

Project Proposal

Organization	MEDAIR (MEDAIR)																																												
Project Title	WASH services for vulnerable populations with high rates of malnutrition in Kandahar District																																												
Fund Code	AFG-15/O580/SA1/WASH/INGO/331																																												
Cluster	<table border="1"> <tr> <td>Primary cluster</td> <td>Sub cluster</td> </tr> <tr> <td>WATER, SANITATION AND HYGIENE</td> <td>None</td> </tr> </table>		Primary cluster	Sub cluster	WATER, SANITATION AND HYGIENE	None																																							
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Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type																																											
Project budget in US\$	611,887.41	Planned project duration	12 months																																										
Planned Start Date	01/06/2015	Planned End Date	31/05/2016																																										
OPS Details	OPS Code	OPS Budget	0.00																																										
	OPS Project Ranking	OPS Gender Marker																																											
Project Summary	<p>The proposed Water, Sanitation and Hygiene (WASH) project seeks to contribute to the reduction of morbidity and mortality, particularly in relation to malnutrition in children under five, by improving access to safe water and sanitation facilities, and encouraging good hygiene practices. Medair proposes to construct water points in catchment areas where outreach sites for outpatient treatment of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) have made recent gains. A Community Led Total Sanitation (CLTS) like approach will allow beneficiaries to decide on the most appropriate choice of latrine for their household. The most vulnerable households in the targeted villages will be identified and given material support to aid in construction of latrines. While Medair will provide guidance, design decisions will lie with beneficiaries, thereby encouraging community ownership. The impact of these infrastructure improvements will be enhanced by gender and age appropriate hygiene promotion. Personal hygiene kits will be distributed to targeted households. The specific focus of these objectives is to reduce diarrhea and other water related illnesses amongst the beneficiary population thereby addressing an underlying cause and exacerbating factor of malnutrition.</p>																																												
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>8097</td> <td>8097</td> <td>8097</td> <td>8096</td> <td>32,387</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Internally Displaced People</td> <td>3874</td> <td>3873</td> <td>3873</td> <td>3873</td> <td>15493</td> </tr> <tr> <td>Host Communities</td> <td>3847</td> <td>3847</td> <td>3847</td> <td>3846</td> <td>15387</td> </tr> <tr> <td>Refugees</td> <td>49</td> <td>48</td> <td>49</td> <td>48</td> <td>194</td> </tr> <tr> <td>Other</td> <td>328</td> <td>328</td> <td>328</td> <td>328</td> <td>1312</td> </tr> </tbody> </table>				Men	Women	Boys	Girls	Total	Beneficiary Summary	8097	8097	8097	8096	32,387	Total beneficiaries include the following:						Internally Displaced People	3874	3873	3873	3873	15493	Host Communities	3847	3847	3847	3846	15387	Refugees	49	48	49	48	194	Other	328	328	328	328	1312
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Indirect Beneficiaries	93600 Family members of mother group participants who are benefiting from current Medair's nutrition intervention.	Catchment Population	252650 50% of the total Kandahar District population.																																										
Link with the Allocation Strategy	<p>The proposed project links with the main strategic objectives of this allocation, provision of life saving humanitarian assistance to vulnerable populations affected by conflict, support to the collection of high quality, accurate and relevant evidence and maximization of the impact of funds already committed by the CHF throughout 2014. Additionally, this project links to both outcomes 1.1 and 1.2 of strategic priority one and is also associated with outcome 3.2 of strategic priority three of the 2015 Strategic Response Plan. The proposed initiative will address three of the main strategic objectives of the allocation strategy. Through provision of WASH services in catchment areas of nutrition outpatient treatment sites operated by Medair under the first CHF standard allocation of 2014 Medair will maximize the impact of funds already committed by CHF, provide lifesaving humanitarian assistance to vulnerable populations affected by conflict, and contribute to high quality, accurate, and relevant evidence by conducting assessments and sharing findings. Beneficiary selection will ensure that the project addresses both of the WASH strategic priorities by providing services in areas affected by mass displacement where emergency nutrition thresholds have been broken. All WASH cluster objective will be addressed through this intervention with particular emphasis on objective two which highlights the link between WASH and nutrition. Reduction in diarrhea incidences amongst affected children under five both contributes to prevention of new cases of malnutrition as well as aiding in recovery from malnutrition and preventing reoccurrence.</p>																																												
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)																																											
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Kieren Barnes</td> <td>Country Director</td> <td>+93 (0)799337581</td> <td>cd-afg@medair.org</td> </tr> <tr> <td>Maarten Fontein</td> <td>Head of Country Programs</td> <td>+41 (0)21 694 84 94</td> <td>maarten.fontein@medair.org</td> </tr> <tr> <td>Meghan Olson</td> <td>Program Funding Manager</td> <td>+93 (0) 790196383</td> <td>pfm-afg@medair.org</td> </tr> </tbody> </table>			Name	Title	Phone	Email	Kieren Barnes	Country Director	+93 (0)799337581	cd-afg@medair.org	Maarten Fontein	Head of Country Programs	+41 (0)21 694 84 94	maarten.fontein@medair.org	Meghan Olson	Program Funding Manager	+93 (0) 790196383	pfm-afg@medair.org																										
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BACKGROUND INFORMATION

- 1. Humanitarian context analysis..** There are a large number of IDPs and returnees from the surrounding southern provinces of Helmand, Uruzgan and Nimroz in Kandahar District. There are also increasing numbers of returnees from the border regions of Pakistan. Data from UNHCR indicates that 127 returnees have arrived since January 2015 and 23,097 IDPs are now based in Kandahar District placing strain on the already limited resources available in the host community. Long term conflict and resulting insecurity has prevented many humanitarian actors from establishing and maintaining operations in Kandahar leaving conflict affected communities largely underserved. The most recent data from the 2013 National Nutrition Survey (NNS) reports the GAM rate for Kandahar province at 13.5%, compared to the national average of 9.5%. SAM rates of 8.4% were the seventh highest in the country according to the NNS report. An August 2014 Medair household WASH assessment found high rates of diarrhea (89% of children under five in the households surveyed had had diarrhea in the two weeks prior to the survey) and correspondingly low rates of hand washing. The nutritional situation is serious (WHO classification) and, with the presence of aggravating factors like high rates of diarrhea and poor WASH services and hygiene practices, a significant risk of nutrition emergency remains. According to the CHF First Allocation Strategy for 2015 the high malnutrition prevalence among children under-five in Afghanistan is likely to result in a rapid deterioration of the health and nutrition status of children where basic WASH services are absent. Kandahar province was ranked in the CHAP 2014 as one of the top three provinces with the highest humanitarian health needs due to severely limited access to health and nutrition services, and was ranked one of the four provinces with the highest people in need per Humanitarian Organization. Access to lifesaving health and nutrition services is especially limited for those living in the informal settlements in and around Kandahar district.
- 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)
- Medair conducted a Water, Sanitation, and Hygiene (WASH) needs assessment in Kandahar District from 24-29 August, 2014 in the same catchment area as its malnutrition project running in 8 mobile clinic sites. The assessment was initiated based on information received from government officials and UN agencies. Also, Medair received information while doing community sensitization for its Integrated Management of Acute Malnutrition (IMAM) project. The overall catchment area comprised of eight areas: Upper Kobai, Mir Bazaar, Spin Zurat, Mala Khail, Haji Akim, Lowy Wala, Jamal Khail Kalay, and Lowy Haji Aziz. The objectives of the assessment were to characterize WASH conditions and quantify the level of negative health impacts due to poor WASH conditions. The assessment consisted of a Household Survey, Key Informant Interviews, Site Observations, and review of health clinic data. The Household Survey and Site Observations covered 30 villages and 57 households representing a population of 77,700. The sampling design followed the Lot Quality Assurance Sampling (LQAS) methodology developed by the CORE Group (See Medair_Needs_AssessmentKHR_S01 uploaded at CN stage). The collected site specific data was used to conduct a detailed analysis of WASH-related risk factors based on the Sphere minimum standards. The analysis showed that the conditions in the catchment area did not meet multiple Sphere minimum standards and indicators. Regarding morbidity, a very high incidence of diarrhea amongst children under 5 years old (U5) was indicated by the Household Survey and health clinic data. The Household Survey data showed a diarrhea incidence of 89% +/- 5% for children U5 in the households surveyed (within the two weeks before the survey), while the health clinic data showed an incidence of 41% for children U5 attending consultations in the month of June 2014. Several contributing factors may be associated with this high incidence:
- 74% of households surveyed had less than 12 l/p/d for bathing and cleaning. The lack of water makes it difficult for households to practice proper hygiene.
 - 60% of households surveyed did not have access to safe water sources for drinking water.

- 28% of households surveyed did not have latrines, and 67% of households surveyed were using unhygienic latrines.
 - 70% of households surveyed did not have soap available at hand washing areas.
 - 82% of mothers surveyed were not hand washing with soap after defecation, prior to food preparation and prior to eating.
 - The 30 villages have an estimated 340 hand dug wells, and 2680 drilled bore holes that are functional. The higher prevalence of drilled boreholes is because drinking water is often found at depths greater than 40m. Using the MOPH estimate of 11,420 households, the bulk ratio comes to 3.8 households per water point. This would suggest very good water availability; however, almost all the water points are privately owned, by established residents inside their compounds, who are reluctant to share because of cultural restraints, privacy (household compounds are not open to the public) and reported low yields. As a result, the bulk ratio is not a good indicator of access to safe drinking water in this case. A more appropriate description is that approximately 3,020 households have good access to water while approximately 8,400 households have poor access (using <12L/Person/Day of domestic water, from Medair_Needs_AssessmentKHR_S01 uploaded at CN stage).
 The combination of high levels of diarrhea incidence and high rates of global acute malnutrition (GAM) provides evidence for the well-documented and problematic diarrhea-malnutrition cycle which is an important aggravating factor to be addressed in interventions tackling malnutrition.

3. Description Of Beneficiaries

The nutrition cluster in the 2015 CHF Allocation Strategy and other documents has prioritized the treatment of acute malnutrition in the most under-served, conflict affected areas for scale-up of coverage and effectiveness in those provinces with the highest burden and worst access including Kandahar Province. The beneficiaries for the WASH interventions will be selected from communities in the catchment areas of treatment sites for SAM and MAM and not served by other WASH actors (Mirbazar, Akhary Stop, Haji Aziz, Dara, Zorshar, and Aryana Chowk). All the targeted communities are on the outskirts of Kandahar City with high numbers of IDPs and returnees. According to UNHCR data roughly 6% of the population of Kandahar City are recent IDPs (2,591 of targeted beneficiaries). Beneficiary selection criteria will be agreed upon with local elders but will prioritize families with confirmed cases of SAM or MAM to ensure that an underlying cause and exacerbating factor of malnutrition is addressed in communities already identified as highly vulnerable. These identified families with cases of SAM or MAM who do not have access to safe water sources for drinking water, families that do not have latrines and/or are using unhygienic latrines.

4. Grant Request Justification.

Medair is currently operating outreach sites for outpatient treatment of SAM and MAM in eight project locations on the periphery of Kandahar City in response to high rates of SAM and MAM and selected based on high vulnerability. Following a DoPH request Medair will move five of its current outreach sites to other areas where there are higher nutritional needs due to the lack of actors and where there is currently no coverage of nutrition services. However, because of the very significant WASH needs identified through the assessment in the current project locations, through this proposed WASH intervention Medair will continue to support these communities alongside other humanitarian actors who are continuing to implement nutrition activities in these areas, to which current Medair's nutrition beneficiaries will be referred to.
 The household WASH assessment conducted in August 2014 found that 60% of households surveyed in these communities lack access to safe drinking water with a correspondingly high incidence of diarrhea in children under five. The same survey indicates open defecation is still practiced in most villages. Poor hygiene practices are widespread throughout the area as 82% of mothers questioned reported not washing their hands after defecating or before food preparation. Almost all water points are privately owned. Meaning that the water points are sited inside household compounds and only people living inside the compound have access to that water point. As it was found in the needs assessment (see Need Assessment section above, and also uploaded) approximately 8,400 households have poor access to water (using <12L/Person/Day of domestic water). The households with poor access are typically nomadic people (Kochis) and internally displaced persons (IDPs) from neighboring districts and provinces that settled around established residents. This intervention proposes to establish community water points nearby the clinics and among the communities with poor access to clean water, mainly composed by IDPs and Kochis, based on the needs assessment findings. The water points will be located in places that are accessible to all of the targeted population and community agreements will be signed to ensure water points remain public and for the use of the communities around it. Locations will be nutrition clinics, community mosques, and central locations agreed upon in advance to ensure access for all.
 The WASH needs assessment indicates that there is considerable need for WASH interventions to build on the gains made through the provision of nutrition services. Based on discussions with key informants most of these areas are not currently being reached by WASH actors. The proposed project would allow WASH interventions to build on the progress made through nutrition interventions in the area at this critical time. Medair has considerable experience of implementing successful WASH interventions in the Central Highlands region of Afghanistan and has a strong reputation for delivering water and sanitation access as well as hygiene promotion leading to sustainable behavior change. With the establishment of a permanent office in Kandahar City, experience of implementing in the area, and growing community acceptance, Medair is well positioned to address the identified WASH needs in compliment to the nutrition services provided by Medair and other actors.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

This WASH intervention will complement Medair's current nutrition project treating cases of SAM and MAM in children under five with eight mobile clinics in eight different areas of Kandahar city. Poor sanitation practices and high diarrhea rates revealed by the WASH assessment aligns to the high number of cases of diarrhea identified during nutrition activities and to information received from government officials and UN agencies. The link between poor sanitation practices and malnutrition has been highlighted by the Overall Need and Vulnerability Index (ONVI) matrix of the 2015 Humanitarian Needs Overview and by the 2013 National Nutrition Survey, according to which provinces with high global acute malnutrition (GAM) levels reportedly showed high prevalence of poor hygiene and sanitation practices. Nutrition programmes to identify and treat malnourished children U5 started by Medair and other actors in the catchment areas will be complemented with this proposed WASH intervention to address a direct underlying factor of malnutrition, maximizing the impact of funds already committed by the CHF to Medair in 2014. Because boys and girls under five in need of treatment for acute malnutrition have a higher risk of death from common childhood illnesses such as diarrhea, the improved quality and increased coverage of WASH services alongside nutrition activities are expected to reduce children's morbidity and mortality, in line with Strategic Priority 1 of the 2015 Strategic Response Plan.
 In 2015, Medair will move five of the eight nutrition mobile clinics to new locations where there are high nutrition needs and there are no actors providing nutrition support services, as explained above. The remaining three nutrition mobile clinics will stay in the same locations. The WASH intervention will target the current eight nutrition locations, which means that in three locations the WASH intervention will work alongside Medair's mobile clinics and in five locations the WASH intervention will work alongside the other humanitarian actors implementing nutrition activities in the these areas (AHDS and Save the Children). Therefore the proposed WASH intervention will complement Medair's current nutrition intervention as well as the nutrition services provided by these other humanitarian actors in Kandahar District, and will target the same beneficiary population as the current Medair nutrition intervention in Kandahar District.
 In association with the implementation of the proposed project, costs will be incurred at the Kandahar and Kabul bases, so called "support" costs, in addition to the costs related directly to project activities. These costs relate to resources that are shared between projects and so these costs are likewise shared between projects. The current CHF projects from the 2014 standard allocations each cover 8% and 30% approx. of these costs in Kabul and Kandahar respectively, for every month that each project is active. The proposed 2015 CHF projects each cover 5% and 20% approx. of these costs for Kabul and Kandahar respectively. Even during months when the CHF projects overlap there remains a considerable portion of the shared costs from Kabul and Kandahar which are not covered by the CHF grants and which must be covered by other non-CHF grants or from Medair private funds. In Kandahar this ranges from approximately 30 to 70% depending on the month and over the total period of the CHF grants is over 50%. There are currently no non-CHF grants for projects in Kandahar and so there is no possibility of double funding and the CHF projects are complementary in their use of and in sharing the costs of the shared resources. The contribution of the CHF grants to the Kabul shared costs is low and these figures clearly demonstrate that the CHF projects in 2014 made an important contribution to the set up costs incurred by Medair in 2014 and that contribution has now reduced in the proposed 2015 projects.

LOGICAL FRAMEWORK

Overall project objective To contribute to reduced morbidity and mortality in vulnerable communities of Kandahar District

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	40
Objective 2. WASH activities contribute to reductions in acute malnutrition incidence	1. Excess morbidity and mortality reduced	40
Objective 3. WASH services are provided to populations affected by natural disasters and conflicts	3. Timely response to affected populations	20

Outcome 1	Households in targeted catchment areas with high rates of acute malnutrition use water from improved water sources for drinking	
Code	Description	Assumptions & Risks
Output 1.1	Improved access to safe drinking water for an estimated 9,180 men, women, boys and girls	This output is based on the assumption that targeted beneficiaries will be willing to use improved water sources in preference to unsafe water sources and contingent on support from MRRD. There is a risk that geographical distance from water points will not translate into access for all targeted beneficiaries due to the complexity of the security situation in the area. However Medair believes that this risk can be mitigated through community involvement in site selection. There is also a risk that currency instability will result in significant price fluctuations having implications for the costs of the water supply system construction. In addition, the assumption is made that there will be no significant new natural disasters or large population movements which could overwhelm capacity of the WASH services provided.

Indicators				
Code	Cluster	Indicator	End Cycle Beneficiaries	End-Cycle

			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water					9180
	Means of Verification:	Activity progress reports, beneficiary feedback, Post-KAP survey report, and water points mapping exercise. Target based on the MRRD standard of 25 households per water point within 500 meters of the water source, resulting in 750 total households served by 30 water points. The target figure of 9,180 is based on an average household size of 12.24 individuals. Men and women are defined as those above the age of 15. Boys and girls are defined as those 0-14 years. Each group is assumed to constitute 25% of the total population.					
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Percentage of targeted households using an improved source for drinking water					75
	Means of Verification:	Pre and Post KAP survey reports Target based on Medair standard of 75% of total targeted households using an improved source for drinking water.					
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of water committees trained					30
	Means of Verification:	Activity progress reports Target based on one water committee per well point.					
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of local mechanics trained					4
	Means of Verification:	Activity progress reports, training reports. Target based on one mechanic responsible for up to 8 water points as per Medair standard practice.					
Indicator 1.1.5	WATER, SANITATION AND HYGIENE	Agreements signed with local shop keepers					2
	Means of Verification:	Agreement documents Target based on two main bazaars in the project area, one shop keeper per bazaar.					

Activities

Activity 1.1.1	<p>Install 30 well points equipped with hand pumps to fill the gap for access to safe water within the catchment area.</p> <ul style="list-style-type: none"> Proposed water point locations will be identified through a site survey and mapping exercise with the village leaders, project manager, engineer, and field foremen. This process will be repeated at the end of the project to verify water point locations and access and data will be shared with MRRD. Site selection will be prioritised according to Sphere standards, cluster of households having access to water point, and taking into account the environmental impact on water sources. Women will also be consulted regarding site selection. Agreements will be made with owners of the land where a potential wells may be located regarding the protection of the site while construction takes place, or if it's a public place, agreements will be made with village leaders. A long term contractual agreement will be signed stating that the well will be for public use, with free access for all. Pamir brand hand pumps will be used in the project with specifications that confirm the functionality to pump water from 40 to 80 meters (available at http://www.rural-water-supply.net/en/resources/details/331). In accordance with Sphere protection standards, the siting and location of water points will consider protection issues for vulnerable groups in the community, e.g. selection of well frequented and visible sites to facilitate access for women.
Activity 1.1.2	<p>Train 30 water committees four local mechanics to manage and maintain the well points.</p> <ul style="list-style-type: none"> The WASH and water management activities aim to create lasting sustainable change for the provision of clean water. For this to be achieved mechanisms to ensure sustainability will need to be in place by the end of the intervention. These mechanisms will ensure the maintenance of water points through oversight of the water points by 'water point committees', technical expertise by local mechanics and access to spare parts in the local markets. This method is used by Medair in ongoing WASH projects. The water committee will consist of individuals from each water point user group: chairman, secretary, treasurer, caretaker, local mechanic, and if possible a hygiene promoter and maharam (depending on local context). The responsibilities of the water committee are outlined and detailed in a signed community agreement. Each water point will have a water committee established. The water point committees will receive training and guidance on the following topics: <ul style="list-style-type: none"> Responsibilities of the committee, including activities that will be required. Revenue collection systems that can be put in place in the community in order to guarantee that sufficient funds are available for repairs and maintenance. This includes the scenario that the pump could be damaged beyond repair, so funds must be sufficient to cover pump replacement in the future if needed. Water mechanics are selected by the community with the support of Medair. Water point mechanics are required to be permanent residents in the local area, so that maintenance and repair work can be carried out at all times. The water point mechanic will receive a one day introductory training and then on-the-job training by accompanying the Medair engineer and field foreman in their area, for example through assisting with technical installations for the water points, such as connecting pipes, hand pump installation or repair. On the job training will be followed up with a two day review course and each water mechanic will receive a basic tool kit of ten items such as an adjustable spanner, pliers, monkey-wrench and gloves. One mechanic can cover a number of water points, with the agreement/understanding of the water committee (i.e. that they know each other so can access water points in different communities, on request). It is expected that 4 mechanics will cover the 30 water points. The water mechanic will provide technical support and will understand all elements of the water points, including how they function and when and how to maintain them.
Activity 1.1.3	<p>Sign agreements with at least two local shop-keepers to maintain a stock of well and hand pump parts.</p> <ul style="list-style-type: none"> To ensure reliable maintenance of the water points the community will require access to spare parts. Many of the local bazaars do not currently stock spare parts for water points. At least one shopkeeper in each local bazaar who is willing to ensure the provision of spare parts for water points will be identified by the Community Mobiliser in consultation with the community. An agreement between this shopkeeper and the villages covered within the area will be signed. Medair will provide the shopkeeper with one set of spare parts. Once these are used the shopkeeper commits to replacing their stock with funds from the sale. The shopkeepers are essentially agreeing to provide all the necessary spare parts for the water points on an on-going basis into the future. The agreement contains a list explaining the required spare parts, an agreed pricelist, indications on quality and specific requirements, as well as the obligation for the shopkeeper to pass on this responsibility and activities to someone else, if s/he is no longer interested or able to assure the function of providing spare parts and having them available at all times. This has been a successful approach in previous projects implemented by Medair.

Outcome 2	30 villages in catchment areas with high rates of acute malnutrition (with an estimated population of 32,387 individuals) demonstrate increased use of appropriate sanitation facilities	
Code	Description	Assumptions & Risks
Output 2.1	Communities triggered with a Community Led Total Sanitation (CLTS) like approach to construct appropriate sanitation facilities for defecation with consideration for gender and age specific needs	The success of a CLTS like approach is contingent on the participation and cooperation of communities. There is a risk that communities will not be willing to construct their own latrines, however, it is believed that the provision of materials for the most vulnerable households will reduce this risk. There is also a risk that currency instability will result in significant price fluctuations having implications for the costs of materials for latrine construction.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	Number of households provided access to a functioning sanitation facility					2646

	Means of Verification:	Pre and Post-KAP survey reports, CLTS/Hygiene promoter registers, beneficiary lists. Target based on 25.64% of households identified in the area without access to sanitation facilities (data obtained from Medair WASH assessment). 25.64% of the 13,763 households in the area resulted in an original target of 3,528 households, but due to budget constraints this number was reduced to 2,646 households at the same reduction percentage as water points (from the original 40 down to 30 water points)							95
Indicator 2.1.2	WATER, SANITATION AND HYGIENE	Percentage of targeted households using a sanitation facility							
	Means of Verification:	Pre and Post-KAP survey results Target calculation based on Medair standard of 95% of targeted Households using a sanitation facility							
Indicator 2.1.3	WATER, SANITATION AND HYGIENE	Number of households receiving CLTS promotion messages							2646
	Means of Verification:	CLTS/Hygiene promoter registers, beneficiary lists. Same targeted households as described under indicator 2.1.1							
Indicator 2.1.4	WATER, SANITATION AND HYGIENE	Number of households receiving materials support for latrine construction							661
	Means of Verification:	Distribution lists Target based on 25% of households receiving CLTS and hygiene promotion. These households will be provided with inputs for latrine construction based on vulnerability. Selection criteria will be agreed upon with communities.							
Indicator 2.1.5	WATER, SANITATION AND HYGIENE	Number of female headed households receiving materials support for latrine construction							307
	Means of Verification:	: Distribution lists, pre and post-KAP survey reports (to verify number of female headed households) Target based on female headed households constituting 11.6% of households. Samuel Hall 2014, "A Study of Poverty, Food Security and Resilience in Afghan Cities." For DRC and PIN							
Indicator 2.1.6	WATER, SANITATION AND HYGIENE	Number of households receiving guidance on latrine construction options							2646
	Means of Verification:	Engineer and field foremen household visit registers. Same targeted households as described under indicator 2.1.1							

Activities

Activity 2.1.1	Deliver house to house promotion for triggering CLTS process and follow-up support	<ul style="list-style-type: none"> The households that will be targeted reflect only those houses which do not have access to a latrine and are thus practicing open defecation. In which case the acceptance of CLTS and the construction of latrines of those remaining families has the potential to lead to full coverage/access. Medair has experience in CLTS in Haiti, South Sudan, Sudan and Afghanistan and has found that in some cases the approach has to be adapted to assist the most vulnerable. Medair's WASH team has been trained in CLTS, however, this approach is adapted to fit the societal and cultural aspects of Afghanistan. Furthermore, a more specific adaptation of Medair's current CLTS approach is required for the implementation in Kandahar based on information gathered during needs assessment activities, and advice from PRRD in Kandahar during the project planning phase. Medair has also incorporated, lessons learned from challenges faced by other actors while trying to implement pure CLTS in Kandahar, including utilization of subsidized inputs as incentives and avoiding shaming tactics.
Activity 2.1.2	Identify 661 of the most vulnerable households, prioritizing female headed households, in targeted villages and provide with inputs for latrine construction (cement and door)	<ul style="list-style-type: none"> A community-led approach, based on in-depth consultation and community agreement, is introduced in village meetings with leaders and key stakeholders and will form part of the signed community agreement alongside the hygiene training Agreeing contributions with the community; Medair will provide cement and a door to selected beneficiaries. An agreed selection criteria with local leaders will be used to identify beneficiaries, it may include the following: <ul style="list-style-type: none"> - Households without latrines - Households with people with disabilities - Women headed households - Households with people affected by chronic illness - Access to available space to build a latrine (3x3 meters)
Activity 2.1.3	Provide guidance for multiple latrine construction options.	<ul style="list-style-type: none"> CLTS does not allow the provision of any specific latrine design to communities; communities must design their own latrines depending on their local setting and practices. However advice based on proximity of water points, type of soil, location of latrine inside the household, and technical specific information will be available to beneficiaries through house to house visitation by promoters, field foremen and engineers

Outcome 3	Targeted households to apply improved hygiene practices at the household level	
Code	Description	Assumptions & Risks
Output 3.1	Improved knowledge of hygiene for men, women, boys, and girls in targeted households	This output is based on the assumption that community members are available and willing to be trained as promoters and that both men and women will be accessible for hygiene promotion activities. There is a risk that house to house promotion will not be accepted by targeted communities but Medair is confident that the groundwork laid in previous projects has increased community acceptance to a point where household promotion is feasible. There is also a risk that the security situation will deteriorate to a point where communities are no longer accessible. It is also assumed that the necessary national and international staff with the required skills can be recruited and retained.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to a place to wash hands with soap					32387
	Means of Verification:	Pre and Post-KAP survey reports, distribution lists. Target based on the 2,646 households outlined under indicator 2.1.1. The target figure of 32,281 is based on an average household size of 12.24 individuals. Men and women are defined as those above the age of 15. Boys and girls are defined as those 0-14 years. Each group is assumed to constitute 25% of the total population.					
Indicator 3.1.2	WATER, SANITATION AND HYGIENE	Percentage of households who report having used soap for washing hands at least at two critical times during the last 24 hours					80
	Means of Verification:	Pre and Post-KAP survey reports					

		Target based on a Medair standard of 75% of total targeted households using distributed hygiene inputs.									
Indicator 3.1.3	WATER, SANITATION AND HYGIENE	Number of households receiving soap and personal hygiene kits									2646
Means of Verification:		Distribution lists Same targeted households as described under indicator 2.1.1.									
Indicator 3.1.4	WATER, SANITATION AND HYGIENE	Number of Hygiene Promoters trained									106
Means of Verification:		Activity progress reports, training records Target based on hygiene promoters visiting up to 50 households each per month, these households are the same every month delivering a different hygiene message and CLTS promotion message each month. Fifty-three pairs of promoters will cover the 2,646 target households.									
Indicator 3.1.5	WATER, SANITATION AND HYGIENE	Percentage of men and women correctly citing three methods of diarrhea prevention									80
Means of Verification:		Pre and Post-KAP survey reports Target based on Medair standard of 80% of men and women recalling hygiene messages taught.									
Indicator 3.1.6	WATER, SANITATION AND HYGIENE	Number of households reached with all hygiene messages									2646
Means of Verification:		Hygiene Promoter registers Same targeted households as described under indicator 2.1.1.									
Indicator 3.1.7	WATER, SANITATION AND HYGIENE	Percentage of women correctly citing three menstrual hygiene messages									80
Means of Verification:		Pre and Post KAP survey reports Target based on Medair standard of 80% of men and women recalling hygiene messages taught.									
Indicator 3.1.8	WATER, SANITATION AND HYGIENE	Number of human interest stories produced									4
Means of Verification:		Medair or UNOCHA publication, Medair or UNOCHA social media feed, responses to calls for photos or stories. Target based on one human interest story produced per quarter.									
Indicator 3.1.9	WATER, SANITATION AND HYGIENE	Number of captioned photos produced									24
Means of Verification:		Medair or UNOCHA publication, Medair or UNOCHA social media feed, responses to calls for photos or stories. Target based on two photos per month produced for visibility materials or forums.									

Activities

Activity 3.1.1	<p>Provide teaching of key messages to men, women, boys, and girls in an estimated 2646 households through 53 male female pairs of Hygiene Promoters</p> <p>Promoters who are able to travel and have access to the community, including men and women, will be selected by project staff with the involvement of the community leaders to ensure that these are people who are well respected and able to carry out the task. They should also be in agreement with the incentive arrangements. Local promoters will receive a cash incentive for the house to house work delivering hygiene and CLTS promotion messages. The promoters will also be supplied with a set of training materials which they will keep after project implementation. This will allow trained promoters to continue to be as a source of information on these topics for their communities after close project activities.</p> <ul style="list-style-type: none"> • Each promoter will visit up to 50 families every month (same families every month) for nine months delivering a different hygiene message as well as CLTS promotion on each visit. Promoters will deliver six key MRRD approved hygiene messages to men, women, boys, and girls, with a seventh lesson on menstrual hygiene delivered to female beneficiaries • Hygiene trainers also visit households on a regular basis to reinforce messages while doing daily monitoring of the promotion activities. The hygiene supervisors oversee the whole hygiene component and CLTS, provide feedback and support to the team as well as reporting to the PM every month. • Hygiene promoters are selected from local communities in agreement with leaders and key village people to ensure their accessibility to households for the delivery of messages. • Each promoter will be accompanied by a male maharam which will also be trained in hygiene promotion to target male population in each household visit. • The hygiene supervisors and trainers will accompany the local promoters on their house to house visits on a rotating basis to ensure quality delivery of the messages, and ensure any feedback is heard. Halfway through the delivery time, refresher training will be carried out to ensure good knowledge and address any issues arising.
Activity 3.1.2	<p>Train 53 pairs of Hygiene Promoters in gender and age sensitive hygiene promotion</p> <ul style="list-style-type: none"> • Medair's WASH team will train male and female pairs of local promoters in the delivery of the messages. This training can be carried out in communities or at the project base. • A refresher training midway through the project will be given to all promoters to reinforce messages and approach.
Activity 3.1.3	<p>Distribute soap and personal hygiene kits at targeted households</p> <ul style="list-style-type: none"> • The MRRD approved six hygiene messages will be used as the basis of the hygiene training package for each household. A hygiene kit will be provided to each family as an incentive to compliment and reinforce the hygiene messages, including, items such as a bar of soap, a nailbrush, a toothbrush and toothpaste.
Activity 3.1.4	<p>Collect communications and visibility materials including human interest stories and photos, with respect to beneficiary privacy and safety, for use by Medair and UNOCHA's Humanitarian Financing Unit.</p> <p>Project staff will receive training on collection of communications and visibility materials by the Medair Afghanistan Communications Officer. Field staff will collect materials throughout the project cycle which will then be reviewed and processed by the communications officer. The Medair communications officer will then liaise with relevant parties at UNOCHA to coordinate use of materials.</p>

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 Install 30 well points equipped with hand pumps to fill the gap for access to safe water within the catchment area.	2015									X	X	X
<ul style="list-style-type: none"> • Proposed water point locations will be identified through a site survey and mapping exercise with the village leaders, project manager, engineer, and field foremen. This process will be repeated at the end of the project to verify water point locations and access and data will be shared with MRRD. Site selection will be prioritised according to Sphere standards, cluster of households having access to water point, and taking into account the environmental impact on water sources. Women will also be consulted regarding site selection. Agreements will be made with owners of the land where a potential wells may be located regarding the protection of the site while construction takes place, or if it's a public place, agreements will be made with village leaders. A long term contractual agreement will be signed stating that the well will be for public use, with free access for all. • Pamir brand hand pumps will be used in the project with specifications that 	2016	X	X	X	X									

<p>confirm the functionality to pump water from 40 to 80 meters (available at http://www.rural-water-supply.net/en/resources/details/331).</p> <ul style="list-style-type: none"> In accordance with Sphere protection standards, the siting and location of water points will consider protection issues for vulnerable groups in the community, e.g. selection of well frequented and visible sites to facilitate access for women. 																					
<p>Activity 1.1.2 Train 30 water committees four local mechanics to manage and maintain the well points.</p> <ul style="list-style-type: none"> The WASH and water management activities aim to create lasting sustainable change for the provision of clean water. For this to be achieved mechanisms to ensure sustainability will need to be in place by the end of the intervention. These mechanisms will ensure the maintenance of water points through oversight of the water points by 'water point committees', technical expertise by local mechanics and access to spare parts in the local markets. This method is used by Medair in ongoing WASH projects. The water committee will consist of individuals from each water point user group: chairman, secretary, treasurer, caretaker, local mechanic, and if possible a hygiene promoter and maharam (depending on local context). The responsibilities of the water committee are outlined and detailed in a signed community agreement. Each water point will have a water committee established. The water point committees will receive training and guidance on the following topics: <ul style="list-style-type: none"> Responsibilities of the committee, including activities that will be required. Revenue collection systems that can be put in place in the community in order to guarantee that sufficient funds are available for repairs and maintenance. This includes the scenario that the pump could be damaged beyond repair, so funds must be sufficient to cover pump replacement in the future if needed. Water mechanics are selected by the community with the support of Medair .Water point mechanics are required to be permanent residents in the local area, so that maintenance and repair work can be carried out at all times. The water point mechanic will receive a one day introductory training and then on-the-job training by accompanying the Medair engineer and field foreman in their area, for example through assisting with technical installations for the water points, such as connecting pipes, hand pump installation or repair. On the job training will be followed up with a two day review course and each water mechanic will receive a basic tool kit of ten items such as an adjustable spanner, pliers, monkey-wrench and gloves. One mechanic can cover a number of water points, with the agreement/understanding of the water committee (i.e. that they know each other so can access water points in different communities, on request). It is expected that 4 mechanics will cover the 30 water points. The water mechanic will provide technical support and will understand all elements of the water points, including how they function and when and how to maintain them. 	2015																				
	2016	X	X	X	X																
<p>Activity 1.1.3 Sign agreements with at least two local shop-keepers to maintain a stock of well and hand pump parts.</p> <ul style="list-style-type: none"> To ensure reliable maintenance of the water points the community will require access to spare parts. Many of the local bazaars do not currently stock spare parts for water points. At least one shopkeeper in each local bazaar who is willing to ensure the provision of spare parts for water points will be identified by the Community Mobiliser in consultation with the community. An agreement between this shopkeeper and the villages covered within the area will be signed. Medair will provide the shopkeeper with one set of spare parts. Once these are used the shopkeeper commits to replacing their stock with funds from the sale. The shopkeepers are essentially agreeing to provide all the necessary spare parts for the water points on an on-going basis into the future. The agreement contains a list explaining the required spare parts, an agreed pricelist, indications on quality and specific requirements, as well as the obligation for the shopkeeper to pass on this responsibility and activities to someone else, if s/he is no longer interested or able to assure the function of providing spare parts and having them available at all times. This has been a successful approach in previous projects implemented by Medair. 	2015																				
	2016			X	X																
<p>Activity 2.1.1 Deliver house to house promotion for triggering CLTS process and follow-up support</p> <ul style="list-style-type: none"> The households that will be targeted reflect only those houses which do not have access to a latrine and are thus practicing open defecation. In which case the acceptance of CLTS and the construction of latrines of those remaining families has the potential to lead to full coverage/access. Medair has experience in CLTS in Haiti, South Sudan, Sudan and Afghanistan and has found that in some cases the approach has to be adapted to assist the most vulnerable. Medair's WASH team has been trained in CLTS, however, this approach is adapted to fit the societal and cultural aspects of Afghanistan. Furthermore, a more specific adaptation of Medair's current CLTS approach is required for the implementation in Kandahar based on information gathered during needs assessment activities, and advice from PRRD in Kandahar during the project planning phase. Medair has also incorporated, lessons learned from challenges faced by other actors while trying to implement pure CLTS in Kandahar, including utilization of subsidized inputs as incentives and avoiding shaming tactics. 	2015									X	X	X	X	X							
	2016	X	X	X	X																
<p>Activity 2.1.2 Identify 661 of the most vulnerable households, prioritizing female headed households, in targeted villages and provide with inputs for latrine construction (cement and door)</p> <ul style="list-style-type: none"> A community-led approach, based on in-depth consultation and community agreement, is introduced in village meetings with leaders and key stakeholders and will form part of the signed community agreement alongside the hygiene training Agreeing contributions with the community; Medair will provide cement and door to selected beneficiaries. An agreed selection criteria with local leaders will be used to identify beneficiaries, it may include the following: <ul style="list-style-type: none"> Households without latrines Households with people with disabilities Women headed households Households with people affected by chronic illness Access to available space to build a latrine (3x3 meters) 	2015								X	X			X	X	X						
	2016	X	X																		
<p>Activity 2.1.3 Provide guidance for multiple latrine construction options.</p> <ul style="list-style-type: none"> CLTS does not allow the provision of any specific latrine design to communities; communities must design their own latrines depending on their 	2015									X	X	X	X	X							

local setting and practices. However advice based on proximity of water points, type of soil, location of latrine inside the household, and technical specific information will be available to beneficiaries through house to house visitation by promoters, field foremen and engineers	2016	X	X	X															
Activity 3.1.1 Provide teaching of key messages to men, women, boys, and girls in an estimated 2646 households through 53 male female pairs of Hygiene Promoters Promoters who are able to travel and have access to the community, including men and women, will be selected by project staff with the involvement of the community leaders to ensure that these are people who are well respected and able to carry out the task. They should also be in agreement with the incentive arrangements. Local promoters will receive a cash incentive for the house to house work delivering hygiene and CLTS promotion messages. The promoters will also be supplied with a set of training materials which they will keep after project implementation. This will allow trained promoters to continue to be as a source of information on these topics for their communities after close project activities. • Each promoter will visit up to 50 families every month (same families every month) for nine months delivering a different hygiene message as well as CLTS promotion on each visit. Promoters will deliver six key MRRD approved hygiene messages to men, women, boys, and girls, with a seventh lesson on menstrual hygiene delivered to female beneficiaries • Hygiene trainers also visit households on a regular basis to reinforce messages while doing daily monitoring of the promotion activities. The hygiene supervisors oversee the whole hygiene component and CLTS, provide feedback and support to the team as well as reporting to the PM every month. • Hygiene promoters are selected from local communities in agreement with leaders and key village people to ensure their accessibility to households for the delivery of messages. • Each promoter will be accompanied by a male maharam which will also be trained in hygiene promotion to target male population in each household visit. • The hygiene supervisors and trainers will accompany the local promoters on their house to house visits on a rotating basis to ensure quality delivery of the messages, and ensure any feedback is heard. Halfway through the delivery time, refresher training will be carried out to ensure good knowledge and address any issues arising.	2015									X	X	X	X	X					
	2016	X	X	X	X														
Activity 3.1.2 Train 53 pairs of Hygiene Promoters in gender and age sensitive hygiene promotion • Medair's WASH team will train male and female pairs of local promoters in the delivery of the messages. This training can be carried out in communities or at the project base. • A refresher training midway through the project will be given to all promoters to reinforce messages and approach.	2015									X	X								
	2016																		
Activity 3.1.3 Distribute soap and personal hygiene kits at targeted households • The MRRD approved six hygiene messages will be used as the basis of the hygiene training package for each household. A hygiene kit will be provided to each family as an incentive to compliment and reinforce the hygiene messages, including, items such as a bar of soap, a nailbrush, a toothbrush and toothpaste.	2015											X	X	X	X				
	2016	X																	
Activity 3.1.4 Collect communications and visibility materials including human interest stories and photos, with respect to beneficiary privacy and safety, for use by Medair and UNOCHA's Humanitarian Financing Unit. Project staff will receive training on collection of communications and visibility materials by the Medair Afghanistan Communications Officer. Field staff will collect materials throughout the project cycle which will then be reviewed and processed by the communications officer. The Medair communications officer will then liaise with relevant parties at UNOCHA to coordinate use of materials.	2015											X	X	X	X				
	2016	X	X	X	X	X													

M & R DETAILS

<p>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 .</p>	<p>Medair carries out frequent and regular monitoring activities throughout the implementation of WASH projects. Engineers, field foremen, and hygiene supervisors visit project locations on a daily basis to engage with local staff and monitor the progress of all activities, and they are trained in the implementation of surveys and monitoring, with reporting on a regular basis, through the project team meetings and written reporting formats. Data collected through pre and post KAP surveys. CLTS/Hygiene promoter registers and distribution lists will be used to measure progress against the indicators specified in the logical framework. The Engineers will monitor the quality of the constructions and the work of the field foremen and report potential problems to the Project Manager (PM). Daily data sheets with specific location and specific data from water points and latrines will be collected and shared as per requirements of MRRD. The Hygiene Supervisors (HS) will monitor the implementation of the Hygiene Promotion activities through daily households visit recording sheets and hygiene registers filled in by the promoters. Community Leaders will also be involved in monitoring project implementation in their communities and will be able to channel their concerns, if any, through the local HS or local Engineer to the PM. Monthly project team meetings will allow discussion of any problems identified during monitoring and the necessary actions to be taken. Decisions will be made by the PM based on the community and project staff recommendations, all of whom are highly knowledgeable and experienced in programme implementation in Afghanistan. As appropriate, local community leaders, MRRD representatives will be consulted to arrive at suitable solutions to identified problems. If any issues cannot be solved in project team meetings, they will be raised with the Medair's Projects Coordinator (PC) for Kandahar, and if necessary up to the Country Director (CD). If certain issues are urgent, such as potential security dangers, impromptu meetings can be called to change project strategy if necessary.</p> <p>Surveys to be carried out:</p> <ul style="list-style-type: none"> • Pre KAP survey with targeted beneficiaries. • Post KAP survey with targeted beneficiaries. <p>Sources of verification:</p> <ul style="list-style-type: none"> • Monthly activity progress reports. • Hygiene promoters/CLTS registers. • Beneficiary distribution lists. • Community agreements for water points. • Transect walks. <p>Internal monthly progress reports are produced by the Project Manager indicating progress for each of the activities. These are reviewed by the PC, WASH Advisor and CD in country and by the Senior WASH Advisor and Head of Country Programme (HCP) at HQ. External reports are also reviewed by WASH technical advisors in the field and at HQ to measure quality performance indicators and to identify trends or gender gaps that may exist within service provision or coverage. Medair will disseminate all required reports to MRRD, the WASH cluster, UNICEF, and donors. Beneficiary feedback systems will be set up and regular community meetings will be held to obtain beneficiary feedback during implementation from both men and women. WASH activities are delivered as a package to target households where they receive access to water, hygiene messages, CLTS promotion and hygiene kits; this approach targets the same households in order to optimize impact. Once the Remote Call Monitoring center is operational Medair will coordinate with UNOCHA to investigate the possibility of the use and roll out of the Remote Call Monitoring system where security permits and where communities are willing to participate.</p>
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OTHER INFORMATION

<p>Accountability to Affected Populations</p>	<p>Targeted Men and women will be consulted in the design, implementation and evaluation of the project to ensure that their needs as well as those of the communities in which they live are addressed. Community elders are Medair's first point of contact with the communities, and their input for project design and</p>
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implementation is very important. Nonetheless the elders often want to act as a filter between Medair and the local communities, and therefore, to overcome this challenge Medair organizes focus group discussions in which also the poorest and most vulnerable elements of the communities are included and heard, to better ensure their involvement and consultation in every aspect of the project implementation. Formal complaining mechanisms like a telephone hotline or mail boxes will be in place alongside informal ones, as Medair experience shows that sometimes beneficiaries, especially the most vulnerable and marginalized, are afraid to use the formal channels and prefer informal ones, for example communication with a trusted community mobilizer. Women will be especially recruited for promotion activities to have access to households and women, in order to deliver hygiene messages and encourage their practice; they will always be accompanied by a male (maharam) who in their turn will focus on the male population for the same purposes, thereby ensuring all messages are delivered in a culturally appropriate way. All promoters will be recruited from the local communities to encourage acceptance and better access to targeted families. The special needs of women who are often marginalized, related to lack of access to safe water, lack of sanitation facilities and poor hygiene practices will be addressed through the project. Feedback from both men and women will be monitored through exit interviews and the data collected will be disaggregated by sex and age. Medair strives to implement activities that have as little detrimental effect on the natural environment as possible. During interventions staff are trained and promote messages on appropriate waste management and environmental hygiene.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

- Activity 1.1.1:
 - o Community agreements on water point locations will be sought by the PM signed by community elders in each location. Medair will implement the drilling of bore holes and installation of water pumps through a local contractor following Medair's tendering procedures to work alongside Medair's engineers and field foremen to achieve the targets with the required standards of completion. Medair's team will supervise that yield tests as well as laboratory tests for the quality of water are done properly and meet the required standard.
- Activity 1.1.2:
 - o Water committees, that will manage each water point, will be trained by the Medair WASH team. Trainings will include responsibilities of the committee and a revenue collection system to guarantee that sufficient funds will be available for ongoing repairs and maintenance. Water mechanics will be trained by Medair's engineer in two day training on water point maintenance, technical installations such as connecting pipes, hand pump installation and repair.
- Activity 1.1.3:
 - o Signing of agreements between local shopkeepers and local communities will be facilitated to ensure access to spare parts required for maintenance. Medair will provide one set of spare parts to each shopkeeper, and once these parts are used, the shopkeeper commits to replace their stock with funds from their sales.
- Activity 2.1.1:
 - o House to house promotion of CLTS will be delivered together with six hygiene messages by hygiene promoters which will be supplied with a set of training materials. Each promoter will visit up to 50 families every month (same families every month) for 9 months promoting CLTS (See Workplan). Hygiene trainers reinforce CLTS to each household while doing daily monitoring. The HS oversees the whole hygiene component and CLTS, provides feedback and support to the team as well as reporting to the PM every month.
- Activity 2.1.2:
 - o Material incentives will be given to the most vulnerable households for CLTS to facilitate a better impact. These materials are expected to be doors (important for gender sensitivity) cement for the floor slab and ventilation pipe for each of the most vulnerable households. Once the identification of beneficiaries is done, following strict criteria developed in collaboration with local elders, inputs will be procured and distributed following Medair's logistics procedures. The PM together with HS will supervise the distribution of latrine incentives.
- Activity 2.1.3:
 - o Medair hygiene promoters and trainers will provide guidance on the different options of latrines during their monthly house to house visits, following UNICEF's training on the CLTS approach and will monitor the monthly progress of the building of latrines by each household.
- Activity 3.1.1:
 - o Hygiene messages will be delivered together with the promotion of CLTS, using the same house to house approach described under Activity 2.1.1.
- Activity 3.1.2:
 - o The hygiene team will be trained, using UNICEF trainers, on six hygiene messages and on the CLTS approach specific for the local culture and gender sensitivity. The promoters are also supplied with a set of training materials which they will keep after the project implementation.
- Activity 3.1.3:
 - o Medair's training package includes a hygiene kit to be provided to each household as an incentive. Kits will be procured and distributed to beneficiary families following Medair's logistics procedures. The HS will monitor the distribution of the hygiene kits in each community.
- Activity 3.1.4:
 - o Medair's Communications Officer will train Medair staff who are able to access the project sites on the collection of communications and visibility materials. The Medair Communications Officer will coordinate with UNOCHA representatives for the use of materials following Medair security guidelines for communications,

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. Save the Children and AHDS	Previous and ongoing coordination on IMAM services supported at health facilities in Kandahar City. Discussions on locations with greatest access and WASH services gaps for WASH interventions. Coordination on WASH locations targeting nutrition clinics for reference and usage to complement the nutrition services being provided.
2. MRRD	Coordination with MRRD to identify key gaps and priorities in WASH services in Kandahar District. Discussions regarding WASH programme design and locations.
3. UNHCR	Coordination and information sharing about water point locations specifically on IDP/Returnees sites.

Environmental Marker Code A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Code 2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code Gender equality is not the principle purpose of this project but this project does have the potential to contribute significantly to gender equality. Information obtained from key informant interviews, focus groups discussions, assessments, and prior implementation experience have been incorporated in the needs assessment. Limited water infrastructure disproportionately disadvantages women who are more restricted in their movements. As such Medair will ensure that women are engaged in decisions on siting for water points. Sanitation needs are highly relevant for all family members due to illnesses spread via fecal-oral transmission routes; however access sometimes seems to be particularly limited for men. According to key informants, household latrines (those without locking doors) are typically left only for use by women to safeguard their privacy even within their own family, so that men cannot accidentally interrupt women using the latrine. Medair will therefore prioritize latrine construction materials which improve privacy of household latrines for vulnerable families (this is in line with MRRD practices and advice in Kandahar). Hygiene promotion activities will target women as the primary care givers and men as holders of the majority of decision making power. Medair will ensure that both male and female hygiene promoters are hired to enable gender sensitive programming. Hygiene promotion will also include messaging on menstrual hygiene for women and girls. Focus group discussions and surveys will ensure participation and feedback from both male and female beneficiaries and all data collected will be disaggregated by sex and age. In regular meetings with key informants from communities (men, women, elderly as well as children), Medair's staff will obtain information to determine barriers to accessing services, as well as in community meetings for setting up monitoring services. All trainings conducted by Medair will include a gender sensitive service delivery component. Data collected will include sex and age-disaggregated data and will be routinely analyzed with programming adjusted as needed.

Environmental - Water points will be installed using bore holes that have little negative impact on the environment with depth below water tables to ensure year around water access. Consideration will be given to the distance from and number of boreholes in or near the locality, to limit borehole density, and the boreholes will be fitted with hand pumps which will inherently limit the rate and quantity of water abstracted for household use only, not production for irrigation or commercial purposes. Each water point has concrete reinforced apron and water drainage to channel water to discharge locations in each village to avoid creating mud around the water points. Hygiene messages have environment lessons, for example the message on Environmental Hygiene that talks about good hygiene practices inside the home and in community places such as the school, village and mosque, it also emphasises that maintaining good environmental hygiene is everyone's responsibility. The sanitation messages and CLTS promotion talks about best practices for managing excreta and the environmental risks of not managing excreta properly. Waste management is also covered under hygiene promotion activities. Households and community leaders will be taught the importance of proper disposal of garbage, not only for health reasons but also to keep the community clean. A message about waste water management will also be delivered to each household emphasising the importance of eliminating waste water around communities for the control of insects, and how waste water can be correctly managed. The different components of the project have potential to positively impact the environment in targeted areas.

Protection Mainstreaming

Medair aims to serve vulnerable communities in Afghanistan and seeks to ensure that protection issues are taken into account of in all programming. In the proposed approach, protection issues will be addressed in the following ways:

- Adherence by all staff to Medair's values and codes of conduct.
- Identifying and promoting durable and sustainable solutions to meet needs identified in and by communities.
- Referral of reports of any cases of abuse or exploitation received, through the appropriate channels.
- Ensure that activities carried out uphold dignity, benefit the most vulnerable, and adhere to the "do no harm" principle.
- Particularly in community dialogue and planning activities, to ensure that vulnerable groups in the communities are met with and involved in discussions. In this context this relates to women, the elderly and children.
- In accordance with Sphere protection standards, the siting and location of water points will consider protection issues for vulnerable groups in the community, e.g. to promote women's access to water points, these should be located in well frequented and visible sites that does not put them more at risk and can be equally accessed by all groups in the community.

The intervention will take into account constraints and issues even at household level, as discovered through participative activities with beneficiaries, and experience gained in current nutrition activities. Access to sanitation facilities that promote and safeguard privacy and dignity will be sought by providing incentives while triggering CLTS to each identified household. The WASH cluster is also developing processes to ensure good practice in embedding protection principles in WASH interventions by humanitarian actors in Afghanistan. As an active member of the WASH cluster, Medair will seek to apply these actions at project level and make project teams aware of these principles through training.

Safety and Security	The current political situation in Kandahar is stable, but uncertainty surrounds the political and security transition given the change of government in Afghanistan, and changes in the Kandahar provincial government are expected. The security context in the city has improved and remained stable such that INGOs have begun to return to the region, specifically Kandahar City. The majority of AOG attacks revolve around small arms fire (SAF) and remote controlled improvised explosive devices (RCIED) attacks targeted against ANSF presence in Kandahar city. The majority of these attacks usually occur on the outskirts of the city. Suicide attacks within Kandahar city are infrequent. According to the INSO 4th Quarterly Report for 2014 incidents in Kandahar Province had a negative growth in 2014. Of 232 security incidents that affected NGOs in 2014, only 2 of these were in Kandahar Province. The number of attacks is expected to increase in Kandahar Province during the new spring fighting season, however this is in line with a nationwide increase throughout this same time. Given the highly dynamic character of the security, and political transition for Afghanistan, Medair will prepare for increasing complexity and unpredictability in its operating environment, particularly in Kandahar Province. The complex environment in Kandahar coupled with opening an office and having international staff based in Kandahar City continues to be analyzed constantly and strict procedures are put in place for undertaking humanitarian interventions in the province. All Medair international and national staff members in Afghanistan receive personal security training with senior managers taking additional courses in security management. The Medair Afghanistan programme has a comprehensive Security plan which is reviewed and updated every 6 months including specific annexes for Kandahar, Kabul and the Central Highlands. Medair operates an in-house call center for the tracking of staff and vehicle movements, which is an important element for managing security, helping to ensure staff safety and a rapid response should an emergency or security situation. Community acceptance is a core element in the security management approach adopted by Medair and Medair invests and relies heavily on this approach. Medair has already implemented nutrition activities in the proposed locations for this WASH intervention and has coordinated closely with the Kandahar Department of Public Health (DoPH) making their collaboration a key element in gaining information related to the current security situation. Medair employs the use of local, low-profile vehicles and employs staff from Kandahar for all project-related activities in project sites. The Security Officer based in Kandahar regularly communicates with community leaders to assess security risks on a day to day basis.
Access	Medair builds strong relationships with local stakeholders and with local communities and community acceptance is core element of the access and security strategy adopted. Building strong relationships with key government ministries, beneficiary communities and other stakeholders in the beneficiary-catchment areas improves access, promotes mutual understanding and reinforces Medair's neutrality. Due to improved security conditions over the last years a number of INGOs have been able to establish offices in Kandahar city allowing international staff to be present on the ground and improve capacity building for local staff and local NGO's. Some INGO's currently based in Kandahar city occasionally send international staff to visit their project sites, but only for a couple hours at a time, then the staff return to the city to reduce exposure. For the vast majority of international organizations in Kandahar, project implementation on the ground is carried out by national staff which helps enable access to the communities. Medair is well established in Kandahar City with a regional office in place and has gained deeper understanding of the security context having completed one year of operations. In all places where Medair works significant emphasis is placed on strong communication with the communities and beneficiaries to explain the purpose and aims of Medair and the programmes being implemented. This helps to reinforce of the neutrality of Medair (a Swiss based INGO) and provides information on the intended programme and benefits for the community. It is understood by current humanitarian actors in the region that almost all communities are in favour of NGO's working in health and nutrition as this is a recognized need. NGO's that produce high quality programming with clear benefits and have strong messaging of neutrality will likely find it easier to expand into further areas based on a strong reputation and a clear perceived benefits to communities. This has been Medair's approach in other regions in the country, particularly in the Central Highlands where Medair has excellent access due to the high quality of its programmes in the past years and strong community acceptance. Medair will continue to work closely with other humanitarian actors, particularly with regard to the five areas where Medair will move the mobile clinics from to ensure effective referral of case load to the nutrition services supported by other actors and to ensure complementary of the WASH activities being implemented. Before implementation commences in these areas, Medair will engage communities in dialogue, to establish community willingness to participate in WASH activities and allow the presence of project staff, engineers, field foremen, and more importantly promoters that visit households delivering messages house to house. The gaining of community acceptance has proven to be very effective as it realizes an element of community responsibility and nutrition teams are able to conduct their work in a safe and secure environment. The communities do their best to inform Medair staff of changes that may impact the travel to and from their communities, or the working environment within the community. Medair will build on this and as mentioned before, promoters will be recruited from within each community to help increase acceptance.

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	Project Staff salaries and benefits Quantity unit based on 11 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 5 Hygiene Trainers, Medair Grade 7, provides direct support to hygiene and CLTS promoters delivering house to house promotion in the field sites - 2 Hygiene Supervisor, Medair Grade 5, oversees all aspects of the operation of the hygiene and CLTS program in the field sites, including planning, directing, assessing, implementing and evaluation - 2 Field Foreman, Medair Grade 6, supervision of water point construction and provide advice on latrine construction - 1 Field Engineer, Medair grade 4a, oversees project management and implementation of water points and provides technical expertise on latrine construction - 1 Project Manager, Medair Grade 2b, oversees project management and implementation. For more details see: MEDAIR CHF WASH Itemized Budget Annex	D	11	788.05	12	100.00%	104,022.60
1.2	Other costs for Project staff Includes: - Food for Headquarters (HQ) WASH Advisor visit - Lodging in Dubai for HQ WASH Advisor - Visas and work permits for HQ WASH Advisor - Trainings for national project staff. For more details see: MEDAIR CHF WASH Itemized Budget Annex	D	4	632.5	1	100.00%	2,530.00
1.3	Shared Staff salaries and benefits for IRS & NRS in Kandahar Quantity unit based on 17 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 1 Logs Officer, Medair Grade 4a, manages the procurement and stock management activities for a broad range of commodities and services for the project and ensures monitoring and compliance practices are being implemented - 1 Finance & HR Officer, Medair grade 4a, manages the day to day finance for the project in Kandahar including support for recruitment of project staff - 1 Security/Admin Officer, Medair Grade 4a, provides support to admin and member of the security team gathering information, attending INSO meetings, point of contact for project field teams and guards - 10 Security Guards, Medair grade 9, provides security at the Kandahar base - 1 Cook, Medair grades 9, provides meals for project and support staff in Kandahar - 1 Cleaner, Medair grade 10, cleans the Kandahar base - 1 Project Support Manager (International Staff), Medair Grade B1, manages all support staff in Kandahar and provides supervision of logistics, finance, HR - 1 Projects Coordinator (International Staff), Medair Grade B2, responsible for the base and coordination of all projects in Kandahar. For more details see: MEDAIR CHF WASH Itemized Budget Annex	D	17	850.05	12	16.00%	27,745.63
1.4	Other costs for shared staff in Kandahar Includes: - Medical expenses - Visas and work permits for international staff - Lodging for international staff in Dubai during visa runs - Language Lessons for International staff - Food for national and international staff - Security Trainings for national project staff - Other personnel expenses (R&R) for international staff - other living expenses (utilities etc). For more details see: MEDAIR CHF WASH Itemized Budget Annex	D	10	414.65	6	16.00%	3,980.64
1.5	Shared Casual Labor in Kandahar Casual labor for loading/unloading WASH supplies in Kandahar base. For more details see: MEDAIR CHF WASH Itemized Budget Annex	D	1	50	12	16.00%	96.00
1.6	Shared Staff salaries and benefits for International and National staff in Kabul and HQ Quantity unit based on 39 staff Includes gross salaries, staff insurance, retirement benefits, risk benefits and income tax. Unit cost is based on the average for the following staff who dedicate a portion of their time to support project implementation from the KBL base and HQ - Communications Officer, Medair Grade A, Prepares project communications for fundraising unit in Medair HQ - Country Director (KBL) Medair Grade C, Provides monitoring and evaluation, ensures delivery of programme and communications with donor representatives - Deputy Country Director (KBL), Medair Grade B2, provides oversight for support functions, security focal point in Kabul - Finance Manager (KBL) Medair Grade B1, Reviews monthly project financial expenses and documentation assist in production of project report - Logistics Manager (KBL) Medair Grade B1, oversees logistics for entire Medair country programme including monitoring procurement, stock management and ensuring procedures are followed for project - Programme Funding Manager, Medair Grade B1, manages the GMS and donor relations for projects including coordination of interim and final reports - Admin Assistant (NRS), Medair Grade 5, flight bookings, basic office admin support - Finance Officer, Medair Grade 4a, process monthly project finance documents, cashier - Logistics Officer, Medair Grade 4a, procurement and logistical support from Kabul - Admin Officer, Medair Grade 4a, security focal point in Kabul and translator of all documents - Drivers, Medair Grade 8, transport in Kabul - Guards, Medair Grade 9, security provision in Kabul base - Cook, Medair Grade 9, cooks lunches at Kabul base - Cleaner, Medair Grade 10, full time cleaning of Kabul base - Operations Room Assistant, Medair Grade 5, monitors vehicle/staff movements in the country - Sr. HR Officer, Medair Grade 3a, oversees all recruitment in Afghanistan - Logistics Assistant, Medair Grade 5, assists with all procurement and logistics in Kabul. HQ support staff (working directly to support AFG projects): - Head of Country Programme has oversight for entire Medair programme in Afghanistan, monitors and evaluates projects. - HR Officer, Processes international staff recruitment for projects - Logistics Officer, provides oversight of logistic functions for projects, provides monitoring and evaluation - Finance Officer, Processes monthly project financial reports and assists with donor reporting - Technical Programmes Officer, supports all Programmes in Afghanistan and provides technical advice. For more details see: MEDAIR CHF WASH Itemized Budget Annex	S	39	1328.2	12	10.00%	62,159.76
1.7	Other costs for shared staff in Kabul Includes: - Medical expenses (First Aid Kit supplies) - Visas and work permits for international staff, Dubai lodging for visa runs and R&R allowance for (Communication Officer, Country Director, Deputy Country Director, Finance Manager, HQ Visitors, Logistics Manager, Programme Funding Manager) - Trainings for expat staff (Language and Security) - Food for international staff in Kabul. For more details see: MEDAIR CHF WASH Itemized Budget Annex	S	29	192.25	12	10.00%	6,690.30
1.8	Shared Casual Labor in Kabul Casual labor for loading/unloading WASH supplies in Kabul base. For more details see: MEDAIR CHF WASH Itemized Budget Annex	S	1	85	12	10.00%	102.00

Section Total							207,326.93
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	Distributions	D	3315	12.2	1	100.00%	40,443.00
	Plastic pitchers for latrine use for 661 households, tools kit for 8 water mechanics, hygiene kits for 2646 households (soap, bucket, tooth brushes, tooth paste, etc). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
2.2	Value Added services for Beneficiaries	D	716	75.85	1	100.00%	54,308.60
	One DelAgua water kit for water testing of water points, 40 small trucks for the transport of beneficiary distributions (hygiene kits, CLTS incentives), CLTS incentives for 661 households (2 bags of cement and latrine door), casual labor for unloading of beneficiary items at distributions sites, 13 kamaz trucks for the transportoin of hygiene kits and CLTS incentives from Kabul to Kandahar. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
2.3	Training for project staff and promoters	D	180	178.17	1	100.00%	32,070.60
	Cash incentives for 53 male and female couples as hygiene and CLTS promoters, food for staff during trainings at the base, hygiene training cloth books and stationary kits for 58 promoters and trainers, stationary kit for 30 water committees, on site training costs for 8 water mechanics, transport allowance for all training attendants to Kandahar base for trainings, UNICEF CLTS training costs for staff. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
Section Total							126,822.20
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	Equipment maintenance and purchase for Project	D	23	10.98	12	100.00%	3,030.48
	Purchase and maintenance of cellular phones for 15 project staff (drivers, engineer, field foremen, project manager, supervisors), Landline for safe rooms in Kandahar base, maintenance of existing Thuraya satellite phone, purchase and maintenance of 3 netbooks for project staff (Engineer, 2 Hygiene Supervisors). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.2	Project Equipment Rental	D	3	1350	12	100.00%	48,600.00
	Rental of three Toyota corollas for the project. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.3	Equipment maintenance and purchase for shared costs - Kandahar	D	22	81.18	12	16.00%	3,429.04
	Shared equipment maintenance of Kandahar base (laptop, desktop, printer/scanner/copier, LAN network, netbook, iridium sat phone, air conditioner units, household equipment, genetarors for the base and UPS regulators), shared equipment purchase for Kandahar base (printer/scanner/copier, household equipment, UPS regulators, LAN equipment, cellular phones and Landline, smart phones, BGAN/VSAT), shared depreciation of laptop and generators in Kandahar base. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.4	Shared Equipment Rental - Kandahar	D	2	987.5	12	16.00%	3,792.00
	Shared equipment and supplies short term rentals for Kandahar base (supplies, equipment), shared base vehicles rental for Kandahar base. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.5	Fuel for shared Equipment - Kandahar	D	2	500	12	16.00%	1,920.00
	Shared costs of fuel for Kandahar base generators. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.6	Equipment maintenance & purchase for shared costs - Kabul	S	41	71.27	12	10.00%	3,506.48
	Shared equipment maintenance of Kabul base (vehicles, laptop, desktop, printer/scanner/copier, LAN network, VHF Radio, Thuraya and iridium sat phones, household equipment, cellular phones and landline, generator), shared equipment purchase for Kabul base (printer/scanner/copier, household equipment, UPS regulators, cellular phones and Landline, smart phones, Aid conditioner), shared depreciation of vehicles in Kabul, shared equipment purchase of Laptop kit in Kabul. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.7	Shared Equipment Rental - Kabul	S	3	40	12	10.00%	144.00
	Shared equipment rental in Kabul (local taxis, and crane for heavy deliveries of supplies and equipment). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
3.8	Fuel for shared Equipment - Kabul	S	2	325	12	10.00%	780.00
	Shared fuel costs in Kabul (vehicles and generator). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
Section Total							65,202.01
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	Contractual Services	D	30	3099	1	100.00%	92,970.00
	Installation of 30 bore hole tube wells with hand pumps (up to 70 meters), includes drilling, installation of pump, water testing. For more details see: MEDAIR CHF WASH Itemized Budget Annex and Water Point BoQ Annex.						
Section Total							92,970.00
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	Ground travel for Project staff	D	1	200	1	100.00%	200.00
	Taxis, trains and ground travel costs for HQ WASH Advisor during visa and work permits processing. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
5.2	Continental Flights for Proect staff	D	50	140	1	100.00%	7,000.00
	Return UNHAS flight ticket for HQ WASH Advisor visit KBL/KHR, two return flights per month for project staff KBL/KHR. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
5.3	Intercontinental Flights for Project staff	D	1	1500	1	100.00%	1,500.00
	Return ticket for HQ WASH Advisor visit to Afghanistan. For more details see: MEDAIR CHF WASH Itemized Budget Annex						
5.4	Ground travel for shared staff - Kandahar	D	2	110	1	16.00%	35.20
	Shared costs of taxis, trains and ground travel for MEDAIR Logistics and Finance conferences for support staff - Shared costs of taxis, trains and ground travel for HQ briefing for International support staff in Kandahar (Project Support Manager). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
5.5	Continental Flights for shared staff - Kandahar	D	3	180	12	16.00%	1,036.80
	Shared costs of three return tickets (UNHAS, Kam Air/Safi, Afghan Jet) per month for support staff in Kandahar (Projects Coordinator, Project Support Manager, Nutrition Advisor). For more details see: MEDAIR CHF WASH Itemized Budget Annex						
5.6	Intercontinental Flights for shared staff - Kandahar	D	3	1867.57	1	16.00%	896.43

Shared costs of intercontinental return flights for support staff in Kandahar (Projects Coordinator, Project Support Manager, Logistics and Finance Conference ticket). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
5.7	Intercontinental Flights for shared staff - Kandahar	S	15	188	1	10.00%	282.00
Shared costs of taxis, trains and ground travel for Kabul staff (local taxis in Kabul, and ground travel during Country Director HQ conferences for Kabul staff). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
5.8	Continental Flights for shared staff - Kabul	S	1	400	12	10.00%	480.00
Shared costs of flights to project sites for Kabul staff (NRS and International staff). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
5.9	Intercontinental Flights for shared staff - Kabul	S	16	1856.25	1	10.00%	2,970.00
Shared costs of contract international flights for international staff in Kabul (Communication Officer, Country Director, Deputy Country Director, Finance Manager, Country Director HQ Conference, Logistics Manager, Logistics/Finance/Nutrition conferences, Programme Funding Manager, HQ Visitors to Afghanistan). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
Section Total							14,400.43

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	Project Security Expenses	D	7	115.7	12	100.00%	9,718.80
GPS vehicles tracking running costs, GPS vehicle tracking units setup fees, security refresher trainings for international and national staff. For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.2	Project Office Supplies & Communication Expenses	D	46	172.17	1	100.00%	7,919.82
Printer cartridges for existing printers, running costs for cellular phones, visibility plaques for 30 water points. For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.3	Project Facility Expenses & Office Supplies	S	44	204.55	1	100.00%	9,000.20
40 Pallets for warehousing WASH distribution items and materials, furniture for WASH office, construction costs of additional space for warehousing WASH items and materials, construction of division walls for WASH office in Kandahar base, cargo costs for project team equipment from Kabul. For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.4	Shared Security Expenses - Kandahar	D	32	802.5	1	16.00%	4,108.80
Shared costs of security expenses in Kandahar base (Repairs and security equipment, security supplies for international staff, security supplies for office and guesthouse, installation costs for satellite phone in safe rooms, security construction, GPS tracking units for base vehicles, CCTV cameras, GPS base vehicle running costs, security refreshing trainings for base staff). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.5	Shared Office Supplies & Communication Expenses - Kandahar	D	4	301.56	12	16.00%	2,315.98
Shared costs for base supplies and communications (phone credit for base staff, VSAT internet service, supplies for office, iridium base running costs). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.6	Shared Facility Expenses & Office Supplies - Kandahar	S	12	340	12	16.00%	7,833.60
Shared Kandahar base facility expenses (Bank fees, Non-beneficiary cargo transport, Office & House Repairs, consumables for Offices & House, parts for maintenance of base water system, Gas for Office & House, Electricity for Office & House, Gas for Office & House (for Winter season), House Rent, Furniture for Office & House). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.7	Shared Security Expenses - Kabul	D	16	370	12	10.00%	7,104.00
Shared security expenses in Kabul base (Security Equipment & Repairs, Security Supplies for Guards, Security supplies for Office and House, Security construction (e.g. reinforced doors, Barbed wire, sandbags), Reinforcements to gates & walls, GPS Tracking Units & Set-up Fees, Iridium Sat phone, CCTV cameras, GPS Tracking running costs, Security Training for international staff and NRS). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.8	Shared Office Supplies & Communication Expenses - Kabul	S	6	387	12	10.00%	2,786.40
Shared office supplies and communications costs in Kabul base (Office Landline, Pactec Internet Service, Pre-Pay Credit, Roshan Post Pay Account, Satphone Subscription & Use, Supplies for office). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
7.9	Shared Facility Expenses & Office Supplies - Kabul	S	17	543	12	10.00%	11,077.20
Shared facility expenses and office supplies in Kabul base (ACBAR Membership, Account and Transfer Fees, Misc. Import Fees, Shipping documents to HQ Cargo for furniture, building supplies etc., Office & House Repairs, consumables for Offices & House, Electricity for Office & House, Gas for Office & House (for Winter season), Office Rent, House Rent, Furniture for Office & House). For more details see: MEDAIR CHF WASH Itemized Budget Annex							
Section Total							61,864.80

Sub Total Direct Cost 568,586.36

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent) 0.575291326294869%

PSC Amount 39,801.05

Quarterly Budget Details for PSC Amount	2015			2016		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	

Total Fund Project Cost 608,387.41

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Kandahar -> Kandahar	100	8097	8097	8097	8096	32387	

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. AFG169BoQHandPumpWell.pdf FOR DELETION |
| 2. S01.pdf |
| 3. S01.pdf |
| 4. S01.xlsx |
| 5. S01.xlsx |
| 6. S01.pdf |
| 7. S01.pdf |
| 8. MedairAFG169_CHF2015_1_ItemizedBudget_S01.xlsx FOR DELETION |
| 9. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx |
| 10. CHF Afghanistan - Visibility and Communication Guidance.pdf |
| 11. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf |
| 12. CHF Shared Support Cost Allocation for Kabul and Kandahar MEDAIR.pdf |
| 13. MedairWASHBeneficiaryBreakdownCHF 16th April 2015.pdf |
| 14. AFG169BoQHandPumpWell Updated 16th April 2015.pdf |
| 15. S02 16th April 2015.pdf |
| 16. S01.pdf |

