

<b>Requesting Organization :</b>	Norwegian Church Aid			
<b>Allocation Type :</b>	2017 2nd Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
WATER, SANITATION AND HYGIENE		65.00		
NUTRITION		20.00		
PROTECTION	Mine Action	15.00		
		<b>100</b>		
<b>Project Title :</b>	Integrated WASH, Nutrition and Protection services for IDPs and Host Communities in Tirinkot, District, Uruzgan Province, Afghanistan			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/SA2/WASH-N-APC/INGO/6849	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	683,530.25	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	20/10/2017	<b>Planned End Date :</b>	19/10/2018	
<b>Actual Start Date:</b>	20/10/2017	<b>Actual End Date:</b>	19/10/2018	
<b>Project Summary :</b>	<p>In July 2017, NCA and its partner, the Norwegian Project Office/Rural Rehabilitation Association For Afghanistan (NPO/RRAA), carried out a needs assessments on the urgent and unmet water, sanitation and hygiene (WASH) needs of internally displaced persons (IDPs) living in host communities in Tirinkot district, Uruzgan province, with the aim on contributing to reducing the incidence of child mortality and morbidity brought about by water-borne disease, undernutrition, and mine risk exposure. Nine villages in Tirinkot were identified (Chalamgar, Da yek, Khairo kariz, New Kalacha, Now bahar, Serchakhlo, Talani, Tori, and, Zara kalach) where IDPs are living difficult circumstances and do not have access to sufficient quantities of safe water, engage in open defecation (OD) due to the lack of suitable sanitation facilities, and have little knowledge on proper hygiene and nutrition practices in emergency situations. The proposed project will reach 20,719 conflict IDPs (5,255 Families) and 37,196 underserved host community members (9,677 Families), ensuring that they have: 1) improved access to a safe water supply; 2) improved access to adequate sanitation facilities; 3) opportunities to practice safe hygiene and nutrition behaviors; 4) an increased knowledge of protection principals; and, 5) an increased knowledge of mine risks. Water sources in the target areas are unsafe, as they can be both unprotected (where they present a hazard to people and animals in the area), contain contaminated water, and be over-stressed. To meet the need for a sufficient and safe water supply, existing broken wells will be rehabilitated and new wells will be established. 170 individuals will have access to each water point. Placement of water points within the communities will reduce the burden on women and girls, who currently spend on average more than 20 minutes one-way to reach a water point. The continued functioning of the water points will be managed through local volunteer mechanics, who will be identified and trained in the operation and maintenance of the water systems, and through local caretakers. Water supply networks and wells will be rehabilitated in one health clinic and in four public schools. The installation of lockable latrines, with hand washing facilities, in IDP shelters will mitigate the spread of WASH-related diseases, ensure the privacy and security of women and children, and provide easy access for disabled persons and the elderly. Targeted households with disability and elderly people and will receive WASH services accordingly. Bathing facilities will be constructed to ensure the personal hygiene, health, dignity and well-being of project beneficiaries. Access to adequate sanitation facilities in the target clinic and schools, existing latrines will be rehabilitated. Awareness sessions will promote both hygiene and nutrition awareness and practices leading to health risk reduction. Hygiene sessions will focus on diarrhoea prevention strategies, discouraging open defecation, critical times to wash hands with soap, menstrual hygiene management, safe household water treatment, food hygiene, and 995 sessions will focus on nutrition promotion. 5,255 IDPs will receive hygiene kits. During kit distributions, orientation on the correct utilisation of the items in the kits will take place. To improve access to nutrition services, children six to 59 months will be screened and a referral system established with health centre run by the NGO operating in Tirinkot, the Afghanistan Health and Development Services (AHDS). In order to create a protective environment, awareness sessions on conflict and gender sensitivity will be organised. Mine risk education (MRE) will take place. This application is a joint proposal in line with NCA's partnership approach to build the capacity of national civil society organisations and to ensure transparent oversight and accountability during project implementation.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
19,344	18,579	9,960	10,032	57,915

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	6,959	6,740	3,490	3,530	20,719
Host Communities	12,385	11,839	6,470	6,502	37,196

**Indirect Beneficiaries :**

An estimated 18,000 out-patients annually attend the Community Health Clinic in Tirinkot district.

**Catchment Population:**

The catchment population of approximately 30,000 people of the proposed project, includes the catchment areas of the Basic Health Clinics and Comprehensive Health Clinic in Tirinkot district.

**Link with allocation strategy :**

The proposed project addresses the provision of life-saving humanitarian support for internally displaced persons (IDPs) and host communities in Tirinkot district in Uruzgan province, which is one of the identified hard-to-reach and underserved 16 districts of the CHF allocation. The strategy links WASH, nutrition, and protection programming in a multi-sectoral approach in order to meet the needs of people who are both in newly, and in prolonged, displaced circumstances. The proposed activities specifically reflect Strategic Objective 1, which meets the immediate needs of shock-affected populations, and Strategic Objective 4, from the 2017 Humanitarian Response Plan (HRP), which relates to improving the humanitarian conditions in hard-to-access areas. Likewise, the proposed project also ties in with the objectives of the following three Clusters, WASH, Nutrition, and Protection, as they are stated in the HRP. The WASH component of the project focuses on Objective 1 which ensures timely access to safe drinking water, gender sensitive sanitation facilities, and appropriate hygiene practices and Objective 2 that ensures timely access to WASH services in institutions. The eligible WASH actions comprises the rehabilitation of emergency boreholes and hygiene promotion. The Nutrition activities concentrate on reducing the incidence of acute malnutrition through the integrated management of acute malnutrition. The eligible Nutrition actions involve the provision of preventative services for children between six to 59 months and pregnant and lactating women. The Protection aspect of the proposed project supports the establishment of protection-conducive environments to prevent and mitigate protection risks. The eligible Protection action the proposed strategy addresses is mine risk education.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
Norwegian Project Office/Rural Rehabilitation Association (NPO/RRAA)	National NGO	579,313.32
		<b>579,313.32</b>

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Connie Shealy	Country Director	connie.shealy@nca.no	+93.766.702.450
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**BACKGROUND****1. Humanitarian context analysis**

Uruzgan province is in the south-central region of Afghanistan, and according to the most recent government figures from 2013, has an approximate population of 333,500, the majority of whom are Pashtun. Tirinkot city is the capital of the province with an estimated population of 71,604, based on figures from 2015. Tirinkot is controlled by the Afghan government and is generally considered safe, it is also the place to which people have fled from the surrounding districts which have experienced heavy fighting. Since mid-2016, Uruzgan province has experienced increased levels of fighting between armed opposition groups (AOGs) and Afghan security forces. In the first quarter of 2017, over 14,000 people were displaced within Uruzgan province from the surge in fighting that took place in 2016, resulting in more than 10,000 families (approximately 70,000 people) now homeless. Uruzgan is bordered by several provinces, specifically, Kandahar, to the south and Helmand, to the southwest, which have also seen more fighting between AOGs and the government, resulting in some small displacement into Uruzgan from those provinces. Uruzgan is thus refuge to both newly and prolonged displaced populations. The assessment notes that IDPs are resorting to negative coping habits, such as collecting water from unsafe sources, engaging in open defecation practices, consuming poor nutrient foods, skipping meals, child labour, and injury from lack of knowledge regarding mines. Psychological trauma is high due to the effects of the on-going fighting, continued displacement and the threat of Tirinkot possibly succumbing to the control of AOGs. Families cannot return home since their shelter and crops have been destroyed, assets have been looted, houses have been used as bases by various AOGs, and the areas they come from are contaminated with mines. IDP families are being harassed, and due to their circumstances, are being taken advantage of and are thus living under harsh and difficult conditions in Tirinkot. Cases of persecution from authorities, such as detention, abuse, and arbitrary arrests have been reported by the IDPs, especially for those who lack proper documentation and paperwork. While some IDP families are living in different villages of Tirinkot city with their relatives or in rented housing (whose rents are constantly rising) available shelter is contracting as more displaced families enter the district. There are quite a few IDP families that do not have relatives in this area and/or they are unable to pay the exorbitant rents, forcing them to live in some form of temporary shelter, such as tents, abandoned buildings, or building their own shelters from salvage materials. In some cases there can be up to eight, or more, family members squeezed into a small living space. Displaced families also face losing their all of the possessions they left behind due to looting in their places of origin. The extensive population movements within Uruzgan, that are now converged in peri-urban settings in Tirinkot, have exacerbated the burden on basic services and infrastructure, where they are overwhelmed and are not able to address the escalating needs. Access to health and essential medicines, WASH, and education services is challenging for the IDPs. Contributing to their vulnerability, IDPs are not able engage in livelihoods opportunities. Protection concerns about IDPs being at risk of injury due to mine and explosive remnants of war (M/ERW) as the surrounding countryside has been contaminated with these unexploded ordnances. Ground engagements caused the highest number of civilian casualties with fighting in and around population centres in Uruzgan, resulting in extreme harm to civilian communities. UNAMA documented increasing numbers of civilian casualties from unexploded ordinance, directly correlating to locations affected by ground engagements, according to the Afghanistan Midyear Report on Protection of Civilians in Armed Conflict, 2016.

## **2. Needs assessment**

A needs assessment was completed in four working days, from 25–28 July 2017, in sites where IDPs have settled in high numbers and where WASH gaps exist, as these communities are prioritised by the District Returnee and Refugee Department (DRRD) for WASH interventions. The Afghanistan household emergency assessment tool (HEAT) was utilised to gather information. Meetings were held with maliks, community development centres (CDC) members, village elders, tribal leaders, and IDP representatives, to explain the purpose of the survey. 6 male enumerators, divided into three teams of two (one interviewer and one note-taker) and surveys took place at the household level in nine villages in Tirinkot district: Chalamgar, Da yek, Khairo kariz, New Kalacha, Now bahar, Serchakhlo, Talani, Tori, and, Zara kalach. 143 households, composed of 323 families were interviewed. There were 628 children (304 female and 324 male) from one month to five years; 623 (281 female and 342 male) youth from six to 18 years; 663 adults (332 female and 331 male) from 18–50 years; and, 73 elderly (24 female and 49 male) who are 50+ years. The village was divided into four clusters and each IDP household was then randomly selected. A transit walk of each village was done to observe the sanitation and the condition of existing water points. Limitations to completing the survey were due to security and prevailing cultural norms limiting the presence of women in public. Consequently, only male enumerators were trained and only males from the target households provided the data informing the survey—one of the limitations of the survey, as it was not possible to directly interview the females in the households. Main findings show that only 40% of respondents have access to safe drinking water and while most of the respondents are collecting their water from a hand pump. Out of 352 pumps recorded, 163 are not functioning; placing a higher burden on the remaining 183 pumps which are working. This has the effect of increasing the amount of time and distance it takes to gather water and has considerable protection and other rights-based implications for the children (both girls and boys) who are responsible for getting water for the household. The majority of respondents state that they engage in open defecation, as only 29% of the families have access to some form of latrine. Furthermore, open defecation was widely observed around the homes of the IDPs, since children are not able to go far to defecate after nightfall. The respondent families complained that any latrines which do exist do not provide proper privacy, safety, or dignity for the users (particularly females in the household). When engaging in open defecation, people use mud to clean themselves. Due to the lack of knowledge and sufficient water, people do not wash their hands at critical times, contributing to the incidence of diarrhoeal cases. At the time of the survey, just about each family reported that they had at least one to two cases of diarrhoea in the children of their family who are under five years of age. At the institution level, during coordination meetings, the Education department of Uruzgan highlighted the lack of WASH services in schools, with either water wells being damaged or non-functioning and the same was reported for the sanitation facilities. Based on up to date report by ANDMA shows that 30 square kilometers area is contaminated by mines and 500 UXO in Tirinkot district. According to the 2nd standard allocation strategy for year 2017, acute malnutrition rate in children under five is 21.6% in Uruzgan province. AHDS is unable to carry out neither hygiene nor nutrition education in the villages outside their catchment areas. AHDS has identified outreach activities as a critical area service gap. Since AHDS staff do not conduct outreach, undernourished children do not get identified for treatment, therefore the proposed project will fill in this nutrition service need.

## **3. Description Of Beneficiaries**

NCA and NPO/RRAA identified the IDPs (both recent arrivals and prolonged displaced) and host community beneficiary groups, living in the nine targeted locations of Tirinkot district, in collaboration with the WASH Cluster and through in-depth discussions with relevant provincial representatives, including the PRRD, the District Refugee and Returnee Department (DoRRD), CDC members, and District Development Authorities (DDAs). Talks were also held with community elders in the target host communities, who were instrumental in providing needed information on the members of their communities who are most deprived and require support. The proposed project will therefore address the needs of 57,915 individuals from the IDP and host communities in Tirinkot district, of which 18,579 are women, 19,344 are men, 10,032 are girls, and 9,960 are boys. To ensure that the most vulnerable members of these communities receive relief assistance, other beneficiary criteria selection will be taken into consideration during the final selection process. This includes: 1) recently arrived IDP families; 2) IDP families that will not return to their villages anytime soon, due to continued insecurity; 3) IDP and host community families living in poor quality accommodation without access to appropriate WASH facilities and services; 4) female- and child-headed households, 5) families with children suffering from undernutrition, and 6) all families living in areas where mines are a hazard. Families with individuals who have disabilities and/or elderly people are direct beneficiaries of this intervention. The proposed project will also specifically target the following vulnerable groups: pregnant and lactating women, widows in extended families, large families with many small children under the age of five years, families with members suffering from a chronic illness, such as tuberculosis, and families with persons who have specific needs. NCA and NPO/RRAA will prioritise women and girls who are vulnerable to gender-based violence, by designing WASH facilities which will mitigate their risk of exposure to violence. NPO/RRAA staff will be responsible for reviewing and cross-verifying project beneficiaries and having them be endorsed by the WASH Committees, which will be established as part of the proposed project. This will be accomplished through house-to-house visits and interviews with the beneficiaries. During the HEAT assessment, NCA and NPO/RRAA identified five households headed by a female and three households headed by a child between the ages of 10 – 15 years. A further 59 households had three or more children under the age of five years. It is anticipated that more such families will be identified upon the inception of the project and they will unquestionably be included in the beneficiary lists.

#### **4. Grant Request Justification**

In 1979, in response to the massive displacement of people from Afghanistan, NCA, an international non-governmental organisation (INGO), initiated relief assistance, through its office in Peshawar, to the Afghan refugees who fled to Pakistan seeking safety. NCA began cross-border humanitarian programmes for those who remained within Afghanistan in 1995. Once it was feasible to do so, NCA established a country representation office in Kabul in 2002 and in 2006, a second NCA office opened in Faryab province. NCA recognises that Afghanistan consists of a combination of different types of emergencies, brought about either by conflict situations or natural disasters. As a result of its 15 years of experience operating in Afghanistan, NCA has developed an integrated strategic approach addressing the needs of the populations living in both settings. NCA has been instrumental in developing strong Afghan civil society organisations and is today partnering with ten Afghan implementing partners. An emergency preparedness and response forum (EPRF) was established in 2014 with four of NCA's current national partners, with the aim of improving their capacity for rapid response in emergencies. NCA's humanitarian priority in Afghanistan is emergency WASH programming. NCA has national WASH staff based in Kabul, supported by global WASH specialists at NCA's head office and an emergency roster providing technical expertise as needed. Emergency WASH activities undertaken by NCA in the past include, but are not limited to: the construction of ventilated improved pit (VIP) latrines, with safe black water management and dedicated hand washing stations; bathing facilities with proper disposal of grey water; improved access to safe water sources through the protection of natural springs, rehabilitation of wells, construction of new water schemes, installation of hand pumps, and chlorination of existing wells; distribution of hygiene kits (with soap) kits, reduction of vector-breeding sites, and accelerated hygiene promotion for emergency settings. While emergency WASH is NCA's core humanitarian expertise both globally and within Afghanistan, other emergency projects have been successfully completed within different provinces over the years, targeting, in addition to IDPs and host communities, Afghan returnees. Examples of relief assistance provided include: distribution of food parcels, non-food item (NFI) kits, winterisation parcels: animal fodder for drought-affected families; flood control measures in high-risk areas; road repair in flood-affected areas in order to improve humanitarian access; emergency shelter solutions; and, building community capacity in the areas of disaster preparedness and management. All of NCA's emergency response activities conform to Sphere standards and other internationally recognised sector-specific guidelines and best-practices. NCA is a co-lead of the national-level WASH Cluster and is a member of the WASH Strategic Advisory Group (SAG). NCA will provide technical expertise, mentoring and accompaniment throughout all stages of the project. NCA ensures accountability for all procurement by ensuring NPO/RRAA strictly adheres to standardised NCA procurement policies. NCA will control the budget to ensure transparent financial practices and compliance to budget limits. To ensure quality and progress of activities, NCA will closely monitor project activities in the field. NCA also provides security oversight and risk management guidance to NPO/RRAA.

#### **5. Complementarity**

NCA sees coordination as vital for providing the best support to beneficiaries and as such seeks complementarity to mitigate duplication and contribute to the sustainability of the proposed activities. NCA and NPO/RRAA have jointly responded to emergency and development situations in Uruzgan province. One current project being implemented is responding to the WASH needs of communities in 24 villages in Tirinkot district, targeting different villages than the ones mentioned in the proposed project, that is improving water and sanitation infrastructures, raising awareness to reduce waterborne diseases, and distributing hygiene kits. The proposed project complements those WASH interventions and greatly expands the number of people in these areas who will have access to clean and safe water. In April 2016, with support from OCHA/CHF, NCA successfully completed a 12-month emergency WASH and nutrition project titled, "Integrated WASH response to mass displacement and reducing child morbidity and malnutrition incidence in Khost and Uruzgan provinces of Afghanistan", where 9,800 refugees, 10,500 IDPs, and host communities in 16 villages were targeted with urgent WASH programming. The objectives of the project were: 1) improved access to adequate sanitation facilities, 2) improved access to a safe water supply, and, 3) an increased understanding of WASH-related health risks and the uptake of positive hygiene practices to prevent WASH-induced morbidity. Based on NCA's previous project implementation experiences in Uruzgan, lessons learned include: a) WASH Committees and other influential communities members can play a vital role in community mobilisation, in particular to increase the participation of women and girls; b) tarpaulin sheet for emergency sanitation facilities is not acceptable for targeted beneficiaries and thus it was necessary to utilise a semi-permanent structure; c) ensure that beneficiaries include a community contribution to the project; d) participatory hygiene promotion approaches, like PHAST and CHAST, were not applicable in the Uruzgan context, as it was difficult to get females to be actively and consistently participate, which made using the Ministry of Public Health (MoPH) hygiene promotion manual necessary; and, e) the security situation in Uruzgan province is dynamic and proper security and procurement plans need to be in place. NPO/RRAA has been active in Tirinkot since 2014 working on community-based WASH programming. NCA's collaboration and close partnership with NPO/RRAA in Uruzgan has resulted in successful joint planning, implementation, and monitoring. With NPO/RRAA's strong relationships with various representatives within the target villages, as well as local authorities, including the DRRD and DoRR, the proposed project will be fully assisted and supported by the relevant stakeholders. NCA and NPO/RRAA will continue to coordinate activities and report back to the WASH Cluster, the Nutrition Cluster, the Protection Cluster, OCHA/CHF, and beneficiaries. The public nutrition component of the project will be done in coordination with AHDS, which is supporting the nutrition screening efforts of the proposed project. AHDS has been working in the area of health in Uruzgan province and Tirinkot district for over a decade, as both a Basic Package of Health Services (BPHS) and an Essential Package of Hospital Services (EPHS) implementing partner for the MoPH. The proposed project complements the efforts of AHDS to support their programme for integrated management for acute malnutrition (IMAM) case finding. But because outreach for nutrition is not included in either the BPHS or EPHS, AHDS is thus unable to screen and treat vulnerable children for undernutrition. The screening for malnutrition will aid AHDS to reach more malnourished children in their catchment area, as well as identify any pregnant and lactating women who may also require nutritional assistance.

## LOGICAL FRAMEWORK

### Overall project objective

To reduce the risk of morbidity and mortality of 20,719 IDP's and 37,196 host community members in Tirinkot district, Uruzgan province through better access to WASH infrastructure and nutrition services and increased knowledge of hygiene, infant and young child feeding practices and mine risk reduction in a protected environment.

### WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	50
Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	50

**Contribution to Cluster/Sector Objectives :** The three outcomes of the proposed project contribute to both the priorities of CHF and the WASH, Nutrition, and Protection Clusters, as related to the needs of vulnerable persons living in nine hard to reach communities in Tirinkot district in Uruzgan province. The WASH activities address, in a timely manner, the needs of both IDP and host community households and public institutions (schools and health facilities) in the targeted villages that are affected by on-going conflict. The nutrition response fills the gap in accessing the hard to reach villages with much needed nutrition awareness and referrals to an appropriate health facility for treatment of beneficiaries identified as being undernourished. The outreach activities will in turn contribute to reducing the prevalence of acute malnutrition amongst boys, girls, and pregnant and lactating women. Under the protection efforts, community-based sensitisation and mobilisation campaigns will support the establishment of a more protection-conducive environment through a three-pronged approach: a) enhancing awareness and empowering individuals and communities at risk of their basic rights, b) increasing resilience and facilitating access to basic services, and c) reducing the incidence of trauma by conducting mine awareness education. All project activities for WASH, nutrition and protection take place in the same geographical area and households to maximise the impact of an integrated response to achieve both CHF's and Cluster's objectives.

### Outcome 1

Identified IDP's and underserved host communities affected by conflict have access to lifesaving WASH services that are appropriate and relevant to their immediate needs in Tirinkot district, Uruzgan province

#### Output 1.1

##### Description

34,749 (11,607 men, 11,154 women and 11,988 children) individuals from amongst the IDP and host communities will have access to water of appropriate quality and sufficient quantity for drinking, cooking and maintaining personal hygiene at the household and institution levels.

##### Assumptions & Risks

###### Assumptions

- No further influx of IDP's in targeted areas
- IDP's and host communities' accept and support the project services.
- Continuation of the current security and political situation.
- The Government of Afghanistan and governmental line agencies are supportive of the WASH interventions.
- There is no forced or sudden mass return of IDP's to their places of origin.
- Programme staff will continue to have access to the hard to reach targeted communities.

###### Risks

- Appropriate quality and quantities of relief items and construction materials are not available in the market or there is excessive inflation pricing them outside budgetary limitations.
- The local government and community leaders are not willing to cooperate in relief efforts.
- Insecurity hampers distribution of relief items.
- Women may not be able to participate in project activities
- Supplies and equipment are delayed due to security and unforeseen weather conditions.
- Community opposition to women's participation in the project activities.
- Limited number of professional staff, in particular female staff, at the Tirinkot level
- Fraud or corruption amongst vendors for needed materials/equipment/supplies
- Insecurity prevents NCA programme staff to conduct monitoring visits to the project locations

###### Mitigation

- Market analysis and preparation of proper procurement procedures
- Proper communication, coordination and mobilisation
- Security policies in place and followed by all programme staff
- Hiring a qualified, independent person who can carry out monitoring on behalf of NCA.
- Strong collaboration and coordination with relevant line ministries on national and provincial levels.

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	11,607	11,154	5,971	6,017	34,749

**Means of Verification :** Project Monitoring Reports, Indicator tracking cards (ITC), Photos, KAP surveys (pre- & post-), and water testing results

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of WASH Committees established, trained, and operational						9
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<b>Means of Verification</b> : Project Monitoring Reports, Indicator tracking cards (ITC), Photos, list of WASH committees					
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of institutions in need with access to appropriate WASH facilities			5
<b>Means of Verification</b> : Project Monitoring Reports, Indicator tracking cards (ITC), Photos,					
<b>Activities</b>					
<b>Activity 1.1.1</b>					
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>					
Rehabilitate 173 water wells, inclusive of hand pumps, in target communities and public schools					
<p>Based on needs assessment conducted, 60% (34,749 individuals) of 20,719 IDP and 37,196 host community members have limited access to sufficient safe water. NCA will rehabilitate/construct wells since this a more cost-effective activity in the medium and long-term, compared to other emergency options like water trucking. This enables communities to become more resilient in managing their own resources. In order to provide at least 15 litres/person/day as per the 2017 Afghanistan WASH Cluster Operational Plan, NCA will coordinate with the DRRD to conduct a water technical feasibility study of 169 existing wells identified at the community level and four wells at the public school level. Rehabilitation of wells includes: a) cleaning and deepening of the well; b) construction of aprons with drainage systems; and c) installation of hand pump with accessories. In order to ensure universal access to water points, and to bring rehabilitation of wells according to MRRD codes, water points will be modified to provide easier access for the elderly and disabled .To ensure water quality, a sanitary survey (based on a risk assessment methodology) will be carried out. Contaminated water sources will be properly chlorinated and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers, will be responsible for protecting water sources to avoid contamination.</p>					
<b>Activity 1.1.2</b>					
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>					
Drilling and construction of 34 new water wells, inclusive of hand pumps					
<p>To cover the water needs of 60% (34,749 individuals) of the total beneficiaries (57,915), in addition to well rehabilitation, NCA will drill 34 new wells will be drilled and hand pumps installed for maximum efficiency. NCA, in coordination with the DRRD, will install 34 hand pumps in identified villages according to the aforementioned technical feasibility study. These villages have a water table depth of 45 – 60 metres. NCA will ensure quality drilling with supervision, installation of PVC pipes, filters, and gravel pack, followed by a pump-test to ensure the availability of water with sufficient and efficient yield. In order to avoid stagnating water at the pump, soakage pits will be constructed. (Environment Marker B+). Universal access to water points will be ensured by construction of the new wells according to MRRD codes to provide easier access for the elderly and disabled. To ensure the water quality of new wells, pre and post water quality testing will be conducted. In case it's needed, chlorination will be applied, and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers and area mechanics, will be responsible for the operation and maintenance of the new wells. Furthermore, a Kawsar hand pump and its spare parts, which are readily available in the local markets, will be installed to ensure the sustainability of the hand pumps.</p>					
<b>Activity 1.1.3</b>					
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>					
Extension of 01 existing water supply system at a targeted Comprehensive Health Centre (CHC) in Talani village.					
<p>NCA, in coordination with the Directorate of Public Health (DoPH) at the provincial level, will extend the existing water supply system in the CHC in Talani village of Tirinkot district. The extension works include: a) technical assessment of the existing water source; b) cleaning and pump testing of existing boreholes, c) installation of a 3000-litre water tank; d) installation of solar system to power the pump; e) connecting the water tank to various CHC facilities (e.g. hand washing station, tap stands, newly constructed latrine, etc.). Water quality testing will take place at the water source. If the tests are positive for contamination then chlorination will be applied. In order to sustain the quality of water after project completion, coordination will take place with local authorities, so that responsibility of the system is officially handed over to the DoPH.</p>					
<b>Activity 1.1.4</b>					
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>					
Establish and build the capacity of 09 WASH Committees					
<p>Nine WASH Committees, each composed of between 08 – 12 members, will be formed and trained in the targeted communities. WASH Committee members will be instructed, from amongst others, on the following topics: WASH risks and benefits, water management and water system operation and maintenance. In Uruzgan, it will be challenging to have WASH Committees inclusive of both men and women, as women have little or no access to the public sphere and based upon NCA's previous experiences in the province, it may be challenging to get women to be part of such a structure. Despite this, sensitisations will take place on the importance of including women and to encourage their participation in public fora, including the WASH Committees. The WASH Committees are responsible to consult and make decisions to implement, monitor and review the WASH activities. Furthermore, WASH Committees oversee the operation and maintenance of the water and sanitation facilities, contributing to their sustainability and on-going functionality. Additionally, the WASH Committees will ensure that all target households take part in hygiene awareness sessions. Based on past experiences, WASH committees have played a vital role in water management, operation-maintenance of water points and have handled disputes related to WASH services. To make sure the established WASH Committees continue to function well after the project finishes, they will be registered with relevant local authorities in their respective areas.</p>					
<b>Activity 1.1.5</b>					

**Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;**

Training of 18 area mechanics and 208 caretakers

To continue to ensure the sustainability of water systems, 18 area mechanics (two per target community) and 208 caretakers (one/water point) will be trained on the operation and maintenance of the water supply structures. The caretakers are responsible for basic maintenance on a daily basis of the water points. If any damage to the structure occurs, they must inform the WASH Committee, who will coordinate with the area mechanics for the repairs to take place. After their training, the area mechanics will be equipped with toolkits so that they can repair the water points. The selection of the area mechanics and caretakers will be done from within the target communities and in conjunction with the WASH Committees.

**Output 1.2**

**Description**

14,503 (4,718 women, 4,871 men, 2,471 girls, 2,443 boys) conflict IDPs living in host communities have improved access to emergency latrines and bathing spaces near to their homes and in public schools and health facilities.

**Assumptions & Risks**

**Assumptions**

- No further influx of IDP's in targeted areas
- IDP's and host communities' accept and support the project services.
- Continuation of the current security and political situation.
- The Government of Afghanistan and governmental line agencies are supportive of the interventions.
- There is no forced or sudden mass return of IDP's to their places of origin.
- Programme staff will continue to have access to the hard to reach targeted communities.

**Risks**

- Appropriate quality and quantities of relief items and construction materials are not available in the market or there is excessive inflation pricing them outside budgetary limitations.
- The local government and community leaders are not willing to cooperate in relief efforts.
- Insecurity hampers distribution of relief items.
- Supplies and equipment are delayed due to security and unforeseen weather conditions.
- Community opposition to women's participation in the project activities.
- Limited number of professional staff, in particular female staff, at the Tirinkot level
- Fraud or corruption amongst vendors for needed materials/equipment/supplies
- Insecurity prevents NCA programme staff to conduct monitoring visits to the project locations
- Women may not be able to participate in project activities

**Mitigation**

- Market analysis and preparation of proper procurement procedures
- Proper communication, coordination and mobilisation
- Security policies in place and followed by all programme staff

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	4,871	4,718	2,443	2,471	14,503
<b>Means of Verification</b> : Project Monitoring Reports, Indicator tracking cards (ITC), Photos, KAP surveys (pre- & post-), and water testing results							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Percentage of households with no evidence of faeces in the living area by end of the project					80
<b>Means of Verification</b> : Observation, post-KAP survey							
Indicator 1.2.3	WATER, SANITATION AND HYGIENE	Number of institutions in need with access to appropriate WASH facilities					5
<b>Means of Verification</b> : Project Monitoring Reports, Indicator tracking cards (ITC), Photos,							

**Activities**

**Activity 1.2.1**

**Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;**

Identify 691 sites and construct semi-permanent sanitation facilities at household level.

Based on the conducted needs assessment, 70% (14,503 individuals) of 20,719 IDPs living in host communities have limited or no access to adequate sanitation facilities. Due to cultural norms, public communally-shared latrines are not accepted by the target beneficiaries, thus all latrines and bathing spaces will be established at the household level. NCA and NPO/RRAA technical staff, in close coordination with WASH Committees and the women of the household, will identify the most feasible sites within the compounds, that ensure the safety, dignity, and privacy needs of the beneficiaries (especially women and girls), to construct emergency sanitation facilities. In general, the target beneficiaries tend to live in compounds consisting of extended households, usually made-up of three families, with an average of seven individuals per family, thus around 21 persons per household. To address gender and protection issues, and to ensure that sanitation facilities are placed in a safe and convenient location with the compound, women and girls will be consulted during the site selection process. NCA will utilise the semi-permanent sanitation design produced by DACAAR, and approved by OCHA, and incorporate MRRD measures for easier access for the elderly and disabled to sanitation facilities. The latrines will have culturally appropriate hand washing stations placed on the outside of the sanitation facility. During hygiene promotion, members of target households will be trained on cleaning and maintaining the emergency sanitation facilities. The established WASH Committees will also have a monitoring role to promote the cleanliness and proper functionality of these facilities.

### Activity 1.2.2

**Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;**

Rehabilitation of sanitation facilities in 04 public schools and construction in 01 CHC. During the needs assessments survey, NCA and NPO/RRAA identified one CHC in Talani village and three primary schools (in Sar Chakhlo, Khairo Karez and Talani villages) and one secondary school (in Charamgar village) in need for improved sanitation facilities. Due to a high influx of conflict IDPs in the targeted area, the sanitation facilities in these institutions are over-used and are in desperate need of rehabilitation and construction to be able to accommodate their increased usage. NCA will rehabilitate 20 existing latrines facilities in four schools (boys and girls) and will construct two new latrines at the CHC. These sanitation facilities will be equipped with proper hand washing stations. Sustainability of the infrastructures will be ensured on design and installation of the infrastructure, as well as developing ongoing operational plans (including budgets), through the engagement of the DRRD and DoPH at the local level.

### Output 1.3

#### Description

57,915 (18,579 women, 19,344 men, 10,032 girls and 9,960 boys) conflict IDP's and host communities in Tirinkot district, Uruzgan province as a result of participating in hygiene promotion activities are able to take action to prevent WASH related diseases and 5,255 IDP's families will receive hygiene kits

#### Assumptions & Risks

##### Assumptions

- No further influx of IDP's in targeted areas
- IDP's and host communities' accept and support the project services.
- Continuation of the current security and political situation.
- The Government of Afghanistan and governmental line agencies are supportive of the interventions.
- There is no forced or sudden mass return of IDP's to their places of origin.
- Programme staff will continue to have access to the hard to reach targeted communities.

##### Risks

- Appropriate quality and quantities of relief items and construction materials are not available in the market or there is excessive inflation pricing them outside budgetary limitations.
- The local government and community leaders are not willing to cooperate in relief efforts.
- Insecurity hampers distribution of relief items.
- Supplies and equipment are delayed due to security and unforeseen weather conditions.
- Community opposition to women's participation in the project activities.
- Limited number of professional staff, in particular female staff, at the Tirinkot level
- Fraud or corruption amongst vendors for needed materials/equipment/supplies
- Insecurity prevents NCA programme staff to conduct monitoring visits to the project locations
- Women may not be able to participate in project activities

##### Mitigations

- Market analysis and preparation of proper procurement procedures
- Proper communication, coordination and mobilisation
- Security policies in place and followed by all programme staff
- Hiring a qualified, independent person who can carry out monitoring on behalf of NCA

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to water and soap for handwashing	6,959	6,740	3,490	3,530	20,719

**Means of Verification** : Project Monitoring Reports, Indicator tracking cards (ITC), Photos, Case studies, KAP report (pre and post)

Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of people reached through hygiene promotion sessions					57,915
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**Means of Verification** : Project Monitoring Reports, Indicator tracking cards (ITC), Photos, Case studies  
19,344 men, 18,579 women, 9,960 boys and 10,032 girls

Indicator 1.3.3	WATER, SANITATION AND HYGIENE	Number of family hygiene kits distributed					5,255
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**Means of Verification** : Project Monitoring Reports, Indicator tracking cards (ITC), Photos, Case studies, List of registered IDP's families  
6740 women, 6959 men, 3530 girls and 3490 boys

Indicator 1.3.4	WATER, SANITATION AND HYGIENE	Percentage of respondents who know 3 of 5 critical times to wash hands					80
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**Means of Verification** : Post-KAP survey

#### Activities

##### Activity 1.3.1

**Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;**

Hygiene promotion sessions take place in target communities.

The proposed project aims to reach 57,915 individuals (20,719 IDPs and 37,196 host community members) which include 19,344 men, 18,579 women, 9,960 boys and 10,032 girls through 1,300 hygiene awareness sessions. Each hygiene session will comprise of at least 30 individuals from the same village. Due to culture barriers, separate awareness sessions will be organised for women and men. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. Locally qualified staff, most likely composed of a husband and wife team (as women cannot travel outside of their homes on their own), will be recruited to facilitate the sensitisations. The hygiene promotion strategy will be based on the analysis of the data from the KAP baseline surveys that will take place in each of the targeted communities. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The hygiene promotion methodology developed by the MRRD, which focuses on participatory learning and aims to empower communities to better manage their water supplies and to control sanitation-related diseases by promoting health awareness and understanding, will be used. Hygiene messages will focus on: a) how to practice proper hygiene in an emergency setting; b) maintaining safe water storage at the household level; c) water treatment at the household-level; d) transmission routes for water and sanitation diseases and how to break the chain of infection; e) critical times to wash one's hands and to employ correct hand washing techniques; f) proper waste disposal; and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Targeted attention will be given to vulnerable groups, such as pregnant and lactating women, children, the elderly, disabled and those with specific needs. In order to measure the behavioural changes, pre-post KAP surveys will be conducted.

### Activity 1.3.2

**Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;**

Procurement and distribution of 5,255 family hygiene kits to conflict affected IDP families living with host communities

Utilising NCA's established procurement guidelines, which involves a transparent process of issuing public tenders and a closed bid analysis, a qualified vendor will be selected from whom the necessary items needed for the hygiene kits will be purchased. It should be noted that 2,255 out of 5,255 hygiene kits will be obtained from the CHF/DACAAR emergency stock located in Kandahar province and the remaining 3,000 hygiene kits will be procured by NCA and NPO/RRAA under this project. According to the market assessment conducted, all items from the WASH Cluster recommended hygiene kit, are available in Kandahar city, which is nearest large market in the area. Therefore, the remaining 3,000 hygiene kits will be procured from mentioned city. Due to budget constraints, each of the 5,255 IDP families will receive only one hygiene kit throughout the duration of the project. Beneficiaries will be identified by NPO/RRAA, in collaboration with the established WASH Committees. The hygiene kits will be comprised of essential items to ensure improved hygiene at an individual and household level. The items included in the hygiene kits are in accordance with the recommendations provided by the WASH Cluster. A list of the contents of the hygiene kits can be found in the attached BoQ. The hygiene kits are designed to last a family of four people an average of one month. Tokens for the hygiene kits will be given to beneficiary families during hygiene promotion sessions, to be redeemed for a hygiene kit at a later announced date. Distributions will be done in a transparent manner with all hygiene kit items displayed on a complaints desk, at the point of distribution. Should a beneficiary find that the hygiene kit they received does not contain the requisite items, as per the display example, they can then immediately lodge a complaint directly with NPO/RRAA's WASH staff, who will be present during the distribution. At the time of distribution, NPO/RRAA WASH staff will carry out an orientation session of the hygiene kits contents to ensure their optimal and appropriate use. The orientation sessions will be supported with relevant information, education and communication (IEC) materials, providing key hygiene messages.

### Additional Targets :

### NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3: Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes	SO3: The impact of shock induced acute vulnerability is mitigated in the medium term	100

**Contribution to Cluster/Sector Objectives :** The three outcomes of the proposed project contribute to both the priorities of CHF and the WASH, Nutrition, and Protection Clusters, as related to the needs of vulnerable persons living in nine hard to reach communities in Tirinkot district in Uruzgan province. The WASH activities address, in a timely manner, the needs of both IDP and host community households and public institutions (schools and health facilities) in the targeted villages that are affected by on-going conflict. The nutrition response fills the gap in accessing the hard to reach villages with much needed nutrition awareness and referrals to an appropriate health facility for treatment of beneficiaries identified as being undernourished. The outreach activities will in turn contribute to reducing the prevalence of acute malnutrition amongst boys, girls, and pregnant and lactating women. Under the protection efforts, community-based sensitisation and mobilisation campaigns will support the establishment of a more protection-conducive environment through a three-pronged approach: a) enhancing awareness and empowering individuals and communities at risk of their basic rights, b) increasing resilience and facilitating access to basic services, and c) reducing the incidence of trauma by conducting mine awareness education. All project activities for WASH, nutrition and protection take place in the same geographical area and households to maximise the impact of an integrated response to achieve both CHF's and Cluster's objectives.

### Outcome 1

Undernutrition is reduced amongst children between 6 – 59 months through the promotion of infant and young child feeding practices and improved access to WASH services and infrastructure

### Output 1.1

#### Description

29,864 (01 woman and 01 man per family) conflict IDP's and host communities in Tirinkot district, Uruzgan province are able to take action to prevent undernutrition in children aged between 6 – 59 months as a result of participating in 995 nutrition promotion sessions

### Assumptions & Risks

#### Assumptions

- No outbreak of diarrheal disease, in particular cholera, that threatens the target communities
- No further influx of IDP's in targeted areas
- Continuation of the current security and political situation
- The Government of Afghanistan and governmental line agencies are supportive of the intervention
- There is no forced or sudden mass return of IDP's to their places of origin
- IDP's and Host communities' accept and support the project services
- Beneficiaries will access the health facilities when referred for nutritional support

#### Risks

- Host Communities and IDPs families do not participating in session and practicing the messages
- The local government and community leaders are not willing to cooperate with the planned interventions
- Insecurity and opposition activities do not allow project staff to perform their duties
- Limited professional staff in particular female staff
- Insecurity prevents NCA programme staff to conduct monitoring visits to the project locations
- Women may not be able to participate in project activities

#### Mitigations

- Proper communication, coordination and mobilization of stockholder in particular IDPs
- Community and religious leaders will be sensitised to encourage women to participate in awareness sessions
- Security policies in place
- Hiring a qualified, independent person who can carry out monitoring on behalf of NCA.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of awareness sessions on IYCF, community food demonstration, and causes of malnutrition					995
<b>Means of Verification</b> : Data base, list of participants and photos 13930 men and 13930 women							
Indicator 1.1.2	NUTRITION	SA2- Number of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority districts			2,000	2,000	4,000
<b>Means of Verification</b> : Health facility data, household visits, referral sheets, NPO/RRAA records							
Indicator 1.1.3	NUTRITION	Number of beneficiaries who attended nutrition promotion sessions					27,860

**Means of Verification** : Data base, list of participants and photos  
13930 men and 13930 women

#### Activities

##### Activity 1.1.1

**Standard Activity : SA2- Provision of preventative services (Infant and Young Child Feeding promotion and counselling and micronutrient supplementation) for children 6-59 months, pregnant and lactating women in hard to reach, underserved where IDPs have yet to be assisted.**

Awareness sessions on IYCF take place in target communities.

In coordination with the national NGO Afghan Health and Development Services (AHDS) which is responsible for providing health services in the project's catchment areas, NCA and NPO/RRAA will undertake nutritional screening and sensitisations in the nine villages of the proposed project. Meetings were held between NCA, NPO/RRAA and AHDS staff at both the national and provincial levels in order to determine how best to design the nutrition component of the proposed project. AHDS runs the provincial health facility in Tirinkot city, which is near to the project's target communities. AHDS staff, however, do not have physical access to the communities targeted by the proposed project and thus they are unable to carry out nutritional screenings, nor are they able to conduct follow-up monitoring visits with patients that have received treatment for malnutrition. The proposed project addresses this gap in nutritional services in these hard to reach villages. Project staff will be properly trained in nutritional awareness-raising and screening, utilising the mid-upper arm measurement (MUAC), and how best to refer any suspected cases of undernutrition to the AHDS health facility. Project staff will also be in a position to monitor and follow-up with the referred cases upon their return to their homes. Sensitisation on nutrition issues will be incorporated into the hygiene promotion sessions, illustrating the causal links between poor WASH conditions, diarrhoeal diseases, and undernutrition. Important information and key messages on proper nutrition, community food demonstration, IYCF and causes of malnutrition will be covered. Sessions will comprise approximately 25 – 30 persons and around 22 sessions will take place per week. In total 13,930 men and 13,930 women (one man and one woman per family) will participate in the sessions. Due to culture barriers, separate awareness sessions will be organised for women and men. While women will be the main focus of awareness on nutrition, men will be especially targeted as they are the ones in control of the family finances, so that they are encouraged to take their wives and children to the health facility for nutritional support and to procure nutrient rich foods. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. The nutrition activity budget is \$41,247.

##### Activity 1.1.2

**Standard Activity : SA2- Provision of preventative services (Infant and Young Child Feeding promotion and counselling and micronutrient supplementation) for children 6-59 months, pregnant and lactating women in hard to reach, underserved where IDPs have yet to be assisted.**

Suspected cases of children between 6 – 59 months who are suffering from undernutrition are referred to appropriate health facilities for treatment

AHDS, NCA, and NPO/RRAA will develop a referral system that is specific to the parameters of the proposed project. Referral sheets will be numbered and a copy retained by project staff who carry-out nutritional screenings. This will allow for tracking of the beneficiaries who have been referred. Screenings will take place during outreach activities at the household-level by project staff, utilising the MUAC method. Children who are identified as malnourished will be referred to the AHDS health facility, which provides nutritional support and treatment and is the closest health facility to the communities targeted by the proposed project. AHDS is a partner of the DoPH as an implementing partner for the Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS) in Trinkot district, Uruzgan province.

**Additional Targets :**

**PROTECTION**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	100

**Contribution to Cluster/Sector Objectives :** The three outcomes of the proposed project contribute to both the priorities of CHF and the WASH, Nutrition, and Protection Clusters, as related to the needs of vulnerable persons living in nine hard to reach communities in Tirinkot district in Uruzgan province. The WASH activities address, in a timely manner, the needs of both IDP and host community households and public institutions (schools and health facilities) in the targeted villages that are affected by on-going conflict. The nutrition response fills the gap in accessing the hard to reach villages with much needed nutrition awareness and referrals to an appropriate health facility for treatment of beneficiaries identified as being undernourished. The outreach activities will in turn contribute to reducing the prevalence of acute malnutrition amongst boys, girls, and pregnant and lactating women. Under the protection efforts, community-based sensitisation and mobilisation campaigns will support the establishment of a more protection-conducive environment through a three-pronged approach: a) enhancing awareness and empowering individuals and communities at risk of their basic rights, b) increasing resilience and facilitating access to basic services, and c) reducing the incidence of trauma by conducting mine awareness education. All project activities for WASH, nutrition and protection take place in the same geographical area and households to maximise the impact of an integrated response to achieve both CHF's and Cluster's objectives.

**Outcome 1**

Internally displaced people and their host communities have access to basic services within a safe and protected environment in Tirinkot district of Uruzgan province

**Output 1.1**

**Description**

57,915 (18,579 women, 19,344 men, 10,032 girls and 9,960 boys) Conflict IDP's and host communities have equal access to WASH and nutritional support, particularly persons with specific needs, in Tirinkot district and they are aware of protection-related risked and community support systems available to them

**Assumptions & Risks**

**Assumptions**

- No further influx of IDP's in targeted areas
- IDP's and host communities' accept and support the project services.
- Continuation of the current security and political situation.
- The Government of Afghanistan and governmental line agencies are supportive of the interventions.
- There is no forced or sudden mass return of IDP's to their places of origin.
- Programme staff will continue to have access to the hard to reach targeted communities.

**Risks**

- The local government and community leaders are not willing to cooperate in relief efforts.
- Supplies and equipment are delayed due to security and unforeseen weather conditions.
- Community opposition to women's participation in the project activities.
- Limited number of professional staff, in particular female staff, at the Tirinkot level
- Fraud or corruption amongst vendors for needed materials/equipment/supplies
- Insecurity prevents NCA programme staff to conduct monitoring visits to the project locations
- Women may not be able to participate in project activities

**Mitigations**

- Market analysis and preparation of proper procurement procedures
- Proper communication, coordination and mobilisation
- Security policies in place and followed by all programme staff
- Hiring a qualified, independent person who can carry out monitoring on behalf of NCA

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	Number of sessions for WASH Committees and other key community influencers on conflict negotiation/mitigation measures conducted					9

**Means of Verification :** Photos, Monitoring reports, List of participants  
40 women and 95 men

Indicator 1.1.2	PROTECTION	Number of sessions for CDC and WASH committee members, on HLP rights					9
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**Means of Verification :** Photos, Monitoring reports, List of participants  
27 women and 63 men

Indicator 1.1.3	PROTECTION	SA2- Number of prioritised mine/ERW impacted individuals provided with Mine Risk Education	103	25	1,34 2	130	1,600
<b>Means of Verification</b> : Photos, Monitoring reports, List of participants							
Indicator 1.1.4	PROTECTION	Number of participants attending the training session on conflict negotiation/mitigation measures					135
<b>Means of Verification</b> : Photos, Monitoring reports, List of participants 40 women and 95 men							
Indicator 1.1.5	PROTECTION	Number of participants attending the training on HLP rights					90
<b>Means of Verification</b> : Photos, Monitoring reports, List of participants 27 women and 63 men							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Mobile outreach protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people;</b>							
Train members of WASH Committees and other key community influencers on conflict negotiation/mitigation measures, equitable access or all in WASH and nutrition.							
With the high influx of IDPs in the targeted communities may result in conflict on over the availability and use of WASH services and water resources. To ensure there is a protected and conducive environment, all WASH Committee members from the nine targeted villages, along with identified key community influencers (e.g. tribal leaders, religious leaders, members of local shuras, etc.) will be trained on conflict negotiation and mitigation measures for reducing community tension/conflict arising from water point/source ownership. The trainings will be conducted in nine sessions (one per community) and each training session will takes for 3 days and include the 10 members of the WASH Committee and five community influencers. Trainings will be facilitated by NPO/RRAA staff, whom themselves will have received a ToT by NCA Peacebuilding programme staff. The allocated 15% include both mine action and the rest of the protection activities. The protection activity budget is \$44,712 which include relevant staff salaries, IEC materials, capacity building, travel and monitoring, general operating and project support costs.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Mobile outreach protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people;</b>							
Train Community Development Council (CDC) and WASH committee on Housing, Land and Property-HLP rights.							
CDC and WASH committee members will be trained to enhance the awareness on human rights, right to adequate housing, forced evictions and possibility of including a small session on access to civil documentation. The duration of each training will be 5 days using HLP-TF's HLP Rights training manual. In total 90 persons (10 persons per community) will be trained in nine training workshop (one per community) in the targeted communities. After receiving training the CDC and WASH committee members will be responsible to transfer the knowledge to the rest of community's members and NCA/RRAA will follow up it with them. To understanding the knowledge of the target beneficiary on protection/human rights themes, NCA/RRAA will conduct pre and post training assessments. The training sessions will be conducted by NCA/RRAA trainers, who will be trained by the Housing, Land and Property Task Force through their three-days HLP Rights TOT planned for the NGOs in Kabul in November 2017. The HLP-TF will provide facilitators and participants training manual in English, Dari and Pashto to NCA.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Mine risk education and mobile, prioritised and responsive surveillance and demarcation of ERW in conflict impacted communities and spot-ERW clearance;</b>							
Recruitment of project staff For the implementation of planned protection interventions a team of three persons which include two men and a woman will be recruited from local area. The female staff will be recruited to reach the affected women of the targeted communities. These staff members will be responsible for overall implementation of protection related activities on field level.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Mine risk education and mobile, prioritised and responsive surveillance and demarcation of ERW in conflict impacted communities and spot-ERW clearance;</b>							
Training of protection team members and printing of IEC materials  To improve the quality of awareness sessions, four days training workshop will be organized for the protection team members and the monitoring and evaluation staff for the project which will be facilitated by DMAC staff. The training will be held at DMAC regional office located at Kandahar province. NCA will receive the electronic copy of IEC materials from DMAC which will be used by protection promotor during awareness session. The IEC materials will be printed by NCA and the budget break down is uploaded to attachments.							
<b>Activity 1.1.5</b>							
<b>Standard Activity : Mine risk education and mobile, prioritised and responsive surveillance and demarcation of ERW in conflict impacted communities and spot-ERW clearance;</b>							

Informal mine and explosive remnants of war risk education for conflict affected IDPs.

As mentioned in the need assessments section, there is risk of mines and explosive remnants of war (M/ERW RE) in the places of origin of the IDPs. Therefore, informal M/ERW RE sessions will be organized to improve the safety for the target IDPs while returning to the place of origin so they may increase their knowledge and practice safer behaviors in areas where M/ERW risks exist. The focus will be on the dangers and risks of M/ERWs and imparting safe behaviour information. Awareness sessions will also target students and teachers in schools, CDCs, WASH Committee members, health shuras, religious actors, and other influential people. Since students, and particularly children out of school, are more vulnerable to the mentioned risks, awareness sessions M/ERW RE designed for children will be conducted by NCA/RRAA staff and the trained WASH committees members, CDC members, health shuras, etc. will also disseminate M/ERW RE information to their respective communities. A total of 65 awareness sessions will be held for 1,600 individuals from the target communities. DMAC recommended IEC materials (brochures, posters, etc.) will be distributed within these communities. In addition, the target beneficiaries will be able to use the IEC materials in order for them to conduct further awareness sessions amongst their own community members.

To ensure the quality of protection interventions, NCA will closely monitor and follow up the activities. In particular NCA/RRAA will strictly follow up the awareness raising sessions which will be conducted by WASH committee members and etc for targeted beneficiaries.

#### Activity 1.1.6

**Standard Activity : Mine risk education and mobile, prioritised and responsive surveillance and demarcation of ERW in conflict impacted communities and spot-ERW clearance;**

Coordination with other stakeholders

For sharing of information and smooth running of project activities, NCA/RRAA will coordinate with relevant stakeholders (UNMAS, DMAC, Mine action sub cluster and OCHA) on provincial and national level. As DMAC is the main stakeholder for informal mine risk education, NCA/RRAA will closely coordinate the project progress and challenges raising during the project implementation.

#### Additional Targets :

### M & R

#### Monitoring & Reporting plan

A fully detailed monitoring plan, in compliance with CHF regulations and committed standards, will be developed jointly by NCA and NPO/RRAA and reporting will be done according to the agreed logical framework and work plan. Relevant NPO/RRAA programme staff will be oriented on the monitoring system, tools, and routines to ensure that information gathered is accurate and of the highest quality. An inception workshop will be organised in the first week of the project so that contractual and programmatic obligations are clearly understood by all pertinent NCA and NPO/RRAA staff involved in the project. As NCA will be supervising NPO/RRAA directly, a number of controls will be put into place to facilitate to ensure transparency and accountability. This includes, signed partnership agreements, funding and reporting agreements, and ongoing capacity development to ensure compliance with key criteria. A baseline survey will take place at the onset of the project to collect data on beneficiary knowledge regarding water safety, correct sanitation behaviours (e.g. use of latrines, solid waste disposal, etc.), and proper hygiene and nutrition practices (hand washing, personal hygiene, infant feeding, complimentary foods, etc.). An end-line survey will be carried out in the last quarter of the project and the two surveys will be compared to measure project impacts. Results will be disaggregated and reported according to gender and age. To measure progress and examine achievements on a regular basis, NCA will utilise Indicator Tracking Cards (ITCs), an NCA-specific monitoring tool. NPO/RRAA field staff will complete the ITCs on a quarterly basis and prepare narrative and periodic financial progress reports as per NCA and OCHA requirements. The reports will be compared with the ITCs and discussions on achievements, challenges, and solutions will be done through regularly scheduled meetings between NCA and NPO/RRAA staff. Likewise, information provided by NPO/RRAA through the ITCs will be verified by NCA staff during quarterly monitoring field visits, which will be properly documented through reports and photographs. Various methods and other forms of verification will be used to collect data to measure progress against the stated indicators, such as beneficiary interviews, questionnaires, focus group discussions, semi-structured interviews, case studies, project progress reports, pictures/videos, and field observation. Analysis of the gathered information will also serve to improve the quality of services provided to the beneficiaries and document lessons learned for informing project activities. The project will also be monitored via NCA's Finance staff who will examine expenditures, both at the field and Kabul levels. At the end of the project, NCA will receive a final narrative and financial report from NPO/RRAA highlighting overall accomplishment of the projects, lessons learned, and the project's impact towards to reaching the principal objective. In the event that NCA staff cannot access the project sites, a contingency monitoring plan will be introduced in the form of community remote monitoring (CRM), a methodology recently put into place by NCA. Support to the project's monitoring plan will also be provided, as needed, by technical staff at NCA's Head Office, this includes inputs from the Methods and Results Adviser, Thematic Advisers, and Financial Controllers. All feedback provided by OCHA monitoring staff will also be duly addressed in a timely manner by NCA and NPO/RRAA programme staff.

#### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Awareness sessions on IYCF take place in target communities.	2017										X	X	X
In coordination with the national NGO Afghan Health and Development Services (AHDS) which is responsible for providing health services in the project's catchment areas, NCA and NPO/RRAA will undertake nutritional screening and sensitisations in the nine villages of the proposed project. Meetings were held between NCA, NPO/RRAA and AHDS staff at both the national and provincial levels in order to determine how best to design the nutrition component of the proposed project. AHDS runs the provincial health facility in Tirinkot city, which is near to the project's target communities. AHDS staff, however, do not have physical access to the communities targeted by the proposed project and thus they are unable to carry out nutritional screenings, nor are they able to conduct follow-up monitoring visits with patients that have received treatment for malnutrition. The proposed project addresses this gap in nutritional services in these hard to reach villages. Project staff will be properly trained in nutritional awareness-raising and screening, utilising the mid-upper arm measurement (MUAC), and how best to refer any suspected cases of undernutrition to the AHDS health facility. Project staff will also be in a position to monitor and follow-up with the referred cases upon their return to their homes. Sensitisation on nutrition issues will be incorporated into the hygiene promotion sessions, illustrating the causal links between poor WASH conditions, diarrhoeal diseases, and undernutrition. Important information and key messages on proper nutrition, community food demonstration, IYCF and causes of malnutrition will be covered. Sessions will comprise approximately 25 – 30 persons and around 22 sessions will take place per week. In total 13,930 men and 13,930 women (one man and one woman per family) will participate in the sessions. Due to culture barriers, separate awareness sessions will be organised for women and men. While women will be the main focus of awareness on nutrition, men will be especially targeted as they are the ones in control of the family finances, so that they are encouraged to take their wives and children to the health facility for nutritional support and to procure nutrient rich foods. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. The nutrition activity budget is \$41,247.	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: Rehabilitate 173 water wells, inclusive of hand pumps, in target communities and public schools	2017										X	X	X
Based on needs assessment conducted, 60% (34,749 individuals) of 20,719 IDP and 37,196 host community members have limited access to sufficient safe water. NCA will rehabilitate/construct wells since this a more cost-effective activity in the medium and long-term, compared to other emergency options like water trucking. This enables communities to become more resilient in managing their own resources. In order to provide at least 15 litres/person/day as per the 2017 Afghanistan WASH Cluster Operational Plan, NCA will coordinate with the DRRD to conduct a water technical feasibility study of 169 existing wells identified at the community level and four wells at the public school level. Rehabilitation of wells includes: a) cleaning and deepening of the well; b) construction of aprons with drainage systems; and c) installation of hand pump with accessories. In order to ensure universal access to water points, and to bring rehabilitation of wells according to MRRD codes, water points will be modified to provide easier access for the elderly and disabled. To ensure water quality, a sanitary survey (based on a risk assessment methodology) will be carried out. Contaminated water sources will be properly chlorinated and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers, will be responsible for protecting water sources to avoid contamination.	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: Train members of WASH Committees and other key community influencers on conflict negotiation/mitigation measures, equitable access or all in WASH and nutrition.	2017											X	X
With the high influx of IDPs in the targeted communities may result in conflict over the availability and use of WASH services and water resources. To ensure there is a protected and conducive environment, all WASH Committee members from the nine targeted villages, along with identified key community influencers (e.g. tribal leaders, religious leaders, members of local shuras, etc.) will be trained on conflict negotiation and mitigation measures for reducing community tension/conflict arising from water point/source ownership. The trainings will be conducted in nine sessions (one per community) and each training session will take for 3 days and include the 10 members of the WASH Committee and five community influencers. Trainings will be facilitated by NPO/RRAA staff, whom themselves will have received a ToT by NCA Peacebuilding programme staff. The allocated 15% include both mine action and the rest of the protection activities. The protection activity budget is \$44,712 which include relevant staff salaries, IEC materials, capacity building, travel and monitoring, general operating and project support costs.	2018	X	X	X									

<p>Activity 1.1.2: Drilling and construction of 34 new water wells, inclusive of hand pumps</p> <p>To cover the water needs of 60% (34,749 individuals) of the total beneficiaries (57,915), in addition to well rehabilitation, NCA will drill 34 new wells will be drilled and hand pumps installed for maximum efficiency. NCA, in coordination with the DRRD, will install 34 hand pumps in identified villages according to the aforementioned technical feasibility study. These villages have a water table depth of 45 – 60 metres. NCA will ensure quality drilling with supervision, installation of PVC pipes, filters, and gravel pack, followed by a pump-test to ensure the availability of water with sufficient and efficient yield. In order to avoid stagnating water at the pump, soakage pits will be constructed. (Environment Marker B+). Universal access to water points will be ensured by construction of the new wells according to MRRD codes to provide easier access for the elderly and disabled. To ensure the water quality of new wells, pre and post water quality testing will be conducted. In case it's needed, chlorination will be applied, and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers and area mechanics, will be responsible for the operation and maintenance of the new wells. Furthermore, a Kawsar hand pump and its spare parts, which are readily available in the local markets, will be installed to ensure the sustainability of the hand pumps.</p>	2017													X	X	
<p>Activity 1.1.2: Suspected cases of children between 6 – 59 months who are suffering from undernutrition are referred to appropriate health facilities for treatment</p> <p>AHDS, NCA, and NPO/RRAA will develop a referral system that is specific to the parameters of the proposed project. Referral sheets will be numbered and a copy retained by project staff who carry-out nutritional screenings. This will allow for tracking of the beneficiaries who have been referred. Screenings will take place during outreach activities at the household-level by project staff, utilising the MUAC method. Children who are identified as malnourished will be referred to the AHDS health facility, which provides nutritional support and treatment and is the closest health facility to the communities targeted by the proposed project. AHDS is a partner of the DoPH as an implementing partner for the Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS) in Trinkot district, Uruzgan province.</p>	2017													X	X	X
<p>Activity 1.1.2: Train Community Development Council (CDC) and WASH committee on Housing, Land and Property-HLP rights.</p> <p>CDC and WASH committee members will be trained to enhance the awareness on human rights, right to adequate housing, forced evictions and possibility of including a small session on access to civil documentation. The duration of each training will be 5 days using HLP-TF's HLP Rights training manual. In total 90 persons (10 persons per community) will be trained in nine training workshop (one per community) in the targeted communities. After receiving training the CDC and WASH committee members will be responsible to transfer the knowledge to the rest of community's members and NCA/RRAA will follow up it with them. To understanding the knowledge of the target beneficiary on protection/human rights themes, NCA/RRAA will conduct pre and post training assessments. The training sessions will be conducted by NCA/RRAA trainers, who will be trained by the Housing, Land and Property Task Force through their three-days HLP Rights TOT planned for the NGOs in Kabul in November 2017. The HLP-TF will provide facilitators and participants training manual in English, Dari and Pashto to NCA.</p>	2017															X
<p>Activity 1.1.3: Extension of 01 existing water supply system at a targeted Comprehensive Health Centre (CHC) in Talani village.</p> <p>NCA, in coordination with the Directorate of Public Health (DoPH) at the provincial level, will extend the existing water supply system in the CHC in Talani village of Tirinkot district. The extension works include: a) technical assessment of the existing water source; b) cleaning and pump testing of existing boreholes, c) installation of a 3000-litre water tank; d) installation of solar system to power the pump; e) connecting the water tank to various CHC facilities (e.g. hand washing station, tap stands, newly constructed latrine, etc.). Water quality testing will take place at the water source. If the tests are positive for contamination then chlorination will be applied. In order to sustain the quality of water after project completion, coordination will take place with local authorities, so that responsibility of the system is officially handed over to the DoPH.</p>	2017													X	X	
<p>Activity 1.1.3: Recruitment of project staff</p> <p>For the implementation of planned protection interventions a team of three persons which include two men and a woman will be recruited from local area. The female staff will be recruited to reach the affected women of the targeted communities. These staff members will be responsible for overall implementation of protection related activities on field level.</p>	2017												X			
	2018															

<p>Activity 1.1.4: Establish and build the capacity of 09 WASH Committees</p> <p>Nine WASH Committees, each composed of between 08 – 12 members, will be formed and trained in the targeted communities. WASH Committee members will be instructed, from amongst others, on the following topics: WASH risks and benefits, water management and water system operation and maintenance. In Uruzgan, it will be challenging to have WASH Committees inclusive of both men and women, as women have little or no access to the public sphere and based upon NCA's previous experiences in the province, it may be challenging to get women to be part of such a structure. Despite this, sensitisations will take place on the importance of including women and to encourage their participation in public fora, including the WASH Committees. The WASH Committees are responsible to consult and make decisions to implement, monitor and review the WASH activities. Furthermore, WASH Committees oversee the operation and maintenance of the water and sanitation facilities, contributing to their sustainability and on-going functionality. Additionally, the WASH Committees will ensure that all target households take part in hygiene awareness sessions. Based on past experiences, WASH committees have played a vital role in water management, operation-maintenance of water points and have handled disputes related to WASH services. To make sure the established WASH Committees continue to function well after the project finishes, they will be registered with relevant local authorities in their respective areas.</p>	2017										X	X	X
<p>Activity 1.1.4: Training of protection team members and printing of IEC materials</p> <p>To improve the quality of awareness sessions, four days training workshop will be organized for the protection team members and the monitoring and evaluation staff for the project which will be facilitated by DMAC staff. The training will be held at DMAC regional office located at Kandahar province. NCA will receive the electronic copy of IEC materials from DMAC which will be used by protection promotor during awareness session. The IEC materials will be printed by NCA and the budget break down is uploaded to attachments.</p>	2017										X		
<p>Activity 1.1.5: Informal mine and explosive remnants of war risk education for conflict affected IDPs.</p> <p>As mentioned in the need assessments section, there is risk of mines and explosive remnants of war (M/ERW RE) in the places of origin of the IDPs. Therefore, informal M/ERW RE sessions will be organized to improve the safety for the target IDPs while returning to the place of origin so they may increase their knowledge and practice safer behaviors in areas where M/ERW risks exist. The focus will be on the dangers and risks of M/ERWs and imparting safe behaviour information. Awareness sessions will also target students and teachers in schools, CDCs, WASH Committee members, health shuras, religious actors, and other influential people. Since students, and particularly children out of school, are more vulnerable to the mentioned risks, awareness sessions M/ERW RE designed for children will be conducted by NCA/RRAA staff and the trained WASH committees members, CDC members, health shuras, etc. will also disseminate M/ERW RE information to their respective communities. A total of 65 awareness sessions will be held for 1,600 individuals from the target communities. DMAC recommended IEC materials (brochures, posters, etc.) will be distributed within these communities. In addition, the target beneficiaries will be able to use the IEC materials in order for them to conduct further awareness sessions amongst their own community members. To ensure the quality of protection interventions, NCA will closely monitor and follow up the activities. In particular NCA/RRAA will strictly follow up the awareness raising sessions which will be conducted by WASH committee members and etc for targeted beneficiaries.</p>	2017										X	X	
<p>Activity 1.1.5: Training of 18 area mechanics and 208 caretakers</p> <p>To continue to ensure the sustainability of water systems, 18 area mechanics (two per target community) and 208 caretakers (one/water point) will be trained on the operation and maintenance of the water supply structures. The caretakers are responsible for basic maintenance on a daily basis of the water points. If any damage to the structure occurs, they must inform the WASH Committee, who will coordinate with the area mechanics for the repairs to take place. After their training, the area mechanics will be equipped with toolkits so that they can repair the water points. The selection of the area mechanics and caretakers will be done from within the target communities and in conjunction with the WASH Committees.</p>	2017										X	X	X
<p>Activity 1.1.6: Coordination with other stakeholders</p> <p>For sharing of information and smooth running of project activities, NCA/RRAA will coordinate with relevant stakeholders (UNMAS, DMAC, Mine action sub cluster and OCHA) on provincial and national level. As DMAC is the main stakeholder for informal mine risk education, NCA/RAA will closely coordinate the project progress and challenges raising during the project implementation.</p>	2017										X	X	
<td data-bbox="935 1897 1007 1939">2018</td> <td data-bbox="0 0 1 2">X</td> <td data-bbox="0 0 1 2"></td> <td data-bbox="0 0 1 2"></td>	2018	X	X	X	X	X	X	X	X	X	X		

Activity 1.2.1: Identify 691 sites and construct semi-permanent sanitation facilities at household level.	2017												X	X
Based on the conducted needs assessment, 70% (14,503 individuals) of 20,719 IDPs living in host communities have limited or no access to adequate sanitation facilities. Due to cultural norms, public communally-shared latrines are not accepted by the target beneficiaries, thus all latrines and bathing spaces will be established at the household level. NCA and NPO/RRAA technical staff, in close coordination with WASH Committees and the women of the household, will identify the most feasible sites within the compounds, that ensure the safety, dignity, and privacy needs of the beneficiaries (especially women and girls), to construct emergency sanitation facilities. In general, the target beneficiaries tend to live in compounds consisting of extended households, usually made-up of three families, with an average of seven individuals per family, thus around 21 persons per household. To address gender and protection issues, and to ensure that sanitation facilities are placed in a safe and convenient location with the compound, women and girls will be consulted during the site selection process. NCA will utilise the semi-permanent sanitation design produced by DACAAR, and approved by OCHA, and incorporate MRRD measures for easier access for the elderly and disabled to sanitation facilities. The latrines will have culturally appropriate hand washing stations placed on the outside of the sanitation facility. During hygiene promotion, members of target households will be trained on cleaning and maintaining the emergency sanitation facilities. The established WASH Committees will also have a monitoring role to promote the cleanliness and proper functionality of these facilities.	2018	X	X	X	X	X	X	X						
Activity 1.2.2: Rehabilitation of sanitation facilities in 04 public schools and construction in 01 CHC.	2017													X
During the needs assessments survey, NCA and NPO/RRAA identified one CHC in Talani village and three primary schools (in Sar Chakhlo, Khairo Karez and Talani villages) and one secondary school (in Charamgar village) in need for improved sanitation facilities. Due to a high influx of conflict IDPs in the targeted area, the sanitation facilities in these institutions are over-used and are in desperate need of rehabilitation and construction to be able to accommodate their increased usage. NCA will rehabilitate 20 existing latrines facilities in four schools (boys and girls) and will construct two new latrines at the CHC. These sanitation facilities will be equipped with proper hand washing stations. Sustainability of the infrastructures will be ensured on design and installation of the infrastructure, as well as developing ongoing operational plans (including budgets), through the engagement of the DRRD and DoPH at the local level.	2018	X	X	X										
Activity 1.3.1: Hygiene promotion sessions take place in target communities.	2017											X	X	X
The proposed project aims to reach 57,915 individuals (20,719 IDPs and 37,196 host community members) which include 19,344 men, 18,579 women, 9,960 boys and 10,032 girls through 1,300 hygiene awareness sessions. Each hygiene session will comprise of at least 30 individuals from the same village. Due to culture barriers, separate awareness sessions will be organised for women and men. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. Locally qualified staff, most likely composed of a husband and wife team (as women cannot travel outside of their homes on their own), will be recruited to facilitate the sensitisations. The hygiene promotion strategy will be based on the analysis of the data from the KAP baseline surveys that will take place in each of the targeted communities. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The hygiene promotion methodology developed by the MRRD, which focuses on participatory learning and aims to empower communities to better manage their water supplies and to control sanitation-related diseases by promoting health awareness and understanding, will be used. Hygiene messages will focus on: a) how to practice proper hygiene in an emergency setting; b) maintaining safe water storage at the household level; c) water treatment at the household-level; d) transmission routes for water and sanitation diseases and how to break the chain of infection; e) critical times to wash one's hands and to employ correct hand washing techniques; f) proper waste disposal; and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Targeted attention will be given to vulnerable groups, such as pregnant and lactating women, children, the elderly, disabled and those with specific needs. In order to measure the behavioural changes, pre-post KAP surveys will be conducted.	2018	X	X	X	X	X	X	X	X	X				

Activity 1.3.2: Procurement and distribution of 5,255 family hygiene kits to conflict affected IDP families living with host communities	2017											X	X	X
<p>Utilising NCA's established procurement guidelines, which involves a transparent process of issuing public tenders and a closed bid analysis, a qualified vendor will be selected from whom the necessary items needed for the hygiene kits will be purchased. It should be noted that 2,255 out of 5,255 hygiene kits will be obtained from the CHF/DACAAR emergency stock located in Kandahar province and the remaining 3,000 hygiene kits will be procured by NCA and NPO/RRAA under this project. According to the market assessment conducted, all items from the WASH Cluster recommended hygiene kit, are available in Kandahar city, which is nearest large market in the area. Therefore, the remaining 3,000 hygiene kits will be procured from mentioned city. Due to budget constraints, each of the 5,255 IDP families will receive only one hygiene kit throughout the duration of the project. Beneficiaries will be identified by NPO/RRAA, in collaboration with the established WASH Committees. The hygiene kits will be comprised of essential items to ensure improved hygiene at an individual and household level. The items included in the hygiene kits are in accordance with the recommendations provided by the WASH Cluster. A list of the contents of the hygiene kits can be found in the attached BoQ. The hygiene kits are designed to last a family of four people an average of one month. Tokens for the hygiene kits will be given to beneficiary families during hygiene promotion sessions, to be redeemed for a hygiene kit at a later announced date. Distributions will be done in a transparent manner with all hygiene kit items displayed on a complaints desk, at the point of distribution. Should a beneficiary find that the hygiene kit they received does not contain the requisite items, as per the display example, they can then immediately lodge a complaint directly with NPO/RRAA's WASH staff, who will be present during the distribution. At the time of distribution, NPO/RRAA WASH staff will carry out an orientation session of the hygiene kits contents to ensure their optimal and appropriate use. The orientation sessions will be supported with relevant information, education and communication (IEC) materials, providing key hygiene messages.</p>	2018		X	X	X	X	X	X	X					

**OTHER INFO**

**Accountability to Affected Populations**

NCA supports the Core Humanitarian Standards on Quality and Accountability (CHS), with the Nine Commitments and Quality Criteria and, in the early part of 2017, was one of the first INGOs to be certified by CHS. NCA and NPO/RRAA apply Right Based Approaches (RBA) and the CHS in all programme interventions and it will be the same for the proposed project. Project beneficiaries have been involved in the proposed project since the beginning as they participated in the needs assessment and were asked for their input on the most appropriate response actions to address the WASH challenges they face. NCA obtained practical gender perspectives to integrate into the response strategy and to determine how best to include them in the implementation of the project. NCA has therefore made sure that the modalities included in the proposed action are evidence-based, have the approval and endorsement of the target populations and other stakeholders, and are realistic for the context in which the target beneficiaries live. Similarly, beneficiaries will be part of the baseline survey at the onset of the activities and the survey at the end of the project. To ensure that beneficiaries are implicated in the programme cycle, NCA's and NPO/RRAA's project and monitoring staff will crosscheck findings with the target groups when conducting monitoring activities, as feedback to beneficiaries is part of the monitoring phase. Monitoring teams will also observe whether NCA and NPO/RRAA project staff are following Commitment 4 of the CHS, which emphasises the participation and inclusion of target groups. NCA adheres to Commitment 5 of the CHS which focuses on access to a safe and responsive mechanism. NCA has developed and put into place a complaints response mechanism (CRM) of which beneficiaries will be made aware and empowered to inquire about the proposed project. NCA and NPO/RRAA staff will be responsible for explaining to the communities the procedures of submitting complaints through different user-friendly mechanisms, such as a complaints mobile number. Received complaints will be handled within 15 days by both NCA and NPO/RRAA. During the distribution of the hygiene kits, beneficiaries will be able to confirm the items they have received by comparing the contents of their hygiene kits with a display model. Banners will be also be hung containing contact information for lodging complaints and similar information will be made available through a pamphlet which will be distributed to beneficiaries. NCA applies Do No Harm principles to all of its projects, as they are implemented with due consideration of conflict sensitivity. NCA will conduct context and conflict analysis to ensure that all stakeholders are fully aware of the context. NCA and NPO/RRAA will ensure that the interventions avoid exacerbating conflicts or raise vulnerabilities for the beneficiaries so that target communities will not be negatively affected and are more prepared, resilient, and less at risk as a result of the proposed action. NCA and NPO/RRAA will continue to confer with the beneficiaries using community feedback consultations, monitoring visits, and to promote beneficiary ownership of the activities, which in turn will contribute to the resilience and sustainability of the project outcomes.

**Implementation Plan**

In line with NCA's routines and guidelines, a project agreement will be signed between NCA and NPO/RRAA, detailing each partner's commitments and obligations. NCA will have the overall responsibility for the project, providing strategic support to the planning, implementation, monitoring and reporting within the project work plan and timeframe, and will be responsible for all formal reporting to CHF. NPO/RRAA will be responsible for carrying out project activities within the target settlements, with clearly defined goals, objectives, results, implementing strategy, and monitoring plan. During the project inception workshop the contractual obligations of the project will be reviewed and explained, so as to be understood by all parties. NCA's humanitarian team will provide guidance and supervision to NPO/RRAA's field-based staff, in addition to enforcing the monitoring requirements and ensuring quality programme delivery at the field level. NCA's WASH team will provide technical support and conduct monitoring visits regularly during the implementation phase to the project locations. Refresher trainings will ensure that capacity development continues with NPO/RRAA's technical WASH staff to ensure high quality outputs and compliance with key standards. To carry out the screening for malnutrition, NCA and NPO/RRAA will coordinate with AHDs and establish a referral system which will process any cases of undernutrition identified. NCA's finance staff will ensure financial control in line with NCA's financial standards and procedures. Financial mechanisms will be defined and mutually agreed upon between NCA and NPO/RRAA. Funds will be transferred to NPO/RRAA as stipulated in the signed agreements – with instalment transfers linked to the verified completion of agreed targets and outputs. NPO/RRAA will regularly provide NCA with progress updates and financial reports. NCA's logistics team will facilitate and provide support during the procurement process, as defined by NCA's procurement policy and guidelines. During all phases of the project, NCA and NPO/RRAA will continue to coordinate with stakeholders at the national and provincial levels to ensure the smooth and timely realisation of project activities and to avoid the duplication of efforts. In addition to the WASH Cluster, NCA also will also coordinate activities and report regularly with the Nutrition and Protection Clusters.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Afghanistan Health and Development Services (AHDS)	AHDS which is responsible for providing health services in the project's catchment areas is a partner of the DoPH as an implementing partner for the Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS), however, neither hygiene nor nutrition education was carried out in a systematic manner, especially in the villages outside their catchment areas; they identified this as a critical area needing improvement. As AHDS staff do not conduct outreach, such as screening for malnutrition in the district villages undernourished children are not identified for treatment.
Directorate of Mine Action Coordination (DMAC)	NCA/RRAA will coordinate with DMAC which is responsible for informal mine risk education in the project area. NCA/RRAA will share the project progress and challenges with DMAC on regular basis. NCA/RRAA will sign a MoU with DMAC for better implementation of project activities.
Directorate of Education (DoE)	To reach the children NCA/RRAA will conduct the awareness session in schools. NCA/RRAA will coordinate the awareness raising sessions (Informal mine risk education) progress and challenges with DoE. NCA/RRAA will sign a MoU with DoE for smooth running of awareness sessions in school.

**Environment Marker Of The Project**

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

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

The consideration of gender is an essential element for successful WASH and nutrition interventions. In WASH programmes in particular, 'gender' means ensuring that all people, regardless of sex, benefit from improved water and sanitation services and hygiene practices. NCA as a global organisation has consistent and strong capacities in gender mainstreaming and a keen focus on the protection of vulnerable women, girls, boys and men. As such, they have, and will continue to have, an equal and meaningful role in decision-making related to project strategy, implementation, and monitoring and evaluation. Due to a very strong religious and traditional culture in Uruzgan province, women's movement and involvement in open society is restricted and their participation in the public sphere is limited. Despite these strict cultural factors, NCA and NPO/RRAA have made every effort to promote gender equality and give women/girls a compelling voice in the design of the project by incorporating their recommendations in selecting the sites of the water tap stands and sanitation facilities. NCA, together with NPO/RRAA, have made a deliberate effort to identify the specific WASH needs of women and girls through the collection of data during the needs assessment phase. Furthermore, special attention has been paid to the needs of vulnerable groups of women and girls, such as female-headed households, pregnant and lactating women, women with disabilities, elderly women, adolescent girls and children. Women are aware of and understand the WASH-related deficiencies in a community and their active participation in the planning, design and implementation of WASH programs is of utmost importance. Inadequate facilities for sanitation and hygiene are especially detrimental to the dignity and social development of women and girls. The project will consider several approaches to address the issue of women's involvement, such as mobilising elderly women, who have a more accepted role in society and identifying trained women from the community already engaged in previous emergency response projects. During the implementation phase, NCA and NPO/RRAA will maintain a protective environment at the community level, so that girls and women in particular are not exposed to harm or gender-based violence while undertaking their daily WASH activities. Additionally, gender equity will be observed while implementing activities so that all beneficiaries are treated equally and that their differing needs are supported accordingly. Participation of different ages and gender groups will be emphasised and encouraged so that all beneficiaries can voice their concerns and express their choices of intervention. The project will also work with the men of the target communities to get acceptance for women's participation in WASH Committees and trainings. NCA has already established a complaint mechanism to enable women, youth, elders, disabled and minorities to raise their concerns.

**Protection Mainstreaming**

The needs assessment report reflects the concerns of all affected people, including vulnerable groups, and information has been integrated into the programme development stage. NCA has ensured that the specific WASH needs of women, children, and persons with disabilities were incorporated into the project design. Activities proposed are specifically intended to better meet the needs of different age and gender groups. Programme teams will be recruited to directly interact with all groups in the target communities. Beneficiaries will be involved during the site selection of all of the different WASH components in order to place them in appropriate and secure locations. Women's opinions will be ensured during site selection of the sanitation facilities, water points, and timings of WASH Committee meetings and hygiene promotion sessions. All sanitation facilities will be constructed within the family compounds and fitted with doors and basic locks for privacy and protection, to ensure the security of women and children, and provide easy access for the elderly and disabled persons. NCA and NPO/RRAA have engaged in positive coordination with other governmental and institutional offices regarding the mainstreaming of protection issues within the proposed project activities. All the interventions proposed under the project have a component of building the community resilience for the refugees. The principles of Do No Harm have taken into account during the design phase of the proposed project to mitigate increasing vulnerabilities and develop a protective environment around the beneficiaries. The complaints mechanism, which will be established, will be a useful tool for the beneficiaries to raise any protection concerns they have regarding the proposed project.

**Country Specific Information****Safety and Security**

The security situation throughout Uruzgan province is volatile and unpredictable. Armed groups maintain a presence in several parts of the province and carry out frequent attacks, mainly targeting the Afghan National Security Forces (ANSF) and other government officials. The preferred methods of attacks is the use of improvised explosive devices (IEDs), indirect fire that target border police check-posts, and small arm direct fire. The threat of IEDs and complex attacks are the main challenge for the security situation in Uruzgan province. While the ANSF in Uruzgan maintains continuous counter-operations against the armed groups, these operations are only occasionally successful in thwarting plans for attacks. The armed groups are capable of maintaining the momentum of their operations through effective supply pipelines coming from the south. Many of the target locations are situated in areas of varying degrees of insecurity. All NCA staff receive regular up-to-date briefings on the security situation within Afghanistan. Extraordinary security alert sessions take place when an incident occurs which affects their safety. All staff are required to read the security manual, which is updated on a regular basis in order to remain relevant in the ever-changing security climate of Afghanistan. NCA has a designated national Security Focal Point who, on a daily basis, monitors the security situation within the country through both internal and external sources. All staff carry mobile phones so they can report their movements and can be reached if there are security threats while they are in the field. NCA has in place emergency protocols and procedures to cover a variety of security situations, such as Med-evac, relocation, hibernation, and evacuation. An Emergency Evacuation Flow Chart, with Telephone-Tree guidelines, is in place to guide staff on what steps they need to take in the event of an emergency. At NCA's Head Office level, the NCA Global Security Adviser will work closely with partners and programme staff to analyse potential risks and update security and risk mitigation plans accordingly. For the time being, the targeted communities are under the control of local government and major security challenges do not threaten implementation of the project activities. However to prevent any security challenges, close communication in particular in regard to security will be under taken with local authority, community elders, tribal influenced bodies and WASH committees on daily bases before leaving to project sites. Such communication helps to know about the security situation in the targeted communities.

#### Access

NCA's partner in the proposed project, NPO/RRAA, has offices and employees located in Tirinkot for day-to-day operations in the field, in addition to their head office in Kabul, which maintains regular contact with the field staff. NPO/RRAA's extensive knowledge about local customs and their strong links with communities and local authorities has gained them acceptance in relatively insecure areas. Their long-term presence in Uruzgan and Tirinkot has enabled them to build strong relationships and linkages within the target communities and with other response actors operating in the area. While the presence of armed groups can create barriers to accessing project locations, NPO/RRAA's prolonged presence and familiarity with the armed groups operating in Uruzgan allows them to effectively engage in negotiations, which will permit programme staff to reach target beneficiaries and ensure acceptance of the proposed project. These factors will facilitate the access and smooth implementation of project activities in targeted villages. The proposed project's humanitarian activities contribute to managing beneficiary expectations and build relationships by upholding basic human rights and thus will also contribute to facilitating access in insecure environments. NPO/RRAA has also established strong relationships with communities and stakeholders in Tirinkot and are in close coordination with Afghanistan National Security, UNDSS, and the DORR. In the event that access to the project areas is denied, assistance will be sought from the other partners or other actors to: a) facilitate interface with government agencies to secure necessary documentation; b) redistribute and undertake project tasks to ensure that overall progress continues as per the work plan. NCA has clear and consolidated Standard Operating Procedures (SOPs) in place to address such potential situation in a safe, realistic and robust manner. Regarding the community engagement, the established WASH committees will play a bridge role between the target group and project, furthermore religious and community tribal leaders will have important task to transfer the information among the communities. As well as direct meetings, mobilization sessions and negotiations with target groups is the way to share the information. Involvement of community considered during the survey as well as for more involvement in the rest cycles of the project; joint planning, implementation, monitoring, capacity building efforts ensuring close involvement of targeted groups in the program which will facilitate easy access to the targeted areas.

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Emergency WASH officer	D	1	1,600.00	12	50.00	9,600.00
	<i>Will provide continued support and feedback to the partner on emergency WASH and conduct field visits to monitor progress in the field. The Emergency WASH Officer will spend quality time in the field during the project period and provide support to the project staff there. The Emergency WASH Officer will also build the capacity of partner staff during structured trainings planned under the project and provide technical advice to the partner on a regular basis.</i>						
1.2	Humanitarian Coordinator	D	1	2,250.00	12	50.00	13,500.00
	<i>"The Humanitarian Coordinator will have responsibility for oversight of the implementation of the project by NCA. The Humanitarian Coordinator will be providing regular support and follow-up to ensure the effective and efficient implementation of project activities in the field. The Humanitarian Coordinator will be responsible for donor coordination, Cluster meetings, monitoring the project, and for donor reporting."</i>						
1.3	Humanitarian Programme Officer	D	1	2,800.00	12	50.00	16,800.00
	<i>Will provide continued support and feedback to the partner on emergency nutrition and protection and review the programme progress in the field. The Humanitarian Programme Officer will spend time in the field during the project period and provide to the office and staff. The Humanitarian Programme officer will also build the capacity of partner staff during structured trainings planned under the project and provide technical advice to the partner on a regular basis.</i>						
	<b>Section Total</b>						<b>39,900.00</b>
<b>2. Supplies, Commodities, Materials</b>							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>3. Equipment</b>								
3.1	Computer	D	1	1,000.00	1	100.00		1,000.00
	<i>One laptop will be required for data compilation and work for the project, etc.</i>							
	<b>Section Total</b>							<b>1,000.00</b>
<b>4. Contractual Services</b>								
4.1	Pre and post KAP survey	D	1	3,000.00	2	100.00		6,000.00
	<i>Baseline and end-line surveys will be commissioned as a measure of knowledge, attitudes, and practices (KAP) to assess impact of programme activities. Cost break down: 1) Enumerator daily wages= 2 (12 enumerators x 5days x \$30) = \$3,600. 2) Survey supervisor = 2 (2 supervisor x 5days x \$50) = \$1,000. 3) Data entry, analysis and reporting = \$800. 4) Printing questionnaire/stationary= \$ 300. 5) orientation session for two days = \$300</i>							
4.2	Development of IEC material (supporting activity for hygiene promotion, IYCF, mine risk education)	D	1	4,600.00	1	100.00		4,600.00
	<i>Education materials will be published on hygiene promotion and nutrition (in particular IYCF). In addition, messages on protection issues and mine risk awareness will be developed. Cost break down: 1) WASH IEC materials \$1,836. 2) Protection IEC materials \$1,685 and 3) Nutrition IEC materials \$1,080. BoQ's are attached.</i>							
	<b>Section Total</b>							<b>10,600.00</b>
<b>5. Travel</b>								
5.1	Field travel costs	D	4	2,000.00	1	100.00		8,000.00
	<i>Three NCA staff will visit the project locations in Tirinkot district. Field visits will be organised on quarterly basis to monitor progress and provide support to the partner. The monitoring team will also visit the field areas to meet beneficiaries and will attend coordination meetings at both the provincial and district levels. Cost Break down: 1) Air fares cost for three persons per trip \$1,200 and four trips \$1200x4= \$4,800 2) Accommodation cost for three persons per trip \$800 and total for four trips \$800x4= \$3,200</i>							
	<b>Section Total</b>							<b>8,000.00</b>
<b>6. Transfers and Grants to Counterparts</b>								
6.1	Staffing NPO/RRAA	D	22	429.85	12	100.00		113,480.40
	<i>22 NPO/RRAA staff will be responsible for implementing the project in Uruzgan province. Staff will include management, WASH technical staff, hygiene promoters, nutrition promoters, protection promoters and support staff all based in Uruzgan field office.</i>							
6.2	Supply, commodities, materials NPO/RRAA	D	1	434,773.00	1	100.00		434,773.00
	<i>Includes construction materials for WASH facilities for the target communities and institutional centers. Hygiene items for distribution in kits and related transportation costs for target families . All the BoQs are attached.</i>							
6.3	Travel and monitoring cost NPO/RRAA	D	1	1,566.66	12	100.00		18,799.92
	<i>Travel costs for the assessment and monitoring of project activities in Uruzgan province by the Kabul level NPO/RRAA staff.</i>							
6.4	Office running costs NPO/RRAA	D	1	302.50	12	100.00		3,630.00
	<i>Partner field office in Uruzgan running costs during project implementation period.</i>							
6.5	Training NPO/RRAA	D	5	1,726.00	1	100.00		8,630.00
	<i>WASH Committee and other capacity building activities for the project activities.</i>							
	<b>Section Total</b>							<b>579,313.32</b>
<b>7. General Operating and Other Direct Costs</b>								
NA	NA	NA	0	0.00	0	0		0.00

	NA			
	<b>Section Total</b>			<b>0.00</b>
<b>SubTotal</b>		40.00		<b>638,813.32</b>
Direct				638,813.32
Support				
<b>PSC Cost</b>				
PSC Cost Percent				7.00
PSC Amount				44,716.93
<b>Total Cost</b>				<b>683,530.25</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	
Uruzgan -> Tirinkot	100	19,344	18,579	9,960	10,032	57,915	<p>Activity 1.1.1 : Rehabilitate 173 water wells, inclusive of hand pumps, in target communities and public schools</p> <p>Based on needs assessment conducted, 60% (34,749 individuals) of 20,719 IDP and 37,196 host community members have limited access to sufficient safe water. NCA will rehabilitate/construct wells since this a more cost-effective activity in the medium and long-term, compared to other emergency options like water trucking. This enables communities to become more resilient in managing their own resources. In order to provide at least 15 litres/person/day as per the 2017 Afghanistan WASH Cluster Operational Plan, NCA will coordinate with the DRRD to conduct a water technical feasibility study of 169 existing wells identified at the community level and four wells at the public school level. Rehabilitation of wells includes: a) cleaning and deepening of the well; b) construction of aprons with drainage systems; and c) installation of hand pump with accessories. In order to ensure universal access to water points, and to bring rehabilitation of wells according to MRRD codes, water points will be modified to provide easier access for the elderly and disabled .To ensure water quality, a sanitary survey (based on a risk assessment methodology) will be carried out. Contaminated water sources will be properly chlorinated and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers, will be responsible for protecting water sources to avoid contamination.</p> <p>Activity 1.1.1 : Train members of WASH Committees and other key community influencers on conflict negotiation/mitigation measures, equitable access or all in WASH and nutrition.</p> <p>With the high influx of IDPs in the targeted communities may result in conflict on over the availability and use of WASH services and water resources. To ensure there is a protected and conducive environment, all WASH Committee members from the nine targeted villages, along with identified key community influencers (e.g. tribal leaders, religious leaders, members of local shuras, etc.) will be trained on conflict negotiation</p>

and mitigation measures for reducing community tension/conflict arising from water point/source ownership. The trainings will be conducted in nine sessions (one per community) and each training session will take for 3 days and include the 10 members of the WASH Committee and five community influencers. Trainings will be facilitated by NPO/RRAA staff, whom themselves will have received a ToT by NCA Peacebuilding programme staff. The allocated 15% include both mine action and the rest of the protection activities. The protection activity budget is \$44,712 which include relevant staff salaries, IEC materials, capacity building, travel and monitoring, general operating and project support costs.

Activity 1.1.1 : Awareness sessions on IYCF take place in target communities.

In coordination with the national NGO Afghan Health and Development Services (AHDS) which is responsible for providing health services in the project's catchment areas, NCA and NPO/RRAA will undertake nutritional screening and sensitisations in the nine villages of the proposed project. Meetings were held between NCA, NPO/RRAA and AHDS staff at both the national and provincial levels in order to determine how best to design the nutrition component of the proposed project. AHDS runs the provincial health facility in Tirinkot city, which is near to the project's target communities. AHDS staff, however, do not have physical access to the communities targeted by the proposed project and thus they are unable to carry out nutritional screenings, nor are they able to conduct follow-up monitoring visits with patients that have received treatment for malnutrition. The proposed project addresses this gap in nutritional services in these hard to reach villages. Project staff will be properly trained in nutritional awareness-raising and screening, utilising the mid-upper arm measurement (MUAC), and how best to refer any suspected cases of undernutrition to the AHDS health facility. Project staff will also be in a position to monitor and follow-up with the referred cases upon their return to their homes. Sensitisation on nutrition issues will be incorporated into the hygiene promotion sessions, illustrating the causal links between poor WASH conditions, diarrhoeal diseases, and undernutrition. Important information and key messages on proper nutrition, community food demonstration, IYCF and causes of malnutrition will be covered. Sessions will comprise approximately 25 – 30 persons and around 22 sessions will take place per week. In total 13,930 men and 13,930 women (one man and one woman per family) will participate in the sessions. Due to culture barriers, separate awareness sessions will be organised for women and men. While women will be the main focus of awareness on nutrition, men will be especially targeted as they are the ones in control of the family finances, so that they are encouraged to take their wives and children to the health facility for nutritional support and to procure nutrient rich foods. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. The nutrition activity budget is \$41,247.

Activity 1.1.2 : Suspected cases of children between 6 – 59 months who are suffering from undernutrition are referred to appropriate health facilities for treatment

AHDS, NCA, and NPO/RRAA will develop a referral system that is specific to the parameters of the proposed project. Referral sheets will be numbered and a copy retained by project staff who carry-out nutritional screenings. This will allow for tracking of the beneficiaries who have

been referred. Screenings will take place during outreach activities at the household-level by project staff, utilising the MUAC method. Children who are identified as malnourished will be referred to the AHDS health facility, which provides nutritional support and treatment and is the closest health facility to the communities targeted by the proposed project. AHDS is a partner of the DoPH as an implementing partner for the Basic Package of Health Services (BPHS) and Essential Package of Health Services (EPHS) in Trinkot district, Uruzgan province. Activity 1.1.2 : Train Community Development Council (CDC) and WASH committee on Housing, Land and Property-HLP rights.

CDC and WASH committee members will be trained to enhance the awareness on human rights, right to adequate housing, forced evictions and possibility of including a small session on access to civil documentation. The duration of each training will be 5 days using HLP-TF's HLP Rights training manual. In total 90 persons (10 persons per community) will be trained in nine training workshop (one per community) in the targeted communities. After receiving training the CDC and WASH committee members will be responsible to transfer the knowledge to the rest of community's members and NCA/RRAA will follow up it with them.

To understanding the knowledge of the target beneficiary on protection/human rights themes, NCA/RRAA will conduct pre and post training assessments.

The training sessions will be conducted by NCA/RRAA trainers, who will be trained by the Housing, Land and Property Task Force through their three-days HLP Rights TOT planned for the NGOs in Kabul in November 2017. The HLP-TF will provide facilitators and participants training manual in English, Dari and Pashto to NCA.

Activity 1.1.2 : Drilling and construction of 34 new water wells, inclusive of hand pumps

To cover the water needs of 60% (34,749 individuals) of the total beneficiaries (57,915), in addition to well rehabilitation, NCA will drill 34 new wells will be drilled and hand pumps installed for maximum efficiency. NCA, in coordination with the DRRD, will install 34 hand pumps in identified villages according to the aforementioned technical feasibility study. These villages have a water table depth of 45 – 60 metres. NCA will ensure quality drilling with supervision, installation of PVC pipes, filters, and gravel pack, followed by a pump-test to ensure the availability of water with sufficient and efficient yield. In order to avoid stagnating water at the pump, soakage pits will be constructed. (Environment Marker B+). Universal access to water points will be ensured by construction of the new wells according to MRRD codes to provide easier access for the elderly and disabled. To ensure the water quality of new wells, pre and post water quality testing will be conducted. In case it's needed, chlorination will be applied, and for the sustainability of chlorination, WASH Committees will be trained and linked with local markets. In addition, each hygiene kit contains a 250 ml bottle of chlorine which can be used for the treatment of drinking water at the household level. WASH Committees, particularly the caretakers and area mechanics, will be responsible for the operation and maintenance of the new wells. Furthermore, a Kawsar hand pump and its spare parts, which are readily available in the local markets, will be installed to ensure the sustainability of the hand pumps.

Activity 1.1.3 : Extension of 01 existing water supply system at a targeted Comprehensive Health Centre (CHC) in Talani village.

NCA, in coordination with the Directorate of Public Health (DoPH) at the provincial level, will extend the existing water supply system in the CHC in Talani village of Tirinkot district. The extension works include: a) technical assessment of the existing water source; b) cleaning and pump testing of existing boreholes, c) installation of a 3000-litre water tank; d) installation of solar system to power the pump; e) connecting the water tank to various CHC facilities (e.g. hand washing station, tap stands, newly constructed latrine, etc.). Water quality testing will take place at the water source. If the tests are positive for contamination then chlorination will be applied. In order to sustain the quality of water after project completion, coordination will take place with local authorities, so that responsibility of the system is officially handed over to the DoPH.

Activity 1.1.4 : Establish and build the capacity of 09 WASH Committees

Nine WASH Committees, each composed of between 08 – 12 members, will be formed and trained in the targeted communities. WASH Committee members will be instructed, from amongst others, on the following topics: WASH risks and benefits, water management and water system operation and maintenance. In Uruzgan, it will be challenging to have WASH Committees inclusive of both men and women, as women have little or no access to the public sphere and based upon NCA's previous experiences in the province, it may be challenging to get women to be part of such a structure. Despite this, sensitisations will take place on the importance of including women and to encourage their participation in public fora, including the WASH Committees. The WASH Committees are responsible to consult and make decisions to implement, monitor and review the WASH activities. Furthermore, WASH Committees oversee the operation and maintenance of the water and sanitation facilities, contributing to their sustainability and on-going functionality. Additionally, the WASH Committees will ensure that all target households take part in hygiene awareness sessions. Based on past experiences, WASH committees have played a vital role in water management, operation-maintenance of water points and have handled disputes related to WASH services. To make sure the established WASH Committees continue to function well after the project finishes, they will be registered with relevant local authorities in their respective areas.

Activity 1.1.5 : Training of 18 area mechanics and 208 caretakers

To continue to ensure the sustainability of water systems, 18 area mechanics (two per target community) and 208 caretakers (one/water point) will be trained on the operation and maintenance of the water supply structures. The caretakers are responsible for basic maintenance on a daily basis of the water points. If any damage to the structure occurs, they must inform the WASH Committee, who will coordinate with the area mechanics for the repairs to take place. After their training, the area mechanics will be equipped with toolkits so that they can repair the water points. The selection of the area mechanics and caretakers will be done from within the target communities and in conjunction with the WASH Committees.

Activity 1.2.1 : Identify 691 sites and construct semi-permanent sanitation facilities at household level.

Based on the conducted needs assessment, 70% (14,503 individuals) of 20,719 IDPs living in host communities have limited or no access to adequate sanitation facilities. Due to cultural norms, public communally-shared latrines are not accepted by the target beneficiaries, thus all latrines and bathing spaces will be established at the household level. NCA and NPO/RRAA technical staff, in close coordination with WASH Committees and the women of the household, will identify the most feasible sites within the compounds, that ensure the safety, dignity, and privacy needs of the beneficiaries (especially women and girls), to construct emergency sanitation facilities. In general, the target beneficiaries tend to live in compounds consisting of extended households, usually made-up of three families, with an average of seven individuals per family, thus around 21 persons per household. To address gender and protection issues, and to ensure that sanitation facilities are placed in a safe and convenient location with the compound, women and girls will be consulted during the site selection process. NCA will utilise the semi-permanent sanitation design produced by DACAAR, and approved by OCHA, and incorporate MRRD measures for easier access for the elderly and disabled to sanitation facilities. The latrines will have culturally appropriate hand washing stations placed on the outside of the sanitation facility. During hygiene promotion, members of target households will be trained on cleaning and maintaining the emergency sanitation facilities. The established WASH Committees will also have a monitoring role to promote the cleanliness and proper functionality of these facilities.

Activity 1.2.2 : Rehabilitation of sanitation facilities in 04 public schools and construction in 01 CHC.

During the needs assessments survey, NCA and NPO/RRAA identified one CHC in Talani village and three primary schools (in Sar Chakhlo, Khairo Karez and Talani villages) and one secondary school (in Charamgar village) in need for improved sanitation facilities. Due to a high influx of conflict IDPs in the targeted area, the sanitation facilities in these institutions are over-used and are in desperate need of rehabilitation and construction to be able to accommodate their increased usage. NCA will rehabilitate 20 existing latrines facilities in four schools (boys and girls) and will construct two new latrines at the CHC. These sanitation facilities will be equipped with proper hand washing stations. Sustainability of the infrastructures will be ensured on design and installation of the infrastructure, as well as developing ongoing operational plans (including budgets), through the engagement of the DRRD and DoPH at the local level.

Activity 1.3.1 : Hygiene promotion sessions take place in target communities.

The proposed project aims to reach 57,915 individuals (20,719 IDPs and 37,196 host community members) which include 19,344 men, 18,579 women, 9,960 boys and 10,032 girls through 1,300 hygiene awareness sessions. Each hygiene session will comprise of at least 30 individuals from the same village. Due to culture barriers, separate awareness sessions will be organised for women and men. Location for conducting awareness sessions for women will be selected in consultation with established WASH committees and community elders. Locally qualified staff, most likely composed of a husband and wife team (as women cannot travel outside of their homes on their own), will be recruited to facilitate the sensitisations. The hygiene promotion strategy will be based on the analysis of the data from the KAP baseline

surveys that will take place in each of the targeted communities. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The hygiene promotion methodology developed by the MRRD, which focuses on participatory learning and aims to empower communities to better manage their water supplies and to control sanitation-related diseases by promoting health awareness and understanding, will be used. Hygiene messages will focus on: a) how to practice proper hygiene in an emergency setting; b) maintaining safe water storage at the household level; c) water treatment at the household-level; d) transmission routes for water and sanitation diseases and how to break the chain of infection; e) critical times to wash one's hands and to employ correct hand washing techniques; f) proper waste disposal; and, g) how a woman should maintain proper hygienic breastfeeding practices and menstrual management. Targeted attention will be given to vulnerable groups, such as pregnant and lactating women, children, the elderly, disabled and those with specific needs. In order to measure the behavioural changes, pre-post KAP surveys will be conducted.

Activity 1.3.2 : Procurement and distribution of 5,255 family hygiene kits to conflict affected IDP families living with host communities

Utilising NCA's established procurement guidelines, which involves a transparent process of issuing public tenders and a closed bid analysis, a qualified vendor will be selected from whom the necessary items needed for the hygiene kits will be purchased. It should be noted that 2,255 out of 5,255 hygiene kits will be obtained from the CHF/DACAAR emergency stock located in Kandahar province and the remaining 3,000 hygiene kits will be procured by NCA and NPO/RRAA under this project. According to the market assessment conducted, all items from the WASH Cluster recommended hygiene kit, are available in Kandahar city, which is nearest large market in the area. Therefore, the remaining 3,000 hygiene kits will be procured from mentioned city. Due to budget constraints, each of the 5,255 IDP families will receive only one hygiene kit throughout the duration of the project. Beneficiaries will be identified by NPO/RRAA, in collaboration with the established WASH Committees. The hygiene kits will be comprised of essential items to ensure improved hygiene at an individual and household level. The items included in the hygiene kits are in accordance with the recommendations provided by the WASH Cluster. A list of the contents of the hygiene kits can be found in the attached BoQ. The hygiene kits are designed to last a family of four people an average of one month. Tokens for the hygiene kits will be given to beneficiary families during hygiene promotion sessions, to be redeemed for a hygiene kit at a later announced date. Distributions will be done in a transparent manner with all hygiene kit items displayed on a complaints desk, at the point of distribution. Should a beneficiary find that the hygiene kit they received does not contain the requisite items, as per the display example, they can then immediately lodge a complaint directly with NPO/RRAA's WASH staff, who will be present during the distribution. At the time of distribution, NPO/RRAA WASH staff will carry out an orientation session of the hygiene kits contents to ensure their optimal and appropriate use. The orientation sessions will be supported with relevant information, education and communication (IEC) materials, providing key hygiene messages.

Documents	
Category Name	Document Description
Project Supporting Documents	NCA_Afghanistan_CHF_Proposal_BeneficiaryBreakdown_30Aug17.xlsx
Project Supporting Documents	NCA_Afghanistan_CHF_Proposal_TirinkotDistrict_UruzganProvince_MAP.docx
Project Supporting Documents	NCA_HEAT_AssessmentSurveyReport_Trinkot_Uruzgan_30Aug2017.pdf
Project Supporting Documents	NCA_Afghanistan_NutritionCluster_EndorsementLetter_29Aug17.pdf
Project Supporting Documents	NCA_Afghanistan_ProtectionCluster_NicolasCoutin_EndorsementLetter_29Aug17.pdf
Project Supporting Documents	NCA_Afghanistan_WASH_Cluster_EndorsementLetter_20Aug17.pdf
Project Supporting Documents	protection_of_civilians_in_armed_conflict_midyear_report_2016_final.pdf
Project Supporting Documents	NCA_CHF_Beneficiaries_BreakDown_For_HygieneKits_26Sep17.xlsx
Project Supporting Documents	NCA&RRAA_Partnership_MoU_2016-2018.pdf
Project Supporting Documents	AHDS_Support_Email_18Aug17.pdf
Project Supporting Documents	Correspondance_NCA_ZoA_WASHCluster_CHF_Uruzgan_Sep17.pdf
Project Supporting Documents	Mine_Incidents_TirinKot_UNMAS_DMAC_Sept17.xlsx
Project Supporting Documents	NCA_Email_HLP_SubCluster_CHF_26Sep17.pdf
Budget Documents	NCA_Afghanistan_CHF_Proposal_IEC_Materials_BoQ_30Aug17.xlsx
Budget Documents	NCA_CHF_Proposal_WASH_BoQ_30Aug17.xlsx
Budget Documents	Revised_NCA_Afghanistan_NPORRAA_CHF_Proposal_PartnerBudget_26Sep17.xlsx
Grant Agreement	NCA - 6849 - GA - Signed by HC.pdf
Grant Agreement	NCA - 6849 - GA - Signed by HC & IP.pdf