**PROFILE OF THE MCAN MEMBERS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information of Organization:** | | | | | | | | | | | | | |
| Contact Type: | | | (Circle one only) Individual / Church / Network / Organization / CBO / NGO / Trust / School. | | | | | | | | | | |
| Name of Organization: | | |  | | | | | | | | | | |
| What is your Vision | | |  | | | | | | | | | | |
| What is your Goal | | |  | | | | | | | | | | |
| Key Objectives | | |  | | | | | | | | | | |
| Registration Reference | | |  | | | | | | | | | | |
| National Identity number of the contact person: | | |  | | | | | | | | | | |
| Organization start Date | | |  | | | | | | | | | | |
| Physical Address: | | |  | | | | | | | | | | |
| Postal Address: | | |  | | | | | | | | | | |
| Landline Telephone Number: (country code/phone no): | | | | | | |  | | | | | | |
| Mobile/ Cell Number: (country code/phone no): | | | | | | |  | | | | | | |
| Email: |  | | | | | | Website: | | | |  | | |
| Locations in which you operate: division / district / city | | | | | | |  | | | | | | |
| What is your primary location for most activities? | | | | | | |  | | | | | | |
| Number of Paid Staff | | | | M | F | Number of Volunteer Staff: | | M | F | Church Congregation size - Adults | | M | F |
| Number of full-time Staff: | | | | M | F | Number of part-time Staff: | | M | F |  | |  |  |
| Number of children registered with you: (Organisation) | | | | M | F | Number of children the organization works with annually | | M | F | Church Congregation size – Children (if applicable) | | M | F |
| Which MCAN working groups is your organization likely to involved? (Choose in the list bellow). | | | | | | |  | | | | | | |
| Child protection WG | | | | |  | Church Mobilization | | |  | Economic Empowerment | | |  |
| Education WG | | | | |  | Street connected children | | |  | Fundraising Task Force | | |  |
| Street connected Children | | | | |  | Special Events (WWP, Christmas party, DAC, etc. | | |  |  | | |  |
| **Contact of Director / Pastor / Leader:** | | | | | | | | | | | | | |
| First Name: | |  | | | | | Surname: | | | |  | | |
| Telephone Number: | |  | | | | | Email: | | | |  | | |
| **What core skills/competencies can your organization contribute to the Network.** | | | | | | | | | | | | | |
| Programme | | Child protection, child counselling | | | | | | | | | | | |
| Technical | | Monitoring and Evaluation, Fundraising, etc… | | | | | | | | | | | |
| Other | | Space, equipment, | | | | | | | | | | | |

What are the thematic areas that your organization is involved in working with children. Please tick as appropriate in the yellow column) and Indicate number of Children directly reached by your Programs.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Programme** | Thematic |  | Specific Interventions | Directly | | Indirectly | |
|  |  | **✓ or X** |  | **Boys** | **Girls** | **Boys** | **Girls** |
| **Education** |  |  | Child Sponsorship |  |  |  |  |
|  | School fees/bursaries |  |  |  |  |
|  | Scholastic materials |  |  |  |  |
|  | Academic Catch Up classes |  |  |  |  |
| **Early Childhood Development** |  |  | Infant feeding program |  |  |  |  |
|  | Psycho-social support |  |  |  |  |
|  | Cognitive Development |  |  |  |  |
|  | Health and Growth Monitoring |  |  |  |  |
| **Spiritual Guidance** |  |  | Vocational bible school |  |  |  |  |
|  | Sunday Schools |  |  |  |  |
|  | Training of Sunday School Teachers |  |  |  |  |
| **Economic Empowerment** |  |  | SACCOs |  |  |  |  |
|  | IGAs (specify) |  |  |  |  |
|  | Table Banking |  |  |  |  |
|  | Savings and Loan Schemes |  |  |  |  |
| **Advocacy Programs/Access to justice** |  |  | Child Protection Training |  |  |  |  |
|  | Child Rights Education |  |  |  |  |
|  | Child Ambassadors |  |  |  |  |
|  | Legal Representation |  |  |  |  |
|  | Birth certificates |  |  |  |  |
|  | Child Protection Policy Training |  |  |  |  |
| **Street Children Interventions** |  |  | Re-integration |  |  |  |  |
|  | Vocational Schools/Training |  |  |  |  |
|  | Medical Camps |  |  |  |  |
|  | Rehabilitation interventions |  |  |  |  |
|  | Psychosocial support |  |  |  |  |
|  | Other (Specify) |  |  |  |  |
| **Health** |  |  | HIV and AIDS |  |  |  |  |
|  | Immunization of children |  |  |  |  |
|  | Nutrition |  |  |  |  |
|  | Maternal & Neonatal Health, MNH |  |  |  |  |
|  | Distribution of Treated Mosquito Nets |  |  |  |  |
| **Environment** |  |  | Awareness and education |  |  |  |  |
|  | Tree planting |  |  |  |  |
|  | Renewable energy sources |  |  |  |  |
|  | Energy saving cookstoves, Briquettes |  |  |  |  |
|  | Other (specify) ….. |  |  |  |  |