Project Proposal

Organization	ACF (Action Contre la Faim)
Project Title	Emergency water and hygiene intervention for water-stressed communities in areas affected by large scale displacements in Lashkar Gah and surrounding districts, Helmand Province
Fund Code	AFG-15/O580/SA1/WASH/INGO/326

Cluster

Primary cluster	Sub cluster
WATER, SANITATION AND HYGIENE	None

Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals		Allocation Category Type	Field activities
Project budget in US$	503,500.00		Planned project duration	12 months
Planned Start Date	01/05/2015		Planned End Date	30/04/2016
OPS Details	OPS Code		OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

In line with the geographical and strategic priorities of the 2015 Strategic Response plan, the project aims at increasing safe water coverage, and improving hygiene of vulnerable communities of Lashkar Gah district and surroundings, of Helmand Province. Through targeted actions towards improving access to drinking water and personal hygiene (hand-washing with soap), ACF intends to contribute to reducing excess morbidity and mortality associated with water borne-diseases in Lashkar Gah and neighboring districts of Helmand.

To increase access to drinking water, ACF will mobilize communities for the construction/rehabilitation of water sources (boreholes, hand dug well, spring, etc.), as well as distribute Bio Sand Filters to the families settled in areas where the water available is not sufficient or the water quality of natural water points is poor / not respecting the minimum quality standards. Improving quality of water at the distribution point or at household level should eventually eradicate the risk of contamination and associated hazard of water borne diseases. For this intervention, ACF will seek to achieve minimum SPHERE standards for safe water, i.e. provide a minimum of 15 liters per person per day.

For maximum impact on reducing the incidence of diarrheal diseases, the project will also work towards improving personal hygiene - with a strong focus on hand-washing with soap. To this end, ACF will use various “dissemination stations”, including target communities, schools, and health facilities (hygiene), as many entry points for transmission of knowledge on optimal hygiene practices, in a bid to reach out to the largest population. Community leaders (CDCs, Mullahs, teachers) will be actively involved in the process to act as “education stations” to support durable behavior change.

In February 2015, ACF, in partnership with ACTD, conducted a SMART survey in 5 districts of Helmand. Results of the survey are presented below and have fed into the proposed strategy. In the month of April, ACF will undertake - on private funds - a rapid WASH assessment in targeted districts to fine tune the proposed strategy, identify priority areas for intervention, understand local dynamics regarding gender and cultural habits influencing hygiene practices, and engage discussion with local stakeholders. Thanks to this first assessment, ACF has been able to develop some understanding of the area, and start networking with some local actors.

Results of this assessment will be shared with CHF and will be used as the basis for fine-tuning the proposed intervention in terms of geographical targeting and modalities of operation.

While seeking to address immediate causes of water-borne related child morbidity and mortality, the proposed intervention will lay the foundations for sustainable future intervention in the area, through active involvement of formal and informal authorities, local leaders, and government agents (health staff and teachers). ACF indeed intends to use this second program in Helmand (ACF will also implement ERM in Helmand) as an entry point for its acceptance and access strategy, which should in the mid-term support the geographical and sectorial expansion of its intervention in the province.

Committed to respond to acute humanitarian needs in Helmand province, ACF has already secured internal funds, which will cover support costs associated with base opening, including expatriate and national human resources required to establish an office and start up projects (for a total amount of approximately 200,000 USD).

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	7345	7029	2136	2090	**18,600**
Total beneficiaries include the following:					
Host Communities	7345	7029	2136	2090	18600

Indirect Beneficiaries	The indirect beneficiaries are fetching water in other villages, increasing the scarcity of available water in that area: the increase of water provided in this project through construction and rehabilitation of water sources, and the distribution of BSFs for water purification will decrease the pressure of the population in these water points and increase the water available in the surrounding villages.	Catchment Population	The central entry point of the Wash strategy is the Health Facility, in order to identify the most vulnerable population in poor health condition: the villages and the school related to the HF are the ones composing the catchment area of ACF intervention. This approach is emphasizing the results, obtaining a good impact on the population. All the “dissemination stations” (HF, schools, and community leaders) will work in the same area and at the same time, coordinating and maximizing the efforts of the project.

Link with the Allocation Strategy

The proposed project aligns with the allocation strategic priority #4 “Contributing to the reduction of excess child morbidity and acute malnutrition incidence”. The project will more specifically address the WASH Cluster strategic priority #2, i.e. “response to the WASH needs of vulnerable populations in areas affected by mass displacement of population and cross-border movements (IDPs, returnees and refugees) putting pressure on available resources within host communities; and areas affected by ongoing conflict”- for which Helmand has been retained as priority province. Through the provision of safe drinking water to water-stressed communities, and coordinated efforts to improve hygiene practices at community, school, and health facility levels, ACF intends to contribute to reducing incidence of water borne diseases amongst children under 5 - which in Helmand province stands as the main cause of child morbidity. The project will contribute to the following outcome indicators of the WASH envelope of the allocation strategy: - Number of people in intervention areas provided with access to at least 15l per capita per day of drinking water - Number of people in intervention areas provided with access to a place to wash hands with soap.

Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Located in the southern region of Afghanistan, at the border with Pakistan, Helmand province is characterized by harsh geological conditions (arid zone), and high levels of insecurity. Possessing a long history of conflict, Helmand province has over the past decade been the epicenter of the fighting between armed opposition group and International Military Forces (IMF) in Afghanistan. Years of conflict have translated into large scale displacements of population (117 756 IDPs recorded by UNHCR as end of 2014), limited presence of public services (Helmand has the lowest literacy rate in Afghanistan), and impaired economic development. In this highly populated province (969 395 people), a large share of individuals remains cut off from basic public services and in need of humanitarian assistance.

Owing to poor natural resources endowment, widespread insecurity, and low access to basic services, Helmand ranks 3rd as priority province in the Humanitarian Needs and Vulnerability Index for Afghanistan (OCHA 2015). This ranking as national humanitarian priority is mainly dictated by high morbidity and mortality rates,

	and high exposure to man-made (conflict) and natural hazards (drought). While the number of AOG incidents recorded in Helmand slightly decreased in 2014 (-11% - INSO), the scale and violence of the conflict remains high in the province, as evidence by the large caseload of conflict-induced displaced people. In addition to conflict, the province is chronically affected by natural disasters (the area was affected in all past 3 years - OCHA, 2014). Despite acute needs, humanitarian presence in Helmand remains limited: according to 2015 HNO, Helmand is one of the 4th least supported provinces in terms of humanitarian actors - when compared to the population in need. In this highly contested province, only few humanitarian organizations have succeeded to establish and to deliver assistance. Beyond Lashkar Gah city and surrounding districts, humanitarian access remains very limited; which severely undermines the capacity of actors to reach out to the most vulnerable. Compounded with insecurity-induced restrictions on population's freedom of movement, this limited outreach of humanitarian assistance has left a large proportion of the population in a situation of despair. Of particular concern for humanitarian actors is the high ranking of Helmand province in terms of morbidity and mortality (the province ranks 5th priority out of 34 provinces based on morbidity and mortality indicators - HNO, 2015).
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	In Helmand province, water-borne diseases stand as the main driving factor of child morbidity and mortality. The SMART survey conducted by ACF in partnership with ACTD in 5 districts of Helmand province in February 2015 indeed indicates very low rates of global acute malnutrition - discarding it as main contributing factor. In line with the results of the 2013 National Nutrition Survey and 2012 National Rural Vulnerability Assessment (NRVA), morbidity data collected during the SMART survey however reflects very high incidence of diarrhea: out of 1,259 under-5 children screened, 30.4% reportedly had diarrhea in the past 2 weeks preceding the assessment. After diarrhea, acute respiratory infections are the second main cause of child morbidity (NNS, 2013). At the origin of such high incidence of water borne diseases in Helmand province are the following causes: (i) low coverage of safe water, (ii) poor hygiene practices, and (iii) low access to improved sanitation. According to the NRVA, less than one third of Helmand's inhabitants have access to an improved water source (30%). This low coverage was confirmed by the results of ACF/ACTD SMART survey, which found that - in the 5 districts covered - only 38.2% of respondents were using a protected source of water. This situation is the result of (i) lack of improved water infrastructures (linked to low capacity of the government to expand public services in contested areas and limited humanitarian presence to fill this gap), and (ii) poor maintenance of existing water infrastructures. DACAAR survey conducted in 2014 on 582 water points of Helmand province found that as much as 54.3% of water points were non-functional. In Helmand province, poor quality of water significantly contributes to the burden of water-borne diseases: according to DACAAR survey, 53.6% of water points surveyed were contaminated. At household level, treatment of water is very rare: according to the SMART survey, only 18.6% of families treat water before drinking. Compounded with high rates of contamination at the point of collection, this lack of domestic capacity to treat water at the point of use constitutes a major health hazard. Low levels of education, low use of health services and exposure to health education, and limited financial capacity to access water treatment devices are greatly limiting households' capacity to reduce health risks associated with poor water quality at the point of collection. Inappropriate hygiene practices adds to low access to safe water and stands as the second main contributing factor to water borne-diseases. Results of the SMART survey indicates that in the targeted area, only 54.1% of people wash hands after using the latrine, and 72.1% wash hands with water only - no soap. These findings are consistent with the 2013 NNS, according to which 76.5% of visited hand-washing places had no soap available. At the origin of poor personal hygiene practices are the same causes: low education and awareness on hygiene, and lack of purchasing power to procure hygiene items. Yet worldwide, studies have shown that promoting hand-washing with soap can lead to a 42% to 47% reduction in diarrhea (Lancet, 2003). Early April 2015, ACF will conduct, with ACTD, a needs assessment on water, sanitation and hygiene in villages of Lashkar Gah and 3 surrounding districts (Nad Ali, Nahr-i- Saraj, and Nawa-i- Barikzayi), selected based on access (during the SMART survey conducted in February 2015, a list of accessible villages was established with locally recruited teams for 5 districts of Helmand). Funded by ACF core funds, this assessment will aim at identifying priority areas for intervention, fine tuning the proposed strategy in terms of implementation strategy, and complementing the understanding of local dynamics regarding gender and cultural habits influencing hygiene practices. Results will be shared with CHF and the WASH Cluster, and will serve as the baseline for the proposed project.
3. Description Of Beneficiaries	The targeted beneficiaries of the project are living in the semi-urban area of Lashkar Gah and surrounding districts, with limited access to safe and clean water and poor hygiene conditions. The breakdown of targeted beneficiaries is as follow: • 1,400 households benefitting from improved access to protected water sources • 1,200 households receiving a BSF for improving water quality • 120 WSUCs members, water point mechanics and caretakers trained in WP management and O&M • 80 leaders (CDCs, Mullahs, CHPs and natural leaders) trained on hygiene promotion • 20 teachers trained on hygiene promotion in school • 20 HF staff trained on hygiene promotion in HF In the next weeks ACF will carry out a Wash assessment (water availability and coverage, hygiene practices by population, sanitation conditions and waste management in the villages) in order to better understand the people needs and gaps, and select the beneficiaries and prioritize the areas of intervention.
4. Grant Request Justification.	In line with the CHAP Strategic Response Priority of "reducing excess morbidity and mortality", ACF is proposing to intervene in Lashkar Gah and surrounding districts for improving access to water and hygiene. Through this intervention, ACF intends to contribute to increasing humanitarian assistance to the vulnerable communities of Helmand – in a sector (WASH) where no other humanitarian organization is currently working or has the capacity to intervene (OCHA 3W). In a bid to tackle the main cause of child morbidity and mortality in Helmand province, ACF has decided to work on improving access to safe water and personal hygiene in Lashkar Gah city and 3 surrounding districts assessed as fully or partly accessible. The proposed project builds upon extensive review of secondary data, collection of primary data from partners working on the ground (MSF, ACTD, IRC, ICRC, Emergency), and prolonged efforts to network with relevant stakeholders and establish sound foundations for starting up humanitarian operations in the province. Committed to work Helmand, ACF has, since late 2014, (i) engaged in discussions with local actors, including government authorities, humanitarian actors, and non-government leaders to gain in depth understanding of the area, (ii) secured various sources of funding (including ACF and ECHO) for opening a base ,providing humanitarian assistance to the most vulnerable (e.g. IDPs), (iii) worked on a context-specific access strategy revolving around the principle of acceptance (see below) and (iv) started to assess needs in the field of Wash, Nutrition and Food Security. Acknowledging the limited capacity of the government and communities to operate and maintain water points, ACF will focus on rehabilitating existing ones with a strong capacity building component for Water and Sanitation Users' Committee (WSUC). Only in areas where major gaps in safe water coverage are identified, and household treatment could not offer a sustainable solution, will ACF envision constructing new water points (always in coordination with MRRD and through community mobilization around WSUC). To account for the risk of contamination at the point of collection, and lack of government and population capacity to expand safe water coverage with new improved infrastructures, ACF will seek to introduce BSF as household water treatment device (successfully piloted by ACF in different provinces). To comprehensively address all risk factors of water borne diseases, ACF will also work towards improving personal hygiene through animation or facilitation of hygiene promotion and education sessions at community, health facility, and school levels. While acknowledging major needs in the field of sanitation, ACF reckon that engaging in community-led total-sanitation (CLTS) type of programming in a new area of intervention with limited humanitarian access has limited chances of success. For this reason, ACF has decided to first focus on increasing quantity and quality of safe water, and improving personal hygiene practices to reduce health hazards. As acceptance with communities increases, ACF will include sanitation in future interventions. The scope and implementation strategy of the project reflects ACF understanding of the operational constraints associated with starting up operations in Helmand, including (i) limited or unpredictable humanitarian access, (ii) lack of community acceptance, and (iii) very low human resource capacity (Helmand is the province which records the lowest literacy rate). The geographical coverage, activities, and implementation plan (see section below) of the project have been tailored to these context-specific challenges, to ensure maximum quality of outputs, and impact for targeted communities. The aim is to use this second program in Helmand as an additional entry point for its acceptance and access strategy, which should in the mid-term support the expansion of its intervention in the province.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	ACF funding For 2015, ACF has committed internal funds for conducting needs assessments and opening a base in Helmand province. Running until December 2015, ACF project aims at gaining in-depth understanding of humanitarian needs in the fields of water, sanitation, hygiene, nutrition (beyond the SMART survey and SQUEAC evaluation covered under CHF grant), and providing the necessary resources for establishing a base, recruiting and orientating key support staff. ACF funds will also cover some expatriate staffs, with the aim of maximizing the use of other funding sources for direct program implementation. The total budget allocated by ACF for supporting the starting up of humanitarian operations in Helmand amounts approximately 200,000 USD. ECHO funding In 2015, ACF will expand the geographical coverage of its Emergency Response Mechanism, funded by ECHO, to Helmand province. Targeting conflict and natural disaster induced displaced populations; the ERM project will provide assistance to 200 newly displaced households in Lashkar Gah district. This expansion follows bilateral discussions held with DRC, currently implementing ERM in Lashkar Gah through its Kandahar Office on a small scale, After discussions with DRC, ACF received their full support to implement this program, to complement DRC's one . Considering security and logistic constraints associated with working in Lashkar Gah, and to ensure consistency with the emergency assistance provided by DRC, ACF will provide only Unconditional Cash Assistance (UCT) as assistance to the population. Should ACF make significant gains in terms of acceptance in the area, the situation security improve, and market capacity allow, ACF could, in the second phase of the project, look into expanding the scope of the response to NFI, WASH and Shelter - upon needs, and after prior validation by ECHO. The limited caseload of IDPs targeted as compared to the needs reflects the operational constraints anticipated by ACF in starting to implement ERM in the highly sensitive and unstable context of Lashkar-Gah - which preempts to seek wide coverage in the first months or year of operation.
LOGICAL FRAMEWORK	
Overall project objective	To contribute to reducing child morbidity and mortality through improved water availability and hygiene conditions in Lashkar Gah and surrounding districts, Helmand Province.

Logical Framework details for WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. WASH activities contribute to reductions in excess child morbidity	1. Excess morbidity and mortality reduced	100

Outcome 1	To increase access to safe and clean water for selected vulnerable communities, schools and HFs	
Code	**Description**	**Assumptions & Risks**
Output 1.1	16 Water points are constructed (4) /rehabilitated (12) and 1,000 Bio San Filter distributed in water-stressed communities.	Political situation in the country and the region allows ACF to implement its program Security remains manageable enough for project implementation No force major natural disasters and disease outbreaks during the project implementation No major economic crises No major fluctuation in the exchange rate Resources are available in the country Community members are willing to participate and remain involved Relevant national and local authorities approve and support the project implementation Targeted communities understand the mandate of ACF, accept their presence on the area, and actively participate in the project Relevant authorities (government and non-government) accept their presence on the area, and actively participate in the project Required materials for construction works are locally available or contractors agree to deliver them in Lashkar Gah

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water					9600
	Means of Verification:	Baseline and final KAP surveys ACF field monitoring reports ACF activities reports Water analysis report The targeted number of beneficiaries has been calculated based on the following assumptions: the average yield for a Hindus hand-pump is 0.4 liter per second, i.e. 1.440 liters per hour; assuming 10 hours operation of the pump per day, the rehabilitated or constructed hand-pump should be providing an average of 14,400 liters per day. Using SPHERE standard of 15 liters/person/day as the reference, ACF expects that at least 11,520 individuals will have access to sufficient quality water at the end of the project. Looking at population figures of targeted villages, ACF reckon this is a realistic estimation of beneficiaries.					
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of beneficiaries accessing safe water through use of BSF as household water treatment device					9000
	Means of Verification:	ACF reports ACF monitoring reports KAP survey 7 members per households in average are calculated at country level, but some provinces have different rate. According to SMART Survey conducted by ACF in March 2014, the average of household members in the same areas where the project will be implemented is 10.9 among 642 households interviewed, as per following table. The choice of 9 members per household is prudential, with a reduction of 25%. Housing crowdedness in Helmand Province is 11.5 persons (HMIS 2005); according to the average members per household is 9 (Helmand Province Profile, MRRD-NABDP 2012; CSO 2011). Target: 1000 BSC x 9 HH members = 9000					
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Percentage of water quality analysis for rehabilitated/ constructed wells and BSFs which adheres to Sphere standards					100
	Means of Verification:	Water quality analysis					

Activities

Activity 1.1.1	Recruitment of personnel and staff orientation During the SMART survey conducted in partnership with ACTD in Helmand in February 2014, ACF team identified the following opportunities and challenges with regards to human resources in the province: (i) generally low education level and background of male and female, (ii) possibility to recruit female staff to the level of graduated midwife, (iii) opportunity to recruit, for high level position, from other provinces provided ethnicity is similar. To account for low capacity of staff (as reminder, Helmand has the lowest literacy rate in Afghanistan), ACF will strive to build the capacity of local staff, through the provision of technical support by the expatriate Program Manager, and ACF Afghanistan WASH Coordination team. To make sure ACF retains sound capacity to leverage acceptance amongst communities, all positions for community mobilization will also be recruited locally, to ensure access to targeted areas. With regards to gender, ACF will seek to recruit women, to be able to provide hygiene sessions to women through house to house visits, and ensure equal gender opportunities. Building on the positive experience of the SMART survey, ACF is confident on its ability to attract women, which would either be hired as couple with a male counterpart, or provided with a marham for which ACF would cover the costs throughout the project. Acknowledging the limited capacity of human resources locally available, as well as the need to provide appropriate induction to staff newly joining the organization, ACF is planning to allocate significant time (at least one month) to orientating and training staff. This process of capacitation will be led by the Expatriate Field Coordinator. The local staff will be supported throughout the project implementation by ACF WASH Technical team in Kabul, both for hard and soft components, through frequent visit to the fields, refresh training and on the job training, to ensure quality of the activities and improve the appreciation by the beneficiaries. The training of hygiene promoters will focus on four key topics: personal hygiene, water chain, environmental protection, and menstrual hygiene (for women); and will be led by ACF WASH national staff possessing extended experience in community mobilization and hygiene promotion,. The training on hard component will be conducted by the Wash Deputy Head of Department, engineer, with good experience in well construction, works supervision and training, and knowledge of the area.
Activity 1.1.2	Mobilization of the communities, selection of sites in HFs, Schools and Villages, and signature of MoU in each selected village. The selection of 8 target communities will be done during ACF-funded WASH assessment to be carried out in April 2015. Using the list of accessible village prepared during the SMART survey, ACF team will conduct field visits and carry out focus group discussions and technical assessment of water points at community, health facility, and school level. After training and orientation of newly recruited staff, ACF will start mobilizing communities, and hold meetings with communities and their leaders (CDCs and Mullahs), with aim of introducing ACF as a new humanitarian organization with its own mandate and charter, discussing and reaching consensus about the proposed activities, and laying the foundations for active participation and involvement during implementation of the project. Based on the experience of the SMART survey, ACF reckon gaining acceptance from targeted communities will be challenging. To account for this constraint, ACF has developed a work plan which grants significant time to community mobilization prior to actually starting activities. During this time, communities will be involved in the selection of the households targeted by the different activities, the revision and validation of the action plan and implementation strategy, as well as the construction/rehabilitation of the wells. The very objective and content of the project, i.e. providing access to safe water and contributing to health improvements, should also enhance acceptance and foster active participation, for it aligns with community needs and priorities. The SMART Survey recently conducted by ACF in the same area the project will target, has started the process of creating a network among the communities, which is expected to facilitate the participatory approach adopted for this project, and to ensure ACF team's access to selected households, Health Facilities and schools. During the SMART survey, acceptance by the communities revealed rather good, thanks to support from ACTD, and recruitment of local enumerators enjoying access and being accepted in targeted villages. Community leaders and elders facilitated the implementation of the survey. As much as possible, depending on the outcome of the assessment conducted in April, the project locations will be selected amongst villages targeted during the SMART survey, in order to build upon the community mobilization started, and the knowledge imparted on ACF. During project inception, an assessment of all existing water sources of the selected area will be carried out, in order to acquire deep knowledge about quantity and quality of water available to population, functionality and condition of water points (hand pump, apron, and surrounding area), habits of people with regards to fetching water, water chain and conservation (containers cleanness, transport, water use). In assessing these, due attention will be grated to women and girls roles, safety of water collection points and any

	other related habit linked to women and girl protection and dignity. Results of the assessment will be shared back with Health Facility management staff, Schools directors, and community members. In communities identified as water-stressed, site selection will be done jointly with Shuras, MoPH, MoE and PRRD to guarantee full involvement of communities and authorities, transparency and respect of local culture and norms. Upon selection of sites, a MoU will be signed with each community in order to define roles and responsibility of each party to the project, encourage and facilitate the involvement the beneficiaries during the whole period of project implementation. Local authorities and technical bodies of Helmand Province (PRRD) will be invited during discussions with the communities regarding the MoU and the project action plan. Another MoU will be signed with MRRD and PRRD.
Activity 1.1.3	Construction/rehabilitation of 16 water sources (12 rehabilitated/ 4 constructed) The construction/rehabilitation of 16 water sources (12 rehabilitated/ 4 constructed) will take in consideration the characteristics of underground water, and will cover Health Facilities, Schools and most vulnerable communities with lack or low access to safe and clean water. The selection of communities and institutions will be done based on the data collected during the assessment ACF will conduct early April 2015 (which will entail Focus Group Discussions with men and women, physical assessment of water, technical assessment of health facilities and schools of catchment areas). In HFs and Schools, the intervention will be focused on rehabilitation of existing water points, according to the needs (e.g. condition of the water point) and priority ranking of the institutions (depending on catchment area, services provided, consultation data). The criteria for selecting communities for water point construction will be safe water coverage, considering availability of functional protected water sources, as well as distance to the water point. Decision regarding the location of the new water point will actively involve community (community and religious leaders, women), with due consideration to safety and protection of users (e.g. ideally located in close to mosques or in the center of villages to ensure safety of those responsible for water collection – essentially women and children). Rehabilitation activities will entail improving the water points to reduce the possibility/risk of contamination (reinforcement and plastering of well, construction of apron and drainage channel, installation of hand pump). As much as possible, and depending on ACF capacity to mobilize communities around its project in an entirely new area, ACF will favor the construction/rehabilitation of water points through involvement of communities, as opposed to of sub-contracting the work to private contractors. Based on experience, ACF acknowledges that relying on community mobilization offers multiple advantages: full control on the supply chain and close monitoring of equipment/material use, increased sense of ownership by beneficiaries, acquisition of knowledge by community members on water point infrastructures and subsequent improvement in maintenance. Hiring local manpower as daily workers will also contribute to supporting community members' income and purchasing power. All the construction/rehabilitation of water points will be monitored by Shuras and CDCs; as well as provincial technical bodies (Provincial Rural Rehabilitation and Development experts) in order to ensure the quality of the works and respect of MRRD standards, through periodical visits on sites. At the end of the project, all the structures will be formally handed over to the communities, in the presence of technical bodies (who will have first validated the technical soundness of the work and adherence to MRRD standards) and relevant local authorities. According to Dacaar , the static water level in Helmand is 15,3 meters (2-28 meters in Lashkargah, 7-25 meters in Nad Ali, 10-14 meters in Nawa Barakzy), surveyed in the same area of intervention of this project. This depth can also allow the construction of hand dug wells. The construction of hand dug well, as per MRRD standards, will follow these steps: • Dig of the well (minimum water column in dry season 4 meters) • Installation of concrete rings 1 meter diameter, top to bottom • Construction of apron (concrete platform) and drainage channel • Installation of 2" PVC pipe to the established depth • Installation of Indus hand pump • Chlorination and water quality analysis • Hand over to community PRRD is in charge of technical verification of the water point.
Activity 1.1.4	Distribution of 1,000 Bio Sand Filters to households with access to low quality water In communities where the water sources are at long distance from population settlements, and where the characteristics of the water table does not allow digging new wells, ACF will distribute Bio Sand Filters to households fetching water from unsafe sources. In total, ACF is expecting to distribute 1,000 BSFs, along with thermos (20 liters container with cover and tap), to guarantee proper conservation of the water treated. Upon delivery of the BSF, each family will receive training on operation (quantity of water, timing for obtaining drinking water, necessity to permanent cover, use of covered container with tap for storage) and maintenance (cleaning, repair, etc.). Throughout the project, ACF teams will continuously monitor the use and efficiency of the BSF, through regular house to house visits. The decision of distributing BSF builds upon multi-years' experience of ACF in BSFs and monitoring/impact evaluation (recently in Kabul) that has shown very good results. In the past four years, ACF distributed 9,803 BSFs in Afghanistan (2,600 in Kabul City, 2010-11; 4,402 in Samangan Province 2011-12; 2,801 in Ghor Province 2011-2014), to the most vulnerable to water borne diseases in rural or semi-urban areas. The rationale for distributing BSF is as follow: (i) poor quality of the water collected from the wells (very often salty or contaminated by E. Coli), forcing individuals to fetch water from unsafe sources (river, channel, unprotected kanda/karez,water pond, etc.), (ii) difficulty of providing safe and clean water from boreholes and hand dug wells in areas where water is scarce and digging/drilling is associated with high costs (need to go very deep), and (iii) population pressure on water sources linked to population migration and displacement, particularly acute in urban areas where households concentrate in search for job opportunities and secure environment (like in LashkarGah). As pressure increases on water points, waiting time increases, along with the risk of breakdown of the pump, forcing again families to fetch from unprotected sources of water. Considering (i) the high density of population in Helmand linked to economic migration and conflict-induced displacement, (ii) the high rate of non-functional water points, reflecting poor capacity for maintenance, and (iii) the local geology (few springs and deep water table), ACF has decided to introduce BSF in Lashkar Gah city and surroundings, in a bid to durably improve access to safe water and reduce incidence of water borne diseases. Results of BFS monitoring and impact evaluation are indeed very satisfactory and provide compelling evidence on the positive impact of this water treatment devise on reducing the incidence of diarrhea. Water analysis conducted on a sample of BSF beneficiaries at the end of every project, and recently in Kabul 4 years after completion of the project show clear improvement in the quality of water and the absence of Escherichia Coli. All beneficiaries interviewed also reported a decrease in health expenditures, especially for purchase of drugs related to water borne diseases (diarrhea, dysentery, etc.). At the end of the project, ACF will check, on a sample of beneficiary households, the quality of the water trough water analysis (PH, NTU, electo conductivity, and E. Choli tests of the water collected and after the treatment). A follow-up of the 9,830 BSFs distributed by ACF in the past four years is ongoing in Ghor and Samangan Provinces, and Kabul City: up to now, 600 households were interviewed. It highlights that more than 90% of the BSFs are still working and in optimal condition (no rust, no damages), and that the water quality is good (no E. Choli in the outlet). People are confident with this system, and use the water for drinking, personal hygiene and food washing.
Activity 1.1.5	Establishment/reinforcement of 10 WSUCs, mechanics and caretakers and distribution of 10 kits ACF will facilitate the establishment and/or reinforcement of water committees (one per targeted village), who will be responsible for the overall organization, planning, and supervision of the operation and maintenance of the public water points, in order to guarantee the sustainability of the intervention. According to MRRD guidelines, the Water Sanitation Users Committee (WSUC) members – all of them self-willing – are elected or chosen among their community through public consensus. Depending on the population and number of structures, membership can vary between 5 and 15, and women have to be represented. The water committee members are volunteers from the community and ACF will insist that this assignment should be carried out without monetary or any other in-kind compensation. Each committee should comprise at least a president, a treasurer, a secretary, a mechanic and a caretaker. In case the representation of women cannot be ensured due to "Purdha" (women not allowed to show their face and to talk with men if they are not relatives), a sub-committee of women will be established. While supporting the involvement and participation of women in community leadership structures, ACF will comply to local customs and refrain from engaging in any attempt to change behaviors towards gender dynamics (which will be assessed during April assessment) in a new area of operation. Upon identification or reconstitution of WSUC, ACF will provide key members with relevant training on their specific tasks and duties such as chairing of meetings, relationships with local authorities and population for the president; writing of minutes and filing for the secretary; money collection and basic accountancy for the treasurer; operation and maintenance for the mechanic, water pricing, cash box (maintenance fund) development, sustainability and participatory monitoring. ACF will also distribute kits of basic stationery (block notes, pens, etc.) to water committees in order to enable them to actually perform their role. Water committees carry out their work in close collaboration with water point caretakers and mechanics. All of them will be identified on a self-willing basis within their communities, assessing their ability to carry out manual work and prior experience in hand pump maintenance (those qualifying will be encouraged and supported to endorse the responsibility of mechanics). Also members of the water committees, caretakers are responsible for the first level maintenance (small repairs, routine checking, and cleanliness), while mechanics are in charge of the second level maintenance (basically, heavy repairing requiring the un-installation of the hand pump). According to MRRD guidelines, one caretaker should be identified and trained per hand pump and one mechanic per village. Mechanic and caretakers will be trained according to their competences and technical skills, and equipped with tools for maintenance (broom, bucket, shovel, and trowel - for caretakers) and repair (spanners, hack saw, glue, sand paper, finishing tools, etc. - for mechanics). Responsible for planning and overseeing maintenance and repair operations, the WSUC will also be equipped with spare parts (pvc pipes and sockets, rods, centralizers, valves and rubbers, etc.) - which donation will be formalized into a MoU. A continuous monitoring by ACF teams will ensure the correct functionality of the water committees, and durable capacitation through on the job support where needed.

Activity 1.1.6	Water quality analysis (400 tests) The quality of water will be tested at each water point constructed or rehabilitated in HFs, schools and communities, as per MRRD standards and protocols upon completion of the work and before installation of the hand pump. Analysis consists in pH, turbidity (NTU), electro-conductivity (µS) and bacteriological tests (E.Coli), sampling three times for each test. The water points will be chlorinated as needed and tested one month after the intervention. At household level, ACF team will analyze the quality of water on a sample of BSFs beneficiaries (5%), one month after the installation, using three samples in the inlet (fetched water) and three after the treatment (drinking water), in order to verify the functionality of the BSF and its efficiency as household water treatment device. A total of 336 samples will be analyzed. Water quality analysis will be carried out according to MRRd standards (also Who and Sphere) and protocols: • Analysis o PH (6.5-8.5 range) o Turbidity (NTU <5) o Electro-conductivity (µS/cm <1,500) o Bacteriological (E. Choli <10) • Water Sources – Three samples will be analyzed at least one month after the chlorination • BSF The water quality analysis will be carried out one/two months after the installation of BSFs: this is the time required to stabilize the process in the cylinder, in order to verify the correct installation and the cleanness of gravel and sand. Three samples will be collected in the inlet and three in the outlet, to verify the absence of bacteria. • Indicator – 100% of water in the range

Outcome 2	To enhance awareness on hygiene practices in selected vulnerable communities, schools and Health Facilities	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Hygiene promotion sessions and hygiene items are delivered at community, health facility and school levels.	Political situation in the country and the region allows ACF to implement its program Security remains manageable enough for project implementation No force major natural disasters and disease outbreaks during the project implementation No major economic crises No major fluctuation in the exchange rate Resources are available in the country Community members are willing to participate and remain involved Relevant national and local authorities approve and support the project implementation Targeted communities understand the mandate of ACF, accept their presence on the area, and actively participate in the project Relevant authorities (government and non-government) accept their presence on the area, and actively participate in the project Required materials for construction works are locally available or contractors agree to deliver them in Lashkar Gah

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Number of women using the menstrual hygiene kit distributed					2000
	Means of Verification:	ACF reports ACF monitoring reports KAP survey					
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Number of hygiene promotions sessions conducted The number has been calculated based on the following assumptions: 4 female hygiene promoters conducting 5 sessions per week * 35 weeks of program implementation = 700 sessions					700
	Means of Verification:	List of attendance ACF monthly reports					
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Number of people reached through Hygiene Promotion					7200
	Means of Verification:	Final KAP survey ACF field monitoring reports ACF activity reports ACF distribution reports					

Activities

Activity 2.1.1	Baseline Knowledge, Attitudes and Practices survey to assess hygiene conditions The assessment to be conducted by ACF in April will serve as a basis for the selection of villages, health facilities, and schools to be targeted under the present project, based on the above mentioned criteria. Upon identification of beneficiary communities, ACF will conduct, during project inception (after orientation and capacitation of teams) a KAP survey to assess the level of knowledge, the attitude, and prevailing practices towards personal and environmental hygiene (in line with the scope of the project, purposively limited because of a new area of operation, sanitation will not be covered). The survey will be conducted through interviews by trained facilitators: questionnaires will be compiled with semi-categorized questions (open ended questions, categorized by the surveyor); the sampling will be chosen on cluster method, and the number of interviews will be proportional to the population of the villages. This survey will be carried out with Health Facility patients, pupils in the schools, and households in targeted villages. While individual interviews will help understanding and assessing knowledge and practices, attitudes will be essentially captured during Focus Group Discussions to be held with key informants, and women (for menstrual hygiene). The survey and FGDs will cover the following topics: hand washing, menstrual hygiene, food and cooking hygiene. At Health Facility and community level, data will be also collected on the incidence of diarrhea cases, especially for children under 5. During this baseline survey, a special attention will be paid to women and girls regarding menstrual hygiene. Below are findings from ACF experience in other provinces regarding issues faced by women and girls during menstruation. In this new province of operation, ACF will first assess local attitudes, norms and habits towards menstrual hygiene (during the KAP survey), based on which messages for improving menstrual hygiene will be developed and passed on to communities (note: the examples below do not necessarily reflect the reality of Helmand province, but are reported here as reference to illustrate the challenges faced by women and girls during menstruation – this analysis will be updated based on the results of the KAP). - All female have complaint about medical disease during her period - They do not wash their hands with soap and clean water before and after changing the sanitary pad - They do not take bath during the period

	- They do not change material (old clothes) used for menstrual hygiene during the day - They wash the old clothes without any detergents - They keep the clothes for next month in an unsafe place - They do not know about safe disposal of material - They wash their external genital parts with local medicine (boiled eggs of herbaceous), usually contaminated with dust and animal dungs - They take the same local medicine for reducing pain during her period - The mother-in-law doesn't allow them to go to the clinic if they are in pain - They don't inform anybody (especially family and teenagers) because according to the culture it's a shame All collected information will be used to carry out gender sensitive and locally adapted hygiene promotion with female beneficiaries.
Activity 2.1.2	Implementation of 700 family hygiene promotion sessions for women (home-to-home visits and FGDs) around menstrual hygiene Due to cultural barriers women cannot attend hygiene promotion public sessions together with men. To account for these social norms while ensuring women are reached by hygiene promotion, ACF will provide four home-to-home sessions in each household, targeting 3,500 women (calculated as 48.9% of the total 7,200 individuals expected to be reached by hygiene promotion, based on CSO population data for Helmand, 2005); and covering four key topics: personal hygiene (hand, body and clothes washing), water hygiene (water chain: transport, storage, container washing), food hygiene (food washing, preparation and storage, kitchen cleaning), and menstrual hygiene (body washing, pads use). The target is to reach all the women living in the villages, but due to cultural barriers it's assumed that only 60% of the women will attend the sessions. Based on experience acquired in promoting and improving menstrual hygiene, ACF will promote and support the idea that the menstrual period is not a shame and a correct hygiene is not against Islam, suggesting: - To take bath or shower with warm water using soap during the period every day, not public bath (hamam) as there is possibilities of contamination - To wash hands with soap and clean water before and after changing the sanitary pad - To change material (clothes) during the period 2 or more times during the day - To wash the used fabrics with soap and dry it in the sun and keep it in a safe place for next month - To dispose material in a safe place - During the period, they have to better eat, because they need enough energy - Not to use local medicine for wash external genital during her period, as they are not safe - To inform the family members about the menstruation ACF will distribute a menstrual hygiene kit, composed of soft cotton cloth 2x2m, cotton towel 30x60, bar soap 250g and a leaflet about personal hygiene to 2,000 women: PLWs and women with children <5 (55-60% of the women participating in hygiene promotion).
Activity 2.1.3	135 common hygiene promotion sessions for male/children sessions in mosques and public places. At community level, ACF will involve all actors of behavior change recognized and respected by community members. For sustainability and impact, efforts to foster improved hygiene practices amongst community members will adhere to the national health policy and local customs. Following the BPHS system, ACF will involve and mobilize community health workers and health shuras for the promotion of optimal personal and environmental hygiene practices. Following local customs, ACF will seek to mobilize religious (mullahs) and traditional leaders, and use, when feasible, social and/or family events as forums for sensitization. In all activities, ACF will ensure respect of culture, especially with regards to gender. Hygiene promotion for men and children will be carried out through public sessions in mosques and public places on personal hygiene (hand, body and clothes washing), water hygiene (water chain: transport, storage, container washing), environmental hygiene (house and compound cleaning, waste disposal, defecation free). The sessions in the mosques will be conducted by the Mullahs with the support of ACF staff and material (posters and leaflets), during pray sessions according to Muslim religion, and simply monitored in the following months. Leaders and CHPs will carry out the promotion in public places i.e. close to water points, as these one are socialization points, jointly with ACF staff: the involvement of such as persons will guarantee acceptance and audit by the beneficiaries, being them part of the communities, and sustainability to the sensitization. During public events or celebration days (Water World Day, Hand Washing Day, etc.) the messages can be replicated and emphasized with public demonstration to strengthen the hygiene promotion. 135 public sessions are foreseen in the project, with the attendance of 4,500 men and children. 76 Mullahs, Community Health Promoters and natural leaders will be trained and capacitated to provide hygiene sensitization during pray sessions and sensitization campaign. To support hygiene promotion, they will receive posters and leaflets. They will be monitored and followed up during several months, in order to see how they implement hygiene sessions and to provide them with advices when needed. The involvement of such persons will contribute to the effectiveness of the promotion and the sustainability of the activity. Posters and leaflets will be distributed to reinforce the messages.
Activity 2.1.4	125 hygiene promotion in Schools and Health Facilities and distribution 4 hand washing kits In 2010, the Ministry of Rural Rehabilitation and Development (MRRD), the Ministry of Education (MoE), the Ministry of Public Health, the World Health Organization (WHO) and UNICEF signed a joint "Call to action for Water, Sanitation and Hygiene in all schools". The aim was to create momentum for improving access to water, sanitation and hygiene in schools. As per MoE most recent data, availability of safe drinking water in schools is 48%, and dedicated hand washing facilities is 12% (UNICEF, 2011). Besides providing an enabling environment for learning with respects to children dignity and privacy, WASH in schools enables children to become agents of change for improving water, sanitation and hygiene practices within their own families and communities. To maximize impact, hygiene promotion will be carried out simultaneously at health facility, school, and community level,. The education material used and methodology for sensitization will be adapted to the audience. The content of hygiene education however will be similar, and be divided into three cycles: - Personal hygiene, including menstruation hygiene; - Diarrhea and hygiene prevention; - Environmental water and food hygiene. Health facilities and schools will be used as \"dissemination stations\" of the following key messages: personal hygiene (hand washing, bathing), water hygiene (fecal oral cycle), environmental hygiene (school and compound cleaning, waste disposal, defecation free). This comprehensive and systematic approach to promoting hygiene, targeting simultaneously community and institutions has proven, in ACF experience in Afghanistan, efficient in generating improvements in hygiene conditions - as evidenced by communities' requests for continuous support on hygiene (and sanitation – not covered under the present project). For women and girls in HFs and schools, particular session on menstrual hygiene will be carried out (as in activity 2.1.2). At health facility, ACF will support health staff for the provision of health and hygiene education, through provision of formal training, on the job support, and supportive supervision. CHWs of targeted communities or catchment areas of selected Health Facilities will also be trained, and supported for conducting hygiene promotion sessions. Following MoPH policy, ACF will refrain from attaching incentives to achievements (unless the positioning of MoPH evolves), but rather mobilize other, non-financial resources that have been identified as boosters of performance for CHWs, such as community appreciation , support from village leader, and in-kind voluntary contributions from community members. At school level, soft activities will be conducted to improve the conditions of water points, and hygiene practices of the students and children. To this end, teachers will be trained and hygiene promotion, and children sensitized through educational and recreational activities (ex: acting). Depending on acceptance and feasibility, the "Child to Child" methodology might be considered for implementation. ACF will also support and facilitate the establishment of school committees in charge of maintenance, and cleaning of water and sanitation facilities (hand-washing points), and promotion of optimal hygiene practices. ACF teams will conduct regular monitoring visits to assess the performance of teachers in promoting improved hygiene, and the level of uptake by children – while providing continuous support. In each school and HFs, ACF will distribute a hand washing station (stand and 20 lt tank), with the provision of soap to guarantee a correct hygiene and contribute to disseminate the importance of hand washing.
Activity 2.1.5	Final KAP survey At the end of the project, a final survey will be conducted by ACF team to re-assess the knowledge, attitudes and practices of targeted beneficiaries and measure progress from baseline. The results of this final KAP survey will serve as reference to assess the impact/effectiveness of the project, and remaining gaps in communities'knowledge and practices in terms of personal hygiene, to be addressed in future programming.

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Recruitment of personnel and staff orientation	2015					X	X						
During the SMART survey conducted in partnership with ACTD in Helmand in February 2014, ACF team identified the following opportunities and challenges													

	with regards to human resources in the province: (i) generally low education level and background of male and female, (ii) possibility to recruit female staff to the level of graduated midwife, (iii) opportunity to recruit, for high level position, from other provinces provided ethnicity is similar. To account for low capacity of staff (as reminder, Helmand has the lowest literacy rate in Afghanistan), ACF will strive to build the capacity of local staff, through the provision of technical support by the expatriate Program Manager, and ACF Afghanistan WASH Coordination team. To make sure ACF retains sound capacity to leverage acceptance amongst communities, all positions for community mobilization will also be recruited locally, to ensure access to targeted areas. With regards to gender, ACF will seek to recruit women, to be able to provide hygiene sessions to women through house to house visits, and ensure equal gender opportunities. Building on the positive experience of the SMART survey, ACF is confident on its ability to attract women, which would either be hired as couple with a male counterpart, or provided with a marham for which ACF would cover the costs throughout the project. Acknowledging the limited capacity of human resources locally available, as well as the need to provide appropriate induction to staff newly joining the organization, ACF is planning to allocate significant time (at least one month) to orientating and training staff. This process of capacitation will be led by the Expatriate Field Coordinator. The local staff will be supported throughout the project implementation by ACF WASH Technical team in Kabul, both for hard and soft components, through frequent visit to the fields, refresh training and on the job training, to ensure quality of the activities and improve the appreciation by the beneficiaries. The training of hygiene promoters will focus on four key topics: personal hygiene, water chain, environmental protection, and menstrual hygiene (for women); and will be led by ACF WASH national staff possessing extended experience in community mobilization and hygiene promotion,. The training on hard component will be conducted by the Wash Deputy Head of Department, engineer, with good experience in well construction, works supervision and training, and knowledge of the area.	2016												
	Activity 1.1.2 Mobilization of the communities, selection of sites in HFs, Schools and Villages, and signature of MoU in each selected village. The selection of 8 target communities will be done during ACF-funded WASH assessment to be carried out in April 2015. Using the list of accessible village prepared during the SMART survey, ACF team will conduct field visits and carry out focus group discussions and technical assessment of water points at community, health facility, and school level. After training and orientation of newly recruited staff, ACF will start mobilizing communities, and hold meetings with communities and their leaders (CDCs and Mullahs), with aim of introducing ACF as a new humanitarian organization with its own mandate and charter, discussing and reaching consensus about the proposed activities, and laying the foundations for active participation and involvement during implementation of the project. Based on the experience of the SMART survey, ACF reckon gaining acceptance from targeted communities will be challenging. To account for this constraint, ACF has developed a work plan which grants significant time to community mobilization prior to actually starting activities. During this time, communities will be involved in the selection of the households targeted by the different activities, the revision and validation of the action plan and implementation strategy, as well as the construction/rehabilitation of the wells. The very objective and content of the project, i.e. providing access to safe water and contributing to health improvements, should also enhance acceptance and foster active participation, for it aligns with community needs and priorities. The SMART Survey recently conducted by ACF in the same area the project will target, has started the process of creating a network among the communities, which is expected to facilitate the participatory approach adopted for this project, and to ensure ACF team's access to selected households, Health Facilities and schools. During the SMART survey, acceptance by the communities revealed rather good, thanks to support from ACTD, and recruitment of local enumerators enjoying access and being accepted in targeted villages. Community leaders and elders facilitated the implementation of the survey. As much as possible, depending on the outcome of the assessment conducted in April, the project locations will be selected amongst villages targeted during the SMART survey, in order to build upon the community mobilization started, and the knowledge imparted on ACF. During project inception, an assessment of all existing water sources of the selected area will be carried out, in order to acquire deep knowledge about quantity and quality of water available to population, functionality and condition of water points (hand pump, apron, and surrounding area), habits of people with regards to fetching water, water chain and conservation (containers cleanness, transport, water use). In assessing these, due attention will be grated to women and girls roles, safety of water collection points and any other related habit linked to women and girl protection and dignity. Results of the assessment will be shared back with Health Facility management staff, Schools directors, and community members. In communities identified as water-stressed, site selection will be done jointly with Shuras, MoPH, MoE and PRRD to guarantee full involvement of communities and authorities, transparency and respect of local culture and norms. Upon selection of sites, a MoU will be signed with each community in order to define roles and responsibility of each party to the project, encourage and facilitate the involvement the beneficiaries during the whole period of project implementation. Local authorities and technical bodies of Helmand Province (PRRD) will be invited during discussions with the communities regarding the MoU and the project action plan. Another MoU will be signed with MRRD and PRRD.	2015							X	X				
		2016												
	Activity 1.1.3 Construction/rehabilitation of 16 water sources (12 rehabilitated/ 4 constructed) The construction/rehabilitation of 16 water sources (12 rehabilitated/ 4 constructed) will take in consideration the characteristics of underground water, and will cover Health Facilities, Schools and most vulnerable communities with lack or low access to safe and clean water. The selection of communities and institutions will be done based on the data collected during the assessment ACF will conduct early April 2015 (which will entail Focus Group Discussions with men and women, physical assessment of	2015						X	X	X	X	X	X	X

	water, technical assessment of health facilities and schools of catchment areas). In HFs and Schools, the intervention will be focused on rehabilitation of existing water points, according to the needs (e.g. condition of the water point) and priority ranking of the institutions (depending on catchment area, services provided, consultation data). The criteria for selecting communities for water point construction will be safe water coverage, considering availability of functional protected water sources, as well as distance to the water point. Decision regarding the location of the new water point will actively involve community (community and religious leaders, women), with due consideration to safety and protection of users (e.g. ideally located in close to mosques or in the center of villages to ensure safety of those responsible for water collection – essentially women and children). Rehabilitation activities will entail improving the water points to reduce the possibility/risk of contamination (reinforcement and plastering of well, construction of apron and drainage channel, installation of hand pump). As much as possible, and depending on ACF capacity to mobilize communities around its project in an entirely new area, ACF will favor the construction/rehabilitation of water points through involvement of communities, as opposed to of sub-contracting the work to private contractors. Based on experience, ACF acknowledges that relying on community mobilization offers multiple advantages: full control on the supply chain and close monitoring of equipment/material use, increased sense of ownership by beneficiaries, acquisition of knowledge by community members on water point infrastructures and subsequent improvement in maintenance. Hiring local manpower as daily workers will also contribute to supporting community members' income and purchasing power. All the construction/rehabilitation of water points will be monitored by Shuras and CDCs; as well as provincial technical bodies (Provincial Rural Rehabilitation and Development experts) in order to ensure the quality of the works and respect of MRRD standards, through periodical visits on sites. At the end of the project, all the structures will be formally handed over to the communities, in the presence of technical bodies (who will have first validated the technical soundness of the work and adherence to MRRD standards) and relevant local authorities. According to Dacaar , the static water level in Helmand is 15,3 meters (2-28 meters in Lashkargah, 7-25 meters in Nad Ali, 10-14 meters in Nawa Barakzy), surveyed in the same area of intervention of this project. This depth can also allow the construction of hand dug wells. The construction of hand dug well, as per MRRD standards, will follow these steps: • Dig of the well (minimum water column in dry season 4 meters) • Installation of concrete rings 1 meter diameter, top to bottom • Construction of apron (concrete platform) and drainage channel • Installation of 2" PVC pipe to the established depth • Installation of Indus hand pump • Chlorination and water quality analysis • Hand over to community PRRD is in charge of technical verification of the water point.	2016	X	X	X									
	Activity 1.1.4 Distribution of 1,000 Bio Sand Filters to households with access to low quality water In communities where the water sources are at long distance from population settlements, and where the characteristics of the water table does not allow digging new wells, ACF will distribute Bio Sand Filters to households fetching water from unsafe sources. In total, ACF is expecting to distribute 1,000 BSFs, along with thermos (20 liters container with cover and tap), to guarantee proper conservation of the water treated. Upon delivery of the BSF, each family will receive training on operation (quantity of water, timing for obtaining drinking water, necessity to permanent cover, use of covered container with tap for storage) and maintenance (cleaning, repair, etc.). Throughout the project, ACF teams will continuously monitor the use and efficiency of the BSF, through regular house to house visits. The decision of distributing BSF builds upon multi-years' experience of ACF in BSFs and monitoring/impact evaluation (recently in Kabul) that has shown very good results. In the past four years, ACF distributed 9,803 BSFs in Afghanistan (2,600 in Kabul City, 2010-11; 4,402 in Samangan Province 2011-12; 2,801 in Ghor Province 2011-2014), to the most vulnerable to water borne diseases in rural or semi-urban areas. The rationale for distributing BSF is as follow: (i) poor quality of the water collected from the wells (very often salty or contaminated by E. Coli), forcing individuals to fetch water from unsafe sources (river, channel, unprotected kanda/karez,water pond, etc.), (ii) difficulty of providing safe and clean water from boreholes and hand dug wells in areas where water is scarce and digging/drilling is associated with high costs (need to go very deep), and (iii) population pressure on water sources linked to population migration and displacement, particularly acute in urban areas where households concentrate in search for job opportunities and secure environment (like in LashkarGah). As pressure increases on water points, waiting time increases, along with the risk of breakdown of the pump, forcing again families to fetch from unprotected sources of water. Considering (i) the high density of population in Helmand linked to economic migration and conflict-induced displacement, (ii) the high rate of non-functional water points, reflecting poor capacity for maintenance, and (iii) the local geology (few springs and deep water table), ACF has decided to introduce BSF in Lashkar Gah city and surroundings, in a bid to durably improve access to safe water and reduce incidence of water borne diseases. Results of BFS monitoring and impact evaluation are indeed very satisfactory and provide compelling evidence on the positive impact of this water treatment devise on reducing the incidence of diarrhea. Water analysis conducted on a sample of BSF beneficiaries at the end of every project, and recently in Kabul 4 years after completion of the project show clear improvement in the quality of water and the absence of Escherichia Coli. All beneficiaries interviewed also reported a decrease in health expenditures, especially for purchase of drugs related to water borne diseases (diarrhea, dysentery, etc.). At the end of the project, ACF will check, on a sample of beneficiary households, the quality of the water trough water analysis (PH, NTU, electo conductivity, and E. Choli tests of the water collected and after the treatment).	2015					X	X	X	X	X	X	X
		2016	X	X	X									

	A follow-up of the 9,830 BSFs distributed by ACF in the past four years is ongoing in Ghor and Samangan Provinces, and Kabul City: up to now, 600 households were interviewed. It highlights that more than 90% of the BSFs are still working and in optimal condition (no rust, no damages), and that the water quality is good (no E. Choli in the outlet). People are confident with this system, and use the water for drinking, personal hygiene and food washing.												
	Activity 1.1.5 Establishment/reinforcement of 10 WSUCs, mechanics and caretakers and distribution of 10 kits ACF will facilitate the establishment and/or reinforcement of water committees (one per targeted village), who will be responsible for the overall organization, planning, and supervision of the operation and maintenance of the public water points, in order to guarantee the sustainability of the intervention. According to MRRD guidelines, the Water Sanitation Users Committee (WSUC) members – all of them self-willing – are elected or chosen among their community through public consensus. Depending on the population and number of structures, membership can vary between 5 and 15, and women have to be represented. The water committee members are volunteers from the community and ACF will insist that this assignment should be carried out without monetary or any other in-kind compensation. Each committee should comprise at least a president, a treasurer, a secretary, a mechanic and a caretaker. In case the representation of women cannot be ensured due to “Purdha” (women not allowed to show their face and to talk with men if they are not relatives), a sub-committee of women will be established. While supporting the involvement and participation of women in community leadership structures, ACF will comply to local customs and refrain from engaging in any attempt to change behaviors towards gender dynamics (which will be assessed during April assessment) in a new area of operation. Upon identification or reconstitution of WSUC, ACF will provide key members with relevant training on their specific tasks and duties such as chairing of meetings, relationships with local authorities and population for the president; writing of minutes and filing for the secretary; money collection and basic accountancy for the treasurer; operation and maintenance for the mechanic, water pricing, cash box (maintenance fund) development, sustainability and participatory monitoring. ACF will also distribute kits of basic stationery (block notes, pens, etc.) to water committees in order to enable them to actually perform their role. Water committees carry out their work in close collaboration with water point caretakers and mechanics. All of them will be identified on a self-willing basis within their communities, assessing their ability to carry out manual work and prior experience in hand pump maintenance (those qualifying will be encouraged and supported to endorse the responsibility of mechanics). Also members of the water committees, caretakers are responsible for the first level maintenance (small repairs, routine checking, and cleanliness), while mechanics are in charge of the second level maintenance (basically, heavy repairing requiring the un-installation of the hand pump). According to MRRD guidelines, one caretaker should be identified and trained per hand pump and one mechanic per village. Mechanic and caretakers will be trained according to their competences and technical skills, and equipped with tools for maintenance (broom, bucket, shovel, and trowel - for caretakers) and repair (spanners, hack saw, glue, sand paper, finishing tools, etc. - for mechanics). Responsible for planning and overseeing maintenance and repair operations, the WSUC will also be equipped with spare parts (pvc pipes and sockets, rods, centralizers, valves and rubbers, etc.) - which donation will be formalized into a MoU. A continuous monitoring by ACF teams will ensure the correct functionality of the water committees, and durable capacitation through on the job support where needed.	2015						X	X	X	X	X	X	X
		2016	X	X	X									
	Activity 2.1.1 Baseline Knowledge, Attitudes and Practices survey to assess hygiene conditions The assessment to be conducted by ACF in April will serve as a basis for the selection of villages, health facilities, and schools to be targeted under the present project, based on the above mentioned criteria. Upon identification of beneficiary communities, ACF will conduct, during project inception (after orientation and capacitation of teams) a KAP survey to assess the level of knowledge, the attitude, and prevailing practices towards personal and environmental hygiene (in line with the scope of the project, purposively limited because of a new area of operation, sanitation will not be covered). The survey will be conducted through interviews by trained facilitators: questionnaires will be compiled with semi-categorized questions (open ended questions, categorized by the surveyor); the sampling will be chosen on cluster method, and the number of interviews will be proportional to the population of the villages. This survey will be carried out with Health Facility patients, pupils in the schools, and households in targeted villages. While individual interviews will help understanding and assessing knowledge and practices, attitudes will be essentially captured during Focus Group Discussions to be held with key informants, and women (for menstrual hygiene). The survey and FGDs will cover the following topics: hand washing, menstrual hygiene, food and cooking hygiene. At Health Facility and community level, data will be also collected on the incidence of diarrhea cases, especially for children under 5. During this baseline survey, a special attention will be paid to women and girls regarding menstrual hygiene. Below are findings from ACF experience in other provinces regarding issues faced by women and girls during menstruation. In this new province of operation, ACF will first assess local attitudes, norms and habits towards menstrual hygiene (during the KAP survey), based on which messages for improving menstrual hygiene will be developed and passed on to communities (note: the examples below do not necessarily reflect the reality of Helmand province, but are reported here as reference to illustrate the challenges faced by women and girls during menstruation – this analysis will be updated based on the results of the KAP). - All female have complaint about medical disease during her period - They do not wash their hands with soap and clean water before and after changing the sanitary pad - They do not take bath during the period	2015						X	X					
		2016												

- They do not change material (old clothes) used for menstrual hygiene during the day - They wash the old clothes without any detergents - They keep the clothes for next month in an unsafe place - They do not know about safe disposal of material - They wash their external genital parts with local medicine (boiled eggs of herbaceous), usually contaminated with dust and animal dungs - They take the same local medicine for reducing pain during her period - The mother-in-law doesn't allow them to go to the clinic if they are in pain - They don't inform anybody (especially family and teenagers) because according to the culture it's a shame All collected information will be used to carry out gender sensitive and locally adapted hygiene promotion with female beneficiaries.													
Activity 2.1.2 Implementation of 700 family hygiene promotion sessions for women (home-to-home visits and FGDs) around menstrual hygiene Due to cultural barriers women cannot attend hygiene promotion public sessions together with men. To account for these social norms while ensuring women are reached by hygiene promotion, ACF will provide four home-to-home sessions in each household, targeting 3,500 women (calculated as 48.9% of the total 7,200 individuals expected to be reached by hygiene promotion, based on CSO population data for Helmand, 2005); and covering four key topics: personal hygiene (hand, body and clothes washing), water hygiene (water chain: transport, storage, container washing), food hygiene (food washing, preparation and storage, kitchen cleaning), and menstrual hygiene (body washing, pads use). The target is to reach all the women living in the villages, but due to cultural barriers it's assumed that only 60% of the women will attend the sessions. Based on experience acquired in promoting and improving menstrual hygiene, ACF will promote and support the idea that the menstrual period is not a shame and a correct hygiene is not against Islam, suggesting:	2015							X	X	X	X	X	X
- To take bath or shower with warm water using soap during the period every day, not public bath (hamam) as there is possibilities of contamination - To wash hands with soap and clean water before and after changing the sanitary pad - To change material (clothes) during the period 2 or more times during the day - To wash the used fabrics with soap and dry it in the sun and keep it in a safe place for next month - To dispose material in a safe place - During the period, they have to better eat, because they need enough energy - Not to use local medicine for wash external genital during her period, as they are not safe - To inform the family members about the menstruation ACF will distribute a menstrual hygiene kit, composed of soft cotton cloth 2x2m, cotton towel 30x60, bar soap 250g and a leaflet about personal hygiene to 2,000 women: PLWs and women with children <5 (55-60% of the women participating in hygiene promotion).	2016	X	X	X									
Activity 2.1.3 135 common hygiene promotion sessions for male/children sessions in mosques and public places. At community level, ACF will involve all actors of behavior change recognized and respected by community members. For sustainability and impact, efforts to foster improved hygiene practices amongst community members will adhere to the national health policy and local customs. Following the BPHS system, ACF will involve and mobilize community health workers and health shuras for the promotion of optimal personal and environmental hygiene practices. Following local customs, ACF will seek to mobilize religious (mullahs) and traditional leaders, and use, when feasible, social and/or family events as forums for sensitization. In all activities, ACF will ensure respect of culture, especially with regards to gender. Hygiene promotion for men and children will be carried out through public sessions in mosques and public places on personal hygiene (hand, body and clothes washing), water hygiene (water chain: transport, storage, container washing), environmental hygiene (house and compound cleaning, waste disposal, defecation free). The sessions in the mosques will be conducted by the Mullahs with the support of ACF staff and material (posters and leaflets), during pray sessions according to Muslim religion, and simply monitored in the following months. Leaders and CHPs will carry out the promotion in public places i.e. close to water points, as these one are socialization points, jointly with ACF staff: the involvement of such as persons will guarantee acceptance and audit by the beneficiaries, being them part of the communities, and sustainability to the sensitization. During public events or celebration days (Water World Day, Hand Washing Day, etc.) the messages can be replicated and emphasized with public demonstration to strengthen the hygiene promotion. 135 public sessions are foreseen in the project, with the attendance of 4,500 men and children. 76 Mullahs, Community Health Promoters and natural leaders will be trained and capacitated to provide hygiene sensitization during pray sessions and sensitization campaign. To support hygiene promotion, they will receive posters and leaflets. They will be monitored and followed up during several months, in order to see how they implement hygiene sessions and to provide them with advices when needed. The involvement of such persons will contribute to the effectiveness of the promotion and the sustainability of the activity. Posters and leaflets will be distributed to reinforce the messages.	2015							X	X	X	X	X	X
	2016	X	X	X									
Activity 2.1.4 125 hygiene promotion in Schools and Health Facilities and distribution 4 hand washing kits In 2010, the Ministry of Rural Rehabilitation and Development (MRRD), the Ministry of Education (MoE), the Ministry of Public Health, the World Health Organization (WHO) and UNICEF signed a joint "Call to action for Water, Sanitation and Hygiene in all schools". The aim was to create momentum for improving access to water, sanitation and hygiene in schools. As per MoE most recent data, availability of safe drinking water in schools is 48%, and dedicated hand washing facilities is 12% (UNICEF, 2011). Besides providing an enabling environment for learning with respects to children dignity and privacy, WASH in schools enables children to become agents of change for improving water, sanitation and hygiene practices within their own families	2015						X	X	X	X	X	X	X

	and communities. To maximize impact, hygiene promotion will be carried out simultaneously at health facility, school, and community level,. The education material used and methodology for sensitization will be adapted to the audience. The content of hygiene education however will be similar, and be divided into three cycles: - Personal hygiene, including menstruation hygiene; - Diarrhea and hygiene prevention; - Environmental water and food hygiene. Health facilities and schools will be used as \"dissemination stations\" of the following key messages: personal hygiene (hand washing, bathing), water hygiene (fecal oral cycle), environmental hygiene (school and compound cleaning, waste disposal, defecation free). This comprehensive and systematic approach to promoting hygiene, targeting simultaneously community and institutions has proven, in ACF experience in Afghanistan, efficient in generating improvements in hygiene conditions - as evidenced by communities' requests for continuous support on hygiene (and sanitation – not covered under the present project). For women and girls in HFs and schools, particular session on menstrual hygiene will be carried out (as in activity 2.1.2). At health facility, ACF will support health staff for the provision of health and hygiene education, through provision of formal training, on the job support, and supportive supervision. CHWs of targeted communities or catchment areas of selected Health Facilities will also be trained, and supported for conducting hygiene promotion sessions. Following MoPH policy, ACF will refrain from attaching incentives to achievements (unless the positioning of MoPH evolves), but rather mobilize other, non-financial resources that have been identified as boosters of performance for CHWs, such as community appreciation , support from village leader, and in-kind voluntary contributions from community members. At school level, soft activities will be conducted to improve the conditions of water points, and hygiene practices of the students and children. To this end, teachers will be trained and hygiene promotion, and children sensitized through educational and recreational activities (ex: acting). Depending on acceptance and feasibility, the "Child to Child" methodology might be considered for implementation. ACF will also support and facilitate the establishment of school committees in charge of maintenance, and cleaning of water and sanitation facilities (hand-washing points), and promotion of optimal hygiene practices. ACF teams will conduct regular monitoring visits to assess the performance of teachers in promoting improved hygiene, and the level of uptake by children – while providing continuous support. In each school and HFs, ACF will distribute a hand washing station (stand and 20 lt tank), with the provision of soap to guarantee a correct hygiene and contribute to disseminate the importance of hand washing.	2016	X	X	X									
	Activity 1.1.6 Water quality analysis (400 tests) The quality of water will be tested at each water point constructed or rehabilitated in HFs, schools and communities, as per MRRD standards and protocols upon completion of the work and before installation of the hand pump. Analysis consists in pH, turbidity (NTU), electro-conductivity (µS) and bacteriological tests (E.Coli), sampling three times for each test. The water points will be chlorinated as needed and tested one month after the intervention. At household level, ACF team will analyze the quality of water on a sample of BSFs beneficiaries (5%), one month after the installation, using three samples in the inlet (fetched water) and three after the treatment (drinking water), in order to verify the functionality of the BSF and its efficiency as household water treatment device. A total of 336 samples will be analyzed. Water quality analysis will be carried out according to MRRd standards (also Who and Sphere) and protocols:	2015												
	• Analysis o PH (6.5-8.5 range) o Turbidity (NTU <5) o Electro-conductivity (µS/cm <1,500) o Bacteriological (E. Choli <10) • Water Sources – Three samples will be analyzed at least one month after the chlorination • BSF The water quality analysis will be carried out one/two months after the installation of BSFs: this is the time required to stabilize the process in the cylinder, in order to verify the correct installation and the cleanness of gravel and sand. Three samples will be collected in the inlet and three in the outlet, to verify the absence of bacteria. • Indicator – 100% of water in the range	2016		X	X	X								

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	ACF will monitor this project both at field and Coordination level; an internal monitoring plan clearly define the responsibilities of the identified staff member, along with support of the M&E department, currently under development within ACF Afghanistan: - The Field Coordinator, as responsible of all the projects in Helmand, will be in charge of monitoring the adherence of the activities to the project, the correct reporting to local authorities and donor, the accuracy of any transaction, contract and delivery, the continuous contact with beneficiaries to verify their appreciation of the services - The Wash HoD will monitor the adherence of works to MRRD standards, the correctness of the activities, and will technically support the field team - The Coordination Team will monitor and verify the preciseness and correctness of accountability, logistic and HR, and will be in charge of reporting and monitoring at Kabul level Different mechanisms and tools will be in place during the time frame of the proposed project: - Monitoring tools (Activity Progress Report, Weekly Reports, Situation reports, GPS and photographic materials) - Monthly and weekly activities progress report from the field team to the Kabul coordination team - Regular progress report will be sent to the Governor and dedicated departments, and they will be invited for field visits - Systematic involvement of the local authorities consolidated through MoU; - Systematic collection and analysis of quantitative and qualitative information, through internal consultation, local authorities and other NGO working in the area - Photo documentation for each step of the project to ensure a continuous follow up of the activities - Baseline and final KAP surveys in order to measure the improvement of the knowledge, behavior and practices of the beneficiaries The monitoring of all planned activities will be parallel to the implementation of activities, with regular field visits of Coordination Team in order to assess the achievement, progress and impact of the activities ACF has a policy on anti-bribery, corruption and abuse of power in place. It is motivated by the conviction that "bribery and corruption […] hurt the poor most of all, diverting resources intended to help individuals and communities in need and undermining our effectiveness and reputation as a humanitarian aid organization" which justifies a "zero-tolerance" treatment and a duty to take "all reasonable actions to combat it". This is in line with the two principles of "professionalism" and "transparency" included in ACF Charter. This policy is declined in several documents and procedures of reference (Code of Conduct, Conflict of Interest, Child Protection Policy,etc.). It commits all ACF employees, officers, directors or board members, any person acting on behalf of ACF as well as individuals and organizations working as a partner or supplier for ACF. All ACF staffs are briefed on these policies at induction stage by Base Administrators; all necessary documents are kept available at HR department for consultation by staff at any time. ACF field management team closely follows up on the proper use of assets and equipment, through continuous monitoring of follow up tools (Stock Follow Up, Procurement Follow Up etc.) and regular physical audits (stock inventories, procurement audit, cash counts etc.). ACF International is committed to upholding these policies through regular

	capacity building of staff at national and HQ levels to ensure a comprehensive understanding of the policies within the organization. As per the recommendation of the HFU , ACF will consider using OCHA Remote Call Monitoring Center, to improve third-party monitoring, and foster accountability towards beneficiaries. The opportunity of using the RCM will be assessed once in the ground based on the sensitivity of the context, people's access to phone network. The final decision will be timely communicated to CHF during project inception.
OTHER INFORMATION	
Accountability to Affected Populations	BSFs will be supplied by local market and constructed according to technical specifications provided by ACF, as per MRRD standards and design. The preparation of gravel and sand (sieving, washing, and packaging) will be done at local level, through local daily workers (unskilled labor) under supervision of ACF staff (DPM and BSS). The installation of BSFs will be accomplished in each selected households at the presence of the members, followed by the training on O&M. The selection of the benefitting households will be done following these criteria: • Water fetched from unsafe water sources (river, canals, open wells, unprotected kanda/karez, etc.) • Safe water sources very far from settlements • High rate of water borne diseases • Vulnerability of the household (poverty, widows, etc.) In order to have the necessary overview and knowledge about beneficiaries, CDCs (all members), elders, leaders, Mullahs and Shuras will be involved in the selection; local authorities will be invited to verify the correctness of selection procedures. In 2015, ACF will set up an Assessment, Monitoring and Evaluation Cell. As part of this cell, ACF would like to establish, in the second half of 2015, a complaint mechanism for beneficiaries, in the form of a hotline (as successfully piloted by other organizations in Afghanistan, like WFP). As of today, ACF only possesses a mechanism to receive and address complaints from its own staff, and suppliers (ACF has recently implemented an anti-fraud policy with a hotline for reporting corruption/fraud or other misuses of ACF assets, which number has been communicated to all staff, and appear on logistic documents shared with suppliers). As a follow up step, ACF will establish a complaint mechanism for beneficiaries. In addition, ACF will seek to foster accountability to affected population by signing MoU in which ACF will commit to deliver what communities agreed upon. The MoUs will also be signed with relevant government bodies (PRRD, MoE), to support accountability towards government authorities.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	All the activities will be directly managed and implemented by ACF staff through permanent national and expatriate staff presence in Helmand. The proposed implementation plan accounts for the fact that Helmand is a new area of operation for ACF, hence sufficient time has been allocated to (i) recruitment of staff according to ACF procedures to ensure transparency of the process and accountability to applicants, (ii) training and orientation of staff considering they will be new to the organization and human capacity is known for being comparatively low in Helmand province, and (iii) community mobilization to ensure proper understanding of ACF mandate and project, and gain sufficient acceptance to ensure safety and security of the population. The characteristics of the project have no direct impact, as they are focused on water provision from natural sources and hygiene sensitization: the messages that will be disseminate to beneficiaries are inspired to a correct use of the water and its importance, minimizing the wastefulness of the resources. The adoption of depuration systems, such as the Bio Sand Filters, allow the re-utilization of unsafe water (from river, channel, etc.) and the use of surface water (from karez, kanda, etc.), showing to beneficiaries the necessity to preserve the environment. During the hygiene promotion, the message is the utilization of safe water in the correct way: drinking, personal hygiene, food preparation, etc.
Coordination with other Organizations in project area	**Name of the organization** / **Areas/activities of collaboration and rationale** 1. Other humanitarian organizations present in Helmand: As mentioned above, ACF has started, since late 2014, to engage discussions with partners on the ground, including MSF, ICRC, ACTD, Mercy Corps and IRC - discussions led by the Country Director. During the course of the WASH Assessment planned for April 2015, ACF WASH Coordinator will hold bilateral meetings with all humanitarian and development organization, to introduce ACF, present our strategy, and discuss area of operations to avoid any overlapping, and explore potential synergies (especially with ACTD in working with Health Facilities). During prior field visit in Kandahar, discussions were also held with partners established in Kandahar city but operating in Helmand province, especially DRC for coordination on the ERM project (see above in complementarity). 2. Government authorities of Helmand: Permanently based in Helmand, the Field Coordinator will be responsible for leading coordination with other actors, through active participation to provincial coordination meetings (Provincial Health Coordination Committee, Operational Coordination Team, Sectorial Clusters), and bilateral coordination with relevant stakeholders. Where needed, collaboration and coordination with government bodies will be formalized into a MoU, to be signed at field level. The Field Coordinator will also regularly participate to regional meetings held in Kandahar, where updates on activities, progress and challenges will be shared to partners.
Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	At the beginning of the project implementation, ACF will assess through FGDs the behavior of the women on hygiene practices and sanitation, and the advantages or constraints related to the local culture (who is going to fetch water, differences in facilities use, menstrual practices and behavior). The information will be used to identify the gaps in term of gender equity and addressed during the implementation of the activities through some key messages as above mentioned, in order to highlight the women discrimination. At the end of the project, FGDs will be held to understand the reception of these messages by women and the change on menstrual hygiene practices. The women are subjected to discrimination especially during the menstrual period, when they are isolated from the other members of the family: because of the local culture, this period is considered as a disease and a shame. In this manner, they are not allowed to talk or to inform the members about menstruation and they suffer for the consequences: they are using unsafe and unclean old clothes with risk of infections, they can't go to hospital in case of serious pain or problems, and they don't have a correct diet and proper hygiene. A special intervention of this project is to address these issues through home-to-home visits on personal hygiene during menstrual period: topics are the menstrual hygiene (bathing and hand washing), use of correct pads (new clothes and how to wash), proper diet and access to hospital in case of need, and disseminating some key messages (the menstruation is not a disease or a shame, the family members have to be informed, and the women have not to be isolated).
Protection Mainstreaming	Avoid causing harm: In improving access to safe water in the urban and semi-urban areas of Lashkar Gah, ACF will seek to prevent the pulling effect, and avoid attracting more individuals to the center. According to Samuel Hall study in Helmand and Kandahar, increasing access to safe water is one the leverage for durable settlement of IDPs. In the selection of water points to rehabilitate/construct, and of beneficiaries for BSF, ACF will seek to balance the opportunity of improving living conditions of IDPs and facilitating their local insertion, and the risk of pull factor. This will be done through extensive discussion with community leaders, to better understand and anticipate potential harming effect of increasing access to safe water in an area of massive displacements. Equality: In providing access to safe water at community level, ACF will seek to ensure equality in (i) participation to decision-making on the location of the water point, (ii) access to the water infrastructure (ideally located in the center of the village, close to community or religious institutions like schools or mosques), (iii) participation to hygiene promotion sessions. In implementing the project, ACF will pay particular attention to the needs of women and girls, especially in the selection of water point sites (which should ensure safety and security of women as they fetch water), and tailoring of hygiene promotion messages and implementation to their specific needs (i.e. menstrual hygiene) and capacities to participate in hygiene promotion sessions (house to house visits). Accountability to beneficiaries: In 2015, ACF will set up an Assessment, Monitoring and Evaluation Cell. As part of this cell, ACF would like to establish, in the second half of 2015, a complaint mechanism for beneficiaries, in the form of a hotline (as successfully piloted by other organizations in Afghanistan, like WFP). As of today, ACF only possesses a mechanism to receive and address complaints from its own staff, and suppliers (ACF has recently implemented an anti-fraud policy with a hotline for reporting corruption/fraud or other misuses of ACF assets, which number has been communicated to all staff, and appear on logistic documents shared with suppliers). As a follow up step, ACF will establish a complaint mechanism for beneficiaries. Participation and empowerment: All the sites for new water points will be selected with community leaders including CDCs, Shuras, and Mullah, taking into consideration technical feasibly, local norms and women opinion (as the primary responsible for fetching water). In a bid to empower communities on water point operation and maintenance, ACF will train Water Committees in each of the targeted villages. For hygiene promotion, ACF will also seek to actively involve and empower community leaders, mullahs, and school teachers for hygiene sensitization, through provision of training, supportive supervision, and distribution of IEC materials.
Safety and Security	Helmand province borders Pakistan (Baluchistan province) in the South, Nimroz province in the East, Farah in the Northeast, Ghor and Daykundi in the North, Uruzgan and Kandahar in the West. The majority ethnic group is Pashtun with 85 % of them being farmers and 90% of the land cultivation is dedicated to poppy. As Afghanistan is the largest opium and cannabis producer in the world and Helmand accounted for almost 50% of the total opium cultivation surface in Afghanistan. The population relies on it as a main source of revenue. AOG has strong presence in the province, whereas the government is able to secure only majors cities and roads. , the biggest challenge for NGO being to find a way out on implementing aid support to the most vulnerable people, along with gaining acceptance towards all actors and communities. The most problematic districts of the province are Kajaki and Sangin with a strong presence of AOG in the area. Since 2006, NATO and ANSF were not able to secure it, despite several offensives operations conducted. The AOG presence is one of the main factors of insecurity but there are two additional reasons. Of course, poppy cultivation is one of them, but also the presence of the biggest dam of Afghanistan creates interest. Actually, a second one would need rehabilitation but it will have impact on foreign countries of the area, which have interest to keep it in that state.

In Lashkar Gah city, violence level decreased by 24% during the past year, going from 234 incidents in 2013 to 179 incidents in 2014. Of these 179 security incidents, 91 (51%) consisted of ANSF operations, while AOG-authored incidents numbered 76 (42%).
Most ANSF operations consisted on recovery and seizure operations, while AOG incidents mostly included SAF attacks on ANSF targets (36/76) and IED detonations (32/76).
Of note, seven suicide attacks were recorded in the city in 2014, like in 2013. The last major suicide attack occurred on 18 March 2015 when a small mini-truck rigged as an SVBIED detonated his charge close to the Governor's Conference Hall while a workshop was ongoing. As a result, seven civilians were killed (including two IO security guards + high profile people from the province) and 41 individuals were wounded.
Nevertheless, all suicide attacks in 2014 were targeting ANSF personnel/GoA official and it is not expected that such pattern will change.

It is also important to note that Lashkar Gah is a vast city, and a number of these incidents happened in the areas outside of the city centre where most NGOs are based.

Although there are some NGOs (national and international) operating in the city, there has been no security incident involving them in the past year. As AOG-activity in Lashkar Gah is almost exclusively targeting GoA and ANSF assets, collateral involvement is the biggest threat for NGOs.

How ACF will mitigate the risk

NGOs are advised to limit their movements in Lashkar Gah between the hours of 0800 and 1700 if possible and maintain a high level of awareness during all road movements. Different ANSF forces have their checkpoints throughout Lashkar Gah and regular controls take place within the city limits. The circumstances in which these attacks have generally occurred - during the late morning and late afternoon/early evening peak travel periods - underline the risks of collateral exposure while travelling in the proximity of any ANSF vehicles/facilities.
Having only one compound with office and Guest Houses reduce a lot the exposure, by preventing any pattern movements before and after working hours, and an appropriate security set up will be needed with a strong work on neighbourhood acceptance.

Regarding the movement outside of the city for implemented programs, a wide network will be compulsory to be able to do daily follow up and security check every morning prior departure of the teams. This goes with an accurate recruitment process, identifying the right persons.

Access

Coordination with other Organizations in project area

As mentioned above, ACF has started, since late 2014, to engage discussions with partners on the ground, including MSF, ICRC, ACTD, Mercy Corps and IRC - discussions led by the Country Director. During the course of the WASH Assessment planned for April 2015, ACF WASH Coordinator will hold bilateral meetings with all humanitarian and development organization, to introduce ACF, present our strategy, and discuss area of operations to avoid any overlapping, and explore potential synergies (especially with ACTD in working with Health Facilities). During prior field visit in Kandahar, discussions were also held with partners established in Kandahar city but operating in Helmand province, especially DRC for coordination on the ERM project (see above in complementarity).

Permanently based in Helmand, the Field Coordinator will be responsible for leading coordination with other actors, through active participation to provincial coordination meetings (Provincial Health Coordination Committee, Operational Coordination Team, Sectorial Clusters), and bilateral coordination with relevant stakeholders. The Field Coordinator will also regularly participate to regional meetings held in Kandahar, where updates on activities, progress and challenges will be shared to partners.

As previously mentioned, ACF has started developing its access strategy for Helmand late 2014, through meeting with partners operating on the ground, and relevant non-government authorities. ACF access strategy for Helmand builds on developing sound understanding of the area, strong network with main stakeholders, limited geographical coverage, and implementation of high impact, visible projects responding to actual needs of the population. At the stage of proposal writing, ACF had already engaged discussions to secure the necessary approvals from relevant authorities to start operating on the ground, and gained first understanding of security situations during the SMART survey implemented in partnership with ACTD in February 2015. During this survey, the team, recruited locally, worked on a mapping of accessible areas, including mapping of actors controlling the different zones, and identification of secure villages in which local teams could operate. This first mapping will serve as a basis for further security assessment, to be conducted by ACF logistic and security experts in the course of the opening of the base. The WASH assessment planned in April will provide further in depth understanding of the security situation, local conflict dynamics, and advise on the fine-tuning of ACF access strategy.

ACF access strategy will also heavily rely on its human resources policy: all national positions will be recruited locally, to ensure proper understanding of local norms, and security conditions by ACF teams, and proper/safe behavior in this highly insecure environment, as well as foster acceptance by communities, which is reckoned to be a booster for access.

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Southern Region Field Coordinator	D	1	6642.57	4	100.00%	26,570.28
	Permanently based in Helmand, the Field Coordinator will be responsible fLior leading coordination with other actors, through active participation to provincial coordination meetings (Provincial Health Coordination Committee, Operational Coordination Team, Sectorial Clusters), and bilateral coordination with relevant stakeholders. The Field Coordinator will also regularly participate to regional meetings held in Kandahar, where updates on activities, progress and challenges will be shared to partners. CHF funds will cover 4 months of this position, while ACF will cover 3 months and ECHO another 3 months.						
1.2	WASH Expert	D	1	6642.57	10	100.00%	66,425.70
	Permanently based in Helmand, the expatriate Wash Expert will lead the overall implementation of the project, ensuring high performance of the activities (both hard and soft component) and high technical expertize: he will build the capacity of all the team, especially the national Program Manager. He will be a technical person with long experience in the field and direct management of Wash project. He also be in charge, jointly with Program Manger, of reporting to Field Coordinator and Coordination Team the achievements of the activities, and to attend the technical meetings at provincial level.						
1.3	Program Manager WASH	D	1	1400.66	10	100.00%	14,006.60
	The national Program Manager is in charge of the direct implementation of all the activities in the field, to design weekly plans and to monitor on daily basis the activities in the field						
1.4	Deputy Program Manager Hard Component	D	1	930.15	9	100.00%	8,371.35
	Coordination of hard component, planning on monthly basis, organization of BSFs construction and distribution, technical support to BSS, report to PM						
1.5	Deputy Program Manager Soft Component	D	1	930.15	9	100.00%	8,371.35
	DPM of soft component will organize the plan on monthly basis, identify the local facilitators (leaders, teachers, HF staff) to train, supervise the hygiene sensitization, ensure the quality of the activities, report to PM						
1.6	Supervisors Hygiene Promotion	D	2	671.9	9	100.00%	12,094.20
	The two supervisors (male and female) supervise and coordinate the two teams in the field, organizing their visits on weekly basis; report to Deputy PM the achievements; paricipate in hygiene promotion						
1.7	Building Site Supervisors	D	1	671.9	9	100.00%	6,047.10
	Follow on daily basis the correct construction/rehabilitation of WPs; organize the works for skilled and unkilled labour; report to line manager the achievements on weekly basis						
1.8	Hygiene promoters	D	6	537.74	9	100.00%	29,037.96
	Mobilize beneficiary communities about hygiene; conduct hygiene promotion sessions within communities, schools, and health facilities; conduct training sessions for community WSUCs members, mechanics and caretakers; conduct home-to-home visits and train the beneficiaries on BSFs use. Hygiene promoters will be 3 men and 3 women for promotion diversified per gender.						
1.9	Field Perdiem	D	1	1300.03	1	100.00%	1,300.03
	It will cover all the movement to/from Kabul of staff in Helmand and in Kabul.						
1.10	Program Coordination Translator	D	1	752.3	1	100.00%	752.30
	He/she ensure the correct translation of all the documents to/from authorities and technical bodies, questionnaires and reports to/from local staff.						

1.11	Program Coordination Data Entry Analyst	D	1	600.29	1	100.00%	600.29
	He/she will ensure the correct and timely data entry of all data from the field.						
1.12	WASH Head of Department	D	1	6642.57	2	100.00%	13,285.14
	The expatriate WASH Head of Department is responsible for providing technical support to the program manager and field team for the implementation of the project, as well as conduct regular field visit to track progress, monitor achievements, and assess quality of the work.						
1.13	Deputy Head of WASH Department	D	1	1640.21	2	100.00%	3,280.42
	Provide technical support to project staff, organize assessments and monitor the progress of programmes by providing technical and analytical support through field visits, participating in local staff recruitment process and training.						
1.14	Coordination Operation and Support Expat team	S	3	6642.57	1	100.00%	19,927.71
	They will be responsible of the fulfilment of the project objectives through monitoring, supervision, coordination as development of internal policy in accordance with the donor guidelines.						
1.15	Coordination Support Team	S	1	29666.75	1	100.00%	29,666.75
	They will be, at Kabul Level, responsible of the logistics, security, HR, administrative issues and accountancy local management in order to ensure to the program staff a full support in their respective domain of expertise to fulfil the requirements of the program implementation.						
1.16	Helmand Support Team	S	1	7254.48	4	100.00%	29,017.92
	They will be, at Helmand level, responsible of the logistics, security, HR, administrative issues and accountancy local management in order to ensure to the program staff a full support in their respective domain of expertise to fulfil the requirements of the program implementation.CHF funds will cover 4 months of the team, while ACF will cover 3 months and ECHO another 3 months.						
1.17	ACF Staff Training	S	1	2290.54	1	100.00%	2,290.54
	To ensure a sustainable capacity building of our National staff, this financial line will permit us to cover the costs incurred by internal and external trainings.						
	Section Total						271,045.64

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Assessment (FGDs and Site Selection)	S	16	48.88	1	100.00%	782.08
	FGDs for female and male in 8 villages: refreshment and stationary						
2.2	Hand Dug Well Construction	S	4	3863.8	1	100.00%	15,455.20
	Material for well digging, construction/installation of 20 concrete rings for each well, construction of platform and drainage channel, supply and installation of hand pump Indus, equipment and tools, skilled and unskilled labour						
2.3	Water Points Rehabilitation	S	12	1028.91	1	100.00%	12,346.92
	Material for well digging, construction/installation of concrete rings for each well, re-construction of platform and drainage channel, supply and installation of hand pump Indus, consumption material, skilled and unskilled labour: rehabilitation is considered 25% of construction cost						
2.4	Equipment for Daily Workers	S	12	359.73	1	100.00%	4,316.76
	Equipment and tools for construction/rehabilitation of wells						
2.5	BSF Implementation	S	1000	64.89	1	100.00%	64,890.00
	Construction and distribution of 1,000 Bio Sand Filters: BSF, 20lt water container with tap, sand and gravel						
2.6	BSF Workshop	S	1000	0.59	1	100.00%	590.00
	Preparation site for sand/gravel washing: plot renting, tools, protection clothes for workers, transport						
2.7	Water Quality Analysis	S	400	11.11	1	100.00%	4,444.00
	Consumption material and analysis tools for water quality (PH, turbidity, electro-conductivity, and E.Choli) in each water source constructed/rehabilitated (3 sample each) and BSF distributed (6 sample each, inlet and outlet)						
2.8	WSUCs Training	S	10	30.7	1	100.00%	307.00
	Stationery, poster, leaflets and refreshment for WSUCs training (members, mechanics, caretakers) in each village, and HF/schools: 10 persons for each WSUC						
2.9	WSUCs spare parts (committee, mechanic, caretakers)	S	10	130.7	1	100.00%	1,307.00
	Provision of spare parts kit to each WSUCs trained for O and M: pipes, valves, cylinder, repairing and cleaning material, tools)						
2.10	Training of Leaders, Mullahs, Teachers, CHPs, MHCPs	S	240	5.87	1	100.00%	1,408.80
	Stationery, poster, leaflets and refreshment for hygiene training of 240 persons (CDCs, natutal leaders, Mullah, teachers, CHPs, Hfs staff)						
2.11	Hygiene Promotion	S	8	1570.78	1	100.00%	12,566.24
	Stationery, poster, leaflets and refreshment for hygiene promotion for 135 male sessions (massive sensitization) 2,800 female sessions (home-to-home visits), and 125 sessions in HFs and schools; distribution of 2,000 menstrual hygiene kits and one hand washing facility with soap in each HF/school visited						
	Section Total						118,414.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Laptop	S	2	1030.74	1	100.00%	2,061.48
	2 Laptops for the Program Manager and Deputy Program Manager						
3.2	GPS	S	1	171.79	1	100.00%	171.79
	The report to MRRD, as per GoA guidelines, must contain the coordinates of the water points constructed or rehabilitated, thus a GPS is needed.						
3.3	Printer	S	1	520.01	1	100.00%	520.01
	1 Printer for the Program Department of Helmand Office						
3.4	Thuraya	S	2	801.69	1	100.00%	1,603.38
	2 Thuraya for the base on Helmand						
	Section Total						4,356.66

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Internal Freight	D	1	693.35	1	100.00%	693.35
	Freight for sending material procured in Kabul to Helmand						
4.2	Program Car Rental WASH	D	2	1126.69	10	100.00%	22,533.80
	2 cars for 10 months for the WASH team to cover the 8 villages 8 villages are the target of the project: 4 in the semi-urban area of Lashkar Gah, 4 in surrounding districts. The maximum distance of the villages from Lashkar Gah City is 30 km, and all villages can be reached in less than one hour. One car is located to hard component (DPM and BSS), and the second one for the soft component (DPM and hygiene team): the hygiene promotion for male and female will be carried out at the same time, in the same villages. Monitoring will be done by PM during the activities (no need of additional car). Health Facility and schools are in the same villages of communities (villages and schools are in the catchment area of the Health Facility).						
4.3	Program Car Rental Assessment	D	1	1126.7	1	100.00%	1,126.70
	1 car for 1 month for KAP survey at the beginning of the project 8 villages are the target of the project: 4 in the semi-urban area of Lashkar Gah, 4 in surrounding districts. The maximum distance of the villages from Lashkar Gah City is 30 km, and all villages can be reached in less than one hour. One car is located to hard component (DPM and BSS), and the second one for the soft component (DPM and hygiene team): the hygiene promotion for male and female will be carried out at the same time, in the same villages. Monitoring will be done by PM during the activities (no need of additional car). Health Facility and schools are in the same villages of communities (villages and schools are in the catchment area of the Health Facility).						
4.4	Program Car Rental Monitoring and Supervision	D	1	1126.69	1	100.00%	1,126.69
	1 program car for monitoring and supervision for ACF WASH Program Manager or Deputy WASH HoD coming from Kabul for field monitoring visit 8 villages are the target of the project: 4 in the semi-urban area of Lashkar Gah, 4 in surrounding districts. The maximum distance of the villages from Lashkar Gah City is 30 km, and all villages can be reached in less than one hour. One car is located to hard component (DPM and BSS), and the second one for the soft component (DPM and hygiene team): the hygiene promotion for male and female will be carried out at the same time, in the same villages. Monitoring will be done by PM during the activities (no need of additional car). Health Facility and schools are in the same villages of communities (villages and schools are in the catchment area of the Health Facility).						
4.5	Program Car Rental Support	S	2	1126.69	4	100.00%	9,013.52
	This financial line has been calculated with actual rates. It represent the rental of two vehicles for 4 months that will be use by the Support team. This monthly cost includes : driver, fuel, maintenance and spare parts, administrative fees for each vehicles. 8 villages are the target of the project: 4 in the semi-urban area of Lashkar Gah, 4 in surrounding districts. The maximum distance of the villages from Lashkar Gah City is 30 km, and all villages can be reached in less than one hour. One car is located to hard component (DPM and BSS), and the second one for the soft component (DPM and hygiene team): the hygiene promotion for male and female will be carried out at the same time, in the same villages. Monitoring will be done by PM during the activities (no need of additional car). Health Facility and schools are in the same villages of communities (villages and schools are in the catchment area of the Health Facility).						
	Section Total						34,494.06

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Internal Flights	D	2	388.71	5	100.00%	3,887.10
	Internal flights for program and support teams from Kabul to Helmand, for the entire duration of the project						
	Section Total						3,887.10

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	Section Total						0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Helmand Office (rental, running costs, communication costs)	D	1	4128.79	4	100.00%	16,515.16
	This financial line is the sum of different elements. For each office the costs have been calculated with actual rates and they represent: office rental, related charges, stationaries, small equipment and office supplies, Admin and Financial Charges, Communication Costs and IT maintenance. CHF funds will cover 4 months of Office costs, while ACF will cover 3 months and ECHO another 3 months.						
7.2	Coordination Office (rental, running costs, communication costs)	D	1	17060.4	1	100.00%	17,060.40
	This financial line is the sum of different elements. For each office the costs have been calculated with actual rates and they represent: office rental, related charges, stationaries, small equipment and office supplies, Admin and Financial Charges, Communication Costs and IT maintenance.						
7.3	Coordination Vehicles Running Costs	D	1	1516.7	1	100.00%	1,516.70
	This financial line has been calculated with actual rates and represent few costs : fuel, maintenance and spare parts, administrative fees for each vehicles.						
	Section Total						35,092.26

Sub Total Direct Cost	467,289.72
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.7%
PSC Amount	32,710.28

Quarterly Budget Details for PSC Amount

2015			2016		Total
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	500,000.00

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Hilmand -> Lashkargah	40	2320	2210	1720	1640	7890	
Hilmand -> Nahr-e-Saraj	15	950	910	710	680	3250	
Hilmand -> Nad-e-Ali	30	1910	1820	1420	1350	6500	
Hilmand -> Nawa-e-Barakzaiy	15	950	910	710	680	3250	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description
1. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
2. NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
3. CHF Afghanistan - Visibility and Communication Guidance.pdf
4. delete.docx
5. Delete
6. Delete.docx
7. Delete
8. Delete.xlsx
9. Work Plan.xlsx
10. Beneficiaries breakdown.pdf_DELETE
11. Annex_budget narrative.xls_DELETE
12. Environmental marker code.pdf
13. WASH Helmand.xlsx
14. VF.xls