

Project Proposal

| Organization | NCA (Norwegian Church Aid) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---|------------------------|--------------------|----------------|--------------------------------------|--------------|------------|--------------------------------------|--------------|---------------------|------|------|------------|--|--------|---|--|--|--|--|--|----------|------|------|------|------|------|------------------|-----|-----|-----|-----|------|-----------------------------|------|------|------|------|------|-------|----|----|---|---|-----|
| Project Title | Integrated WASH response to mass displacement reducing child morbidity and malnutrition incidence in Khost and Uruzgan provinces of Afghanistan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fund Code | AFG-15/O580/SA1/WASH/INGO/344 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cluster | <table border="1"> <tr> <td>Primary cluster</td> <td colspan="2">Sub cluster</td> </tr> <tr> <td>WATER, SANITATION AND HYGIENE</td> <td colspan="2">None</td> </tr> </table> | | | Primary cluster | Sub cluster | | WATER, SANITATION AND HYGIENE | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| WATER, SANITATION AND HYGIENE | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Allocation | 2015 1st CHF Standard Allocation / Call for Proposals | Allocation Category Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project budget in US\$ | 703,539.50 | Planned project duration | 12 months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Planned Start Date | 01/05/2015 | Planned End Date | 30/04/2016 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPS Details | OPS Code | OPS Budget | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OPS Project Ranking | OPS Gender Marker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Summary | <p>As a result of the primary needs assessment conducted by NCA, ADA and CoAR 16 villages are selected for the proposed response to address the urgent and unmet WASH needs of refugees, IDPs and local population residing in two districts in Khost and one in Uruzgan province with a focus to contribute to reducing child morbidity and acute malnutrition incidents.</p> <p>The project will reach 9,800 refugees living in spontaneous settlements and host communities in Khost and 10,500 IDPs and local communities in Uruzgan and ensure that beneficiaries have 1) Improved access to adequate sanitation facilities, 2) Improved access to safe water supply, 3) an increased understanding of key health risks related to WASH and adopting positive hygiene practices to prevent these. According to the needs assessment open defecation is practiced by 80 percent of the beneficiaries. Construction of lockable latrines with hand washing facilities in communities and households will mitigate waterborne diseases, ensure privacy and security of women and children, and give easy access for the elderly and disabled. As bathing facilities are almost non-existent in all areas, they will be built to improve personal hygiene practices and conditions. Facilities will be located in well-lit areas for safety. Water sources in the target areas are insufficient and unsafe. To meet need for adequate and safe water supply, wells will be rehabilitated and water purified, and a system for regular water testing will be set up in communities and health centers. To reduce the burden on women and girls who spend many hours collecting water, hand pumps will be located in the communities. Appropriate sizes of jerry cans will aid women and children in water collection. Activities to promote good hygiene practices will be done to reduce health risks and to foster resilient bodies and minds. With participation at the core, promotion activities will emphasize prevention of diarrhea, hand washing, menstrual hygiene, infant and young child feeding (IYCF), water treatment, food storage and waste disposal. Promotion activities will be accompanied by the distribution of hygiene NFIs. WASH committees will be composed of men, women and children. Men and women of all ages will be encouraged to participate in groups so they can voice their concerns and express their preferences while implementing the WASH activities.</p> <p>The project is linked to ongoing health and nutrition activities carried out by The Johanniter (JUH), Agency for Assistance and Development of Afghanistan (AADA), Afghan Center for Training and Development (ACTD) and Afghan Health and Development Services (AHDS).</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>6449</td> <td>8520</td> <td>2610</td> <td>2841</td> <td>20,420</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Refugees</td> <td>3084</td> <td>4086</td> <td>1260</td> <td>1370</td> <td>9800</td> </tr> <tr> <td>Host Communities</td> <td>705</td> <td>934</td> <td>288</td> <td>313</td> <td>2240</td> </tr> <tr> <td>Internally Displaced People</td> <td>2600</td> <td>3442</td> <td>1062</td> <td>1156</td> <td>8260</td> </tr> <tr> <td>Other</td> <td>60</td> <td>60</td> <td>0</td> <td>0</td> <td>120</td> </tr> </tbody> </table> | | | | | | Men | Women | Boys | Girls | Total | Beneficiary Summary | 6449 | 8520 | 2610 | 2841 | 20,420 | Total beneficiaries include the following: | | | | | | Refugees | 3084 | 4086 | 1260 | 1370 | 9800 | Host Communities | 705 | 934 | 288 | 313 | 2240 | Internally Displaced People | 2600 | 3442 | 1062 | 1156 | 8260 | Other | 60 | 60 | 0 | 0 | 120 |
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| Indirect Beneficiaries | Examples of indirect beneficiaries are people from host communities in Khost; visitors of health and nutrition centers who ultimately benefit from water, sanitation and hygiene promotion, capacity building support, people reached by hand washing promotion efforts, by chlorination of wells, and through water quality testing activities. NCA did not count sanitation beneficiaries in the health and nutrition centers because new demand-led approaches to sanitation rely on household latrines in response to hygiene education. It is also important to note that there is no way of determining exactly the number of indirect beneficiaries thus the figures are estimates, and are based on a number of assumptions. | Catchment Population | 5,000 Individuals living in surrounding villages of Tirinkot district hospital will benefit from water and hygiene promotion activities. The number of catchment population is based on the average calculation of visiting patients and care givers in the health centers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Link with the Allocation Strategy | <p>The project will be implemented in Gurbuz and Tani districts of Khost Province, and Tirinkot district of Uruzgan province. Both the provinces have been prioritized under the WASH strategic priority 1 and 2 in first standard allocation of CHF 2015. NCA will target the refugees and host communities living in 12 villages of Tani and Gurbuz districts of Khost province and address the needs of local communities and IDP and local populations residing in 4 villages of Tareen Kot district of Uruzgan Province. Under WASH CHF strategic priority 1, Uruzgan has been prioritized for WASH services because the emergency nutrition thresholds have been broken and nutrition interventions are ongoing in response to the crisis. Khost has been prioritized for WASH services because of the huge influx of refugees, putting pressure on available resources and services within the host communities. The proposed project is in line with the principal objective of the WASH Cluster under the 2014-2015 Strategic Response Plan. The WASH cluster aims at the reduction of excess child morbidity and acute malnutrition prevalence through the timely provision of WASH services to populations affected by natural disasters and conflicts. Particular service delivery efforts include improving capacity for emergency response to extreme events, and advocating for increased presence of WASH partners in under-served provinces. The targeted areas are chosen in coordination with local coordination forums and WASH, health and nutrition actors in Khost and Uruzgan. In Khost, the 12 identified villages for project intervention are in remote areas and on the border to Pakistan. A significant number of refugees are living in these areas in self-constructed, improvised camps/settlements and with host communities. There is a significant gap in terms of integrated response by the humanitarian actors in these villages. NCA, DACAAR, IRC and Solidarity International have provided WASH assistance in Gurbuz and Tani districts. However, due to the non-availability of sufficient funding (especially in the WASH sector) and high number of refugees in the area, there is a big gap in the WASH response especially in out-of-camp areas. The gap is highlighted in OCHA's situation updates and discussed in the WASH Cluster at national and provincial level. Given the high malnutrition prevalence of children under-five in Uruzgan, NCA will provide basic WASH services in communities and health centers. The aim is to reduce the rapid deterioration of the health and nutritional status of young children. Since WASH activities, particularly sanitation and hand-washing, are now increasingly recognized as key interventions to combat malnutrition, NCA has designed the project activities to combine WASH and nutrition interventions. This is believed to maximize the impacts on health and nutritional status of young children. NCA, together with CoAR and ADA, will focus on WASH activities while complementing ongoing nutrition activities in the area. NCA has coordinated its WASH activities with AADA, Afghan Center for training and development (ACTD) The Johanniter (JUH), who is planning to implement a mobile health clinic project in the target villages of Khost province. NCA has also coordinated its WASH activities with Agency for assistance and Development of Afghanistan (AADA) implementer of BPHS, the Basic package of health services (BPHS) implementer in Khost. NCA has established a coordination mechanism with Afghan health and development services (AHDS) in Uruzgan province where AHDS is implementing (BPHS) and Essential package of health service (EPHS) programme with the support of ministry of health in central health center of Tirinkot district.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub-Grants to Implementing Partners | <table border="1"> <thead> <tr> <th>Partner Name</th> <th>Partner Type</th> <th>Budget in US\$</th> </tr> </thead> <tbody> <tr> <td>Coordination of Afghan Relief (CoAR)</td> <td>National NGO</td> <td>311,150.00</td> </tr> <tr> <td>Afghan Development Association (ADA)</td> <td>National NGO</td> <td>291,173.00</td> </tr> <tr> <td></td> <td></td> <td>602,323.00</td> </tr> </tbody> </table> | | | Partner Name | Partner Type | Budget in US\$ | Coordination of Afghan Relief (CoAR) | National NGO | 311,150.00 | Afghan Development Association (ADA) | National NGO | 291,173.00 | | | 602,323.00 | Other funding Secured For the Same Project (to date) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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BACKGROUND INFORMATION

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|---|---|
| <p>1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p> | <p>Khost has experienced high influx of refugees, which put a strain on the communities and the infrastructure in the villages assessed by NCA. NCA and CoAR's primary needs assessment in Dec 2014 targeted 12 villages of Gurbuz and Tani districts focusing on villages where the majority of refugees live in spontaneous camps established in remote areas and residing with host communities. The teams covered a significant number of women mapping their specific concerns. 25% of the refugee families interviewed in self-settled camps reported that they collect insufficient quantities of water from distant springs, while 22% pay for water by water trucking. 40% of families residing with host communities collect water from hand pumps. Close to 90% of the refugees have inadequate size and type of water storage facilities, 77% of the respondents don't treat the water before drinking while in 36% cases women practice some kind of treatment to control water turbidity by cloth filtering. Water is mainly collected by women and children (young girls). To meet the water needs of large families, women go at least three times a day to collect water, and this considerably reduces the time women and girls have available for other activities. Almost 80% of the refugees lack access to latrines and practice open defecation. Safe, lockable and well-lit latrines are not available for women and children. Night-time trips to fields for defecation and bathing put them at risk of physical attacks and sexual violence. Hand washing facilities are non-existent and there is a lack of soap for hand washing. As a result, children below five are particularly exposed to water borne diseases such as diarrhea and due to the prevalent unhygienic conditions, the spread of measles is a concern. Uruzgan is ranked among the most vulnerable provinces due to the high number of malnutrition cases, ongoing conflict and the number of IDPs coming from conflict affected districts of Uruzgan itself, and from Kandahar and Ghazni provinces. In March 15 NCA and ADA conducted a needs assessment in 4 targeted villages (Shaheedan, Siabini, Nowbahar and Ghulaman Kalacha) and the district health center in Tirinkot. The team (composed of men and women) collected data from the local population and IDPs resulting in 50% female respondents. Data was collected from the management of the health center, the AHDS team involved in the BPHS project and mothers in stabilization centers, MoRR, and the Governor of Uruzgan. The needs assessment found that the main water sources are hand dug wells, drilled wells and paid water trucking. Water sources in Siabini and Shaheedan villages have high salt content. More than half of the population, including IDPs, relies on less than 15 liters water per person per day. More than 50% of households don't have narrow necked container for water storage. 70% of the total population in the villages assessed lack access to a household latrine and use a corner of their house for defecation. In addition, there are no appropriate bathing and hand washing facilities for men and women in all the four villages assessed. Available bathing facilities around the houses are insufficient and insecure for women to use. Women report bathing in the open after dark. Hand hygiene practices appear very poor, as only 8% say they wash their hands with soap at critical times. Very few people store food appropriately and health centers report high prevalence of diarrhea and skin diseases. The hospital water supply system consists of two drilled wells with sufficient capacity for hospital consumption, but water quality is not tested on a regular basis. There is a risk of contamination due to a short distance between the wells and the septic tanks. Latrines are equipped with hand washing facilities but lack cleaning kits to maintain good hygiene. Staff at the nutrition center has highlighted the need for training on personal and child hygiene practices for mothers of malnourished children.</p> |
| <p>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)</p> | <p>According to the assessment, women, girls and children are among the most vulnerable groups in the target areas because of lack of access to water, poor hygiene and sanitation practices. In addition, insecurity, morbidity and presence of conflict have resulted in high prevalence of malnutrition among children under five. Both Uruzgan and Khost have been ranked among the ten provinces with high Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) cases. According to the data collected from Tirinkot health center under the BPHS, 10 to 15 SAM cases with complications are currently being registered in stabilization centers and AHDS' plan is to increase the target in the coming months for more coverage. Data collected from Uruzgan shows that the root causes of malnutrition are parents' low education level (especially mothers'), negative tradition concerning starting of breast feeding for infant immediately after birth, lack of hygiene education for mothers, poverty, limited access to health facilities and limited availability of WASH services (safe drinking water and sanitation facilities). Women and girls are the main responsible for collecting, handling, storing and treating water in Khost and Uruzgan and the burden of fetching drinking water from outdoor sources falls disproportionately on girls and women. In addition, in order to meet the needs of families comprising of more than seven members, women have to collect water from remote areas more than 3 times a day. In Uruzgan, water has high saline content and the local population has to buy water from the nearest possible place. Safe, lockable and well-lit latrines are not available for women and children in the villages assessed. The majority of the population is comprised of women and children with extremely poor hygiene conditions. Without access to latrines, all women and girls become 'prisoners of daylight', daring to relieve themselves only under the cover of darkness in open areas. This practice poses additional health risks on women and girls. Night-time trips to the fields for defecation and bathing, walking long distances in the late hours to collect water however, put them at risk of physical attacks and sexual violence. In the target villages of Khost, there is no education facility for the refugee children of school going age and they are engaged in collecting water for household use. The refugee population is coping with the issues using their existing capacities, selling their livestock at cheap prices to buy tents, food and other necessities. Most of the refugees have moved to areas away from the local population towards the high mountainous area in order to get access to firewood. Extreme temperatures during the summer and non-availability of appropriate shelters are likely to make the situation worse. In the absence of proper hygiene arrangements for the refugees and local population in both the provinces, there is risk of Malaria outbreaks as these provinces are known as Malaria endemic and cases have already been identified in Gulian Camp. As reported in Khost province rain patterns have changed and during the last 6 months there has been no rain. If this situation remains, there is a risk of shortage of water in wells, springs and ponds currently being used for domestic consumption by the refugees and the local population. Direct beneficiaries have been counted on the basis of Sphere standards (e.g., number of people per water point, latrine and bathing spaces) which vary from place to place due to the distance and population of the area. Beneficiaries from rehabilitated water points through chlorination are counted because they represent people who have no access to improved water supplies. The project have calculated the beneficiaries of hygiene education in communities, health and nutrition centers and recipients of minimum WASH package.</p> |
| <p>3. Description Of Beneficiaries</p> | <p>The selection of beneficiaries will be done by NCA, ADA and CoAR in cooperation with host communities, IDPs and refugees in each community through the establishment of refugee WASH committees, consisting of both men and women (where possible). NCA and partners are proposing to provide WASH services in the villages where JUH, ACTD and AHDS are implementing nutrition services in sub health and nutrition centers. JUH is planning to set up health and nutrition mobile clinics in the 12 villages where NCA will be implementing its WASH activities. JUH is planning to organize one visit per week to each village. NCA will provide minimum WASH package for the households of malnourished families after the treatment. NCA will also coordinate with health and nutrition actors, JUH and ACTD in Khost and AHDS in Uruzgan for the selection of households with cases of malnutrition. Families will be selected based on the following criteria • Direct beneficiaries in Khost: Pakistani refugees (vulnerable families from the most communities in Khost may also qualify as direct beneficiaries for certain WASH activities). • Direct beneficiaries in Uruzgan: Internally Displaced People (IDPs) and local communities. Targeted vulnerable groups include: lactating mothers, female headed households, large families with many small children, elderly and disabled individuals • Households with identified cases of malnutrition • Refugees who are not likely to return to their villages anytime soon, due to continued insecurity • Families living in self-settled camps, without access to appropriate WASH facilities and services. • Families staying at stabilization centers and those visiting health centers and mobile health clinics with cases of diarrhea, malnutrition and other water borne diseases The selection of beneficiaries will be reviewed, cross-verified and endorsed by partner staff, WASH committees and staff of ACTD, JUH and AHDS representatives. This will be done using health center records, door-to-door visits and interviews. Identified beneficiaries and recommended assistance will be cross-checked against priorities, cluster findings and assessment data. In addition, activities are designed to meet the specific needs of vulnerable groups among the beneficiary communities. Women NCA and partners will prioritize women and girls who are vulnerable to gender based violence, through designing WASH facilities which will mitigate their risk of exposure to violence. Specific priority will be given to female headed households and widows. A major focus will be given to lactating women and mothers with malnourished children. Malnourished children under five years of age will remain the main focus of NCA WASH activities. NCA will coordinate its WASH activities with nutrition and health activities of ACTD, JUH, AADA and AHDS in order to provide integrated support to reduce the morbidity and mortality rate of malnourished children. Children of school age are out of school and there is no education facility for them. They are mainly involved in water and firewood collection together with the women. In addition, refugee family and community child protection systems are weakened or ineffective, which results in a protection vacuum for children that increases their vulnerability to all forms of exploitation. Persons with disabilities and elderly people are direct beneficiaries in this intervention. Sudden changes in the environment and habits make the life of persons with disabilities and elderly more difficult as new environments pose specific challenges to them and thus make them more vulnerable.</p> |
| <p>4. Grant Request Justification.</p> | <p>Norwegian Church Aid (CHF partner) has provided humanitarian assistance to Afghan refugees in Pakistan since 1979, and worked inside Afghanistan since 1995. NCA's work integrates long term development, humanitarian assistance and advocacy initiatives, focusing on livelihood, WASH, renewable energy, nutrition, health, women's empowerment and peace building. NCA has been instrumental in developing strong Afghan civil society organizations, and is today working with and through 13 Afghan implementing partners. NCA has established a humanitarian forum with five national partners with a focus on investing in their capacity for emergency response. NCA is member of the ACT Alliance and has a comparative advantage as a global WASH actor with professional staff in the field of humanitarian response and WASH. In Afghanistan, NCA has national and international WASH staff based in Kabul, supported by global WASH specialists at the Head Office, and an emergency roster providing technical expertise. NCA's current humanitarian priority in Afghanistan is on WASH, and is currently supported by the Ministry of Foreign Affairs (MFA) to scale up its emergency WASH program. NCA has responded to several emergencies in Afghanistan, and most recently supported 1,760 households with awareness raising on health and hygiene and distribution of hygiene kits aimed at reducing waterborne diseases in Khost and Paktika together with ADA and CoAR. NCA will work with two of its national partners, ADA (Uruzgan) and CoAR (Khost) on this project. NCA's long term WASH program in Uruzgan province currently being implemented by ADA, will complement this emergency response to maximize the outreach and impact. CoAR has long term presence in Khost and has built strong linkages with communities and other actors which will facilitate the access and smooth implementation of project activities in relatively insecure areas of Khost. NCA is a member of the WASH Cluster and the Strategic Advisory Group (SAG). NCA is also coordinating its efforts with AHDS, ACTD and JUH to link WASH interventions with health and nutrition for maximized impact. COAR (est. 1989 – CHF partner) has worked in Khost since 1998, and is currently engaged in all districts with an education program. CoAR has an excellent record in linking with beneficiary communities (refugees and host) affected by disasters, enabling them to cope with life-threatening situations and recovery, and have good working relations with the Provincial Disaster Committee (PDMC) and the MoRR. CoAR is present with field offices in Khost and have access to camps and communities where refugee families are staying. ADA (est. 1990- Non CHF partner) is an active, experienced and trustworthy Afghan NGO supported by NCA since 1992 in many sectors such as WASH, livelihood, women's empowerment, coping mechanism with climate changes, literacy support, peace building, and emergency response in Uruzgan and other provinces. ADA has cooperated with NCA in WASH emergency responses for Pakistani refugees in Paktika. Over the years, ADA has built up a very good reputation with local</p> |

communities in Uruzgan. ADA has extensive knowledge about local customs and their strong links with communities and local authorities has gained them acceptance in relatively insecure areas. The progress of project activities will be monitored by the implementing partners ADA, CoAR and NCA. NCA has developed and agreed on a joint, results-based Monitoring, Evaluation, Accountability and Learning (MEAL) framework taking into account the project log frame and work plans as well as agreed standards and cluster guidelines. NCA has also developed monitoring tools to monitor the progress. According to the agreed work plan, each activity will be monitored using participatory, results-based feedback mechanisms. Reporting will be done according to the agreed logic of intervention, work plan and in compliance with CHF regulations and committed standards.

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

NCA has decided to partner with CoAR in Khost, which implies joint planning, implementation and monitoring giving access to more capacity and human resources and tools as well as efficient use of available resources. Through appropriate cooperation mechanisms, feedback and information can be collected in a uniform and consistent manner, providing for effective implementation. CoAR has ongoing programs and a presence in Khost with access to camps and communities where refugee families are staying. NCA has already completed its first emergency response WASH intervention with CoAR in Khost supporting 1,360 Households (HHs), with the following activities: awareness raising aimed at reducing waterborne diseases; provision of hygiene kits and awareness raising on health and hygiene. CoAR has established good working relations with representatives from the refugee and host communities as well as local authorities, including, Ministry of Rural Rehabilitation and Development (MRRD) and MoRR. Rapid needs assessments were conducted in July, followed by in-depth assessments in August and December 2014, complementing and verifying existing information from the same villages. The proposed project will benefit from and complement these recent WASH interventions in the target area. NCA and CoAR will continue coordinating activities and coverage with the WASH cluster as well as other actors working in the area such as JUH, ACTD, AADA, UNHCR, IOM, IMC, DACAAR and IRC to seek complementarity in interventions and to avoid duplication. NCA sees that cooperation and coordination is vital for providing the best support to the refugees. As part of its development programme, NCA is providing WASH support to 36 communities in Tirinkot, Uruzgan through the programme "Building resilient communities for sustainable development and peace" (2013-15). In addition NCA will use funds raised through the Norwegian telethon 2014 for WASH support in Uruzgan complementing its long term programme, implemented by ADA. Water related activities in Siabini and Shaheedan were therefore not included as their needs will be covered under NCA's development programme. NCA will construct motorized piped schemes, rehabilitate existing boreholes and wells and install new hand pumps as part of the water supply whereas sanitation will be carried out through construction of demonstration latrines and component sharing. Having presence in the same province implementing both humanitarian and development activities at the same time will provide communities with diverse solutions to existing problems related to WASH, improve cost effectiveness and increase geographical coverage. Increase in WASH activities will also contribute to manage expectations of the community and build relationship with the community through upholding basic human rights and thus contribute to facilitate access in an insecure environment. Similar to the development programme, NCA will also look for potentials addressing actual or potential conflicts through humanitarian interventions.

LOGICAL FRAMEWORK

Overall project objective Reduce the risk of avoidable morbidity and mortality of refugees, IDPs and host communities through provision of WASH services in coordination with health and nutrition interventions in target areas of Khost and Uruzgan Provinces.

Logical Framework details for WATER, SANITATION AND HYGIENE

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|--|--|--------------------------|
| 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 | 60 |

| Outcome 1 | Refugees living in spontaneous settlements, IDPs and host communities have improved access to adequate sanitation facilities | |
|------------|--|--|
| Code | Description | Assumptions & Risks |
| Output 1.1 | 19,400 (6,100 men, 7,800 women and 5,900 children) refugees, IDPs and host families have been provided with appropriate and functioning latrines and bathing facilities that meet Sphere standards | Assumptions <ul style="list-style-type: none"> No further influx of refugees in targeted areas The local security situation is sufficiently stable to operate in highly volatile conditions The political situation in the area remains stable The area of operations is secure from the impact of armed conflict and civil unrest The Government of Afghanistan and governmental line agencies are supportive of the intervention There is no forced or sudden mass return of refugees to their places of origin The Government of Afghanistan (provincial, district level and other agencies) will provide support and cooperation Host communities' willingness, acceptance and support to the project activities and a positive approach to participate in WASH activities Risks <ul style="list-style-type: none"> Relief items and construction materials are not available in the market or there is excessive inflation. The local government and community leaders are not willing to cooperate in relief efforts Insecurity hampers distribution of relief items Targeted households are unwilling to change their water, sanitation and hygiene related behaviors. Supplies and equipment is delayed due to security and unforeseen weather conditions Community opposition to women's participation in the project activities Refugees relocate to other places to access relief assistance |

Indicators

| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
|-----------------|-------------------------------|---|-------------------------|-------|------|-------|------------------|
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | WATER, SANITATION AND HYGIENE | Number of households provided access to a functioning sanitation facility | | | | | 19400 |
| | | Means of Verification: Survey report, field monitoring report, photos, transect walks, FGDs and observations, Case studies, Monitoring reports, ITCs, Design of latrine. Target: 1 latrine x 20 HH (970 latrines x 20 HH) | | | | | |
| Indicator 1.1.2 | WATER, SANITATION AND HYGIENE | Number of individuals having access to a bathing facility | | | | | 19800 |
| | | Means of Verification: Project Monitoring Reports <ul style="list-style-type: none"> Indicator tracking cards (ITC) Photos Case studies KAP report (pre and post) Feedback on call Target: 495 bathing facilities x 40 users per day | | | | | |
| Indicator 1.1.3 | WATER, SANITATION AND HYGIENE | Number of WASH committees established and trained | | | | | 53 |
| | | Means of Verification: Training reports | | | | | |

Activities

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| Activity 1.1.1 | Identification of locations for construction of latrines (MRRD design) NCA technical staff in close coordination with the implementing partner will identify latrine construction sites that ensure safety, dignity and privacy needs of the users especially women and girls. To ensure the safe site selection, women and girls will be consulted during the selection process. The site selection will be done keeping in view the Sphere standards (30 meters from the water source depending on soil permeability and 1.5 meters above the water table, soil stability etc). Additionally, consultations will be carried out with men and women from the community on site selection to ensure easy access and at also mainstream gender and protection. |
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| Activity 1.1.2 | Construction of 970 safe emergency latrines (1 x 20 HH) NCA will focus on construction of 970 new emergency latrines (Ventilated Improved Pit Latrines) along with the rehabilitation of existing local sanitation facilities available in host communities in compliance with Sphere standards and women and children's needs. Latrines will include hand washing facilities and be culturally appropriate. The design of the latrines is based on the agreed standards of the Ministry of Rural Rehabilitation and Development for emergency situations, where the purpose is to make facilities that are easy for the communities to maintain and replicate. These latrines and bathing facilities will be constructed at HH level and used by the members of same extended family. The household will be trained during the hygiene promotion sessions on cleaning and maintenance of these facilities. The WASH committee established will also have a role of a monitoring body to ensure cleanliness and functionality of these facilities. |
| Activity 1.1.3 | Construction of 495 safe and appropriate bathing facilities (1 x 40 users per day) The project includes construction of 495 bathing facilities in three proposed districts. The structures will be built using wood, tarpaulin sheets and steel sheets. In order to ensure protection and privacy needs of women and girls, each bathing facility will be equipped with door handles and locks. The drainage in the bathing facility will be connected to a soakage pit for collection of waste water. The soakage pit will be filled with gravel and bricks in order to absorb water. One bathing facility will be used by an average of 40 users on daily basis. |
| Activity 1.1.4 | Provision of 200 latrine cleaning kits in health and nutrition centers The project includes the provision of 200 latrine cleaning kits in health and nutrition centers in all the three districts. The activity is aiming to maintain the hygienic condition of latrines in health and nutrition centers of Khost and Uruzgan being run by AHDS, AADA and JUH. The activity is designed in accordance with the needs of women staying in these centers with their malnourished children. Proper use of latrine cleaning kits will help with reduction of odor in the latrines and also reduce chances of vector breeding that could lead to fecal oral contamination and related diseases such as diarrhea and malaria. (compliance to environment marker B+) |
| Activity 1.1.5 | Formation of 53 WASH committees with the participation of women, men and children. 53 WASH committees will be formed with the representation of men, women and children in targeted villages of Khost and Uruzgan. These WASH committees will be responsible to consult and take decisions to implement, monitor and review the WASH activities. NCA and partners will make efforts to ensure women participation in areas like Uruzgan and Khost. Where possible WASH committees will give feedback to the Shuras established by the health centers in nearby areas. WASH committees will be responsible for the operation and maintenance of water and sanitation facilities. In addition, these committees will ensure that all the target households take part in hygiene awareness sessions and visit the health and nutrition centers in case of need. WASH committees will take lead on ensuring the use, cleanliness and functionality of water and sanitation facilities. |

Outcome 2 Refugees living in spontaneous settlements, IDPs and host communities have improved access to safe water supply

| Code | Description | Assumptions & Risks |
|-------------------|---|---|
| Output 2.1 | 20,300 (6,389 men, 8,460 women and 5451 children) refugees living in spontaneous settlements, IDPs and host communities have been provided with water of appropriate quality and sufficient quantity for drinking, cooking and maintaining personal hygiene | Assumptions <ul style="list-style-type: none"> No further influx of refugees in targeted areas The local security situation is sufficiently stable to operate in highly volatile conditions The political situation in the area remains stable The area of operations is secure from the impact of armed conflict and civil unrest The Government of Afghanistan and governmental line agencies are supportive of the intervention There is no forced or sudden mass return of refugees to their places of origin The Government of Afghanistan (provincial, district level and other agencies) will provide support and cooperation Host communities' willingness, acceptance and support to the project activities and a positive approach to participate in WASH activities Risks <ul style="list-style-type: none"> Relief items and construction materials are not available in the market or there is excessive inflation. The local government and community leaders are not willing to cooperate in relief efforts Insecurity hampers distribution of relief items Targeted households are unwilling to change their water, sanitation and hygiene related behaviors. Supplies and equipment is delayed due to security and unforeseen weather conditions Community opposition to women's participation in the project activities Refugees relocate to other places to access relief assistance |

Indicators

| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
|-----------------|-------------------------------|---|-------------------------|-------|------|-------|------------------|
| | | | Men | Women | Boys | Girls | |
| Indicator 2.1.1 | WATER, SANITATION AND HYGIENE | Number of people in intervention areas provided with access to at least 15lpcd of drinking water | | | | | 20300 |
| | | Means of Verification: <ul style="list-style-type: none"> Project Monitoring Reports Indicator tracking cards (ITC) Photos Case studies KAP report (pre and post) and water testing reports Feedback on call | | | | | |
| Indicator 2.1.2 | WATER, SANITATION AND HYGIENE | % of drinking water samples with faecal contamination (taken at water collection and/or use points) | | | | | 10 |
| | | Means of Verification: <ul style="list-style-type: none"> Project Monitoring Reports Indicator tracking cards (ITC) Photos Case studies KAP report (pre and post) and water testing reports Feedback on call | | | | | |
| Indicator 2.1.3 | WATER, SANITATION AND HYGIENE | Number and type of water facilities constructed and rehabilitated | | | | | 10 |
| | | Means of Verification: <ul style="list-style-type: none"> Project Monitoring Reports Indicator tracking cards (ITC) Photos Case studies KAP report (pre and post) Target: 10 (3 springs, 7 handpumps) | | | | | |
| Indicator 2.1.4 | WATER, SANITATION AND HYGIENE | Number of individuals reached through awareness raising sessions | | | | | 7500 |
| | | Means of Verification: Target: 300 sessions x 25 people | | | | | |

Activities

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| Activity 2.1.1 | <p>Rehabilitation of 3 springs connected to tap stands</p> <p>Rehabilitation of 03 existing water sources will be done, because they are in close proximity of the affected population and rehabilitating them is a cheaper solution for refugees than the water trucking. These unprotected springs will be cleaned and stone filters will be installed to clean the water. Small sedimentation tanks will be constructed to settle the hard particles of the water and the tanks will be disinfected by chlorine.</p> <p>In order reduce any environmental impacts, the tap stands will be fixed on to the ground with PCC and connected to a soakage pit. In addition to this, gravel will be used on the ground to avoid spillage of water that could lead to stagnant water ponds and subsequently vector breeding.</p> |
| Activity 2.1.2 | <p>Installation of 5 hand pumps (Kawsar)</p> <p>NCA will install 05 hand pumps in identified villages according to the technical feasibility study done during the needs assessment in Khost and Uruzgan. NCA has proposed the installation of hand pumps because it is cheaper in comparison to other emergency options like water trucking. These villages have a water table at a depth of 30 - 50m. Boreholes will be drilled and Kawsar hand pump will be installed for maximum efficiency. NCA will ensure proper drilling with installation of casing, screens and gravel pack followed by a pump test to ensure availability of water with efficient water outflow. Water spillage from the hand pump will be mitigated through connecting with a soakage pit in order or avoid stagnation of water.(Environment Marker B+)</p> |
| Activity 2.1.3 | <p>Installation of 2 hand pump (Afridev/Pamir)</p> <p>02 Afridev/ Pamir hand pumps will be installed in selected villages according to the technical feasibility study done by the WASH technical staff of NCA and partners. This option is more cost efficient than water trucking during the project period. Afridev/Pamir hand pumps will be installed in selected villages of Uruzgan and Khost. This option is only recommended in those villages where water table in comparatively deep - (50 – 60 m). During determining the technical option it was found more cost efficient than water trucking which was the other possible option. NCA will ensure proper drilling with installation of casing, screens and gravel pack followed by a pump test to ensure availability of water with efficient water outflow. Water spillage from the hand pump will be mitigated through connecting with a soakage pit in order or avoid stagnation of water.(Environment Marker B+)</p> |
| Activity 2.1.4 | <p>Provision of water storage containers at health centers and at household level</p> <p>Households will be provided with water collection material (jerry cans/ bucket with lid) to increase the water storage capacity at household level. Drinking water will be stored in jerry cans as this reduces the risk contamination if there is contact with dirty hands. This would also result in increased storage of water and use for cleaning of latrines and anal cleansing. The project will cover the needs of refugees, IDPs, local population and families visiting the health and nutrition centers with malnourished children</p> |
| Activity 2.1.5 | <p>Water quality testing and treatment</p> <p>The project will procure two Del Agua water kits to carry out water quality testing on a regular basis in the target communities and selected health centers. After the initial tests, bacteriological testing will be done on a monthly basis. The water sources will be treated according to the test results, and where bacteriological contamination is found the water will be chlorinated. The treated water sources will be monitored daily or according to need, measuring that the free residual chlorine (FRC), at point of use, is within recommended standards (0.2 mg/l – 0.5 mg/l). All water quality testing and treatment will be done in coordination with the health center administration, WASH committees and local authorities/community leaders.</p> |
| Activity 2.1.6 | <p>WASH 60 staff training on water quality testing and monitoring</p> <p>10 WASH staff of partners will be trained on water quality testing using Del Agua kits. NCA will engage experts of water quality testing to train WASH staff. WASH engineers and program staff budgeted in the project will receive a detailed training on water quality testing and surveillance. The training will include understanding the drinking water quality parameters, procuring to obtain water samples without contamination, analyzing physical parameters, biological and chemical, coagulation and; flocculation and chlorination using jar tests. In addition, staff will be trained on water testing protocols (testing at water source, collection point and household level) and on household water quality surveillance. This activity is planned in May with the support of WHO.</p> |
| Activity 2.1.7 | <p>Chlorination of 48 wells and water reservoirs.</p> <p>will be carried out in 48 existing wells in Khost and Uruzgan provinces and also in the water reservoir of District Hospital in Tirinkot, Uruzgan Province. Initially the technical team will assess if the selected wells are not contaminated through testing of water and to be sure well construction is adequate to prevent direct entry of contaminants. This will be followed by calculating the volume of the water available in the well and conducting a jar test to calculate chlorine residue and determine the right amount of chlorine solution for the well. After pouring the solution, water circulation will be done through pumping the water for an hour or two so the chlorine is properly mixed in the water which would be tested by the smell of water. The chlorine will be left to settle for at least 24 hours before use. Each well will provide clean drinking water to at least 300 individuals (14,400 individuals). The water will be tested after every 3 months to assess the need for re-chlorination. Same procedure will be followed at the water reservoir at the hospital that provides water to at least 100 individuals a day (almost 5,000 individuals in total considering overlapping of users)</p> <p>Only those sources will be selected which are not subject to ongoing contamination. WASH committee members from the area will be trained on cleaning and chlorination procedures of wells. Additionally, relevant government officials will also be involved to ensure maintenance of these water sources. WASH committee members will have the responsibility to ensure the proper use, functionality and protection of wells.</p> |
| Activity 2.1.8 | <p>300 awareness raising sessions on water management and treatment for 7,500 men and women in communities and health centers</p> <p>NCA through its implementing partner will deliver 300 sessions to raise awareness of communities on management of water and its handling at household level in order to minimize risk of contamination. Additionally, communities will be trained in various household treatment solutions including boiling, SODIS, chlorination, three pot method, storage and sedimentation. Similar sessions will be conducted at the health centers with communities and awareness will be raised on preventative measures to avoid disease</p> |

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| Outcome 3 | <p>27800 (6,389 men, 15,960 women and 5451 children) refugees living in spontaneous settlements, IDPs and host communities have an increased understanding of key health risks related to WASH and adopt positive hygiene practices to prevent these.</p> <p>Implementation of the hygiene promotion component will be done in cooperation with WASH committees, JUH, AADA and AHDS staff at health and nutrition centers and the community members themselves. Hygiene promotion will be linked to the water and sanitation components of the program, ensuring participation of beneficiaries in all stages and sectors of the WASH activities. Special attention will be given to awareness raising of communities on symptoms, prevention and treatment of Malaria and Diarrhea. Hygiene promotion staff will use relevant IEC materials and tools of the PHAST and CHAST approaches to help communities identify and analyze their problems and then find suitable solutions for responding and mitigating.</p> <p>Using the PHAST and CHAST approaches, communities will be educated on handling of sanitation facilities and its maintenance, solid waste disposal, disadvantages of open defecation, disease transmission and to cover vector breeding sites with mud filling in order to avoid adverse environmental impacts.</p> |
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| Code | Description | Assumptions & Risks |
|-------------------|---|--|
| Output 3.1 | <p>20,300 (6,389 men, 8,460 women and 5451 children) refugees living in spontaneous settlements, IDPs and host communities are able to take action to prevent WASH related diseases through participation in Hygiene promotion activities.</p> <p>NCA will use Participatory Hygiene and Sanitation Transformation (PHAST and CHAST) approach aiming at improving hygiene behaviors to reduce diarrheal diseases and encouraging effective management of water and sanitation services. Hygiene awareness sessions focusing on the linkage between WASH and malnutrition will be carried out in health and nutrition clinics, focusing on prevention of diarrhea and safe infant and young child feeding practices. Suitable communication techniques and culturally appropriate Information, Education and Communication (IEC) material will be utilized to ensure the participation and impact. NCA will distribute female hygiene kits to women and girls for resilient bodies and minds by enabling them to maintain their personal hygiene, privacy and dignity.</p> | <p>Assumptions</p> <ul style="list-style-type: none"> • No further influx of refugees in targeted areas • The local security situation is sufficiently stable to operate in highly volatile conditions • The political situation in the area remains stable • The area of operations is secure from the impact of armed conflict and civil unrest • The Government of Afghanistan and governmental line agencies are supportive of the intervention • There is no forced or sudden mass return of refugees to their places of origin • The Government of Afghanistan (provincial, district level and other agencies) will provide support and cooperation • Host communities' willingness, acceptance and support to the project activities and a positive approach to participate in WASH activities <p>Risks</p> <ul style="list-style-type: none"> • Relief items are not available in the market or there is excessive inflation. • The local government and community leaders are not willing to cooperate in relief efforts • Insecurity hampers distribution of relief items • Targeted households are unwilling to change their water, sanitation and hygiene related behaviors. • Community opposition to women's participation in hygiene awareness raising activities • Refugees relocate to other places to access relief assistance |

| Indicators | | | | | | | |
|-------------------|---------|-----------|-------------------------|-------|------|-------|------------------|
| Code | Cluster | Indicator | End Cycle Beneficiaries | | | | End-Cycle Target |
| | | | Men | Women | Boys | Girls | |
| | | | | | | | |

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|-----------------|-------------------------------|---|--|--|--|--|--|--|-------|
| Indicator 3.1.1 | WATER, SANITATION AND HYGIENE | Number of people reached through Hygiene Promotion | | | | | | | 20300 |
| | Means of Verification: | Project Monitoring Reports • Indicator tracking cards (ITC) • Photos • Case studies • KAP report (pre and post) - Feedback on call | | | | | | | |
| Indicator 3.1.2 | WATER, SANITATION AND HYGIENE | Number of women recipient of WASH package | | | | | | | 1150 |
| | Means of Verification: | Project Monitoring Reports • Indicator tracking cards (ITC) • Photos • Case studies • KAP report (pre and post) - Feedback on call | | | | | | | |
| Indicator 3.1.3 | WATER, SANITATION AND HYGIENE | % of people who can recite at least three methods to avoid diarrhea (in a sample of 20%) | | | | | | | 75 |
| | Means of Verification: | Project Monitoring Reports • Indicator tracking cards (ITC) • Photos • Case studies • KAP report (pre and post) - Feedback on call Target: 75% of total population (20,300) | | | | | | | |
| Indicator 3.1.4 | WATER, SANITATION AND HYGIENE | Number of families with access to hygiene items at household level | | | | | | | 2900 |
| | Means of Verification: | Project Monitoring Reports • Indicator tracking cards (ITC) • Photos • Case studies • KAP report (pre and post) - Feedback on call Target: 2,900 hygiene kits | | | | | | | |
| Indicator 3.1.5 | WATER, SANITATION AND HYGIENE | Number of health and WASH staff trained in Hygiene promotion using PHAST and CHAST approaches and hygiene promotion messages to mothers | | | | | | | 120 |
| | Means of Verification: | training record, participants list, photos, training reports | | | | | | | |

Activities

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| Activity 3.1.1 | Conduct Knowledge, Attitude and Practices (KAP) baseline survey in Khost and Uruzgan |
| | NCA will conduct KAP baseline and end line surveys in order to analyze and understand the situation on the ground related to access, privacy needs, dignity, culture, behaviors, practices, disease transmission and capacity of the community to develop relevant strategies for response and mitigation. The baseline will also be used to measure impact of the project towards the end of implementation. |
| Activity 3.1.2 | 2 trainings of 60 WASH staff of partners on PHAST and CHAST approaches for hygiene promotion. |
| | NCA will organise 02 trainings to build capacity of partner technical staff and hygiene promoters on hygiene promotion approaches like PHAST, CHAST and Child to Child (C2C). The project will be mainly emphasizing on these approaches for educating the target population in villages and health and nutrition centers. Staff will be trained on different steps involved in PHAST and CHAST approaches and also on various Participatory Rural Appraisal (PRA) tools used to mobilize communities in order to achieve change in their behavior. NCA and partners will develop a plan of action for hygiene promotion activities in target villages of Khost and Uruzgan provinces. In addition a plan of action will be developed in coordination with health and nutrition actors in both the provinces. The plan will cover the families staying at stabilization centers and OPD. |
| Activity 3.1.3 | Provision of 1,150 minimum WASH packages in health facilities and mobile health and nutrition centers. |
| | A particular focus will be given to hygiene promotion activities in health/nutrition centers in both the provinces. NCA will provide 1,150 minimum WASH packages in health and nutrition centers, including hygiene promotion sessions carried out by trained hygiene promoters. The hygiene promoters will use a range of communication tools and techniques, as well as demonstrations, in order to ensure active participation. Special focus will remain on the registered cases of severe malnutrition with complications in children under 5 years of age. NCA will have a special focus on diarrhea prevention specially targeting children less than 5 years of age. Diarrhea is a main cause for increased malnutrition in this group. In order to ensure blockage of transmission routes, households with treated malnourished children will be provided with hygiene kits in order to sustain improved hygiene practices and reduce chances of diarrhea and subsequently malnutrition. |
| Activity 3.1.4 | NCA will organize a ToT (training of trainers) on Hygiene promotion in emergencies that will be facilitated by NCA's Hygiene Adviser based in head office in Oslo. |
| | The participants (60 men and women) would include hygiene promoters, officials from DRRD and local government, project managers and monitoring officers from different provinces including Khost and Uruzgan Provinces. The training is already planned the beginning of May, 2014 and is supported by WHO. The training will have focus on concepts of hygiene promotion, communication tools and techniques, KAP surveys, methodologies such as PHAST, CHAST and C2C and the steps involved, practical examples from the field and group planning. It will also include water quality surveillance at household level. The trained hygiene promoters and managers will be responsible to develop a hygiene promotion action and monitoring plan to effectively follow up. These trained hygiene promoters will further train the community activists in the field to regularly follow up on the changing situation during the implementation period. |
| Activity 3.1.5 | 2,900 hygiene kits provided to the households of refugees and IDPs living in the target areas. |
| | 2,900 hygiene kits will be distributed to each family. Beneficiaries will be identified by the implementing partner in cooperation with established WASH committees. Women will be included in the consultation and decisions. An orientation session supported by relevant information, education and communication (IEC) material on use of the kits will be provided to the families by the hygiene promoters to ensure optimal and appropriate utilization. The hygiene kits will be comprised of essential hygiene items to ensure improved hygiene at an individual and household level. The hygiene kits include jerry cans, soap for hand washing and laundry, toothpaste, package of ORS and chlorine and narrow-necked or covered containers for drinking water storage. In addition to this menstrual hygiene management material will also be part of the hygiene kit. The distribution will be done in a transparent manner with items displayed on a banner and a complaint desk if items are incomplete. |
| Activity 3.1.6 | 1,000 hygiene promotion sessions using PHAST and CHAST approaches in communities, health and nutrition centers. |
| | The project plans to reach 20,300 individuals (6,389 men, 8,460 women and 5451 children) through 1,000 hygiene sessions in total. Each session will include 30 individuals from the same village and representing a cluster of households, representing different social backgrounds, economic groups, age and gender. Additional sessions will be planned as a follow up of 7 step process where needed. Hygiene promotion strategy will be designed after analyzing knowledge, attitudes and practices of the targeted communities through a Pre-KAP survey. Information on existing hygiene practices, solid waste management, excrete disposal, quality of water used for drinking purposes and handling of water at household level will be collected. For the implementation of hygiene promotion PHAST (Participatory Hygiene and Sanitation Transformation) will be used. The methodology will focus on participatory learning and will aim to empower communities to manage their water supply and to control sanitation-related diseases by promoting health awareness and understanding. The approach includes seven basic steps that helps the community identify their issues themselves and find solutions by themselves using local knowledge and wisdom. These steps are: 1) Problem identification, 2) Problem Analysis, 3) Planning for solutions, 4) Selecting options, 5) Planning for new facilities and behavior change, 6) Planning for monitoring and evaluation and 7) participatory evaluation. The PHAST approach will contribute to communities' empowerment, since they will participate in their own projects at different levels (problem identification, problem analysis, planning for solutions, selecting options, planning for new facilities and behavior change, planning for monitoring and evaluation and participatory evaluation). This approach will give communities the opportunity to be involved in decision making regarding the services, their communities' health challenges and how these best are solved. Messages will focus on: a) how to preserve proper hygiene in an emergency setting, b) maintaining safe water storage at the household-level, c) water treatment at the household-level, d) transmission routes for water and sanitation diseases and how the chain of infection can be broken, e) critical times to wash one's hands and to employ hand washing techniques, f) proper waste disposal, and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as women, children, pregnant and lactating women, the elderly, and those with special needs. Hygiene promotion messages to communities/households include messages related to nutrition, in particular Infant and Young Child Feeding (IYCF). During this process, a special emphasis will be on Malaria control where communities will be sensitized about their existing practices that helps vector breeding and on prevention measures on blocking transmission routes. NCA will use Children's Hygiene and Sanitation Training (CHAST). This methodological approach will guarantee the participation of children in all hygiene promotion and sanitation |

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| | activities. Hygiene promotion sessions will focus on the prevention, transmission and treatment of diarrhea, especially focusing on children under five years |
| Activity 3.1.7 | 60 people trained (WASH, health and nutrition staff) for in order to pass on key messages related to hygiene and nutrition, targeting mothers with children under five years in health facilities. NCA will organize 02 trainings for NCA, ADA, CoAR, JUH, ACTD, AHDS, AADA staff on hygiene promotion. The trainings will help the WASH, health and nutrition staff working in the same area to further disseminate the messages in communities. An action plan for these actors will be developed after the training to assign clear roles and targets for each organisation in order to promote hygiene education in target areas. |
| Activity 3.1.8 | 300 hygiene promotion sessions in health and nutrition centers with a focus on the prevention, transmission and treatment of diarrhea, especially focusing on children under five. Project is aiming to deliver 300 hygiene promotion sessions for 7,500 individuals in health and nutrition centers for the families mainly mothers and care givers of malnourished children staying at stabilization centers. Messages will focus on: a) how to preserve proper hygienic behaviors in an emergency setting, b) maintaining safe water storage at the household-level, c) water treatment at the household-level, d) transmission routes for water and sanitation diseases and how the chain of infection can be broken, e) critical times to wash one's hands and to employ hand washing techniques, f) proper waste disposal, and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as women, children, pregnant and lactating women, the elderly, and those with special needs. Hygiene promotion messages to communities/households include messages related to nutrition, in particular Infant and Young Child Feeding (IYCF). |
| Activity 3.1.9 | Development of IEC material for hygiene promotion NCA in collaboration with partner will develop culturally appropriate IEC material on personal, domestic and environmental hygiene. It will also have a special focus on Malaria and Diarrhea prevention as the target areas have been reported with high rates of incidence. The IEC material will be used during the hygiene awareness sessions in communities and health centers. |

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 Identification of locations for construction of latrines (MRRD design) NCA technical staff in close coordination with the implementing partner will identify latrine construction sites that ensure safety, dignity and privacy needs of the users especially women and girls. To ensure the safe site selection, women and girls will be consulted during the selection process. The site selection will be done keeping in view the Sphere standards (30 meters from the water source depending on soil permeability and 1.5 meters above the water table, soil stability etc). Additionally, consultations will be carried out with men and women from the community on site selection to ensure easy access and at also mainstream gender and protection. | 2015 | | | | | X | X | X | | | | | |
| | 2016 | | | | | | | | | | | | |
| Activity 1.1.2 Construction of 970 safe emergency latrines (1 x 20 HH) NCA will focus on construction of 970 new emergency latrines (Ventilated Improved Pit Latrines) along with the rehabilitation of existing local sanitation facilities available in host communities in compliance with Sphere standards and women and children's needs. Latrines will include hand washing facilities and be culturally appropriate. The design of the latrines is based on the agreed standards of the Ministry of Rural Rehabilitation and Development for emergency situations, where the purpose is to make facilities that are easy for the communities to maintain and replicate. These latrines and bathing facilities will be constructed at HH level and used by the members of same extended family. The household will be trained during the hygiene promotion sessions on cleaning and maintenance of these facilities. The WASH committee established will also have a role of a monitoring body to ensure cleanliness and functionality of these facilities. | 2015 | | | | | | | X | X | X | X | | |
| | 2016 | | | | | | | | | | | | |
| Activity 1.1.3 Construction of 495 safe and appropriate bathing facilities (1 x 40 users per day) The project includes construction of 495 bathing facilities in three proposed districts. The structures will be built using wood, tarpaulin sheets and steel sheets. In order to ensure protection and privacy needs of women and girls, each bathing facility will be equipped with door handles and locks. The drainage in the bathing facility will be connected to a soakage pit for collection of waste water. The soakage pit will be filled with gravel and bricks in order to absorb water. One bathing facility will be used by an average of 40 users on daily basis. | 2015 | | | | | | | X | X | X | X | | |
| | 2016 | | | | | | | | | | | | |
| Activity 1.1.4 Provision of 200 latrine cleaning kits in health and nutrition centers The project includes the provision of 200 latrine cleaning kits in health and nutrition centers in all the three districts. The activity is aiming to maintain the hygienic condition of latrines in health and nutrition centers of Khost and Uruzgan being run by AHDS, AADA and JUH. The activity is designed in accordance with the needs of women staying in these centers with their malnourished children. Proper use of latrine cleaning kits will help with reduction of odor in the latrines and also reduce chances of vector breeding that could lead to fecal oral contamination and related diseases such as diarrhea and malaria. (compliance to environment marker B+) | 2015 | | | | | | | X | X | X | X | X | X |
| | 2016 | X | X | | | | | | | | | | |
| Activity 1.1.5 Formation of 53 WASH committees with the participation of women, men and children. 53 WASH committees will be formed with the representation of men, women and children in targeted villages of Khost and Uruzgan. These WASH committees will be responsible to consult and take decisions to implement, monitor and review the WASH activities. NCA and partners will make efforts to ensure women participation in areas like Uruzgan and Khost. Where possible WASH committees will give feedback to the Shuras established by the health centers in nearby areas. WASH committees will be responsible for the operation and maintenance of water and sanitation facilities. In addition, these committees will ensure that all the target households take part in hygiene awareness sessions and visit the health and nutrition centers in case of need. WASH committees will take lead on ensuring the use, cleanliness and functionality of water and sanitation facilities. | 2015 | | | | | X | X | | | | | | |
| | 2016 | | | | | | | | | | | | |
| Activity 2.1.1 Rehabilitation of 3 springs connected to tap stands Rehabilitation of 03 existing water sources will be done, because they are in close proximity of the affected population and rehabilitating them is a cheaper solution for refugees than the water trucking. These unprotected springs will be cleaned and stone filters will be installed to clean the water. Small sedimentation tanks will be constructed to settle the hard particles of the | 2015 | | | | | | | | X | X | X | | |
| | 2016 | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|--|------|---|---|---|---|---|---|---|---|---|---|---|
| <p>approaches for educating the target population in villages and health and nutrition centers. Staff will be trained on different steps involved in PHAST and CHAST approaches and also on various Participatory Rural Appraisal (PRA) tools used to mobilize communities in order to achieve change in their behavior.</p> <p>NCA and partners will develop a plan of action for hygiene promotion activities in target villages of Khost and Uruzgan provinces. In addition a plan of action will be developed in coordination with health and nutrition actors in both the provinces. The plan will cover the families staying at stabilization centers and OPD.</p> | 2016 | | | | | | | | | | | |
| <p>Activity 3.1.3 Provision of 1,150 minimum WASH packages in health facilities and mobile health and nutrition centers.</p> | 2015 | | | | | X | X | X | X | X | | |
| <p>A particular focus will be given to hygiene promotion activities in health/nutrition centers in both the provinces. NCA will provide 1,150 minimum WASH packages in health and nutrition centers, including hygiene promotion sessions carried out by trained hygiene promoters. The hygiene promoters will use a range of communication tools and techniques, as well as demonstrations, in order to ensure active participation. Special focus will remain on the registered cases of severe malnutrition with complications in children under 5 years of age. NCA will have a special focus on diarrhea prevention specially targeting children less than 5 years of age. Diarrhea is a main cause for increased malnutrition in this group. In order to ensure blockage of transmission routes, households with treated malnourished children will be provided with hygiene kits in order to sustain improved hygiene practices and reduce chances of diarrhea and subsequently malnutrition.</p> | 2016 | X | X | X | | | | | | | | |
| <p>Activity 3.1.4 NCA will organize a ToT (training of trainers) on Hygiene promotion in emergencies that will be facilitated by NCA's Hygiene Adviser based in head office in Oslo.</p> | 2015 | | | | X | X | | | | | | |
| <p>The participants (60 men and women) would include hygiene promoters, officials from DRRD and local government, project managers and monitoring officers from different provinces including Khost and Uruzgan Provinces. The training is already planned the beginning of May, 2014 and is supported by WHO. The training will have focus on concepts of hygiene promotion, communication tools and techniques, KAP surveys, methodologies such as PHAST, CHAST and C2C and the steps involved, practical examples from the field and group planning. It will also include water quality surveillance at household level. The trained hygiene promoters and managers will be responsible to develop a hygiene promotion action and monitoring plan to effectively follow up. These trained hygiene promoters will further train the community activists in the field to regularly follow up on the changing situation during the implementation period.</p> | 2016 | | | | | | | | | | | |
| <p>Activity 3.1.5 2,900 hygiene kits provided to the households of refugees and IDPs living in the target areas.</p> | 2015 | | | | | X | X | X | X | | | |
| <p>2,900 hygiene kits will be distributed to each family. Beneficiaries will be identified by the implementing partner in cooperation with established WASH committees. Women will be included in the consultation and decisions. An orientation session supported by relevant information, education and communication (IEC) material on use of the kits will be provided to the families by the hygiene promoters to ensure optimal and appropriate utilization. The hygiene kits will be comprised of essential hygiene items to ensure improved hygiene at an individual and household level. The hygiene kits include jerry cans, soap for hand washing and laundry, toothpaste, package of ORS and chlorine and narrow-necked or covered containers for drinking water storage. In addition to this menstrual hygiene management material will also be part of the hygiene kit. The distribution will be done in a transparent manner with items displayed on a banner and a complaint desk if items are incomplete.</p> | 2016 | | | | | | | | | | | |
| <p>Activity 3.1.6 1,000 hygiene promotion sessions using PHAST and CHAST approaches in communities, health and nutrition centers.</p> | 2015 | | | | X | X | X | X | X | X | X | X |
| <p>The project plans to reach 20,300 individuals (6,389 men, 8,460 women and 5451 children) through 1,000 hygiene sessions in total. Each session will include 30 individuals from the same village and representing a cluster of households, representing different social backgrounds, economic groups, age and gender. Additional sessions will be planned as a follow up of 7 step process where needed. Hygiene promotion strategy will be designed after analyzing knowledge, attitudes and practices of the targeted communities through a Pre-KAP survey. Information on existing hygiene practices, solid waste management, excrete disposal, quality of water used for drinking purposes and handling of water at household level will be collected. For the implementation of hygiene promotion PHAST (Participatory Hygiene and Sanitation Transformation) will be used. The methodology will focus on participatory learning and will aim to empower communities to manage their water supply and to control sanitation-related diseases by promoting health awareness and understanding. The approach includes seven basic steps that helps the community identify their issues themselves and find solutions by themselves using local knowledge and wisdom. These steps are; 1) Problem identification, 2) Problem Analysis, 3) Planning for solutions, 4)Selecting options, 5)Planning for new facilities and behavior change, 6)Planning for monitoring and evaluation and 7)participatory evaluation. The PHAST approach will contribute to communities' empowerment, since they will participate in their own projects at different levels (problem identification, problem analysis, planning for solutions, selecting options, planning for new facilities and behavior change, planning for monitoring and evaluation and participatory evaluation). This approach will give communities the opportunity to be involved in decision making regarding the services, their communities' health challenges and how these best are solved..</p> | 2016 | X | X | X | | | | | | | | |
| <p>Messages will focus on: a) how to preserve proper hygiene in an emergency setting, b) maintaining safe water storage at the household-level, c) water treatment at the household-level, d) transmission routes for water and sanitation diseases and how the chain of infection can be broken, e) critical times to wash one's hands and to employ hand washing techniques, f) proper waste disposal, and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as women, children, pregnant and lactating women, the elderly, and those with special needs. Hygiene promotion messages to communities/households include messages related to nutrition, in particular Infant and Young Child Feeding (IYCF). During this process, a special emphasis will be on Malaria control where communities will be sensitized about their existing practices that helps vector breeding and on prevention measures on blocking transmission routes. NCA will use Children's Hygiene and Sanitation Training (CHAST). This methodological approach will guarantee the participation of children in all hygiene promotion and sanitation activities. Hygiene promotion sessions will</p> | | | | | | | | | | | | |

what. strategy and monitoring mechanisms. A project inception workshop will be organized to kick off the project and ensure that contractual obligations are understood by all parties. The NCA emergency team will provide guidance and supervision to the local project team in addition to monitoring requirements and quality program delivery at the field level. NCA's WASH team will provide technical support and visit the project areas regularly during the implementation phase. A number of meeting points and communication systems will be put in place to ensure smooth and efficient cooperation. Capacity development and training will be offered to ensure compliance with key standards. NCA's finance staff will ensure financial control in line with NCA's financial routines and standards including several measures. NCA is providing financial guidance to partners and ensuring capacities through reviews of partners' financial systems including a double entry book keeping system. Financial implementation mechanisms will be defined and mutually agreed by partners and NCA and funds will be transferred to partners in accordance with agreements with defined instalments linked to completion of agreed targets. NCA is following up through providing monthly financial reports checking progress according to plan. CoAR and ADA will provide NCA with progress updates and financial reports as agreed with CHF. NCA's logistics team will facilitate and provide technical support during the procurement process as defined by NCA's procurement policy and guidelines. NCA will be responsible for all formal reporting to CHF. NCA, ADA and CoAR will continue to coordinate with all stakeholders at national and provincial level. NCA will remain in close coordination with UN agencies, other INGOs responding to the target areas to reach to the vulnerable refugee population and avoid duplication of efforts. NCA, ADA and CoAR are actively participating in UN OCHA meetings. NCA is currently leading a technical working group on cross cutting issues in WASH and part of the Strategic Advisory Group (SAG). As part of the UN cluster system, NCA participates in Shelter, WASH, Protection and Food security clusters. NCA, ADA and CoAR will work with the local government authorities of target areas, specifically the provincial and district authorities. ADA and CoAR will aim to coordinate with local level government and institutions to enhance transparency in government initiatives and conduct local level advocacy work. NCA will maintain a close working relationship with CHF and the NCA emergency coordinator will ensure efficient communication with CHF. NCA, ADA and CoAR are members of ACBAR and regularly communicate our program with ACBAR and other organizations. In addition, NCA together with ADA, CoAR, and nutrition actors (AHDS, JUH, AADA and ACTD) will coordinate project activities at field level. These actors will closely work with UNCHR Khost office and keep monitoring the reports of HMIS for better understanding the root causes of health and nutrition issues and possible solution under the integrated approach to address the WASH, health and nutrition issues. The country leadership team of the coordinating agencies will review the implementation strategy and progress on a regular basis based on the recommendations and feedback from communities. NCA, AADA, JUH, and ACTD will give feedback to the Khost and Paktika task force, WASH, health and nutrition cluster on a regular basis.

| Coordination with other Organizations in project area | Name of the organization | Areas/activities of collaboration and rationale |
|---|--|--|
| | 1. The Johanniter (JUH) Khost | As outlined in strategic priority of CHF for WASH, NCA has coordinated its WASH activities with JUH ongoing and planned health and nutrition activities being carried out by ACTD in Gulan camp. JUH is planning to initiate the health and nutrition activities in 12 villages of Khost being targeted by NCA for WASH response. JUH is planning to set up health and nutrition mobile clinics in the 12 villages where NCA will be implementing its WASH activities. NCA and JUH in coordination with ACTD (the implementing partner of JUH) will work in close coordination while organizing joint capacity building events for staff on hygiene promotion using PHAST and CHAST approaches. All the actors are planning to develop joint plans for hygiene promotion, proper hygienic breastfeeding practices and menstrual management, water management and treatment for health and nutrition centers. NCA, JUH and ACTD will give feedback to the Khost and Paktika task force, WASH, health and nutrition cluster on a regular basis. |
| | 2. Agency for Assistance and Development of Afghanistan (AADA) Khost | NCA is planning to work with Agency for Assistance and Development of Afghanistan (AADA) . AADA is managing the sub centers of BPHS Health facilities in Gurbuz and Tani districts. Both NCA and AADA are planning to develop joint plans for hygiene promotion, proper hygienic breastfeeding practices and menstrual management, water management and treatment for the families visiting the health centers. NCA will provide minimum WASH package for the families staying at stabilization centers. NCA will organize joint training of staff on PHAST and CHAST approaches for AADA and partner's staff. Regular coordination meetings will be organized during the project period for monitoring the progress and highlight the issues related to WASH and nutrition at coordination forums. |
| | 3. Afghan Humanitarian Development Services (AHDS) Uruzgan | NCA has also established a coordination mechanism with AHDS in Uruzgan province where AHDS is implementing Basic package of health services (BPHS) and Essential package of health service (EPHS) programme with the support of ministry of health in central health center of Tirin Kot district. Given the high malnutrition prevalence of children under-five in Uruzgan, NCA will provide basic WASH services in communities and health centers. The aim is to reduce the rapid deterioration of the health and nutritional status of young children. Since WASH activities (particularly sanitation and hand-washing) are now increasingly recognized as key interventions to combat malnutrition, NCA has designed the project activities to combine WASH and nutrition interventions. This is believed to maximize the impacts on health and nutritional status of young children. Uruzgan is ranked among the most vulnerable areas because of the high number of malnutrition cases, ongoing conflict and number of IDPs coming from conflict affected districts of Uruzgan, Kandahar and Ghazni. NCA and AHDS are planning to develop joint plans for hygiene promotion, proper hygienic breastfeeding practices and menstrual management, water management and treatment for the families visiting the health centers. NCA will provide minimum WASH package for the families staying at stabilization centers. The water tanks in health center will be chlorinated to increase the access to safe drinking water for visiting families. |
| | 4. Organisation for Health Promotion and Management (OHPM) | AADA is managing the sub centers of BPHS Health facilities in Gurbuz and Tani districts however after June 2015, OHPM will take over BPHS project in Khost. NCA is planning to coordinate its WASH activities with OHPM from July 2015 till the end of project. |

Environmental Marker Code B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Code 1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code NCA has consistent and strong capacities in gender mainstreaming, and a strong focus on protection for vulnerable women, girls, boys and men. Gender has been a main consideration in the design and delivery of the project. Due to a very strong religious and traditional culture in these provinces, women's movement is restricted and their participation in the public sphere is limited. NCA has managed to reach the refugee and IDP women through the hiring of local women from Khost and Uruzgan, together with an experienced female expatriate emergency coordinator engaged to directly talk to women and record their concerns. NCA, together with CoAR and ADA, makes a deliberate effort to identify the specific WASH needs of women and girls while including equal number of women enumerators in needs assessment teams and ensuring the collection of data from 50 % of women in both Uruzgan and Khost. NCA and partners gathered dis-aggregated data that included safety and security concerns of women and girls. The dis-aggregated data from the needs assessment were also split into age and gender categories. Special attention is paid to the needs of vulnerable groups of women and girls, such as female headed households, pregnant and lactating women, women with disabilities, elderly women, adolescent girls and children. NCA has carried out consulting meetings with women and girls on water and sanitation needs to ensure that program strategies mitigate the exposure to risk. During the implementation, NCA and partners will maintain a protective environment at the community level, so that girls and women in particular are not exposed to harm or gender based violence while undertaking their daily WASH activities. Further, gender equity will be observed while implementing those activities that are not specifically targeted at women and girls. Women, men, boys and girls are treated equally, with their differing needs being targeted and supported accordingly. Participation of all age and gender groups will be emphasized so that all beneficiaries can voice their concerns and express their preferences during implementation. Women and girls will be consulted to ensure they feel safe when using the established WASH services at their preferred places. The project will consider several approaches to address the issue of women's involvement by mobilizing elderly women, which is more accepted, identifying trained women from the community already engaged in the previous emergency response project and in the needs assessments carried out by NCA, CoAR and ADA. The project will work with the men of the target communities to get acceptance for women's participation in WASH committees and trainings. Women and men will be equally and meaningfully involved in decision-making related to emergency WASH program design, implementation, monitoring and evaluation. NCA and partners have already established complaint mechanism to enable women, youth, elders, disabled and minorities to raise their concerns. NCA and partners have developed the gender action plan to ensure the mainstreaming of gender during the project cycle. Please see the gender action plan attached.

Protection Mainstreaming During the needs assessment NCA ensured that all groups including women, children and elderly were interviewed to gather data on their specific WASH needs to design the appropriate interventions. Assessment reports contain concerns of all affected people, including vulnerable groups and information is integrated into the program design. Activities proposed are specifically designed to better meet the needs of different age and gender groups. Project includes estimated sex and age disaggregated data for the target groups based on the findings of the needs assessment. NCA, ADA and CoAR have proposed to recruit mixed teams of both male and female members to directly interact with all groups in the communities. Appropriate size of water carrying cans have been included in the list of NFIs to facilitate women and children in water collection. All sanitation facilities, including latrines and bathing spaces, will be constructed near the residential units to ensure the privacy and security of women and children and easy access for elderly. Project will ensure that separate lockable, well lit latrines are constructed for women and children and the criteria and details of activities will be explained in the community for better understanding. Project will ensure women's participation while selecting the sites for sanitation facilities, water points and timing of hygiene promotion sessions and WASH committee meetings. NCA, ADA and CoAR have experienced good coordination with other governmental and other institutional organizations. Many of these organizations are working on gender equality. Working closely with other stakeholders gives us this chance to work together and have impact on people lives in the long term. Focus will be on gender inclusion throughout the project and gender action plan for emergency will be used as tool for assessment, planning and implementation. All the interventions proposed under the project have a component of building the community resilience for refugees, IDPs and host communities. The proposed activities are cost effective and having a long term solution coupled with immediate lifesaving priorities. The principle of Do no Harm has been considered while designing the WASH activities. The community will be mobilized to take ownership and protect the water and sanitation equipment installed. The spring water source will be built with a protection wall, which will hinder animals to contaminate the water in the future. Water testing at the collection point will also be done on a regular basis. A ventilation pipe will be attached to the VIP structure in order to eliminate odor and improve vector control. Communities will be mobilized to adapt good hygiene practices, including regular cleaning of latrines for sustained hygiene. Pits will be closed by mud filling and the structure will be installed at an alternate location. People from the communities will be involved during installation of WASH facilities in order to build their capacity and strengthen local ownership. Bathing facilities will be connected with a pipe to a soakage pit that will be filled with gravel and sand to absorb water. All structures will be provided with doors and basic locks for privacy and protection of women. WASH committees will be trained on operation and maintenance of water and sanitation facilities.

| | |
|---------------------|---|
| | A coordination mechanism will be established for the local communities including women (where possible) to raise concerns and complaints. NCA and partners will ensure that complaint response mechanism is communicated and understood by the target population including women. Separate sessions will be organized for men and women to share the complaint response mechanism. |
| Safety and Security | The security situation in the Uruzgan province is unpredictable and partly unstable; particularly along the main access roads connecting the province center to its districts and to Kandahar province. It is difficult to transport project related materials and personnel to project sites outside of Tirinkot district. Armed conflict regularly occurs in most of the districts, especially along high ways. There is also the presence of illegal AOGs check post along highways. Only the district centers are in local government control, while other parts of districts are being controlled by insurgents. In addition to a high AOG presence in the province, there are also warlord commanders who have their own conflicts. There are also conflicts among tribes usually connected with the constitution of the district and provincial governance structures. The selected villages of Ghulaman Qalacha, Shahidan, Siabini and Nobahar, for the CHF intervention, are all within the Tirinkot district. Tirinkot is currently under GOA control allowing access to these selected villages. The security situation throughout Khost province is volatile and unpredictable. Armed groups maintain presence in several parts of the province and conduct attacks mainly targeting Afghan National Security Forces (ANSF) and other government officials. Armed groups elements are capable of maintaining the momentum to their operations through effective supply routes across the border with Pakistan. The ANSF is the primary target to those armed groups. The preferred methods for attacks by armed groups are the IED (improvised explosive devices), indirect fire (mortar & rockets) that mainly targets the border police check posts and direct fire with small arms. The threat of IED is the main challenge for the security situation in Khost. ANSF in Khost also maintain continuous counter operations to chase armed groups elements and equipment. These operations are occasionally successful in thwarting plans for attacks, arrests to insurgents and seizure of weapons. |
| Access | NCA will work closely with partners who have a history of working in the area, to ensure acceptance of this project. NCA plans to invest in effective communication and security systems for NCA and partner's staff who will be present in field for the implementation, coordination and monitoring of the project. NCA, ADA and CoAR have established relationships with communities and stakeholders and are in close coordination with Afghanistan National Security organization, UNDSS and the local department of refugees and repatriation for regular updates on security. If security risks increase, a plan B will be adopted for remote management after consultations with stakeholders including CHF. In case of any difficulties in accessing the area of operations, assistance will be sought from the other partners or other actors to: a) Facilitate interface with government agencies to secure necessary documentation; b) Redistribute and undertake NCA, ADA and CoAR tasks linked to implementation and monitoring, to ensure that overall progress continues as per the work plan CoAR and ADA have offices and employees located in the targeted areas for day-to-day operations in the field, in addition to their main offices in Kabul which maintain regular contact with the field staff. The proposed project will have a Project Manager based in Khost and Uruzgan province for improved coordination and implementation. NCA has clear and consolidated Standard Operating Procedures (SOPs) in place to address such potential situation in a safe, realistic and robust manner. Plans are based on the current stable environment and positive experience each organization has working in Afghanistan. We rely on the knowledge that, should this situation change, we can rely on each other to inform, assist and support a successful implementation of the project. Finally, we are confident that, in consultation with CHF, we can review and address any emerging situation. |

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 | WASH coordinator To provide continued support and feedback to partner on emergency Water, sanitation and hygiene promotion and review the progress in field. WASH Coordinator will spend time in the field during the project period and provide support from the office. WASH Coordinator will also build the capacity of partner staff during structured trainings planned under project and provide technical advice to partner on regular basis. | D | 1 | 3500 | 12 | 20.00% | 8,400.00 |
| 1.2 | Emergency coordinator The Emergency coordinator (expat position) will be overall responsible for the implementation of the project from NCA. She will be providing regular support and follow to ensure the effective and efficient implementation of the project activities in both the provinces. She will be responsible for all the donor coordination, Cluster coordination at Field and national level, monitoring the project and donor reporting. | D | 1 | 8000 | 12 | 20.00% | 19,200.00 |
| Section Total | | | | | | | 27,600.00 |

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 |
|----------------------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|
| Section Total | | | | | | | 0.00 |

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

| Code | Budget Line Description | D / S | Unit Quantity | Unit Cost | Duration | Percent Charged to CHF / ERF | Total Cost |
|----------------------|--|-------|---------------|-----------|----------|------------------------------|------------|
| 3.1 | Laptop computer One laptop will be required for data compilation and reporting etc. | S | 1 | 1000 | 1 | 100.00% | 1,000.00 |
| Section Total | | | | | | | 1,000.00 |

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 | Pre and post KAP survey Baseline and end-line surveys will be commissioned as a measure of knowledge, attitude and practice (KAP) to assess impact of program activities. KAP survey will be conducted in selected locations of project in both provinces. A Participatory hygiene and sanitation transformation (PHAST) baseline survey will be conducted at the beginning of the project in order to have a clear view on hygiene situation in the communities and for determining the exact PHAST strategy for implementation. The cost includes the consultant fee @ 1500 USD/person, travel of consultant from kabul to provinces, local accommodation and food cost of the consultant. | D | 1 | 4000 | 1 | 100.00% | 4,000.00 |
| 4.2 | Development of IEC material (supporting activity for hygiene promotion) Education material will be published on hygiene promotion messages for communities/households include messages related to nutrition, in particular Infant and Young Child Feeding (IYCF), such as encouraging women to exclusively breastfeed all children in the first 6 months and to continue breastfeeding even when babies suffer from diarrhea. Messages on personal hygiene messages will be developed for dissemination. | D | 1 | 3000 | 1 | 100.00% | 3,000.00 |
| Section Total | | | | | | | 7,000.00 |

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 | Field travel cost Three NCA staff will visit the project locations in two provinces. Field visits will be organised on quarterly basis to monitor the progress and provide support to partners. Team will also visit the field areas to meet the beneficiaries and will attend the coordination at provincial and district level. Cost includes airfare, accommodation, per diem, local transportation cost of the visiting staff. the cost includes air travel cost of 2 NCA staff from Kabul to provinces, accommodation of staff in field, food and per diem. 02 NCA staff will have 4 visits/province during the project period. | D | 2 | 2040 | 4 | 100.00% | 16,320.00 |
| Section Total | | | | | | | 16,320.00 |

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 | Total Cost |
|------|-------------------------|-------|---------------|-----------|----------|---------|------------|
|------|-------------------------|-------|---------------|-----------|----------|---------|------------|

| | | | | | | | Charged to CHF / ERF | |
|------|--|---|----|--------|----|--|----------------------|------------|
| 6.1 | Staffing CoAR | D | 12 | 487.5 | 12 | | 100.00% | 70,200.00 |
| | 12 CoAR staff will be responsible for implementation of project in Khost province. The staff will include management, WASH technical staff, hygiene promoters and support staff based in field office. | | | | | | | |
| 6.2 | Staffing ADA | D | 12 | 480.83 | 12 | | 100.00% | 69,239.52 |
| | 12 ADA staff will be responsible for implementation of project in Khost province. The staff will include management, WASH technical staff, hygiene promoters and support staff based in field office. | | | | | | | |
| 6.3 | Supply, commodities, material CoAR | D | 1 | 194850 | 1 | | 100.00% | 194,850.00 |
| | Construction material for water sanitation facilities for communities and health centers and hygiene items distribution for target families and transpiration cost all the BQs are attached, | | | | | | | |
| 6.4 | Supply, commodities, material ADA | D | 1 | 177213 | 1 | | 100.00% | 177,213.00 |
| | Construction material for water sanitation facilities for communities and health centers and hygiene items distribution for target families and transpiration cost all the BQs are attached, | | | | | | | |
| 6.5 | Travel and monitoring cost CoAR | D | 1 | 28000 | 1 | | 100.00% | 28,000.00 |
| | Travel cost for assessment, distribution and monitoring of project activities in Khost Province | | | | | | | |
| 6.6 | Travel and monitoring cost ADA | D | 1 | 28000 | 1 | | 100.00% | 28,000.00 |
| | Travel cost for assessment, distribution and monitoring of project activities in Uruzgan | | | | | | | |
| 6.7 | Office running cost CoAR | D | 1 | 14100 | 1 | | 100.00% | 14,100.00 |
| | Partner field office running cost during project implementation period in Khost | | | | | | | |
| 6.8 | Office running cost ADA | D | 1 | 12720 | 1 | | 100.00% | 12,720.00 |
| | Partner field office running cost during project implementation period in Uruzgan | | | | | | | |
| 6.9 | Training CoAR | D | 1 | 4000 | 1 | | 100.00% | 4,000.00 |
| | Partner capacity building for the implementation of project activities | | | | | | | |
| 6.10 | Training ADA | D | 1 | 4000 | 1 | | 100.00% | 4,000.00 |
| | Partner capacity building for the implementation of project activities | | | | | | | |
| | Section Total | | | | | | | 602,322.52 |

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 |
|------|-------------------------|-------|---------------|-----------|----------|------------------------------|------------|
| | Section Total | | | | | | 0.00 |

Sub Total Direct Cost 654,242.52

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

Audit Cost (For NGO, in percent) 0.499971787306288%

PSC Amount 45,796.98

| 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 700,039.50

Project Locations

| Location | Estimated percentage of budget for each location | Beneficiary Men | Women | Boy | Girl | Total | Activity |
|---------------------|--|-----------------|-------|------|------|-------|----------|
| Uruzgan -> Tirinkot | 40 | 3250 | 4100 | 1560 | 1590 | 10500 | |
| Khost -> Tani | 22 | 835 | 923 | 380 | 403 | 2541 | |
| Khost -> Gurbuz | 38 | 2220 | 2291 | 1638 | 1110 | 7259 | |

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. NCA Needs Assessment Report- Uruzgan 1-4 Mrach 2015.pdf |
| 2. Assessment Report- Khost 21-25 Dec 2014- NCA.pdf |
| 3. Gender Action Plan- CHF Application.pdf |
| 4. Monitoring framework- CHF Application.pdf |
| 5. BoQs- CHF WASH response - final.pdf |
| 6. NCA- Consolidated budget CHF- 2015.xlsx |
| 7. ADA- CHF Budget budget Uruzgan Province.xlsx |
| 8. CoAR - CHF budget Khost Province.xlsx |
| 9. Tools WASH Monitoring - CHF Application.pdf |
| 10. Assessment Report- Khost 21-25 Dec 2014- NCA.pdf |
| 11. NCA- Consolidated budget CHF- 02 April 2015.xlsx |
| 12. CHF Budget budget Uruzgan Province ADA- 02 April 2015.xlsx |
| 13. CHF Budget budget Uruzgan Province ADA- 02 April 2015.xlsx |

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| 14. BoQs- WASH response Khost and Uruzgan- 2nd April 2015.pdf |
| 15. Khost Province risk analysis 2nd April 2015.pdf |
| 16. Uruzgan province risk analysis 2nd April 2015.pdf |
| 17. Village wise Response Analysis - Trinkot Uruzgan province- 15 April 2015.pdf |
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| 19. Village wise Response Analysis- Gurbuz and Tani- Khost orovince- 15 April 2015.pdf |
| 20. CHF Afghanistan - Visibility and Communication Guidance.pdf |
| 21. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf |
| 22. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx |
| 23. NCA- Consolidated budget CHF- 15 April 2015.xlsx |
| 24. Final budget Khost Province CoAR - 15 April 2015.xlsx |
| 25. Final Budget Uruzgan Province ADA- 15 April 2015.xlsx |
| 26. NCA- Beneficiary breakdown 15 April 2015.xlsx |
| 27. Final BoQs- WASH - 15 April 2015.pdf |
| 28. Final BoQs KAP and Travel- 15 April 2015.pdf |
| 29. BoQs training costs- NCA 20 April 2015.pdf |

