OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Danish Committee for Aid to Afghan Refugees
Allocation Type :	2015 2nd CHF Standard Allocation / Call for Proposals

Primary Cluster	Sub Cluster	Percentage
WATER, SANITATION AND HYGIENE		100.00
		100

Project Title :	Emergency WASH Response for Displaced Populations in Northern Afghanistan
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-15/3481/SA2/WASH/INGO/405
Cluster :		**Project Budget in US$:**	740,000.42
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/11/2015	**Planned End Date :**	31/10/2016
Actual Start Date:	01/11/2015	**Actual End Date:**	31/10/2016

Project Summary :

The project aims to improve the health and quality of life among conflict displaced populations in 32 villages and settlements in 6 district across 3 provinces (Balkh, Kunduz and Takhar) through provision of safe drinking water, access to emergency sanitation facilities and promoting hygiene behavior change for an estimated 3,325 families (23,275 individuals). The project applies an integrated approach to reducing prevalence of water borne and water washed diseases by combining hygiene promotion with environmental sanitation and access to safe drinking water. The target beneficiaries are all internally displaced populations due to primarily conflict, and natural disasters. The host communities will also benefit from the project indirectly through overall increase in access to safe drinking water and through positive spillover of behavior change activities under the hygiene and sanitation component. Participatory Hygiene and Sanitation Transformation (PHAST) approach will be applied to support communities establish their own female and male Hygiene and Sanitation Committees (HAS) to assess, prioritize and plan around their sanitation and hygiene needs and to engage in activities to improve their hygiene and sanitation situation learning along the way through on-going monitoring and evaluation of their progress. Furthermore, Children Hygiene and Sanitation Training (CHAST) approach will be used to improve hygiene and sanitation behavior and practice among school going children. Hygiene kits will be distributed which will include items particularly needed by women and adolescent girls. Locations for water points will be selected together with the beneficiaries with women participating in decision making regarding at least 40% of the locations, since women and children usually fetch water for their families. Each new water point will provide safe water to a cluster of up to 35 households with safe water close to their homes. Similarly, in line with MRRD standards, the rehabilitated water points will provide safe water for up to 20 families. Rehabilitation will also include protection of wells to avoid water from standing near the wells which becomes a harboring ground for vectors. Since DACAAR is responding to the needs of conflict displaced populations, it will also provide emergency baths and latrines to a cluster of three families of the same extended family/ tribe to address the sanitation needs of the beneficiaries, in line with Sphere standards. A hand washing facility will also be placed near each toilet. Protection and safety concerns will be considered providing safe and easy access to the facilities by women, All infrastructure established will be in line with environmental standards.
The project will directly benefit 3,325 families or 23,275 individuals, through:
1) 55 new water points will be constructed. This will include 6 in Takhar (Dasht-e-Qala 3, Rustaq 1, and Taluqan 2), 25 in Balkh (Dehdadi 21, Nahr-e-Shahi 4) and Kunduz Centre 24.
2) 70 existing but non-functional water points will be reactivated. This will include 20 in Takhar (Dasht-e-Qala 4, Rustaq 12, and Taluqan 4), Balkh 25 (Dehdadi 19, Nahr-e-Shahi 6, and Kunduz Center 25.
3) 1,108 emergency bath and latrines will be constructed. This will include 173 in Takhar (Dasht-e-Qala 64, Rustaq 55, and Taluqan 54), Balkh 458(Dehdadi 368, Nahr-e-Shahi 90, and Kunduz Center 477.
4) 1,108 hand washing facilities with soap will be installed. This will include 173 in Takhar (Dasht-e-Qala 64, Rustaq 55, and Taluqan 54), Balkh 458(Dehdadi 368, Nahr-e-Shahi 90, and Kunduz Center 477.
5) 10 schools will be supported with hyg through CHAST. This will include 3 in Takhar, 4 in Balkh and 3 in Kunduz Center.
6) 32 villages will be supported through hygiene and sanitation activities using the PHAST approach and 3,325 hygiene kits will be distributed to 3,325 families.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
6,993	9,303	3,045	3,934	23,275

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	6,993	9,303	3,045	3,934	23,275
Other	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries include a total of 12,628 host community families, which are part of the areas being targeted but these families are not being targeted directly. Among these, 2,285 belong to the target villages of Balkh, 9,835 belong to the targeted villages and settlements of Kunduz centre, and 508 belong to targeted villages of Takhar. While these families are not being targeted directly, they will reap the benefits of the positive spillover of behavior change activities around hygiene and sanitation. Moreover, through the construction and rehabilitation of water points, the stress on the water points of these indirect beneficiaries will also reduce, thereby benefiting them.

Catchment Population:

Link with allocation strategy :

The proposed project links with the Allocation Strategy's first objective which calls for the provision of 'life-saving humanitarian assistance to the target communities affected by conflict or natural disasters in the underserved white areas of North and North-East Afghanistan' through undertaking targeted WASH interventions in the provinces of Balkh, Kunduz and Takhar, all of which have a high number of populations displaced as a result of conflict and insecurity within their own provinces, whereas some have also relocated from nearby provinces. This is also in line with the WASH Cluster's strategic objective of providing WASH services to populations affected by natural disasters and conflict. Afghanistan has been facing conflict since the past four decades. The situation is being further complicated by frequent natural disasters, weakening the resilience of people to cope with these external shocks. The lack of a timely and targeted response from humanitarian actors often turn these rapid onset, acute emergencies into complex and chronic emergencies, further compromising the well-being of vulnerable communities. Water and sanitation are critical determinants for survival in the initial stages of a disaster. People affected by disasters are generally much more susceptible to illness and death from disease, which to a large extent are related to inadequate sanitation, inadequate water supplies and inability to maintain good hygiene. The most significant of these diseases are diarrheal and infectious diseases transmitted by the faeco-oral route. Timely provision of adequate safe water, culturally appropriate sanitation facilities, and targeted hygiene education of households under stress as a result of an external shock can greatly reduce the incidence and spread of communicable and easily avoidable waterborne and water-washed diseases, saving lives, and preventing the emergency from spiraling into a complex or even a chronic one. In line with this, DACAAR proposes to respond to the WASH needs of conflict displaced populations in the Northern provinces of the country in order to curtail the emergency from becoming a chronic one.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Irshad Alamyar	Head of Fundraising and Communications	irshad@dacaar.org	0797011021
John Morse	Director	john.morse@dacaar.org	0797011000
Shah Wali	Head of Program	shahwali@dacaar.org	0799212374
Ajmal Qani	Head of Finance and Administration	ajmal.qani@dacaar.org	0797011030

BACKGROUND

1. Humanitarian context analysis

Afghanistan has been facing conflict since the past four decades. The situation is being further compounded by frequent natural disasters, weakening the resilience of people to cope with these external shocks. The lack of a timely and targeted response from humanitarian actors often turn these rapid onset, acute emergencies into complex and chronic emergencies, further compromising the well-being of vulnerable communities. The Internal Displacement Monitoring Center (IDMC) estimates that as of July 2015, there are an estimated 847,872 conflict displaced persons in the country. UNHCR, in its July 2015 Update, estimates this number to be slightly higher at 980,324. This number reflects the number of displaced populations which have been profiled, so the actual number might even be higher in areas of limited access. Of the 30,392 individuals profiled in July, a massive 51% had been displaced in the July alone, which is proof of the immediate needs of these populations. While in the 2015 HNO, the northern province of Kunduz was ranked as 3 for overall needs and 3 for conflict inducted IDPs, the scenario unfortunately has changed since the spring of 2015, with continuous displacement being reported due to conflict, with the government launching a sustained military operation during the last week of April, which resulted in a continuous influx of civilian population towards the center. This accounts for the maximum number of individuals being profiled in Kunduz in the following months of May and June. These populations were mainly assisted through the provision of food, hygiene kits and Mine Risk Education (MRE) sessions. During the last part of July, the situation around Kunduz saw a new drastic deterioration. Sporadic ground engagements between AGEs and ASNF continued in Charadara, Qalay-i-zal and Ali Abad districts, while the district of Dasht-e-Archi remained fully under AOG's control. During the last days of July, armed opposition groups launched a series of offensive against ANSF posts in the North-West area of Khanabad district, and gained control of several villages. The renewed clashes caused by the expansion of territorial control by AGEs in Khanabad and by the counteroffensive by the ANSF, causing widespread damages to properties and civilian casualties, prompted new movements of population towards Kunduz. Similar can be said of Balkh, which in the HNO was ranked as 3 for overall needs and 5 for conflict induced IDPs. However, the situation has changed in 2015, with more displaced families arriving in the province fleeing conflict from Sar-e-Pul and Faryab, but also from as far away as Kunduz. During the month of July, DoRR in Balkh received a significant number of petitions from families claiming to be newly displaced to the Province. As per the IDP Task Force meeting held in July, these conflict displaced populations, mainly from Qaiser district in Faryab were to receive cash and NFI support from the humanitarian community. In the HNO, the province of Takhar ranked as 2.6 for the overall needs but only 1 for conflict induced IDPs, but like other northern provinces, the situation for Takhar too has changed drastically. During the first week of July, military operations started in Khuja Ghar district of Takhar, with intense clashes and quick shifting of territorial control between parties in conflict. This provoked multiple movements of population, within Khuja Ghar District and towards Baharak, Taloqan and Dasht-e-Qala districts of Takhar. Most of the families profiled also expressed the destruction of their houses and livestock and unfinished harvesting at the time of flight, thereby proving the vulnerability of the populace. Following the turn of events in Kunduz during the last week of September as the AOG took control Kunduz city, a large number IDPs have arrived in Talugan. Although as the situation in Kunduz city improves many of those IDPs will most likely return some will likely continue to remain in Takhar.

2. Needs assessment

DACAAR undertook a thorough literature review by referring to the Afghanistan HNO and SRP for 2015, WASH Cluster reports, and bulletins and situation reports issues by UNHCR and OCHA. Information was further consolidated by carrying out a Rapid Needs Assessment in the proposed provinces of Balkh, Kunduz and Takhar. Once the districts and villages were identified in collaboration with the government, DACAAR then surveyed these areas and held FGDs with the communities, separate for men and women in accordance with the cultural norms, to identify the gaps in services and the needs of these communities. DACAAR staff also met with Health Care Practitioners (HCP) and contacted other aid organization in the proposed targeted areas directly and through various fora to ensure that there are no overlapping in the delivery of the assistance to the proposed targeted beneficiaries. All villages assessed and selected were those which host highest number of IDPs.In Dehdadi and Nahr-e-Shahi districts of Balkh province, the interviews revealed the main reasons of displacement as insecurity, drought, earthquake, internal conflict and overflow of water in Amo River. IDPs arrived here from other districts within the province as well as from other provinces such as Faryab, Sar-e-pul, Kundoz, Samangon and Jawzjan. The majority IDPs were not interested to go back to their original places because of insecurity and also other reasons.They did not have access to sufficient safe water because since their arrival the numbers of families have increased in these new areas with few water points available and as such they are forced to use water from unprotected streams, dug wells and springs. The principle water collectors were women and children and the long distance of the water points was termed problematic. Washing hand with soap was uncommon and some respondents claimed that they do not have the money to buy soap. Although host communities did have access to latrines and baths, this was not sufficient for the IDPs to also use them. Also signs of open deification was observed by the survey team. Interviews with Health Clinic staff revealed that diarrhea was a common illness in the area particularly affecting women and children with the reason being low awareness of the people about the hygiene and sanitation issues and their lack of access to safe drinking water.In Kunduz centre, the main reasons for displacement were insecurity and fighting between armed opposition groups and government forces in some parts of Kundoz, Takhar and Badakhan provinces. There was no sufficient safe drinking water in the settlement thus the majority used unsafe water, with 90% using unprotected open wells and 10% using surface water. Majority of the IDPs here could not afford to buy soap and other hygiene items. Sanitation situation was also observed to be bad, as existing latrines were mostly unhygienic and generally not sufficient to be used by both host community members and IDPs. Solid waste was also in some cases thrown into streams. Common diseases infecting women and children were diarrhea, scabies jaundice and skin disease. In Takhar, (Taluqan centre, Rustaq and Dasht-e-Qala) IDPs came from conflict affected districts in Takhar itself (e.g. Khwaja Ghar) as well as from Kunduz and Badakhshan. Diarrhea, skin diseases, respiratory diseases and scabies were the serious health diseases for children and women in the settlements. The main reasons of the existence of these diseases were said to be poor nutrition, lack of safe water and poor hygiene and sanitation practices. Sanitation situation was also bad and although hand washing was performed regularly, soap was not used as the families did not afford to buy them. In Rustaq, for example, 60 of the respondents said that they practiced open deification as they do not have latrines. IDPs generally did not have access to bathing facilities.

3. Description Of Beneficiaries

The project is targeting Internally Displaced Persons (IDPs) in 32 villages in six districts of Balkh, Kunduz and Takhar provinces. These people moved from within the province (as is the case especially for Kunduz and somewhat for Takhar) and from neighboring provinces (such as Faryab and Sar-e-Pul, Badakhshan, as well as some fleeing from Kunduz to the neighboring provinces) as a result of on-going conflict. The intervention is targeting a total of 3,325 families (approx 1375 in Balkh, 1,428 in Kunduz and 522 in Takhar provinces), with a comprehensive WASH response- meaning each targeted family will receive an entire package of safe water, emergency sanitation facilities, hygiene education and hygiene kits. These communities are mostly residing in clusters, living in rented spaces. Although an indicative list of villages has been attached, the selection criteria was prioritized as follows:
1- Security has been guaranteed by the communities;
2- Displaced population is bunching together in clusters of 20-50 families;
3- Villages where there is a higher use than normal by allowing displaced population to draw from the available sources;
4- Villages where hygiene situation among the residents is observed as poor and there are reports of diseases among the population as a result of this behavior
5- Villages where there are no or insufficient hygienic sanitation and bathing facilities for IDPs to use;
6- Villages where water sources are non-functional and can't be repaired by the local communities (will be considered for repair interventions).
7- Communities agreed to provide unskilled labor;

4. Grant Request Justification

Apart from conducting a literature review of the 2015 HNO, and UNHCR and IDMC reports,DACAAR also conducted a Rapid Needs Assessment (RNA)in the 3 targeted provinces as well to determine the extent of WASH needs to better tailor the response. In Kunduz center,it was observed that the IDPs faced a lack of safe water,since there are limited pipe schemes and tube wells to cater for their needs. Even 90% of the host communities are using water from unprotected wells unsafe for drinking as shown by the Presence-Absence Biological Contaminants tests DACAAR carried out for 23 samples in the province.For the displaced populations,the average time to collect water is about 30 mins,the minimum time being 20 mins; the maximum being 55 mins. Mostly women and children are in charge of fetching water.While no protection issues were highlighted,they are afraid of stray dogs; feel hesitant to knock on doors of the well-owners to allow them to fetch water.The latter statement may have some embedded protection issues which the communities might not be sharing openly.The team also observed that the water looked muddy; in cases where it looked clear,it was quite salty. Open defecation is rampant with about 70% of the respondents reporting using communal latrines,which were not clean.Children and women also reported not feeling safe while going to defecate in the nearby fields because of stray dogs. About 80% of the respondents stated that they did not even have the money to buy basic hygiene items such as hand washing soaps or detergents to wash clothes. Many of the respondents,especially children,are suffering from diarrhea,chest issues,scabies and eye issues,with some children also showing signs of malnutrition.The respondents reported that they have not yet received any aid from any actor,though UNHCR was conducting a nutrition survey.The situation of the respondents in Balkh was also the same,though many had fled from other provinces as well as reported above.The minimum water fetching time reported was 30 mins with the maximum being a staggering 150 mins. Most of the respondents reported using surface water and spring, which is unsafe as shown by Presence-Absence Biological Contaminant tests for 7 samples.With women and children being in charge of the water collection,some did report facing abuse from other community members on the way while others reported that the long journey made them extremely tired and causing sickness,with most of the ailments being reported include jaundice,scabies,eye infections,vomiting,diarrhea & kidney stones. Because of the absence of sanitation facilities,open defecation is rampant,with women reporting difficulties due to cultural constraints.The respondents reported that they received some shelter support from GIZ, hygiene assistance from UNHCR, NFI distribution from NRC,food assistance from PIN.While DACAAR has drilled a few boreholes, they are not enough & assistance for sanitation is crucial.The rapid assessment in Takhar too reported the same issues,though the respondents stated having received food assistance from NRC,UNHCR and ACTED.Presence-Absence Biological Contaminant tests revealed the water as unsafe.The assessment in all 3 provinces clearly highlighted the unmet WASH needs of the displaced populations,which DACAAR intends on fulfilling through the rehabilitation of previously non-function water points as well as protecting them,establishment of new water points where needed,establishment of emergency bath and latrine facilities and provision of hygiene education.This will be done through DACAAR's offices already established in the 3 targeted provinces,with close input from the WASH Emergency Manager,WASH Emergency Adviser,WASH technical department, and the Operations department in DACAAR's Kabul Main Office.

5. Complementarity

To meet the aims of DACAAR's WASH component of its Strategic Program Framework, 2013-2016, the organization is currently implementing WASH projects in Balkh, Kunduz, Takhar, Faryab, Kabul, Kunar, Khost, Nangarhar and Paktya provinces with funding from CHF, ECHO, Royal Norwegian Embassy, Danish International Development Assistance, Swiss Agency for Development and Cooperation, and Swedish International Development Agency. DACAAR will target communities affected by displacement due to conflict and natural disasters. The strategic aim of DACAAR is to meet the needs of vulnerable groups affected by acute emergencies coherently and in a balanced way throughout its areas of operation in order to implement in a conflict sensitive manner (some for all but not all for some). This approach enables synergies on different levels. Firstly, a geographical synergy which facilitates that basic needs are being met equally throughout a province. Secondly, a synergy in implementation is maintained. For example communities are often acquainted with or have heard about the work of DACAAR and liaison established with CDC's and local government structures from previous actions, which enables a faster and more efficient implementation process. Thirdly, the follow-up after projects finalization by DACAAR staff is easier handled and cooperation between different communities on maintenance of water points is more likely. Fourthly, the provinces targeted are hosting a constantly increasing number of IDPs which puts a pressure on host communities and access to safe water on an on-going basis.

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

To ensure effective coordination and prevent overlapping, DACAAR engaged various stakeholders on the ground through direct dialogue and various fora. In Balkh, the regional manager discussed the intentions behind the proposal, the target group and target areas with governmental and other institutions including RRD Balkh, UNOCHA, GIZ, SCA, CHA, Care International, PIN and H&H. It was confirmed that no other organization are planning any WASH activities in the proposed villages. Given that some of these organizations are currently implementing livelihood, education, and health projects in the area, the intention behind these discussions was also to explore potential for future synergies with those projects. Similar efforts were undertaken in Takhar where regional staff discussed the proposal with Mission East, ACTED and Concern World Wide. Likewise, In Kunduz, similar efforts were made as part of the needs assessment. As suggested by TRC, coordination will be ensure with Save the Children who are also undertaking WASH project in the wider areas of the three proposed provinces.

LOGICAL FRAMEWORK

Overall project objective

Vulnerable displaced populations have improved health outcomes and quality of life. Through targeted WASH interventions in the Northern provinces of Balkh, Takhar and Kunduz, by providing access to safe water, gender and age sensitive hygiene education and access to culturally appropriate emergency sanitation facilities, the project aims at improving health outcomes for vulnerable displaced populations. With the provision of adequate WASH services, the incidence of preventable water borne and water washed diseases will be reduced, thereby improving the health outcomes for vulnerable displaced populations, making them less susceptible to falling ill as a result of these preventable diseases. Moreover, the provision of WASH services to displaced populations will ensure that they have access to basic services, thereby reducing the burden on the host communities' meager resources. In line with a conflict sensitive, 'do-no-harm' approach, host communities will also be allowed to draw from the newly constructed and previously non-function rehabilitated water points.

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3. WASH services are provided to populations affected by natural disasters and conflicts	3. Timely response to affected populations	100

Contribution to Cluster/Sector Objectives : Afghanistan has been facing conflict since the past four decades. The situation is being further complicated by frequent natural disasters, weakening the resilience of people to cope with these external shocks. The lack of a timely and targeted response from humanitarian actors often turn these rapid onset, acute emergencies into complex and chronic emergencies, further compromising the well-being of vulnerable communities. Water and sanitation are critical determinants for survival in the initial stages of a disaster. People affected by disasters are generally much more susceptible to illness and death from disease, which to a large extent are related to inadequate sanitation, inadequate water supplies and inability to maintain good hygiene. The most significant of these diseases are diarrheal and infectious diseases transmitted by the faeco-oral route. Timely provision of adequate safe water, culturally appropriate sanitation facilities, and targeted hygiene education of households under stress as a result of an external shock can greatly reduce the incidence and spread of communicable and easily avoidable waterborne and water-washed diseases, saving lives, and preventing the emergency from spiraling into a complex or even a chronic one. Displacements, whether due to natural disasters or man-made disasters (conflict), furthermore, add undue stress on the already meager resources of the host communities. This has the potential to cause a break out of feco-oral diseases not only among the displaced populations, but also among the host communities. In line with the above, and the cluster objective of 'WASH services are provided to populations affected by natural disasters and conflict' and the SRP objective of 'timely response to affected populations', DACAAR therefore proposes to provide emergency WASH services to populations displaced conflict in the northern provinces of Balkh, Kunduz and Takhar to reduce the stress on the already available meager WASH services, and to provide timely access to WASH services to reduce the outbreak of preventable water borne and water washed diseases. These targeted provinces have been suffering from conflict and natural disasters from a number of years now, which has further compromised their resilience. Hence, a timely and targeted response in these provinces is essential to reduce the rapid onset emergency from spiraling into a chronic emergency. These conflict displaced families with urgent unmet needs will receive a comprehensive WASH package, whereby DACAAR will provide them with access to adequate amounts of safe water through establishing new water points and rehabilitation of previously non-functional water points, culturally appropriate sanitation facilities through the establishment of emergency baths and latrines (since the persons of concern are displaced populations, a more long term approach like CLTS is not feasible), the designs for which have been included as an Annex, and through targeted hygiene education sessions using the PHAST and CHAST approach.

Outcome 1

Vulnerable displaced populations demonstrate improved hygiene and sanitation behavior, and use safe water

Output 1.1

Description

23,275 internally displaced persons have access to and use safe drinking water

Assumptions & Risks

Hydro-geological conditions are favorable
Quality inputs are available timely

Activities

Activity 1.1.1

Rehabilitation of previously non-functional water points
Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases.

Activity 1.1.2

Establishment of new water points
Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR’s SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor.

Activity 1.1.3

Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area
Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.

Activity 1.1.4

Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water	6,993	9,303	3,045	3,934	23,275
Means of Verification : Monitoring Reports Progress and final reports Beneficiary calculation: 55 new water points for 1925 families (35 families per water point as per sphere standards) 70 rehabilitated water points for 1400 families (20 families per water point) Total 3,325 families or 23,275 individuals							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of new water points established					55
Means of Verification : Monitoring Reports Progress Reports Water User Group Agreements Beneficiary calculation: 55 new water points for 1925 families (35 families per water point as per sphere standards), Total 1,925 families or 13,475 individuals							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of previously non-functional water points rehabilitated					70
Means of Verification : Monitoring Reports Progress Reports Beneficiary calculation: 70 rehabilitated water points for 1400 families (20 families per water point). Total 1,400 families or 9,800 individuals							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Percentage of sites for water points jointly selected by women and men					40
Means of Verification : Monitoring Reports Progress Reports HE Reports percentage of water points selected jointly with women based on programmatic experience and inline with possibilities withing the social context.							

Output 1.2

Description

Increased availability and usage of environmentally sustainable household sanitation facilities for 23,275 IDPs

Assumptions & Risks

Communities provide unskilled labor
Communities are receptive to change and use the sanitation facilities

Activities

Activity 1.2.1

Establishment of emergency latrines and baths for displaced families
Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of households provided access to a functioning sanitation facility					3,325
Means of Verification : Monitoring Reports Progress Reports Beneficiary calculation: 3 closely related families per sanitation facility 1,108X 3= approximately 3,325. Selection of the beneficiaries was based on the needs assessment.							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Number of latrines constructed					1,108
Means of Verification : Monitoring reports Progress reports Target calculation: 1,108 latrines each for 3 closely related families living in one compound. 1,108 x 3 = approximately 3,325 families or 23,275 individuals							
Indicator 1.2.3	WATER, SANITATION AND HYGIENE	Number of bathing facilities constructed					1,108
Means of Verification : Monitoring reports Progress reports Target calculation: 1,108 baths each for 3 closely related families living in one compound. 1,108 x 3 = approximately 3,325 families or 23,275 individuals							

Output 1.3

Description

23,275 IDPs have been provided with hygiene education

Assumptions & Risks

Women participation is ample

Activities

Activity 1.3.1

Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.

Activity 1.3.2

Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record. DACAAR guidelines for PHAST is included in the document tab.

Activity 1.3.3

Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.

Activity 1.3.4

Distribution of emergency hygiene kits for displaced families
Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention.

Activity 1.3.5

Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place.
Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions.

The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to a place to wash hands with soap	6,993	9,303	3,045	3,934	23,275
Means of Verification : Monitoring Reports Progress Reports beneficiary calculation: 1,108 facilities per three closely related families. 1,108x3 = approximately 3325 families or approximately 23,275 individuals							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of people reached through Hygiene Promotion	6,993	9,303	3,045	3,934	23,275

Means of Verification : HE Reports Progress Reports Monitoring Reports Beneficiary Calculation: 3,325 families or approximately 23, 275 individuals as identified as part of the needs assessment							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	Number of schools in project intervention areas facilitated by CHAST approach					10
Means of Verification : Monitoring reports Progress Reports Calculation: The number of schools were reached based on observation from the field staff. 3 schools will be targeted in 3 districts Takhar, 4 schools will be targeted in 2 districts of Balkh and 3 will be targeted in Kunduz center. Totaling 10 schools and involving 1,800. Please note that although these children will directly benefit from CHAST approach in the school they are also part of the overall number of people reached in the community and therefore should not be double counted. Focus will be on grades 6 and 7.							
Indicator 1.3.4	WATER, SANITATION AND HYGIENE	Number of Schools in project intervention areas having active Health Club					10
Means of Verification : Monitoring reports Progress reports Calculation: The number of schools were reached based on observation from the field staff. 3 schools will be targeted in 3 districts Takhar, 4 schools will be targeted in 2 districts of Balkh and 3 will be targeted in Kunduz center. Totaling 10 schools and involving 1,800. Please note that although these children will directly benefit from CHAST approach in the school they are also part of the overall number of people reached in the community and therefore should not be double counted. Focus will be on grades 6 and 7.							
Indicator 1.3.5	WATER, SANITATION AND HYGIENE	Percentage of targeted community members who know the importance and critical times for washing hand with soap					80
Means of Verification : Pre and post KAP surveys							
Indicator 1.3.6	WATER, SANITATION AND HYGIENE	Percentage of targeted community members who know about disease transmission route					80
Means of Verification : Pre and post KAP surveys							
Indicator 1.3.7	WATER, SANITATION AND HYGIENE	Percentage of households use a household clean water storage container with a led					90
Means of Verification :							
Additional Targets :							

M & R

Monitoring & Reporting plan

Results Based Management has been the overarching principle of DACAAR´s planning, monitoring and evaluation system. To enhance achievement, DACAAR intends to systematically link planning, monitoring and evaluation in a dynamic process of which the DACAAR's Strategic Program Framework is the guiding element.
M&E as a function in DACAAR has been improved gradually to fulfill the requirements of reporting, informed decision making and knowledge management over the years. DACAAR's reporting and monitoring system is anchored in the Grants and Monitoring sub-department under the department of Fundraising and Communications in the main office in Kabul. The department is independent from the Program Department and provides objective assessments by its operational independence from project implementers. The Grants and Monitoring sub-department also contributes to monitoring executed by project field staff by developing formats and survey methodology, assessing needs and undertaking capacity building training.
At project implementation level, the Head of Program and Operations visits projects on a quarterly basis. The Regional Managers visit projects on a monthly basis, the field coordinators on a weekly basis. Staff of the Quality Assurance Team undertake two monitoring visits to the sites targeted in the proposed project to conduct technical quality assurance checks on activities in accordance with a pre-established quality checklists and the work plan for the project. Their on-the-site recommendations for improvements to the field staff and reports to the regional and main office staff provide the organization with information which feeds into reporting and management decision-making. The Water Quality Testing Laboratory embedded in the DACAAR's WET Centre undertakes sampling and quality testing of each water point assessing bacteriological, chemical and physical quality of the water in order to ensure quality of water, which will be done for each of the water points DACAAR rehabilitates or newly establishes under the proposed project. Furthermore, DACAAR will take active steps to invite the relevant government representatives to visit project sites, not only to conduct regular monitoring visits, also to encourage and appreciate communities and schools in their progress with taking on the PHAST and CHAST to improve hygiene and sanitation. They will be not be paid directly, but as customary DACAAR will cover costs for their transport and refreshments.
Monthly reports submitted by the regional managers are collected and tabulated for the review and analysis by the Program Management Team and the Grants and Monitoring sub-department. These reports are further substantiated by regular visits to the sites by the Program Management Team and the Grants and Monitoring sub-department undertaken every six months during project implementation.
DACAAR's project M&E system is comprised of quarterly input-output based data collection; Key Performance Indicator (KPI) based half-yearly monitoring; baseline survey and end-line survey (in this case, a pre KAP and post KAP survey). For input and output level monitoring, quantitative methods are used. For KPI based monitoring and outcomes monitoring, mixed methods (both qualitative and quantitative) are used. Quantification of qualitative measurements is used in surveys.
DACAAR's Kabul Main Office will be responsible for communication with and reporting to UNOCHA on the proposed project. Data of beneficiaries will be shared according to OCHA's specifications for its Remote Call Monitoring. In addition to this, DACAAR intends to integrate the Remote Call Monitoring system in its M&E plan for the action.

Visibility: project photos and case studies will be shared with the donor as part of project progress reports portraying project impact on beneficiaries. Government officials and local elders will be invited to the handing over ceremonies of water points.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases.	2015												X
	2016	X	X		X	X	X	X	X	X	X		
Activity 1.1.2: Establishment of new water points Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor.	2015												X
	2016	X	X		X	X	X	X	X	X	X		
Activity 1.1.3: Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.	2015												
	2016		X		X	X	X	X	X	X	X		
Activity 1.1.4: Conduct water quality tests for all newly constructed and rehabilitated water points Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.	2015												
	2016									X	X	X	
Activity 1.2.1: Establishment of emergency latrines and baths for displaced families Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.	2015												
	2016			X	X	X	X	X	X	X	X		
Activity 1.3.1: Conduct Pre-KAP and Post-KAP studies in the target areas Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.	2015												X
	2016	X	X								X	X	

Activity 1.3.2: Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record. DACAAR guidelines for PHAST is included in the document tab.	2015												
	2016		X	X	X	X	X	X	X	X	X	X	
Activity 1.3.3: Installation of hand-washing stations Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.	2015												
	2016			X	X	X	X	X	X	X	X		
Activity 1.3.4: Distribution of emergency hygiene kits for displaced families Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention.	2015												
	2016			X	X	X	X	X	X	X	X		
Activity 1.3.5: Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place. Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

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

DACAAR is not only accountable to its beneficiaries, but is also accountable to other stakeholders, especially the government. Government staff are welcome to visit the project sites to conduct monitoring visits. Moreover, DACAAR also submits regular reports to the Ministry of Economy to ensure full transparency.
In maintaining its commitment to transparency and accountability, DACAAR also has an Internal Audit department, which undertakes financial and programmatic audits, and reports directly to DACAAR's Governing Board in Copenhagen. Annual financial audits by external auditors also ensure accountability and transparency. All donors are welcome to conduct external audits of DACAAR's project as well. Moreover, DACAAR closely follows a Do-No-Harm approach in all its interventions in Afghanistan.

Sufficient time and effort will be invested in the process of establishing HAS committees based on the PHAST and CHAST approach in the target communities and schools respectively. Communities/school administration will be informed fully on the participatory nature of the approach and as such the project and will be given demonstrations and information on the quality and quantity of materials and other inputs used in the project implementation.

Implementation Plan

DACAAR is constituted by two organizations namely DRC and Danish People's Aid (DPA). Together they form the Governing Board of DACAAR based in Denmark. DACAAR's secretariat is also placed in Copenhagen and links the Governing Board with the Director of DACAAR based in Kabul, as well as providing support to the Director and main office in Kabul. The organization consists of four main departments in the main office in Kabul namely: Program; Fundraising and Communications; Finance and Administration; and Human Resources.
Besides the main office, DACAAR consists of six regional field offices, geographical positioned in relation to target areas, and located in the Central, East, North-East, North, North-West and West regions of Afghanistan. The regional offices administrate the smaller district offices, which are set up in connection with specific project activities. The district offices manage the actual implementation of activities with reference to and quality assurance conducted by the regional managers and operations manager. The flexible structure with smaller district offices ensures that DACAAR staff are close to project implementation and can work directly with the local communities, and also ensures that administration and running costs are kept low due to the re-locatable structure of the district offices. For the proposed projects, the Northern Regional Office will be overseeing the activities in Balkh, whereas the Northeast Regional Office will be overseeing activities in Kunduz and Takhar.
For the implementation of WASH activities, the DACAAR Program Department employs a team of highly experienced and qualified managers, engineers, geologists, technicians, trainers and hygiene education specialists, many of whom have been with DACAAR for decades. Additionally, DACAAR is the only NGO in Afghanistan which has in-house capacity and established routines for quality control and inspection of WASH material. A Quality Assurance Team conducts follow-up monitoring of all on-going projects, further enhancing the quality of the technical work. DACAAR's regional managers also monitoring on-going projects on a regular basis. A WASH Adviser is attached to the program to further capacitate and advise the Afghan specialists.
DACAAR uses its own national staff to implement all activities in the field, and because of DACAAR's long presence in the targeted provinces, field staff are well familiar with the localities. Field staff, especially the hygiene educators, often live in the targeted communities side by side with the beneficiaries. This is to ensure their acceptance by the community and thereby ensure sustainability of the Action. Because DACAAR's field offices are in close proximity of target areas, technical staff such as the field engineers has an opportunity to observe the community's operation and maintenance of water points. This enables them to support the beneficiaries better. The close relationships which are built with the community, and the support the technical staff is able to provide to the beneficiaries all contributes to strengthening the sustainability of the implemented activities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WASH Cluster	Participation in WASH cluster meetings at national and field level as WASH cluster co-lead
IDP Task Force	Participation in the provincial IDP Task Force meetings, to ensure coordination with other members on targeting IDPs
Provincial Disaster Management Committee (PDMC)	Attend meetings at the PDMC to discuss IDP situation and keep informed of latest response and gap in targeting IDPs
Directorate/Ministry of Refugees and Returnees (DoRR)/(MoRR)	Keep the directorate informed of the activities, facilitate their monitoring of project activities and participate in their meetings to keep informed of new developments. Report to them as necessary.
Directorate/Ministry of Rural Rehabilitation and Development (DRRD)/(MRRD)	Participation at WSG meetings in Kabul and facilitate their involvement in site selection and monitoring of the project. Report to them on a quarterly basis.
Directorates/Ministry of Economy	Acquire necessary permission for project implementation. Report to them on activities on a semi-annual basis
Directorate/Ministry of Education	Acquire permissions to commence activities in targeted schools. Report them as necessary

District Authorities	Included them in the village selection, and facilitate their monitoring of the project progress
Save the Children and other WASH actors in the targeted areas	Coordinate on activities as they are also implementing WASH in the project targeted areas. This will ensure prevention of duplication of efforts.
Provincial Governors Office	Attend coordination meetings at the Provincial Governors office keep abreast with latest development and be able to better coordinate with government and non-governmental entities and ensure support to the project from the given office.

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

DACAAR has a good and solid experience in adapted assistance, mitigation of negative effects and inclusion of relevant age and gender groups in the design, implementation and evaluation of the action. As an example DACAAR has experienced female staff who ensure delivery of adapted assistance when male staff are not allowed access to female beneficiaries. Hygiene messages differ for different audiences, with the male hygiene promoters targeting the male members of the community in a public venue and the female hygiene promoters targeting the female members of the community delivering the message door to door. The hygiene promoter couples DACAAR employs for hygiene promotion in the communities are also Mahram (e.g. husband and wife, father and daughter, brother and sister, etc) keeping in mind the cultural context of working in Afghanistan. The Needs Assessment that DACAAR conducted had separate focused group discussions (FGDs) with women respondents, mainstreaming questions about protection in the questionnaire. Since women and children mostly go to fetch water from the wells, selection of at least 40% water points is also done together with women beneficiaries to avoid protection issues they may face. DACAAR will establish simple accountability (downwards) mechanism in which women, men, adolescent girls and boys, elders and disabled persons have also an access to project information and complaint mechanism. Moreover, as for the provision of emergency baths and latrines, DACAAR, through its experience of emergency programming, will establish one bath and latrine for a cluster of three families living together from the same extended family or tribe living in the same compound or close proximity. This not only ensures meeting the minimum Sphere standards of 20 persons per sanitation facility, this also reduces protection risks as females and children will be able to safely use the sanitation and bath facility when ever they want, since communal facilities are usually a little further away and have the risk of protection issues arising, which leads to females and children avoiding these communal facilities, especially late at night. Lastly, DACAAR has also included gender related indicators in the project, hence reporting will also be done on gender and age desegregated data.

Justification of the Environment Marker: Construction of emergency bathing facilities and latrines will have a positive impact on the environment, reducing the contamination of groundwater and associated diseases. Construction of new water points, may have effects on the environment, however as a first priority, DACAAR will work towards rehabilitating and repairing dysfunctional wells. If however, there are no dysfunctional wells cannot be repaired or are discharging unsafe water, DACAAR will establish new wells. Appropriate technology will be used in the project to ensure effectiveness, efficiency and cost-effectiveness. Water points may have an effect on the water table, and hence the environment of the target areas. However, DACAAR's guidelines indicate that before establishing any new water point, an Initial Environment Impact Assessment needs to be carried out to reduce any effects on the environment. Also DACAAR has a network of groundwater monitoring wells which it regularly monitors to gauge the water table and the hydrological situation. This data will be used to establish potential locations of the water points to ensure minimum negative impact on the water table while at the same time ensuring that enough volume of safe water is discharged to fulfill the needs of the communities in line with the minimum Sphere standard.

Protection Mainstreaming

Women and children are often entrusted with the responsibility of collecting water from communal water points in Afghanistan, and face many issues while doing so. Following a Do No Harm approach, DACAAR undertakes WASH activities so that the women and children do not face any protection issues. This principle has been mainstreamed in every step of the project cycle management. First, while carrying our Focus Group Discussions (FGDs) during the needs assessment in the target areas, questions on protection were included in the questionnaire in a culturally sensitive manner. Questions included which member of the family collected water, which sources of water did they use, how long did they have to wait, and if they faced any issues in collecting water. In many cases where children had to collect water from far away places, especially through rough terrain, they faced the threat of falling down and getting injured. In order to minimize such risks, DACAAR staff selects the locations of water points together with the community. Although the acceptable rate is 30% for Afghanistan, DACAAR selects at least 40% of the locations for the water points together with women. Female hygiene and sanitation promoters facilitate this process to ensure cultural acceptance and appropriateness. Locations are also selected such that no family has to spend more than 30 minutes on a trip to collect water.
Furthermore, to minimize such issues, DACAAR employs Mahram couples to undertake hygiene and sanitation facilitation in the target villages and settlements. The female will be working with the women and girls of the community in promoting sanitation and hygiene behaviors. This allows females of the community to participate in all activities without facing any issues. While such sessions for the male members of the community take place in public spaces, similar sessions for female members of the communities take place in the safety of their homes, thereby avoiding such issues. Hygiene kits also include materials for females, especially during menstruation.

Country Specific Information

Safety and Security

The overall security situation in the north and northeast parts of the country has deteriorated rapidly over the past year. All three provinces have witnessed increased security incidents as a result of AOG infiltration with Kunduz being the worst case of the three as the provincial capital fall in the hands of AOG on 28th September and with fighting between AOG and ANSF still ongoing for control of the city. Trends in the fighting show that the ANSF will most probably be able to push the AOG out of the city in the course of the coming days. However, the security situation in Kunduz province is expected to continue to remain volatile in the foreseeable future given the concentration of AOG in the province and the fact that large parts of the province is currently occupied by them. As the city is secured, it is expected that the population displaced from the city over the past few days will return. On the other hand the anticipation of prevailing insecurity in the districts of the province will likely see further concentration of IDPs from these districts to the city and its surrounding villages. Takhar has also had it fair share of security problems as the AOG launched attacks on three of its districts over the course of past week and managed to temporarily hold one district center before being pushed back. The ANSF has been largely successful in pushing back attacks and as such the threat to Taluqan, the provincial capital seems to have significantly reduced opposed to what happened in Kunduz. Balkh, at the moment, remains as the better off of the three provinces although certain districts have been witnessing increased presence of AOG attacks particularly targeting government officials, and NGO workers (as in the case of Zari).

To ensure sufficient mitigation and appropriate response to the above situation, DACAAR maintains well-established Standard Operating Procedures (SOPs), a comprehensive Security Manual and Safety and Security Contingency Plans (CPs). The SOPs serve as a management tool that will assist in reducing the organization's vulnerabilities and preventing accidents from happening. The CPs on the other hand will help the organization respond to particular safety and security incidents in an appropriate and timely manner should they materialize.
A Safety and Security Management Team (SSMT) at Kabul Main Office levels meets on a weekly basis to assess the security situation and in doing so maintains regular contact with regional and field offices. In the event of an incident or specific threat, a Crisis Management Team (CMT) comprised of the Director, four Department Heads and Safety Manager is convened in Kabul that will work closely with an Incident Management Team (IMT) convened at regional level to respond to the incident or threat.
All relevant staff have full and unhindered access to all safety and security information including INSO reports and advisories, internal safety and security updates, SOPs, CPs and Security Manual. Security issues are also coordinated with relevant Government departments as well as other NGOs in the district. A Regional Safety Officer has been hired for the region and will work closely with the Safety Manager and team in Kabul ensuring security measures are in place and regulations are followed in all regional and field offices, and project sites. Safety and security information is analyzed (including an security actor mapping) and shared between the Regional Office and Main Office Kabul allowing the SSMT take safety and security related decisions in an informed and participatory manner.
As a last resort; should insecurity make operation in an area impossible; the activity will be moved to another safer area within the district and/or province where there is a high number of displaced, and if not possible, within the province in close consultation with UNOCHA.

Access

DACAAR is currently working in 12 provinces of the country and has MoUs with the relevant government line agencies for access. While selecting areas (specifically villages and/ or settlements) for intervention within a district, DACAAR consults with relevant government departments. Also, apart from using vulnerability criteria, given the fragile situation of the country an additional criteria is used and communities are selected only if they guarantee the safety and access of DACAAR staff. DACAAR also maintains a high level of transparency with the community members and explains to them where the funds for the project come from, what is the objective of the project and what activities will be undertaken to achieve the goal. This high level of trust enables DACAAR to carry on with its operations with minimum risk. DACAAR also has established six Regional Offices in the country. The proposed project will be undertaken through the Northern Regional office (which will cater to activities in Balkh) and the Northeastern Regional Office (which will cater to activities in Kunduz and Takhar). Field Offices are also established at district levels. While hiring staff for these offices, local population from the area are preferred as this also allows easy access and higher acceptability. Through working in 29 of Afghanistan's 34 provinces over the past three decades, DACAAR enjoys high community and government acceptability which add to its access.

From a security point of view, with the exception of the Kunduz center, all locations proposed for the action are currently accessible for implementation. As for Kunduz city, although, at the moment the area is witnessing on-going warfare, trends show that the area will be cleared of AOG soon and that implementation of the action will be possible.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project Manager	D	1	1,470.00	12	70%	12,348.00
	To ensure that the projects implementation is carried out based on the approved LFA. All staff costs include: monthly salary, severance, food allowance, daily pick and drop to and from office, and other related benefits. The unit cost refers to their salary and other associated benefits. monthly salary=1360, Monthly benefits (severance)= 110						
1.2	Operations Manager	D	1	3,685.00	12	10%	4,422.00
	Regular supervision and monitoring of the regional and field offices activities; Monitors, supervises and coaches staff during visits to regional offices; Plans, manages, control organizes, and ensures technical support for high quality implementation of projects based on approved LFAs, following a holistic approach i.e. survey and design, ground water monitoring, hygiene and sanitation, and WASH areas and following the DACAAR implementation methodologies, approach and guidelines. The unit cost refers to their salary and other associated benefits. monthly salary= 3402, monthly benefits (severance= 283)						
1.3	Hygiene Supervisor (Regional Offices)	D	4	630.00	12	16%	4,838.40
	To oversee hygiene promotion activities being undertaken by the community based hygiene couples. These Supervisors (one male and one female) are based in the Regional Offices- for this project in DACAAR's North Regional Office (which will oversee operations in Balkh) and North-Eastern Regional Office (which will oversee operations in Takhar and Kunduz). The unit cost refers to their salary. Four persons and monthly salary for each is 630 (no benefits)						
1.4	Regional Managers	S	2	2,205.00	12	16%	8,467.20

	Responsible for overall management of field offices' activities in their respective regions, and for coordination with various stakeholders such as relevant government authorities and other NGOs. Also conduct monthly monitoring visits to the operational areas. One Regional Manager will be based in DACAAR's North-Eastern Regional Office (overseeing operations in Takhar and Kunduz), whereas the other Regional Manager will be based in DACAAR's Northern Regional Office (overseeing operations in Balkh). The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =1984.5 USD, monthly benefits (food= 55 each and severance=165.5 each)						
1.5	Field Coordinator	D	2	1,000.00	12	16%	3,840.00
	Deliver quality field services in support of Regional Manager, Monitoring and supervision of projects on regular basis to make sure the implementation is in accordance with established planning schedule, and in donor compliance.One Field Coordinator will be based in DACAAR's North-Eastern Regional Office (overseeing operations in Takhar and Kunduz), whereas the other Field Coordinator will be based in DACAAR's Northern Regional Office (overseeing operations in Balkh). The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =859, monthly benefits (food=USD 55 each and severance= 86 each)						
1.6	Admin and Finance Officers	S	2	1,000.00	12	16%	3,840.00
	Financial data collection, checking, reconciling field and regional offices related expenditures, monthly money request plan, bank and cash reconciliation and coordinating expenses reports with program finance for further accounting process. Preparing monthly staff update list of field offices/and projects, rental vehicles and offices/ houses contracts follow up. They are based in the Regional Offices. The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =865.5, Monthly benefits (food= 55 each and severance=79.5 each)						
1.7	Admin Assistant	S	2	580.00	12	16%	2,227.20
	Responsible for providing logistical assistance to project staff. Based in Regional Office. The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =483.5, Monthly benefits (food=55 each and severance=41.5 each)						
1.8	Safety and Security Officers	S	2	600.00	12	16%	2,304.00
	Coordination on all Security related issues with UNDSS, ANSO, NGOs and local authorities to advise project staff on access and security. Regular supervision of guards, ensure that guards are constantly trained in all relevant field offices to understand their duties. Based in Regional Offices. The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =495, Monthly benefits (food=USD 55 each and severance=50 each)						
1.9	Drivers (for Regional Offices)	S	3	585.00	12	16%	3,369.60
	Responsible for driving Regional Managers and Field Coordinators to the field for regular oversight. The unit cost refers to their salary and other associated benefits. 3 persons and monthly average salary for each =488, Monthly benefits (food=USD 55 each and severance=42 each)						
1.10	Guards (for Regional Offices)	S	7	335.00	12	16%	4,502.40
	Guards provide round the clock surveillance to the Regional Offices. The unit cost refers to their salary and other associated benefits. 7 persons and monthly average salary for each =255 Monthly benefits (food=USD 55 each and severance=25 each)						
1.11	Cooks (for the Regional Offices)	S	2	350.00	12	16%	1,344.00
	Responsible for preparing staff lunch etc. The unit cost refers to their salary and other associated benefits. 2 persons and monthly average salary for each =269 Monthly benefits (food=USD 55 each and severance=26 each)						
1.12	Cleaners (for Regional Office)	S	2	325.00	12	16%	1,248.00
	Responsible for maintaining the cleanliness the Regional Offices. The unit cost refers to their salary and other associated benefits. 7 persons and monthly average salary for each =247 Monthly benefits (food=USD 55 each and severance=23 each)						
1.13	Field Officer/ Engineer	D	2	1,100.00	12	50%	13,200.00
	Responsible for ensuring that the drilling of the new water points is as per standards. They supervise the establishment of water points throughout. The unit cost refers to their salary and other associated benefits. 2 persons and average monthly salary = 1100						
1.14	Assistant Engineer	D	3	760.00	12	50%	13,680.00
	The assistant engineers also supervise the establishment of new water points, but will also oversee the establishment of emergency baths and latrines. The unit cost refers to their salary and other associated benefits. 3 persons and average monthly salary = 760						
1.15	Storekeeper	S	2	450.00	12	50%	5,400.00
	The storekeepers, one in each Regional Office, are responsible for maintaining WASH related stocks which are used for the project, in the stores (warehouses) in the offices. The unit cost refers to their salary and other associated benefits. 2 persons and average monthly salary = 450						
1.16	Foreman	D	3	650.00	12	50%	11,700.00
	Based in each of the field offices, they are responsible for the establishment of emergency baths and latrines. 3 persons and average monthly salary = 650						
1.17	Skilled Labor (for new water points and for operation and maintenance of existing but dysfunctional wells)	D	12	468.00	12	50%	33,696.00

	10 skilled labour are responsible for providing labor for the establishment of new water points. Usually a team of 3-4 skilled labors work on one water point at a time. *2 Skilled labour for the rehabilitation of previously non-functional water points. The unit cost refers to their salary and other associated benefits. 12 persons and average monthly salary = 468*						
1.18	Drivers (for field offices)	S	3	445.00	12	50%	8,010.00
	Based in each of the field offices (one each in Balkh, Takhar and Kunduz), they are responsible for transporting field teams to the target villages and back to the office. The unit cost refers to their salary and other associated benefits. 3 persons and average monthly salary = 445						
1.19	Guards (for field offices)	D	6	350.00	12	50%	12,600.00
	Based in each of the field offices (two each in Balkh, Takhar and Kunduz), they are responsible for the provision of round the clock surveillance to the field offices. The unit cost refers to their salary and other associated benefits. 6 persons and average monthly salary = 350						
1.20	Cook (for field offices)	S	4	350.00	12	50%	8,400.00
	Based in each of the field offices (in Balkh, Takhar and Kunduz), they are responsible for providing staff lunch etc. The unit cost refers to their salary and other associated benefits. 4 persons and average monthly salary = 350						
1.21	Operation and Maintenance (O&M) Supervisors	D	2	750.00	12	50%	9,000.00
	Based in each of the Regional Offices, the O&M supervisor takes lead on rehabilitation of water points. The unit cost refers to their salary and other associated benefits. 2 persons and average monthly salary = 750						
1.22	PHAST and CHAST Coordinator	D	1	1,500.00	12	50%	9,000.00
	Responsible for the overall supervision and management of PHAST and CHAST at community and school level. Supervise the PHAST and CHAST staff. Acquire approvals for engaging with schools from the Ministry of Education in Kabul and directorates of education at provincial level. The unit cost refers to the persons salary and all other benefits. 1 person and average monthly salary = 1380 and benefits (severance=120)						
1.23	Hygiene Promoters (PHAST and CHAST staff)	D	6	445.00	12	100%	32,040.00
	6 Hygiene Promotors: These promoters will be arranged in 'mahram' couples, hence a total of 3 couples, will be responsible for community mobilization and behavior change in the field for the beneficiaries using the PHAST and CHAST apporach. The male targeting the male members of the community, while the female targeting the females and children. The unit cost refers to their salary and all other associated benefits. 6 persons and average monthly salary = 445						
1.24	Finance Officer (Main Office)	S	1	590.00	12	20%	1,416.00
	Responsible for processing of vouchers received from the project expenses in the Main Office to produce monthly activity financial reports. The unit cost refers to their salary and other associated benefits. 1 person and average monthly salary = 545 monthly benefits (severance=45 each)						
1.25	Finance Specialist (Main Office) (expatriate position)	S	1	3,616.00	12	10%	4,339.20
	Responsible for assisting in proper financial management of the project include facilitation of audit, financial analysis and reporting and keeping track of budget versus expenses. 1 person and average monthly salary = 3616.						
	Section Total						**215,232.00**
Supplies, Commodities, Materials							
2.1	Establishment of new water points	D	55	1,500.44	1	100%	82,524.20
	This includes the costs of materials for the water points which include: approx 47 m of PVC casing and filter at $3 per meter, 47 m of PVC raising main at $2 per meter, a handpump set at $180, 6 cement (TW) bags at $7 per bag, drilling costs approximated at $931, a soak pit at $10, 20 grams of chlorine for chlorination for $0.002/gram, and small tools at $50. Details can be seen in the BoQs attached						
2.2	Rehabilitation of previously non-functional water points	D	70	160.00	1	100%	11,200.00
	This includes the costs of materials for the water points which include: approx 9 m of PVC casing and filter at $3 per meter, 10 m of PVC raising main at $2 per meter, a handpump set at $180 (not all will need a handpump set), 2 cement (TW) bags at $6 per bag, handpump spare parts (not all will need these spare parts) at $30, pipescheme network spare parts at $30, loading and un-loading of parts at about $10 and chlorination at about $0.04. Details can be seen in the BoQs attached						
2.3	Emergency Hygiene Kits	D	3325	29.25	1	100%	97,256.25
	This includes a bag made of cloth (60 cm X 110 cm) which will contain all the hygiene items at around $1.06, an aftaba with 1.5 l to 2 l capacity worth $0.32, 90 aquatabs at $0.04 per aquatab, 2 soft cotton dark colored cloths (about 2 square meters each) for menstrual hygiene at $1.23 per cloth, a leaflet detailing the use of the items and messages worth $0.20, a 20l capacity plastic jerry can at $3.38, 2 jerry cans of 10l capacity each at $1.66 per jerry can, Big metallic nail cutter at $ 0.21, ten 100 g Dettol soaps at $0.39 each, four 200 g laundry soaps at $0.26 each, 4 large toothbrushes at $0.34 each, 3 small toothbrushes at $0.26 each, two 154 g tubes of toothpastes at $0.84 each, one plastic thermos with cover and tap of 10 l capacity at $4.60 each, and $2 for shipment, loading and unloading. Details can be seen in the BoQs attached						
2.4	Emergency Baths and Latrines	D	1108	145.25	1	100%	160,937.00

	This includes the materials used for the establishment of emergency baths and latrines (this will be one unit). Each facility will be provided for a cluster of three families of the same extended family/ tribe. Details can be seen in the BoQs attached						
2.5	Solid Waste Management	D	1	1,300.00	1	100%	1,300.00
	This is a lumpsum cost for transporting solid waste from target villages						
2.6	Hand washing facilities	D	1108	12.00	1	100%	13,296.00
	Each emergency bath and latrine will also have a handwashing facility to promote improved hygiene behavior.						
2.7	KAP Studies	D	2	600.00	1	100%	1,200.00
	A Pre KAP and a Post KAP study will take place at the beginning and end of the project respectively, each study costing a total of $600. These studies will measure the baseline for hygiene and sanitation behaviors communities have, and will also measure the change in behaviors and practices as a result of the intervention						
2.8	Water Quality Testing	D	125	35.00	1	100%	4,375.00
	This includes sample collecting water samples ($5), the costs for physical and biological regents ($20 per test) and the costs for chemical regents (the total cost of the regent is $100 but only 10% is charged per sample as the regent conducts 10 tests in all), hence a total cost of $35. Each of the (50) new and (60) rehabilitated water points will be tested before being handed over to the communities						
2.9	PHAST	D	1	8,680.00	1	100%	8,680.00
	This includes launching of Participatory Hygiene and Sanitation Transformation approach for improved Hygiene and Sanitation Behavior among the targeted communities. It involves creation of Hygiene and Sanitation Committees, training them as well as local government, DACAAR and other key stakeholder staff on PHAST approach, identification and analysis of needs, prioritization and planning, engaging in behaviour change activities and initiatives and monitoring and evaluating impact of the activities on the communities targeted. Refer to BoQ for PHAST in the document tab						
2.10	CHAST	D	1	8,536.00	1	100%	8,536.00
	This includes launching of Children Hygiene and Sanitation Training (CHAST) approach at 10 schools in the targeted communities including establishment of Hygiene and Sanitation Committees involving parents and teachers, training of these on CHAST approach, establishment of Health Clubs in schools and through these clubs engaging in Hygiene and Sanitation related competitions and games. *this also involved distribution of CHAST kits to each schoolwhich includes three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc. Refer to BoQ for CHAST in the document tab*						
2.11	PHAST and CHAST training and exposure	D	1	6,000.00	1	100%	6,000.00
	The WASH Adviser and two other WASH technical staff will participate in a regional (south asia) PHAST and CHAST training and exposure. These staff will then share their learning and experiences with other relevant DACAAR and government staff through organization of training programs. Cost breakdown included BoQ attached.						
	Section Total						**395,304.45**
Equipment							
3.1	Camp Accomodation	S	1	800.00	1	100%	800.00
	Material to be purchased for field offices such as blankets, pillows, mattresses etc since for security reasons, staff visiting the field for monitoring or other activities stay in the offices. This is a lumpsum amount						
3.2	Vibrator	D	1	600.00	1	100%	600.00
	Vibrator will be used in concrete work which will help to place and mix properly the cements, sand, gravel and water especially in construction of aprons around the newly drilled wells. Using the vibrator will increase the life of wells apron and will prevent wells water contamination						
3.3	Wheel Barrows	D	4	60.00	1	100%	240.00
	Wheel Barrow will be used for shifting the raw materials (sand, stone, gravel, cement bags etc.) for construction of wells apron						
3.4	Office Furniture	S	1	500.00	1	100%	500.00
	Office Furniture will be purchased for newly established field offices under this project such as table, chairs, wall to wall carpets, filling cabinets etc. This is a lumpsum amount						
3.5	Apron Mould	D	2	570.00	1	100%	1,140.00
	Apron mold (frame) will be used for construction of aprons for newly drilled wells, apron mold will help to keep the shape of apron based on approved MRRD standard designed						
	Section Total						**3,280.00**
Travel							
5.1	Travel Costs for New Water Points	D	1	8,160.00	1	100%	8,160.00

	This has been calculated for all the water points and includes fuel, repair of vehicle and other associated DSA and travel expenses. Details can be seen in the attached BoQs						
5.2	Travel Costs for Rehabilitation of Water Points	D	1	11,620.00	1	100%	11,620.00
	This has also been calculated for all the water points and includes fuel, repair of vehicles, other costs associated with travel such as DSA and accommodation. Details can be seen in the attached BoQs						
5.3	Travel Costs for Hygiene Promotion (PHAST and CHAST)	D	1	15,300.00	1	100%	15,300.00
	This has been calculated for all the hygiene teams and includes rent of vehicles, fuel, repair of vehicles, and other costs associated with travelling such as DSA and accommodation. Details can be seen in the BoQs attached						
5.4	Travel Costs for Emergency Baths and Latrines	D	1	7,320.00	1	100%	7,320.00
	This has been calculated for all the emergency bath and latrines and includes fuel, repair of vehicles, and other costs associated with travelling such as DSA and accommodation. Details can be seen in the BoQs attached						
5.5	Travel Costs for Regional Offices	D	1	5,244.00	1	100%	5,244.00
	This has been calculated for both the Regional Offices and includes costs such as fuel, repair and maintenance, rented vehicles (for different teams) etc. The details can be seen in the BoQs attached						
5.6	Air Travel for M&E	D	2	300.00	2	100%	1,200.00
	This includes air travel for a team of 2 people each for semi-annual visits to the project sites.						
	Section Total						**48,844.00**
General Operating and Other Direct Costs							
7.1	Operational Costs for New Water Points	D	1	5,514.00	1	100%	5,514.00
	These include operational costs for all the new water points and includes house rent, utilities, other small tools, printing and stationary, office consumables, fuel for generators etc. The details cans be seen in the attached BoQs						
7.2	Operational Costs for Rehabilitation of Water Points	D	1	1,620.00	1	100%	1,620.00
	These include operational costs for all the rehabilitated water points and includes house rent, utilities, other small tools, printing and stationary, office consumables, fuel for generators etc. The details cans be seen in the attached BoQs						
7.3	Operational Costs for Hygiene Promotion (PHAST and CHAST)	D	1	2,254.73	1	100%	2,254.73
	These include operational costs for all hygiene activities and includes house rent, utilities, other small tools, printing and stationary, office consumables, fuel for generators etc. The details cans be seen in the attached BoQs						
7.4	Operational Costs for Regional Offices	S	1	19,540.00	1	100%	19,540.00
	This has been calculated for both the regional offices which will be directly involved in project implementation together and includes costs such as house rent, utilities, other small tools, printing and stationary, office consumables, fuel for generators etc. The details cans be seen in the attached BoQs						
	Section Total						**28,928.73**
SubTotal			5,893.00				**691,589.18**
Direct							615,881.58
Support							75,707.60
PSC Cost							
PSC Cost Percent							7%
PSC Amount							48,411.24
Total Cost							**740,000.42**
Grand Total CHF Cost							**740,000.42**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Takhar -> Taloqan	5	357	455	147	182	1,141	Activity 1.1.1 : Rehabilitation of previously non-functional water points

Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases.
Activity 1.1.2 : Establishment of new water points
Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor.
Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area
Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.
Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.
Activity 1.2.1 : Establishment of emergency latrines and baths for displaced families
Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural

constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable

							communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change. Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention. Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place. Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.
Takhar -> Rostaq	5	350	462	154	196	1,162	Activity 1.1.1 : Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Activity 1.1.2 : Establishment of new water points Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities

and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor.
Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area
Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.
Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.
Activity 1.2.1 : Establishment of emergency latrines and baths for displaced families
Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an

insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.
Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families
Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention.
Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of

							Health Clubs where hygiene and sanitation competitions could take place. Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.
Takhar -> Dasht-e- Qala	6	406	539	175	231	1,351	Activity 1.1.1 : Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Activity 1.1.2 : Establishment of new water points Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor. Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The

caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.
Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.
Activity 1.2.1 : Establishment of emergency latrines and baths for displaced families
Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community

in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.
Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families
Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention.
Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place.
Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions.

The HAS will engage in hygiene and sanitation problem identification in their school, analyse and

							prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.
Kunduz -> Kunduz	43	2,996	3,997	1,302	1,701	9,996	Activity 1.1.1 : Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Activity 1.1.2 : Establishment of new water points Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor. Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination. Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated. Activity 1.2.1 : Establishment of emergency latrines and baths for displaced families Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation

facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural

							community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change. Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention. Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place. Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.
Balkh -> Nahr-e- Shahi	8	567	756	252	315	1,890	Activity 1.1.1 : Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne

and water washed diseases.
Activity 1.1.2 : Establishment of new water points
Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor.
Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area
Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.
Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.
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Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are

conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.
Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families
Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family

							will receive one kit during the course of the intervention. Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place. Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.
Balkh -> Dehdadi	33	2,317	3,094	1,015	1,309	7,735	Activity 1.1.1 : Rehabilitation of previously non-functional water points Description: Water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each repaired water source will seek to assist around 20 families each as per the MRRD policy, depending on the flow of the water, which may be reduced in the event of an increase in the number of new IDPs arriving in the area. In case the water points are not protected (even if there is a concrete apron), if a natural drainage is available, then the concrete draining will be elongated towards it and the natural drainage will be used. In case a natural drainage is not available, then a soak pit will be made, which will be lined with boulders for water to be absorbed there. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Activity 1.1.2 : Establishment of new water points Description: In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR is proposing to establish new water points. As per DACAAR's SOPs, the location for these water points will be jointly selected by the beneficiary communities and DACAAR, however they will be established in areas where there is more than normal load on the existing water sources. Each water point (based on flow rate 7.5L/minute) will seek to benefit approximately 35 families (or 250 persons) as per Sphere Standards. Women will be involved in site selection for these new water points, whereby a minimum of 40% of the sites will jointly be selected by women beneficiaries. For maximum ownership of the communities in taking over these water points, they are involved from the very beginning. Communities will also contribute through the provision of unskilled labor. Activity 1.1.3 : Organize training on Operation and Maintenance (O&M) of handpumps for selected caretakers in the intervention area

Description: All caretakers are identified, and trained and introduced to the activity.Subsequently, they are the go-in-between the WUG and the site engineer, ensure that the agreed upon inputs from the community will be handled in a timely fashion and thereafter the caretakers will ensure good use of the water point, cleaning, maintaining and repairing. The caretakers will collect money for maintenance of the water point and eventually for the repairs. The caretaker will accompany the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. Apart from receiving training on the job, caretakers will also be trained on chlorination.
Activity 1.1.4 : Conduct water quality tests for all newly constructed and rehabilitated water points
Description: In order to ensure the quality of water supplied to affected people,water samples will be taken and analyzed to monitor water quality, especially chemical and bacterial quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out these bacteriological, chemical and physical tests. DACAAR undertakes bacteriological and physical tests for all while chemical tests on 10% of water points constructed/rehabilitated.
Activity 1.2.1 : Establishment of emergency latrines and baths for displaced families
Description: The spread of waterborne and waterwashed diseases is not only because of the lack of adequate safe water, but is also associated with lack of adequate sanitation facilities which forces people to defecate openly,hence DACAAR will establish emergency baths and latrines.In case where the displaced families are living in rented accommodation,as was seen during the needs assessment,then the baths and latrines will be established after the consent of the land owner.These latrines and baths will not be communal since due to cultural constraints,females have limited mobility and will not share facilities with males who are not a part of their immediate family.DACAAR seeks to construct one emergency latrine and bath per three families from the same tribe/extended family to ensure that sanitation needs of all members are met as per Sphere standards, and that women and children can safely use these facilities. Examples of the latrine and bath designs are included in the document tab. The decision as to which technology should be used will be made in collaboration with beneficiary and based on the given geographical location. Only MRRD approved standards will be used.
Activity 1.3.1 : Conduct Pre-KAP and Post-KAP studies in the target areas
Description: Pre and Post KAP surveys are conducted where the members of the community are asked a set of questions before interventions are started, and at the end of the intervention in a pre KAP and post KAP survey to record the situation after the intervention. The results of both the surveys are compared to measure the intended change in hygiene knowledge, awareness and practices. The surveys gives an insight into the hygiene situation at the beginning of the intervention and by measuring at the end of the intervention the project has an overall idea what has improved and what could be done better in the future. The pre and post KAP survey is a tool that gives DACAAR a) an indication of if the hygiene education effort has had any influence on the beneficiaries, and b) if there are any indications that the approaches and content might require changes.
Activity 1.3.2 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behaviour and practices
Description: DACAAR believes that only the provision of latrines and safe drinking water will not lead to sufficiently improved health outcomes

for the communities; hence,hygiene education is an integral part of its approach. PHAST (Participatory Hygiene and Sanitation Transformation) approach will be used. Under PHAST, DACAAR will mobilize communities in 32 targeted villages to establish Hygiene and Sanitation Committees (HAS) separately for male and female members of the targeted community in line with the Afghan culture. Each committee will have 5-7 members who will be trained in PHAST approach. They will engage in identifying and analyzing hygiene and sanitation problems in their community, prepare and implement action plan for meeting those problems, monitor their own progress and engage in a participatory evaluation to identify their impact in terms of behavior changes in their respective communities. DACAAR Hygiene Promotion Couples will visit each village once a month to monitor the progress of the HAS action plan and to support them technically as needed. The HAS committee will record their progress on a book provided by the Hygiene couple. The Hygiene couple will then have the responsibility ensure that they committee does record the progress on the book. They will also be responsible to verify the record.
DACAAR guidelines for PHAST is included in the document tab.
Activity 1.3.3 : Installation of hand-washing stations
Description: DACAAR's strategy includes not only providing access to safe water in rural community, but also to have a focused hygiene promotion group working simultaneously to get synergic impact. DACAAR will also set up hand-washing stations, one per each latrine established.Importance of hand-washing, including the proper way of washing hands and the crucial times of washing hands, in order to curtail the spread of easily avoidable communicable diseases will be emphasized as part PHAST and CHAST approach. These hand washing stations are an integral part of behavior change.
Activity 1.3.4 : Distribution of emergency hygiene kits for displaced families
Description: As part of the targeted hygiene sessions, the hygiene couples will also be distributing hygiene kits (the contents of which will be those approved by the cluster), which include specific sanitary items for women and adolescent girls, to achieve adequate behavior change. The couples, in their hygiene promotion sessions, will also explain the importance of each item in the kit in maintaining an adequate level of hygiene, and will also explain in detail on how to use these items properly. Each displaced family will receive one kit during the course of the intervention.
Activity 1.3.5 : Formation of Hygiene and Sanitation Committee (HAS), training them on CHAST,(Children Hygiene and Sanitation Training) providing them with CHAST kits and facilitating the committee to conduct school sanitation promotional activities. Formation of Health Clubs where hygiene and sanitation competitions could take place.
Description: Under the CHAST approach, DACAAR will engage schools in the targeted areas to instigate good hygiene and sanitation behavior and practice among school going children. Schools where large number of students from IDP families are enrolled will be identified and mobilized to adopt the CHAST approach. Teachers and some parents will be provided with awareness on CHAST approach and committees comprising of 5-7 members (teachers and parents) will be formed and provided with necessary training and kits (each kits including: three pile of sorting, disease transmission route games, WASH posters, sanitation promotion games, etc). The committee

							will then be supported in establishment of Health Clubs for students where they organize sanitation and hygiene related events at the school such as essay, song and drawing competitions. The HAS will engage in hygiene and sanitation problem identification in their school, analyse and prioritiize these problems and prepare action plans to tackle them through engaging in good practices. Behavior and practice changes are then measured and evaluated using qualitative tools.

Documents

Category Name	Document Description
Project Supporting Documents	Indicative List of Villages with Target Beneficiary Families and Target Water PointsOLD.xlsx
Budget Documents	BoQs for Establishment of New Water Points OLD.xlsx
Budget Documents	BoQs for Operating Costs for New Water Points OLD.xlsx
Budget Documents	BoQs for Travel Costs for New Water Points OLD.xlsx
Budget Documents	BoQs for Rehabilitation of Water Points OLD.xlsx
Budget Documents	BoQs for Operating Costs for Rehabilitation of Water Points OLD.xlsx
Budget Documents	BoQs for Travel Costs for Rehabilitation of Water Points OLD.xlsx
Budget Documents	Description and BoQs of Emergency Hygiene Kits OLD.xlsx
Budget Documents	BoQs for Operating Costs for Hygiene Education OLD.xlsx
Budget Documents	BoQs for Travel Costs for Hygiene Education OLD.xlsx
Budget Documents	BoQs for Emergency Latrines and Baths OLD.xlsx
Budget Documents	BoQs for Travel Costs for Emergency Latrines and Baths OLD.xlsx
Budget Documents	BoQs for Operating Costs for Regional Offices OLD.xlsx
Budget Documents	BoQs for Travel Costs for Regional Offices OLD.xlsx
Project Supporting Documents	Emergency Bath & Latrine design.pdf
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	CHAST Approach by DACAAR.pdf
Project Supporting Documents	PHAST Approach by DACAAR.pdf
Project Supporting Documents	Types of Latrines by Cluster and MRRD.pdf
Project Supporting Documents	Emergency Latrine.pdf
Project Supporting Documents	CHF.pdf
Project Supporting Documents	Master Report Needs Assessment of Balkh Province.docx
Project Supporting Documents	Master Report Needs Assessment of Kunduz province.docx
Project Supporting Documents	Master Report Needs Assessment of Takhar province.docx
Project Supporting Documents	DACAAR Beneficary breakdown CHF proposal.xlsx
Project Supporting Documents	Indicative list of villages NEW 8 OCT.docx
Project Supporting Documents	DACAAR Beneficary breakdown CHF proposal 11 Oct NEW.xlsx

Budget Documents	BoQ of Lat & Bath 8 OCT NEW.xlsx
Budget Documents	BoQ of Lat & Bath 8 OCT NEW.xlsx
Budget Documents	BoQ of new Wells 8 OCT NEW.xlsx
Budget Documents	BoQ of PHAST & CHAST 8 OCT NEW.xlsx
Budget Documents	BoQ of Reactivated Water Points 8 OCT NEW.xlsx
Budget Documents	BoQ of Regional Offices & Program 8 OCT NEW.xlsx
Budget Documents	BoQ of Water Quality Testing 8 OCT NEW.xlsx
Budget Documents	CHF North Budget including all BoQs - Latest 21 Oct 15.xlsx