

Project Proposal

*2020 Novel Coronavirus(2019-nCov)
CFK Integrated response program in South
Sudan*

Finalized Date: 28th May, 2020

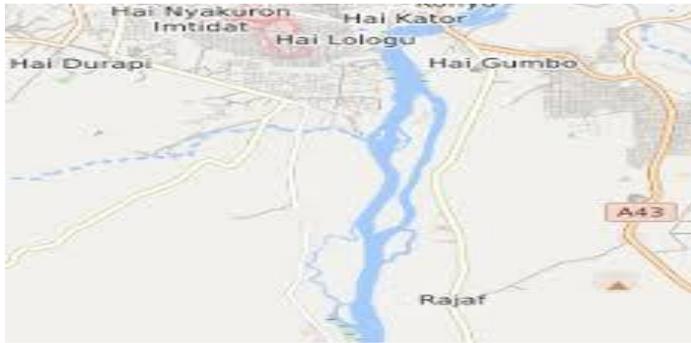
Prepared by

[Stop Poverty Communal Initiative-SPOCI]

Project Proposal

Submission Date: 27/04/2020
 Finalized Date: 28/05/2020

Project Summary

Primary Sector	WASH																								
Project Title	2019 Novel Coronavirus(2019-nCov) CFK Integrated response program in South Sudan																								
Project Location	Rejaf County, South Sudan 																								
Project Duration	2020.06.01.~11.30 / 6 Months																								
Target Population	<p>Target population will comprise of 10,080 direct beneficiaries (3000 girls, 3000 boys, 2000 men and 2000 women) including 50 hygiene promoters (30 women and 20 men) and 30 women tailors in Rejaf Payam. These target populations are people living in informal settlements, make shift settlements and IDP Camps with limited access to safe water, hygiene and sanitation measures.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Direct</th> <th>Indirect</th> </tr> </thead> <tbody> <tr> <td>Boys</td> <td>3,000</td> <td>0</td> </tr> <tr> <td>Girls</td> <td>3,000</td> <td>0</td> </tr> <tr> <td>Men</td> <td>2,000</td> <td>0</td> </tr> <tr> <td>Women</td> <td>2,000</td> <td>0</td> </tr> <tr> <td>Hygiene Promoters</td> <td>50 (30 women, 20 men)</td> <td>0</td> </tr> <tr> <td>Tailors making re-usable cloth face masks</td> <td>30 (all women)</td> <td>0</td> </tr> <tr> <td>Total</td> <td>10,080</td> <td>0</td> </tr> </tbody> </table>	Group	Direct	Indirect	Boys	3,000	0	Girls	3,000	0	Men	2,000	0	Women	2,000	0	Hygiene Promoters	50 (30 women, 20 men)	0	Tailors making re-usable cloth face masks	30 (all women)	0	Total	10,080	0
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Problem Addressed	Rejaf like other parts of the country has huge needs (gaps) in terms of poor public health measures and limited/ lack of knowledge on Covid-19, preventative measures and limited hygiene measures. Despite the key ministries having presence, these have limited capacity to respond and lack resources that they can adequately use to mount a response. In addition, existing cultural norms may further pose																								

	<p>instituted preventative measures that are aimed to address the pandemic. This is against a backdrop of increasing cases of confirmed Covid-19 cases which have exponentially risen to 655 as at 24th May, 2020. The spike in COVID-19 cases comes in the wake of the government easing COVID-19 restrictions which were imposed as part of measures to help control the spread of the virus in the country, further curtailing current efforts to control and mitigate the spread of the pandemic.</p> <p>Further, high risks of further spread of the disease in-country coupled with its porous borders and proximity to the neighbor countries that already have more confirmed cases of the disease, likely to negatively impact border restrictions and uncontrolled movements of people as they circumvent screening measures</p>	
<p>Project Summary</p>	<p>Goal Enhanced Covid-19 mitigation measures among vulnerable and at risk populations in Rejaf</p> <p>Outcome Improved knowledge, attitudes and practices in relation to Child protection and Covid-19 preparedness and mitigation measures</p>	
<p>Total Budget in USD/Local Currency</p>	<p>In total: USD 50,000 (50,000 Local currency)</p>	
<p>Implementing Organization</p>	<p>Country Office</p>	<p>Stop Poverty Communal Initiative (SPOCI)</p>
	<p>Co-implementer</p>	<p>N/A</p>
<p>Submitted by</p>	<p>Amos Jeff, Operation Director, Stop Poverty Communal Initiative Phone: +211 925 571 712 Email: spoci.southsudan@gmail.com</p>	
<p>Contact Person in ChildFund Korea</p>	<p>Daniel Dongseok PARK, Program Coordinator Phone: +82 2 775 9122 Email: eaststonepark@childfund.or.kr Skype: cfk.eaststone@outlook.com</p>	

I. Project Rationale and Design

1. Project Rationale

A. Background

On April 5th, 2020, South Sudan confirmed the first cases of Corona Virus Disease – Covid 19. This was then followed by a number of measures to mitigate the potential spread of the virus. Previous control measures designed to halt the spread of Covid-19, included the closure of all tea and shisha stalls, a 7pm-6am curfew, and the closure of all bars, banned large gatherings, suspended international flights, limited all international and inter-state travel, and shut down all non-essential service providers, amongst other measures (South Sudan High Level Task Force on Covid-19).

However, from the 7th May, despite the number of cases in South Sudan increasing rapidly (as of 12 May, there are 174 confirmed cases), the Presidency announced an immediate relaxation of the lockdown, with the beginning of curfew moved to 10pm, the re-opening of shops and restaurants, provided that social distancing is followed, including relaxation of internal travel within South Sudan and external travel which the government indicated shall resume soon. Consequently, South Sudan has at 24th May confirmed a total of 655 cases of Covid-19, with majority of the cases being confirmed and suspected to be attributed to local transmission (South Sudan High Level Task Force on Covid-19).

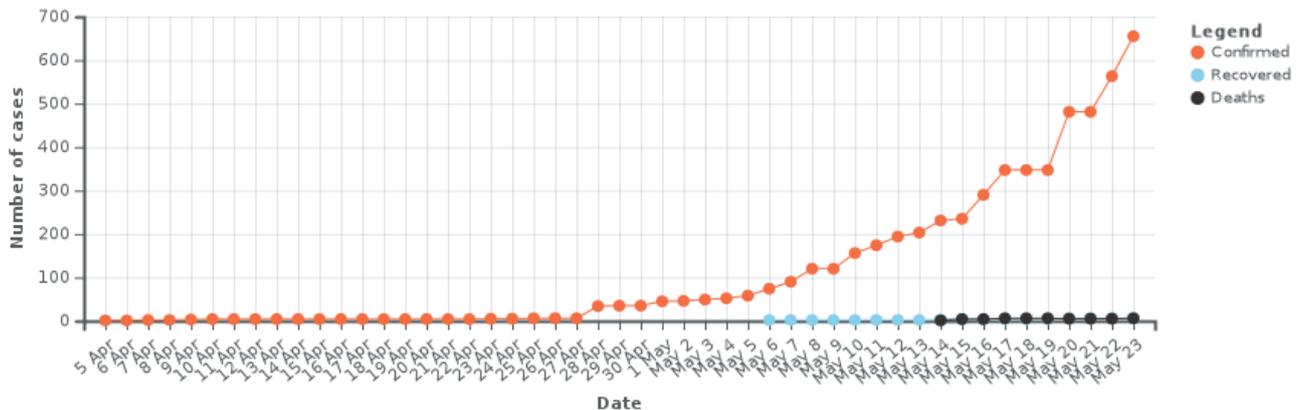


Figure 1: Covid-19 cases as at May 24 2020

There are high risks of further spread of the disease in-country coupled with its porous borders and proximity to the countries that already have more confirmed cases of the disease, likely to negatively impact border restrictions and uncontrolled movements of people as they circumvent screening measures.

Potential effects of the pandemic on particularly vulnerable people and institutions in South Sudan could be compounded by pre-existing drivers of humanitarian needs such as conflict, food insecurity, poverty and inequality, limited social safety nets, unequal access to information among others. This is likely to fuel negative feedback loops as people struggle to meet their basic needs due to the pandemic, may ignore prevention measures or seek to bypass imposed mobility restrictions. Moreover, lack of appropriate awareness and information about COVID-19 can weaken social cohesion and spur violence, discrimination, marginalization and xenophobia. In addition, high poverty levels and poor purchasing power, meagre income/ cash that households have will likely be dedicated to buying food rather than protective materials such as soap, sanitizers and non-medical masks-essential tools one may need to protect themselves from COVID-19.

Moreover, the impact of the disease on women, men, girls, boys including youth and people with special needs is different. Women are particularly vulnerable based on their gender roles of being caregivers of the household

members who are not adhering to social distancing measures. In addition, discriminatory gender norms which privilege men and boys can put women and girls at risk of (or worsen their) food insecurity and malnutrition status coupled with their limited purchasing power. Their situation will be further exacerbated by imposed mobility restrictions due to current pandemic further hampering the casual work done by women. With COVID-19, it can be expected that women and girls will be at greater risk of violence in both public places and private spaces with potential consequent sexual exploitation, coercion, psychological abuse.

The recurrent/repeated conflicts in Rejaf have increased vulnerability of its residents with current gaps in poor knowledge, attitudes and practices on key Covid-19 mitigation measures, including limited infrastructure to access water, hygiene and sanitation measures. Moreover, existing health facilities in addition lack capacity to respond.

An estimated 41% has access to safe water. Bearing in mind that water is one of the key ingredients needed to practice personal and household hygiene, this would mean that in COVID-19 South Sudan, 59% of the population will have no access to water. For Internally Displaced persons living in IDPs settings, overcrowding, sharing of communal facilities and inadequate hygiene promotion services means the displaced are at a great risk of infection.

Stop Poverty Communal Initiative (SPOCI) proposes to address and ensure key Covid-19 preventative measures among 10,080 beneficiaries. Proposed action will ensure it takes into account key preventive measures in addition to supporting at risk populations, particularly those living in IDP settlements with appropriate messaging, information and education campaigns that will include use of mass media/ radio talks, sign posts, banners among other visibility materials. Key information about the pandemic will be disseminated through child protection lens through hygiene promoters who will undergo training on the disease including symptoms depicted and referrals support that are available including creating synergies and linkages with health care providers. Key public health messaging on preventative measures which include social distancing, appropriate hygiene measures including hand washing with soap will be disseminated. In addition, the program will support provision of hand washing facilities at key strategic community areas, market centres, health centres, and institutions and support will support rehabilitation of three water points to improve access to clean water and the production of re-usable cloth face masks essential in preventing the virus spread.

Targeted Population

This Proposed action will target 10,080 direct beneficiaries (3000 girls, 3000 boys, 2000 men and 2000 women) including 50 hygiene promoters (30 women and 20 men) and 30 women tailors in Rejaf Payam. These target populations are people living in informal settlements, make shift settlements and IDP Camps with limited access to safe water, hygiene and sanitation measures.

This figure comprises both the direct and the indirect beneficiaries who will benefit from the project in either way. The indirect beneficiaries compose of the volunteers and community members to be trained, and the families of the targeted girls and boys of the project and those reached through mass media campaigns.

Beneficiary selection criteria will involve particularly girls, boys, men and women residing in IDP settlements including other high population concentration areas which are often crowded with limited access to WASH infrastructure and limited/ lack of hygiene measures. Beneficiary selection will involve key stakeholders including the Ministry of Health, Ministry of Water and Irrigation among others.

Rejaf like other parts of the country has huge needs (gaps) in terms of poor public health measures and limited/ lack of knowledge on Covid-19, preventative measures and limited hygiene measures. Despite the key ministries having presence, these have limited capacity to respond and lack resources that they can adequately use to mount a response. In addition, existing cultural norms may further pose instituted preventative measures that are aimed to address the pandemic.

With this in mind, SPOCI will engage the community of Rejaf, key stakeholders, IDPs and the host community with appropriate messaging, information and education campaigns that will include use of mass media/ radio talks, IEC, banners among other visibility materials. Key information about the pandemic will be disseminated through hygiene promoters who will undergo training on the disease including symptoms depicted and referrals support that are available including creating synergies and linkages with health care providers. Key child protection and public health messaging on preventative measures which include social distancing, appropriate

hygiene measures including hand washing with soap/ chlorine will be disseminated. In addition, the program will support provision of hand washing facilities at key strategic community areas, market centres, health centres, and institutions among others. In addition, SPOCI will support will support rehabilitation of three water points to improve access to clean water and the production of re-usable cloth face masks essential in preventing the virus spread.

COVID-19 spreads through body contact such as hugging, shaking hands, kissing, through air droplets during normal conversation or when someone sneezes or coughs or touching eyes, nose or mouth after touching surfaces contaminated with the virus. In light of this, SPOCI will train 30 tailors drawn from the local community on how to make homemade cloth non-medical masks to complement social distancing, hand washing to curb transmission of COVID-19. Production of non-medical, reusable cloth mask for community use using locally sourced materials and distribute these among targeted beneficiaries to prevent risks of exposure to the virus particularly while in public places.

This will be done using specifications and standards recommended by the Center for Disease Control and Prevention. To save on time and accelerate production, SPOCI will work with 30 experienced tailors, including those previously trained in past NGO programs in Rejaf. SPOCI will strictly use the CDC recommendation and pass the message to the community that Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance

B. Local context analysis

Category	Response Status	Key strategy & priorities	Linkage method
Government (Central/Regional)	High Level Task Force on Covid-19, Ministry of Health and World Health Organization- Established to spearhead control and response measures	Nationwide preparedness planning and outbreak investigation including tracing of contacts, intensifying surveillance, expanding case management capacity as well as mapping	Humanitarian country teams and coordination forum
UN agencies and humanitarian partners	Inter-Agency Covid 19 Operations Group	Supports government/ WHO led efforts on key prevention measures, surveillance and case management	Humanitarian coordination forum
Coordination mechanism (cluster)	Inter-Cluster Coordination Group	Shares information and response initiatives country wide among key stakeholders	State level coordination forums/ state level cluster leads
Community	State/ County Covid-19 Task Force established to be supported by humanitarian partners to support awareness raising	Supported by humanitarian partners and county level line ministries to support risk communication and response	County level coordination forums/ county cluster leads. Risk communication and support to key preventative strategies including referrals

2. Project Design

A. Project Design Matrix

Narrative Summary	Verifiable Indicator	Means of Verification	Assumption
<p>Goal Enhanced Covid-19 mitigation measures among vulnerable and at risk populations in Rejaf</p>		-	
<p>Outcome Improved knowledge, attitudes and practices in relation to Covid-19 preparedness and mitigation measures</p>	<p>Number of men, women, girls and boys reached with preventative messaging on Covid-19</p>	<p>- FGDs and KIs field Reports</p>	<p>SPOCI assumes that the : Target groups and other stakeholders are willing to contribute, support the action, adopt new ideas / preventative measures and security will be able to ensure unhindered access to targeted areas</p>
<p>Output1 Beneficiaries improve knowledge, attitudes and practices on Covid-19 with adoption of appropriate mitigation measures.</p>	<p>Number of hygiene promoters trained (target 50 hygiene promoters, 30 women, 20 men, trained on Covid-19 including symptoms, prevention and referrals) Number of tailors trained (target 30 female tailors trained on production of 6,000 re-usable non-medical masks to be distributed among high risk populations) Number of re-usable non-medical masks produced/ distributed among high risk populations (target 6,000) Number of at risk people provided with re-usable non-medical masks (6,000 people) Number of people reached with child protection, public health awareness, information and education campaigns on Covid-19 and preventative measures (target 10,080 people) Number of key IEC Materials/ visibility materials on Covid-19 requested from UN agencies/ Clusters distributed (target 300 visibility materials) Number of hand pumps rehabilitated to</p>	<p>Training Reports Public health campaigns conducted Distribution lists Referral cases and reports Pictures of installed hand washing facilities Pictures/ GPS coordinates of rehabilitated boreholes Monitoring/ evaluation reports</p>	

	<p>improve access to clean water (target 3 hand pumps rehabilitated in IDP/ high population settlements)</p> <p>Number of child friendly handwashing kits with soap installed at key market centres, community centres and institutions (target 50 handwashing kits with soap installed at key market centres, community centres and institutions)</p>		
<p>Activities</p> <p>1.1.1Conduct Staff training, Volunteer Training among other key stakeholders to strengthen their capacity to respond following UN agencies and government guidance on Covid-19 prevention and Conduct Project Introduction with key line ministries and community Mobilization and Sensitization</p> <p>1.1.2Conduct training of 50 hygiene promoters and volunteers on Covid-19 symptoms, prevention and referrals including child protection measures</p> <p>1.1.3Conduct training of 30 tailors on production of 6,000 re-usable non-medical masks to be distributed among high risk populations</p> <p>1.1.4Carry out distribution of 6,000 re-usable non-medical masks among 6,000 at risk populations including training them on use</p> <p>1.1.5Carry out awareness raising sessions of child protection and mass public health awareness, information and education campaigns on Covid-19 and preventative measures including use of mass media</p> <p>1.1.6Request from various clusters/ UNICEF of key IEC Materials/ visibility materials on Covid-19 and install these at key strategic centres within the community to promote uptake of preventative measures and social distancing</p> <p>1.1.7Establishment/ installation of child friendly hand washing facilities equipped with soap installed at key market centres, community centres and institutions including 3 hand pump rehabilitation works to support water access in consultation with government/ line ministry.</p>	<p>Inputs</p> <p>1. ChildFund Korea Financial support including technical backstopping and guidance in project implementation, monitoring and evaluation</p> <p>2.Implementing Organization (SPOCI)</p> <p>SPOCI will spearhead implementation by providing personnel to spearhead implementation including monitoring, evaluation and reporting to the donor and local coordination forums.</p> <p>SPOCI will in addition liaise with key government line ministries and coordinate its efforts with the government including counterpart NGOs and UN agencies.</p>		

B. Activity Description

<p>Output 1 - Beneficiaries improve knowledge, attitudes and practices on child protection and Covid-19 with adoption of appropriate mitigation measures.</p>
<p>Activity 1.1.1. Conduct Staff training, Volunteer Training among other key stakeholders to strengthen their capacity to respond following UN agencies and government guidance on Covid-19 prevention and Conduct Project Introduction with key line ministries and community Mobilization and Sensitization</p>
<p>SPOCI will first train staff, volunteers and other key stakeholders on Covid-19 mitigation among other key stakeholders to strengthen their capacity to respond following UN agencies and government guidance on Covid-19 prevention and further support them by equipping them with preventative inputs like masks, gloves to be used during implementation. This will then be followed by conducting three sessions to introduce the project, mobilize and sensitize the key stakeholder such as; line ministry of health personnel, the area chiefs, women, men and other focal points who will be briefed on the project and implementation modalities. This will be conducted in Rejaf targeting key stakeholders mentioned above. Key Covid-19 mitigation measures will be followed during these sessions. Target/ Outputs – 30 staff, volunteers and line ministry staff trained/ oriented/ informed Implementer – SPOCI Staff in charge – Director of Programs and Project Coordinator</p>
<p>Activity 1.1.2. Conduct training of 50 hygiene promoters and volunteers on child protection, Covid-19 symptoms, prevention and referrals including child protection measures</p>
<p>SPOCI will conduct a three- day training session to equip 50 hygiene promoters and volunteers on Covid-19 symptoms, prevention and referrals the community members and the volunteers including appropriate ways to disseminate information among targeted communities whilst ensuring prevention of the Covid-19 including supporting ministries in reporting and referrals to relevant health institutions of suspect cases. Training will cover five sessions with 10 participants trained per session, while ensuring provision of hand washing, participants keeping a distance of at least two meters in open spaces/ well ventilated halls. Training will cover government/ WHO guidelines which trainees will adopt in implementation. SPOCI will ensure these are equipped with preventative inputs like masks, gloves to be used during implementation. Implementer – SPOCI Target/ Outputs – 30 staff, volunteers and line ministry staff trained/ oriented/ informed Staff in charge – Director of Programs, Project Coordinator and Project Officer</p>
<p>Activity 1.1.3. Conduct training of 30 tailors on production of 6,000 re-usable non-medical masks to be distributed among high risk populations</p>
<p>30 tailors who have been previously trained will be engaged and refreshed and supported to produce 6,000 re-usable masks which will follow CDC guidelines on production. Implementer – SPOCI Target/ Outputs – 30 tailors; to produce 6,000 re-usable non-medical masks Staff in charge –Project Officer</p>
<p>Activity 1.1.4. Carry out distribution of 6,000 re-usable non-medical masks among 6,000 at risk populations including training them on use</p>
<p>SPOCI will carry out distribution of 6,000 re-usable non-medical masks among 6,000 at risk populations including training them on use, care with staff and volunteers who will observe social distancing during distribution and hygiene measures such as regular hand washing and use of personal protective equipment. Implementer – SPOCI Target/ Outputs –6,000 re-usable non-medical masks distributed among 6,000 at risk people including training beneficiaries on use and care Staff in charge –Project Officer</p>

<p>Activity 1.1.5. Carry out awareness raising sessions on child protection and mass child protection, public health awareness, information and education campaigns on Covid-19 and preventative measures including use of mass media</p>
<p>SPOCI will carry out awareness raising sessions on child protection and mass public health awareness, information and education campaigns on Covid-19 and preventative measures including use of mass media. Through trained hygiene promoters who will support information dissemination including using public address systems and mass media to disseminate key preventative measures. SPOCI will collaborate with counterpart agencies in Rejaf including line ministries of Gender, Child and Social Welfare, Health/ Public Health, Water and Irrigation. Media streaming such as using radios and short messaging services and public address broadcast methods will be explored. Implementer – SPOCI Target/ Outputs – 10,080 people reached Staff in charge –Project Officer</p>
<p>Activity 1.1.6. Request from various clusters/ UNICEF of key IEC Materials/ visibility materials on Covid-19 and install these at key strategic centres within the community to promote uptake of preventative measures and social distancing</p>
<p>SPOCI will liaise with various Clusters including child protection Sub-cluster, WASH Cluster/ UNICEF to request available IEC materials to avoid duplication of efforts and have these displayed at strategic points to display appropriate preventative measures to enable communities adopt ways that will mitigate potential spread of the disease. Implementer – SPOCI Target/ Outputs – 10,080 people reached through IEC materials, 300 IEC/ Visibility materials distributed Staff in charge –Project Officer</p>
<p>Activity 1.1.7. Establishment/ installation of child friendly hand washing facilities equipped with soap installed at key market centres, community centres and institutions including 3 hand pump rehabilitation works to support water access in consultation with government/ line ministry</p>
<p>SPOCI through close collaboration with local administration, the line ministries and the government Covi-19 county/ Payam level task force among other key stakeholders will install child sensitive hand washing facilities and provide soap/ chlorine and encourage targeted community to carry out hand washing measures among other appropriate hygiene measures including supporting rehabilitation of hand pumps to support improved water access. These will be done after considerations of the context and surveys on appropriateness and utilization. Implementer – SPOCI Target/ Outputs – 50 child friendly hand washing facilities equipped with soap installed; 3 hand pump rehabilitated Staff in charge –Project Officer</p>
<p>Mid Term Plan - SPOCI will ensure detailed monthly monitoring and collaboration with key government line ministries, state level Covid-19 task force and Relief and Rehabilitation Commission and share a mid term project review based on achievements against targets. Implementer – SPOCI Target/ Outputs – Monthly/ Quarterly/ Final Reports Staff in charge –Project Officer, M&E Officer , Director of Programs, Program Coordinator , Finance/ Admin Officer</p>

C. Project Timeline

Output-1	Activity	2020					
		6	7	8	9	10	11
Beneficiaries improve knowledge, attitudes and practices on Covid-19 with adoption of appropriate mitigation measures.	1.1.1 Conduct Staff training, Volunteer Training among other key stakeholders to strengthen their capacity to respond following UN agencies and government guidance on Covid-19 prevention and Conduct Project Introduction with key line ministries and community Mobilization and Sensitization						
	1.1.2 Conduct training of 50 hygiene promoters and volunteers on Covid-19 symptoms, prevention and referrals including child protection measures						
	1.1.3 Conduct training of 30 tailors on production of 6,000 re-usable non-medical masks to be distributed among high risk populations						
	1.1.4 Carry out distribution of 6,000 re-usable non-medical masks among 6,000 at risk populations including training them on use						
	1.1.5 Carry out awareness raising sessions of child protection and mass public health awareness, information and education campaigns on Covid-19 and preventative measures including use of mass media						
	1.1.6 Request from various clusters/ UNICEF of key IEC Materials/ visibility materials on Covid-19 and install these at key strategic centres within the community to promote uptake of preventative measures and social distancing						
	1.1.7 Establishment/ installation of hand washing facilities equipped with soap installed at key market centres, community centres and institutions including 3 child friendly hand pump rehabilitation works to support water access in consultation with government/ line ministry.						
	Project Monitoring and reports submission						

3. Project Monitoring and Evaluation

A. Monitoring and Evaluation Matrix

Outcome		Indicator	Definition of Indicator	Target	Source / Method of Gathering Data	Frequency of Gathering Data	Data Gatherer
Improved knowledge, attitudes and practices in relation to Covid-19 preparedness and mitigation measures		Number of men, women, girls and boys reached with preventative messaging on Covid-19	Total number of men, women, girls and boys reached through the project activities	10,080 direct beneficiaries (3000 girls, 3000 boys, 2000 men and 2000 women) including 50 hygiene promoters (30 women and 20 men) and 30 women tailors	Project and monitoring reports	Monthly	M&E Officer
Outputs	Expected Time for Results	Indicator		Target	Source / Method of Gathering Data	Frequency of Gathering Data	Data Gatherer
Beneficiaries improved knowledge, attitudes and practices on child protection and Covid-19 with adoption of appropriate mitigation measures.	November 2020	Number of hygiene promoters trained Number of tailors trained Number of re-usable non-medical masks produced/ distributed among high risk populations Number of at risk people provided with re-usable non-medical masks Number of people reached with child protection, public health awareness, information and education campaigns on Covid-19 and preventative measures		50 hygiene promoters 30 women, 20 men, trained on Covid-19 including symptoms, prevention and referrals, 30 female tailors trained 6,000 re-usable non-medical masks produced / 6,000 at risk people provided with re-usable non-medical masks 10,080 people reached 300 IEC/ visibility materials	Attendance lists Distribution Lists of re-usable non-medical face masks Training Reports Facilities installed Hand pump	Monthly	M & E Officer

		<p>Number of key IEC Materials/ visibility materials on Covid-19 requested from UN agencies/ Clusters distributed</p> <p>Number of hand pumps rehabilitated to improve access to clean water</p> <p>Number of child friendly handwashing kits with soap installed at key market centres, community centres and institutions</p>	<p>3 hand pumps rehabilitated in IDP/ high population settlements</p> <p>50 handwashing kits with soap installed at key market centres, community centres and institutions</p>	<p>facilities rehabilitated</p>		
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C. Monitoring and Evaluation Plan

	Period	Person in Charge	Type/Method
Evaluation	Weekly and Monthly	Director of Programs/ M&E Officer	Project Evaluation/ Finance Review
Monitoring	Weekly and Monthly	Director of Programs/ M&E Officer	On-site visit and Observation, Interview, Reviewing documents, Skype Discussions Review meetings with stakeholders

D. Challenges and Countermeasures

Potential Challenge	Level of challenges (H/M/L)	Causes of Challenge	Indicator to Identify Challenge	Countermeasure (by whom/when)
Insecurity	M	Outbreak of conflict and insecurity attributed to lack of consensus in the peace agreement, revenge attacks and killings may lead to access constraints in the targeted locations.	Number of reported conflict incidences	SPOCI will strive to work with various stakeholders including peace messaging during interventions to promote peace and therefore reduce conflict.
Low adoption of interventions/ messaging	L	High illiteracy levels among the targeted populations may present significant challenges in adoption of proposed strategies.	Number of people with improved knowledge, attitudes and practices	SPOCI will strive at engaging relevant stakeholders including line ministries and local administrative to resolve such and support in dissemination of relevant information
Access Constraints/	M	Access constraints due to movement restrictions, road blockades, flooding or insecurity	Number of access constraints incidences reported	Lobby with key actors including the government to ensure unhindered access to target locations and beneficiaries including seeking exemptions for essential service provision
Increased spread of COVID-19	M	The number of COVID-19 rises with the possibility of greater restrictions and lockdown	Number of lockdown measures instituted	SPOCI will work with Local Hygiene Promoters to conduct hygiene promotion in their locality

4. Cross-cutting Issues

Gender: The project will ensure equal participation of men, women, girls and boys in its activities. Women and men will constitute Hygiene Promoters, distributors and project staffs to ensure increased and meaningful participation of both males and females in training, as beneficiaries and in creating awareness on COVID-19 Mitigation. Project data will be disaggregated and reported by sex in order to measure the level of participation of women, men, male and female youths in every stage of the project.

Human rights: SPOCI will ensure the protection of human rights and ensure its actions do not exacerbate already existing vulnerabilities including do no harm approaches. In addition, messaging on protection human rights will be mainstreamed in the action.

Disability other vulnerable groups: SPOCI will work closely with community leaders and members to identify and register all disabled persons and other vulnerable groups to be engaged and supported during implementation with key messaging interventions.

Environment: Project activities do not entail cutting of trees or interference with animal paths, cultural sites and others. Indeed, activities proposed in this project are meant to educate, create awareness and build the capacity of targeted communities in ways they can adopt and maintain personal hygiene and sanitation practices.

II. Project Implementation

1. Project Operation

A. Project Implementing Organizations

	Partner Organization	Co-implementer
Name	Stop Poverty Communal Initiative	-
Responsibilities	SPOCI, the implementing partner is responsible for the implementation, monitoring, evaluation, overall management, budget controls and reporting to CFK.	
Address	Hai Rock City Opposite Jagan drilling Company house No: 134 Juba, South Sudan	
Registration	Valid Relief and Rehabilitation Commission Certificate Registration Number 07	

B. Persons in Charge

Partner Organization	Name of Org.	Name	Position	Contact No./Email
	Stop Poverty Communal Initiative (SPOCI)	Amos Jeff	Operation Director	Phone : +211 925 571 712 Email spoci.southsudan@gmail.com
Co-implementer	Name of Org.	Name	Position	Contact No./Email
	N/A	N/A	N/A	N/A

C. Project Team Composition

	Name	Position	Specialty and Duty	Employment Type	%
SPOCI	Amos Jeff	Director of Programs	Project management , oversees the overall management of the project	Cost share	20%
	LOKU Visensio YUGU	Project Coordinator	B.sc in PH, coordinates the implementation of the project	Full time	100%
	James WANI	Project Officer	directly mobilizes the community and the beneficiaries for the project	Full time	100%
	Onyango Davis	M&E officer	provides technical work on the quality of the project	Cost share	20%
	Phillip Ondiba	Finance and Admin Officer	manages finance	Cost share	20%
	Yugu David	Logistics and Procurement Officer	manages logistics and procurment	Cost share	20%
	Christopher Aliya	Guard	Elementary level leaver, provides security	Cost share	20%
	Silvia Lupai	Cleaner	Elementary level leaver, cleans the office	Cost share	20%

D. Permission of related authorities

Stop Poverty Communal Initiative (SPOCI) is registered under the NGO Act 2016 and annually renews its registration with the Relief and Rehabilitation Commission. Hence therefore, SPOCI is mandated to carry our humanitarian interventions which are in line with the government at local level.

E. Safety & Security measures

SPOCI will ensure staff, beneficiaries among other stakeholders security is paramount during implementation. SPOCI will coordinate with local stakeholders to ensure activities are carried out during safe periods and target beneficiaries are not exposed to insecurity incidents including ensuring activity sites as close as possible to target beneficiaries. Emergency situations including evacuations will be done through existing mechanisms and linkages with the NGO Forum, UNOCHA, UNDSS among other entities.

SPOCI has in addition put in place internal security mechanisms for its program security management. SPOCI will ensure all staff in all program areas operate in accordance with the laws of the Republic of South Sudan and the organization's Code of Ethics and Conduct. SPOCI's strategy cultivating and maintaining acceptance through accurate stakeholder mapping, analysis, profiling and engagement; Conflict sensitive community entry procedures; Building a sense of local ownership of projects through participation; Careful management of perceptions by consistent communication with delicate stakeholders and project beneficiaries; Observing local content-respect to local cultures and social norms; Upholding passivity, Do No-Harm, impartiality and neutrality principles; Establishing a robust local and national liaison system and coordination mechanisms with stakeholders.

SPOCI also employs a Protection approach by ensuring its offices are well protected through appropriate fencing via chain-link perimeter fences where feasible, burglar-proof doors and windows where feasible, robust access control procedures, appropriate staff, assets and premises visibility regimes, security situation monitoring by designated Security Focal Points.

Security deterrence measures have also been employed by contracting security guards in its in-country offices. Risk Mitigation is ensured by maintaining appropriate levels of passivity and visibility, and implementing risk mitigation measures such as risk transfer e.g through assets and insurance, security status alert procedures, pre-employment checks procedures- back ground screening, and standard operating procedures, incident reporting procedures, movement control measures –travel authorization, curfew etc, emergency response and evacuation procedures and regular staff security awareness trainings.

Attachment

1. Budget
2. End