

Project Proposal

Organization	DACAAR (Danish Committee for Aid to Afghan Refugees)																																														
Project Title	Saving Lives through WASH Response in Afghanistan																																														
Fund Code	AFG-15/O580/SA1/WASH/INGO/355																																														
Cluster	<table border="1"> <tr> <td>Primary cluster</td> <td>Sub cluster</td> </tr> <tr> <td>WATER, SANITATION AND HYGIENE</td> <td>None</td> </tr> </table>		Primary cluster	Sub cluster	WATER, SANITATION AND HYGIENE	None																																									
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Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type	Field activities																																												
Project budget in US\$	703,500.87	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>The project aims to improve the health and quality of life among IDPs, returnees, vulnerable host communities and communities with high rates of malnutrition in 28 villages and settlements in 10 district across 3 provinces (Kunar, Nangarhar and Paktya) through provision of safe drinking water and promoting hygiene and sanitation related behavior change through a CLTS approach for an estimated 28000 individuals. The project applies an integrated approach to reducing prevalence of malnutrition, and morbidity and mortality by combining hygiene promotion with environmental sanitation and access to safe drinking water. The target beneficiaries will include a broad range of vulnerable persons affected directly by conflicts, mass displacement, natural disasters and those residing in areas where nutrition programs are on-going and where nutrition threshold has been broken. The project strategy considers the needs and concerns of all the intended beneficiaries by programming around their specific situations. Tailor-made hygiene education to women and girls will be carried out door to door by female hygiene promoters. Hygiene kits will include items particularly needed by women and adolescent girls. Hygiene Promoters, equipped IEC materials, will work closely with community health volunteers, health post staff, elders, women, adolescent, the disabled and children. Through adopting a CLTS approach, DACAAR will also attempt to curtail open defecation in target villages. Locations for water points will be selected together with the beneficiaries with women participating in decision making regarding at least 40% of the locations, since women and children usually fetch water for their families. Each new water point will provide safe water to a cluster of up to 50 households with safe water close to their homes, in line with Sphere standards. Protection and safety concerns will be considered providing safe and easy access to the facilities by women, children and the disabled.</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>8288</td> <td>7868</td> <td>6064</td> <td>5780</td> <td>28,000</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Host Communities</td> <td>2278</td> <td>2188</td> <td>1649</td> <td>1585</td> <td>7700</td> </tr> <tr> <td>Internally Displaced People</td> <td>3106</td> <td>2984</td> <td>2249</td> <td>2161</td> <td>10500</td> </tr> <tr> <td>Other</td> <td>2898</td> <td>2792</td> <td>2093</td> <td>2017</td> <td>9800</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	8288	7868	6064	5780	28,000	Total beneficiaries include the following:						Host Communities	2278	2188	1649	1585	7700	Internally Displaced People	3106	2984	2249	2161	10500	Other	2898	2792	2093	2017	9800	Other	0	0	0	0	0
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Indirect Beneficiaries	<p>The indirect beneficiaries include a total of 94,829 families, which are part of the areas being targeted but these families are not being targeted directly. Among these, 12,290 belong to the target villages and settlements of Paktya, 6,379 belong to the targeted villages and settlements of Kunar, and 68,060 belong to targeted villages and settlements of Nangarhar. While these families are not being targeted directly, they will reap the benefits of the positive spillover of behavior change activities around hygiene and sanitation. Moreover, through the establishment and rehabilitation of water points, the stress on the water points of these indirect beneficiaries will also reduce, thereby benefiting them.</p>		Catchment Population																																												
Link with the Allocation Strategy	<p>The proposed project links with two of the Allocation Strategy's Main Objectives: First, 'maximize the impact of the funds already committed by the CHF under projects funded throughout 2014 where life-saving results and gains can be sustained' through undertaking WASH interventions in provinces where nutrition thresholds have been broken but nutrition interventions are on-going, specifically in the provinces of Paktya and Nangarhar. High levels of Global Acute Malnutrition (GAM) and Sever Acute Malnutrition (SAM), high levels of mortality and morbidity and increased prevalence of stunting, point to the need of holistic programming which only nutrition interventions cannot adequately address. This is also in line with the WASH Cluster Strategic Objective ensuring 'provision of WASH services in areas where the emergency nutrition thresholds have been broken and where nutrition interventions are ongoing in response to the crisis'. Different research studies show the clear relations between water, sanitation, and the proper care and hygiene behaviors of mothers with the nutritional status of under 5 children (UNICEF, Hanoi, 2011). The Ministry of Public Health (MoPH) report shows that rates of underweight and stunting malnutrition in settlements using unsafe water and unhygienic latrines were significantly higher compared to those with access to safe water and hygienic latrines. The WHO report shows that higher rates of underweight and stunting malnutrition were also found among children of mothers who did not practice hand washing with soap at specific critical times. The WHO and UNICEF reports indicate that interaction between diarrheal disease and malnutrition is well established. Diarrhea is often caused by a lack of access to clean water, and lack of proper hand-washing. Poor hygiene practices and lack of hygienic sanitation facilities further exacerbate the problem as feces on the ground contribute to contaminating drinking water and water resources in general. Another WHO study carried out in the past point to a marked reduction in Diarrhea prevalence; up to 39% when access to safe water was improved, up to 32% when access to proper sanitation was improved and up to 45% through hygiene intervention (HE and promotion of proper hand washing (WHO report 2004).</p> <p>Second, the proposed intervention also links with the Allocation Strategy's Main Objective 'provision of life-saving humanitarian assistance to vulnerable populations affected by conflict, mass displacement and cross border movements' through responding to WASH needs of displaced populations (refugees, IDPs and returnees) and partly host communities (where added burden has been placed on their resources by displaced populations also using them) in the provinces of Kunar, Nangarhar and Paktya. The proposed project will address the immediate needs of these displaced populations and vulnerable host communities by implementing a comprehensive and integrated program through the construction of new and repair and rehabilitation of nonfunctional water points so that the vulnerable communities have access to adequate safe water, and through hygiene and sanitation promotion activities using a CLTS approach to empower communities to take charge of the hygiene and sanitation situation in their own villages through curtailing open defecation for sustained improvement. This is also in line with the WASH Cluster's Strategic Objective of responding 'to the WASH needs of vulnerable populations in areas affected by mass displacement of population and cross-border movements putting pressure on available resources within host communities'.</p>																																														
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)																																												
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>John Morse</td> <td>Director</td> <td>0797011000</td> <td>john.morse@dacaar.org</td> </tr> <tr> <td>Irshad Alamyar</td> <td>Head of Fundraising and Communications</td> <td>0797011021</td> <td>irshad@dacaar.org</td> </tr> <tr> <td>Saba Azeem</td> <td>Grants Adviser</td> <td>0791810936</td> <td>saba.azeem@dacaar.org</td> </tr> </tbody> </table>				Name	Title	Phone	Email	John Morse	Director	0797011000	john.morse@dacaar.org	Irshad Alamyar	Head of Fundraising and Communications	0797011021	irshad@dacaar.org	Saba Azeem	Grants Adviser	0791810936	saba.azeem@dacaar.org																											
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BACKGROUND INFORMATION

1. Humanitarian context analysis.
Humanitarian context: Describe the current humanitarian situation in the

Afghanistan has the second highest rate of under-five mortality in the world, with a rate of 101 per 1000 live births, the infant mortality rate is 73 per 1000 live births and the neonatal mortality rate is 36 per 1000 live births (JMP WHO and UNICEF Report 2014). Though in recent years Afghanistan has made a good progress in providing access to safe water in the country, still 44 % of the rural population lack access to improved water sources and 77% of the rural population lack access

<p>specific locations where this project will be implemented</p>	<p>to improved sanitation facilities (UNHCR Khost and Paktkia Update Report, 2014). In 2015, the Humanitarian Needs Overview (HNO) estimates that close to 1.9 million people in the country will need WASH assistance as a result of shocks. Kunar, which is ranked as the province with the highest needs according to the HNO, is ranked as 5 for the incidence of SAM, GAM, diarrheal diseases, conflict induced IDPs and insecurity. Access to water is also ranked at 3 and hygiene practices a dismal 4. From DACAAR's needs assessment, only about 15% of the communities had access to safe water, with the rest collecting water from the rivers. With mostly women and children collecting water, they often faced issues such as security concerns due to sporadic and frequent gun fire, and injuries as a result of slipping due to the rocky terrain. Of the 15,379 families in the targeted areas in Kunar, 5,404 were internally displaced within the last 12 months, whereas 735 were recent returnees. Nangarhar has also seen an increase in conflict over the last few years, which has led to its high conflict profile ranking of 4.9. The province is also characterized with high level of insecurity (5), high levels of mortality and morbidity (4.6) and high levels of acute diarrheal diseases (5). The situation has been further compounded by the province being hit by floods consecutively since 2006, which has led to the Severe Acute Malnutrition (SAM) rates of the province being over 10%. From DACAAR's needs assessment, it was revealed that many community members, especially women and children were hospitalized as a result of malnutrition. Health Care Practitioners also revealed that while NGOs such as AADA and Save the Children along with WFP are undertaking nutrition programming, the lack of safe water and adequate sanitation facilities needs to be addressed in order to sustainably address malnutrition and undernutrition. With the HCPs pointing to a very strong correlation between malnutrition and the incidence of diseases such as diarrhea, typhus and malaria, they also pointed out that the incidence of such diseases and malnutrition is higher in women and children, especially among the recently displaced populations. Approximately 50% of the populations interviewed for the needs assessment did not have access to safe water. While many had access to cultural latrines, less than 30% were sanitary. While DACAAR only came across 3,226 returnee families among the 69,400 families in the targeted areas, it is expected that more families will return from Pakistan after the Pakistani government and UNHCR becoming more strict about the repatriation of unregistered refugees. This will further add to the stress on the meager available resources such as water points. There are also a total of 5,659 internally displaced families, which were displaced within the last 12 month, particularly in Kama, Kuz Kunar, Surkh Rod and Chaparhar. number of returnees in Paktya during its needs assessment, especially in the Chamkani settlement. Similarly Dande Pattan also had a high concentration of returnees and IDPs which have been displaced within the last 12 months. Paktya also has high incidence of SAM and GAM (5 each), under-5 mortality and acute diarrheal diseases (4 each), conflict induced IDPs (3), and poor access to water and hygiene practices (2 each). DACAAR observed the highest</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>DACAAR undertook a thorough literature review by referring to the Afghanistan HNO and SRP for 2015, National Nutrition Survey 2013, WASH Cluster reports, and monthly bulletins issues by UNHCR and OCHA. Information was further consolidated by carrying out a Rapid Needs Assessment in the proposed provinces of Kunar, Nangarhar and Paktya. Once the districts and villages were identified through collaborating with the government, DACAAR then went and surveyed these targeted areas and held FGDs with the communities, separate for men and women in accordance with the cultural norms of the country, to identify the gaps in services and the needs of these communities. In villages with high malnutrition rates, DACAAR staff also met with Health Care Practitioners (HCP) to identify the causes of malnutrition. As with most research available, the HCPs pointed to a high correlation between the incidence of diarrhea and jaundice to unsafe water. In Nangarhar, in the Kama District Central Hospital, HCPs shared that the population of the settlement is seriously malnourished and undernourished with upto 200 people admitted in the hospital for treatment, with diseases such as malaria, typhus, and diarrhea mostly are affecting women, elderly and children, especially among the recently displaced populations. They pointed out that while NGOs such as AADA and the WFP are running nutrition programs in the district, they need access to safe water and improved hygiene practices to see a visible and sustainable change. Similarly the HCP in Khwa also shared that while WFP, Save the Children and AADA are working on nutrition in the area, access to safe water and lack of appropriate sanitation facilities spiral the spread of diarrhea and malaria. Similarly in the villages of Billah, Daman and Karez e Kabeer in Behsud district of Nangarhar, from a total population of 22952 families, only approximately 14000 families had access to safe water. In the villages of Ghulam Dag, Soorgu, Dawlatzai and Kochyangarnaw in District Chaparhar, from a total of 6559 families, only 3360 families had access to safe water. In Sheikh Misri and Chamtala settlements in District Surkhrod, over 2500 families did not have access to safe water. These statistics reveal that in the targeted villages of Nangarhar, approximately 50% of the population does not have access to safe water sources. In the villages of Chinari and Kanadar of District Chawkai of Kunar, FGDs revealed the issues communities face while collecting water. While women (30%) and children (50%) are mainly responsible for collecting water, they stated that the two major challenges they faced included the insecurity in the area which included frequent gun fire, and the slippery road, especially during rain when many children are at a risk of sustaining injuries by falling down. With the main water sources having dried out, communities are forced to collect water from the river. From a total of 1400 families, only 250 have access to safe water. Similarly in the village of Sagai which falls in the 2 districts of Shigal and Assad Abad, communities are facing issues because of the turbidity of the river water, which they rely on as the primary source of water. From a total of 1,200 families, only 150 have access to safe water here. In district Chamkani of Paktya, women (80%) and children (20%) collect water. From a total of 22407 families in the villages of Ragas Kalay, Tani and Bagyar, 40% have access to clean water, with the rest accessing spring water for their needs. 75% of the population in these villages do not have access to latrines, with women and children facing issues when going to the fields for defecation. During FGDs the communities also cited poor hygiene conditions which are exacerbated for pregnant and lactating mothers, during childbirth and menstrual cycle. For Gardez, 45% of the people have access to safe water and in Dande Pattan, only 30% have access to safe water.</p>
<p>3. Description Of Beneficiaries</p>	<p>Nangarhar, Kunar and Paktya provinces are being targeted as the nutrition thresholds have been broken, and the high levels of GAM and SAM have led to a nutrition emergency, and there are high levels of displaced populations. There are also poor hygiene practices, lack of access to water, and high incidence of diarrheal diseases as per the HNO. Similarly, these provinces are also ranked high in terms of conflict induced IDPs and have mass displacements, ranging from IDPs, documented and undocumented returnees. The needs assessment DACAAR conducted also showed that women and children were especially suffering from a lack of adequate WASH resources, as described above, with the men of the family spending most of their time searching for employment, unable to cater to the basic needs their families have. DACAAR's key staff in Kabul met with the Ministry of Public Health (MoPH) at the national level, and senior regional staff visited relevant government departments at the provincial level in all three provinces, based on which districts and villages were selected. Based on findings of the needs assessment, DACAAR proposes to work in a total of 28 villages and settlements in 10 districts across 3 provinces targeting a total of 28,000 persons (women, men, girls and boys). The beneficiaries will include IDPs, returnees and vulnerable host communities. For the categorizing displaced populations, DACAAR considered families which had been displaced within the last 12 months to ensure that the most vulnerable are selected. Vulnerable persons of all ages and sex as well as those falling under other special groups such as the disabled and minorities will be equally targeted. Once the proposed project is approved, DACAAR will once again liaise with the government authorities, specifically PRRD, DoPH, DoRR and community structures (Shuras, CDCs, DDAs, etc), community elders to identify the caseloads to be targeted. This will be done following a do-no-harm, conflict sensitive approach. Districts and villages will be chosen using the following criteria:</p> <ul style="list-style-type: none"> - Security is guaranteed by the community; - Communities agree to provide unskilled labor; - Communities with high ratio of widows, female and youth headed households and families with high number of elderly people (who are unable to work) or people with disabilities, with an acceptance of their inclusion in the interventions; - Communities where the emergency nutrition thresholds have been broken and where nutrition interventions are ongoing in response to the crisis; - Insufficient safe water is available for IDPs, returnees, malnourished and host communities; - Displaced population integrated with host communities, or only displaced populations bunching together in clusters of more than 20-50 families (as per Sphere standards); - Villages where there is a higher use than normal by allowing displaced population to draw from the sources; - Villages where water sources are non-functional and can't be repaired by the local communities (will be considered for repair interventions). <p>Each of the 28,000 beneficiaries (4,000 families) will be getting the entire WASH package- meaning, each will benefit from access to safe water, hygiene education and CLTS sessions.</p>
<p>4. Grant Request Justification.</p>	<p>DACAAR is an apolitical, non-governmental, non-profit humanitarian organization that has been working to improve the lives of Afghan people since 1984. DACAAR works in rural areas and aims at improving rural livelihoods through sustainable activities that engage Afghan communities to be agents of their own development process. DACAAR primarily targets vulnerable groups such as internally displaced persons (IDPs), latest returnees, refugees and vulnerable host communities. Activities inside Afghanistan are implemented with an integrated approach through four thematic areas namely: water, sanitation and hygiene education (WASH); women's empowerment (WE); natural resource management (NRM); small scale enterprise development (SSED); and in addition, DACAAR is a facilitation partner of the National Solidarity Program (NSP). Over eight million Afghans across 29 of Afghanistan's 34 provinces have benefited from DACAAR's humanitarian and development activities since its establishment. In 2013 alone, DACAAR reached out to around 680,000 beneficiaries. DACAAR has more than two decades of experience in implementing WASH activities in Afghanistan and has established more than 43,000 public water points across 28 of 34 provinces. DACAAR has full presence and capacity in the form of regional and field offices, staff and logistical and technical readiness in all the provinces proposed for this action. DACAAR's Program Department employs a team of highly experienced and qualified managers, engineers, geologists, technicians, trainers and specialists. A WASH adviser is attached to the program to further capacitate and advise the Afghan specialists. From the technical point of view DACAAR maintains a strong track record of working in difficult areas (mountainous, hard ground strata, low water table) which puts the organization in a unique position to implement the project in the proposed provinces, particularly Khost, Kunar and Paktya. Moreover, DACAAR has established in-house capacity and established routines for monitoring and technical quality control carried out by its independent Monitoring and Evaluation Unit and Quality Assurance Team (QAT). Monitoring of the project activities also is carried out at different levels including senior and program management site visits, Technical Unit visits, etc. DACAAR is involved in the National and Regional WASH Cluster in Afghanistan, where DACAAR has been the Co-lead Coordinator since April 2013, and previously was the National Deputy Lead until April 2011. DACAAR is also the Deputy Co-lead of the WASH Cluster in Eastern and Northern Afghanistan. UNICEF, DACAAR and others established the Water and Sanitation Group (WSG), which supports the preparation of policies and strategies for the sector, in 1997. The WSG, now chaired by the Ministry of Rural Rehabilitation and Development (MRRD), has three working groups for water, sanitation and hygiene education, which DACAAR is very active in, and chairs the Water Technical Working Group (WTWG). To accelerate capacity building in the sector, DACAAR in 2010 established a Water Expertise and Training Center (WETC), as a hub for data, information and action research as well as a vehicle for training and technical support to government agencies, NGOs and the private sector. The WETC through its laboratory is able to test the water quality for DACAAR projects and clients including NGOs, the government, private sector and UN agencies. DACAAR also keeps a database of water point functionality and groundwater, through its network groundwater monitoring wells. DACAAR coordinates and works closely with humanitarian actors and relevant government departments working in similar activities in the sector at the district, provincial and national levels, to ensure sustainability of implemented activities, and collaborates closely with the Emergency Response Mechanism (ERM) partners.</p>
<p>5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.</p>	<p>To meet the aims of DACAAR's WASH component of its Strategic Program Framework, 2013-2016, the organization is currently implementing WASH projects in Khost, Balkh, Faryab, Kabul, Kunduz, Nangarhar and Takhar with funding from ECHO, Royal Norwegian Embassy, Danish International Development Assistance, Swiss Agency for Development and Cooperation, Swedish International Development Agency and the United Nations Children's Fund, with the latter also providing emergency WASH assistance for refugees and host families in Khost. DACAAR will target communities affected by displacement or high rates of malnutrition which have not received any WASH assistance. The strategic aim of DACAAR is to meet the needs of vulnerable groups affected by acute emergencies coherently and balanced throughout its areas of operation in order to implement in a conflict sensitive manner (some for all but not all for some). This approach enables synergies on different levels. Firstly, a geographical synergy which facilitates that basic needs are being met equally throughout a province. Secondly, a synergy in implementation is maintained. For example communities are often acquainted with or have heard about the work of DACAAR and liaison established with CDC's and</p>

local government structures from previous actions, which enables a faster and more efficient implementation process. Thirdly, the follow-up after projects finalization by DACAAR staff is easier handled and cooperation between different communities on maintenance on water points is more likely. Fourthly, the provinces targeted are hosting a constantly increasing number of IDPs and returnees, which puts a pressure on host communities and access to safe water on an on-going basis.

DACAAR coordinates and works closely with humanitarian actors working in similar project sites and sectors on the district, provincial and national level to ensure the sustainability of implemented activities, and collaborates with the ERM partners. For this reason, DACAAR is regularly participates in meetings with program teams at the national level, and has direct meetings, sectoral and cluster meetings and meetings through the ACBAR forum. Through the ERM, DACAAR is partnering with ACF, DRC, NRC and PIN. The ERM increases humanitarian access to provide rapid humanitarian assistance to the immediate needs of communities affected by shocks in a timely, effective and coordinated manner. Jointly, with guidance from ECHO, the ERM partners have developed the Common Rationale which guides the protocols and the SOPs to follow during an emergency. Furthermore, together with UNICEF and WHO, DACAAR is also the WASH cluster co-lead coordinator. DACAAR's Co-Lead Coordinator participates and contributes in coordination meetings, supports in the preparation of a WASH Policy and guidelines to be used during emergencies, and background data collection for the CHAP process. DACAAR is also a part of the WSG and contributes regularly to policy making through meetings.

Lastly through DACAAR's WET Center, DACAAR not only trains various representatives of the government, NGOs, private sector and UN agencies on various WASH related topics, it also publishes various studies which are disseminated to a wider audience. The Center also runs water quality tests, and maintains a database on water point functionality which it shares with relevant government line agencies. DACAAR also has a network of Ground Water Monitoring Wells, installed since 2005, which record the geological and ground water situation of the areas.

Although the proposed project and the current projects all feed into DACAAR's WASH program, no co-financing has been secured for the proposed project.

LOGICAL FRAMEWORK

Overall project objective IDPs, returnees, vulnerable host communities and malnourished have improved health and quality of life. Through targeted WASH interventions, by providing access to safe water, gender and age sensitive hygiene education and promotion of culturally appropriate sanitation behavior change through a CLTS approach, the project aims to improve the health outcomes of vulnerable people. With the provision of adequate WASH services, the incidence of preventable water borne and water washed diseases will be reduced, thereby improving the nutritional status of vulnerable populations, making them less susceptible to these preventable diseases. Moreover, the provision of WASH services to displaced populations will ensure that they have access to basic services, thereby reducing the burden on the host communities' meager resources.

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	34
Objective 3. WASH services are provided to populations affected by natural disasters and conflicts	3. Timely response to affected populations	33
Objective 1. WASH activities contribute to reductions in excess child morbidity	1. Excess morbidity and mortality reduced	33

Outcome 1	IDPs, vulnerable host communities and communities with high incidence of malnutrition demonstrate improved hygiene and sanitation behavior, and have access to and use safe water	
Code	Description	Assumptions & Risks
Output 1.1	Targeted communities have improved hygiene behavior change	Women participation is ample

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 which have received hygiene education sessions and hygiene kits					4000
	Means of Verification:	Post KAP Survey					
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Percentage of targeted households who know at least three causes of diarrhea at project end					85
	Means of Verification:	Post KAP Survey					
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to a place to wash hands with soap					28000
	Means of Verification:	Post KAP Survey Distribution Reports					

Activities

Activity 1.1.1	Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene practices and behaviors Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities. Therefore, hygiene education is an integral part of its approach, provided by dedicated community based male and female hygiene and sanitation promoters, organized in 2 person hygiene promoter couples (mahram). Each couple will cover a cluster of closely located villages. The hygiene and sanitation promoters use a variety of tools and methods to reach out to community members and to make them aware of the benefits of the use of safe water, adequate sanitation, how to appropriately handle food, use of chlorine or filters for household water treatment, and the importance of family and personal hygiene. These sessions will also include the importance of safe water, sanitation facilities and hygiene in contributing to the health and nutrition of the communities. These messages are given through hygiene sessions (separate for males in public places and for females at their houses going door to door), pictures and posters, along with the distribution of hygiene kits.					
Activity 1.1.2	Installation of hand-washing stations at household level in target areas Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. A systematic review study conducted (Fewtrell et al. 2005) reveals that diarrheal episodes are reduced by 25% through improving water supply (e.g. increasing access to more water can enable better hygiene), 32% by improving sanitation, 45% through hand-washing, and 39% via improving household water treatment and safe storage. Hence, DACAAR will also set up 4000 hand-washing stations in its 28 targeted villages, one per targeted household. The hygiene and sanitation couple, as part of its hygiene education, will touch upon the importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases. These hand washing stations are an integral part of behavior change.					
Activity 1.1.3	Distribution of 4,000 Hygiene Kits in target areas, one per targeted family Description: As part of the targeted hygiene sessions, the hygiene and sanitation couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each family will receive one kit during the course of the intervention.					

Output 1.2	Improved sanitation behavior change of targeted communities through a CLTS approach	Communities respond well to CLTS approach (triggering)
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Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of Community Based Natural Leaders undertaking CLTS campaigns in their target villages					28
	Means of Verification:	Monitoring Reports					
Indicator	WATER, SANITATION	Percentage of target communities declared Open Defecation Free (ODF) at the end of the					60

1.2.2	AND HYGIENE	project							
Means of Verification:		Post KAP Survey							
Activities									
Activity 1.2.1	<p>Conduct Pre KAP and Post KAP studies in target area Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of the pre and post KAP surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The pre and post KAP survey study gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes. The questions are on both personal and environmental hygiene. Some of the questions in the surveys include: a) Mean time to get to water, b) access to safe water sources, c) knowledge on how to treat water to make it safe, d) knowledge of diseases caused by unsafe water, e) knowledge of how to dispose waste safely, f) knowledge of danger signs of diarrhea, cleanliness of latrines, g) storage of water, h) use of soap during hand washing etc. These surveys are conducted by DACAAR's Hygiene and Sanitation Unit, with DACAAR's Hygiene and Sanitation Coordinator overlooking the entire process from start to finish.</p>								
Activity 1.2.2	<p>Identification of 28 Community Based Natural Leaders, one per target village Description: For the CLTS approach to work, it is essential that it is led by the communities themselves. Hence, DACAAR, through consultations with the CDCs will identify 28 community based 'Natural Leaders' - one for each of its target villages, who will be undertaking the campaign. This will help in the first step of the CLTS approach- 'Rapport Building'. In CLTS approach, community entry and rapport building is the foremost step of pre-declaration phase. Immersion with community, understanding the situation and community values before actual intervention help in building trust and mutual understanding between the community and facilitators. Rapport building aids in accessing actual situation and perspective of community as well as different aspects associated with hygiene and sanitation making the facilitation process easier. Both the hygiene and sanitation couples and the community based natural leaders will be undertaking this step together. The second step 'Ignition Process' creates a of situation of embarrassment and disgust associated with open defecation and other acts which contaminate surface water, which motivates the community to take immediate actions for stopping open defecation. The natural leaders will be a voluntary position and will not be on DACAAR's payroll, however they will be given an allowance to cover their transportation and communications costs that they will incur for the CLTS process.</p>								
Activity 1.2.3	<p>Conduct ToT of hygiene and sanitation facilitators and natural leaders Description: It is essential for the hygiene and sanitation facilitators and the natural leaders to understand fully the CLTS process and how they will approach it in their respective communities. For this, Provincial level Trainings will be held, with each training session targeting approximately 20 people to ensure maximum impact. These will be a 6 day session, which will be conducted by an external CLTS master trainer. Other project based staff will also be attending these trainings, and government officials will also be invited to attend these sessions to ensure their maximum ownership from the very start, which is essential to the success of the implementation. A three day refresher training, also at the provincial level, will also be held halfway into the approach. Not only will this go over the concepts again, this will also enable the natural leaders and the hygiene and sanitation couples to discuss the challenges they faced, how they overcame these challenges, what additional assistance they require, and the achievements of their respective villages. Although achieving Open Defecation Free (ODF) communities can take approximately two years, DACAAR will attempt to streamline it within one year. The natural leaders will then attempt to keep the momentum on-going after the project ends.</p>								
Activity 1.2.4	<p>Launch CLTS campaign in target villages and settlements Description: DACAAR found that during the Rapid Needs Assessment, most households did have a sanitation facility which was mainly used by the females and the children while most times the men went outside to defecate. However, these facilities were not hygienic. Hence it will be the target of the natural leaders and the hygiene and sanitation couples to encourage and motivate the target communities to make these facilities hygienic and to curtail open defecation. After the Ignition Process, the third step 'Planning and Implementation Actions' will be initiated, which will include: the formation and task allocation of a user group (most likely under the CDC/ village shura where it exists), preparation of an action plan (including what, when, who and where), and setting up of norms. Before this process, results of the pre KAP survey will be shared with the communities so that they can realize the gravity of the situation, and also plan and set targets accordingly. The communities will then start to make/ improve their latrines to ensure they are hygienic using locally available materials, guided closely by the hygiene and sanitation couples and the natural leaders. The campaigning for ODF and toilet building will go simultaneously. DACAAR will also closely align its CLTS approach to UNICEF's, as per the training expected for June 2015.</p>								
Activity 1.2.5	<p>Monitoring visits by relevant government officials Description: The next step in the CLTS approach to declare a community ODF is 'Monitoring and Follow-up' which is done in three phases: In the first phase, the action committee together with other groups will initiate monitoring immediately after the action plan prepared to ensure toilet building and stopping OD by the time frame set. In this phase, the flags put in the OD areas are gradually taken out from the areas where OD is stopped. The second phase monitoring will be undertaken by the action committee, but also by DACAAR's senior staff and government officials. This won't be a onetime visit only, but rather will be a series of visits, where each area will be visited at least thrice during the duration of the project. The third phase monitoring starts after declaration of ODF status. This monitoring will motivate and ensure to sustain the ODF and upgrade the toilet. If any toilet is destroyed by rain, flood and any other reasons, it will motivate to rebuild. During these visits, households which have made/improved a latrine which is declared sanitary, are given a reward. This will encourage other households to do the same.</p>								
Activity 1.2.6	<p>ODF ceremonies held at district level Description: Once open defecation practices are stopped and use of toilet is prevalent in the school catchment and over all village, it may be declared ODF status. This is usually declared by relevant government officials. ODF ceremonies will be held at the district levels, with relevant government officials in attendance, and community leaders and natural leaders of communities which have been declared ODF will be publically lauded by planning turbans on their heads (depending on what is culturally appropriate for the relevant district). This will also encourage other villages where DACAAR is implementing CLTS but haven't yet been declared ODF, and villages where DACAAR is not intervening, to take concrete steps to have their villages declared ODF as well.</p>								

Output 1.3	Internally displaced people, vulnerable host communities and communities with high levels of malnutrition have access to and use safe drinking water	Hydro-geological conditions are favorable Quality inputs are timely available
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Indicators									
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target		
			Men	Women	Boys	Girls			
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	Number of non-functional water points rehabilitated					200		
Means of Verification:		Monitoring Reports							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of new water points established					100		
Means of Verification:		Monitoring Reports Water User Group Agreements							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water					28000		
Means of Verification:		Monitoring Reports Baseline and Endline Reports							
Indicator 1.3.4	WATER, SANITATION AND HYGIENE	Number of care-takers trained on Operation and Maintenance (O&M) of water points					28		
Means of Verification:		Monitoring Reports							

Activities									
Activity 1.3.1	<p>Rehabilitation of 200 non-functional water points in the intervention areas Description: Water distribution networks, such as pipe schemes and wells will be repaired on high priority and normal water points resumed. In doing so, approximately 200 water points will be rehabilitated and repaired. Each repaired water source will also seek to assist up to 50 families each, depending on the flow of water, which may be reduced in case the displaced population returns to its own villages.</p>								
Activity 1.3.2	<p>Construction of 100 new water points</p>								

Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish 100 new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load of on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. DACAAR will set up formal Water User Groups (WUGs) in it does in its usual WASH interventions, and will hand the water points over to them in formal agreements.

For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Not only do they jointly select the locations for these sites (with at least 40% being selected by women), communities also contribute through the provision of unskilled labor. The boreholes for hand pumps are normally drilled with a percussion rig as the depth for a borehole to be fitted with a hand pump. The field engineer will accompany the site engineer and check all the water points technically; and DACAAR's Quality Assurance Team as well as WASH Advisor will make an independent assessment as well. If a problem is detected it will be corrected in coordination with the community to further build their capacity to operate and maintain the water points. The construction of water points is connected with many geological risks, therefore DACAAR hydro-geologist team will carry out preliminary desk study of the area to identify the soil and groundwater conditions in the area. DACAAR's database would be useful to support for the identification of feasible water point in the affected areas. The boreholes for hand pumps are normally drilled with a percussion rig (with a 14" bucket) as the depth for a borehole to be fitted with a hand pump. Given the rocky ground strata of Pakiya and especially in Kunar, rotary wells may also have to be drilled. However, based on the effectiveness, efficiency and cost-effectiveness, appropriate technology will be used.

Activity 1.3.3 Organize a training on maintenance and operation of hand pumps for selected care takers in the intervention areas
 Description: All caretakers are identified, and trained and introduced to the activity. Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The mechanics will be selected by the community elders based on a number of criteria, for instance if the mechanic is likely to stay in the village and that they find such a person to be hard working, honest and reliable. The site engineer will ensure that the mechanics know all the sites, and the mechanic will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. By the time all the points are installed the mechanic will receive a bicycle and the tools required to enable the person to do the repairs.
 Each WUG must select a caretaker who is able to organize the community, collect funds for O&M and support the DACAAR WASH team during the construction stages and with the O&M of the water point after construction. The caretaker's main task in connection with the DACAAR WASH team is to interact with the community and provide sand, ballast and unskilled labor as required during construction of the water point. In the case of a piped water scheme the community are required to dig trenches for the pipes according to instructions from the engineer considering the local circumstances, weather conditions, traffic and other issues. The O&M is the most important function for the caretaker as this will have a direct impact on the service life of the water point. Regular and timely maintenance will ensure an extended life cycle, while operating the water point (by keeping it clean and proper use of the equipment) will extend the life cycle and lower the repair costs.
 Hand pump mechanics are selected in the WUGs and trained by the DACAAR WASH team staff to maintain the water points. It is the task of the caretaker to ensure that these are paid by the WUGs and that they have all the resources they need to maintain the water points. Mechanics and operators are essential for the long-term sustainability of the water points. This ensures sustainability beyond the duration of the project.

Activity 1.3.4 Conduct water quality tests for all new and rehabilitated water points
 Description: In order to ensure the quality of water supplied to affected people, water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Centre is well equipped in carrying out these bacteriological, chemical and physical tests. In instances where interventions include household water treatment including distribution of chlorine or filters, these will be accompanied by information and education on correct use and maintenance. This information will be given by the hygiene promoters, as well as through picture-based leaflets and demonstrations at distribution points. The hygiene promoters, while conducting hygiene promotion sessions, will also follow up on the use of chlorine and filters. When a water point is rehabilitated, or a new one is established, a water test will be conducted before handing the water point over to the community (3 samples per water point).

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 Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene practices and behaviors Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities. Therefore, hygiene education is an integral part of its approach, provided by dedicated community based male and female hygiene and sanitation promoters, organized in 2 person hygiene promoter couples (mahram). Each couple will cover a cluster of closely located villages. The hygiene and sanitation promoters use a variety of tools and methods to reach out to community members and to make them aware of the benefits of the use of safe water, adequate sanitation, how to appropriately handle food, use of chlorine or filters for household water treatment, and the importance of family and personal hygiene. These sessions will also include the importance of safe water, sanitation facilities and hygiene in contributing to the health and nutrition of the communities. These messages are given through hygiene sessions (separate for males in public places and for females at their houses going door to door), pictures and posters, along with the distribution of hygiene kits.	2015						X	X	X	X	X	X	X
	2016	X	X										
Activity 1.1.2 Installation of hand-washing stations at household level in target areas Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. A systematic review study conducted (Fewtrell et al. 2005) reveals that diarrheal episodes are reduced by 25% through improving water supply (e.g. increasing access to more water can enable better hygiene), 32% by improving sanitation, 45% through hand-washing, and 39% via improving household water treatment and safe storage. Hence, DACAAR will also set up 4000 hand-washing stations in its 28 targeted villages, one per targeted household. The hygiene and sanitation couple, as part of its hygiene education, will touch upon the importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases. These hand washing stations are an integral part of behavior change.	2015							X	X	X	X	X	X
	2016	X											
Activity 1.1.3 Distribution of 4,000 Hygiene Kits in target areas, one per targeted family Description: As part of the targeted hygiene sessions, the hygiene and sanitation couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each family will receive one kit during the course of the intervention.	2015												X
	2016	X	X										
Activity 1.2.1 Conduct Pre KAP and Post KAP studies in target area Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of the pre and post KAP surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The pre and post KAP survey study gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes. The questions are on both personal and environmental hygiene. Some of the questions in the surveys include: a) Mean time to get to water,	2015					X	X						
	2016			X	X								

DACAAR's project M&E system is comprised of quarterly input-output based data collection; Key Performance Indicator (KPI) based half-yearly monitoring; baseline survey and end-line survey (in this case, a pre KAP and post KAP survey). For input and output level monitoring, quantitative methods are used. For KPI based monitoring and outcomes monitoring, mixed methods (both qualitative and quantitative) are used. Quantification of qualitative measurements is used in surveys. DACAAR's Kabul Main Office will be responsible for communication with and reporting to UNOCHA on the proposed project. Data of beneficiaries will be shared according to OCHA's specifications for its Remote Call Monitoring.

OTHER INFORMATION

Accountability to Affected Populations

With the consent of relevant local authorities, DACAAR engages with communities through existing community based organizations such as CDCs, Village Shuras and/or District Development Assemblies. Community mobilization happens in several stages and ensures full representation for ownership and participation at all levels of the community thereby enabling communities to identify needs, set priorities and acquire capacity for implementation by being an integral part of it. Beneficiaries are involved in every step of the project management cycle: first, they are consulted, as were for the proposed project, during the needs assessment stage while designing a project. This allows DACAAR to focus on the critical needs of the community and address them with a culturally sensitive manner. Separate discussions are held with men and women in accordance with the traditions in country, which also allows women to voice their opinions more freely. Once the project is approved, a detailed needs assessment and a KAP study will be carried out. However, before conducting these studies, relationships are built with the community through DACAAR's senior field based staff visiting the target villages and explaining in detail the project and its activities to the CDCs and village elders to ensure that they have full knowledge of the project for their maximum ownership of the project. Moreover, through adopting a CLTS approach, it is essential to have community buy in from the very start. Although all three components of the WASH project will target the entire community, results of the needs assessment and the KAP study will be shared with the community, especially through CDCs. Third, once project activities are started, the CDCs are also consulted. For instance, the locations for establishment for new water points are always jointly selected with the communities. Where possible, costs of small projects undertaken in the communities are also shared with CDCs to ensure transparency. DACAAR engineering team will carry out detailed survey to finalize the feasibility and environmental issues for water points. Communities have a chance to give their feedback to DACAAR through the staff working in the field both formally in meetings and informally. This feedback is either incorporated into the program, or the reasons for not incorporating it are also explained and discussed openly. Community members are given contact information of DACAAR's offices, which they can also contact if they have complaints. Lastly, joint monitoring visits are also conducted with the community elders.

DACAAR is not only accountable to its beneficiaries, but is also accountable to other stakeholders, especially the government. Government staff are welcome to visit the project sites to conduct monitoring visits. In the proposed project, these monitoring visits by the government are crucial under the CLTS approach. Moreover, DACAAR also submits regular reports to the Ministry of Economy to ensure full transparency.

In maintaining its commitment to transparency and accountability, DACAAR also has an Internal Audit department, which undertakes financial and programmatic audits, and reports directly to DACAAR's Governing Board in Copenhagen. Annual financial audits by external auditors also ensure accountability and transparency. Lastly, all donors are welcome to conduct external audits of DACAAR's project as well.

DACAAR closely follows a Do No Harm approach in all its WASH interventions and closely follows the NPP's principle of some for all rather than all for some. For instance in the proposed project, although DACAAR is selecting communities where nutrition thresholds have been broken, the rehabilitation of waterpoints and/or establishment of new waterpoints will provide water for all the community and not just the malnourished or undernourished. Similarly Hygiene education sessions and the CLTS campaign will also involve the entire community and not just a select few.

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

DACAAR is constituted by two organizations namely DRC and Danish People's Aid (DPA). Together they form the Governing Board of DACAAR based in Denmark. DACAAR's secretariat is also placed in Copenhagen and links the Governing Board with the Director of DACAAR based in Kabul, as well as providing support to the Director and main office in Kabul. The organization consists of four main departments in the main office in Kabul namely: Program; Fundraising and Communications; Finance and Administration; and Human Resources.

Besides the main office, DACAAR consists of six regional field offices, geographical positioned in relation to target areas, and located in the Central, East, North-East, North, North-West and West regions of Afghanistan. The regional offices administrate the smaller district offices, which are set up in connection with specific project activities. The district offices manage the actual implementation of activities with reference to and quality assurance conducted by the regional managers and operations manager. The flexible structure with smaller district offices ensures that DACAAR staff are close to project implementation and can work directly with the local communities, and also ensures that administration and running costs are kept low due to the re-locatable structure of the district offices. For the proposed projects, the Central Regional Office will be overseeing the activities in Paktya, whereas the Eastern Regional Office will be overseeing activities in Kunar and Nangarhar.

For the implementation of WASH activities, the DACAAR Program Department employs a team of highly experienced and qualified managers, engineers, geologists, technicians, trainers and hygiene education specialists, many of whom have been with DACAAR for decades. Additionally, DACAAR is the only NGO in Afghanistan which has in-house capacity and established routines for quality control and inspection of WASH material. A Quality Assurance Team conducts follow-up monitoring of all on-going projects, further enhancing the quality of the technical work. DACAAR's regional managers also monitoring on-going projects on a regular basis. A WASH Adviser is attached to the program to further capacitate and advise the Afghan specialists.

DACAAR uses its own national staff to implement all activities in the field, and because of DACAAR's long presence in the targeted provinces, field staff are well familiar with the localities. Field staff, especially the hygiene educators, often live in the targeted communities side by side with the beneficiaries. This is to ensure their acceptance by the community and thereby ensure sustainability of the Action. Because DACAAR's field offices are in close proximity of target areas, technical staff such as the field engineers has an opportunity to observe the community's operation and maintenance of water points. This enables them to support the beneficiaries better. The close relationships which are built with the community, and the support the technical staff is able to provide to the beneficiaries all contributes to strengthening the sustainability of the implemented activities. In this particular project, community based Natural Leaders will also be selected, which are crucial for the success of the CLTS approach. These leaders will be from the villages and will be jointly selected by the CDCs and Water User Groups. This will be a voluntary position with DACAAR only paying them a stipend to cover their travel and communication costs.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. WASH cluster	Participation in WASH cluster meetings at national and field level as WASH cluster co-lead

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

DACAAR has a good and solid experience in adapted assistance, mitigation of negative effects and inclusion of relevant age and gender groups in the design, implementation and evaluation of the action. As an example DACAAR has experienced female staff who ensure delivery of adapted assistance when male staff are not allowed access to female beneficiaries. Hygiene messages differ for different audiences, with the male hygiene promoters targeting the male members of the community in a public venue and the female hygiene promoters targeting the female members of the community delivering the message door to door. The hygiene promoter couples DACAAR employ for hygiene promotion in the communities are also Mahram (e.g. husband and wife, father and daughter, brother and sister, etc) keeping in mind the cultural context of working in Afghanistan. The Needs Assessment that DACAAR conducted had separate focused group discussions (FGDs) with women respondents, mainstreaming questions about protection in the questionnaire. Since women and children mostly go to fetch water from the wells, selection of at least 40% water points is also done together with women beneficiaries to avoid protection issues they may face. DACAAR will establish simple accountability (downwards) mechanism in which women, men, adolescent girls and boys, elders and disabled persons have also an access to project information and complaint mechanism. Lastly, DACAAR has also included gender related indicators in the project, hence reporting will also be done on gender and age desegregated data.

Justification of the Environment Marker: Using the CLTS approach, DACAAR will guide communities to improve their sanitation facilities using locally available, culturally appropriate materials, to ultimately achieve open-defecation free communities. This will have a positive impact on the environment, reducing the contamination of groundwater and associated diseases. Construction of new water points, may have effects on the environment, however as a first priority, DACAAR will work towards rehabilitating and repairing dysfunctional wells. If however, there are no dysfunctional wells or dysfunctional wells cannot be repaired or are discharging unsafe water, DACAAR will establish new wells. Given the rocky ground strata of Paktya and especially in Kunar, rotary wells may also have to be drilled. However, based on the effectiveness, efficiency and cost-effectiveness, appropriate technology will be used. Water points may have an effect on the water table, and hence the environment of the target areas. However, DACAAR's guidelines indicate that before establishing any new water point, an Initial Environment Impact Assessment needs to be carried out to reduce any effects on the environment. Also DACAAR has a network of groundwater monitoring wells, including in the targeted provinces, which it regularly monitors to gauge the water table and the hydrological situation. This data will be used to establish potential locations of the water points to ensure minimum negative impact on the water table while at the same time ensuring that enough volume of safe water is discharged to fulfill the needs of the communities in line with the minimum Sphere standards. Bacteriological and physiological tests are conducted on water samples from the wells to ensure that the water is safe before handing them over to the communities, which through trained mechanics take over the Operation and Maintenance of these water points for sustainability. Lastly, it is in DACAAR's guidelines to clear the target area of any debris left behind after establishment of new or repair and rehabilitation of previously water points.

Protection Mainstreaming

Women and children are often entrusted with the responsibility of collecting water from communal water points in Afghanistan, and face many issues while doing so. Following a Do No Harm approach, DACAAR undertakes WASH activities so that the women and children do not face any protection issues. This principle has been mainstreamed in every step of the project cycle management. First, while carrying our Focus Group Discussions (FGDs) during the needs assessment in the target areas, questions on protection were included in the questionnaire in a culturally sensitive manner. Questions included which member of the family collected water, which sources of water did they use, how long did they have to wait, and if they faced any issues in collecting water. In many cases where children had to collect water from far away places, especially through rough terrain, they faced the threat of falling down and getting injured. In order to minimize such risks, DACAAR staff selects the locations of water points together with the community. Although the acceptable rate is 30% for Afghanistan, DACAAR selects at least 40% of the locations for the water points together with women. Female hygiene and sanitation promoters facilitate this process to ensure cultural acceptance and appropriateness. Locations are also selected such that no family has to spend more than 30 minutes on a trip to collect water.

Furthermore, to minimize such issues, DACAAR employs Mahram couples to undertake hygiene and sanitation facilitation in the target villages and settlements. The female will be working with the women and girls of the community in promoting sanitation and hygiene behaviors. This allows females of the community to participate in all activities without facing any issues. While such sessions for the male members of the community take place in public spaces, similar sessions for female members of the communities take place in the safety of their homes, thereby avoiding such issues. Hygiene kits also include materials for females, especially during menstruation.

Safety and Security	DACAAR has well established Standard Operating Procedures (SOPs), a comprehensive Security Manual and Safety & Security Contingency Plans (CPs). The SOPs serve as a management tool that will assist in reducing the organization's vulnerabilities and preventing accidents from happening. The CPs on the other hand will help the organization respond to particular safety and security incidents in an appropriate and timely manner should they materialize. A Safety and Security Management Team (SSMT) at Kabul Main Office levels meets on a weekly basis to assess the security situation and in doing so maintains regular contact with regional and field offices. In the event of an incident or specific threat, a Crisis Management Team (CMT) comprised of the Director, four Department Heads and Safety Manager is convened in Kabul that will work closely with an Incident Management Team (IMT) convened at regional level to respond to the incident or threat. All relevant staff have full and unhindered access to all safety and security information including ANSO reports and advisories, internal safety and security updates, SOPs, CPs and Security Manual. Security issues are also coordinated with relevant Government departments as well as other NGOs in the district. A Regional Safety Officer has been hired for the region and will work closely with the Safety Manager and team in Kabul ensuring security measures are in place and regulations are followed in all regional and field offices, and project sites. Safety and security information is analyzed (including an security actor mapping) and shared between the Regional Office and Main Office Kabul allowing the SSMT take safety and security related decisions in an informed and participatory manner. As a last resort; should insecurity make operation in an area impossible; the activity will be moved to another safer area within the district and/or province where there is a high number of refugees, and if not possible, within the province in close consultation with UNOCHA.
Access	DACAAR is currently working in 10 provinces of the country and has MoUs with the relevant government line agencies for access. While selecting areas (specifically villages and/ or settlements) for intervention within a district, DACAAR consults with relevant government departments. Also, apart from using vulnerability criteria, given the fragile situation of the country an additional criteria is used and communities are selected only if they guarantee the safety and access of DACAAR staff. DACAAR also maintains a high level of transparency with the community members and explains to them where the funds for the project come from, what is the objective of the project and what activities will be undertaken to achieve the goal. This high level of trust enables DACAAR to carry on with its operations with minimum risk. DACAAR also has established six Regional Offices in the country. The proposed project will be undertaken through the Central Regional Office (which will cater to activities in Paktya) and the Eastern Regional Office (which will cater to activities in Nangarhar and Kunar). Field Offices are also established at district levels. While hiring staff for these offices, local population from the area are preferred as this also allows easy access and higher acceptability. Through working in 29 of Afghanistan's 34 provinces over the past three decades, DACAAR enjoys high community and government acceptability which add to its access.

BUDGET

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Project Manager To ensure that the projects implementation is carried out based on the approved LFA. All staff costs include: monthly salary, severance, food allowance, daily pick and drop to and from office, and other related benefits.	D	1	1260	12	50.00%	7,560.00
1.2	Head of Program Oversee the implementation of all operational projects based on signed agreements with donors and DACAAR implementation guidelines; Oversee achievement of project outputs on time, to required quality and within budget; Support operations/regional managers on coordination issues with Government Authorities; Provides strategic input to the project teams; Undertakes Monitoring visits, especially for the CLTS implementation	D	1	5800	12	10.00%	6,960.00
1.3	Operations Manager Regular supervision and monitoring of the regional and field offices activities; Monitors, supervises and coaches staff during visits to regional offices; Plans, manages, control organizes, and ensures technical support for high quality implementation of projects based on approved LFAs, following a holistic approach i.e. survey and design, ground water monitoring, hygiene and sanitation, and WASH areas and following the DACAAR implementation methodologies, approach and guidelines.	D	1	4000	12	20.00%	9,600.00
1.4	Senior Reporting Officer Responsible for data collection and reporting on progress of project	D	1	850	12	20.00%	2,040.00
1.5	Drivers (Kabul and Jalalabad) Drives project staff to the field	S	2	460	12	15.00%	1,656.00
1.6	Hygiene Supervisors To oversee hygiene promotion activities being undertaken by the community based hygiene couples. These Supervisors (one male and one female) are based in the Regional Offices- for this project in DACAAR's Central Regional Office (which will oversee operations in Paktya) and Eastern Regional Office (which will oversee operations in Kunar and Nangarhar)	D	4	650	12	25.00%	7,800.00
1.7	Regional Manager Responsible for overall management of field offices' activities in their respective regions, and for coordination with various stakeholders such as relevant government authorities and other NGOs. Also conduct monthly monitoring visits to the operational areas.	S	2	2200	12	15.00%	7,920.00
1.8	Field Coordinator Deliver quality field services in support of Regional Manager, Monitoring and supervision of projects on regular basis to make sure the implementation is in accordance with established planning schedule, and in donor compliance.	D	1	1900	12	30.00%	6,840.00
1.9	Admin and Finance Officers Financial data collection, checking, reconciling field and regional offices related expenditures, monthly money request plan, bank and cash reconciliation and coordinating expenses reports with program finance for further accounting process. Preparing monthly staff update list of field offices/and projects, rental vehicles and offices/ houses contracts follow up. They are based in the Regional Offices.	S	2	800	12	20.00%	3,840.00
1.10	Safety and Security Officers Coordination on all Security related issues with UNDSS, ANSO, NGOs and local authorities to advise project staff on access and security. Regular supervision of guards, ensure that guards are constantly trained in all relevant field offices to understand their duties.	S	2	600	12	20.00%	2,880.00
1.11	Hygiene and Sanitation Promoters/ Facilitators These couples (10 in all, with each couple having a male and a female mahram) will be responsible for the implementation of the CLTS and hygiene activities in target villages. The male will target the male members of the community in public places and in public gatherings, while the female will target the female members of the community going door to door to conduct sessions. These couple will be covering a cluster of villages/ settlements, and will be present in the target areas for about 8 months of the project duration. The unit cost refers to their salary and other associated benefits.	D	20	445	8	100.00%	71,200.00
1.12	Engineer (for new water points) The Engineer will spend an average of 2.5 days per new water point with a daily rate of \$32, equaling a total of \$80 dollars per water point for a total of 100 water points.	D	1	80	100	100.00%	8,000.00
1.13	Assistant Engineer (for new water points) The Assistant Engineer will spend an average of 2.5 days per new water point with a daily rate of \$24, equaling a total of \$60 dollars per water point for a total of 100 water points.	D	1	60	100	100.00%	6,000.00
1.14	Skilled Labor (for new water points) Four skilled laborers will be required to work of each water point. Each skilled labor will spend 2.5 days on each water point with a daily rate of \$18.15, for a total of 100 water points (4*2.5*18.15= 18,150.00). This position is not on DACAAR's payroll but will be contracted out.	D	4	45.39	100	100.00%	18,156.00
1.15	Skilled Labor (Rehabilitation of water points) One skilled labor will be required to work of each water point. Each skilled labor will spend 2.5 days on each water point with a daily rate of \$18.15, for a total of 200 water points. This position is not on DACAAR's payroll but will be contracted out.	D	1	45.39	200	100.00%	9,078.00
1.16	Operations and Maintenance Supervisor The Operations and Maintenance supervisor takes lead on rehabilitation of water points, and will spend an average of 2.5 days on each well on a daily rate of \$32, for a total of 200 water points	D	1	80	200	100.00%	16,000.00

Section Total							185,530.00
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
2.1	Establishment of new water points	D	100	1795	1	100.00%	179,500.00
	This includes the costs of materials for the water points which include: approx 45 m of PVC casing and filter at \$3 per meter, 45 m of PVC raising main at \$2.20 per meter, a handpump set at \$180, 6 cement (TW) bags at \$6 per bag, drilling costs approximated at \$1300, a soak pit at \$10, and small tools at \$35. Details can be seen in the BoQs attached						
2.2	KAP Studies	D	2	1500	1	100.00%	3,000.00
	A Pre KAP and a Post KAP study will take place at the beginning and end of the project respectively, each study costing a total of \$1500. These studies will measure the baseline for hygiene and sanitation behaviors communities have, and will also measure the change in behaviors and practices as a result of the intervention						
2.3	CLTS	D	1	12500	1	100.00%	12,500.00
	This includes 3 monitoring visits by government representatives, 3 monitoring visits by DACAAR senior staff, IEC material, ODF celebration and Rewards. Details can be seen in the BoQs attached.						
2.4	Hygiene Education	D	1	54600	1	100.00%	54,600.00
	This includes the costs of setting up hand washing stations for 4000 households at \$12 per station (plastic), the costs associated with transport of these materials, and the stationary and IEC material the hygiene and sanitation couples will be using to conduct hygiene awareness session. Details can be seen in the BoQs attached						
2.5	Hygiene Kits	D	4000	7	1	100.00%	28,000.00
	Each kit will include a towel, a 150g bar of soap, a nail cutter, shampoo, toothbrushes, combs, leaflets, sanitary pads and a hygiene bag.						
2.6	Rehabilitation of Water Points	D	200	182.6	1	100.00%	36,520.00
	This includes the costs of materials for the water points which include: approx 8 m of PVC casing and filter at \$3 per meter, 8 m of PVC raising main at \$2.20 per meter, a handpump set at \$180 (not all will need a handpump set so it is assumed that one out of every three will need a set), 0.5 cement (TW) bags at \$6 per bag, a soak pit at \$10, and small tools at \$18. Details can be seen in the BoQs attached						
2.7	Water Quality Testing	D	300	35	1	100.00%	10,500.00
	This includes sample collecting water samples (\$5), the costs for physical and biological regents (\$20 per test) and the costs for chemical regents (the total cost of the reagent is \$100 but only 10% is charged per sample as the reagent conducts 10 tests in all), hence a total cost of \$35. Each of the (100) new and (200) rehabilitated water points will be tested before being handed over to the communities						
Section Total							324,620.00
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	Camp Accomodation	S	1	899	1	100.00%	899.00
	Material to be purchased for field offices such as blankets, pillows, mattresses etc since for security reasons, staff visiting the field for monitoring or other activities stay in the offices. This is a lumpsum amount						
3.2	Water pump	D	1	600	1	100.00%	600.00
	Water pump will be used for cleaning the newly drilled wells water in order to reduce the turbidity of the water in the newly drilled wells and make it ready for drinking short time						
3.3	Vibrator	D	1	600	1	100.00%	600.00
	Vibrator will be used in concrete work which will help to place and mix properly the cements, sand, gravel and water especially in construction of aprons around the newly drilled wells. Using the vibrator will increase the life of wells apron and will prevent wells water contamination						
3.4	Wheel Barrows	D	6	60	1	100.00%	360.00
	Wheel Barrow will be used for shifting the raw materials (sand, stone, gravel, cement bags etc.) for construction of wells apron						
3.5	Digital Camera	D	2	350	1	100.00%	700.00
	Used in field offices to record progress, take high quality photographs to be used for donor reports, updating website with project progress etc. This is in line with OCHA's communications and visibility guidelines.						
3.6	Deep Meter (150m)	D	1	800	1	100.00%	800.00
	Deep Meter will be used for measuring the statics of the water level and columns in newly and rehabilitated wells, the data will help the technical team to decide the types of hand pumps required for the well						
3.7	Office Furniture	S	1	600	1	100.00%	600.00
	Office Furniture will be purchased for newly established field offices under this project such as table, chairs, wall to wall carpets, filling cabinets etc. This is a lumpsum amount						
3.8	Apron Mould	D	2	570	1	100.00%	1,140.00
	Apron mold (frame) will be used for construction of aprons for newly drilled wells, apron mold will help to keep the shape of apron based on approved MRRD standard designed						
Section Total							5,699.00
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	CLTS Training for Community Based Natural Leaders and Hygiene and Sanitation Couples	D	3	9000	1	100.00%	27,000.00
	Three trainings will be held at the provincial level for community based natural leaders and the hygiene and sanitation couples, with each training for approx 20 participants over a duration of 6 days. This includes the Master Trainer fee @ \$200 per day, DSA of \$15 per day per participant, lunch and refreshments costs @ \$10 per day per participant, and accommodation costs @ \$15 per night per participant. Additionally, this line item also includes three provincial level refresher trainings for the same participants, over a duration of 3 days, with the same costs for accommodation, DSA and master trainer fee. For details, please see BoQs attached						
4.2	Hygiene Education Training for Staff (Hygiene and Sanitation couples)	D	1	4743.48	1	100.00%	4,743.48
	This will be a three day training for the 10 hygiene couples in DACAAR's Kabul Main Office. Costs include refreshments for participants during the training (charged @ \$8 per participant for 25 participants, including trainers, for three days), local travel for the 10 couples (@ \$140 per couple for the round trip), accommodation (@ \$45 per night for 4 nights for 10 rooms based on double accommodation), DSA for 20 people for 4 days (@ \$10 per day), and stationary (@ \$5 per person). For details, please see BoQs attached.						
Section Total							31,743.48
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	Rental Vehicles for Hygiene and Sanitation Couples	D	10	485	8	100.00%	38,800.00
Since each hygiene and sanitation couple will be covering a cluster of villages/ settlements, they will need local transport. Hence, a rental vehicle will be hired for each couple for the duration of 8 months, with each car costing \$485 per month							
5.2	Rental Vehicle per water point	D	95	100	1	100.00%	9,500.00
This is the calculated per water point. 2 vehicles will be needed for a total of 2.5 days at a cost of \$19 per day per vehicle for each of the new water points							
5.3	Rental Vehicle for Rehabilitation of Old Water Points	D	47.5	200	1	100.00%	9,500.00
This is the calculated per water point. 1 vehicle will be needed for a total of 2.5 days at a cost of \$19 per day per vehicle for each of the water points being rehabilitated							
5.4	Travel allowance for Natural Leaders	D	28	70	8	100.00%	15,680.00
The natural leaders will not be on DACAAR's payroll but this is a voluntary position, but DACAAR will pay them an allowance of \$70/ month to cover their communication and travel costs that they will undertake for the CLTS campaign							
Section Total							73,480.00

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 Charged to CHF / ERF	Total Cost
Section Total							0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Regional Offices Operational Costs	S	2	2540.49	12	25.00%	15,242.94
Two Regional Offices will be directly involved in project implementation, and 25% of the costs for running these offices will be charged to the project. These costs include the costs for fuel and repair of DACAAR's vehicles (\$250 per vehicle for 2 vehicles), generator fuel and repair (@ \$140), communications costs (@ \$150), utilities (@ \$400), rent (@ \$1250) and stationary (@ \$100.5). Details can be seen in the BoQs attached.							
7.2	Operation Costs for new water points	D	100	52.21	1	100.00%	5,221.00
This includes house rent for 2.5 days @ \$8 per day, utilities for 2.5 days @ \$4 per day, communication costs for 2.5 days @ \$0.77 per day, stationary for 2.5 days @ 0.58 per day, and shipment (loading and unloading) one time @ \$20, for each well for a total of 100 wells. For details, please see BoQs attached.							
7.3	Operation Costs for rehabilitation of water points	D	200	33.35	1	100.00%	6,670.00
This includes house rent for 1 day @ \$8 per day, utilities for 1 day @ \$4 per day, communication costs for 1 day @ \$0.77 per day, stationary for 1 days @ \$ 0.58 per day, and shipment (loading and unloading) one time @ \$20, for each well for a total of 200 wells. For details, please see BoQs attached							
7.4	Operations costs for CLTS	D	10	75	8	50.00%	3,000.00
For each of the 10 couples, this includes house rent @ \$45/ month and utilities @ \$30/ month for the duration of 8 months. Since the couples will be relocated to live in or near their target villages/ settlements, DACAAR will bear these costs. Moreover, these couples will be carrying out both hygiene activities and sanitation activities hence only 50% is charged to this line item.							
7.5	Operations costs for Hygiene Education	D	10	75	8	50.00%	3,000.00
For each of the 10 couples, this includes house rent @ \$45/ month and utilities @ \$30/ month for the duration of 8 months. Since the couples will be relocated to live in or near their target villages/ settlements, DACAAR will bear these costs. Moreover, these couples will be carrying out both hygiene activities and sanitation activities hence only 50% is charged to this line item.							
Section Total							33,133.94

Sub Total Direct Cost	654,206.42
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)	7%
Audit Cost (For NGO, in percent)	0.499999378572201%
PSC Amount	45,794.45

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

Total Fund Project Cost	700,000.87
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Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Nangarhar -> Surkhrod	13					0	
Nangarhar -> Chaparhar	5					0	
Nangarhar -> Kama	8					0	
Nangarhar -> Kuzkunar	8					0	
Paktya -> Gardez	14					0	
Paktya -> Chamkani	11					0	
Paktya -> Dand wa Patan	19					0	
Kunar -> Asadabad	8					0	
Kunar -> Shigal Wa sheltan	8					0	
Kunar -> Chawkay	6					0	

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. Accountability Guidelines-DACAAR.pdf
2. DACAAR.pdf

3. DACAAR DRM Strategies 2014.pdf
4. DACAAR.pdf
5. DACAAR.pdf
6. Old CLTS BoQs please ignore.xlsx
7. Old Hygiene Education BoQs please ignore.xlsx
8. Old New Water Points BoQs please ignore.xlsx
9. Old BoQs for Regional Office please ignore.xlsx
10. Old BoQs for Repair of Water Points please ignore.xlsx
11. Old BoQs for Water Quality Test please ignore.xlsx
12. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
13. CHF Afghanistan - Visibility and Communication Guidance.pdf
14. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
15. DACAAR Sample Beneficiary breakdown.xlsx
16. Indicative List of Villages for Water Points.xlsx
17. Updated BoQs for CLTS Training.xlsx
18. Updated BoQs for CLTS.xlsx
19. Updated BoQs for Hygiene Education.xlsx
20. Updated BoQs for Hygiene Training.xlsx
21. Updated BoQs for new water points.xlsx
22. Updated BoQs for Operation Costs for New Water Points.xlsx
23. Updated BoQs for Operation Costs for Rehabilitation of Water Points.xlsx
24. Updated BoQs for Regional Offices Operation Costs.xlsx
25. Updated BoQs for Rehabilitation of Water Points.xlsx
26. Updated BoQs for Water Quality Testing.xlsx
27. Signed GA by Partner.pdf

