglect, etc. The annex shows various protection issues and the symptoms that come with it.

Although Help a Child is responsible for all child protection-cases and issues, this doesn't mean we should do everything ourselves. In many cases we can link with or refer to other organizations. Still, we always monitor and pay close attention. In Annex 3, referral options for each specific case are given.

Below we repeat the basic steps and assessment questions for all cases. After the general procedure of identification, assessment, registration (and consent), a case planning can be made if a protection issue is indeed identified.

Basic assesment questions

- Name, age and sex
- Family/caregiver: who the child is living with or staying with (if anyone)
- Where the child is currently staying and contact details
- Date and location where they are registered
- Initial protection concerns/needs

5.2 Information management

There should be lockers available to keep case files safe. Only authorized staff should have access to these files. If possible, next to the paper systems, electronic systems should be used to manage cases. Case file management (hard copy and electronic) need to be governed by a data protection and information-sharing protocol, and staff should know about these policies for information-sharing and the criteria on what information should and should not be shared. Information should only be shared on a strictly need-to-know basis.

6. Reference Documents

- African Charter on Human and Peoples Rights (1986)
- CPWG Minimum Standards for Child Protection in Humanitarian Action (2019)
- Global Protection Cluster. Protection Mainstreaming Toolkit (2017)
- IASC Guidelines for Case Management Child Protection (2014)
- IASC Minimum Operating Standards for Protection from Sexual Exploitation and Abuse (2015)
- IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (2015)
- IASC Policy on protection in humanitarian action (2016)
- IASC Inter-Agency Referral Form and Guidance Note (2017)
- Milanović, Perišić and Milić, Migrant. Standard Operating Procedures Protection of Refugee and Migrant Children (2016)
- National Council for Family Affairs (NCFA), the Child Protection and GBV sub-Working Groups. Inter-Agency Emergency Standard Operating Procedures for Prevention of and Response to Gender-Based Violence and Child Protection in Jordan (2013)
- OCHA Humanitarian Needs Overview South Sudan, (November 2019)
- Sphere Association. The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, fourth edition, Geneva, Switzerland (2018)
- UNICEF Guidelines on community based mental health and psychosocial support in humanitarian settings (2018)

7. Annexes

The following annexes are also available in separate files.

Annex 1 Case Management Forms

Annex 1.1 Registration form

Annex 1.2 Assessment form

Annex 1.3 Follow-up form

Annex 1.4 Case closure form

Annex 1.5 Referral form

Annex 1.6 Community mapping form

Annex 2 Flow Chart Child Protection Case Management

Annex 3 Symptoms, assessment questions & referral options per case

Annex 4 Map of (Community) Protection Services

Annex 1.1 Registration form

Registration form	
Registration Date and Location	
Personal Information Full Name: Sex: Male / Female Age: Date of Birth: Place of Birth:	
Contact details Address: Previous address if displaced: Contact details of child and/or caregiver:	
Home situation Names of the parents: Name of other caregiver: Names of other children in the house:	

Annex 1.2 Assessment form

Assesment form	
Date and Location:	
Names of everyone in the interview:	
<p>Explain to the child the reasoner the interview and ask for consent to share the information when follow-up or referral is needed. Did the child give consent? if no, but it is in the child's best interest to receive life-saving care, still follow-up on the information given.</p>	
Is the child currently safe?	<p>If no, action points:</p> <p>Referral to</p> <p>Child will be accompanied by</p>
What are the concerns? For example: Protection concerns Lack of shelter Wishes for family tracing Medical concerns Feeling extremely sad / self-suicidal (Sexual) abuse	
Is the child taking any medications? If so, which?	
How is the child's wellbeing and overall happiness?	
Does the child sleep/eat well?	
Does the child has someone to talk to about their problems?	
Is the child going to school, and if not, why not?	
Other information/observations?	
Has the child already reported his/her concerns to other people or organizations, and what action was taken?	

ACTION POINTS	<p>What?</p> <p>Where and when?</p> <p>Who is responsible?</p> <p>Other people involved? (Family/other actors).</p>
If referral is needed:	<p>What service ?</p> <p>Name contact-person:</p> <p>In summary the reason for referral:</p>
Next meeting, if needed:	
<p>Name of Help a Child staff member:</p> <p>Signature:</p>	

Annex 1.3 Follow-up form

Follow-up form	
Date and Location of the following-up meeting:	
Follow-up on which child?	
Who else is in the meeting?	
What action needed to be taken, and has this been achieved?	
Any progress/observations relevant to mention?	
NEW ACTION POINTS:	What? Where and when? Who is responsible? Other people involved? (Family/other actors).
If referral is needed:	What service ? Name contact-person: In summary the reason for referral:
Next meeting, if needed:	
Name of Help a Child staff member:	
Signature:	

Annex 1.4 Case closure form

Case closure form	
Date and Location:	
Case-closure of which child?	
Reason for closure? Moved/died/no longer willing to participate/referred to other services/no need for more meetings.	
Do the child and his/her caregivers feel that progress has been made?	
Do the child and his/her caregivers know who to contact in case of urgent concerns?	
Is everyone who was involved aware of this case-closure?	
Name of Help a Child staff member: Signature:	

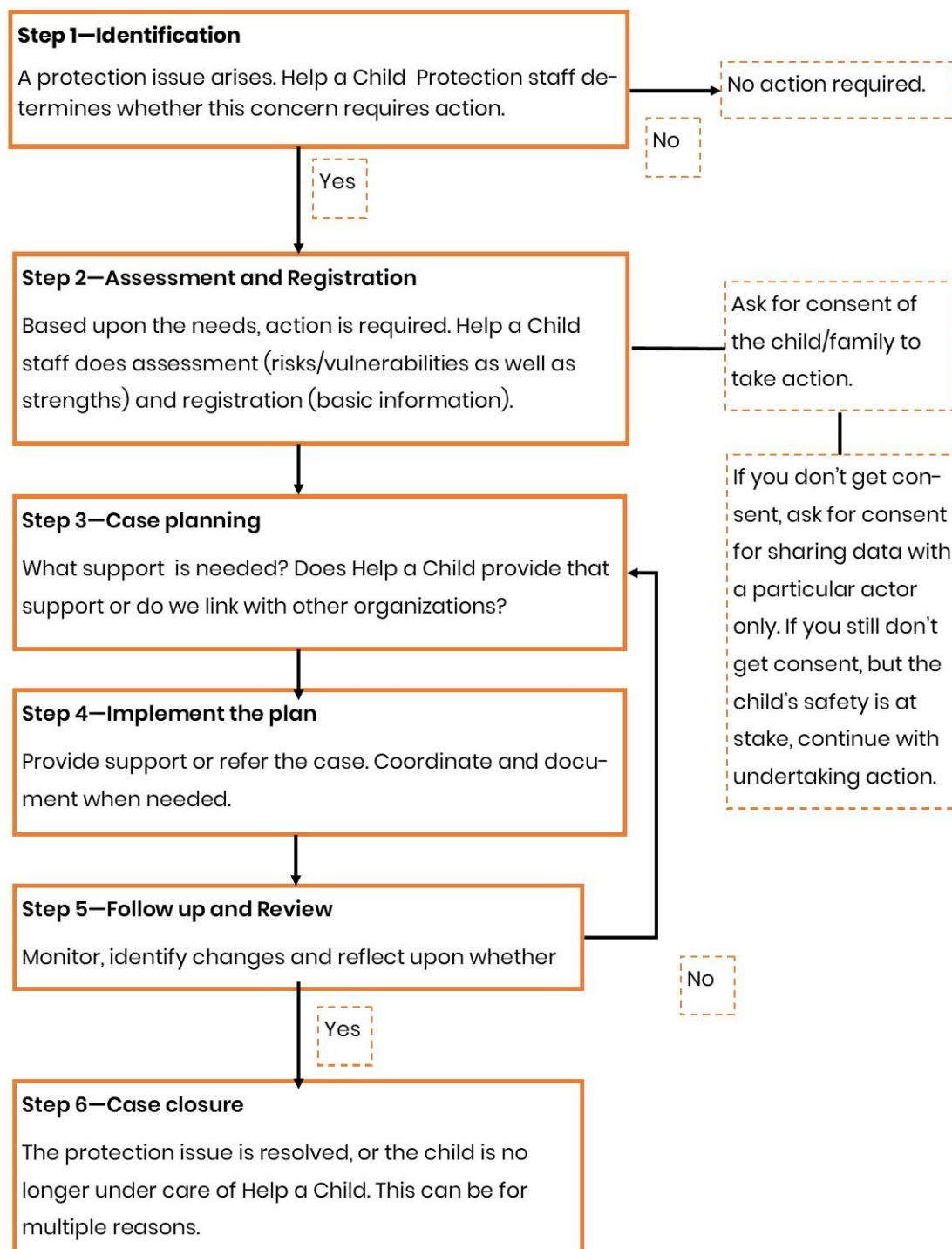
Annex 1.5 Referral form

Referral form	
Date and Location:	
Name of the child being referred:	
Contact details of the child:	
Contact details of parents/caregivers:	
Referral to which service?	
Contact person for this service?	
What is the reason for the referral?	
Name of Help a Child staff member: Signature:	

Annex 1.6 Community mapping form

Community mapping form				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
Police				
Primary health care center (PHCC)				
Government Services				
Probation office				
Community Development office				
Social workers attached to the ministry of gender, child and social development				
NGOs/CBOs:				
For example: Dorcas				
Community Services				
Chief				
Child Protection Committee				
Church				
Women's Union				
Youth group				
School				

Annex 2 Flow Chart for Child Protection Case Management





PHYSICAL ABUSE

Symptoms



- | | |
|---|--|
| <input type="checkbox"/> (Threat to) injury | <input type="checkbox"/> Signs of dangerous and reckless behavior |
| <input type="checkbox"/> Swollen | <input type="checkbox"/> Poor explanation of the cause of injuries |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Harmful traditional practices |
| <input type="checkbox"/> Bruises | <input type="checkbox"/> Traditional marks |
| <input type="checkbox"/> Bites | <input type="checkbox"/> Removal of teeth |
| <input type="checkbox"/> Wounds / burns | <input type="checkbox"/> Female Genital Mutilation (FGM) |
| <input type="checkbox"/> Crying | |
| <input type="checkbox"/> (Excessive) corporate punishment | |
| <input type="checkbox"/> Child is self-harming | |



Assessment questions

- Is the child's life at risk?
- Need for immediate medical services?
- Under whose care is the child?
- Is the abuse within the family?
- What is the attitude/involvement of the caregiver?
- What has the psychosocial impact been on the child?
- What is the severity, location, frequency and risk of the abuse and potentially further abuse?
- Are other children at risk as well?



SEXUAL ABUSE

Symptoms



- | | |
|---|--|
| <input type="checkbox"/> Sexual contact between a child and an adult | <input type="checkbox"/> Sexual transmitted diseases |
| <input type="checkbox"/> A young child with a lot of knowledge in sexual issues | <input type="checkbox"/> Difficulties with emotions (sad, overly affectionate, shy, crying, depressed) |
| <input type="checkbox"/> Sexualized behaviour of a young child | <input type="checkbox"/> Lack of trust / withdrawn |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Fear of certain people / physical intimacy |
| <input type="checkbox"/> Pain when sitting down and standing up | <input type="checkbox"/> Fear of closed doors / bathing/ the dark |
| <input type="checkbox"/> Early pregnancy | <input type="checkbox"/> Signs of panic |



Assessment questions

- Is the child's life at risk?
- Need for immediate medical services?
- Under whose care is the child?
- Is the abuse within the family or has it a strong family network who should be involved for support?
- What is the attitude/involvement of the caregiver?
- What has the psychosocial impact been on the child?
- What is the severity, location, frequency and risk of the abuse and potentially further abuse?
- Are other children at risk as well?

Actions within Help a Child



- ✓ Ensure safety and security. If the child is not safe at home, link with an organization searching for alternative care arrangements.
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Ensure a way for the child to contact the caseworker in the event of an emergency or in further needs. Provide phone and emergency numbers.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child.
- ✓ If appropriate, arrange accommodation, cash assistance, or transport to a safe location.
- ✓ Awareness raising on the consequence of harmful traditional practices.
- ✓ Follow up with home visits and family counselling.
- ✓ What's up Children
- ✓ What's Up Ladies
- ✓ Build your own Buddy



Linking possibilities

- An organisation working on safe alternative accommodation.
- Health services
- Psychosocial support
- Counselling for the parents/teachers/school staff on the negative impact of physical harm against the child
- Legal counselling and assistance in case the child wants to file a complaint.
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection

Actions within Help a Child



- ✓ Ensure safety and security. If the child is not safe at home, link with an organization searching for alternative care arrangements.
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Ensure a way for the child to contact the caseworker in the event of an emergency or in further needs. Provide phone and emergency numbers.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child.
- ✓ If appropriate, arrange accommodation, cash assistance, or transport to a safe location.
- ✓ Awareness raising on the consequence of harmful traditional practices.
- ✓ Follow up with home visits and family counselling.
- ✓ What's up Children
- ✓ What's Up Ladies
- ✓ Build your own Buddy



Linking possibilities

- Medical services. Accompany the child and family with their consent.
- Police or other legal service, if the child/parents want to report.
- Psychological care
- An organization searching for alternative care arrangements.
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection



CHILD LABOR

Symptoms



- | | |
|--|---|
| <input type="checkbox"/> (Threat to) send a child to work | <input type="checkbox"/> Involved in commercial sexual relationship |
| <input type="checkbox"/> Tired or ill | <input type="checkbox"/> Over worked / heavy work |
| <input type="checkbox"/> Missing classes or not going to school at all | <input type="checkbox"/> Working at school or sleep hours |
| <input type="checkbox"/> Malnourished | <input type="checkbox"/> Frequently falling sick |
| <input type="checkbox"/> Depressed | |
| <input type="checkbox"/> Physical weakness | |



Assessment questions

- Under whose care is the child?
- Is the abuse within the family?
- What is the attitude/involvement of the caregiver?
- What is the situation of the family?
- Does the child work with close family members?
- What is the severity, location, frequency and risk of the abuse and potentially further abuse?
- Is the child being forced to work?
- Is the child regularly attending school?
- Is the child being exploited by the employer?
- Are other kids at risk as well?



CHILD NEGLECT

Symptoms



- | | |
|--|--|
| <input type="checkbox"/> Poor personal hygiene | <input type="checkbox"/> Lack of supervision |
| <input type="checkbox"/> Tired | <input type="checkbox"/> Inadequate basic care and lack of protection |
| <input type="checkbox"/> Poor clothing | <input type="checkbox"/> Child often left to look after him- or herself. |
| <input type="checkbox"/> Untreated medical problems, injury or illness | <input type="checkbox"/> Child is doing tasks beyond his /her age |
| <input type="checkbox"/> Malnutrition | <input type="checkbox"/> Caregivers who are emotionally distant |
| <input type="checkbox"/> Stealing / hiding food | |
| <input type="checkbox"/> Few social relationships | |
| <input type="checkbox"/> Scavenging | |



Assessment questions

- Is the child's life at risk?
- Need for immediate medical services?
- Under whose care is the child?
- Is there a strong family network who should be involved for support?
- What is the attitude/involvement of the caregiver?
- What has the psychosocial impact of the situation been on the child?
- What is the severity, location, frequency and risk of the neglect and potentially further abuse?
- Are other children at risk as well?

Actions within Help a Child



- ✓ Ensure safety and security
- ✓ Discuss with the child and his/her family whether it is possible to disengage the child from working.
- ✓ If above is not possible, focus on working conditions of the child (think of risks, working hours, kind of work etc.)
- ✓ Counsel on the rights of children, labour law and the risks of working.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling
- ✓ What's Up Children
- ✓ Build your own Buddy



Linking possibilities

- Educational services
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection
- Inform a special police protection unit.

Actions within Help a Child



- ✓ Ensure safety and security. needs protection
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child
- ✓ Follow up with home visits and family counselling
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Build your own Buddy



Linking possibilities

- Health services
- Psychosocial support
- Counselling for the parents/teachers/school staff on the negative impact of physical harm against the child
- Educational services
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection
- Inform a special police protection unit.
- Engagement of community leaders



EMOTIONAL ABUSE

Symptoms



- | | |
|--|---|
| <input type="checkbox"/> Humiliation, belittlement, isolation by a significant carer | <input type="checkbox"/> Difficulties in learning and socializing |
| <input type="checkbox"/> Child is treated differently than other siblings | <input type="checkbox"/> Slow mental and/or emotional development |
| <input type="checkbox"/> Significant carer is negative towards a child | <input type="checkbox"/> Sudden speech disorders |
| <input type="checkbox"/> Witnesses domestic violence | <input type="checkbox"/> Overreaction to mistakes |
| <input type="checkbox"/> Showing emotional distress: withdrawn or aggressive | <input type="checkbox"/> Extreme fear of new situation |
| <input type="checkbox"/> Child is being threatened | <input type="checkbox"/> Attention seeking behavior |
| | <input type="checkbox"/> Loss of appetite |
| | <input type="checkbox"/> Low self-esteem |



Assessment questions

- Is the child's life at risk?
- Need for immediate medical services?
- Under whose care is the child?
- Is the abuse within the family?
- Is there a family network that can be involved for support?
- What is the attitude/involvement of the caregiver?
- What has the psychosocial impact been on the child? Does the child have social interaction with his peer groups?
- What is the severity, location, frequency and risk of the abuse and potentially further abuse?
- Are other children at risk as well?



(UPCOMING) CHILD MARRIAGE

Symptoms



- ☐ A child who is married
- ☐ Dropping out of school
- ☐ Child is abruptly missing
- ☐ Depressed
- ☐ Withdrawn
- ☐ Anxious, nervous
- ☐ Also see case 'sexual abuse'



Assessment questions

- How old is the child?
- Was the marriage forced? By whom, and when?
- How is the girl mentally and physically doing?
- Also see case 'Sexual abuse'

Actions within Help a Child



- ✓ Ensure safety and security.
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Building your own Buddy
- ✓ What's Up Parents
- ✓ What's Up People



Linking possibilities

- Health services
- Psychosocial support
- Counselling for the parents/teachers/school staff on the negative impact of physical harm against the child
- Educational services
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection

Actions within Help a Child



- ✓ Look at the case: 'Sexual abuse'



Linking possibilities

- Look at the case: "Sexual abuse"



PREGNANCY / CARE FOR A CHILD

Symptoms



- ☐ Visible signs of pregnancy
- ☐ Fatigue / exhausted
- ☐ A girl carrying a baby and baby supplies



Assessment questions

- How old is the girl?
- What was the cause of pregnancy?
Rape, sexual exploitation...? Relationship at a young age?
- How is her capacity for self-protection?
- How is her mental state?
- Does she receive support from the father, her family and/or the community?
- What is the health status of the baby?



ECONOMIC ABUSE

Symptoms



- ☐ Denial to economic opportunity and/or inheritance of property



Assessment questions

- What is the attitude/involvement of the caregiver?
- Are other children at risk as well?

Actions within Help a Child



- ✓ Look at the case 'Sexual abuse'



Linking possibilities

- Look at the case 'Sexual abuse'
- Service providers for mother and child care

Actions within Help a Child



- ✓ Link with a social worker, community facilitator or someone of the Child Protection Committee
- ✓ Link to someone working in Child Protection



Linking possibilities

- Legal counselling and assistance in case the child wants to file a complaint.



RELATED TO ARMED GROUPS

Symptoms



- | | |
|--|--|
| <input type="checkbox"/> Child talking about former traumatic events | <input type="checkbox"/> Anxious without saying why |
| <input type="checkbox"/> Difficulty with reintegration | <input type="checkbox"/> Feeling hopeless |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Re-experiencing the past |
| <input type="checkbox"/> Flat emotions | <input type="checkbox"/> Flinching at a sudden sound |
| <input type="checkbox"/> Tics | <input type="checkbox"/> 'status' in the armed forces versus 'nothing' back home |
| <input type="checkbox"/> Unusual behavior | |
| <input type="checkbox"/> Withdrawn | |
| <input type="checkbox"/> Not joining in activities | |



Assessment questions

- Is the child's life at risk?
- Is the child/family accessing support and currently in a safe environment?
- What has the psychosocial impact been on the child? Does the child have social interaction with his peer groups?
- How is the reception of the child back at home?
- Stigmatization?
- Are other children at risk as well?



MENTAL DISTRESS

Symptoms



- | | |
|---|---|
| <input type="checkbox"/> The child has attempted suicide | <input type="checkbox"/> Use of alcohol/drugs |
| <input type="checkbox"/> Suicidal thoughts / tendencies | <input type="checkbox"/> Absent minded/withdrawn |
| <input type="checkbox"/> Marks of self-harming | <input type="checkbox"/> Crying/sad/fearful/anxious/angry |
| <input type="checkbox"/> Child states that he/she hurts him/her self | <input type="checkbox"/> Depressed |
| <input type="checkbox"/> Risky behavior | <input type="checkbox"/> Nightmares, sleeping issues |
| <input type="checkbox"/> Badly communicating | <input type="checkbox"/> Difficulties in social relationships |
| <input type="checkbox"/> Intense violent behavior: breaking things, kicking, throwing | <input type="checkbox"/> Disobeying |
| <input type="checkbox"/> Problems at school | <input type="checkbox"/> Compulsive actions |
| <input type="checkbox"/> Insufficient self-care | <input type="checkbox"/> Screaming |
| | <input type="checkbox"/> Eating problems |



Assessment questions

- Is the child at risk? Determine the immediate level of risk, and refer as soon as possible to psychological support.
- Is the care-taker coping and supporting the child in a good manner?
- Are other children at risk as well?

Actions within Help a Child



- ✓ Ensure safety and security
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling.
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Building your own Buddy



Linking possibilities

- Psychosocial support
- Counselling for the parents/teachers/school staff for family mediation.
- Educational services
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection

Actions within Help a Child



- ✓ Ensure safety and security.
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling.
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Building your own Buddy



Linking possibilities

- Psychosocial support with the capacity to work with people with severe mental disorders.
- Someone working in Child Protection



DISABILITY /ILLNESS

Symptoms



- | | |
|---|---|
| <input type="checkbox"/> A child has visual impairment | <input type="checkbox"/> Physical treats |
| <input type="checkbox"/> A child seems not to understand certain issues/dangers/what is happening/what is being said. | <input type="checkbox"/> Severe mood changes |
| <input type="checkbox"/> The use of a wheelchair or other aids. | <input type="checkbox"/> Intense feelings |
| <input type="checkbox"/> Signs of stigma around a child | <input type="checkbox"/> Behaviour changes |
| | <input type="checkbox"/> Difficulty with concentrating |
| | <input type="checkbox"/> Physical harm: look at the case "A child who does self-harming or is suicidal - psychosocial distress" |



Assessment questions

- In case of chronic illness, are the parents having sufficient support and the necessary medications/health care?
- Is the child/family accessing the support they need?
- What is the attitude/involvement of the caregiver?



UNACCOMPANIED CHILD

Symptoms



- ☐ Children whose parents/family is not around or alive
- ☐ Look at case 'Neglect'



Assessment questions

- Is the child's life at risk?
- Need for immediate medical services?
- What has the psychosocial impact been on the child?
- Is there still a care-taker alive? If so, is this person aware of where the child is located?
- Have efforts been made to contact parents/family?
- Is the child willing to be reunited? And is it known whether the care-taker wants the same?
- Where does the child currently reside? Is it safe to go home?
- Are other children at risk as well?

Actions within Help a Child



- ✓ Ensure safety and security.
- ✓ Parental guidance, if appropriate and wanted by the parents.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling.
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Building your own Buddy



Linking possibilities

- Health services
- Psychosocial support
- Counselling for the parents on disability inclusion
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection

Actions within Help a Child



- ✓ Ensure safety and security.
- ✓ Do ongoing child safety assessments in the family and wider circle of the child, and take action when a child needs protection
- ✓ Follow up with home visits and family counselling.
- ✓ What's Up Children
- ✓ What's Up Ladies
- ✓ Building your own Buddy



Linking possibilities

- An organisation doing family reunification.
- An organisation working on safe alternative accommodation.
- Health services
- Psychosocial support
- Counselling for the parents on disability inclusion
- Link with a social worker, community facilitator or someone of the Child Protection Committee
- Someone working in Child Protection

Annex 4 Map of (Community) Protection Services

Name of Payam: Mapel

Map of (Community) Protection Services in Mapel				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
General Services				
Police	Keeping law and order	General	Aldo Deng	+211922418793
Primary health care center (PHCC)	Primary health care		Valentino Madhieu	+2110924558580
Government Services				
Probation office	NA			
Community Development office	NA			
NGOs/CBOs				
Dorcas	FSL, WASH and CASH grant	Vulnerable groups, Female headed HHs, returnees.	Farnanda Sadallah	+2110927999969
CARDO	Peace building,			
Johanniter International assistance	-Nutrition	-Malnourished children	Lazarus Koc Kon	+2110922322518
	-GBV program with women friendly space.	-Women and girls who experienced abuse	-Monica Raya-GBV Assistant	+2110921633836

AFFORD	Food for education	Support for government and church based schools		
ACTED	Food for Asset (FFA)	-		
HARD	FSC, Peace building	-		
Community Services				
Chief	-Community leadership and representation. -Solve community conflicts	General	Kon Akot	0929044531
Child Protection Committee	Monitoring child protection concerns, reporting cases.	Children who experience abuse and are at a risk of abuse		
Church				+211921736159
Women's Union		General	Mary Akelo	+211921578549
Youth group	Peace building,	General	Thomas Tong	+2110926298555
School				

Name of Payam: Abunybuny

Map of (Community) Protection Services in Abunybuny				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
General Services				
Police Eastern bang police station.	Keeping law and order	General	-	-
Health services				
Wau teaching hospital				
Government Services				
Probation office	NA			
Community Development office	NA			
NGOs/CBOs				
Dorcas	FSL-support with inputs (seeds and tools) WASH –Drilling of boreholes, hygiene promotion. Conditional CASH grant – Distribution of goats, VSLA	Vulnerable groups, Female headed HHs, returnees, child headed HHs	Farnanda Sadallah	+2110927999969

Non Violent Peace force	Peace building	Working with women	-	
	-Nutrition	-Malnourished children	-	
UCDC	General food distribution	IDPs	Lual Magot -	
Johan niter	Nutrition program	-Malnourished children -Lactating women -Pregnant women	Isaac Bol	+21192163311
Community Services				
Chief	-Community leadership and representation. -Solve community conflicts	General	Santino Malek	+211926169674
Child Protection Committee			Rebecca Ding	-
Church	-Home visits and counselling -Spiritual guidance and leadership	General	Rebecca Ding	
Women's Union		General	Martha Akech	+211921687507
Youth group	Peace building,	General	Thomas Tong	+211926298555

Name of Payam: Nyinakok, Wau Bai East

Map of (Community) Protection Services in Nyinakok, Wau Bai East				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
General Services				
Police	Community Police	Handling crimes	John Ring Agiu	+211917031120
Health Clinic	First Aid, Mother-child care	Outpatients	Santino Ngor Agiu	+211916383948
Govt Services				
Probation office	NA			
Community Development office	NA			
NGOs/CBOs				
Dorcas	FSL (distribution of Seeds and tools, Micro saving, goats distribution and Apiculture)		Akot Akeen, FSL Officer	+211914051320
	WASH (Drilling Borehole, repair and maintenance, distribution of hygiene kits for girls.		Peter Lual, CLTS Facilitators	+211915832057
Women development Group	N/A			
AFOD	Food for Education FFE		William Deng	+211921122009
ACTED	Food for Assets FFA			

World Concern	FSL		Moses Akech Akot, Extension Supervisor	+211916348581
Community Services				
Chief	Community leadership and representation.Solve communal conflicts		Dhel Agiu Mading	+211927776630
Child Protection Committee			N/A	
Church			Moses Ding Kuot	
Women's Union			Aluet Aleu Mabung	
Youth group			Angelo Agiu Madhieu	
School			Angelo Agiu Mading	

Name of Payam: Agok

Map of (Community) Protection Services in Agok				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
General Services				
Police	Keep law and order	General	-	-
Health Clinic	Primary health care	General	-	-
Government Services				
Probation office	NA			
Community Development office	NA			
NGOs/CBOs				
Dorcas	FSL (distribution of Seeds and tools, Micro saving, goats distribution and Apiculture)		Akot Akeen, FSL Officer	+211914051320
	WASH (Drilling Borehole, repair and maintenance, distribute sanitary kits, Hygiene promotion.	Vulnerable families/HH, Female headed HHs, Child headed HHs, Returnees, IDPs	Peter Lual, CLTS Facilitator	+211915832057
Malteser	FSL (Seeds and tools distribution)		Anthony Yel	+211920129300

AFOD	Food for Education provision for St. Thomas Primary School		Peter Unango	+211921791040
	Nutrition at Agok OTP/TSF Centre			
War Child Canada	Early Childhood Development (ECD)	Children	Dominic John	-
UCDC	General food distribution	IDPs	Lual Magot	-
ACTED	Food for assets for community assets creation			
Care international	Provides medical services to Agok PHCC	General		
Community Services				
Chief	Community Leadership and solving family & communal issues	Host community and IDPs	Peter Monylat	+211928806377
Child Protection Committee	Prevent and response to child abuse in the community to ensure that children are safe	Children who experienced abuse or are at risk of abuse	Cornelio Aguer	+211926248555
Church		-	Lawrence	+211924252679
Women's Union	Peace building	Women and girls	Clara Khamis	+211922012226
Youth group	-	Youth group	John Makuac	+211920133739
School	Primary school education	School children	Dominic	+211926035809

Name of Payam: Lokoloko

Map of (Community) Protection Services in Lokoloko				
Service provider	Kind of services	Criteria for services	Name contact-person	Contact details
General Services				
Police				
Lokoloko police post	Keeping law and order Protection of civilians	General	-	
Health Clinic		General		
Wau teaching hospital	General medical services	-		
Government Services				
Probation office	N/A			
Community Development office	NA			
NGOs/CBOs				
Dorcas	Food security & livelihood Wash Conditional cash grant	Vulnerable group Female head household	Fernada Sadallah	+211 927999969

IOM	Wash program Hygiene promotion Renovation of destroyed houses Provision of women friendly space Provision of life skill for women.	Vulnerable women People with disabilities Elderly people		
Red Cross Society	Provision of taped water	Vulnerable people		
AFOD	Nutrition program Food for education Food Security & livelihood	Malnourished children Lactating and pregnant women		
Women Development Group				
Community Services				
Chief	Solving of communal issues Representation of the community	General	Issah Essen	+211 911966084
Child Protection Committee	Prevention and response to child protection concerns in the community			+211911966084
Church	Spiritual mentorship	General	Mathew Mohamed	+211911987287
Women's Union	Representing women opinion at different levels	Community	Elizabeth Litano	+211916384883
Youth group	Cleaning of public gathering & peace promotion through social interaction		Lino Angelo	+211917568400
School	Primary education			

