

Annex 4: Project Information

1. 1281 ‘Holistic Approach for Improving Living Conditions of South Sudanese Refugees in Kalobeyei Integrated Settlement’
2. 1302 ‘Project for Promoting Preventive Behavior against COVID-19 in Kalobeyei Refugee Settlement, Kakuma Refugee Camp and Host Community’

1. 1281 ‘Holistic Approach for Improving Living Conditions of South Sudanese Refugees in Kalobeyei Integrated Settlement’

Project Period: 30th November 2020 -31st December 2021

Project Location: Kalobeyei Integrated Settlement Village 1,2 and 3, and host community

Project Objective:

Lives of the Kalobeyei refugee and host communities are improved by developing their capacities and promoting their active engagement in solving their challenges in housing and WASH

Expected Outcomes:

1. Improve living environment of refugees through construction of permanent houses with household latrine in Kalobeyei refugee settlements.
2. Improve and stabilize accessibility of water supply in the settlement and host community. The amount of water consumption for daily usage for sanitation is increased through expansion of water pipeline and water taps in Settlement.
3. Improve sanitation and hygiene behaviours of households particularly in water and food hygiene, solid waste management and sanitation and hand hygiene facility improvement of households through HHs-led activities and gender mainstreaming in ODF-achieved areas/villages
4. Improve sanitation and hygiene behaviours of learners especially in latrine use, regular handwashing and menstrual hygiene management.

Activities per Component:

Component1 Improvement of living conditions

Target: 79 shelter units

1-1 Training for heads of HHs beneficiaries

- Coordinate with UNHCR to select the site and beneficiaries (neighbourhoods) .
- Provide training for household heads of beneficiary households.
- Training contents and duration per target on CBI shelter and household latrine construction.

Target	Household heads
Number	70 (shelter units)
Objective	Beneficiaries of CBI acquire sufficient knowledge and skills to construct quality permanent house and latrine
Duration	2 days
Contents (Highlighted are the sessions)	<ul style="list-style-type: none"> • Overview of CBI • Construction and financial instalment process • Roles of beneficiaries, CCC, constructors, UNHCR and PWJ • Quantity and quality of materials and usage of these materials

provided by UNHCR)	<ul style="list-style-type: none"> • Criteria to select masons and contract procedure • Guidance to construct safe and quality house and latrine • Ethics of CBI and accountability of beneficiaries • Basic of hygiene and sanitation • Sanitation marketing • Action plan for improvement of sanitation and living environment • Study visit to UN –Habitat shelter project site(KV2)
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1-2 Construction of 70 permanent houses with HHs latrine

- Implement CBI shelter and household latrine construction per the SOPs developed by UNHCR through sub-accounts established particularly for JPF project in the beneficiaries' bank account opened by UNHCR/Equity Bank.
- Consult with DRC and HI for the cases need inclusive shelter and toilet designs and supports regarding vulnerability and disability of the beneficiary households.
- Issue recommendation letter to qualified masons / qualified masons list so that beneficiaries can select masons by themselves.
- Conduct real time technical monitoring using KOBO tools during the construction process and report the progress to UNHCR and JPF via the HQ office.
- Finalize the installation schedule with UNHCR to prevent delay in latrine construction. Install cash to the beneficiaries' bank accounts according to the progress of the construction and monitor statements in the sub-accounts.
- Conduct sanitation marketing follow-up with PWJ WASH team.

1-3 Post-construction monitoring survey

- Provide construction completion certificate and conduct post-construction monitoring.
- Set a signboard in the target neighbourhood.
- Conduct post monitoring survey to measure the # of HHs which answered that living environment has improved at post construction monitoring.

Component2 Improvement of accessibility to water

Target: 4.5 km of expanded water pipeline, 80 water taps and 2 water kiosks in host communities

2-1 Extension of water pipeline and repair and expansion of water taps

- Conduct 2 days of base-line survey on water supply and consumption in Kalobeyei settlement (KV2 and 3) to select target neighbourhoods. Survey is conducted by 25 enumerators and results are shared with UNHCR/NRC to finalize the target neighbourhoods.
- Coordinate with stakeholders (County government, target community, WASH lead partners) to build a consensus on construction and maintenance before the construction process starts.
- Procure materials through contracted suppliers and a contractor for the construction
- Conduct day-to-day monitoring and supervision of the pipeline construction
- Assess/verify completion of the construction with required quality through test operation of the water distribution system
- Hand over the pipeline and water taps to water management committee/UNHCR/NRC
- Conduct 2 days of end-line survey on water supply and consumption in Kalobeyei settlement to compare the result with base-line survey and measure the improvement.

2-2 Construction of water kiosks in host community

- Coordinate with stakeholders (County government, target community, WASH lead partners) to build a consensus on construction
- Conduct daily monitoring to maintain the quality of construction

2-3 Formation and training of water management committee

- Select 7 people from community and from the total 10 groups of water management committee. The 7 selected member that involves women comprises of the following:
 - Chairman
 - Secretary
 - Treasurer
 - Two technicians (Plumber)
 - Two members
- Conduct training. See the attached drafts of manual and training programmes.
- Follow-up and provide necessary support to the Water management committee with sub county officers to build the ground of service provision.

Component 3: Comprehensive sanitation improvement

Target: 35 neighbourhoods and 6 host community villages

3-1 Development of training materials/ Training of trainers

- Develop participatory post ODF strategy, training plans and job aid based on the identified challenges through the baseline assessment and train the leaders and CLTS facilitators on it in phased training.
- Conduct FGD (6times * 3days * 10 participants, 15 participants from the host community) to get advices on cultural and social background of the community, and acceptance of methodology from community leaders.
- Contract consultant to develop activities and SoP on gender mainstreaming in the Post ODF strategy if necessary.
- Conduct 3days ToT training for a total of 20 people, including 10 sub county public health officers, PWJ field assistants and 10 related organization staff on the post ODF strategy. The training facilitators are PWJ WASH staff, gender specialist and Humanity Inclusion staff.
- Use hotel for accommodation and conference if necessary.

3-2 Selection of targeted neighbourhoods and villages

- Select in total of 40 targeted NHs and villages among ODF certified communities through community consultation process.
- The high motivation of CLTS facilitators and community is also a criterion for selection. For NH/villages that have not been selected, those will be covered by UNHCR project.
- Share an overview of the post-ODF strategy with community leaders, partners in relevant areas such as health, health, livelihood and protection and relevant government staff for the smooth implementation of activities.

3-3 Facilitator trainings and leader orientation

- Train CLTS facilitators on the post ODF strategies. Training includes site visit to the most advanced NHs and HC villages.
- Conduct 3 to 5 days training per module by 3 trainers (PWJ WASH staff/PWJ Community development staff/ government and partner staff / external trainer) / each group
- Each group consists of 20 trainees

Tentative training program (Subject to update upon internal and external consultations)

Module	Contents
1. Core skills, improvement of basic sanitation and hygiene practice	<ul style="list-style-type: none"> • Overall of post ODF strategy • Sustaining and improving good sanitation and hygiene behaviours gained through CLTS • Basics on environmental sanitation and hygiene • Household waste management (segregation, re-use, rubbish pit/compost pit) • First aid and referral of water borne diseases • Analysis of common needs and specific needs in the community • Participatory action planning • Monitoring, reporting and feedback • Identification and reporting of protection and GBV risks. • Specific needs and Inclusion of PWS within the community <p>3-4 weeks interval for participatory situation assessment and activity planning</p>
2. Water, foods and kitchen sanitation	<ul style="list-style-type: none"> • Methods of household water treatment and safe storage of water • Storage and utilization of rainwater and grey water • Basic knowledge of food and kitchen hygiene, safe storage of food • How to make a dishrack • Utilization and management of energy saving cooking stoves • Housing hygiene and prevention of indoor air pollution • Simple nutrition improvement and tips for cooking <p>3-4 weeks' interval for participatory situation assessment and activity planning</p>
3. Sanitation and gender	<ul style="list-style-type: none"> • Relationship between health, sanitation & hygiene and gender • Menstrual hygiene management (review) • Gender analysis at households <ul style="list-style-type: none"> • Analysis of gender roles and activities at HHs • Analysis of decision-making and resource management at HHs • Household budget management <ul style="list-style-type: none"> • Analysis of household income and expenditure, basics of household account book • Planning of household budget for improving sanitation, hygiene and health <p>3-4 weeks' interval for participatory situation assessment and activity planning</p>

- Conduct a 1day orientation for 80 community leaders to promote the understanding of post ODF strategy and bring them on board in planning and implementation. 40 participants per training. The orientation will be held two times by PWJ staff and PHOs. One is before the module 1 training conducted for the facilitators and the other is before the module 3 training.

3-4 Implementation of post ODF strategy

- Participatory situation assessment and community action plans: Facilitate community workshops in group of 20-30 households to conduct participatory situation analysis and develop community S&H action plans based on the results of participatory assessments. Total 150 groups from the settlement and 20 groups from the host will be created by clustering 20-30 households. Hold at least 4 community meetings in the groups of 20-30 households to analyse the situations and develop action plans based on the theme of the post-ODF strategy and problems/needs identified through the participatory analysis. The planned actions will be carried out during the interval (3-4 weeks) of each training for CLTS facilitators. The CLTS facilitators are supported with small grant (500-1000Ksh) per meeting to host their neighbours to create conducive environments for the discussions. The followings are examples of activities;

	Theme	Examples of activities
1	Sustain and improve basic sanitation and hygiene behaviours and facilities gained through CLTS, solid waste management and environmental hygiene, inclusion of PwDs, SGBV risk mitigation	Improving sanitation and hand washing facilities (e.g. Sato latrine, leaky tin to tippy taps) Increasing the number of households with rubbish/compost pits Good practices of communities' mutual support to improve the latrine access among PWDs
2	Safe water treatment, handling and preservation, Improving food and kitchen hygiene, basic of food security and nutrition	Community routine washing of water containers and clearance of stagnant water at water distribution point Construction of dishracks Sensitization on safe handling of water for children
3	Gender equality for hygiene and sanitation improvement activities, Action planning for HH sanitation improvement	Development of gender action plan for reducing burden of WASH related chores on women Action planning for improvement of HH budget for sanitation.
4	Theme identified through the previous session.	Setting up of kitchen gardens for food security Collection of plastic waste by each compound Sensitization on locally produced/available sanitation and hygiene goods

- Follow ups: Conduct follow up visit at household level to support the households to implement the plans. Through regular visits to each household and small meetings in the community, CLTS facilitators analyse issues in each household and provide advice/guidance on how to improve. PWJ WASH and community development staff provide technical support to the CLTS facilitators in everyday activities as well as negotiation with non-cooperative households to achieve the goals set by the community through action planning.

- Monthly review meeting and report collection to capture the progress, share challenges and consider the solutions: The meeting will be held every month for 4 months after the training for about 3 months. At that time, the activity record is collected. PWJ M & E assistant fills in the tabulation format and capture the progress of each target NH / village. The meeting is to be held once a month. Report progress is shared regularly at leader meetings held by UNHCR. In the middle of the project period, PWJ will support a joint meeting by 40 CLTS facilitators and 80 community leaders to share success stories and get advice from others (4 groups at a time).

3-5 Distribution of tools for improvement of water and sanitation environment

- Distribute aqua tabs, poles and jerry cans to support the household initiatives based on the identified needs. Considering vulnerabilities, chlorine tablets for 3 months for water treatment will be distributed to about 2,000 households whose needs have been confirmed. One set of poles, wire mesh and nails which are necessary for making a cupboard for drying and storing tableware will be distributed to each target household. To make dishracks, two sets of DIY tools such as hammers for sharing will be distributed to the CLTS facilitators in each NH / village.
- Beneficiaries will be encouraged to purchase Chlorine tablets for water treatment by themselves after distribution for 3 months. PWJ will not distribute all the materials needed to make the dishracks. Cost-sharing/contribution from beneficiary households is required.
- If materials were not used for water treatment and instalment of dishracks as intended, they will be required to return all the materials.

3-6 End line survey and PR

- Conduct participatory End-line survey. Conduct door to door visit by random sampling of 200 households in the target area to measure improvement of water hygiene, dishracks, changes in gender participation in sanitation and hygiene chores, improvement in facility and maintenance of toilet and hand washing facilities. Conduct FGD (15 people each time, 3 times in total). 20 CLTS facilitators will be selected as enumerator for 4-day field survey.

Component4 School Led Total Sanitation

Target: 3 schools in the settlement and 1 school in the host community

4-1 Selection of schools and orientation for the relevant stake holders

- Select the target school in consideration of needs and success factors. Priority will be given to the schools where latrine was constructed under JPF7.
- Conduct 2 hours - orientation for 40 people (pupils, teachers, BoMs etc) per school in order to share the purpose and implementation process of SLTS.

4-2 Training for facilitators

- Conduct 3 days training on SLTS and the basics of hygiene and sanitation improvement (20ppl * 2 times). The total of 10 ppl per school, which is including school principals, WASH club teachers, club leaders, BoMs and PTAs.
- Use the SLTS implementation manual developed by the Ministry of Health of Malawi and UNICEF as reference to plan and implement the activities.

4-3 Implementation of SLTS with the communities

- Triggering: Conduct 5-6 triggering sessions for a total of 500 students and 100 parents at each school. Triggering sessions usually take about two hours. PWJ WASH staff and Sub County Public Health Officers will assist SLTS facilitators in conducting triggering.

- Action planning workshop: Conduct a workshop to create an action plan based on the discussions during triggering. (Once at each school, use 2-3 hours after school) The facilitator team (10 people) of each school and the representative of the school WASH club (10 people) will participate. Actions included in the plan will be;
 - Encouragement of latrine use and hand washing using effective message tools (songs, plays, etc.)
 - Creating a system to take turns cleaning latrine and classroom and checking by pupils
 - Making brooms for cleaning
 - etc

4-4 Monitoring and award-giving to high performing schools

- Facilitator team (10 in each school, 40 in total) regularly monitors the progress of the plan.
- For three months after triggering, the team will hold a monthly review meeting to check progress and report on success stories and challenges. (2 schools at a time)
- Create indicators and monitoring tools, and measure improvement. Two star schools will be selected after a visit evaluation by County PHOs and staff from education sector. Gather 150 students and held an awards ceremony.

4-5 Organizing sports events for sanitation improvement

- On World Refugee Day, hold an event (three times in total) that combines sports and hygiene awareness for children in the settlement villages (3 villages).
- Event includes sport such as soccer, quiz competitions, songs and plays.
- The planned number of participants is 500 per villages, and water will be distributed to all. Snacks will be provided to 80 people participating the competition. In addition to distributing stickers with a printed message to the participating children, flyers and soap will be distributed to raise awareness of hygiene improvement. 30 excellent children selected in each village and will be given gifts such as towels and water bottles to help improve hygiene.

4-6 Menstrual hygiene management workshop

- Conduct a refresher ToT training for MHM trainers who were trained under the previous JPF7 project.
- Conduct MHM workshop to the total 1,600 pupils (both girls and boys) above 8years and the total 400 caregivers of the female pupils
- The menstrual hygiene management workshop for pupils will be held for 2-3 hours with about 40 participants each time (10times per school * 4 schools). PWJ WASH team and County officers will guide MHM trainers/facilitators.
- For caregivers, a total of 20 workshops (20 ppl per workshop) will be held by CLTS facilitators and PWJ staff
- Conduct door to door visit by random sampling of 200 households in the target area to measure improvement of knowledge of MHM. Conduct FGD (15 people each time, 4 times in total). 5 enumerators for 5-days field survey.

Key Indicators

Outcome indicators

- # of HHs which answered that living environment has improved at post construction monitoring: 90%

- % of HHs out of 200 HHs who answered daily consumed quantity of water was increased in the end-line survey: 70%
- % of HHs observed improvement in water, food sanitation, gender equality, and hygiene practice out of 200 HHs at the end-line survey: 75%
- # of schools which meet SLTS standards such as usage of latrine, cleaning, water supplement to handwashing facilities, and class rooms cleaning: 3
- % of students, teachers, and parents who understand about menstrual hygiene in random chosen survey when the project finishes: 70%

Output Indicators

- # of permanent houses and met the safety standards: 70
- Km of expanded water pipeline: 7km
- # of expanded and repaired water taps: 80
- # of water stations built for host communities: 2
- # of submitted community action plans to improve overall sanitation and hygiene: 150
- # of HHs which received chlorine tablets for water treatment and materials for constructing dishracks and used them adequately: 1,800 HHs/2,000 HHs
- # of students and parents who attended SLTS activities: 1,600 students & 400 parents

Key Stakeholders

Refugee and host communities, community leaders, County Government (housing, health, water, public works) , MoH(GoK), RAS, UNHCR, UN-Habitat, UNICEF, BoMs and teachers, NRC, HI, KRCS, FCA

2. 1302 ‘Project for Promoting Preventive Behavior against COVID-19 in Kalobeyei Refugee Settlement, Kakuma Refugee Camp and Host Community’

Project Period: 31st March 2021 -14 February 2022

Project Location: Kalobeyei Integrated Settlement Village 1,2 and 3, Kakuma refugee camp and host community

Project Objective:

- Preventive behaviours against COVID-19 are promoted among Kalobeyei and Kakuma refugees and host communities through disseminating reliable information on COVID-19 through effective communication tools and channels
- Enabling environment is created for hand washing

Expected Outcomes:

- 1-1 Behaviors for preventing COVID-19 are promoted through effective risk communication and community engagement
- 1-2 Awareness on prevention of teenage pregnancy is created among adolescent girls and boys and caregivers through engaging the adolescent boys and girls, and parents/caregivers in message development and campaigns
- 2 Hand washing practice is promoted and habituated through improving access to hand washing facilities in learning, protection and health facilities.

Activities per Component:

Component 1-1 Risk Communication and Community Engagement for COVID-19

Target: 70% of the respondents of end of the project assessment can recall at least one of the COVID-19 preventive messages correctly

1-1-1 Rapid Study on COVID-19 information and perception, and Development of Communication Plan

- Risk Communication Officer plans and implements a rapid study to understand information contents, routes on COVID-19, and barriers and motivative factors for making decision to take preventive behaviours. The study will also explore people’s perception on COVID-19 vaccine
- Method: HH interview, Focus Group Discussion (FGD)
- 12 study assistants are recruited and given a 2 days training beforehand
- Risk Communication Officer analyses the collected data, compile a report and share the result at CwC technical working group(TWG), community leaders meeting etc.
- Risk Communication Officer develop a Risk Communication including the contents of awareness message, the method and schedule of sending messages and collecting feedbacks.

Interview	
Number	960 respondents among residents in Kalobeyei settlement and host community (10 per study assistant per day)
Target	Wide range of age (from 12 to 60 and over), including vulnerable people such as People with Disability (PWD)
Days for data collection	8 days
Contents	<ul style="list-style-type: none"> • Age, Sex, Hometown • Risk perception on COVID-19 • Barrier and motivating factors for preventive behaviours • Misinformation and rumours on COVID-19 • Source of information on COVID-19 and health • Perception on COVID-19 vaccination <p>*Free answers should be recorded in detail.</p>
FGD	
Number	120 participants (10ppl*12 times in total)
Target	Will be selected considering the participants generation and gender, including PwD
Days	2 days
Overview	<ul style="list-style-type: none"> • Discussion based on the analysis of HH interviews • In-depth understanding on specific risk for PwD, risk perception and barriers against prevention of COVID-19. • FDGs and HH interviews with PwD Will be coordinated with the support from Humanity and Inclusion (HI)

1-1-2 Risk Communication Training for Leaders and Campaign

- Select 20 key-persons on risk communication who have great influence in the community, from each of three Kalobeyei Integrated Settlement Village and host community.
- At the selection, hold an orientation with the block leaders to know who are the key persons.

	RCCE Training
Number	80 trainees (20 opinion leaders per village and host community)
Objective	Trainees start doing appropriate and effective risk communication with the people in the community after this training
Duration	2 days
Trainer	PWJ Risk Communication Officer, PWJ WASH Officer, External Facilitator (if necessary)
Contents	<ul style="list-style-type: none"> • Basic knowledge on COVID-19 such as the transmission route of COVID-19, preventive measures • How to identify and address the high-risk group • Importance of disseminating reliable information • How to detect a myth and wrong information • Effective way of risk communication • Appropriate response to vulnerable group including PwD • At the end of training, the participants make an action plan for promoting COVID-19 preventive behaviours <p>* Risk Communication Officer will decide the detail of the training contents based on the rapid study result</p>

- After the training, Risk Communication Officer and Field Assistant accompany and monitor the activity of trained leaders and provide necessary support to them.
- Carry out road shows or public campaigns with loud speaker at the venues where have high possibility to reach target audiences especially high-risk group . These venues will be identified during the training.
- Risk Communication Officer supports these leaders if they carry out a planned campaign though the trained community/opinion leaders' actions for risk communication. Based on the report from these leaders, PWJ pays allowance of which amount is 700Ksh per day at maximum. 6 times during the project period per person is the upper limit for the payment.

1-1-3 Poster and Message Contest on COVID-19 Prevention

- Poster Contest targets school pupils in 10 schools in Kalobeyei and host community. Hold an orientation before the contest to encourage the students to create an appropriate message, especially on the key preventive practices in school such as hand washing and wearing masks. Supply art materials to the recommended applicants.
- Audio Message Contest mainly targets youths. Call for application through SNS or WhatsApp tree messages and FM radio channel which covers Kakuma, Kalobeyei and West Turkana. Hold an orientation to encourage the applicants to create an audio message in the form of song, poem and drama ,etc. .
- After Risk Communication Officer with WASH officer assesses the appropriateness of the applied posters and audio messages, share them with the people through WhatsApp, SMS, radio program and so on. Voting is supposed to be done by WhatsApp and SMS, though the most feasible way is to be determined during the project.

- Print out 4,000 of the winning poster and distribute them to community centres, health facilities, schools, other public spaces and households with children.
- Spread the winning audio message by radio spot broadcasting and WhatsApp, targeting in total of 30,000 times of listening.
- Present a certificate and prize to the top three of each poster and audio message.

1-1-4 Creation and Distribution of Myth Busters Materials

- Myth Busters is a material to provide the correct information, pointing out the myth/misinformation which prevent people from pursuing health seeking behaviours.
- Risk Communication Officer creates the material as a leaflet and a poster, contracting a design and contents creator who has an experience of creating similar materials.
- Leaders who completed the Risk Communication training (1-2) distribute the leaflet to the people, especially youths, at meeting spaces, markets, schools and so on.
- Digitalize the materials and deliver them with voice function through WhatsApp and other SNS.
- Broadcast a talk show which experts such as medical doctor, WASH officer share the recent scientific findings on COVID-19 information and answer the questions from the community. The program is planned three times, 45 minutes each.
- Using WhatsApp, SMS and UNHCR's Feedback Gazette is under consideration as a messaging and feedback tools. Message contents and communication channels are flexibly adapted according to the situation of the outbreak in the project area.

Component 1-2 Empowerment of teenage girls and boys for preventing teenage pregnancy

Expected Result: 30% of the sampled children have been reached with the created messages on prevention of teenage pregnancy

PWJ proposes to introduce the empowerment approach to adolescent girls and boys to increase their self-efficacy and capacity to cope with the various challenging factors that lead to teenage pregnancy and health problems regarding sexual and reproductive health. It also calls on promoting knowledge and awareness that parents, guardians, and the community at large need to support children's choices and behaviors to prevent teenage pregnancy.

Objectives: Capacity building of 80 teenage girls and boys as champions/peer-leaders through engaging and creative facilitation using performance arts and dialogues in partnership with health, protection, and education partners

Advocating for the prevention of teenage pregnancy among adolescents using messages that reflect specific contexts in Kalobeyei developed by peer leaders/champions through music, dance, and dramas

Creating an enhancing platform for parents, caregivers, and the community at large that facilitates dialogues to increase awareness on the development of adolescents, MHM, and SRHR among the youth in Kalobeyei

Key results:

- 60 girls and 20 boys MHM/SRHR peer leaders are trained
- art and educative messaging tools such as song, dance, and dramas on prevention of teenage pregnancy are developed
- At least 3,000 adolescents and youths are reached with the developed message tools(Songs, dramas, etc.)

Activities:

- Select target teenage girls and boys to be trained as MHM/SRHR peer-leaders/champions in consultation with protection and education partners
- Develop contents of the workshops to train selected girls and boys peer leaders/champions through providing them with a friendly environment to discuss their experiences, aspirations, and challenges, learn openly about sexual and reproductive health and right, and create messages using music and dance to advocate for the prevention of teenage pregnancy among their peers in the community
- Conduct the planned workshops for peer leaders/champions with health, protection, and education partners, support them in creating message songs, dance, and dramas for awareness creations on prevention of teenage pregnancy among adolescent and youth
- Conduct dialogue sessions with parents and caregivers of the selected girls and boys to facilitate their understands of the importance of peer-education and campaigns and provide enough support to their children to lead the initiatives
- Undertake awareness campaigns for teenagers both in school and out of school through message songs, dances, and dramas created by the peer-leaders during the workshops. Engaging them in dialogues on the prevention of unwanted pregnancy using these messages and performance art platforms
- Media Campaigns: Using a variety of media to sensitize and broadcast the created messages.

1-3 Project End-line Survey

- Conduct an survey to measure the extent that COVID-19 messages reach and impact people's knowledge, perception and behaviours to prevent COVID-19. The survey methodologies are household interviews for randomly selected respondents and FGDs.
- Conduct a survey to measure the prevalence and reputation of the Myth Baster materials (1-4).

Component 2 Construction and Maintenance of Hand Washing Facilities

Target:

- **32 permanent type hand washing facilities are constructed or rehabilitated**
- **70% of students wash their hand more often (sample size is 20% of the facilities)**

2-1. Selection of Target Schools and Facilities

- Select and decide the target of this project based on the below points;
 - # of hand wash facilities, including portable ones available to use
 - # of hand wash facilities which are already set-up but not connected to water tank
 - # of students/users per functional hand wash facilities
 - Presence of water tap
- The budget is supposed for 35 facilities, but the number of facilities might be reduced depending on the actual distance between water storage tank and the hand washing facilities in the targeted institutions. Therefore, the minimum target is 32 and the maximum targets will be decided considering the field situation and the budget.

2-2. Construction and Maintenance of Hand Wash Facilities

2-2-1. Development of the Design and Bill of Quantity (BoQ)

- Wash Engineer finalizes the design and BoQ coordinating with the person in charge of each target school. The facilities that will be newly constructed will have 12 taps.

- Prior to the development of the design, hold FGDs to identify the specific needs in the field and the challenges of pre-existing hand wash facilities especially for children and adults with disabilities, coordinating with Humanity and Inclusion (HI), the IP of Person with Specific Needs (PSN) sector. The FGD is planned to be held twice, 2 hours each. The proposed number of participants is 20 in total, including PWJ WASH Officer, PWJ WASH Engineer, HI staff, community leaders and persons with various disabilities.
- 2-2-2. Selection of contractors through competitive bidding based on Request for Quotation
- Develop and distribute the Request for Quotation based on the BOQ, and receive a bid from constructors. Assess and select them in accordance with PWJ's procurement guidelines and consign the construction.
- 2-2-3. Monitoring and Management on the Procurement and Construction
- WASH Engineer and Field Assistant assess the construction work plan and monitor and supervise the progress of procurement and construction by daily field visit.
- 2-2-4. Post-Construction Monitoring and Handover
- WASH Engineer assesses if the constructor has completed the construction according to the agreed plan and design in the contract and if the quality of the construction is standard or above using the checklist. If no defect is found, the constructor is issued with a completion certificate.
 - Handover the facility to the school board, staff of health/quarantine facility or management organization of the target school.

2-3. Wall Painting with Environmental Nudges

- Paint the environmental nudges on the walls of the hand wash facilities to promote hand washing practice.
- Risk Communication Officer develops the Nudge design as incorporating users' opinions collected through two consultative meetings with users for deciding the Nudge design. The participants of the consultative meetings are learners and school board member or care givers, 20 people in total with the balanced gender ratio.
- Build the capacity of the painters by orienting them on the design and effects of Nudge.
- Conduct a monitoring survey at 20% of the number of target facilities to measure the effect of the nudge and the hand washing practice.

Key Stakeholders

Refugee and host communities, community leaders, County Government (housing, health, water, public works) , MoH(GoK), Project Elimu, NRC, HI, constructor, painter

End