

SINGLE FORM FOR HUMANITARIAN AID ACTIONS

1. GENERAL INFORMATION

1.1 Name of Humanitarian Organisation of registration:

Name of the Humanitarian Organization: Plan International Belgium.

1.2 Title of the Action: Promoting Resilience Of Adolescents and Children in Crisis Together. PROACT Phase II

1.3 Area of intervention (country, region, localities):

Mali: Communes of Macina & Kolongo in the Cercle de Macina, Region of Segou. **Niger:** Departement of Birni N'Konni and Madaoua, Region of Tahoua. **Uganda:** Kyangwali refugee settlement in Kikuube district, Region of Bunyoro (Western Uganda)

1.4 Planned Start date and duration of the Action: 6th of November 2025 for 24 months

1.5 Start date for eligibility of expenditure: Signature date granting Ministerial Decree

1.6 Proposal and reports

Initial proposal	x	date	19-07-25
Approval proposal	x	date:	dd-mm-yy
Start date	x	date:	dd-mm-yy
Intermediate report	x	date:	dd-mm-yy
End date	x	date:	dd-mm-yy
Final report	x	date:	dd-mm-yy

2. NEEDS AND PROTECTION RISKS ANALYSIS

2.1 Needs, Protection risks and stakeholder analysis

All Rapid Needs Assessments (in Annexes) have been conducted between May and June 2025 and rely on a thorough desk review gathering Child Protection (CP), including sexual and gender-based violence (SGBV) related analyses of needs and constraints in the target areas. For all three countries, the rapid needs assessments carried out mainly rely on secondary data analysis (data from ongoing or recently closed projects, recent needs assessments, monthly reports from UN Agencies, documentary sources from networks of civil society organisations, documents and reports from technical working groups and clusters, documentary sources from Ministries) complemented by consultations with key stakeholders since existing sources were rich enough not to necessitate re-collecting data from beneficiaries on sensitive issues linked to traumatic experiences (protection risk-benefit analysis). The Programme is based on an analysis of the vulnerabilities of children and adolescents in all their diversity, considering existing stakeholders (duty-bearers, service providers). It focuses on communities affected by displacements: either internally displaced populations (IDPs) (Mali and Niger) or refugees (Uganda). Such displacements and the living conditions in camps or settlements has increased risks posed by the lack of access to resources and services, including protection, and violation of fundamental rights, of both displaced and host communities. For children, adolescents and youth, displacements and dire living conditions are likely to increase risk of exploitation, trauma, violence, including sexual and gender-based violence (SGBV), and separation from primary caregivers. In all targeted areas in the 3 countries CP services are lacking or dysfunctional, further exacerbating risks for children and adolescents.

Uganda: Since January 2025, Kyangwali refugee settlement has experienced a sharp rise in refugee and asylum seekers arriving from Eastern DRC, driven by escalating conflict, violence, and human rights abuses. In total, Uganda received over 65,000 new arrivals from DRC from January to end of May 2025 as reported by UNHCR Inter-Agency Coordination Unit, many of whom were directed to Kyangwali Settlement. This has critically strained local services and infrastructure, particularly in areas related to protection, child welfare, sexual and gender-based violence (SGBV), and mental health. In Kyangwali, in May 2025, the Kagoma Reception Centre hosted 3,732 refugees (UNHCR Dashboard inter-agency Coordination) well beyond the current capacity of

1,230. Both Kagoma and the wider settlement continue to face major service gaps. Sebagoro Transit Centre remains a key entry point, channeling new arrivals to Kyangwali. The NA in November 2024 and the RNA in May 2025 in Kyangwali employed secondary data analysis from OPM, UNHCR, and civil society partners as well as qualitative and participatory data collection methodologies, namely (i) Key Informant Interviews with OPM and UNHCR Protection Officers, GBV and MHPSS focal points from OPM, UNHCR, and implementing partners; (ii) Focus Group Discussions (FGDs) with adolescent girls and boys (10–17), youth (18–24), and adults, particularly parents and care takers. **Child Protection**, the findings show high child protection risks & needs linked to increasing caseloads & complex vulnerabilities. There are 3 657 Unaccompanied & Separated Children open and active child protection cases according to the UNHCR protection Focal Point and the UNHCR child protection dashboard. Family tracing and reunification services are overwhelmed and under-resourced, particularly following USAID funding cuts. Children are engaged in high-risk work including fishing, plantation work, and even bars and saloons. These risks are directly linked to household poverty and reduced food rations. Child Protection caseload in Kyangwali is at 1 caseworker for 128 cases - this reflects the national average currently at 1:156, is six times above the global standards (1:25). Child Friendly Spaces, which are critical for child safety and emotional wellbeing, are currently unable to meet the rapidly increasing demand. In Kyangwali, underserved areas such as Bukinda lack access to any CFS and the FGDs and KIs highlighted significant gaps in trained animators, play materials, and basic CFS standards. SGBV: 72% of new arrivals are women and girls, facing heightened SGBV risks during transit and post-arrival. The FGDs confirmed high rates of sexual violence and intimate partner violence. Reports of survival sex are rising, directly tied to food insecurity and poverty. Particularly affecting adolescent girls, Child Early & Forced Marriage and sexual violence are often unreported or unprosecuted, with affected girls frequently dropping out of school. Indeed, SGBV cases are widely under-reported due to fear of reprisal and stigma. Cases of physical violence or attacks, revenge, isolations and psychological abuse of SGBV survivors are daily within refugee communities. Additionally, barriers in accessing support services due their quality, cost or distance further contributed to low reporting rates. MHPSS risks & needs: children affected by violence, displacement, and loss are experiencing prolonged psychological distress, including anxiety, depression, grief, guilt, and social withdrawal. Many also display behavioural issues, developmental delays, and are impacted by the breakdown of traditional family support systems. TPO Uganda's 2023–2024 pre-assessment in Kyangwali highlighted high rates of serious mental health conditions — including PTSD, schizophrenia, bipolar disorder, and severe anxiety — particularly among older children, with vulnerability increasing with age. Community capacity to respond to these needs remains very limited, with referral pathways often inconsistent or non-functional. The recommendations from this Rapid Needs Assessment is thus to: strengthen case management systems for UASC, including family tracing and formal foster care arrangements; scale up adolescent-responsive SGBV services, with a focus on confidential reporting, survivor-centered care, and legal support; expand access to gender-sensitive WASH facilities, including provision of menstrual hygiene kits and private latrines; invest in MHPSS services, especially tailored for adolescents and girls, using community-based approaches and safe spaces; promote adolescent participation in protection mechanisms through youth-led initiatives, adolescent advisory boards, and leadership training; improve coordination between stakeholders through stronger referral pathways and information sharing platforms under the CPWG.

Mali: The country continues to face a complex and protracted crisis, with children and adolescents bearing the brunt of its impact. Armed conflict, displacement, food insecurity, and the erosion of public services have significantly worsened children and adolescent's well-being. Across the country, 56% of internally displaced persons are children, many of whom are separated from their families, exposed to exploitation, and lack access to education and healthcare (OCHA Mali, March 2025). The education system is severely affected, with over 1,700 schools closed nationwide, particularly in insecure areas, depriving more than 500,000 children—especially girls—of learning opportunities and exposing them to early marriage, child labor, and recruitment risks (Education Cluster Mali, 2024; UNICEF Mali, 2024). More specifically in Macina, insecurity caused by non-state armed groups has led to widespread insecurity, displacement and school closures. The needs assessment highlights that most pressing risks concern unaccompanied and separated children (UASC), gender-based violence (GBV), harmful practices, and significant gaps in access to

essential services. Adolescent boys face increased risk of forced recruitment and violence, while adolescent girls are more likely to be pulled from school, exposed to sexual and gender-based violence (SGBV), and early and forced marriage, used as a coping mechanism by families facing economic strain (Protection Cluster Mali, 2024;). Unaccompanied and Separated Children are among the most vulnerable. Due to displacement caused by armed conflict and intercommunal violence, children are often separated from their caregivers or left unaccompanied. These children face heightened risks of trafficking, sexual exploitation, forced labor, and recruitment by armed groups. The assessment found that family tracing and reunification services are nearly absent, with no structured system in place to support UASC over the long term. In communities surveyed, only 22% of key informants could identify a functional child protection mechanism capable of responding to the needs of separated children. As a result, UASC frequently fall outside formal protection systems and are forced to rely on informal care arrangements, which can expose them to additional abuse and neglect (Plan Mali KII Report, 2025). Sexual and Gender-Based Violence (SGBV) is widespread, particularly affecting adolescent girls and young women. Adolescent girls face severe risks related to sexual violence, early and forced marriage, and female genital mutilation (FGM). In surveyed communities, early marriage remains normalized, with more than 52% of girls married before the age of 18, and 17% before age 15 (UNICEF Mali, 2024). Girls are often pulled out of school to reduce perceived risks of sexual violence or to relieve economic pressure, increasing their exposure to exploitation and domestic violence. Despite the scale of GBV, access to holistic and survivor-centered services remains extremely limited. Less than 25% of health facilities in the region offer clinical management of rape (CMR), and access to psychosocial support (PSS) is highly restricted, particularly in rural or insecure zones (GBVIMS Q1, 2025). Cultural stigma and lack of confidentiality further discourage survivors from reporting. In fact, only 19% of adolescent girls stated they would be willing to report incidents of GBV to formal services due to fear of retaliation or family shame. This underreporting contributes to impunity and leaves survivors without the support they need. Children and adolescents affected by displacement, violence, and GBV are showing increasing signs of psychosocial distress, including anxiety, withdrawal, and aggression. Yet, structured MHPSS services are nearly absent, and most teachers and health workers lack training to identify or respond to emotional or behavioral issues. The lack of safe spaces for adolescents, particularly girls, further limits opportunities for healing, empowerment, or peer support. The Rapid Needs Assessment revealed that the national NGO Conseil et Appui pour l'Education de Base (CAEB) is the only NGO working in the entire district to protect children and manage cases of GBV: CAEB has a single case manager based in Ségou, covering the Macina and Niono districts. The assessment also notes the existence of child protection committees in several communes, but these mechanisms are generally underfunded and lack technical capacity. Without sustained investment and coordination with formal services, these community mechanisms remain fragmented and cannot provide consistent support for case management, referrals, or emergency response. The recommendations from the RNA are thus to: establish and strengthen case management systems for UASC, including family tracing and reunification; scale up SGBV services, particularly access to CMR, legal support, and confidential reporting channels; expand MHPSS programs, targeting both boys and girls, especially those affected by displacement and violence; invest in and link community-based protection structures with formal services, ensuring sustainability and inclusiveness; promote safe spaces and participation for adolescents, especially girls, in protection planning and response.

Niger is experiencing a complex and worsening humanitarian crisis due to violent conflict, poverty, climate shocks, and political instability. Since 2015, violence by non-state armed groups (NSAGs) has escalated, particularly in border regions. Attacks, kidnappings, and sabotage operations are frequent, spreading fear and instability (UNDRR, 2024). Additionally, Niger is highly vulnerable to droughts, floods, and epidemics, exacerbating food insecurity and poverty (UNICEF Niger, 2024). As of April 2025, 2.6 million people—including 1.5 million children—required urgent humanitarian assistance (UNICEF Appeal 2025). By year-end 2024, nearly 930,000 individuals were internally displaced primarily due to conflict, amongst which half are children (UNICEF Appeal 2025). In Tahoua, conflict driven by armed groups (e.g., JNIM, IS–Sahel) and climate-driven displacements due to the floods in 2024 have overwhelmed communities. As of mid-2025, 658,000 people in Tahoua needed aid, including over 40,000 refugees in Madaoua and Konni alone (UNHCR 2025). Displaced communities strain host resources, and children, especially girls, face heightened risks.

Child marriage: is widespread, affecting nearly 3 in 4 girls by age 18 nationally. In Tahoua, prevalence reaches 89% in certain rural areas like Konni and Madaoua. Marriages are driven by poverty, insecurity, and norms framing marriage as protection against violence or dishonour (Atlas du mariage d'enfants – Niger; UNICEF Niger, 2024). Adolescent girls, especially out of school and from poor families, are most at risk. Unaccompanied and separated children (UASC) are increasing due to conflict-induced displacements. In Madaoua alone, 650–1,000 UASC are estimated, facing risks of trafficking, labour, sexual exploitation, and neglect. Weak family tracing systems exacerbate vulnerabilities (UNHCR Niger – Monthly PoC Statistics, Oct 2023). Recruitment by armed groups is a rising threat. Adolescent boys are targeted as combatants, spies, or porters, while girls face forced marriages, sexual slavery, and domestic servitude (Amnesty International, 2021; UN News, 2024). Families often resort to negative coping mechanisms like marrying off daughters to alleviate economic burdens or perceived risks of violence. SGBV: Tahoua is one of Niger's most affected regions. Common forms include child marriage, domestic violence, sexual assault, and exploitation (GBV AoR – Synthèse de la crise VBG, 2023). Insecurity from armed groups, displacement, poverty, low female literacy (26.9% for girls vs. 50.2% for boys) (UNICEF; Citizen Digital), and lack of services heighten risks. Adolescent girls (12–17), particularly out-of-school and from poor households, are highly vulnerable to early marriage, sexual exploitation, and violence (UNICEF Niger – Child Marriage; Atlas du mariage d'enfants – Niger, 2024) leading to maternal health complications (fistulas, maternal mortality), psychological trauma (PTSD, anxiety, depression), school dropout, economic dependence, and lifelong social marginalisation (UNICEF Data – Niger, 2024). More generally, although Niger ratified key child rights conventions and has a national child code, implementation is hampered by lack of resources, cultural barriers, and insecurity (Code de l'enfant, Loi N°2019-33). Children face barriers in terms of access to services due to poverty, distance, insecurity, lack of documentation, stigma (e.g. disabled children, talibé children, working boys), and lack of child-friendly materials in local languages (Evaluation Education/Protection 2023; UNICEF, 2024). Finally, recent funding cuts, including US aid suspensions, have reduced coverage of CP, SGBV, and MHPSS services, risking further deterioration in child wellbeing (US Department of State, 2025). The assessment thus recommends strengthening community-based child protection mechanisms through training, equipment, and regular support. It highlights the need to improve case management, especially for unaccompanied and separated children, and to reinforce referral systems. Enhancing access to quality psychosocial support and SGBV services—particularly for adolescent girls—is crucial. The report emphasizes integrating child protection in local development plans and engaging youth, especially girls, in protection activities. It also calls for better coordination between actors, increased support to vulnerable families, and capacity-building for local authorities and service providers to ensure sustainability and inclusivity in protection responses.

These Rapid Needs Assessments thus highlight that children and adolescents, especially girls, face severe and overlapping protection risks, including SGBV, and need immediate life-saving protection response that is gender and age responsive. These are driven by conflict, displacement, poverty, gender inequality, and overstretched protection systems. Despite differences in context, children and adolescents, and especially girls and adolescent girls, face very similar challenges across the three countries.

Protection of children and adolescents challenges: As detailed in the section above, the 3 protection needs assessments converge towards the following exposures of children and adolescents. Many forms of violence against girls and boys are embedded in social and cultural norms and are further exacerbated by displacement and dire socio-economic living conditions:

- SGBV is one of the biggest threats to CP in all countries. Data available shows high prevalence of all types of SGBV in all countries, although reporting and prevalence are subject to cautious interpretation given the taboo and underreporting biases. In Uganda, 72% of new refugee arrivals in Kyangwali are women and girls, with focus group discussions (FGDs) revealing widespread sexual violence, survival sex, and intimate partner violence. In Mali, less than 25% of health facilities provide clinical management of rape (CMR), and only 19% of adolescent girls feel safe reporting GBV. In Niger, the Tahoua region is one of the country's most affected by SGBV, where more than 70% of girls are married before 18, and violence often goes unreported

due to stigma and lack of services.

- Child marriage is a major protection risk, with a particularly high prevalence in Niger (76% of girls before 18 years old and 28% before 15 – reaching up to 89% before 18 in rural areas like Konni & Madaoua) and Mali (52% before 18 years old and 17% before 15 years old). In Uganda, rising food insecurity and poverty drive early and forced marriage among newly arrived refugees, especially adolescent girls, resulting in school dropout and increased health risks.
- Child labour In Niger and Mali, the recurring crises push children out of school and into harmful strategies, e.g. child labour, increasing protection risks. The most common forms of child labour reported are trade, farming and livestock, domestic work, wood collection and begging. In Mali & Niger, children are particularly exposed to the risk of enrolment with NSAG. In Uganda, this is a significant concern among refugees and host communities, with a considerable number of children engaged in domestic work, farming, and risky activities like sexual exploitation and smuggling.
- School dropout is a major issue facing children and adolescents in Niger and Mali in particular, due to school closures caused by conflicts. In Uganda, school dropout is closely linked with child marriage, teenage pregnancy and child labour for girls
- The presence of UASC is reported in all countries. In Mali and Niger, family separation is linked to multiple displacements. UASC are particularly vulnerable to neglect, abuse, violence, increased poverty, and exposure to exploitation. The UASC often find themselves in a dire and stressful economic situation, and thus adopt negative coping strategies to meet their basic needs. Even when taken care of by foster parents, UASC report having to beg, fetch food and other sources of revenue in the nature, resulting in protection risks (harassment, assault, separation) as the distances are long.
- Psychosocial support is needed across all three targeted areas as a major CP concern: children affected by violence and displacement show high rates of anxiety, depression, PTSD, and social withdrawal. In Uganda, a pre-assessment by TPO, a local partner specialized in MHPSS, found that adolescents are increasingly exhibiting serious mental health conditions, including bipolar disorder and schizophrenia. In Mali and Niger, access to mental health and psychosocial support is nearly absent—particularly in rural areas—due to lack of protection actors, trained professionals, community-based systems, and stigma surrounding mental health.
- Service provision is weak and acts as an aggravating factor of protection vulnerability. The high prevalence of violence against children, including SGBV, in the context of forced displacement has been linked to the breakdown of protective mechanisms and support networks, post-traumatic stress following experiences of violent events, changing gender roles, inadequate access to basic services, limited access to economic and livelihood opportunities, and pre-displacement prevailing harmful gender norms. Data across three targeted areas converge to show that harmful gender norms, stereotypes, including regarding women and girls reporting SGBV, support harmful practices and act as the main risk factor for violence against children and adolescents, especially girls. Moreover, denial of resources such as food, household items, money, limited access to post-primary education and livelihood opportunities act as aggravating factors in the incidence of SGBV.
- Children with disabilities are, across all settings, exposed to several types of protection-related risks. The major protection risks are physical abuse, poverty, emotional abuse, school dropout, neglect, SGBV and limited access to social services.

Link to the action and response strategy: Through this Programme, PI aims to prevent protection risks and address the needs of children, adolescents and youth affected by the humanitarian crises in Mali, Niger and Uganda, with a focus on CPiE and a strong attention to prevention and response to SGBV. Using PI's "*Adolescents in Crises Programme Toolkit*", the Programme, implemented with PI Mali, PI Niger and its partner ADESP, PI Uganda and its partner TPO, will adopt age and gender-responsive packages of protection services, with special attention to girls and at-risk adolescents. This will ensure that children and adolescents and their communities living in refugee, IDPs settings or vulnerable host communities, receive relevant, timely, quality, empowering and inclusive humanitarian assistance.

PI's response strategy is holistic: it responds both to the immediate needs of children and adolescents, with life-saving services of protection, while also working with key target groups (primary duty-bearers, i.e. caregivers, secondary duty-bearers, i.e. community members, local

authorities, and service providers). The approach ensures a nexus-oriented programme and a strong focus on building local capacities, which promote an enabling and protective environment for children and adolescents affected by the humanitarian crises. CP services will be delivered by trained and skilled case-workers, to identify and provide quality and relevant protection support to children and adolescents most vulnerable (including children and adolescents survivors of SGBV, UASC, children at risk), material support to adolescents and / or their caregivers. Cross-cuttingly, a strong attention to SGBV prevention and empowerment strategies will be implemented, towards adolescents, especially adolescent girls. The response will emphasize support to girls and adolescent girls safe spaces, for dialogues, information and access to services is delivered, and leadership and empowerment programmes are implemented, as girls of all ages expressed the desire to gain life skills through engagement, education on SRHR and to develop financial skills and IGA. PI's response hence ranks high on the Gender and Age marker.

PI's material assistance strategy. PI will implement a protection vulnerability-based material assistance throughout the response, that will be tailored to each context. It takes the form of two main channels, based on lessons learnt of past humanitarian programs.

(1) PI will implement a mix assistance to children and adolescents' survivors and children and adolescents in need for immediate life-saving assistance and access to basic essential services, comprising in-kind support, cash or voucher support, as part of the case-management provided by PI staff. This includes covering for access to cost services, transportation, medicines, essential NFIs or food. This assistance is contextualized to each response, in line with the sector's guidelines and coordination mechanism (R2A3).

(2) PI will implement a cash-plus approach as a CP flexible assistance to UASC and adolescents, through their caregivers or directly if they are of age and if the country legislation allows. Foster families need material support to provide quality care for children and adolescents, while PI has to prevent protection risks and exploitation risks from foster families towards UASC and adolescents (pulling factors, incentive for separation to receive material assistance). As a result, the assistance modality envisioned by PI is a package of services including a mix of cash and in-kind assistance, based on risks, feasibility, markets availability and functioning; foster families will receive instalments, specific to each response, to ensure that it is coordinated with other protection actors and agencies providing cash and voucher assistance. A light conditionality, acting like a nudge, will be part of the package, that is ensuring that foster families' members attend parenting sessions. In addition, the close follow-up undertaken by case workers will pay attention to children and adolescents well-being within foster families. If case-workers identify breaches in the protection of children, the Best Interest Assessment (BIA) will be undertaken and the cash support will stop.

3. PROGRAM COORDINATION WITH HUMANITARIAN ORGANISATION IN THE AREA OF INTERVENTION

PI is a global organization that strives for all children to have the opportunity to lead, learn, decide and thrive by following a rights-based and gender-transformative approach, working with communities to address immediate needs of children, adolescents and youth, especially girls and young women, influence negative gender and social norms, legal and policy frameworks that hinder children's full potential; in the 3 countries, PI works with a dual mandate – humanitarian and development, that allows the interventions to respond to nexus needs, and ensures PI's projects address both refugee and IDPs needs as well as host communities where PI has been operating for decades. **Mali:** PI has been operating in Mali since 1976; since 2013 PI runs holistic programs responding to the humanitarian strategy in country, with operational presence in Segou. PI Mali's CPiE country strategy is centred around the application of CP minimum standards (CPMS) and focuses on community-based approaches through the strengthening of community capacities to prevent child abuse and ensure rapid, quality support through an appropriate case management process. **Niger:** PI has been present in Niger since 1998 and is active in all eight regions of the

country. PI's Tahoua office was established in 2021 in response to the security crisis that resulted in the closure of schools in the region. PI's humanitarian portfolio is in Tahoua, Tillaberi and Diffa, where PI implements CPIE (incl. SGBV), EiE, and resilience and social cohesion programs. PI has developed an expertise in Niger on triple nexus. PI's long-term presence in communities affected by the humanitarian crisis ensures a relationship of trust with these communities. **Uganda:** PI has operated in Uganda since 1992, delivering humanitarian and development programs focused on child protection, education, SRHR, WASH, and livelihoods. Since 2016, it has supported refugee responses under the Uganda CRRF, especially for South Sudanese and, more recently, Congolese refugees in Kyangwali. Active in 17 districts, Plan is a key UNHCR and OPM partner, offering case management, Child Friendly Spaces, and Cash for Protection. It plays a major coordination role nationally and at settlement level.

3.1 Coordination with other Humanitarian actors in the area of intervention:

Mali: PI takes part in coordination meetings of the Child Protection and GBV Clusters, and Cash Working Groups, where it collaborates with actors such as UNICEF, UNHCR, OCHA, IOM, and other international and national NGOs. These platforms allow for joint needs assessments, harmonized planning, information sharing, and the alignment of response strategies. PI contributes to technical task forces, including the Case Management Task Force and the Child-Friendly Spaces Working Group, supporting harmonized approaches to service delivery and capacity-building across partners. For this program, PI consulted: UNICEF who will build a CFS in Kokry (Macina circle); MDM Belgium but who will not be present in Segou, and, Oxfam Belgium who also plans to intervene in the Macina circle under this DGD program so we will coordinate to ensure our programs complement each other. PI also met with the Belgian embassy & Enabel in May 2025 during the design workshop for this new phase of the program to outline our proposed intervention. **Niger:** PI is an active member of national and regional coordination bodies, including the Child Protection, GBV, and MHPSS sub-clusters, as well as the Cash Working Group and education platforms. Through collaboration with UN agencies (UNICEF, UNHCR, OCHA), INGOs, and technical-financial partners, Plan contributes to joint planning and advocacy for improved protection outcomes. For this program, PI consulted MDM Belgium, also present in Tahoua to ensure programs complement each other and PI will collaborate with MDM for the provision of some SRHR modules for adolescent girls. **Uganda:** In Kyangwali Refugee Settlement, PI works closely with the Office of the Prime Minister (OPM), UNHCR, UNICEF, and other national and international stakeholders through coordination platforms such as the Child Protection Working Group (CPWG), GBV Working Group, and Interagency Coordination Group. At the national level, PI participates in key forums including the National Refugee Protection Working Group, Charter for Change, and Case Management Task Force. Coordination ensures effective service delivery and referral mechanisms. PI consulted Care Belgium, also present in Kyangwali, to ensure that both programs complement each other.

More generally, PI will regularly organize meetings to inform the Belgian Diplomatic Representation in all 3 countries on project progress, context evolution in the intervention areas, implementation of risk mitigation measures and non-realization of logical framework assumptions. Relationships with Enabel in all 3 countries will be strengthened. In Brussels, PI will be in regular contact with the DGD focal points to keep them informed of project implementation and answer potential questions. PI will also be available to organize field visits if the Belgian Cooperation so wishes and if security conditions allow it.

3.2 Collaboration with Local Humanitarian actors and partners:

In this phase of the program, PI will work with local partners in Niger & Uganda for the implementation of activities. In Mali, since we had to stop activities in the current program, we have adopted a precautionous approach and decided not to work with a local partner during this phase, and rather take this opportunity to prepare the grounds for strong & sustainable partnerships in the future. **Niger:** PI will work in partnership with ADESP (Actions pour le Développement Économique et Social des Populations), a nationally registered NGO established in 2016, dedicated to improving resilience, health, WASH, protection, education, food security, and gender for vulnerable

communities in regions such as Tahoua, Dosso, Tillabéry, and Maradi. In this program, ADESP provides community outreach, mobilization, training, and referrals through CBCPMs in Tahoua and Konni, ensuring culturally appropriate, participatory protection services for children and adolescents. **Uganda:** During this program, PI will work in partnership with TPO (Transcultural Psychosocial Organization) founded in 1994, is a leading humanitarian NGO specializing in mental health and psychosocial support (MHPSS) through community-driven interventions. Operating across nine sub-regions and 45 districts, TPO collaborates closely with government ministries (Health, Gender, Education, Local Government), civil society, and academia to build resilient communities and respond to mental health challenges and socio-economic shocks. It spearheads the National Child Protection Working Group, is the national coordinator of the MHPSS Technical Working Group, contributes to the Alternative Care Framework rollout, and coordinated the national Violence Against Children Survey. TPO will be implementing the PSS component of this program in Uganda.

More generally, PI & its partners have and will involve and engage the communities and key local stakeholders throughout the design & implementation of this program. **Mali:** At local level, the proposal was developed through a participatory approach involving key local stakeholders through consultations with local authorities (mayors), decentralized state services (e.g., Promotion of Women, Social Development, health centers), and community structures. The national NGO CAEB, the only partner in protection and GBV response, also contributed inputs based on field presence. During implementation, local stakeholders will co-lead activities through CBCPMs, referral systems, and joint monitoring missions. Community members—including children, youth and women's associations—will be mobilized and trained to ensure ownership, sustainability, and accountability. Regular feedback from affected populations will guide implementation adjustments. This collaborative structure reinforces localization by empowering local actors, supporting capacity building, and enabling communities to drive their own protection responses. **Niger:** Since this new phase of the PROACT program will be implemented in the same locations as the previous phase, at local level, the proposal was developed through a participatory process with local authorities, decentralized technical services (education, health, protection), and existing community structures. Consultations with children and adolescents, particularly adolescent girls, as well as community members through the CBCPMs, contributed to better understand risks, gaps in services, and protection priorities. During implementation, community structures such as CBCPMs and youth groups will be trained and supported to co-deliver activities. They will play an active role in CP case management for identification and referral, and awareness-raising. This approach ensures local ownership, reinforces institutional capacity, and supports sustainable and culturally appropriate protection services in displacement-affected areas. **Uganda** Coordination with local actors has been central throughout the program cycle. During the proposal drafting stage, PI conducted consultations with community leaders, refugee-led organizations, youth representatives, and child protection committees to ensure the proposed actions responded to priority needs. These inputs shaped key elements of the program, including the focus on adolescent girls, unaccompanied and separated children, and community-based protection mechanisms. In the implementation phase, local actors—including government bodies such as the Office of the Prime Minister (OPM), district-level technical offices, and refugee welfare councils—will be closely engaged. Refugee-led structures, community volunteers, and child protection committees will play a critical role in service delivery, awareness-raising, and feedback collection. The program also emphasizes capacity strengthening for these actors, fostering ownership, sustainability, and alignment with national protection frameworks. Regular coordination meetings and feedback loops will be maintained throughout the project lifespan.

4. OPERATIONAL FRAMEWORK

4.1 *Exact location of the Action (include map of project location)*

Mali: Communes of Macina & Kolongo (Cercle de Macina, Region of Segou). **Niger:** Departement of Birni N'Konni and Madaoua (Region of Tahoua). **Uganda:** Kyangwali refugee settlement in Kikuube district, Region of Bunyoro (Western Uganda). Maps of the exact locations in annex

4.2 Affected populations targeted by the program

The beneficiaries of CP services will be children aged 0-17 years in both refugee, displacement and host community settings. Adolescent girls (10-14 and 15 - 17 years): In a humanitarian context, SGBV is mainly associated with violence against girls, adolescent girls and women and harmful acts. It is therefore a matter of targeting adolescent girls at risk of SGBV and other protection-related issues as a priority. As outlined in the need assessment reports, the protection needs of adolescents are strongly correlated with gender and age range. Child and Adolescent Survivors. As part of the project, children, adolescents and young survivors will have access to psychosocial support and will be referred to health structures and specialized medical services accordingly with the SoP and Caring for Child Survivors Guidelines. UASC: Children separated from their parents and other members of their families following population displacement are among the most vulnerable populations in humanitarian crises.

In addition, the following target groups will be involved in the implementation of the action, and targeted by dedicated activities, to ensure that as duty-bearers, they contribute to a more protective environment for children, adolescents and youth; they are parents, foster parents and caregivers of children and adolescents, community actors (such as members of the CBCPMs, refugee leaders), and local authorities and service providers dealing with CP-related issues at different levels.

4.2.1 Overview

Table 1 Overall targets disaggregated by Result, gender and type of community targeted (IDP, refugee, host)

Results	TARGETS						
	IDPs		Refugees		Host Community		TOTAL
	Girls/ Women	Boys/ Men	Girls/ Women	Boys/ Men	Girls/ Women	Boys/ Men	
R1	690	534	3889	1902	2822	2051	11.888
R2	65	45	1891	862	223	215	3.301
R3	2343	1577	880	535	2799	1965	10.099
R4	2596	1731	2470	1647	4956	3304	16.704
Total	5694	3887	9130	4946	10800	7535	41.993

Table 2 Target breakdown by age and gender in Mali

MALI	Total	Total F	TotalM	F (0-59m)	M (0-59m)	F (5-17y)	M (5-17y)	F (+18y)	M (+18y)
Refugees (0%)	-	-	-	-	-	-	-	-	-
IDP's (60%)	4.446	2.661	1.785	4	4	1.512	1.008	1.145	773
Host communities (40%)	3.190	1.883	1.307	2	2	1.015	680	866	625
TOTAL UNIQUE DIRECT BENEFICIARIES	7.636	4.544	3.092	6	6	2.527	1.688	2.011	1.398

Table 3 Target breakdown by age and gender in Niger

NIGER	Total	Total F	Total M	F (0-59m)	M (0-59m)	F (5-17y)	M (5-17y)	F (+18y)	M (+18y)
Refugees (30%)	2.006	1.068	938	5	5	741	669	322	264
IDP's (10%)	672	358	314	2	2	248	224	108	88
Host communities (60%)	4.213	2.224	1.989	11	10	1.485	1.341	728	638
TOTAL UNIQUE DIRECT BENEFICIARIES	6.891	3.649	3.242	18	17	2.474	2.234	1.157	991

Table 4 Target breakdown by age and gender in Uganda

UGANDA	Total	Total F	Total M	F (0-59m)	M (0-59m)	F (5-17y)	M (5-17y)	F (+18y)	M (+18y)
Refugees (75%)	4.714	3.258	1.456	75	25	2.256	1.086	927	345
IDP's (0%)	-	-	-	-	-	-	-	-	-
Host communities (25%)	1.606	638	968	2	2	20	791	616	175
TOTAL UNIQUE DIRECT BENEFICIARIES	6.320	3.896	2.424	77	27	2.276	1.877	1.543	520

4.2.2 Mechanisms and criteria for the identification of the populations targeted by the program (direct)

The targeting strategy will rely on objective protection vulnerability criteria, set-up jointly with CBCPMs. Preliminary targeting mechanisms consider the most acute vulnerabilities affecting children and adolescents, including prevention and response to separation and other life-saving protection services. UASC and other vulnerable children will benefit from case management support, and a package of services that correspond to their needs. All children and adolescents aged 0-17 from targeted areas will benefit from recreational activities and psychosocial support provided in CFS, including via mobile units (Niger). Girls and adolescent girls will benefit from access to safe spaces (AGSS). Direct beneficiaries will also include children and adolescents from refugee, IDPs and host communities who will benefit from sensitization and advocacy messages related to CP and gender equality. Their caregivers, members of their household, members of the community will also be targeted by sensitization activities. Parents and caregivers targeted by parenting sessions and material support will also be selected based on clear vulnerability criteria. Support will in priority be provided to parents and caregivers caring for children with protection-related needs: children living with disabilities, UASC, child and adolescent survivors of SGBV

4.2.3 Other potentially by the program affected populations (indirect, catchment, etc.)

Other potential beneficiaries include members of communities where the action is implemented. Considering catchment areas, the programme can impact ~~132 298 indirect beneficiaries~~ — 83 778 in Mali, 32 818 in Niger, 15 702 in Uganda. 86.510 indirect beneficiaries – 32.397 in Mali, 33.359 in Niger, 20.754 in Uganda.

4.3 Objectives, Results and Activities

4.3.1 Operational Overview of the Action: Log-frame (max. 3 pages)

Title of the action	PROACT PHASE 2: Promoting Resilience Of Adolescents and Children in Crises Together			
Main objective	All children affected by emergencies are protected from violence, abuse, neglect and exploitation through appropriate prevention and response interventions in line with the Minimum Standards for CP in Humanitarian Action			
	Intervention logic	Objectively verifiable indicators	Verification sources	Risks and assumptions
Specific objective	Children and adolescents are protected from violence, abuse, neglect and exploitation, and survivors have access to quality protection services and psychosocial support	% of children, adolescents, parents and caregivers reporting that CP in emergency services are safe, accessible and participatory. Baseline: TBD. Target: 80%.	Baseline; bi-annual assessment and endline (surveys, FGD, consolidated reports from child-centred feedback mechanisms)	<u>Risks</u> <ul style="list-style-type: none"> Engagement with children, adolescents, youth and adult beneficiaries, their communities and other stakeholders can expose them to risks of abuse and other safeguarding issues; Distribution of cash and voucher, food and NFIs, and provision of direct services to beneficiaries comes to similar PSHEA and safeguarding issues Due to political instability, border closures, import/export and port restrictions, fuel and commodity price fluctuations, and reduced commercial aviation and shipping operations affect the ability of partners to contract commercial service providers.
		% of children and adolescent girls (aged 10 to 17) surveyed who report having access to safe, inclusive and accessible safe spaces Baseline: TBD. Target: 70%.	Baseline; bi-annual assessment and endline (CFS register, surveyed, FGD, consolidated reports from child-centred feedback mechanisms)	
		Average score in agency, determination and self-efficacy amongst targeted adolescent girls (aged 10 to 17). Baseline: TBD. Target: 60% 45/60 (target value adapted to the indicator's format)	Survey using Self-efficacy Scale at start and end of each activity (consider each cohort separately)	
Outcome 1	Children, particularly adolescent girls (aged 10-17), access resources and services that strengthen their safety and wellbeing, and are supported by protective caregiving environments	% of targeted children and adolescents surveyed who report an increased sense of safety and well-being after engaging in Plan's activities. Baseline: TBD. Target: 60%.	Baseline and endline (surveys)	<u>Assumptions</u> <ul style="list-style-type: none"> Beneficiaries and target groups are willing to participate to the activities and are not targeted
		% of targeted adolescents (aged 10 to 17) who demonstrate knowledge of child protection risks and behaviours. Baseline: TBD. Target: 70%.	Baseline and endline (survey using PI standard CP tools)	
		% of trained parents and caregivers who demonstrate an increase in knowledge, skills and/or confidence in child protection and positive parenting. Baseline: TBD. Target: 60%.	Pre and Post training tests (survey using PI standard CP tools)	
		% of targeted men, including husbands, fathers and other male stakeholders, who report positive attitudes towards gender equality and adolescent girls' empowerment. Baseline: TBD. Target: 50%.	Baseline and endline (GEM Scale questionnaire)	
		% of trained PLAN project staff (officers, CFS animators, CWs, etc.) who demonstrate key competencies and knowledge required to implement CPiE programming. Baseline: TBD. Target: 70%.	Pre and Post training tests (survey using PI standard CP tools)	

USAGE OFFICIEL - OFFICIEEL GEBRUIK

Outcome 2	Children, particularly adolescent girls (aged 10-17), receive gender and age-responsive case management services including individual psychosocial support	Number of identified child protection cases, including survivors of SGBV, that receive quality case management response (assessment, case planning, case plan implementation, follow-up, and case closure) Target: 1 225 cases	Case Management database	<ul style="list-style-type: none"> • Key stakeholders in the refugee settlements, IDP sites and host communities support the project; • Markets are functioning • Collaboration and coordination with humanitarian actors, international donors, local authorities and technical services remain positive • International humanitarian actors are well accepted by local communities • The security context remains stable to allow unhindered humanitarian access and project implementation • The influx of refugees and IDPs remains stable in the targeted area <p><u>Prerequisites</u></p> <ul style="list-style-type: none"> • Conflict being exacerbated by the crisis; new conflicts/internal violence and criminality may arise; it acts as a push-factors for forced displacements in Sahel affecting Mali and Niger; • The Ugandan asylum policy remains protective and inclusive; • Governments not effect changes in policy in relation to participation of CSOs in humanitarian affairs.
		% of children in alternative care who are satisfied with the care arrangement (from CPHA Result Framework) Target: 70%.	Alternative Care Client Satisfaction Survey	
		% of children and adolescents who report satisfactory protection service provision that is non-discriminatory, timely, age/gender appropriate and meets their needs. Baseline: TBD. Target: 80%.	Client Satisfaction Survey	
		% of social service workers who receive adequate supervision (in accordance with minimum standards) and support on a regular basis. Target: 80%	Case management supervision report	
Outcome 3	The local child protection system supports at-risk children and adolescents through gender and age-responsive services and community action	% of targeted CBCPMs that are functional and actively identifying, reporting, referring, and following-up on CP cases. Baseline: TBD. Target: 90%.	Annual data collection using survey	
		% of training participants (community members, local authorities, local CSOs, INGOs, CP community structures, para-social workers etc.) who demonstrate an increase in knowledge, skills and/or confidence in relevant CP, gender equality and SGBV topics Baseline: TBD. Target: 80%.	Pre and Post training tests (survey using PI standard CP tools)	
Outcome 4	Disaster-affected children, adolescents and their families have rapid access to life-saving assistance in the immediate aftermath of a shock (crisis modifier)	Average number of days between crisis and response. Baseline: 0. Target: 3.	Endline (Activity reports)	
		Number of people assisted through crisis modifier activation (disaggregated by gender and age). Baseline: 0. Target: TBD.	Endline (Activity reports; Distribution lists; participants list; Survey)	
Activities	R1A1: Establish or rehabilitate child-friendly spaces (CFS) and adolescent girls safe spaces (AGSS)			
	R1A2: Train project staff to ensure safe and effective CFS/AGSS activities			
	R1A3: Organise recreational, awareness and PSS activities, including peer support groups, for boys and girls in CFS and AGSS			
	R1A4: Organise life skills and parenting sessions for adolescent girls and boys and parents/caregivers			
	R1A5: Economic empowerment and livelihood activities for adolescent, particularly girls, at-risk or survivors of violence, abuse and neglect			

USAGE OFFICIEL - OFFICIEEL GEBRUIK

R2A1: Training for case workers/social workers on case management, including caring for child survivors	
R2A2: Provide case management services to children and adolescents at-risk or survivors of violence, abuse and neglect, including SGBV and alternative care for UASC cases	
R2A3: Distribute voucher, cash and in-kind assistance for CP cases, according to protection vulnerability criteria	
R2A4: Identify and train foster caregivers for UASC placements (including family reunification and temporary placement)	
R2A5: Conduct/ Update service mapping and strengthen referral pathways to facilitate access to services	
R3A1: Conduct participatory child-focused protection risks assessment with a focus on gender	
R3A2: Train & support local authorities, national and international service providers, including women-led organizations, other CP, MHPSS and GBV actors and the inter-agency system	
R3A3: Establish, strengthen & continue to support Community Based Child Protection Mechanisms (CBCPMs)	
R3A4: Establish and Strengthen Feedback, Referral and Response Mechanisms	
R4A1: Rapid needs and risks assessment for crisis modifier activation	
R4A2: Deployment of emergency aid for children, adolescents and populations affected by sudden-onset crises	

4.3.2 More detailed information per result

4.3.2.1 Result 1: Children, particularly adolescent girls (aged 10-17), access resources and services that strengthen their safety and wellbeing, and are supported by protective caregiving environments

4.3.2.1.1 At proposal stage

- **Sector:** Protection. **Related sub-sector:** Prevention and response to violence, Gender based violence (Prevention, response, other)
- **Beneficiaries:** ~~10 308~~ **11.888** beneficiaries (3-567 5.791 refugees, 24-1224 IDPs, 6-717 4873 hosts)
- **Indicators for this outcome:** PI's outcome indicators level of Protection from violence results framework; Girls' empowerment measurements
- **Expected outcome and impact**

R1A1: Establish or rehabilitate CFS and AGSS: **Mali:** The project aims to establish and equip 1 new CFS/AGSS in Macina and rehabilitate and equip 1 CFS/AGSS in Kolongo through the project funded by DGD. The safety and suitability of the locations for CFS/AGSS are crucial, with rehabilitation tasks including repairs, security installations, separate latrines, and play areas. Dedicated slots for adolescent girls will be identified in consultation with them to facilitate their empowerment and access to prevention and response services, including SGBV case management. These dedicated slots ensure that the needs of adolescents are considered by hosting gender and age appropriate activities, schedules and facilitators. **Niger:** PI will continue using the 2 fix CFS in Konni and 4 mobile protection units in Madaoua established through the DGD-funded 2023-2025 programme. The mobile protection units will though be improved by the addition of sheds to provide a safer environment, thereby helping to minimise the risks to the children. **Uganda:** PI is already operating in Kyangwali refugee settlement but the current funding is ending. PI will thus equip and carry out light repairs and maintenance in 2 CFS/AGSS **R1A2: Train project staff to ensure safe and effective CFS/AGSS activities:** **Mali:** The team will include 1 CP Officer supervising 2 animators, 2 community mobilisers and 8 community volunteers responsible for psychosocial support and activities in CFS/AGSS as well as 1 case management supervisor and 4 case workers (2 per CFS/AGSS). The entire team will be trained on the code of conduct and safeguarding measures, accountability, child protection and SGBV, SAP and MERL tools. The animators, community mobilisers and the CP Officer will be trained on PI's Laugh and Play manual and on the management of CFS/AGSS. Finally, all the team (except the community mobilisers) will be trained on PI's Parenting and Adolescent Life Skills (PALS) toolkit. **Niger:** ADESP, the partner of PI, will provide age and gender-responsive psychosocial and recreational activities in the CFS/AGSS as well as community mobilisation for vulnerable children and adolescents under the technical supervision of PI Child Protection Officer. To implement these activities, ADESP will recruit 24 animators (4 per CFS/AGSS) and 6 community mobilisers (1 per CFS/AGSS) for both fixed and mobile CFS/AGSS. For case management, PI will hire one Case management supervisor and 6 case workers. All PI & ADESP staff will be trained on the code of conduct and safeguarding measures, accountability, child protection, functioning of fix & mobile CFS/AGSS and SGBV. ADESP staff will be trained by PI on its toolkits (ie. PALS) **Uganda:** PI will recruit 1 CPiE officer supervising 10 CFS animators (2 Male & 8 Female) who will be responsible for psychosocial support and activities in the CFS/AGSS as well as 1 Case management supervisor and 6 case workers to implement the case management activities. There will also be stipends for 70 parasocial workers that will support the CBCPM structures for CVA. TPO, PI's partner for the MHPSS component, will recruit 1 psychiatric clinical Officer, 1 clinical psychologist, 4 social workers as well as 4 volunteer psychosocial assistants to implement the MHPSS activities. PI will train all PI & TPO staff on CFS implementation, code of conduct, safeguarding, first aid, CFS toolkit/implementation, gender equality, disability inclusion, Child Friendly feedback mechanism and communication with children. The training of the CFS/AGSS animators will be aimed at equipping the animators with the required and rightful information to provide PSS activities to

children while ensuring that they acquire knowledge and skills to provide support that meets the needs of girls and develop positive attitudes towards gender equality. TPO will provide Psychological First Aid (PFA) training as well as basic MHPSS training to all staff. **R1A3: Organise recreational, awareness and PSS activities, including peer support groups, for boys and girls in CFS and AGSS** **Mali:** 1200 vulnerable children and adolescents (50% girls) will benefit from recreational activities and psychosocial care to foster their resilience and well-being in the CFS/AGSS. This will be done through structured activities organised by animators and community volunteers and carried out in a safe, child-friendly and stimulating environment. The aim is to provide children and young people with opportunities to play, learn skills, access social support and build resilience to limit the negative impact of emergencies. Separate age and gender (for adolescents) groups will engage in informative sessions and peer interactions on CP, GBV, SRHR, gender equality and in recreational and confidence-building activities. Non-mixed safe spaces for girls and adolescents will foster safe environments for dialogue, participation, and leadership skill development. **Niger:** 900 vulnerable children and adolescents (450 girls & 450 boys) will benefit from recreational activities and psychosocial care in fixed and mobile CFS/AGSS to enhance their psychosocial well-being and resilience. In addition, 6 clubs - amongst the clubs that were set-up during the previous phase of this program - for girls and boys (9-12 and 13-14 years) targeting 144 adolescents (50% girls) will be supported by the partner ADESP to update & follow up on the CP action plans addressing protection risks that they had set-up. The clubs will engage in peer interactions and carry-out educational talks & awareness raising sessions on CP, GBV, SRHR, gender equality, community engagement and media usage for awareness raising with the support of the partners' animators & community mobilisers. They will be provided with animation materials, image boxes and visibility kits to carry out these activities. Close coordination will ensure synergy with CBCPMs' action and involvement of local authorities will ensure buy-in. **Uganda:** 1 214 children & adolescents (70% girls) will benefit from recreational, awareness raising and PSS activities provided by 10 animators (PI) and 4 social workers (TPO) in the 2 CFS/AGSS. Sports & cultural galas will be used for peer discussions & awareness raising to community & stakeholders on CP & SGBV prevention. Regarding PSS, TPO will provide: 1. Psychological First Aid for children & adolescents in need; 2. TEAM Up, a movement-based psychosocial support approach that uses play, games, and group activities to promote emotional resilience, social bonding, and behavioural regulation; 3. Journey of Life (JoL), a complementary approach used in the innovation, employs stories, drawings, and reflective dialogue to help children aged 5-17 make sense of their experiences and build resilience; 4. Problem Management Plus (PM+)- a five-session practical problem management approach (from WHO) for parents/caregivers to enable them to address children facing mild psychological distresses; 5. Referral to clinical care if children present severe psychological distress. Finally, PI & TPO will build the capacity of the different community actors to mainstream CP & PSS into their activities to address highly vulnerable children's needs. **R1A4: Organise life skills and parenting sessions for adolescent girls and boys and parents/caregivers:** **Mali:** 288 adolescents (divided by gender & age 10-14 and 15-18 years old) will be organised in peer support groups and receive adolescent life skills sessions based on PI's Parenting and Adolescent Life Skills (PALS) toolkit and 96 parents/caregivers will be organised in support group and receive training sessions on positive parenting, with a focus on how to prevent CP risks, and where they can go for help based on the "*adolescent life skills*" module. Moreover, awareness raising & dialogue sessions on CP risks, girls' rights, gender, menstrual hygiene, SGBV and SRHR will be organised and 288 dignity kits will be provided to at-risk vulnerable adolescent girls to maintain their hygiene, health safety & well-being. **Niger:** 1920 adolescent girls & boys (50% girls & boys) will be divided per gender and per age group (10-14 and 15-18 years old) and receive adolescent life skills sessions based on PI's PALS toolkit as well as awareness raising & dialogue sessions on CP risks, girls' rights, gender, menstrual hygiene, SGBV and SRHR. PI will collaborate with MDM for the provision of SRHR modules to adolescent girls. **Uganda:** PIU will train animators on PALS & parasocial workers (volunteers) on the Parenting Under Pressure toolkit. In total, 108 adolescents will be targeted with the life skills sessions while 580 parents will be targeted with

positive parenting sessions (PALS & Parenting Under Pressure toolkits). PI will also train CFS/AGSS animators to conduct Menstrual Hygiene Management (MHM) sessions (based on PI Champion of Change & Afri-pad curriculum) targeting adolescent girls who will receive MHM kits upon completion of the session. PIU will work with Health workers on key MHM sessions to ensure adolescent girls have the confidence to speak about their own needs and know how to access SRH services. **R1A5: Economic empowerment and livelihood activities for adolescent, particularly girls, at-risk or survivors of violence, abuse and neglect:** **Mali:** PI will conduct community consultations to identify promising sectors and will train 60 highly vulnerable adolescents (16-24 years with 70% girls) in economic and financial skills. PI will then support them to set-up Income Generating Activities (IGA) to enhance their economic resilience and self-sufficiency. Finally, 6 Youth Savings & Loans Associations (YSLA) groups of 25 members (16-24 years with 70% girls) will be set-up. IGAs & YSLAs offer opportunities for transformative gender change, by equipping girls with knowledge, skills and the ability to generate income. This also helps to create an alternative to early marriage, child labour and other harmful traditional practices. Joint supervision missions will be organised with the governmental technical services to ensure these activities are properly implemented and ensure the engagement & longer term follow up of these activities **Niger:** 250 highly vulnerable adolescents (15-17 years old among which 60% girls) will be trained in economic and financial skills by ADESP and supported to set-up their IGA (by PI) & YSLAs (by ADESP). Moreover, 300 adolescent girls (not benefiting from IGAs) will be trained (short trainings) in 3 sectors selected by the adolescent girls during the previous program: in bakery, sewing and cosmetics. **Uganda:** 75 at-risk adolescent girls will be trained on Enterprise Your Life Model (EYL) modules for youth economic empowerment and supported through YSLAs & IGAs. In order to support the adolescents and improve their savings, community-based trainers will provide continuous mentorship and monitoring to the YSLA groups. PI will also support identification and linkage with financial and government institutions including market linkages to facilitate integration and sustainability. Finally, PIU will assist the adolescent girls to obtain registration and certification with Uganda Registration Service Bureau (URSB).

4.3.2.2 Result 2: Children, particularly adolescent girls (aged 10-17), receive gender and age-responsive case management (CM) services including individual psychosocial support

4.3.2.2.1 At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Prevention and response to violence, Support to separated and unaccompanied children, Gender based violence (Prevention, response, other).
- **Beneficiaries:** ~~2-754~~ 3.301 beneficiaries (~~1252~~ 2.753 refugees, ~~897~~ 110 IDPs and ~~566~~ 438 host)
- **Indicators for this outcome:** PI's outcome indicators level of CPIE results framework; CPMS Indicator
- **Outcome-related activities:**

R2A1 Training for case workers/social workers on case management, including caring for child survivors 1 case management supervisor and 4 case management workers (2 per CFS/AGSS) in **Mali**; 1 case management supervisor and 6 case workers in **Niger**, and, 6 case workers, 4 social workers, 1 case management supervisor as well as 1 information management intern in **Uganda** will be trained on CP case management, the Best Interest Procedure (BIP) guidelines for case management, case management for UASC including family reunification and temporary placement, Core Humanitarian Standard (CHS), PFA, PSS, gender & CP in emergency, caring for child survivors of sexual abuse, communication with children, PI Global CP training Package, Gender Transformative Programming, disability inclusion in case management and CM supervision. **R2A2: Provide case management services to children and adolescents at-risk or survivors of violence, abuse and neglect, including SGBV and alternative care for UASC cases:** PI's case workers and community volunteers will be trained and will provide urgently needed, quality child and adolescent-centred and gender-responsive case management services. CP cases will include survivors of SGBV and UASC. PI will prioritize identification, assessment,

establishment of case plan and close follow-up of children and adolescents at risk or presenting protection-related needs until case closure, aligned with CPMS guidelines for the case management steps and country SoPs. Based on the individual vulnerability assessment and the case plan, PI will implement a package of protection services comprising: direct psychosocial support, referral to service providers, support to access referral services, and mixed assistance, composed of both cash and in-kind assistance, on the basis of identification by case-workers (R2A3). **Mali:** 4 case management workers (2 per CFS/AGSS) supported by 1 case management supervisor will manage 125 cases, including 15 UASC. In **Niger:** 6 case-workers, supported by 1 case management supervisor, will manage 350 cases, 50 including UASC. **Uganda,** a team of 6 case-workers, supported by 1 case management supervisor, will manage 750 cases (500 girls & 250 boys), including UASC. Child protection and SBVG safe and survivor-centered case management will support survivors and children at risk of violence, including SGBV, abuse, exploitation and neglect. It will support to heal, regain trust in adults and oneself, and build a positive outlook on life. In Mali, Plan will contribute to preventing and delaying child marriage, as one of the most recurrent protection concerns, and other forms of violence. Oftentimes, it is not possible to stop child marriage due to cultural and traditional factors. Nevertheless, PI and partner CWs will work to delay child marriage. This allows girls to continue their education/or participation in safe spaces and community activities and reduces the potential negative impact on physical and mental health caused by early marriage and early pregnancy. In all locations, the system of capacity strengthening and quality supervision for CWs is a key component of quality case management and ensure duty of care towards CWs. Adequate supervision allows for reduced risks for children during CM by supporting CWs to deal with high-risk cases, gain mutual learning, share decision making on cases, and receive emotional and technical support for better CP outcomes in CM.

R2A3: Distribute voucher, cash and in-kind assistance for CP cases, according to protection vulnerability criteria:

Before any CVA and in-kind assistance intervention is implemented, PI staff and key stakeholders will be trained on CVA methodologies and a CVA risk analysis will be completed. Awareness raising will also be conducted with community members on the purpose of the CVA, target beneficiaries, monitoring and feedback mechanisms to ensure social cohesion and prevent sexual harassment, exploitation and abuse (SHEA) and other safeguarding incidents linked to distributions. Post distribution monitoring will be systematically conducted and findings disseminated to inform the next distribution. **Mali:** Under the scope of case management (R2A2) and through best interest assessments (BIA), PI will cover the cost of referral for the 125 CP cases. 15 highly vulnerable UASC will in addition receive an NFI kit including clothes, shoes, toothbrush etc depending on the identified needs of the child during CP assessment. **Niger:** Under the scope of case management (R2A2) and through best interest assessments (BIA), PI will cover the cost of referral and provide material assistance through NFI kits (which include soap, shoes, mosquito net, clothes, bucket, sanitary towel, perfume & a kettle) to 350 CP cases. **Uganda:** Under the scope of case management (R2A2) and through best interest assessments (BIA), PI will cover the cost of referral and PI will provide cash assistance to 629 children. PI and partners provide cash/in-kind assistance and economic empowerment activities (R1A5) within CM to address and mitigate protection risks and prevent future ones. These activities address both immediate and long term basic and financial needs, as identified in the CM action plan, linked to poverty and food insecurity exacerbated by displacement. On the one hand, cash/in-kind assistance 1) decreases the risk of engaging in negative coping mechanisms such as child marriage, labour and exploitation; 2) ensures meeting basic needs for a period and 3) access to services that are not free of charge (medications, transportation, etc). On the other hand, economic empowerment activities, that target primarily adolescent girls, offer the opportunity to create long-term economic stability, empowerment and agency, which contributes to decreasing SGBV risks and building towards a shift in gender roles and equality. These services contribute to a sense of dignity and empowerment, improved wellbeing and cohesion as tension caused by economic hardship is reduced within the family environment. Economic empowerment and livelihood activities are here presented together since economic empowerment activities are also dedicated to survivors and

adolescents at risk who are in CM. The combination of services aims at supporting the most vulnerable adolescents, especially girls such as adolescent mothers, with a gender and age responsive comprehensive package of services (e.g. CM, IGA and participation in PALS programme - R1A4 -) to maximize impact and ensure sustainability. **R2A4: Identify and train foster caregivers for UASC placements (including family reunification and temporary placement)**: Through the CM process (R2A2), PI case workers will ensure the holistic care of UASC through identification, psychosocial support, documentation, family tracing and support to family reunification in coordination with the key stakeholders (including the Belgian Red Cross in Uganda) involved in family tracing and reunification. PI, in coordination with the local authorities, UNHCR and other CP partners, will support the selection, training and monitoring of transitional foster families, in order to prevent any protection risk associated with fostering. **Mali**: 15 foster families will be identified, trained in positive parenting and monitored by case workers. To cover the needs of the foster child, each foster family will receive two cash transfer of a value of 64€ and an NFI kit, comprising - among other things - a mattress, sheet, blanket, mosquito net, bucket, cutlery, soap, jerrycan for water and a backpack. **Niger**: 50 foster families will be identified, trained in positive parenting and monitored by case workers. These 50 foster families will receive NFI kits (which include a bucket, perfume, bedsheets, soap, cream, mosquito net, a mat, clothes, briefs, a bag, fabrics and a pair of plastic shoes for girls) and food items (rice, beans, cooking oil, etc) to support the placement of the 50 UASC in foster families. **Uganda**: In Uganda, will depend on the needs identified during case management. PI and partners want to address the limited availability of family-based care for unaccompanied children by selecting and training foster carers and by facilitating the set-up of foster carers' networks for mutual support. Training helps foster carers create a safe environment that is conducive of the development of the child's potential. This also positively impacts the biological children of the foster family, thus contributes to creating a positive parenting culture and combats harmful gender norms. This activity aims to supporting children with a safe family environment where their basic needs are met, where they can participate in community activities and attend school. Safe family-based care prevents child labour, exploitation, trafficking, child marriage and neglect contributing to the healthy development of the child to realize their full potential. **R2A5: Conduct/ Update service mapping and strengthen referral pathways to facilitate access to services: Mali, Niger and Uganda**: PI will carry out or update the mapping of formal and informal CP and SGBV services in the targeted communities in. The mapping will be printed and disseminated, to ensure better coordination and support of survivors by service providers.

4.3.2.3 Result 3: The local child protection system supports at-risk children and adolescents through gender and age-responsive services and community action

4.3.2.3.1 At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Protection information dissemination, Prevention and response to violence, Capacity building (Protection)
- **Beneficiaries:** 4-247 10.099 beneficiaries (320 1.415 refugees, 304 3.920 IDPs and 3-623 4.764 hosts)
- **Indicators for this outcome:** PI's outcome indicators level of CPIE results framework; GEM scale
- **Outcome-related activities:**

R3A1: Conduct participatory child-focused protection risks assessment, with a focus on gender. To strengthen the protection of children and adolescent, a participatory risk mapping will be conducted in the targeted communities in collaboration with community-level CP structures, children and adolescents. PI's "*Child-Centred Multi-Risk Assessments toolkit*" will be used to gain a comprehensive understanding of the multiple risks in children's and adolescents' environment, including pre-existing risks and new risks that emerge during and after crisis. PI will ensure that risks faced by girls and adolescent girls specifically due to their gender and age, including SGBV, are reflected in the risk assessment. Results of the assessment will be widely disseminated. Following this, CP actions plans by members of CBCPMs will be developed - or updated if

developed in the past program- to mitigate the risks identified. In these child and adolescent-led participatory assessments of CP and SGBV risks and existing resources, children take the lead within their communities and identify risks and possible ways to prevent and respond to those risks. This builds confidence, a sense of belonging, participation and ownership for children and adolescents and ensures that actual needs and risks are identified and addressed. This activity is particularly impactful for adolescent girls who have fewer, if no, opportunities to participate in community life and express their views and wishes. All other stakeholders who participate in the mapping such as members of the formal and informal CP systems (service providers, community-based CP mechanisms, refugee led-organisations, etc.) have an opportunity to increase their understand on child rights and protection, to hear from children and look at the community through their eyes. **R3A2: Train & support local authorities, national & international service providers, including women-led organizations, other CP, MHPSS & GBV actors and the inter-agency system:** **Mali:** PI will train 25 formal and informal actors during 3 days on the Minimum Standards for Child Protection in Humanitarian Action, identification and referral of CP cases, how to react to a disclosure of a SGBV incident, child-friendly communication, fundamental concepts related to SGBV and gender equality. PI will also provide a 5-day training on child protection and SGBV case management to build the capacity of case management actors in the quality, confidentiality and safety of gender- and age-sensitive case management services. PI will also support the setting up of a consultation framework for actors involved in child protection at local level (Macina cercle). **Niger:** During the first phase of the program, PI supported coordination efforts by training state actors, national and international NGOs on child protection, GBV, and safeguarding. It contributed to the creation of child protection and GBV sub-working groups in Madaoua and Konni. In this next phase, PI will continue strengthening coordination with protection actors at regional and departmental levels by supporting case conferences, working group meetings, and joint advocacy initiatives. Capacity building will be delivered to 50 key actors involved in child protection, including justice officials, teachers, social workers, humanitarian coordinators, and community services. Two 3-day training sessions will be organized—one in Madaoua/Konni at project start, and one in Tahoua near the end, focusing on scaling and sustainability. Plan Niger, as an active member of the CP and GBV working groups, will support inter-agency technical development, coordination tools, and priority setting. Eight coordination meetings and one community-led forum are also planned. **Uganda:** PI will conduct a 3-day training for 40 key service providers—such as police, health workers, and local leaders—on child protection, juvenile justice, SEA reporting, and gender equality. Follow-up monitoring and quarterly coordination meetings will ensure knowledge is applied. Stakeholders such as teachers, community leaders, health workers, justice officials, etc. as mentioned above are trained to increase their awareness and technical capacities to further improve and adapt their work to age and gender needs, for safe and adequate services. This increases access and quality of services for children and fosters a better understanding of the needs and problems faced by children and adolescents in the community. This training and regular overall support provided to these stakeholders, who act as frontline responders, contribute to reducing the number of children/adolescents who fall through the cracks, that is triggered by access barriers and lack of knowledge and awareness among service providers. Training, regular technical support and awareness also mitigate the risk of abuse and stigmatisation, increase accountability of service providers and facilitates a help seeking behaviour of children vis a vis the community stakeholders. **R3A3: Establish, strengthen and continue to support CBCPMs:** In refugee camps, IDP settings and vulnerable host communities, the needs assessments revealed gaps in capacity of community-level protection mechanisms. To address these gaps, PI will establish, strengthen and continue to support CBCPMs through capacity building and material support. These structures play a key role in prevention and response to CP incidents. It is essential for these structures to reflect the diversity in the communities: representatives of refugees, IDPs and vulnerable host communities, age and gender balances. Working with CBCPMs encourages community engagement & commitment in being more involved in looking for solutions that benefit the community in general and children in particular. These structures are also involved in

community awareness raising campaigns under regular supervision of PI's Protection Teams. Moreover, they play a critical role in the resilience and long-term impact of the action after its implementation. **Mali:** 15 CBCPMs including 150 members will be established or revitalized through community consultations. 25 CBCPM members will be strengthened on SGBV, child protection in emergencies and children's rights, as well as on awareness-raising techniques, psychological first aid, identification and referral of vulnerable children and mapped services available. They will later train the rest of the committee members. At the end of this capacity-building session, the local child protection committees will receive technical and financial support (through two transfers of 457,5€ per CBCPM and an NFI kit per member including a register, pens, a phone & a bag) to draw up and implement their action plan, based on the results of the multi-risk child protection assessment. These action plans will serve to strengthen the protective environment within the communities through awareness-raising and advocacy and will be evaluated periodically in consultation with the community child protection committees and the communities benefiting from the project. **Niger:** PI and its partner ADESP will evaluate the existing CBCPMs to identify support needs and provide targeted capacity strengthening in child protection, GBV, safeguarding, child-friendly referral pathways, data collection, and community engagement. 6 CBCPMs including 72 members (12 members per site) will draft/update and implement / continue to implement their action plans developed with children and youth and will be supported through NFIs kits (including meeting supplies, chairs, etc). To enhance sustainability, IGAs will be set up for the CBCPMs (eg. livestock, agricultural activities) for them to fund ongoing protection activities and emergency referrals, especially in remote areas. Regular mentoring and coaching will be provided by ADESP to the CBCPMs, alongside monthly or quarterly follow-up meetings. Two regional learning workshops will be held to capture and share good practices. CVPEs will also engage with communal committees to integrate child protection into local development plans **Uganda:** The project will strengthen CBCPMs through the training and support of para-social workers. A total of 70 para-social workers will be trained on their roles and responsibilities using the Ministry of Gender, Labour and Social Development (MoGLSD) manual, and 20 of them will further receive basic training in Mental Health and Psychosocial Support (MHPSS) to enhance their capacity to respond to the emotional and psychological needs of vulnerable children and families. To support their effectiveness, para-social workers will receive stipends, working materials such as stationery, job aids, gumboots, umbrellas, and branded T-shirts for visibility. Additionally, they will be trained in Village Savings and Loan Associations (VSLA) and supported with a start-up kit including a revolving fund to enhance their economic resilience. The project will also facilitate the implementation of monthly action plans developed during para-social workers' meetings to ensure continued community engagement and delivery of quality child protection services. The action plans will involve awareness raising on GBV and CP risks. Children, especially girls (75%), will engage in child-led parliaments in order to ensure that issues affecting children are raised to the stakeholders for action and participate in thematic events like the International Women's Rights day. PI will support the Ministry of Gender in developing and disseminating a national PSS manual and key child protection strategies (i.e. strategy to End Child Marriage and teenage pregnancy, national child policy, national child participation policy, para-social workers handbook etc.). The Uganda Child Helpline will be strengthened, and support provided for case follow-up and documentation. PI community-based approach to child protection and SGBV includes the support to CBCPMs, which aims to strengthen the local CP system, ensure sustainability and a better protective environment for children. CBCPMs play a vital role in sensitizing communities and responding to child protection risks, while also fostering inter-generational dialogue and unity between host and displaced populations. In CFS/AGSS, CBCPMs and other community spaces, children and adolescents are empowered to advocate for their needs and protection concerns with communities and authorities. Supporting CBCPMs allows to further extend the net of frontline responders that can support children and families. It helps ensure safe access to services and build awareness around violence against children, child rearing, harmful social norms and gender equality. CBCPMs enjoy community acceptance, have contextual knowledge, commitment to strengthening the protective environment

as well as safe child participation at community, regional and national level. **R3A4: Establish and Strengthen Feedback, Referral and Response Mechanisms:** PI will establish robust, child-friendly Feedback, Referral, and Response Mechanisms (FRRMs) to ensure children and communities can safely express concerns and influence programming. These systems, developed through community consultations, will include suggestion boxes, toll-free numbers, mobile complaint desks, and community focal points. Mechanisms will be inclusive, gender-responsive, and confidential, aligned with Plan's SOPs and global standards. These mechanisms offer an important avenue for community members to provide feedback on programming, needs and risks that Plan takes into account to adjust and improve programming. These mechanisms also offer an important opportunity to raise safeguarding concerns that are immediately addressed by plan.

1. Result 4: Crisis Modifier

4.3.2.3.2 At the proposal stage

Sector: Protection

- **Related sub-sector:** Prevention and response to violence, Support to separated and unaccompanied children
- **Beneficiaries :** 16.704 beneficiaries (4.117 refugees, 4.327 IDPs and 8.260 hosts)
- **Indicators for this outcome:** KRI ECHO (CM)
- **Outcome-related activities:**

R4A1: Rapid needs and risks assessment for crisis modifier activation: In the case where a crisis that activates the crisis modifier occurs, PI will conduct a rapid assessment in relevant location to identify immediate child protection risks arising from the new crisis, such as child separation, SGBV, exploitation, abuse or psychosocial distress. The response will be built based on the finding on this assessment. **R4A2: Deployment of emergency aid for children, adolescents and populations affected by sudden-onset crises:** *Activation options (type of shocks and thresholds):* The activation options retained are those listed in the internal SOPs described in PI's Preparedness Plan - Orange Alert and Red Alert criteria. These will include mass displacement/influx; natural disasters, famine and important deterioration of the security situation caused by conflict. *Target population:* Children, adolescents IDPs, refugees and from vulnerable host communities and their families in the areas targeted by the project and who will be affected by a sudden onset crisis. *Type of assistance to be provided and timeline:* Assistance will be provided within 72 hours of the crisis modifier being activated and Rapid Needs Assessment issued. It will be implemented during the acute response phase and will include the following activities, based on the communication with DGD: (1) Cash transfer and material distribution; (2) Identification and registration of separated and unaccompanied children; (3) Emergency psychosocial assistance & psychosocial support, including PFA, recreational activities in temporary CFS and awareness raising on protection risks and services. Plan will inform the DGD as soon as possible before the CM is activated. In the event of the CM not being activated by 2 months before the end of the Programme, the budget may be allocated to strengthen the activities of psychosocial support and material assistance to the targeted IDPs, refugees and vulnerable host communities. *Planned budget & Justification:* 5% of each outcome budget has been budgeted. *Description of preparedness measures already in place:* **In all countries**, internal SOPs as described in PI's Disaster Preparedness Plan are in place, including emergency policies, Disaster Preparedness Plans and trained Emergency Response Teams in place. Other preparedness measures in place include PI's internal network (Global Hub and Regional Disaster Response and Preparedness Team and Leadership Team) that supports and guides PI County Offices in case of any important crisis. Additionally, in **Mali:** PI has prepositioned food products and NFI emergency kits in emergency offices (Ségou, Timbuktu, Gao and Mopti)

2. Work plan (e.g. annex Gantt chart) Annex

The revised document is annexed to this Single Form.

4.4 Monitoring, evaluation, audit and other studies

4.4.1 Monitoring of activities (explain how, by whom)

4.4.1.1 General Monitoring

PI will continuously monitor the implementation of the project throughout the project cycle. It will be done by the M&E staff, with close supervision from the M&E coordinator/focal point in each Country Office, in collaboration with the implementation team and team in Brussels. The project's approach to monitoring is based on principles of knowledge management, emphasizing robust and efficient generation and use of information to guide management and strategic decisions. During the inception phase, the team will lead the development of the MEAL framework and monitoring tools. The MEAL plan will be drafted in line with the logical framework and will include i) indicators, ii) their means of verifications, iii) frequency of routine reporting and iv) responsible stakeholders. The main MEAL tools and mechanisms will include: (i) Activity Performance Tracking Tables (APTT) to track and update, on a monthly basis, the progresses at both output and activities implementation level. (ii) PI teams' periodic progress reports, including financial and monitoring data focusing on progress, beneficiary feedback, challenges encountered, lessons and following plans. The program and finance teams will be responsible for producing financial and narrative progress reports. Financial monitoring will be ensured through PI's accounting system and expenditure will be subject to audit by the PI Global Assurance team. (iii) Routine monitoring of training sessions through documentation of monthly training schedules that show who and number of expected participants. (iv) Complaints and feedback mechanisms to determine the quality of the services delivered will be developed, in consultation with the community. During activity follow-up by the Program team, consultations will be held closely with CBCPMs to actively seek complaints and feedback from beneficiaries. The feedback mechanisms will be confidential, child-friendly and accessible for those with disabilities and those who are illiterate or homebound.

4.4.1.2 Fraud prevention and updated measures/ lessons in case of fraud in previous program

PI' has a very strong global Counter Fraud Policy which is updated regularly and promotes fraud prevention & mitigation. Based on the experiences of fraud within the last 5 years, we have taken the following lessons learnt: 1. The selection process for implementing partners must be carried out rigorously, especially in highly fragile and insecure context; 2. The implementing partners must undergo due diligence every two years in order to create a database based on their expertise. This enables the identification of the appropriate partner for any given theme; 3. Prior to signing the partnership agreement, it is necessary to thoroughly evaluate the implementing partner's capacity and capability in diverse areas, such as financial management and internal control procedures; 4. Depending on the outcome of the due diligence process, a capacity building action plan must be prepared for the pre-selected implementing partners; 5. All the partnership agreements must specify the required procedure to be followed. If the due diligence process reveals that the internal procedure of the implementing partners is insufficient, the Plan International procedure will be implemented; 6. All partnership agreements must feature an anti-fraud declaration, which requires the implementing partner to pledge not to engage in any

Risk & Fraud Management:

Needed Shifts to durably mitigate the risk of Fraud



fraudulent activities. Additionally, Plan International will provide fraud awareness training to its own staff and those of its implementing partners on a regular basis; 7. Implementing partners must be

closely and consistently monitored; 8. If regular mismanagement is noted during the overseeing of the implementing partners, despite investing in training and capacity building, it is essential to suspend the partnership agreement. This strategy of the Counter Fraud Unit (CFU) concerning fraud and corruption is based on the principles of: *Prevention:* prevention and awareness training to Plan International staff and implementing partners continues to be a core part of our strategy. Internal audit findings are also a key component in identifying control weaknesses and opportunities for fraud. *Deterrence:* We provide recommendations about disciplinary processes, blacklisting external parties involved in fraud. We ensure that the code of conduct is more widely known and properly applied; *Detection:* enhancing our predictive intelligence through better data analytics from our new audit software; *Response:* The Counter Fraud unit has been reinforced by new recruitments. Country Offices conduct investigation training for staff and National Organisations and have more than 100 trained investigators; *Remediation:* Specific recommendations provided during investigations/fact-finding/review of processes. In terms of collaboration with Country Offices, National Organisations and Regional Hubs, the CFU provides technical support to COs and NOs for fraud risk mitigation; support COs in overcoming challenges, strengthen the Regional Hubs' continuous oversight of critical risks/controls/indicators in COs; reflect on key learnings from fraud. Management Actions and Learning: all the Regional Hubs, are developing a risk mitigation plan as a result of the significant frauds suffered (see below). This recognizes that the route to better managing fraud risk requires improvements in systems, processes and culture.

At PI Belgium level: All staff involved in project and programme implementation will be trained every two years on the five anti-fraud principles: prevention, detection, deterrence, response, and remediation. PI Belgium will continue to carry out an extensive risk assessment of its portfolio and collaborate closely with PI Country Offices, the Regional Hubs, and Plan International Headquarters (Global Hub) to ensure the efficacy of Plan International's procedures, processes, and systems in tackling challenges associated with the context and working with local partner organisations. Finally, PI Belgium will take, particularly in humanitarian programs, a precautionous approach in terms of budget allocated & directly managed by the partners. Our new partnership policy encourages transparent, solid & sustainable partnerships in order to progressively allocate more and more budgets to be managed autonomously by the partners.

5. CROSS-CUTTING ISSUES

5.1 *How does the program address the protection Risks*

5.1.1 **Describe how the program will contribute to the protection needs of the people in the intervention area. Please specify how the program intend to address the protection risks and how it will contribute to mitigate or reduce the protection risks identified above.**

This program aims to address critical protection risks affecting vulnerable populations (IDPs, refugees & host communities) —especially children, adolescents, and particularly adolescent girls—in Uganda, Niger, and Mali. The program is structured around a multisectoral protection strategy that integrates Child Protection (CP) & Gender-Based Violence (GBV) prevention and response as well as Psychosocial Support (PSS) services, using a holistic, community-based approach.

To respond to widespread protection risks such as child marriage, gender-based violence, child labour, and the high number of unaccompanied and separated children (UASC), the program will provide age and gender-responsive packages of protection services, with special attention to girls and at-risk adolescents. This will ensure that children and adolescents and their communities living in refugee, IDPs settings or vulnerable host communities, receive relevant, timely, quality, empowering and inclusive humanitarian assistance. Case Management and Referral Systems: In all three countries, the program strengthens child protection case management systems. This includes identifying at-risk children and adolescents, ensuring safe referrals to appropriate services (legal, medical, psychosocial), and providing direct support, especially for UASC. Trained case managers and social workers will play a key role in offering survivor-centred and confidential services. Community-Based Protection Mechanisms: The program revitalizes or establishes CBCPMs, youth clubs, and women's groups to monitor, report, and respond to protection risks at the community level. These mechanisms are built to be gender-responsive, inclusive of people with disabilities, and culturally appropriate. Safe Spaces and Access to Services: Child-Friendly Spaces

(CFS) and Women and Girls' Safe Spaces (WGSS) are central to creating protective environments where psychosocial support, structured learning, and life skills training can occur. These spaces also function as access points for SGBV survivors and at-risk adolescents to receive support and protection information. Psychosocial Support (PSS): PSS services are offered across all intervention areas to respond to the psychosocial impacts of violence, displacement, and poverty. These services aim to foster emotional resilience and reduce trauma.

PI's response strategy is holistic: it responds both to the immediate needs of children and adolescents, with life-saving services of protection, while also working with key target groups (primary duty-bearers, i.e. caregivers, secondary duty-bearers, i.e. community members, local authorities, and service providers). The approach ensures a nexus-oriented programme and a strong focus on building local capacities, which promote an enabling and protective environment for children and adolescents affected by the humanitarian crises. CP services will be delivered by trained and skilled case-workers, to identify and provide quality and relevant protection support to children and adolescents most vulnerable (including children and adolescents survivors of SGBV, UASC, children at risk), material support to adolescents and / or their caregivers. Cross-cuttingly, a strong attention to SGBV prevention and empowerment strategies will be implemented, towards adolescents, especially adolescent girls. The response will emphasize support to girls and adolescent girls safe spaces, for dialogues, information and access to services is delivered, and leadership and empowerment programmes are implemented, as girls of all ages expressed the desire to gain life skills through engagement, education on SRHR and to develop financial skills and IGA.

5.2 How will the program implement localisation

1. Describe the program's localisation's strategy and actions (percentage of funding going to the local partner, conditions of partnership, participation and Accountability to affected populations)

Plan International Belgium (PIB) has developed a robust and ambitious localization and partnership strategy (PIB's 2027–2036 Partnership Policy) is grounded in equity, trust, shared responsibility, and long-term impact. This program translates that vision into practice by working in collaboration with trusted local organizations, as well as community actors on an equal footing, aiming at drawing on our respective skills, knowledge and resources. PIB recognizes that sustainable social change is most effective when driven by those directly affected, and thus places strong emphasis on mutual capacity building, co-creation, and long-term engagement. Within this program, PI will work with one local psychosocial support (PSS) partner in Uganda, TPO, who will be implementing within the CFS/AGSS under the technical supervision of PI and will be allocated 27% of all direct costs of this outcome. In Niger, PI will also work with one local partner, ADESP, who will implement all the recreational & community mobilization activities under the technical supervision of PI and be allocated 17% of all direct costs. PI will share its overhead costs with the partners to contribute to their institutional sustainability.

Partners were identified through a transparent process where selection committees assessed different organizations on selection criteria. The selection was based on their legitimacy and trust within communities, alignment with programme mandate and strategy, and proven operational capacity.

- Community legitimacy and trust: both TPO and ADESP have deep rooted acceptance and strong credibility in the target communities;
- Alignment with program mandate and strategy: each partner mission is closely aligned with PI focus on child protection and gender equality, and their technical expertise is complementary to Plan International;
- Operational capacity and accountability: TPO has well-established systems to manage large-scale programs, while ADESP, though more recently established, has proven structures to contribute meaningfully to the program.

All partners undergo due diligence and risk assessments adapted to their maturity and size. Building on lessons learned from past challenges in Mali, PIB has adopted a differentiated risk approach that avoids overburdening smaller organisations with compliance while focusing on supportive

capacity strengthening. Local partners are not only implementers but also co-creators in this program, as both contributed to the needs assessment and proposal design and will participate in joint program reviews, community consultations and monitoring missions where their recommendations directly inform programme adaptation.

Project governance will be ensured through dedicated committees that include both local partners and community representatives, meeting regularly to guide and oversee implementation. The functioning of these committees will be outlined in the protocol de mise en oeuvre in Niger and in the MoU with partners in Uganda. Local partners will have decision-making power on community action plans, administrative costs, and localisation priorities.

Mutual capacity sharing between PI and its partners will take place through trainings, exchanges, lessons learnt on best practices etc. Dedicated resources are allocated for capacity strengthening of partners as identified through the due diligence process, including training and mentoring. In Uganda, this includes training and mentoring of 70 para-social workers on safeguarding, case management and VSLA. In Niger, it includes annual trainings and, on-the job-mentoring on operational and financial management, compliance and supply chain.

Local partners will also be linked to existing Humanitarian Platforms in the country where their leadership and contributions can be made more visible. In Niger, PI also co-facilitates the localisation working group in Tahoua with UNOCHA, ensuring that local NGOs, community representatives, and state services jointly influence humanitarian strategies. This approach aims to progressively transfer greater responsibility and direct funding to local actors, ensuring they are better positioned to independently access and manage international donor funding in the future.

All partnerships are governed by formal agreements that define shared objectives and mutual accountability, non-negotiables (e.g., zero tolerance for safeguarding violations...), and monitoring mechanisms including regular partnership reviews and joint evaluations. Through these measures, PIB ensures that localisation is not only a principle but also a practice embedded in day-to-day programme implementation, progressively transferring greater responsibility, visibility, and resources to local actors. In Mali, following the suspension of activities due a fraud case, PIB, PI global hub and PI West and Central Africa regional hub reassessed the overall performance of the country office in Bamako and put in place robust control and monitoring mechanisms. Considering the above, this program cycle will not channel funding through local partners but will focus on reinforcing PI Mali's internal systems (administrative, technical and operational) and in mapping potential organizations that could become partners in the next program cycle. This ensures that, while implementation is direct for now, the approach still builds the foundations for future, sustainable localisation plans. Participation and accountability to affected populations are central to the approach and are embedded across the programme through a combination of partner-led and community-based mechanisms. Community-led structures (CBCPMs, youth groups, refugee welfare councils...) will play a central role in service delivery and accountability. Feedback and complaint mechanisms will include child-friendly focus groups, complaint boxes, scorecards and community focal points, all designed to be inclusive, confidential, age and gender-responsive. Community engagement will be sustained through action plans, awareness-raising events, and local fora, ensuring that children, adolescents, and caregivers can directly influence programme priorities and implementation.

3. Describe how the program builds on previous programs

1. Describe how the program has integrated potential lessons learned from previous programs

PI has applied key lessons learned from ongoing Child Protection in Emergencies (CPiE) programs to inform the design of this intervention. These programs have focused on improving multisectoral protection services for children and their families, including strengthened referral pathways for cases requiring support from other stakeholders. One key lesson integrated into this project is the effectiveness of linking Child Protection (CP) case management with Cash and Voucher Assistance (CVA). This approach has contributed to improved family cohesion, with noticeable increases in parental engagement—particularly from fathers—in caregiving and household decision-making. Families reported strengthened relationships, and children and caregivers, especially mothers, felt

more empowered to jointly decide how cash resources were used. In addition, past projects demonstrated the importance of embedding inclusion and gender throughout implementation. PI ensured that project activities deliberately include persons with disabilities, adolescent girls, and other vulnerable groups. Gender-sensitive communication, accessible spaces, and diverse representation among participants were critical to ensuring equitable participation. This experience reinforced that inclusive planning must be intentional from the outset to avoid unintentional exclusion and to maximise the impact and reach of protection programming.

Child and Adolescent Safe Spaces have also played a key role in the provision of psychosocial support to children and adolescents through both structured and unstructured activities. These include communicative, manipulative, physical, recreational and life skills-based activities that foster emotional wellbeing and personal development. Beyond their psychosocial function, these spaces have served as key entry points for identifying at-risk adolescent girls who may benefit from targeted interventions such as business skills training and mentorship. These spaces continue to act as an entry point for the identification of at-risk adolescent girls to be considered for interventions and support such as business skilling. These spaces continue to provide venues for convening community structures, trainings and meetings for various project activities. Additionally, the spaces host child participation activities which is key in child protection as it ensures activities are led by children and are conducted in a child friendly manner i.e. the children actively participated in the established Child Friendly Feedback Mechanisms). Safe spaces also provide critical venues for engaging community structures, hosting trainings, and conducting coordination meetings for various project components. Importantly, they have created opportunities for child participation—an essential element of child protection—by ensuring activities are led by children and delivered in a child-friendly manner. For example, children actively contributed to the design and use of Child-Friendly Feedback Mechanisms (CFFM), strengthening accountability and responsiveness.

Finally, adopting a community-driven approach through engagement with community-based child protection mechanisms significantly empowers local structures to take the lead in promoting the safety and wellbeing of children. By involving communities in identifying risks and co-creating solutions, the approach strengthened ownership, built local capacity, and contributed to the long-term sustainability of protection interventions.

5.3 What is the level of sustainability of the activities of the program

5.3.1 Describe the expected level of sustainability of the activities of the program

PI's action planning includes an exit strategy, which will be developed in consultation with refugees, PDIs and beneficiaries from host communities to ensure the sustainability of project interventions in the last months of the action. The approach will be contextualized for each Country Office, and will be systematically aligned with the requirements of regional refugee frameworks, national and governmental policies. At beneficiary level: Children, adolescents, caregivers will benefit from capacity-building actions that will strengthen their skills, resilience, empowerment (increased agency) and self-reliance. The skills acquired by community workers and institutional actors will have a lasting impact not only for the current case load of at-risk children and adolescents in refugee and host communities, but also for potential new arrivals in refugee settlements and future IDPs and children in host communities. At community level: The action will either rely on and build capacity of existing structures and persons of influence or set up and build capacity of CBCPMs for which gaps and needs have been identified. The aim is to strengthen the local community-based capacities to prevent and respond to protection risks for at-risk children, particularly adolescent girls, in order both to ensure sustainability of the action and local ownership. At institutional and policy level: Key stakeholders, service providers, local leaders and influencers will benefit from strengthened capacities in terms of CP, SGBV, gender equality, protection risks, needs and services, which will trickle down in the long term to provide a safe and protective environment for children, adolescents and their caregivers. At economic level: Through its CVA, YSLA and IGA components, the action will reduce financial barriers to strengthen CP in communities, and empower adolescents, youth, and parents and caregivers to generate their own income, enabling them to meet their needs, and reduce their negative coping mechanisms, and empower girls and young women to challenge harmful practices.

5.4 Continuum/Nexus strategy (Linking Relief, Rehabilitation and Development)

5.4.1 Describe how this program will fit in the nexus framework

The action will adopt, by the nature of the activities and because of the nature of the context, a nexus approach, working towards the achievement of short-, mid- and long-term outcomes within the targeted communities. Several activities will be put in place to address the immediate urgent needs of vulnerable at-risk populations, such as protection case management activities and cash-based support. At the same time, the capacity of communities and key actors will be built to achieve longer-term sustainable outcomes. The continuity of this intervention, and particularly the link between relief, rehabilitation and development will be ensured by strengthening community based and national institutional CP and SGBV actors and mechanisms, including State services at district local level e.g. schools, health centres, police, line ministries, as well as advocacy actions targeting various stakeholders. In addition, PI's action is nexus-based by the gender-transformative strategy that is cross-cutting throughout the activities: by working with beneficiaries through empowerment-oriented activities, and by initiating changes in the harmful norms that support girls, adolescent girls and young women's rights violations, the action aims at re-shaping gender power relations within communities, which will have impact on the long-run.

6. SECURITY AND CONTINGENCY MEASURES

6.1 Contingency measures (Plan B/ mitigating actions to be taken if risks and assumptions spelled out in the log-frame materialised)

Risk (impact - I; likelihood - L)	Mitigation measures
Volatility in the region during project implementation, causing an increased influx of refugees to operational camps or an increased influx of IDPs in targeted communities (I: 4, L: 4)	PI Country Offices all have a Disaster Preparedness Plan which outlines activities' scale-up strategies to be rolled out in case of need, and a crisis modifier has been integrated in the programme.
Low take-up of the action and low participation of children, adolescents and their caregivers in the action (I: 5, L: 2)	Continuous community-based activities and capacity-building of community members of leaders, community sensitization on the project results and activities, robust feedback and accountability mechanisms
Changes Ugandan asylum policy limiting refugees' rights and threatening the action (I: 4, L: 1)	Close monitoring of the Ugandan asylum policy to ensure it remains protective and inclusive; the organization has an enabling position and in Uganda to implement advocacy and influencing action if policy changes threaten the action
Service providers are not available, operational according to international best practices or do not have the capacity to participate in a functional referral system (I: 3, L: 3)	In coordination with UN agencies, national and local authorities, and other partners, PI Country Offices will continue mapping available services, level of quality and accessibility to identify gaps and prioritize systems and structures for strengthening, re-establishment or establishment where structures are not present. Advocacy efforts will also be conducted in case a need for the establishment of new structures is identified
Stigma, local perceptions, beliefs or customs preventing survivors, children at-risk or other persons at risk from reporting incidences or seeking services (I: 3, L: 4)	Recognizing that stigma and local customs of silence have been identified as main causes for protection incident under-reporting, PI Country Offices and program teams will prioritize community-led approaches to awareness-raising to reduce stigma. Capacity building for partners and stakeholders will also focus on confidentiality and survivor-centred approaches to reduce fears or risks associated with incident reporting
Unavailability of items in the markets or increase of prices resulting in the impossibility to carry out procurement and limiting the access of beneficiaries to essential goods and services via the CVA (I: 3, L: 2)	Prices, market access, retailers' resilience will be monitored throughout the action's implementation. In case of major market incidents, Plan will liaise with the donor and suggest modifications of the approach.
Major epidemiological outbreak (Ebola, COVID-19...) (I: 5, L: 4)	PI Country Offices have put in place sound safety measures and adaptive programming that will serve as guidelines to ensure business continuity in case

	of an outbreak. Different operational scenarios have been developed and will be rolled out depending on the context and the scale of the outbreak.
Non-ethical conduct by Plan staff during project's life span (misconduct, fraud, corruption, sexual exploitation and abuse, violation of human rights and others) (I: 5, L: 2)	PI Country Offices have detailed policies against any misconduct. Sanctions and disciplinary measures are in place to act if the above occurs. Every employee sign and adheres to the policies below: Disciplinary Policy, Anti-Fraud Policy, Safeguarding children and young people global policy, Harassment Bullying Discrimination policy, Code of conduct. In addition, Plan will also conduct refresher sessions with staff, refugee incentive workers and local contractors on PSHEA.

6.2 Security considerations

6.2.1 Security situation in the field, describe briefly

Mali: The security context in Mali is fragile and the country continues to face a multitude of political, security, human rights and humanitarian challenges. The advance of non-state armed groups towards the South of the country is a major concern for the region of Ségou, including the Circle of Macina. While security threats are a concern, Segou region remains accessible to humanitarians and no official measures restricting humanitarian aid are in place. A curfew is in place though since June 2015 and PI will strictly respect all measures from the government regarding movement restrictions. Rental cars will also be favoured to limit risks. PI monitors the situation closely and coordinated with relevant authorities and humanitarian stakeholders. **Niger:** The context in Niger is volatile, with recurrent attacks of NSAG, climatic hazards and chronic food insecurity and widespread poverty. Additionally, the targeted departments in Tahoua bordering Nigeria are affected by ongoing conflicts in the bordering villages. Access to communities in the Department of Madaoua is hampered by security threats, hence the adoption of a mobile approach. PI monitors closely the security situation, in coordination with government authorities, UN agencies and NGO networks. **Uganda:** The security context in the operation area remains stable, with no ongoing armed conflict or communal violence, and has allowed for unhindered humanitarian access and project implementation. However, across the borders with DRC, the security situation is unstable, creating regular new refugee influx. PI coordinates with government authorities, UN agencies and NGO networks to monitor the situation and share vital security information.

6.2.2 Has a specific security protocol for this Action been established?

Yes No Standard procedures

No specific SoPs has been developed for this particular project. PI has standard protocols regularly updated based on the context and monitor closely the situation

6.2.3 Are field staff and expatriates informed of and trained in these procedures?

Yes No

7. COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

7.1 Planned communication activities (in field and/or in Europe)

The proposed project will adhere to both PI's standards and the Belgian Development Cooperation's Strategic Note on Communication. All visibility, communication and information activities carried out during the project implementation will inform the general public on the involvement of the Belgian Cooperation. The start-up workshop and all planned events will make visible the contribution of the Belgian Cooperation through media coverage, logos, and distribution of material. During the last months of the action, the exit strategy will be jointly designed with communities, and will serve as a closing workshop to make visible the achievements made by this action. Project information will further be shared with all the official and institutional stakeholders through the various working group meetings that the project staff attend during the course of the project period. The Belgian public will be informed about the project achievements through different

channels of communication, including [PI's website](#) with dedicated pages to the proposed actions, social media, newsletters, annual report, and any other printed materials issued by the action.

7.2 Visibility on durable equipment, major supplies, and at project locations

Sign posts with Belgian Cooperation and PI's logo will be installed at all CFS and AGSS, cars, all billboards and other community structures targeted under this project. Both logos will be on all communication material to be disseminated under the execution of the action. Additionally, PI project staff, CBCPM members, volunteers, case-workers will be equipped with t-shirts, caps, and jackets bearing the Belgian Cooperation logo. Finally, pull up banners, tear drop banners and regular banners will be printed with the Belgian Cooperation and PI logos and will be used during activity implementation, key meetings and will be placed in PI's offices.

7.3 Planned publication activities: No publications are planned under this project.

8. BUDGET AND HUMAN RESOURCES (ANNEX)

9. ADMINISTRATIVE INFORMATION

9.1 FPA number (if applicable): (2024) 696409

9.2 Name and title of legal representative signing the Agreement

Name: Isabelle Verhaegen; **Title:** National Director, Plan International Belgium

9.3 Name, telephone, e-mail and title of the person(s) to be mentioned in Article 7 of the Agreement

Name: Ineke Adriaens; **Phone:** +32 25046014; **Email:** ineke.adriaens@planinternational.be

Title: Programs Director, Plan International Belgium

9.4 Name, telephone, fax and e-mail of the representative in the area of intervention

In Uganda: Phoebe Kasoga, Plan International Uganda Country Director; +256312305000; phoebe.kasoga@plan-international.org

In Mali: Jackson Acha Atam, Plan International Country Director, +22371716380, Jackson.Atam@plan-international.org

In Niger: Innocent Murmararungu, Plan International Country Director in Niger, +227 87 06 03 03 Innocent.Mumararungu@plan-international.org

Bank account

Name of bank: BNP Paribas Fortis

Address of the agency: Generaal Meiserplein 9, 1030 Schaarbeek, Belgium

Precise denomination of the account holder: Plan International Belgie VZW

Full account number (including bank code(s)): BE86 2900 2855 0050

IBAN code: BE86 2900 2855 0050

SWIFT code: GEBABEBB