

Requesting Organization :	World Health Organization				
Allocation Type :	2015 1st CHF Standard Allocation / Call for Proposals				
Primary Cluster	Sub Cluster	Percentage			
WATER, SANITATION AND HYGIENE		100			
		100			
Project Title :	Emergency WASH Services delivery in Conflict-Prone Provinces, Under-Served by WASH Partners and Affected by Malnutrition				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	AFG-15/O580/SA1/WASH/UN/360		
Cluster :		Project Budget in US\$:	310,283.63		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/06/2015	Planned End Date :	31/05/2016		
Actual Start Date:	01/06/2015	Actual End Date:	31/05/2016		
Project Summary :	<p>WHO and ARCS will work together on building up a strong partnership and increase the emergency WASH capacity of the Red Crescent in Afghanistan. Very often, in case of disaster, the ARCS volunteers and the EMU (Emergency Mobile Units) are the first to access to the affected areas. They are present in the communities since decades and very well accepted by local populations and leaders. WHO will support technically the ARCS with the selection of appropriate WASH items and the training of the relevant staff, the emergency units and the volunteers on the use of these emergency technologies.</p> <p>The project targets the provinces that are under-served by WASH partners, hardly accessible, and showing high SAM and child morbidity rates (Kandahar, Nangharar, Paktika and Nuristan). This project is focusing on emergency response and will consist in (1) the provision of Household Water Treatment items, to cover the needs directly after the onset of a disaster, (2) emergency sanitation through an innovative approach (for Afghanistan) consisting in the hand-drilling of borehole latrine and (3) the promotion of environmental hygiene.</p> <p>WHO will coordinate the project with ARCS and will regularly update the WASH Cluster on the project's achievements through adhoc meetings and sharing of monitoring reports. At provincial level, ARCS will actively participate the provincial WASH coordination mechanism to avoid duplication of efforts in districts already served. This provincial coordination will be ensured through RRD meetings and collaboration with HRT and OCT.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	15,683	15,073	3,643	3,501	37,900
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,574	3,434	838	805	8,651
Host Communities	11,959	11,490	2,695	2,805	28,949
Other	150	150	0	0	300
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					

This project proposal is linked with the 2015 Humanitarian Response Plan and the Priority Actions of the WASH Cluster. The World Health Organization (WHO), together with the Afghan Red Crescent Society (ARCS) are willing to build a strong and sustainable partnership to address WASH emergency needs in Afghanistan that are contributing to increasing mortality and morbidity of the most vulnerable households, and in particular households with a U5 child and/or a pregnant and lactating woman (PLW). The provinces targeted by the project were selected based on the high burden of Acute Diarrheal Diseases and Severe Acute Malnutrition rate in U5 children, the restricted humanitarian accessibility and the low presence (or absence) of WASH partners (priority given to the provinces with zero presence). ARCS is an Afghan based organization, very well accepted by local communities and covering the 34 provinces of Afghanistan. The project intends to capitalize on this opportunity in targeting hard to reach, inaccessible and under-served provinces and districts where needs are acute, based on the HRP 2015. The bottom line of this collaboration is to provide WASH services to vulnerable population living in provinces and districts where other WASH partners do not go for various reasons including restricted access due to insecurity.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Afghan Red Crescent Society	Red Cross/Red Crescent Society	15,000
		15,000

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Frederic Patigny	WASH Technical Officer	patignyf@who.int	+93(0)780005517

BACKGROUND

1. Humanitarian context analysis

In 2014, Afghanistan was affected by several natural and man-made disasters. While most of these disasters were relatively predictable the emergency response to these various events was not clearly efficient to meet the needs of the families and communities affected. A number of reasons have been given in relation to this lack of performance, among others: (1) a lack of WASH emergency actors, (2) a mal-distribution of actors on the ground, with provinces under-covered arising from security concerns and (3) challenges in ensuring a sufficiency of pre-trained personnel - particularly of Afghan personnel - on the ground sufficiently resourced and equipped to be able to identify immediate needs. The latest capacity survey conducted in October 2014 by the Cluster suggested a lack of WASH emergency response capacity. At least 8 provinces were under-served in term of WASH interventions. Within some provinces, reported as served/covered, the geographical distribution of the partners on the ground was heterogeneous and several districts per provinces were left un-served. It is estimated that only one district out of four is actually served by at least one WASH partner. The capacity survey also suggested that out of the 59 organizations part of the Cluster directory, only 7 had emergency stocks available, which is clearly insufficient to address the needs of the affected population. According to OCHA, a strategic humanitarian response plan is required for 3.8 million people in need of critical life-saving action, namely those suffering from acute malnutrition and preventable diseases. It is estimated that 1.2 million children are acutely malnourished of which 500,000 U5 year will need treatment for severe acute malnutrition. In addition, half a million of children died of preventable diseases every year and acute diarrhea affects nearly 1.7 million children U5. This proposal is addressing the most critical life-saving needs un-addressed based on recent public health assessments. The locations that were identified for the implementation of the project have been selected based on several criteria and a ranking system was used to identify the key provinces for interventions. These criteria are; (1) the restricted humanitarian accessibility and the humanitarian risk profile (priority was given to the provinces reporting a high number of incidents against humanitarian workers and assets), (2) the incidence of acute diarrheal diseases, (3) the SAM U5 rate and (4) the absence or the low presence of WASH emergency actors (priority was given to the provinces with zero WASH emergency actor. The overall analysis identified the four following provinces as vulnerable and under-served by WASH partners: Kandahar, Nangharar, Nuristan and Paktika.

2. Needs assessment

The objective of this project is to target the hard to reach provinces, under served by partners and affected by natural and man-made disasters. The provinces chosen for this proposal have been selected based on 4 criteria: (1) the restricted humanitarian accessibility and the humanitarian risk profile (priority was given to the provinces reporting a high number of incidents against humanitarian workers and assets), (2) the incidence of acute diarrheal diseases, (3) the SAM U5 rate and (4) the absence or the low presence of WASH emergency actors (priority was given to the provinces with zero WASH emergency actor. The overall analysis identified the four following provinces as vulnerable and under-served by WASH partners: Kandahar, Nangharar, Nuristan and Paktika. ARCS has been identified as a partner in reason of its coverage rate (31 provinces out of 32, including the targeted provinces), its ability to rapidly deploy emergency teams, Emergency Medical Units and community volunteers, and its capacity to be accepted by the population as a recognized partners, committed to saving lives in case of emergency through medical care and community based WASH interventions. Therefore, WHO together with ARCS will strengthen the WASH emergency response mechanism in the provinces identified in reinforcing the WASH capacity of ARCS through the provision of emergency items that can be easily deployed and used by the communities (household based water treatment methods, including chemicals and filters, emergency sanitation and hygiene promotion. Rapid Assessment will automatically be conducted by community volunteers each time a disaster will strike (rapid assessment is part of the training programme) and results will be transmitted to the regional coordination mechanism.

3. Description Of Beneficiaries

The project will directly benefit to a total 37,600 individuals living in under-served areas affected by Malnutrition and acute diarrheal diseases and suffering from a poor access to basic WASH infrastructures. This number was established together with ARCS coordinators and is based on a realistic number of households that can be visited in a day by the emergency teams. In case of disaster, beneficiaries will be identified after rapid assessment and based on the decisions taken at the provincial coordination meetings led by ministries and supported by the regional clusters. In addition, beneficiaries under "others" include 300 ARCS community volunteers and emergency staff (with 150 women and 150 men) who will be trained on emergency WASH services delivery. Among these people, care will be taken to include women (as much as possible), in particular among the community volunteers that will be trained. In total, the number of beneficiaries is 37,600 (targeted by WASH services delivery) plus 300 (ARCS volunteers trained) = 37,900 individuals 37,900 is the number of beneficiaries reached with emergency water supply. Among the affected population it is assumed that a significant proportion will have access to a sanitation facility either not maintained, or in a bad shape. Hygiene promotion messages will also focus on rehabilitation and maintenance of sanitation facilities. For the household that do not have access to sanitation, an emergency borehole latrine will be provided (for 1,000 households/7,000 beneficiaries).

4. Grant Request Justification

The WHO/ARCS project will ensure that under-served areas are covered with emergency WASH services delivery activities. The ARCS emergency teams and the community volunteers will be trained on how to deliver WASH emergency services in the provinces and districts that are traditionally inaccessible for security reasons and therefore under-served by WASH partners. The technologies that have been selected are deployable within a few hours after onset of a disaster, both for water supply and for sanitation. By increasing the WASH coverage in inaccessible areas and being able to deploy WASH technologies within short delays, the project is also aiming at reducing the risk of post-contamination at household level through household water treatment and safe storage, provision of hygiene promotion messages on safe water use, including for food preparation, hand washing and safe sanitation practices to avoid contamination of drinking water. Through the reduction of the water contamination, the targeted households, in particular children should be less exposed to pathogenic organisms responsible of diarrhea.

5. Complementarity

WHO and ARCS will work together on building up a strong partnership and increase the emergency WASH capacity of the Red Crescent in Afghanistan. Very often, in case of disaster, the ARCs volunteers and the EMU (Emergency Mobile Units) are the first to access to the affected areas. They are present in the communities since decades and very well accepted by local populations and leaders. WHO will support technically the ARCS with the selection of appropriate WASH items and the training of the relevant staff, the emergency units and the volunteers on the use of these emergency technologies. The objective of the project is to target the provinces that are under-served by WASH partners (including after the CHF first standard allocation), hardly accessible, and showing high SAM and child morbidity rates. WHO will coordinate the project with ARCS and will regularly update the WASH Cluster on the project's achievements through adhoc meetings and sharing of monitoring reports. At provincial level, ARCS will actively participate the provincial WASH coordination mechanism to avoid duplication of efforts in districts already served and to identify WASH partners in the locations (e.g. Medair in Kandahar). This provincial coordination will be ensured through RRD meetings and collaboration with HRT and OCT. If appropriate, partners in the provinces will be invited to participate to the trainings in to share technical experiences and points of view.

LOGICAL FRAMEWORK

Overall project objective

People affected by conflict or natural disasters in need of support, are able to maintain basic personal and family hygiene with dignity and experience minimal morbidity from water, sanitation and hygiene-related diseases.

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. WASH activities contribute to reductions in excess child morbidity	1. Excess morbidity and mortality reduced	30
Objective 2. WASH activities contribute to reductions in acute malnutrition incidence	1. Excess morbidity and mortality reduced	30
Objective 3. WASH services are provided to populations affected by natural disasters and conflicts	3. Timely response to affected populations	40

Contribution to Cluster/Sector Objectives : WHO together with ARCS will contribute to cluster objectives in responding to acute needs of populations affected by disasters. Life-saving activities will focus on hard to reach areas, under-served by WASH partners. In priority, provinces of Kandahar, Nangharar, Paktika and Nuristan will be targeted, but a certain flexibility should be tolerated since it will depends on where natural and man-made disasters will strike. This project will also build up the WASH emergency response capacity of ARCS on a long term basis. Both male and female volunteers will be trained in communities (community volunteers) which will ensure a certain sustainability to the project. WHO will coordinate the project with ARCS and will regularly update the WASH Cluster on the project's achievements through adhoc meetings and sharing of monitoring reports. At provincial level, ARCS will actively participate the provincial WASH coordination mechanism to avoid duplication of efforts in districts already served and to identify WASH partners in the locations (e.g. Medair in Kandahar). This provincial coordination will be ensured through RRD meetings and collaboration with HRT and OCT. If appropriate, partners in the provinces will be invited to participate to the trainings in to share technical experiences and points of view.

Outcome 1

Acute WASH needs of population affected by disasters in the provinces of Kandahar, Nuristan, Paktika and Nangharar are timely addressed

Output 1.1

Description

Emergency WASH services delivery, including emergency water supply, sanitation and hygiene promotion, to population affected by disasters in 4 provinces.

Assumptions & Risks

Coordination at provincial level is operational and allow a rapid identification of the needs and a proper distribution of the actors on the ground. ARCS will reinforce its presence at the coordination meetings, in particular when WASH items are discussed. If security conditions are deteriorating, ARCS is still very well accepted by local leaders, including in unsecured areas and access is still granted to deliver emergency services.

Activities

Activity 1.1.1

Procure, pre-position and distribute household water treatment technologies for 37,600 beneficiaries (coagulants/disinfectants: 12,800 ind. with 5l/d for 1 month; disinfectants: 17,800 ind. with 15l/d for 2 months; filters: 7,000 ind.), emergency sanitation for 7,000 beneficiaries (this is a minimal target that can vary greatly according to existing sanitation coverage and soil texture) and hygiene kit distribution and hygiene promotion to 37,600 ind. The targeted provinces are Kandahar, Nangharar, Paktika and Nuristan. The technologies selected can be deployed within a few hours after the onset of a disaster. They are aimed at addressing urgent and acute needs from week one to week six. These technologies are cost-effective and don't required the drilling of boreholes/hand dug wells that could unnecessarily delay the emergency response in context where an immediate response is required to save lives. WHO will procure the items that will be per-positioned in the WHO and ARCS regional and provincial warehouses. The items will be distributed by ARCS emergency teams and volunteers. All the selected items have a limited weight and will not require important transport cost (except hygiene kits). WHO will also train ARCS staffs on the items pre-positioned by UNICEF

Activity 1.1.2

Training of Trainers on Emergency WASH related diseases control and prevention will be provided to the EMU volunteers (60 individuals) and additional WASH Cluster partners. There will be four ToTs organized in the provinces of Kandahar, Nuristan, Nangharar and Paktika. The modules will be on organizing and lecturing on the use of the WASH items pre-positioned: emergency sanitation through borehole latrines, emergency sanitation teams, household water treatment using chemicals, filtration and safe water storage at household level, hygiene promotion in emergencies using the new standard kits from the MoPH and prevention and control of WASH-related diseases. Trainings will be provided by WHO and ARCS technical staffs. The trainings will be coordinated and organized by WHO together with ARCS.

Activity 1.1.3

Training on Emergency WASH related diseases control and prevention will be provided to the EMU volunteers (240 individuals) in the targeted provinces: Kandahar, Nangharar, Nuristan and Paktika. The modules will be on the use of the WASH items pre-positioned: emergency sanitation through borehole latrines, emergency sanitation teams, household water treatment using chemicals, filtration and safe water storage at household level, hygiene promotion in emergencies using the new standard kits from the MoPH and prevention and control of WASH-related diseases. The trainings will be organized by ARCS with the support of WHO.

Activity 1.1.4

Hygiene promotion campaigns. These campaigns will be organized in 40 areas affected by disasters in the four provinces targeted (Kandahar, Nangharar, Nuristan and Paktika). Hygiene messages will be passed through several communication channels including posters, leaflets and face to face discussions, etc. The project will link with the MoPH and the Health Cluster to use the new standard Health Education kits available at MoPH. The messages will focus on hand hygiene at critical times, importance of water quality when preparing food (in particular food preparation for young child during weaning period) and on general hygiene practices at household level (waste and excreta disposal). Hygiene promoters will also explain how to install, operate and maintain the filters. These trainings will be organized by ARCS with the support of WHO.

Activity 1.1.5

Borehole latrine pilot project. This project is aimed at introducing a new emergency sanitation technique in Afghanistan. It was found that these past years, partners were failing to address the emergency sanitation needs in case of disaster. Mainly because the construction of a pit latrine, a VIP or a double vault latrine is not always suitable in case of emergency, is costly and is time consuming. A borehole latrine can be dug in less than an hour and is appropriate within the four to 6 weeks following a disaster. Since this technology will be introduced in Afghanistan, WHO, together with the WASH Cluster, the MRRD and Unicef will document the experience and share its result with the WASH community. This activity will be coordinated by WHO and implemented by ARCS volunteers.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water					37,600

Means of Verification : ARCS field visit reports

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of individual having access to a borehole latrine in the affected areas served by ARCS teams					7,000
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Means of Verification : ARCS field visit reports

Based on procurement and assumption that all the ground/soil contexts (textures and water table) are adapted for this option. Another assumption is that we will need one slab per borehole, which might not be the case based on acceptance by the population. It is also likely that population might still have access to sanitation after a disaster and that simple rehabilitation and/or hygiene messages might be sufficient.

The target was established based on the number of latrine slabs available through UNICEF supply chain that will be allocated to ARCS. ARCS will receive 1,000 slabs. One slab will be allocated to one family. The auger kit will be used to drill the hole/pit of the latrine. One auger kit can drill a hole in 30minutes maximum. One auger kit can be used to drill 20 to 40 holes per day depending on the nature and texture of the soil.

It is assume that in the affected areas/locations of the project, not all the families will need an access to a new latrine with a slab.

Nevertheless, when appropriate, additional latrine could be dug and installed without a plastic slab, this possibility will be context specific.

1000 slabs x 7 members per HH = 7000

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					31,960
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Means of Verification : ARCS monitoring reports.

Among the 37,600 beneficiaries targeted by water supply activities, we expect that at least 85% will comply to hygiene messages delivered. Although 100% of the beneficiaries supported with an improved access to safe water will be targeted by hygiene promotion activities, we assume that a minimum of 85% will comply to hand washing practices.

37600 x 85% = 31960

Additional Targets : 300 ARCS staff will be trained on WASH emergency services delivery in the four priority provinces identified (Nangharar, Kandahar, Nuristan and Paktika), but also in other provinces prone to sudden-onset disasters and affected by ADD and SAM (150 men and 150 women)

M & R

Monitoring & Reporting plan

WHO together with ARCS will establish a technical working group to Monitor and Evaluate the project. TWG meetings will take place every month. These meetings will ensure the follow up of the activities, including reporting of remaining stocks available, location covered by the emergency response teams and beneficiaries reached, problems encountered and solutions, additional needs for trainings and achievements against indicators.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure, pre-position and distribute household water treatment technologies for 37,600 beneficiaries (coagulants/disinfectants: 12,800 ind. with 5l/d for 1 month; disinfectants: 17,800 ind. with 15l/d for 2 months; filters: 7,000 ind.), emergency sanitation for 7,000 beneficiaries (this is a minimal target that can vary greatly according to existing sanitation coverage and soil texture) and hygiene kit distribution and hygiene promotion to 37,600 ind. The targeted provinces are Kandahar, Nangharar, Paktika and Nuristan. The technologies selected can be deployed within a few hours after the onset of a disaster. They are aimed at addressing urgent and acute needs from week one to week six. These technologies are cost-effective and don't required the drilling of boreholes/hand dug wells that could unnecessarily delay the emergency response in context where an immediate response is required to save lives. WHO will procure the items that will be per-positionned in the WHO and ARCS regional and provincial warehouses. The items will be distributed by ARCS emergency teams and volunteers. All the selected items have a limited weight and will not require important transport cost (except hygiene kits). WHO will also train ARCS staffs on the items pre-positionned by UNICEF	2015						X	X	X	X	X	X	X
	2016	X	X	X	X								
Activity 1.1.2: Training of Trainers on Emergency WASH related diseases control and prevention will be provided to the EMU volunteers (60 individuals) and additional WASH Cluster partners. There will be four ToTs organized in the provinces of Kandahar, Nuristan, Nangharar and Paktika. The modules will be on organizing and lecturing on the use of the WASH items pre-positionned: emergency sanitation through borehole latrines, emergency sanitation teams, household water treatment using chemicals, filtration and safe water storage at household level, hygiene promotion in emergencies using the new standard kits from the MoPH and prevention and control of WASH-related diseases. Trainings will be provided by WHO and ARCS technical staffs. The trainings will be coordinated and organized by WHO together with ARCS.	2015								X	X	X	X	X
	2016												
Activity 1.1.3: Training on Emergency WASH related diseases control and prevention will be provided to the EMU volunteers (240 individuals) in the targeted provinces: Kandahar, Nangharar, Nuristan and Paktika. The modules will be on the use of the WASH items pre-positionned: emergency sanitation through borehole latrines, emergency sanitation teams, household water treatment using chemicals, filtration and safe water storage at household level, hygiene promotion in emergencies using the new standard kits from the MoPH and prevention and control of WASH-related diseases. The trainings will be organized by ARCS with the support of WHO.	2015										X	X	X
	2016	X	X										
Activity 1.1.4: Hygiene promotion campaigns. These campaigns will be organized in 40 areas affected by disasters in the four provinces targeted (Kandahar, Nangharar, Nuristan and Paktika). Hygiene messages will be passed through several communication channels including posters, leaflets and face to face discussions, etc. The project will link with the MoPH and the Health Cluster to use the new standard Health Education kits available at MoPH. The messages will focus on hand hygiene at critical times, importance of water quality when preparing food (in particular food preparation for young child during weaning period) and on general hygiene practices at household level (waste and excreta disposal). Hygiene promoters will also explain how to install, operate and maintain the filters. These trainings will be organized by ARCS with the support of WHO.	2015										X	X	X
	2016	X	X	X	X	X							
Activity 1.1.5: Borehole latrine pilot project. This project is aimed at introducing a new emergency sanitation technique in Afghanistan. It was found that these past years, partners where failing to address the emergency sanitation needs in case of disaster. Mainly because the construction of a pit latrine, a VIP or a double vault latrine is not always suitable in case of emergency, is costly and is time consuming. A borehole latrine can be dug in less than an hour and is appropriate within the four to 6 weeks following a disaster. Since this technology will be introduced in Afghanistan, WHO, together with the WASH Cluster, the MRRD and Unicef will document the experience and share its result with the WASH community. This activity will be coordinated by WHO and implemented by ARCS volunteers.	2015									X	X	X	X
	2016	X	X	X	X								

OTHER INFO

Accountability to Affected Populations

ARCS Community Volunteers will be asked to report regularly to the ARCS WASH Technicians on their experiences and the feedback of the beneficiaries covered by the project with regards to the appropriateness of the WASH emergency services provided. In particular population will be involved in the final evaluation report on the relevance to use borehole latrines in Afghanistan to provide safe sanitation facilities directly after a disaster.

Implementation Plan

Sr. Staff of ARCS will be trained on emergency WASH service delivery and how to train community volunteers and ARCS emergency units in the four provinces. Supplies will be managed by ARCS in the four provinces and will largely be used by ARCS volunteers. Supplies managed by ARCS will also be recorded in the WASH Cluster Stockpiling report. Training will commence after supplies have been received.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WASH Cluster partners	WHO will coordinate the project with ARCS and will regularly update the WASH Cluster on the project's achievements through adhoc meetings and sharing of monitoring reports. At provincial level, ARCS will actively participate the provincial WASH coordination mechanism to avoid duplication of efforts in districts already served and to identify WASH partners in the locations (e.g. Medair in Kandahar). This provincial coordination will be ensured through RRD meetings and collaboration with HRT and OCT. If appropriate, partners in the provinces will be invited to participate to the trainings in to share technical experiences and points of view.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The WHO/ARCS component is also designed to contribute significantly to gender equality. Needs assessment: Provinces and Districts are selected based on SAM U5 rates, to alleviate burden of repeated diarrheal diseases and malnutrition on girls and boys less than 5 year old. In addition, households with a pregnant woman will be the priority targets within districts and villages to ensure the use of safe water during feeding practices in particular during weaning period. Activities: Female heads of households will be the primary beneficiaries for receiving the hygiene messages and they will be trained on the use of the filter and its maintenance. They will be empowered regarding the prevention of faeco-oral diseases transmission within the household and responsible for enhancing the quality of life of the entire family by spreading good hygiene practices in regard to diarrheal diseases, hand washing and water usage. Outcomes: quality of life of women, PLW and children U5 will be improved. Time and resources will be spared by contributing to reduce the number of diarrhea episodes and the morbidity and mortality related to malnutrition. Children will be more attending school with improved concentration capacities. Women will have more time to allocate to social activities instead of caring for potential sick children. The WHO/ARCS project will have a neutral impact on environment; no borehole nor hand dug well will be constructed and the depth of the hand drilled borehole latrines will be limited and certainly far above the water table.

Protection Mainstreaming

During rapid assessments in emergencies, consultative meetings will be held separately with women and girls, and men and boys, security-related issues will be identified such as threats against certain groups to prevent them accessing to emergency services. During the implementation of the project, measures are in place so that beneficiaries understand that they have a right to equitable and safe assistance, measures are in place to distribute supplies to vulnerable individuals and those who are unable to travel to distribution points such as elderly or disabled persons. All recipients know how to use and are able to use the materials that they have been provided.

Country Specific Information

Safety and Security

We will not put undue pressure on our partners to disregard any security or safety measures when responding to an emergency situation.

Access

The provinces targeted by the WHO/ARCS component were selected based on the high burden of Acute Diarrheal Diseases and Severe Acute Malnutrition rate in U5 children, the restricted humanitarian accessibility and the low presence (or absence) of WASH partners (priority given to the provinces with zero presence, as per the capacity mapping conducted in November 2014 by the WASH Cluster). ARCS is an Afghan based organization, very well accepted by local communities and covering the 34 provinces of Afghanistan. The project intends to capitalize on this opportunity in targeting hard to reach, inaccessible and under-served provinces and districts where needs are acute, based on the HRP 2015. The bottom line of this collaboration is to provide WASH services to vulnerable population living in provinces and districts where other WASH partners do not go for various reasons including restricted access due to insecurity.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Emergency WASH expert	D	1	17083	12	40%	81,998.40

	<i>International WASH P3 expert, to lead the Technical Working Group related to the WHO/ARCS component of the project, ensure appropriateness of items procured and their sound distribution in the regional/provincial warehouses, organization of the ToT and the lecturing of the training modules, follow up of the budget, supervision of the borehole latrine pilot project, reporting on project's achievements to the WASH Cluster and OCHA, preparation of the scaling up of the project (is results are positive, involvement of ARCS in other provinces must be planned and prepared), possible operational research (based on epidemiological data), technical backup and guidance. Balance will be paid from other funding sources.</i>							
	Section Total							81,998.40
Supplies, Commodities, Materials								
2.1	AAqua family filters	D	1300	32	1	100%		41,600.00
	<i>These filters have been tested and approved for utilization in UN crisis contexts. The filters will be purchased through the WHO supply system and approved by the WHO Center for Environmental Health Action (CEHA) in Amman. The unit price is based on information exchanged with the international supplier in Norway. These filters will be used as a mean to supply safe water to beneficiaries living in affected areas potentially at risk of water-borne disease. These items will be allocated to WHO/ARCS project. Under this line, some additional material will be produced to explain the utility of the filters, how to maintain the membrane and utility against diarrhea and pathogenic organisms. 1,300 filters will be procured. Among them, 1,000 will be distributed in remote locations (road access) and 300 will be pre-positioned for coming emergencies. These filters are an alternative to water purification tablets and coagulant/floculant/disinfectants and are supposed to provide safe water to households where monitoring activities are difficult due to accessibility issues.</i>							
2.2	Coagulant/Disinfectant powder sachets, for 10l	D	800	16.33	1	100%		13,064.00
	<i>PUR sachets for coagulation and disinfection of water with a turbidity above 20NTU. Items will be procured in Pakistan. WHO already procured these items in 2014, transported from Pakistan in boxes of 240 sachets. Unit cost was USD0.078, including transportation cost. This item will be procured through WHO supply system and approved by CEHA (Center for Environmental Health Action) in Amman. These items will be used as a mean to supply safe water to beneficiaries living in affected areas potentially at risk of water-borne disease epidemic. BUDGET CALCULATION: based on ARCS distribution capacity, 800 boxes of 240 sachets will be distributed, representing 192,000 sachets. Each sachet can treat 10 liters of water. It represents 1,920,000 liters. This option will be used for acute emergency phase, maximum 1 month (30 days) and to provide the minimal safe water daily need (5l/dp). 1,920,000 divided by 5 and divided by 30 is equal to 12,800 beneficiaries for one month (or 25,400 beneficiaries for 15 days, or 50,800 beneficiaries for one week, etc --> depending on context). THIS OPTION IS USED FOR RAW WATER WITH A TURBIDITY OVER 20NTU</i>							
2.3	Aquatabs (67mg, box of 16,000)	D	95	141.7	1	100%		13,461.50
	<i>Aquatabs for disinfection of water with a turbidity below 5 NTU (20 NTU in acute emergency). Each tablet can disinfect 5 liters of water. WHO already procured these items in 2014. Unit cost was USD0.02, including transportation cost. This item will be procured through WHO supply system and approved by CEHA (Center for Environmental Health Action) in Amman. These items will be used as a mean to supply safe water to beneficiaries living in affected areas potentially at risk of water-borne disease and will be allocated to WHO/ARCS project. BUDGET CALCULATION: based on ARCS distribution capacity, 95 boxes of 16,000 pills will be distributed, representing 1,520,000 pills. Each pill can treat 10 liters of water. It represents 15,200,000 liters. This option will be used for emergency phase, maximum 2 months (60 days) and to provide the minimal water daily need of 15l/dp. 15,200,000 liters divided by 15 and divided by 60 is equal to 16,888 beneficiaries for two months (in addition, 80,000 tablets remaining from 2014 will also be used). THIS OPTION IS USED FOR RAW WATER WITH A TURBIDITY BELOW 20NTU</i>							
2.4	Auger kit for borehole latrines	D	8	1450	1	100%		11,600.00
	<i>Eight sets will be procured to be tried out in different situations and evaluated for their suitability. The small-diameter manually drilled borehole latrines have proven to be effective in various emergency situations. Both WHO and UNICEF will try them out for future and wider use in emergency settings in Afghanistan.</i>							
	Section Total							79,725.50
Contractual Services								
4.1	Training of Trainers of 60 ARCS WASH technicians	D	60	477.8	1	100%		28,668.00
	<i>Trainings (four trainings in the four provinces targeted - Kandahar, Paktika, Nuristan and Nangharar). In total 60 persons trained to train ARCS volunteers and emergency teams on household water treatment, environmental hygiene, hygiene promotion and organization of distribution campaigns. Duration of the ToT is 3 days. Disaggregation of total cost is provided as attachment.</i>							
4.2	Training of 240 ARCS volunteers	D	240	252.97	1	100%		60,712.80
	<i>Trainings (four trainings in the four provinces targeted). In total 240 persons trained to train on household water treatment, environmental hygiene, hygiene promotion and distribution campaigns. Duration of the training is 2 days. Disaggregation of total cost is provided as attachment.</i>							
4.3	Hygiene promotion campaign including IEC materials	D	1	23880	1	100%		23,880.00
	<i>Scenario based on the WASH Cluster IACP, around 8 emergency responses in 24 districts with an average distance of 30 to 35 km per day. Transportation cost will represent an important part of these hygiene promotion component and will include transportation of emergency teams and the items on the locations affected by sudden disaster. It was estimated that around 40 areas would be targeted, each of them visited by an emergency team composed of 3 members. This activity include transport, message delivery (including standard MoPH items), delivery of emergency items such as household water treatment products and leaflets, posters.</i>							
	Section Total							113,260.80

Transfers and Grants to Counterparts										
6.1	Monitoring activities by ARCS provincial staff	D	5	250	12	100%	15,000.00			
<p>ARCS staff at provincial level will monitor achievements of the project and report directly to the Technical Working Group in charge of the supervision of the project. Cost include 250USD per month. Activities of the staff also include monitoring visit to ensure items have been appropriately delivered to beneficiaries and ensure accountability. One monitoring focal point will be assigned in each province and one will be allocated in Kabul to compile provincial contribution and perform Information Management tasks. Focus group discussion will be organized in the community to evaluate acceptance of the filters, the borehole latrines and how beneficiaries perceived the emergency response. Focus group discussions will be gender specific. There will be a minimum of 20 FGDs, depending on the number of emergency interventions: 250 USD per month during 1 year, 250 X 12 = 3000USD Five persons in charge of the monitoring, 3000 x 5 = 15,000 300 USD includes: · Organization of FGD (4 per month/gender and age specific): 10USD per FGD / total 40USD per month · Incentive for the person: 90USD per month (includes reporting and conducting M&E activities) · Transportation: 20 USD per trip / Total: 80USD · Stationery: 10USD per month · Food/drink/possibly sleeping in the location according to security context: 30USD per month · TOTAL: 250USD 4 staff allocated to provinces and 1 will be in charge of compiling the data, other provinces where ARCS staff could be involved in the response with the items pre-positioned.</p>										
Section Total									15,000.00	
SubTotal				2510				289,984.70		
Direct									289,984.70	
Support										
PSC Cost										
PSC Cost Percent									7%	
PSC Amount									20,298.93	
Total Cost									310,283.63	
Audit Cost									0.00	
Grand Total CHF Cost									310,283.63	
Project Locations										
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name			
		Men	Women	Boys	Girls	Total				
Nangarhar	25									
Nuristan	25									
Paktika	25									
Kandahar	25									
Documents										
Category Name							Document Description			
Project Supporting Documents							A-Aqua-1.pdf			
Budget Documents							Budget for Hygiene Promotion.xlsx			
Budget Documents							Budget for ToT.xlsx			
Budget Documents							Budget for Training.xlsx			
Project Supporting Documents							FINAL beneficary breakdown.xlsx			