

<b>Requesting Organization :</b>	International Medical Corps UK			
<b>Allocation Type :</b>	2015 2nd CHF Standard Allocation / Call for Proposals			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
MULTI-SECTOR		100.00		
		<b>100</b>		
<b>Project Title :</b>	Improve sanitation and hygiene conditions of refugees in Barmal and Urgon districts of Paktika province			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-15/3481/SA2/MS/INGO/410	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	310,869.08	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/12/2015	<b>Planned End Date :</b>	30/11/2016	
<b>Actual Start Date:</b>	01/12/2015	<b>Actual End Date:</b>	30/11/2016	
<b>Project Summary :</b>	<p>Under Allocation Envelope 6, provision of timely humanitarian support to vulnerable populations, including refugees, returnees, and host communities, International Medical Corps proposes to improve WASH assistance to refugees, host communities, and refugees living with host communities in the Urgon and Barmal districts of Paktika province through the following activities:</p> <p>A: Construction of Ventilation Improved Pit (VIP) Latrines: International Medical Corps proposes to improve sanitary conditions of refugees and the local communities through the construction of 80 (VIP) door latrines (60 in Barmal and 20 in Urgon). The location of the latrines will be selected in consultation with the beneficiaries, through group discussions, to ensure that the locations of the latrines are safe and accessible to all community members, with special consideration for the needs of women, girls, people with disabilities, and the elderly. In addition, it is important that the latrines are culturally acceptable. Maintaining and keeping latrines clean is very important for the success of the project in the long run. The hygiene promotion session will be used to explain and train on the importance of latrine cleanliness. For the cleaning and up keep of the latrines, mops, buckets and soap will be provided to the communities when handing over the newly constructed latrines.</p> <p>B: Hygiene Promotion and Hygiene Behavioral Change: According to recent HMIS reports, there is a high prevalence of water related illnesses among the local and refugee populations in Urgon and Barmal districts, due to low awareness of good hygiene and sanitation practices. In order to improve the current situation International Medical Corps proposes to implement the following activities:</p> <p>1. Training of Community Hygiene Promoters            A group of volunteers, organized as Community Hygiene Promoters (CHPs,) will be trained for five days on proper hygiene and sanitation techniques, safe water collection and handling, hand washing, personal hygiene, safe garbage disposal, and the role of healthy hygiene practices in improving community health conditions. These CHPs will conduct community meetings and awareness sessions in mosques, public gatherings, schools and home visits to educate community members about the importance of hygiene and sanitation.</p> <p>2. Distribution of 17430 Soaps            During the hygiene and sanitation awareness sessions, bars of soap will be distributed to the beneficiaries with an aim to significantly reduce the risk of water borne and hygiene-related diseases. Each person will receive at a minimum one bar of soap.</p> <p>3. WASH Committees            International Medical Corps will establish 3 WASH committees in both Urgon and Barmal districts, each composed of 8 -10 influential and respected community elders who are interested in WASH promotion. The WASH committee members will receive 5 days of training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as a communication platform between the community, project staff and local government officials. This will also ensure that facilities are well- maintained and that the communities' participation and contribution are included in the management and operation of the WASH facilities. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines to ensure safety and accessibility, as well as cultural appropriateness. Also, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.</p> <p>C : Drilling of boreholes            International Medical Corps will drill 18 boreholes ( 10 in Barmal and 8 in Urgon)</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
9,476	9,821	2,358	2,455	24,110

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Refugees	3,018	3,142	755	785	7,700
Host Communities	3,018	3,142	755	785	7,700
Internally Displaced People	796	828	199	207	2,030
Other	40	0	0	0	40

**Indirect Beneficiaries :**

Approximately 10000 population from the surrounded villages The indirect beneficiaries are those who are living in surrounded villages like Manginti , , Rokha , Margha , Angor ada in Barmal and in Urgon Sarkhad , liwa sarhadi Manda. People from these communities will have access to these water sources to collect water, but not necessarily they will be using them on day to day basis

**Catchment Population:**

The catchment population are total population of Barmal and Urgon districts and is 91924

**Link with allocation strategy :**

With this project, International Medical Corps will help the most needy and vulnerable community and refugees from Pakistan currently living together with the host community in the Barmal and Urgon districts of Paktika province. No other organizations are currently serving these communities. Further, the project activities selected by International Medical Corps for this award are high priority activities for the survival and wellbeing of IDPs, refugees and host communities. During our assessment, the activities proposed under this proposal were identified as most essential needs of these communities. International Medical Corps implemented activities will complement with other activities to achieve the highest impact of the CHF program.

International Medical Corps will provide safe drinking water supplies and also increase access to sanitation by constructing VIP latrines and distributing soaps. International Medical Corps will implement several activities (such as awareness sessions, meetings with WASH committees, one-to-one coaching,) related to hygiene behavioral change to improve personal, household and community hygiene. These activities will significantly contribute to decreasing the morbidity and mortality rate among affected population including children and women, who are suffering from water borne, poor hygiene and sanitation- related diseases. International Medical Corps is committed to building the capacity of local communities through providing hygiene awareness sessions on the five critical points for hand washing and trainings to community volunteers who will work as Community Hygiene Promoters. The Community Hygiene Promoters will educate and make community members aware of the importance of hygiene and sanitation through community meetings and awareness sessions in mosques and public gatherings, and also through schools and home visits. During these sessions, the Ministry of Public Health (MOPH)-approved IEC materials for WASH will be used, which are in the local language. Also, they are already pre-tested for their clarity, effectiveness and acceptance by the communities. International Medical Corps will provide bars of soap as a part of hygiene promotion and encourage people to use soap for washing. Through the implementation of targeted activities under this project, the community's knowledge of sanitation and hygiene will be improved to help control the outbreak of WASH related illnesses the provision of water supply and hygiene awareness campaigns through awareness sessions hosted by Community Hygiene Promoters and WASH committee members, will bring noticeable changes into peoples' hygiene practices

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Dr Shamail Azimi	Medical Director	sazimi@InternationalMedicalCorps.org	0093-798809020
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**BACKGROUND****1. Humanitarian context analysis**

Paktika is a remote province located in the south eastern region of the country and has a long, porous and uncontrolled border with the most insecure part of Pakistan (North Waziristan), which results in an open infiltration of anti-government elements and recurrent clashes with the Afghan military forces. Currently, a military operation termed as Zarb-I-Azb has been conducted by Pakistani military in North Waziristan and this has complicated the security situation in the border area. This has increased the influx of not only refugees but also militants who are fleeing from the sustained airstrikes, drone attacks and ground assaults by Pakistan military forces. As a result, this situation has led to 12,210 refugees families crossing the border to the Paktika provinces of Afghanistan since June . 2014. International Medical Corps, having been operational in the area since 2004, understands the context of the security problem, and the current, dire basic needs of the refugees and host communities. Presently, International Medical Corps implements the Essential Package of Hospital Services (EPHS) through the Sharan Provincial Hospital, located in the capital of the province, and has established a strong relationship with local communities. Urgan and Barmal districts are the most insecure districts of Paktika due to the fact that these areas are under the shadow government of the militants , making access to and from these areas a serious security considerations. These districts have one District Hospital, one Comprehensive Health Centre (CHC), one Sub Health Centre (SHC) and two Basic Health Centers.

The influx of refugees in Paktika has placed an additional burden on the existing health facilities. According to a UNHCR report on refugees in August 2015, a total of 35,142 families from Pakistan have crossed the Afghanistan border, of which 12,210 families have been settled in Paktika. The majority of these families are living in Urgan and Barmal districts, together with the host communities. The International Medical Corps' assessment in these two districts has found that a number of refugees there have not received the necessary support for their survival and well-being. The mMajority of these refugees are women and children, who have trekked mountainous terrains across Pakistan's border in search of safety and security. For now, these refugees have settled together within the host communities, however, the host communities have limited capacity and resources to accommodate these refugees. The influx of refugees is on the rise, due to the reasons discussed above. As per the 2014 HMIS report, malaria and diarrhea are commonly- occurring diseases among people in Urgan and Barmal districts. The rate of occurrences of these diseases are as follows -- diarrhea at 10 % , malaria at 2 % , skin Infection at 3% and eye infections were at 4% of total morbidities . People are scattered in these districts, which makes the task more difficult for health workers to provide health services. The unavailability of safe drinking water, poor sanitation and improper waste disposal are major challenges in Paktika, especially in Urgan and Barmal districts. As a local tradition, women and girls are primarily responsible for water collection for drinking, washing, bathing and cooking food, while men are responsible for other activities, particularly finding the food and space for accommodation. Most of the people practice open defecation and do not use soap or any other cleaning agent for hand washing. Animals and people are often using the same water sources, which are open springs and streams.

## **2. Needs assessment**

In August 2015, International Medical Corps conducted a rapid needs assessment of water, sanitation and hygiene (WASH) in Barmal and Urgan districts of Paktika province in order to (1) identify emergency WASH needs and gaps of the most vulnerable Pakistani refugees and host families and (2) assess gaps in water storage practices, accessibility and conditions of the water supply. As per the needs assessment results, 35 % of people in Barmal and 30 % in Urgan have access to water from hand- dug wells without hand pumps. Thirty-three percent ( , 33 %) have access to drilled bore wells in Barmal and 5 % in Urgan, and 30 % have access to spring water in both districts. Also, 65 % of water points are unsafe in Barmal and 35 % are unsafe in Urgan. Water from open and uncovered open well, canal and river are considered unsafe. Time and again, local people have suffered from unsafe water related diseases. The average time to access to a safe water point was 15 -30 minutes. The water storage capacity per person at HH level was 5-25 liters as per observation in both districts. One-hundred percent (100 %) of people in Barmal and 58 % in Urgan districts had a simple latrine with bad conditions of "Full", "Smelling" and "Flies". Forty-percent (40 %) in Barmal and 25 % in Urgan had improved latrine with not enough maintenance. There was no flush or septic system, and .open defecation was observed. Less than 25 % of people have soap and practice hand washing with soap after contact with feces before contact with food in both districts. A limited number of people had access to appropriate bathing facilities According to the assessment, 25 % of people received a hygiene kit in a year in both districts. International Medical Corps did a KAP survey in Barmal and Urgan districts of Paktika province in January and April 2015. According to this KAP survey in Barmal district, the main sources of drinking water are the following: open wells 45 % , boreholes 30 % , springs 30 % . In addition, the survey found that , 80 % of people collected water in pails and , 20 % in vats. , 65 % of people use the same container for collection and storage of water and only 27 % wash the container before the collection of water. .69.5 % of containers were uncovered . Only 41.75 % of people practiced hand-washing after latrine use and only 11.25 % used soap. 60 % of people used unimproved latrines. In Urgan 55 % of people washed hand after latrine use but none of them used soap. 37.84 % of people used unimproved latrines;. 45 % used open defecation. Only .33.8 of women used latrine. According to the 2014 HMIS report, malaria and diarrhea are commonly- occurring diseases among people in Urgan and Barmal districts. As stated above in the Humanitarian Context Analysis section, the occurrence of these diseases is at the following rate -- diarrhea at 10 % , malaria at 2 % , skin Infection at 3% and eye infections at 4% of total morbidities. People are scattered in these districts, which makes the task more difficult for health workers to provide health services. Attached please find assessment and KAP surveys reports

## **3. Description Of Beneficiaries**

The project beneficiaries are 7,700 refugees (2,010 individual refugees from Urgan and 5,600 refugees from Lemon villages of Barmal district), and 2,030 IDPs from in Urgan district of Paktika province and 20 volunteers and 20 WASH committee. Members. Approximately 7,700 (Total families are 1100 which the average of individuals / family is 7. As per CSO 49 % is men, 51 % is woman) individuals from host community' living in the same villages will benefit from this project as well. Community hygiene promoters and WASH committee members are also a part of beneficiaries targeted by the proposed project. International Medical Corps would be the only organization to implement a WASH project in the Urgan and Barmal districts of Paktika

## **4. Grant Request Justification**

WASH services, intended to meet basic needs, are among the very first types of assistance provided to displace populations from conflicts or natural disasters, in order to prevent themselves from exposure to new hardships and vulnerable situations, when their coping mechanisms have been severely weakened. Timely responses for affected populations will help reduce mortality and morbidity caused by waterborne diseases and malnutrition among children. International Medical Corps conducted a rapid needs assessment of water, sanitation and hygiene (WASH) conditions in the refugee settlements of the Barmal and Urgon districts of Paktika province in August 2015. According to the needs assessment results, open defecation is commonly practiced as latrines and bathing facilities are unavailable. The use of open and uncovered areas for defecation threatens to contaminate water sources, as they are also open. Proper hand washing practices are not followed, as some refugees do not have access to soap and others are not used to using soap. Furthermore, it is a question of affordability for refugees and local communities to purchase soap. Also, the assessment indicated that most people, who currently defecate in fields and trenches, are willing to use pit latrines. According to reports from men in the community, there are no appropriate supplies or facilities for women in Urgon to manage issues related to menstruation. This will require further inquiries to understand the issues from the perspective of women, which will be done at the project startup phase. Similarly, there are no special sanitation facilities to accommodate people with disabilities, who are not living in separate camps, but they are living together with the host communities. During the WASH rapid needs assessment, 82% of key informants (KIs) explained that people do not have enough containers to collect water. The water sources that are used by people are also used by livestock. As a result, the water sources are contaminated, as they are openly accessible to livestock. People's awareness about safe drinking water is very low. People use kettles and dishes to collect and store water. It was revealed that people typically wash their hands prior to food preparation or eating, however, they do so with only water and not with a cleaning agent. For refugees, the lack of soap use is attributed to either not having access to soap or to not being used to using soap. Community members and refugees are disposing solid waste in open spaces. This has contributed to an increase in environmental degradation and poor sanitary conditions. As a result of the current practices, the number of waterborne diseases has increased since the HMIS data from the HFs in these two districts. Specifically, a high number of diarrheal cases has been reported. According to the 2014 HMIS report, malaria and diarrhea are commonly occurring diseases among people in Urgon and Barmal districts: diarrhea at 10 %, malaria 2 %, skin infections 3% and eye infections were 4% of total morbidities. WASH service is one of the major components to combatting waterborne diseases by providing sanitation, hygiene and water services in the targeted districts. The need for these activities and services is largely unmet. Moreover, as the incidence of water borne diseases are most commonly transmitted through contaminated water, infection often occurs during bathing, washing, drinking, in the preparation of food, or the serving food. Education and awareness are critical components, alongside the provision of WASH services to minimize the risk of having diarrhea and associated morbidity and mortality. This project will be focusing mainly on addressing the needs of refugees from Pakistan. However, the host community will be benefiting as well from this project.

### **5. Complementarity**

The WASH project activities and services discussed above will address the current WASH gaps in Urgon and Barmal districts. The WASH project will also improve and increase the level of people's knowledge and practices regarding hygiene, which will complement International Medical Corps' current mobile medical teams' activities reducing diarrheal and malaria cases among refugees and host communities. Trained Community Hygiene Promoters and WASH committee members will contribute to the reduction of waterborne diseases

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To mitigate health risks associated with WASH-related diseases and unhygienic practices of refugees in Barmal and Urgon districts in Paktika province

### **MULTI-SECTOR**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
Objective 2. Essential Services to Pakistani Refugees, while pursuing durable solutions	3. Timely response to affected populations	100

**Contribution to Cluster/Sector Objectives :** The project beneficiaries include 7,700 refugees (2100 refugees from Urgon district and 5,600 refugees from Lemon villages of Barmal District) and 2,030 IDPs in Urgon district, of Paktika province. Approximately 7,700 individuals from the local communities will benefit from this project as well. In addition, community hygiene promoters and WASH committee members are also the project beneficiaries .

This project will be implemented by International Medical Corps (IMC), an independent affiliate organization of International Medical Corps UK (IMC UK), with which IMC UK shares the same name and charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC UK will engage IMC in the delivery and implementation of its Programme in accordance with the terms and conditions of the grant under any agreement that results from this proposal. Hereinafter, unless otherwise specified, all references to IMC UK in this application refer to the collaborative relationship between IMC UK and IMC.

#### **Outcome 1**

Improved sanitation conditions where refugees are located in Urgon and Barmal districts of Paktika province

#### **Output 1.1**

##### **Description**

Construction of 80 VIP latrines doors

##### **Assumptions & Risks**

Urgon and Barmal are most insecure districts of Paktika with frequent security incidents which may hamper the travel and transportation of staff and construction of works. As a result, International Medical Corps may not be able to provide services as planned schedule. The harsh weather conditions from December – April such as, very cold, snow and long winter may cause either unavailability of trained / skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation . Unavailability of construction materials in Barmal and Urgon may cause more cost and delay for project implementation. Also due to conflict and ongoing fighting in border of Pakistan the project area may receive a high number of IDPs or refugees, which may place a burden on proposed activities

##### **Activities**

##### **Activity 1.1.1**

International Medical Corps will construct 80 VIP latrines doors in Paktika (60 in Barmal and 20 in Urgon districts) for the refugees and local communities from same villages where refugees are located. International Medical Corps will establish WASH committee at the beginning of project and one of the responsibilities of this committee is the site selection for latrines. International Medical Corps will develop and share the criteria for site selection with the WASH committee to ensure that the sites are selected in consideration of access to women. This is part of program objective that household members in particular women have easy access to latrines. Attached please find the latrines design

**Activity 1.1.2**

International Medical Corps will train 12 volunteers, including refugees and locals, in Barmal and 8 volunteers from Urgon districts by offering a 5- day training as Community Hygiene Promoters (CHPs). The training topics will include hand washing as well as , water, environmental, personal and food hygiene

**Activity 1.1.3**

International Medical Corps will establish three WASH committees two in Barmal and one in Urgon districts. Each WASH committee will comprise of 8-10 volunteers from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities. Each committee will be comprised of 8 -10 respected community elders who are willing in WASH promotion... Each committee will have a president, a treasurer and a secretary in each committee and others will be committee members .The WASH committee members will receive a 5 days training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as communication platform between the community, project staff and local government officials. This will also ensure that facilities are well-maintained and that the communities' participation and contribution are included in the management and operation of the WASH facilities. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines to ensure safety and accessibility, as well as cultural appropriateness. Also, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.

**Activity 1.1.4**

CHPs in turn will organize awareness sessions to the communities on proper hygiene and sanitation techniques, safe water collection and handling, hand washing, personal hygiene and safe garbage disposal through mosques , community gathering , school and health facilities in coordination with BPHS implementers in Urgon and Barmal districts . Beside that CHPs will organize awareness sessions on above topics to the refugees through International Medical Corps newly established mobile medical unit in Urgon district. During the hygiene promotion sessions the participants will receive one hand washing soap bar . 17430 soap bar will be distributed

**Activity 1.1.5**

International Medical Corps will conduct a baseline and end of project survey in Urgon and Barmal districts of Paktika province. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. At the 11th month of project the same survey will be conducted to measure the level of improvement in knowledge and practice regarding hygiene

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	MULTI-SECTOR	Number of households provided access to a functioning sanitation facility	656	624	160	160	1,600
<b>Means of Verification</b> : activity completion report , M& E report , picture of latrines , hand over documents							
As per Sphere one latrine is for 20 individuals. 80 latrines will be constructed which is for 1600 individuals. We have targeted 228 family who are 1600 individuals ( 228x7 = 1600) 49 % women > 5, 51 % men > 5 out of this 20 % are boys and girls less than five years							
Indicator 1.1.2	MULTI-SECTOR	Number of community volunteers including refugees and host community members trained in Hygiene Promotion, as Community Hygiene Promoters					20
<b>Means of Verification</b> : Training report , project progress report , M& E report , trainees attendance sheet, copy of training completion certificate							
Indicator 1.1.3	MULTI-SECTOR	Number of WASH committees established					3
<b>Means of Verification</b> : ME report , project progress report , WASH committees activities report							
Indicator 1.1.4	MULTI-SECTOR	Number of latrines constructed					80
<b>Means of Verification</b> : M & E report , project progress report , Engineering reports , Handover certificates							
Indicator 1.1.5	MULTI-SECTOR	Number of WASH committee members trained					30
<b>Means of Verification</b> : Training report , M& E report , trainees attendance sheet							
Indicator 1.1.6	MULTI-SECTOR	Number of Hygiene Promotion sessions organized					872
<b>Means of Verification</b> : M&E report , progress report , CHPs activity report							
20 Community Hygiene Promoters (CHPs) will be trained in first 2 months of project. Each CHP will organize at least 1 sessions / week. Each week at least 20 sessions / 20 CHPs and each month at least 80 sessions which in total will be 800 and we added 72 further sessions as well.							
Indicator 1.1.7	MULTI-SECTOR	Number of people receiving Hygiene Promotion messages					17,430

**Means of Verification** : M&E report , progress report

In each sessions at least 15 -20 people will attend. Total 872 sessions will be organized. 872 x 20 = 17440

Indicator 1.1.8	MULTI-SECTOR	% of beneficiaries who can state 3 key messages (hand washing, water hygiene, personal hygiene)							50
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**Means of Verification** : International Medical Corps will conduct a baseline and end of project survey in order to measure the increased level of knowledge and practices regarding hygiene and sanitation

**Outcome 2**

Increased access for refugees and local communities to safe drinking water

**Output 2.1**

**Description**

18 boreholes constructed

**Assumptions & Risks**

Urgon and Barmal are most insecure districts of Paktika with frequent security incidents which may hamper the travel and transportation of staff and construction of works. As a result, International Medical Corps may not be able to provide services as planned schedule. The harsh weather conditions from December – April such as, very cold, snow and long winter may cause either unavailability of trained / skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation . Unavailability of construction materials in Barmal and Urgon may cause more cost and delay for project implementation. Also due to conflict and ongoing fighting in border of Pakistan the project area may receive a high number of IDPs or refugees, which may place a burden on proposed activities

**Activities**

**Activity 2.1.1**

International Medical Corps will drill 10 boreholes in Barmal and 8 in Urgon districts for refugees and the surrounding local communities during the project period, following the MRRD guidelines. The sites for the boreholes will be selected in consultation with WASH committees which is represented by refugees and locals communities. Among criteria are: a minimum distance between households and each site and avoidance of possible contamination sources (latrines, waste dump...) the topography and geology. Both women and men’s suggestions will be sought during the design phase. International Medical Corps will construct boreholes in places with accessibility for both men and women and especially for women to ensure that they feel safe and comfortable to fetch the water. In Afghan culture, women are the one who collect water for the household.

**Activity 2.1.2**

International Medical Corps will provide 2 jerry cans per family for collection and storage of safe water

**Activity 2.1.3**

The persons who will be trained as mechanic will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, person who is willing to work as volunteer and mechanic, respected by community, person with technical knowhow or willing to learn, and the preference will be given to those who already have some experience and person. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction i.e. from the beginning to completion in order to learn practical and technical skills.

**Activity 2.1.4**

Develop stories around individual cases, share pictures, organize project events and invite OCHA and/or other officials, etc. as part of communication activities

**Activity 2.1.5**

The boreholes will be chlorinated after completion. Based on the information, the water testing kit is not available in the country. Depending on the costs and time involved, International Medical Corps will look into the possibility of purchasing the water testing kits from outside of the country. Also, International Medical Corps will follow the traditional approach to dig the borehole extra few feet deep to maintain the purity and quality of the water. Also, we have been coordinating with DACAR to use their water testing facility which is located in Kabul. Technically the water has to be tested sooner once it is taken out. However, it will take minimum four hours to bring water to Kabul to use the DACAR’s facility. Some of the sites are located as far as in 8 hours of distance from Kabul.

**Activity 2.1.6**

International Medical Corps will test the water after completion of boreholes with the support of MRRD at the provincial level 2 time during project

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	MULTI-SECTOR	Number of people in intervention areas provided with access to at least 15lpcd of drinking water	1,976	2,057	493	514	5,040

**Means of Verification** : Project progress report , M& E report ,hand over certificates

40 family / 1 borehole (280 individuals / 1water point) x 18 = 5040

Indicator 2.1.2	MULTI-SECTOR	Number of boreholes drilled							18
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**Means of Verification** : Engineering reports , Field visit reports ,project progress report , hand over documents , pictures , had over certificates , ,progress report

Indicator 2.1.3	MULTI-SECTOR	Chlorination of boreholes and water testing of boreholes and water at household level							2
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**Means of Verification** : Engineering report, progress report, M&E report.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

International Medical Corps Project Manager and site managers will monitor the activities during project duration as per approved schedule. International Medical Corps will develop a comprehensive monitoring plan of how to monitor the project activities and to collect relevant data. A comprehensive quality assessment checklist will be used to evaluate the quality of services and staff competencies on conducting monitoring visits and providing feedback to the field staff. A Project Management Tool, created by International Medical Corps, will be used to record the findings from monitoring visits of project activities and capture data against stated indicators and targets. Joint monitoring visits with the provincial Ministry of Rural Rehabilitation and Development (MRRD) will also be organized to monitor the project activities. During each visit, action plans will be developed along with feedbacks to address the identified gaps. In the second monitoring visit, the action plans will be evaluated to see if the gaps identified during the previous visit were addressed. Project activities will also be monitored and the data will be recorded during the Project Review Meetings, organized by International Medical Corps senior management on a quarterly basis. International Medical Corps is currently implementing a mobile medical unit for refugees in Barmal district and was a BPHS implementer in Paktika, and thus has a strong relationship with community elders. There are no issues related to accessing Urgan and Barmal districts due to community trust and our long presence in will be able to conduct monitoring activities smoothly. Key information from these monitoring reports will be included in quarterly reports, which will be submitted to CHF. International Medical Corps will conduct a baseline and end of project survey through focus group discussions and interviews with key beneficiaries in order to measure the increased level of knowledge and practices regarding hygiene and sanitation. At the midterm, International Medical Corps will review the data collected and will analyze the progress toward targets, the quality of data collected, and challenges in monitoring in order to take corrective action for program performance. Initial and final reports will include information from the baseline and end of project surveys respectively and will be shared with CHF. IMC will sign a MOU with WASH committees to identify their roles and responsibilities and make them accountable to their duties and increase their participation in the project management and maintenance. The WASH committees will monitor project sites and provide awareness sessions and messages on hygiene and sanitation to reinforce how to clean and maintain latrines. Reporting from the field sites is coordinated by International Medical Corps' program team with support and oversight from the Medical Director based in the Kabul office. A higher level of oversight on project monitoring and reporting requirements is provided by the senior management of IMC' Afghanistan country office, with technical assistance from grants and contracts management support from International Medical Corps' offices in the UK and the US. Soft copies of all program documents, including monitoring reports are maintained on International Medical Corps' servers in Kabul, with backup copies in IMC' global headquarters, as necessary. Hard copies of program documentation, such as beneficiary records, attendance records, cash disbursement records, receipts, and hand over will be documented and archived continually throughout the project duration. IMC will collect telephone numbers of beneficiaries who receive training, staff working on the project, community members who receive services and WASH committee members, in order to conduct remote monitoring of project. This information will be shared with CHF. IMC will provide quarterly, semiannual and final reports to CHF through online GMS system

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: International Medical Corps will construct 80 VIP latrines doors in Paktika (60 in Barmal and 20 in Urgan districts) for the refugees and local communities from same villages where refugees are located. International Medical Corps will establish WASH committee at the beginning of project and one of the responsibilities of this committee is the site selection for latrines. International Medical Corps will develop and share the criteria for site selection with the WASH committee to ensure that the sites are selected in consideration of access to women. This is part of program objective that household members in particular women have easy access to latrines . Attached please find the latrines design	2015												
	2016			X	X	X	X	X	X	X	X	X	
Activity 1.1.2: International Medical Corps will train 12 volunteers, including refugees and locals, in Barmal and 8 volunteers from Urgan districts by offering a 5 - day training as Community Hygiene Promoters (CHPs). The training topics will include hand washing as well as , water, environmental, personal and food hygiene	2015												
	2016	X	X	X									
Activity 1.1.3: International Medical Corps will establish three WASH committees two in Barmal and one in Urgan districts. Each WASH committee will comprise of 8 -10 volunteers from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities. Each committee will be comprised of 8 -10 respected community elders who are willing in WASH promotion... Each committee will have a president, a treasurer and a secretary in each committee and others will be committee members .The WASH committee members will receive a 5 days training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as communication platform between the community, project staff and local government officials. This will also ensure that facilities are well-maintained and that the communities' participation and contribution are included in the management and operation of the WASH facilities. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines to ensure safety and accessibility, as well as cultural appropriateness. Also, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	X

Activity 1.1.4: CHPs in turn will organize awareness sessions to the communities on proper hygiene and sanitation techniques, safe water collection and handling, hand washing, personal hygiene and safe garbage disposal through mosques , community gathering , school and health facilities in coordination with BPHS implementers in Urgon and Barmal districts . Beside that CHPs will organize awareness sessions on above topics to the refugees through International Medical Corps newly established mobile medical unit in Urgon district. During the hygiene promotion sessions the participants will receive one hand washing soap bar . 17430 soap bar will be distributed	2015																		
	2016			X	X	X	X	X	X	X	X	X	X	X					
Activity 1.1.5: International Medical Corps will conduct a baseline and end of project survey in Urgon and Barmal districts of Paktika province. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. At the 11th month of project the same survey will be conducted to measure the level of improvement in knowledge and practice regarding hygiene	2015																		X
	2016	X																X	X
Activity 2.1.1: International Medical Corps will drill 10 boreholes in Barmal and 8 in Urgon districts for refugees and the surrounding local communities during the project period, following the MRRD guidelines. The sites for the boreholes will be selected in consultation with WASH committees which is represented by refugees and locals communities. Among criteria are: a minimum distance between households and each site and avoidance of possible contamination sources (latrines, waste dump...) the topography and geology. Both women and men's suggestions will be sought during the design phase. International Medical Corps will construct boreholes in places with accessibility for both men and women and especially for women to ensure that they feel safe and comfortable to fetch the water. In Afghan culture, women are the one who collect water for the household.	2015																		X
	2016			X	X	X	X	X	X	X	X	X							
Activity 2.1.2: International Medical Corps will provide 2 jerry cans per family for collection and storage of safe water	2015																		
	2016			X	X	X	X	X	X	X	X								
Activity 2.1.3: The persons who will be trained as mechanic will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, person who is willing to work as volunteer and mechanic, respected by community, person with technical knowhow or willing to learn, and the preference will be given to those who already have some experience and person. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction i.e. from the beginning to completion in order to learn practical and technical skills.	2015																		
	2016			X	X	X	X	X	X	X	X								
Activity 2.1.4: Develop stories around individual cases, share pictures, organize project events and invite OCHA and/or other officials, etc. as part of communication activities	2015																		
	2016			X		X		X		X		X							X
Activity 2.1.5: The boreholes will be chlorinated after completion. Based on the information, the water testing kit is not available in the country. Depending on the costs and time involved, International Medical Corps will look into the possibility of purchasing the water testing kits from outside of the country. Also, International Medical Corps will follow the traditional approach to dig the borehole extra few feet deep to maintain the purity and quality of the water. Also, we have been coordinating with DACAR to use their water testing facility which is located in Kabul. Technically the water has to be tested sooner once it is taken out. However, it will take minimum four hours to bring water to Kabul to use the DACAR's facility. Some of the sites are located as far as in 8 hours of distance from Kabul.	2015																		
	2016			X	X	X	X	X	X	X									
Activity 2.1.6: International Medical Corps will test the water after completion of boreholes with the support of MRRD at the provincial level 2 time during project	2015																		
	2016			X	X	X	X	X	X	X									

## OTHER INFO

### Accountability to Affected Populations

In general, International Medical Corps will involve refugee and local communities in the project implementation from the beginning of project through sharing information with community elders, local authorities and MRRD. The location of boreholes and latrines, will be selected in consultation with beneficiaries through group discussions to ensure that the locations are safe and easily accessible by all community members, with special consideration of the needs of women, girls, those with disabilities, the elderly and importantly it is culturally acceptable. WASH committee and Community Hygiene Promoters will be selected in consultation with community elders. International Medical Corps will sign a MOU with WASH committees and District Governor to identify their roles and responsibilities and make them accountable to their duties. International Medical Corps will involve WASH committees in monitoring of project sites. Feedback will be taken from beneficiaries through WASH committees to ensure that all the targeted vulnerable groups of people have equal and impartial access to the services. Feedback from the communities will be part of the action plan to address the gaps in reaching the equal and impartial access to the services.

International Medical Corps staff have received training on HAP ( Humanitarian Accountability Frame Work )

### Implementation Plan



During the first month of project International Medical Corps will develop a detailed implementation plan covering all aspects of project. . Project staff will be recruited during the first month of project. International Medical Corps will coordinate and share project activities with local authorities, i.e. Ministry of Rural Rehabilitation and Development (MRRD), host communities and refugees. For smooth implementation of the project, International Medical Corps will sign an MOU with MRRD to identify the roles and responsibilities of each parties. As International Medical Corps has been working in Paktika province since 2004 and built a strong relationships and trust with the communities, they will be consulted and informed about this project. ; Volunteers, who are interested in WASH will be selected for the WASH Committee, as per MRRD selection criteria. Each WASH committee will consist of 8-10 persons per district, and be trained. Three WASH committee will be selected in consultation with community elders ( 2 in Barmal and 1 in Urgon districts ) This will not only build a sense of community ownership of project activities, but will also serve as channel of communication between the community and project staff and the local government officials. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities and make them accountable to their duties. Community Hygiene Promoters (CHPs) will be selected in consultation with the WASH committee and will receive a 5-day training on healthy hygiene and sanitation practices. After the completion of training, CHPs in turn will raise community awareness on safe water collection and handling, hand washing, personal hygiene, safe garbage disposal, the role of healthy hygiene practices in improving the health conditions in the area and preventative measures to reduce the incidence of water borne diseases. International Medical Corps will conduct a baseline and end of project survey to assess the communities' levels of knowledge. International Medical Corps will construct 80 VIP latrines. International Medical Corps has identified refugees and host communities, which are in need of latrines, in the targeted areas of Urgon and Barmal districts. The latrines will be constructed using locally available material in those communities. The locations for the latrines will be finalized in consultation with the refugees and local communities. Maintaining and keeping latrines clean is very important for the success of the project in the long run. For the cleaning of latrines, International Medical Corps will provide mops, buckets and soap to the community when handing over the constructed latrines. The boreholes sites will be selected in consultation with the communities prior to their design and construction. International Medical Corps will chlorinate the boreholes after completion and also will chlorinate water storage at the household before and after construction of boreholes. International Medical Corps will train two individuals from each as communities as mechanics and they will be provided with a set of tools to repair the boreholes for their sustainability. They will receive 10 days training including practical work. International Medical Corps will attend all coordination meetings at the field and Kabul level to share the project information and coordinate with others. At the end, the project will be handed over to the communities, based on MRRD hand over guidelines

#### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
MRRD	MOU , coordinate activities , attend all meetings
OHPM	coordination and sharing activities
WASH cluster	attend coordination meeting
MOPH	Coordination for IEC materials , attend coordination meetings , share progress report
Paktika and Khost Task Force	Attend coordination meeting , share activities , progress report

#### **Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

This project mainstreams gender and is likely to make a positive contribution to gender equality. International Medical Corps will analyze the needs of women and men and this analysis will be reflected and logically connected in the project design and outcomes. The project activities and services proposed are for both women and men. International Medical Corps is well- aware of the cultural sensitivities against women's participations in community activities. Women and girls in Afghanistan are most often the primary users, providers and managers of water in their households and are the guardians of household hygiene. If a water system breaks down into disrepair, women are the ones forced to travel long distances over many hours to meet their families' water needs. Therefore, International Medical Corps will encourage women elders to participate in WASH committee meetings and as well as in the decision making process of water sanitation activities, including the selection of water points so that women can easily reach them and in locations that are culturally acceptable.1 Soap bar will be given to the mothers as they are responsible for promoting and practicing the sanitation and hygiene within the family. Water points will be constructed in targeted districts that equally benefits men, women and children. International Medical Corps will take women's suggestions into considerations with project implementation through female volunteers and elder. International Medical Corps will train female community volunteers as well in order to disseminate hygiene and sanitation awareness messages to other females. In recognition of the important roles played by women in improving family hygiene and sanitation, the project activities will focus on women and increase their participation throughout the project implementation. -. As discussed above, women and girls are responsible for collecting and storing water needed by the family. Currently women and girls have to walk considerable distances to fetch water. Upon the installation of boreholes, the water will be available in sufficient quantity near to their houses. Women will also be consulted in the borehole sites selection process. Similarly, women and girls will also be the beneficiaries of latrines. This will save time as well as improve the sanitary conditions. Selected projects have minimum construction to have any impact on the local environment. International Medical Corps will ensure that no trees will be chopped down for the construction of boreholes and latrines. There is a provision of proper drainage around the bore holes that will improve the sanitary conditions. Construction and uses of latrines will have a positive impact on the local environment. These projects will be using locally available materials as much as possible.

#### **Protection Mainstreaming**

International Medical Corps involved communities, in Urgon and Barmal Districts of Paktika province both refugees and host communities, in a rapid WASH assessment in August 2015, and discussed the potential project implementation and goals. International Medical Corps will involve refugees and local communities in the project implementation from the beginning of project, including community elders, local authorities and MRRD. The location of boreholes and latrines, will be selected in consultation with beneficiaries through group discussions to ensure that the locations are safe and easily accessible by all community members, especially women, girls, those with disabilities, the elderly. This will also ensure that the locations are culturally acceptable. The WASH committees will not only build a sense of community ownership of project activities, but will also represent the communities to the project staff and the local government officials. They will take on leadership positions, to ensure that facilities are well-maintained and kept clean, and so that the communities' participation and contribution is included in the management and operation of WASH facilities. International Medical Corps will sign a MOU with these committees to empower them as well, to make them accountable for their duties. Two individuals from these communities will be trained as mechanic to maintain and repair of WASH facilities. At the end of training they will be provided with a set of tools for repair and maintenance purposes. Community Hygiene Promoters (CHPs), who are an important part of this project, will receive a five days training on proper hygiene and sanitation techniques, safe water collection and handling, hand washing, personal hygiene, safe garbage disposal, and the role of healthy hygiene practices in improving community health conditions. They will educate and make community members aware about the importance of hygiene and sanitation, through community meetings and awareness sessions in mosques and public gatherings, and also through schools and home visits. During these sessions, the Ministry of Public Health (MOPH) - approved IEC materials for WASH will be used, which are in the local language. Also, they are already pre-tested for their clarity, effectiveness and acceptance by the communities. Latrines, and boreholes will be handed over to the community as per standard MRRD hand over procedures. International Medical Corps staff have received training on HAP (Humanitarian Accountability Framework) and these standards will be followed while implementing the project.

### Country Specific Information

#### Safety and Security

The security situation in Paktika remains unstable due to its geographical location and close proximity to the border with Pakistan. The primary threat in the area is based on the presence of the militants particularly the Taliban that are closely affiliated with the Haqqani Group. The close tie of this Haqqani network with the Quetta Shura of the Taliban makes Paktika an ideal place to operate and launch their attacks against the ANSF (Afghan national Security Forces). The porous region on this side of the eastern Region and its proximity to Quetta, Pakistan and North Waziristan provide adequate escape routes and safe havens for militants, especially when military counter offensives are launched from both sides of the border. The districts of Barmal and Urgon have become a volatile areas as there is heavy presence and influence of these militants. Sporadic attacks on the district centers and their immediate surroundings have been recorded recently. The occurrence of these attacks are consistent with the AOG timeline, or seasonal offensives. Much of the recorded incidents in these areas perpetuated by the militants are IEDs, indirect fire and small arms attacks against ANSF posts and personnel. These attacks usually have collateral damage on the local populace and often NGOs working in the area are greatly affected in terms of access and mobility, especially in the isolated villages. There is also the presence of armed criminal gangs that often prey on trucks or vehicles ferrying passengers or goods. NGOs are also sometimes victims of illegal checkpoints which result in the loss of items being delivered. While there is no direct targeting against NGOs working in the area, the economic condition of these areas sometimes forces the militants and criminals to confiscate goods or items intended for the people. In recent months, the Pakistan Army's offensive actions in North Waziristan has seen influx of militants running away from this area. Some of these militants including foreign militants who have sought refuge in Paktika, especially in Barmal. This has resulted in some airstrikes or drone attacks in the area, which have caused some casualties to the militants and the locals alike

#### Access

The International Medical Corps has been working in Paktika for a long time. International Medical Corps' projects have been implemented in the target districts in the past. It was observed and monitored that the local people in these districts are very much supportive of International Medical Corps' activities. In order to access these areas, International Medical Corps has conducted a comprehensive area assessment of the districts. And Based on these experiences, the inclusion of the local community leaders (Shura) and elders in any intervention is always the key to unhampered access to the area. This approach has been proven time and time again and it gives the community, especially the direct beneficiaries, a sense of ownership and responsibility for the project being implemented. Recruitment of qualified staff for local positions will also help the community economically and the use of local resources to strengthen the mutual bond between International Medical Corps and the constituents. In such an insecure area, the community acceptance is always the key factor in accessing the area and implementing the projects. With regard to this factor, International Medical Corps' presence in the area and its credibility with the people plays a vital role in its operations in this area. It is therefore, with confidence based on our previous experience and established network with the local people in these districts that International Medical Corps will continue to have access and the ability to operate in Paktika in spite of the threat mentioned. International Medical Corps provides a well-structured security policy, including site selection, staff selection, asset protection and movement monitoring. Comprehensive security SOPs, Risk assessments and contingency plans for each site are made and implemented in response to the present security situation. The security department also conducts training and provides other useful security instructions to all International Medical Corps staffs working in the area, in order to mitigate the present risks and to anticipate any potential threats in such a volatile area. With ample preparation and quality information at hand, the security well-being of International Medical Corps staff and assets is assured by the above mentioned factors

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Country Director	s	1	19,120.65	12	6%	13,766.87
	<p><i>The Country Director will have overall control and management of the program. He will be involved in the coordination and provide guidance in program policy issues; He will be the primary liaison between in country Donors, Government officials and other NGOs. He will oversee the program implementation as per the proposal; He will be reviewing all reports before submission to the donors. It is estimated that 6% of his time will be devoted to this project.</i></p> <p><i>The salaries are included 35% hardship allowance, 30USD perday perdiem, 28% fringe benefit, tax and R and R allowance.</i></p>						
1.2	Finance and Admin Director	S	1	15,402.75	12	6%	11,089.98

	<p>He will be primarily responsible for the donor and HQ Financial and administrative reporting. He will be formulating new budgets and ensuring adequate cash is available in the field sites. He will also ensure all the donor requirements and International Medical Corps internal regulations are met and adhered to in all the field sites. He will also be the administration focal point ensuring all the local laws of Afghanistan are adhered to. It is estimated that 6% of his time will be devoted to this project. The salaries are included 35% hardship allowance, 30USD perday perdiem, 28% fringe benefit, tax and R and R allowance</p>						
1.3	Operation advisor	S	1	13,79 1.66	12	6%	9,930.00
	<p>He is responsible for managing over all operation safety and security issues in the country and advising the Country Director on all security- related issues. He will review, update and implement security protocols and ensure adherence to the security plans, provide program and site security assessments and ensure risk mitigation strategies are in place to sustain quality programming. Security training will be provided to staff, enabling them to responsibly and safely implement International Medical Corps programs in tenuous operational environments. International Medical Corps routinely includes costs for expatriate and national staff security training in the budgets for programs in insecure environments. Estimated time devoted for this project is at 6%. The salaries are included 35% hardship allowance, 30USD perday perdiem, 28% fringe benefit, tax and Rand R allowance</p>						
1.4	Program Coordinator - Paktika	D	1	2,600 .00	12	6%	1,872.00
	<p>Program Coordinator: is located in Kabul office. He is responsible for overseeing all the project activities and provide supervision and monitoring from Paktika with regular sites visits. 6% of his time will be charged to this project</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.5	Program development/communication coordinator	S	1	2,076 .00	12	6%	1,494.72
	<p>Is based in Kabul office, he is responsible to ensure the timely submission of program reports to the donors and country management. He is responsible for regular visit to field offices and provides training to the program staff regarding the implementation of the project. 6% of his time will be charged to this project</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.6	WASH Coordinator	D	1	2,318 .00	11	100%	25,498.00
	<p>Will be responsible for the implementation of WASH activities in the field site and will make sure activities are carried out within the budget and implementation management time frame. The WASH Coordinator will support the field level team, coordinate with provincial authorities and, stakeholders, and participate in WASH cluster meetings and, WSG meetings at the central level. 100% of his time will be charged to this project</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.7	HMIS/ M and E Coordinator	D	1	1,965 .00	12	6%	1,414.80
	<p>Is responsible for monitoring and evaluation of the project activities. Collecting monthly HMIS data, as well as the responsibility to compile, analyze and report to senior management and the donor. Provide feedback to the field sites on monthly and quarterly basis. Conduct regular monitoring visit to the field sites. 6 % of his time is budgeted under this project.</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.8	WASH Officer	D	1	1,200 .00	12	100%	14,400.00
	<p>Will be responsible for supervising, monitoring of WASH activities in project implementation sites. He will monitor the project's progress and will improve coordination at the district and provincial level. 100% of his time will be charged to this project.</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.9	Hygiene Promoters	D	2	350.0 0	12	100%	8,400.00
	<p>Will be responsible for the training of CHPs and supervise and monitor the hygiene promotion session. 100% will be charged to this project.</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.10	Community Mobilizer	D	1	400.0 0	12	100%	4,800.00
	<p>Will be responsible for establishing WASH committee at each District with coordination with local community and will improve coordination at district and provincial level. 100% will be charged to this project</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.11	Guards/Cleaners/Cook	D	6	150.0 0	12	100%	10,800.00
	<p>The Guards, Cleaners and provide the support to field office. 100% of their time will be charged to this project, because they are direct field based staff.</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance. IMC has an office in Paktika and we will open the new office for this project in Urgan. In Urgan one Guard from 8am to 4PM, 2nd guard from 4-12am and 3rd guard from 12am to 8am. we had budgeted 4 guards, however, due to budget constrained we have reduced to 3. we required one cleaners/cook for Urgan office and 2 guards for Paktika office.</p>						
1.12	Finance Manager	S	1	2,785 .83	12	6%	2,005.80
	<p>Finance Manager: is based in Kabul office, Deputy Finance Manager will be responsible for the field accounting. Responsible to enter all the financial transactions are entered in to accounting software Cost point. Review field finance transactions, regularly visit to the field locations and provide on job training to the finance staff. He is also responsible to make sure all the finance documents are scanned and provided to HQ on time. 7% of his time will be charged to this project.</p> <p>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						

1.13	Logistics Officer	S	1	987.45	12	6%	710.96
	<i>Logistic Officer: is based in Kabul office and responsible for all logistic matters. 6% of his time will be charged to this project.</i>						
1.14	Medical Director	S	1	3,243.78	12	6%	2,335.52
	<i>Medical Director: is based in Kabul office. She will be responsible for managing all the aspects of the program, liaising with the HPM and other agencies involved in medical programs, and ensuring that activities are carried out according to the approved program goal and objectives and implementation time frame. She will devote at least 6% of her time to ensure quality control as well as compliance with donor and MoPH guidelines.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
1.15	HR /Admin Manager	S	1	2,635.78	12	6%	1,897.76
	<i>Admin HR Manager: is located in Kabul and responsible to track staff records and calculate monthly payroll, hiring of new personnel. Staff contract extension, dealing with the legal matter. He also responsible to arrange the entire international staff visa, work permit, travel arrangement. Rrenewal all the lease arrangement for all field locations. 6% of his time will be charged to this project.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
1.16	Cleaner/Guards	S	2	446.00	12	6%	642.24
	<i>-Cleaners/Guards: are based in Kabul office. The Guards, Cleaners, will provide the support to Paktika office. 6% of their time will be charged to this project.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
1.17	Drivers	S	3	445.00	12	6%	961.20
	<i>The Drivers are based in Kabul office, 6% of their time they will support this project.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
1.18	Finance Officer Paktika	S	1	1,000.00	12	6%	720.00
	<i>Finance Officer: is based in Paktika office, the Finance office is responsible for the field accounting, preparing vouchers, handle petty cash, deposit monthly withholding tax to the Govt treasury. He Works very closely with the country finance teams to ensure cash flow to and from the field. 6% of his time will be charged to this project.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
1.19	Logistic Assistant Paktika	S	1	800.00	12	6%	576.00
	<i>The Logistic Assistant is based in Paktika office, he is responsible all the logistic and transport matter. 6% of his time will be charged to this project.</i>						
	<i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i>						
	<b>Section Total</b>						<b>113,315.85</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Hygiene promotion training supplies for CHPs	D	2	100.00	1	100%	200.00
	<i>Hygiene promotion training supplies: This budget line will cover the cost of training and refreshment.</i>						
2.2	Per Diem to trainees	D	1	6.00	270	100%	1,620.00
	<i>\$6 Perdiem 50 Person for 5day and \$6 for 2 person for 10days. total numbers of days are 270 for 52 person and total budget is 1620\$</i>						
2.3	Incentive for CHPs	D	20	20.00	11	100%	4,400.00
	<i>Incentive for CHP: This budget line will cover the trainee will pay during the training. Incentive for CHP: This budget line will cover the cost of incentive for CHP to encourage and motivate them to perform good hygiene promotion session in targeted areas.</i>						
2.4	Jerry cans for water fetching	D	1440	4.00	1	100%	5,760.00
	<i>Jerry cans for water Fetching: this budget will cover the cost of jerry cans and distribution to community.</i>						
2.5	Latrine Kits	D	4980	1.20	1	100%	5,976.00
	<i>Latrines kits: this budget line will cover the cost of 160 brooms for washing and cleaning new constructed latrine and ever jug for hand washing for targeted families.</i>						
2.6	Spare parts and tools for mechanics	D	2	300.00	1	100%	600.00
	<i>Spare parts and tools for mechanics: this budget will cover the cost hand pumps spare part and tools for mechanics for operation and maintenances</i>						
2.7	Soap for hand washing	D	17430	0.60	1	100%	10,458.00

	<i>Soap for hand washing: this budget line will cover the cost of soaps for hand washing in target area.</i>						
2.8	Drilling borehole	D	18	2,000.00	1	100%	36,000.00
	<i>Drilling borehole : this budget line will cover 18 drilling boreholes in Urgun and Barmal district of paktika province.</i>						
2.9	Construction of latrine	D	80	700.00	1	100%	56,000.00
	<i>Construction of latrine: This budget line will cover all construction cost for 80 latrines in Urgun and Barmal district.</i>						
2.10	Post Survey	D	1	2,000.00	1	100%	2,000.00
	<i>To measure the increase knowledge and practices on hygiene and sanitation the post survey will be conducted at the end of the grant. the post survey will be conducted from external source, the staff will be hired, the 2000\$ will cover wage, travel cost, perdiem and accommodation. (15 staff for 15days @ 500AFNP/D the total cost is AFN 112500/64=\$1757.8 and 242.18 for transport cost.</i>						
2.11	Water Quality test.	D	1	4,923.00	1	100%	4,923.00
	<i>This budget line will be used for Water Quality test in 18 wells and household level. The BOQ is added under Documents tab.</i>						
	<b>Section Total</b>						<b>127,937.00</b>
<b>Equipment</b>							
3.1	Furniture and office supply	D	1	1,200.00	1	100%	1,200.00
	<i>4 tables, 4 chairs, Carpet for the office, tea cups, cupboard, white board, file cabinet in USD 1200 for Urgun office</i>						
3.2	Printer and scanner	D	1	400.00	1	100%	400.00
	<i>Printer and scanner: this budget line will cover the cost of printer and scanner. we have the scanner in paktiak office, but we need the new for Urgun office. the total printers required for Urgun office 2, one printer will be used from old grant for Urgun</i>						
	<b>Section Total</b>						<b>1,600.00</b>
<b>Contractual Services</b>							
4.1	Vehicles rent - SO	D	2	500.00	12	100%	12,000.00
	<i>Vehicles rent – SO: 2 vehicles will be rented for project activities</i>						
	<b>Section Total</b>						<b>12,000.00</b>
<b>Travel</b>							
5.1	International airfare	S	3	2,500.00	1	7%	525.00
	<i>The travel cost will cover the FAD, CD and OPA annual leave air tickets. 7% of the total travel will be charged to this project.</i>						
5.2	Local travel tickets/Cost	D	1	500.00	6	100%	3,000.00
	<i>Air Travel Local: budgeted to cover the cost of flights from Kabul to sites and back in case the road transport cannot be used due to insecurity.</i>						
5.3	Visa/Departure Taxes/ Work Permits	S	3	500.00	2	7%	210.00
	<i>Visa/ Departure Taxes/Work Permits: This will cover the cost of obtaining work permits and visas for the international staffs working for the project</i>						
5.4	National staff per diem	D	2	64.00	12	100%	1,536.00
	<i>National staff per diems: Local/In-country per diems have been budgeted to cover the in country boarding and lodging costs incurred by the staff during their official travels between Kabul and project sites for support and supervision.</i> <i>The international medical Corps perdiem rate is AFN 1000 perday and accommodation if IMC will provide 1200AFN and if the staff use their own accommodation is 350AFN. the \$64 consist three days per three days per diem and three days accommodation for two staff each month.</i>						
	<b>Section Total</b>						<b>5,271.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office Rent/Maintenance/Utilities	S	1	12,000.00	12	6%	8,640.00
	<i>Office Rent/ Rent/ Maintenance and Utilities for Kabul: This covers monthly payments are based on average rent for office space in sites, electricity bills, water supply, garbage disposal and other infrastructure charges for the site offices.6% cost will be charged to this project</i>						

7.2	Urgon site office rent/utilities	D	1	200.0 0	12	100%	2,400.00
	<i>This covers monthly payment of rent and utilities in Urgon and Barmal office. 100% cost will be charged to this project.</i>						
7.3	Vehicle, fuel, maintenance, insurance and reg.	S	1	800.0 0	12	6%	576.00
	<i>International Medical Corps Vehicle fuel, maintenance, insurance and reg. costs: fFuel, repair and maintenance of vehicles and vehicles insurance costs are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 6% of cost will be charged to this project</i>						
7.4	Vehicle, fuel, maintenance, insurance and reg. FO	D	1	800.0 0	12	6%	576.00
	<i>International Medical Corps Vehicle fuel, maintenance and insurance costs: fuel, repair and maintenance of vehicles and vehicles insurance costs are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 6% of cost will be charged to this project</i>						
7.5	Equipment repairs and maintenance	S	1	500.0 0	12	6%	360.00
	<i>Maintenance and Repair of Equipment: This line item will be used for maintaining and repairing of the project equipment's like computers, printers, etc</i>						
7.6	Office supplies FO	D	1	260.0 0	12	100%	3,120.00
	<i>Office Supplies: This line item is budgeted to cover costs of basic supplies for everyday work in the office and as well as for the field offices.</i>						
7.7	Office supplies CO	S	1	2,000 .00	12	6%	1,440.00
	<i>Office Supplies: This line item is budgeted to cover costs of basic supplies for everyday work in the office and as well as for the field offices. 6% of Kabul supplies will be charged to this grant.</i>						
7.8	Legal tax/Consultancy Fees	S	2	900.0 0	12	6%	1,296.00
	<i>Legal / Tax Consultancy fees: To retain a tax consultant and have his services in order to abide by the local laws and have his advises on the current taxation and legal issues.</i>						
7.9	Bank Charges	D	1	50.00	12	100%	600.00
	<i>Bank Charges: Bank charges are to cover the costs incurred on wire transfers between the field and Headquarters, as well as for local Hawallah money transfers fees from Kabul office to field office.</i>						
7.10	Generator/heating fuel FO	D	1	250.0 0	12	100%	3,000.00
	<i>Generators Fuel and Heating Fuel: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 100% of the field supplies will be charged to this project.</i>						
7.11	Generator fuel for CO	S	1	2,500 .00	12	6%	1,800.00
	<i>Generators Fuel and Heating Fuel: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 6% of the fuel cost will be charged to this project.</i>						
7.12	Communications/Internet	S	1	2,500 .00	12	6%	1,800.00
	<i>Communications including internet/internet upgrade and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in the field and sub office. 6% of Kabul cost will be charged to this project.</i>						
7.13	Communications FO	D	1	300.0 0	12	100%	3,600.00
	<i>Communications including internet/internet upgrade and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in the field and sub office. 100% will be charge to this project</i>						
7.14	Winterization wood - FO	D	1	300.0 0	4	100%	1,200.00
	<i>Four months winterization woods for program implementation in the field will be charged to this grant. 300\$ required for each month. total 4 months wood required for urgun and Barmal.</i>						



	<b>Section Total</b>			<b>30,408.00</b>
<b>SubTotal</b>		24,031.00		<b>290,531.85</b>
Direct				227,753.80
Support				62,778.05
<b>PSC Cost</b>				
PSC Cost Percent				7%
PSC Amount				20,337.23
<b>Total Cost</b>				<b>310,869.08</b>
<b>Grand Total CHF Cost</b>				<b>310,869.08</b>

<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Paktika -> Urgun	30	2,991	3,113	748	778	7,630	
Paktika -> Bermel	70	3,842	3,998	960	1,000	9,800	

<b>Documents</b>	
Category Name	Document Description
Project Supporting Documents	BOQs.xlsx
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Template memo for cash grant internal controls.docx
Project Supporting Documents	Barmal WASH rapid assessment result.xlsx
Project Supporting Documents	Barmal WASH baseline survey April 2015.docx
Project Supporting Documents	BOQ for WASH project Paktika.xlsx
Project Supporting Documents	hand pump design.docx
Project Supporting Documents	Jan 2015.docx
Project Supporting Documents	Urgun WASH rapid assessment result.xlsx
Project Supporting Documents	WASH Beneficiary breakdownAFG-153481SA2MSINGO410.xlsx
Project Supporting Documents	Latrine Design Oct 19.doc
Budget Documents	2.11 BOQ Water test.xlsx