

<b>Requesting Organization :</b>	Christian Aid			
<b>Allocation Type :</b>	2015 2nd CHF Standard Allocation / Call for Proposals			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
WATER, SANITATION AND HYGIENE		100.00		
		<b>100</b>		
<b>Project Title :</b>	Improving water and sanitation facilities for IDPs in Jawzjan Province.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-15/3481/SA2/WASH/INGO/425	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	259,947.85	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/12/2015	<b>Planned End Date :</b>	30/11/2016	
<b>Actual Start Date:</b>	01/12/2015	<b>Actual End Date:</b>	30/11/2016	
<b>Project Summary :</b>	<p>The village of Naw Abad-e-Eid Mahala of Jawzjan province, which is located on the Sheberghan center of Jawzjan, is reaching a peak in its humanitarian crises, driven mainly by the influx of 7000 IDPs. These 7000 beneficiaries are all IDPs and there is no host community or catchment population in the target area. The IDPs resulted of conflict and they come from neighboring districts of Faryab like Almar, Qaisar, Darz Aab, Bilcheragh, Gerzivan and other neighboring conflict affected provinces including Sarepul and recently from Kundoz. The IDPs are living at a high risk of morbidity and death associated with lack of proper health services, clean and safe water and sanitation. The proposed project will contribute to the ongoing efforts by the development communities to reduce high rates of illness and death caused by poor sanitation, and lack of clean and safe water. The project will reach out to 7000 IDPs in a span of 12 months and will cover three components, namely –</p> <p>i) Improved access to adequate sanitation facilities.            ii) Improved access to safe drinking water and adequate water for domestic and personal hygiene use.            iii) An increased understanding of key health risks related to WASH and adopting positive hygiene practices.</p> <p>The project intendeds to start from 01/12/2015 with its initial part of identification of locations for proposed activities and looking to the challenges of extreme weather conditions will initiate the construction of sanitation facilities after two months of inception.</p> <p>The project proposes to construct 180 Latrines, 180 bathing facilities to the neediest people (3600) which includes and concentrates on women and children. While the project understands that some men will continue open defecation, limitations of funding for construction of more latrines and bathing facilities restricts this project to start the initiative with 360 units of latrines and bathing facilities.</p> <p>This proposed project will be led and supervised by Christian Aid while day to day implementation will be managed by its long-term local NGO partner, Afghan Development Association (ADA). CAID staff based in Herat will work closely with partner and provide technical and management oversight.</p> <p>Christian Aid and its partner ADA are conscious of the need for joint communication planning. One of the key objectives of the communication plan is to communicate the project's activities and the source of donor funding (CHF). Christian Aid and implementing local NGOs would maintain a high degree of transparency and accountability towards its donor as well as to the target beneficiaries and other stakeholders.</p> <p>The conditions for implementing WASH projects in Jawzjan Province are extremely difficult. In many parts of the province, the safety of the staffs is not guaranteed neither is the minimum required supporting infrastructure available. This poses severe administrative, logistical and security problems for project implementation, thus making the implementation time consuming, relatively costly and challenging.</p> <p>The Now Abad Eid Mahalla is all IDPs and they come from other places, they are using muddy open areas as sanitation facilities with a simple pit with muddy wall 1 meter and very risky for women and children to use them, there is not strong foundation to rehabilitate and our new facilities designee is strong fountain with stone masonry.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>

1,900	2,000	1,400	1,700	7,000
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**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,900	2,000	1,400	1,700	7,000

**Indirect Beneficiaries :**

Host communities in and around the target area (Naw Abad-e-Eid Mahala) will indirectly benefit from the proposed project as pressure will ease on their limited WASH facilities and services. Similarly, these communities will also benefit from having a cleaner environment and improved hygiene knowledge and practices for all.

**Catchment Population:**

The total population of the catchment area is 7,000 IDPs.

**Link with allocation strategy :**

The project will be implemented in the center of Jawzjan Province prioritized under the WASH strategic priority 1st and 2nd standard allocation of CHF 2015. The proposed intervention will target 7,000 Internally Displaced People (IDPs) {1000 families with average size of a family counted 7 percent during need assessment} living in Naw Abad-e-Eid Mahala village of Jawzjan Province. It has been prioritized for WASH support as the province received high influx of IDPs, which is in turn putting pressure on already limited resources and services available for IDP. The target area is chosen in coordination with local coordination forums. In Jawzjan, the identified village for project intervention is a remote area of the city. A significant number of IDPs are living in poor conditions in these areas in self-constructed and rented houses. There is a significant gap in terms of integrated response by the humanitarian actors in the target village. Due to the non-availability of sufficient funding (especially in the WASH sector) and high number of IDPs, there is a big gap in WASH response in the areas which is also highlighted in OCHA's situation updates and discussed in the WASH Cluster at national and provincial levels. In line with the WASH Strategic Priorities under the SRP, the proposed project will contribute to improving access to safe drinking water and emergency sanitation facilities for the target IDP beneficiaries as well as towards improving their understanding of key health risks related to WASH and adopting positive hygiene practices. Specific activities will include: provision of water supply through digging boreholes, installation of hand pumps and water chlorination; construction of emergency latrines and bathing shelters; and hygiene kit distribution and hygiene promotion activities.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
Afghan Development Association(ADA)	National NGO	229,942.00
		<b>229,942.00</b>

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Eng.Mohammad Yaqoob Rauf	Senior Programme Officer	YRauf@christian-aid.org	+93 799 20 55 57
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**BACKGROUND**

**1. Humanitarian context analysis**

The humanitarian crises in Jawzjan province are multifaceted related to the lack of human development and human security services. Jawzjan province is situated on extreme north of Afghanistan bordering with Turkmenistan and Uzbekistan. Further intensification of conflicts and unrest situation will result in additional IDPs. It is observed that around 8 families which include 56 individuals have recently come to the proposed target area from Kundoz and they will be accommodated in the project target ( 7000). Over-all intensification of the conflict during the first six months of the year has resulted to civilian casualties and sharp increase in conflict-induced displacement in many parts of the country particularly in the Northern provinces. In the province of Jawzjan, over-all IDP figures are reported at 1,485 families or 10,745 individuals (PDoRR, Sept 2015). Recent intensification of violence from armed-opposition groups like Taliban, Daesh (ISIS), and criminal elements, followed by state military operations forced people to flee their homes. Like many other areas in the country, the areas where the IDPs found safety and temporary shelter are impoverished communities where basic services are limited. The IDPs have mainly come from Faryab's Almar, Qaisar, Darz Aab, Bilcheragh and neighboring conflict affected provinces including Kundoz and of Sarepul. The intensification and dispersion of conflict meant inaccessibility in many conflict areas including access for humanitarian assistance. IDPs struggle to meet their specific needs resulting from their displacement, in particular when it comes to accessing water, food, housing and employment. These challenges are most pronounced in areas where they are inaccessible and as their displacement becomes more protracted. Further suffering for the people of Jawzjan including the IDPs was also caused by unseasonal snowmelt and heavy rains in July this year. The snowmelt caused riverbank erosion and flooding in downstream areas affecting around 500 families who lost their homes, harvest and income. There are very limited sources of income and livelihoods for the IDPs in the province aside from the occasional low-paid daily labour available around the center. Many IDP families rely on help from their relatives and friends for daily survival. There is acute WASH and hygiene needs in the Naw Abad-e-Eid Mahala village where the IDPs are sheltered in mud huts, some left unfinished. Contaminated water is stored / used interchangeably for washing and drinking purposes. In some villages where piped water has been installed, the water facility is non-functional due to power shortage at pumping stations. Main source of water are shallow tube wells and hand dug wells that have a high risk of contamination and insufficient to meet the needs of IDPs and host communities. Men and children are responsible for collecting, handling, storing and treating water. Defecation sites are either open fields or a corner just outside the IDP dwellings. There are only common bathing facilities available around the houses. Local health centers reported high prevalence of diarrheal and skin diseases. High prevalence of malnutrition among children under age 5 is observed. The project seeks to address these challenges by focusing on the sectors mentioned above that are not being supported by other institutions.

## **2. Needs assessment**

In the month of September 2015, Afgan Development Association (ADA) along with Provincial Directorate of Refugees and Repatriation (PDoRR) carried out a Need Assessment Survey in 8 villages of Jawzjan Province. The purpose of the Rapid Assessment was to provide an initial situation report, risk assessment, find available solutions, and make necessary recommendations. The Needs Assessment is triggered in light of the UNOCHA's second standard allocation. The methodologies followed during the assessment are as follows: a) collection of primary and secondary data in coordination with local stakeholders including PDoRR and communities, b) Focus Group Discussion with target communities (separate for men and women), d) WASH specific assessment and e) Risk and Vulnerability Assessment through FGD and Interviews. The assessment team was gender balanced; male and female members of the team conducted the FGDs and interviews with male and female groups respectively. Secondary data were collected from PDoRR, other relevant government offices (health centers) and other key stakeholders (CDC member, shora members and community elders). Around 60% of the respondents/FGD participants were female. The IDPs are spontaneously spread within the 8 villages with majority of them (65%) located in Naw Abad-e-Eid Mahala. The IDPs are housed primarily in mud huts, mostly incomplete. There are three communal wells in the village used as water source for drinking, domestic, and personal hygiene use for IDPs. In other villages, there are also communal wells (hand dug, shallow tube wells and drilled wells). Available water sources are insufficient - majority of those interviewed during the assessment say that they get much less than 15 liters of water per day to meet their minimum requirements. Very few households have appropriate water storage facilities. Water is collected twice a day, morning and evening using 20- liter jerry cans and transported in a wheelbarrow and then stored in different sizes of water vessels/containers at home. The general practice of collection of water is done by men and boys and hence the project does not envisage any cultural sensitivity on the usage of latrines and bathing facilities. 30% of the total population assessed in the villages lacked access to household latrine and used a corner of their house for defecation. This unsafe excreta disposal poses health, safety and security risks especially for women and children and the communities as a whole. There is no appropriate bathing and hand washing facilities for men and women, beside this, in all the villages assessed. Common bathing facilities available around the houses are insufficient and insecure for women. Over-all hygiene practices including hand washing appear to be very poor with less than 10% of those interviewed said they wash their hands with soap after using the toilet.

## **3. Description Of Beneficiaries**

The final selection of beneficiaries will be done by CA and ADA in cooperation with IDPs in Naw Abad-e-Eid Mahala village of Jawzjan City. The selection of beneficiaries will be done in cooperation with implementing partner, IDPs representatives, government authorities and other active stakeholders in the area. Project will ensure women participation through CDC, Shura Women Committee and Female Promoters. 10 WASH committees will be for women and 10 WASH committees will be for men with each committee having 7-10 persons. 7,000 IDPs have been staying in the village in the last six to 12 months and have received very limited humanitarian assistance since. They are exposed to a combination of risks such as highly inadequate and unsafe water facilities, poor sanitation facilities and hygiene practices, and lack of livelihood sources or income. Direct beneficiaries will be selected from among the IDPs who are: (a) not likely to return to their villages anytime soon; (b) those living in self-settled shelter and; (c) without access to appropriate WASH facilities and services. Priority will be given to and specific needs will be addressed for the most vulnerable and those with special needs such as women headed households, widows, children, elderly and the disabled. Addressing these specific needs will be made at different stages of the project implementation such as in the design and location of WASH facilities where safe and secure access will be the paramount consideration. For the effective implementation of the project, WASH committees, consisting of both men and women (where possible) will be established. CA and partner are proposing to provide WASH services in the target village, where minimum WASH packages will be provided to the target beneficiaries.

## **4. Grant Request Justification**

Christian Aid (CAID) recently has been assessed by the CHF qualified evaluators KPMG with a 'LOW RISK' grade and over 85% rating. This has added value for the organization. The USD 259,947.90 grant will contribute to help reduce the risk of illness and death among the most vulnerable IDPs from diseases associated with lack of proper health services, lack of clean and safe water, and poor sanitation. The conditions for implementing emergency assistance operations in Jawzjan Province are extremely difficult. In many parts of the province, the safety of the relief workers is not guaranteed neither is the minimum required supporting infrastructure available. This poses severe logistical and security problems for project implementation, thus making the operation costly and challenging. To ensure results, the assistance will include a significant level of community mobilization, involving health promotion and communication. CA will follow its standard strategy with one of the most important component on 'right to essential services'. This will ensure healthy lives, coping with emergencies and creating resilient livelihoods. Special focus will be on maternal and child mortality and preventable diseases like malaria, TB etc. CAID will provide all technical support and capacity in the complete project cycle starting from project design, grant management, use of online grant management system PROMISE, monitoring, reporting and evaluation. Afghan Development Association (ADA), established in 1990 (non CHF partner), is an active, experienced and trustworthy Afghan NGO which receives support from different donor agencies since 1990 in the sectors of WASH, Livelihood, Women's empowerment, Climate Change coping mechanism, Education (formal and informal), Peace building and emergency response. ADA has its presence in the provinces of Kunduz, Paktika, Baghlan, Uruzgan, Takhar and other provinces nearby. ADA has well-established regional office in Jawzjan province and over the years it has built up a good reputation with local communities in Jawzjan. ADA has extensive knowledge about local customs and their strong links with communities and local authorities has gained them acceptance in relatively insecure areas. ADA is a long standing partner of CAID that has implemented over 500 different WASH projects in all the regions over the last 25 years, both for emergency response and as part of longer-term development activities. ADA has reached more than 5,000 women through its health and hygiene education programs which includes provision of safe drinking water to vulnerable communities through installation of accessible hand pumps, digging of wells, introduction of door to door pipe line schemes, innovative methods of water supply through solar energy and water springs. ADA has always worked and still continues to work in close coordination with the government and relevant stakeholders, a fact that has contributed much to the increasing success rates of its projects. ADA responded to the IDP and returnee influx in Paktika Province in the year 2014, reaching 7,000 beneficiaries, with the funding and management support of CAID. This program covered provision of WASH services which included access to safe drinking water, emergency latrines, bathing facilities and hygiene kits. ADA is presently implementing a CHF-funded WASH project in Uruzgan province covering 7,500 beneficiaries in partnership with Norwegian Church Agency (NCA). ADA is involved in the ACBAR twinning program and is twinning with Action Aid especially on the CHF program. ADA and CAID has been in partnership since 2007 and implemented many project like WASH emergency program for North Waziristan with 400 Families refugees in Urgoon district of Paktika last year from Humanitarian Division fund of CAID, also CAID and ADA is implementing an ongoing project for mobilization of women in Frayab jail, ADA is much familiar with the region and has extensive experience from the past projects. CA

## 5. Complementarity

CA and its partner ADA has recently completed a 3 months project (starting from 07 August 2014 to 06 November 2014) in Urgoon district of Paktika province and supported Refugees by providing WASH facilities, digging wells, construction of bathrooms and latrines. The main aim of this project was to reduce the risk of water borne diseases and to ensure availability of clean drinking water by construction the drinking water and sanitation facilities. This project will compliment other activities of coverage of water by GIZ in the target area. ADA will also collaborate with other stakeholders like PDORR/ Provincial Department of Refugees and Returnees and ANDMA to complement their existing actions with the selected beneficiaries.

## LOGICAL FRAMEWORK

### Overall project objective

Reduced excess morbidity and mortality through provision of improved WASH services of the conflict affected IDPs in Jawzjan province.

## WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. WASH activities contribute to reductions in excess child morbidity	1. Excess morbidity and mortality reduced	50
Objective 3. WASH services are provided to populations affected by natural disasters and conflicts	3. Timely response to affected populations	50

**Contribution to Cluster/Sector Objectives :** Through proposed project Christian Aid and its partner will contribute to providing urgent and vital WASH facilities and services to 7,000 IDPs in Jawzjan province. Through the provision of safe drinking water, construction of emergency latrines and bathing facilities, conduct of hygiene promotion activities, the proposed project will directly improve the living and health conditions of IDPs.

### Outcome 1

Improved access to safe, appropriate and adequate WASH facilities and services for 7,000 IDP's by end of the project

### Output 1.1

#### Description

At least 3,600 (950 men, 1050 women, 1,600 children ) IDPs have been provided with appropriate and functioning latrines and bathing facilities that meet SPHERE standards. This corresponds to 514 households with an average family size of 7. The target beneficiaries are those who have no access to latrines and most likely be practicing open defecation.

#### Assumptions & Risks

- No further influx of IDPs in targeted areas
- The local security situation is sufficiently stable to implement the project as scheduled
- No major natural hazard/emergency occurring in the area
- IDPs willingness, acceptance and support to the project activities
- IDPs have positive approach to participate in WASH activities
- Local government authorities and government line agencies are supportive of the project
- Availability of and feasibility of transport for equipment, supplies and materials

### Activities

### Activity 1.1.1

Identification of location for construction of latrines and finalization of construction design  
 {This will be made in consultation with target beneficiaries, ensuring inclusion of specific vulnerable groups like women-headed households and those which have family members that are elderly, disabled, and young children, in coordination with local government and relevant government line agencies}

### Activity 1.1.2

Construction of 180 units of new emergency latrines  
 {The construction of emergency latrines (Dry Vault Latrines) will be in compliance with SPHERE standards (an average of 20 persons per latrine) and meeting the specific needs of women and children, older persons and persons with disabilities in terms of safety, privacy and appropriateness. Basic hand washing facilities will be provided in each of these latrines.

### Activity 1.1.3

Construction of 180 units of bathing and washing facilities  
 {The bathing and washing facilities will serve the same target beneficiaries for the emergency latrines, that is an average of 20 persons per facility. The structures will be built using locally available materials. In order to ensure protection and privacy needs of women and girls, each bathing facility will be equipped with door handles and locks. The drainage in the bathing facility will be connected to a soakage pit for collection of waste water. The soakage pit will be filled with gravel and bricks in order to absorb water.

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	Number of households provided access to a functioning sanitation facility					540
<b>Means of Verification</b> : : Field monitoring reports, case studies, feedback, latrine and bathing facilities design. Target : 1 latrine/bathing facility x 20 persons (180 latrines x 20 persons; 180 bathing facilities x 20 persons) 3600 individuals or 540 HH							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of latrines built					180
<b>Means of Verification</b> : Field monitoring reports, case studies, feedback, latrine and bathing facilities design. Target : 180 latrines x 20 persons/latrine							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of bathing facilities built					180
<b>Means of Verification</b> : Field monitoring reports, case studies, feedback, latrine and bathing facilities design. Target : 180 bathing facilities x 20 persons/ facility							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of women, girls, older persons, and people with disabilities whose specific sanitation needs are met					1,800

**Means of Verification** : Field monitoring reports, case studies , feedback, latrine and bathing facilities design  
 Target :at least 50% of the over-all target beneficiaries (3,600)

### Output 1.2

#### Description

7,000 IDPs (1900 men, 2000 women, and 3100 children) are provided with safe and adequate water for the purpose of drinking, domestic and personal hygiene.

#### Assumptions & Risks

- No further influx of IDPs in targeted areas
- The local security situation is sufficiently stable to implement the project as scheduled
- No major natural hazard/emergency occurring in the area
- IDPs willingness, acceptance and support to the project activities
- IDPs have positive approach to participate in WASH activities
- Local government authorities and government line agencies are supportive of the project
- Availability of and feasibility of transport for equipment, supplies and materials

### Activities

#### Activity 1.2.1

Identification of location for water points.  
 {This will include consultation with target beneficiaries, ensuring inclusion of specific vulnerable groups, and in coordination with local government and relevant government line agencies to ensure that sites are accessible to all and suitable i.e. free from contamination.}

#### Activity 1.2.2

Construction of borehole and installation of hand pumps (12 units)  
 {12 boreholes (12 to 14 inch diameter, 65 meters deep) will be drilled in identified locations and 12 units of hand pumps will be installed. ADA will ensure proper drilling with installation of casing, screens and gravel pack followed by a pump test to ensure availability of water with efficient water outflow. Water spillage from the hand pumps will be mitigated through connecting with soakage pit in order to avoid water stagnation.}

**Activity 1.2.3**

Provision of water storage container to 7,000 IDPs  
 {This will be 10L plastic buckets with lid which will be part of the hygiene kit distribution}.

**Activity 1.2.4**

Identification and chlorination of water wells in the target area  
 {Chlorination will be done on need basis in wells identified and tested for biological contamination. The treated water source will be monitored on a regular basis to measure the free residual chlorine at point of use within recommended standards. All water quality testing and treatment will be done in coordination with the WASH Committee and local authorities.}

**Activity 1.2.5**

Formation and training of WASH Committees  
 {20 WASH Committees will be formed from among the target beneficiaries/households at the start of the project. CAID and ADA will make efforts to ensure women representation in these Committees. These Committees will be take the lead on ensuring the proper use, cleanliness and functionality of water and sanitation facilities as well as in the implementation of hygiene promotion activities. They will be trained on the operation and maintenance of WASH facilities and ensure that all target households take part or reached in hygiene awareness sessions.

**Activity 1.2.6**

Formation and training of WASH Committees  
 {10 WASH Committees will be formed from among the target beneficiaries/households. They will be trained on proper use and maintenance of the WASH facilities. The Committees will be the primary source of information during monitoring and in gathering feedback of ADA and CAID on the use and condition of the facilities. They will also be focal persons in the design and implementation of hygiene promotion activities.}  
 Each committee of men 1 person will trained for maintenance and also will manage the spare part or establish saving box and ADA do TOR for these committee)

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of people in intervention areas provided with access to at least 15lpcd of drinking water					7,000

**Means of Verification** : Field monitoring reports, case studies and feedback  
 Target : 1,000 households x 7/HH

Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Number of water supply facilities installed					12
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**Means of Verification** : : Field monitoring reports, case studies, and feedback  
 Target : 12 boreholes with hand pumps

Indicator 1.2.3	WATER, SANITATION AND HYGIENE	Number of WASH Committees established and functioning					20
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**Means of Verification** : : Field monitoring reports, case studies and feedback  
 Target : 20 WASH Committees

**Output 1.3**

**Description**

7,000 (1900men, 2000women, and 3100children) IDPs and host community have increased understanding of key health risks related to WASH and adopt positive hygiene practices

**Assumptions & Risks**

- No further influx of IDPs in targeted areas
- The local security situation is sufficiently stable to implement the project as scheduled
- No major natural hazard/emergency occurring in the area
- IDPs willingness, acceptance and support to the project activities
- IDPs have positive approach to participate in WASH activities
- Local government authorities and government line agencies are supportive of the project

**Activities**

**Activity 1.3.1**

Development of hygiene key messages and design of promotion activities

{Based on the need assessment and available secondary information specifically available WASH Cluster materials, key hygiene messages will be identified. These key messages will then be the basis in designing HAP training and awareness sessions. Hygiene technical working group will be consulted for available resources and to avoid duplication.}

### Activity 1.3.2

Hygiene training and awareness raising sessions

{The two Hygiene Promoters recruited for this Project will conduct a series of hygiene training sessions firstly targeting the WASH Committees and with the support of the trained Committee members conduct the sessions to different groups in the community. The sessions will include the key messages identified in the need assessment and will cover issues around transmission, prevention and mitigation of WASH-related diseases and appropriate use and maintenance of WASH facilities as well as the use of hygiene kits. The sessions will address key behaviors and misconceptions and will target all use groups (men, mothers/women, children, girls and boys, older persons, etc.). These hygiene sessions will also serve as a practical way to facilitate community participation, downward accountability, and monitoring of activities.}

### Activity 1.3.3

Distribution of hygiene kits (1,000 units)

{Hygiene kits will be distributed to 1,000 IDP households. Each kit will contain the following: sanitary cloth, plastic bucket/water container, toothpaste & toothbrush, bleach/disinfectant, nail clippers, towel, shampoo .}

### Activity 1.3.4

Activity 1.3.4: Conducting KAP survey

The KAP survey will be done in order to collect information (baseline and end line) on hygiene knowledge and practices related to access, privacy needs, relevant culture and behaviours as well as to establish how disease is transmitted and the capacity of the community to develop response and mitigation strategies. The baseline will be used to measure the impact of the project towards the end of the implementation.

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	Number of people reached through Hygiene Promotion	950	1,000	700	850	3,500

**Means of Verification** : Field monitoring reports, case studies, feedback and KAP survey

Target : At least 50% of total target beneficiaries (7,000 x 50%)

Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of hygiene awareness sessions conducted					250
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**Means of Verification** : Field monitoring reports, case studies

Target : 250 sessions with 25-30 participants for each session

Indicator 1.3.3	WATER, SANITATION AND HYGIENE	Number of hygiene kits distributed					1,000
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**Means of Verification** : Field monitoring reports and Post distribution monitoring report

Target : 1,000 hygiene kits x 7,000 HHs

### Additional Targets :

### M & R

### Monitoring & Reporting plan

CA has a robust monitoring system defined at all stages of the intervention. The monitoring system is further strengthened based on the lessons learnt from the past. Project team will consist of Project Manager from CA with all project staff employed by partners this team will be closely supervised by CA Senior Programme team based field and country office. CA will work alongside ADA to provide timely and necessary support for project implementation. Project team will ensure project activities are being implemented efficiently and effectively by the local partner and financial procedures and timelines are adhered to. Partners will develop and agree on a joint, result-based MEAL (monitoring, evaluation, accountability and learning) framework at the beginning of the project which will be in line with the project logical framework, work plans and agreed standards and guidelines. Partners will share the monthly narrative and financial progress reports on prescribed formats, highlighting the outputs, project processes, challenges and lessons learnt. Project implementation team from CA and ADA will ensure monthly monitoring visits to fields and will share written feedback on necessary improvements and adjustments. Regular monitoring visits to project areas will be undertaken to plan activities and provide necessary support. CA and ADA has number of controls in place to ensure good partnership including signed and regularly updated partnership agreements, funding and reporting agreements developed for individual project work and ongoing relationship development with individual partners with capacity development and training offered so as to ensure compliance with key standards. There will be fortnightly meeting of key project staff with CA Project Manager to ensure that information is shared among project staff. CA will provide a range of technical and monitoring supervision which will include regular meets and visits and assistance with implementation. CA and ADA programme and monitoring staff will monitor activities through monthly field visits and written feedback will be provided on necessary improvements and adjustments. Data will be collected through case studies, photos, field observation and communities' feedback. The implementing partners staff involved in the action will receive training on the monitoring system, tools and routines. Staff from the finance department will follow up on expenses and provide information to the management. ADA and CA Security Advisor will work closely with partners and programme staff for the risk analysis and developing security management plan accordingly. The monitoring efforts will focus on the process, that is, inputs, progress of activities, status and delivery of results as described in the proposal, logical framework and agreements with partners. Compliance with donor regulations, national laws, and standards will be part of the monitoring. ADA Programme staff responsible for the implementation of this action will work closely in monitoring and evaluation. Partners' organizations will operate on a clear and transparent administration. Both financially and on project content. At the end of the supervision and monitoring, the partners monitoring team will write down a monitoring report and submits it to CA. Moreover, CA welcomes any monitoring/supervision and/or evaluation by the respected donor organization.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Identification of location for construction of latrines and finalization of construction design {This will be made in consultation with target beneficiaries, ensuring inclusion of specific vulnerable groups like women-headed households and those which have family members that are elderly, disabled, and young children, in coordination with local government and relevant government line agencies}	2015												X
	2016	X	X										
Activity 1.1.2: Construction of 180 units of new emergency latrines {The construction of emergency latrines (Dry Vault Latrines) will be in compliance with SPHERE standards (an average of 20 persons per latrine) and meeting the specific needs of women and children, older persons and persons with disabilities in terms of safety, privacy and appropriateness. Basic hand washing facilities will be provided in each of these latrines.	2015												
	2016			X	X	X	X	X					
Activity 1.1.3: Construction of 180 units of bathing and washing facilities {The bathing and washing facilities will serve the same target beneficiaries for the emergency latrines, that is an average of 20 persons per facility. The structures will be built using locally available materials. In order to ensure protection and privacy needs of women and girls, each bathing facility will be equipped with door handles and locks. The drainage in the bathing facility will be connected to a soakage pit for collection of waste water. The soakage pit will be filled with gravel and bricks in order to absorb water.	2015												
	2016			X	X	X	X	X					
Activity 1.2.1: Identification of location for water points. {This will include consultation with target beneficiaries, ensuring inclusion of specific vulnerable groups, and in coordination with local government and relevant government line agencies to ensure that sites are accessible to all and suitable i.e. free from contamination.}	2015												
	2016		X	X	X								
Activity 1.2.2: Construction of borehole and installation of hand pumps (12 units) {12 boreholes (12 to 14 inch diameter, 65 meters deep) will be drilled in identified locations and 12 units of hand pumps will be installed. ADA will ensure proper drilling with installation of casing, screens and gravel pack followed by a pump test to ensure availability of water with efficient water outflow. Water spillage from the hand pumps will be mitigated through connecting with soakage pit in order to avoid water stagnation.}	2015												
	2016				X	X	X	X	X				
Activity 1.2.3: Provision of water storage container to 7,000 IDPs {This will be 10L plastic buckets with lid which will be part of the hygiene kit distribution.}	2015												
	2016					X	X	X	X	X	X	X	

Activity 1.2.4: Identification and chlorination of water wells in the target area {Chlorination will be done on need basis in wells identified and tested for biological contamination. The treated water source will be monitored on a regular basis to measure the free residual chlorine at point of use within recommended standards. All water quality testing and treatment will be done in coordination with the WASH Committee and local authorities.}	2015													
	2016		X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.5: Formation and training of WASH Committees {20 WASH Committees will be formed from among the target beneficiaries/households at the start of the project. CAID and ADA will make efforts to ensure women representation in these Committees. These Committees will be take the lead on ensuring the proper use, cleanliness and functionality of water and sanitation facilities as well as in the implementation of hygiene promotion activities. They will be trained on the operation and maintenance of WASH facilities and ensure that all target households take part or reached in hygiene awareness sessions.}	2015													
	2016		X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.6: Formation and training of WASH Committees {10 WASH Committees will be formed from among the target beneficiaries/households. They will be trained on proper use and maintenance of the WASH facilities. The Committees will be the primary source of information during monitoring and in gathering feedback of ADA and CAID on the use and condition of the facilities. They will also be focal persons in the design and implementation of hygiene promotion activities.} Each committee of men 1 person will trained for maintenance and also will manage the spare part or establish saving box and ADA do TOR for these committee)	2015												X	
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.1:  Development of hygiene key messages and design of promotion activities {Based on the need assessment and available secondary information specifically available WASH Cluster materials, key hygiene messages will be identified. These key messages will then be the basis in designing HAP training and awareness sessions. Hygiene technical working group will be consulted for available resources and to avoid duplication.}	2015												X	
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.2: Hygiene training and awareness raising sessions {The two Hygiene Promoters recruited for this Project will conduct a series of hygiene training sessions firstly targeting the WASH Committees and with the support of the trained Committee members conduct the sessions to different groups in the community. The sessions will include the key messages identified in the need assessment and will cover issues around transmission, prevention and mitigation of WASH-related diseases and appropriate use and maintenance of WASH facilities as well as the use of hygiene kits. The sessions will address key behaviors and misconceptions and will target all use groups (men, mothers/women, children, girls and boys, older persons, etc.). These hygiene sessions will also serve as a practical way to facilitate community participation, downward accountability, and monitoring of activities.}	2015													
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.3: Distribution of hygiene kits (1,000 units) {Hygiene kits will be distributed to 1,000 IDP households. Each kit will contain the following: sanitary cloth, plastic bucket/water container, toothpaste & toothbrush, bleach/disinfectant, nail clippers, towel, shampoo .}	2015													
	2016		X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.4: Activity 1.3.4: Conducting KAP survey The KAP survey will be done in order to collect information (baseline and end line) on hygiene knowledge and practices related to access, privacy needs, relevant culture and behaviours as well as to establish how disease is transmitted and the capacity of the community to develop response and mitigation strategies. The baseline will be used to measure the impact of the project towards the end of the implementation.	2015												X	
	2016	X									X	X		

**OTHER INFO**

**Accountability to Affected Populations**

Christian Aid is a CHS/HAP certified agency and has mechanisms in place to ensure that all its humanitarian programming deliver on quality and accountability commitments most especially on downward accountability to affected populations. CAID Afghanistan contributes to these commitments with and through its local implementing NGO partners such as ADA within the context and challenges working in an insecure setting. ADA has a long standing relationship with its target communities and has been operational in Jawzjan province since last few decades where in many instances insecurity has kept most of the development and humanitarian organizations away. It enjoys the respect and trust of communities where it operates and works in a way where the communities are able to actively participate at all stages of the project.

For this response project, specific activities have been built in to consult and encourage active participation of the target beneficiaries. These include the following :

- community meetings to introduce/present the project
- door to door visits and interviews for beneficiary validation and household profiling
- consultations on the design, location, and construction schedule on the WASH facilities to be installed
- awareness raising and capacity building on hygiene promotion
- formation of WASH Committees
- establishment of a complaints procedure and mediation service to address IDP and complaints and feedback

A Project Committee composed of the local shora and representatives each from the IDPs, WASH Committee, women affairs and CDC will be established to support CAID and ADA in the monitoring of project activities and manage the complaints mechanism at the first instance.

The complex and evolving conflict context in Jawzjan and the rest of the country necessitates that serious consideration is made at every stage of the project to ensure that target beneficiaries and community are not exposed to further harm or insecurity while they participated in the project and activities do not contribute to or cause conflict and violence between them and or with other neighboring communities. Conflict sensitive approaches will be employed along with the participatory methodologies as outlined above. In addition to this, regular coordination with the Afghanistan National Security Organization and other relevant government and humanitarian actors in the area will be made to gather security updates, assess the situation and adjust activities accordingly.

CAID and ADA will have the overall responsibility of the project management and monitoring. Harmonization of the system and processes will be ensured through the partnership. Attention will also be given to qualitative cost-benefit analysis. CAID and ADA will ensure effective coordination amongst themselves. As Christian Aid adheres to Humanitarian Accountability Partnership (HAP) and International Principles of Accountability, from the planning to distribution the participation of different stakeholders including communities, union council and local government will be ensured with this process. The proposed project will ensure Complaint Response Mechanism (CRM) which will be in place from inception stage. Community led beneficiary households' selection and distribution process will be followed. Focus will be given on targeting most affected and vulnerable households.

CA and ADA aims to have limited administrative cost for the proposed project through support cost being covered by agency's core costs. Quality concerns are central to the CA and ADA working approach and will be targeting the most vulnerable. Moreover operations will be designed to promote and encourage equitable outcomes for vulnerable and marginalized groups within the general population. (Particularly marginalized communities, women headed households, People with Disabilities, elderly people and children and those with low access to basic services). surly the beneficiaries will be involv

#### **Implementation Plan**

Christian Aid will undertake project contract, monitoring, reporting and providing technical support for ADA and ADA will be responsible for implementation of project in the target area. Christian Aid will report to donor while ADA is responsible to share monthly progress report to Christian Aid. Joint monitoring between CAID and ADA will be made as and when security allows. The Project Committee at the community level will report to/work with ADA on a day to day basis to monitor the progress of the project and provide recommendations in addressing issues as they arise.

CAID's Senior Programme Officer based in Herat will provide project oversight and technical support to ADA. He will work closely with ADA's Provincial Manager who will serve as over-all Project Lead for ADA (spending 30% of his time for the project). A Project Supervisor will be recruited to manage the field implementation and the project team composed of a WASH Engineer, Community Mobilisers, Hygiene Promoters, Monitoring Officer, and Admin and Logistics Support.

Following the required process at central level with Ministry of Economy for receiving the approval for project implementation, ADA will share the project plan to the relevant local authorities and government Offices at provincial and district level. A project briefing/consultation with target IDP households will be convened at the earliest stage to present the project and encourage participation and ownership at the outset.

The canvassing, procurement, and delivery of equipment, supplies and services will be done by ADA from its Provincial Office following its procurement policy that meets donor requirements. Since the security is one of the main challenge in the area (both on road and in the area), therefore, ADA will make major purchase from the local market in Sheberghan and (provincial center). The preliminary survey shows that most of the required items including raw materials are available in the local market. Distribution will be done in coordination with community elders and government representative,

CAID and ADA will regularly participate in the cluster meeting at provincial and central level to share updates on the project. Coordination with other humanitarian organizations operating in the province will also be made outside of this cluster meeting where relevant. ADA follow procurement policy of CA and CHF to provide the materials from the local market or from neighboring provinces to not harm the market As per the north part of country climate context December to February is harsh winter and the construction work not possible and may it frizzed ,so we do it on the month of March when the weather get normal ,

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

Name of the organization	Areas/activities of collaboration and rationale
ZOA and GIZ, ANDMA, PDORR CDC ,	ZoA support IDPs in the area of health education by providing them awareness on hygiene promotion. GIZ supported IDPs on the provision of safe drinking water by digging 3 bore wells in the area. Save the Children addresses the issue of malnutrition to the families of IDPs.

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

A: Neutral Impact on environment with No mitigation

## **Gender Marker Of The Project**

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

## **Justify Chosen Gender Marker Code**

The project equitably supports and addresses the WASH needs of men, women, boys and girls. Specific gender mainstreaming strategies have been and will be employed at all stages of the project – from needs assessment to delivery of project outputs and outcomes. ADA ensured that at least one of the five member team which conducted the needs assessment was female separate FGDs and semi-structured interviews for men and women were made. The assessment collected information on the different gender roles with regards to WASH e.g. women and children collect water, women and girls are responsible for most of the WASH-related domestic chores such as cooking, cleaning, laundry, etc., and women are the ones who look after the health and hygiene needs in the family. Specific GBV concerns for women and girls surfaced in the assessment. The absence of toilet facilities meant that women and girls have the higher risk around privacy and safety when they have to use the open areas even just outside their homes. Long distance of the few available wells also meant longer exposures to potential risks for women and children collecting water.

The specific gender needs and vulnerabilities identified above have been factored in the design of the activities as well as in how the activities will be implemented. Separate bathing and washing facilities with door handles and locks will be built for men and women and location and design of the water facility and the latrines will take into account safety and security concerns for women and children. Women will be encouraged to attend consultation/community meetings; this will be supported by advocating with the men in the community on the importance of the women's participation. As much as possible, equal numbers of men and women will make up the WASH Committees as well as participation to hygiene promotion activities. CAID and ADA will endeavor to gather gender-disaggregated data for M&E.

## **Protection Mainstreaming**

Christian Aid's approach to protection is governed by the SPHERE Core Standards and Protection Principles, the Core Humanitarian Standards, the Do no Harm approach and the Action of Churches Together (ACT) Alliance Policy on Humanitarian Protection. CAID is committed to strengthening its capacity in protection mainstreaming and supports CAID Afghanistan and implementing partners to mainstream protection in to all its emergency programmes/projects. Specific to this project, CAID and ADA will continuously monitor and analyse the situation to identify protection threats, vulnerabilities and community coping mechanisms. Initial identification of these have been made during the needs assessment and in the preparation of this proposal. CAID and ADA will ensure that proper and regular coordination is made with other agencies and with the Protection Cluster, will provide information to target community on protection services available, and will adapt project activities to keep people safe e.g. separate male and female bathing facilities, locating these in safe and accessible areas, and installing door handles and locks.

CAID and ADA will endeavor to disaggregate data at every stage of the project cycle to understand the different experiences of men and women. Specific safety concerns for women have been included in the assessment and factored in the design of the WASH facilities to be installed. A safe feedback and complaints mechanism will be put in place that is accessible not only to IDPs but also host community members.

Protection will be accorded with utmost importance and will be mainstreamed as part of the continual monitoring. Through close monitoring CA and ADA will act quickly to identify and manage any protection issues emerging, special attention will be paid to protection of women, adolescent and children during the implementation of this project. During implementation, the project team will actively seek opportunities to prevent and minimize any unintended negative effects of the interventions which can increase people's vulnerability.

All target IDPs are staying in muddy ordinary shelters for short term. Therefore these families will have access to heaters, NFI, and FI in the coming cold winter. While these people moved in here from their villages from other parts of Jowzjan, they brought sufficient household materials. During needs assessment it was identified that some of these IDPs HHs have received WASH support by some JIZ like water well, but still large number needs this assistance especially on WASH. Given limited resources proposed action will identify most vulnerable and IDPa HHs to be covered under this action. It is expected that these IDPs will stay in Jowzjan for long term. Christian Aid and partner will consider the protection mainstreaming and coordinate with all stockholders.

CA and ADA through CDC, elders, Shura and women WASH committee to insure to include all beneficiaries, by providing safe drinking water, sanitation facilities like latrines and bathing we can protect all women, child red and disable and provide a safe place to be useable for all beneficiaries

## **Country Specific Information**

### **Safety and Security**

Christian Aid (CA) and ADA have clear and robust procedures for and expertise in security management. The corporate Security Manager sets and monitors standards throughout CA and provides advice and support. Country Manager/ representative are responsible for security in-country, and produce and maintain thorough Security Plans, giving security procedures specific to the context. The corporate Security Manager works closely with the Afghanistan Security Officers and Country Manager/ representative.

ADA Afghanistan has clearly laid down security procedures based on a comprehensive country security plan and supported by a detailed contingency plan in the case of an emergency security event. We coordinate closely with whole of government partners operating in Jowzan Province and operate under the guidance of CAID's security manual.

CA and ADA areas of operation didn't have any impact upon our movements to the field, we have our own security measures as usual that has kept us aside from such incidents so far, on the other hand our projects are accepted by community which is very important for CA to have cooperation of community. We will follow the same acceptance policy along with protection in order to perform the project successfully

### **Access**

The current security situation in Jowzjan is comparing better for implementation of this project. ADA had implemented development programme in the past and now presence in Jowzjan respectively with access to IDPs where these families are staying. ADA already implemented a project in same areas the project successfully was implemented without any security and access challenges. ADA will prepare seasonal implementation plan to complete the construction works before winter and flooding time. Sherberghan city and the place specially Now Abad of Eid Mahalla where CA and ADA have operation didn't have any impact upon our movements to the field, we have our own security measures as usual that has kept us aside from such incidents so far, on the other hand our projects are accepted by community which is very important for CA to have cooperation of community. We will follow the same acceptance policy along with protection in order to perform the project successfully

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Programme Officer	D	1	1,000.00	12	100%	12,000.00
	<i>One Programme Officer from Christian Aid will have overall responsibility and direction of Partner in all programme cycle management including ,coordination , monitoring , reportting , evaluation etc. This is only the salary.</i>						
	<b>Section Total</b>						<b>12,000.00</b>
<b>Travel</b>							
5.1	CA Programme and Finance Air Travel	s	2	100.00	2	100%	400.00
	<i>CA 2 staff travel cost to Jowzjan 2 times for monitoring(( flight 2 times 400 \$ + CA contribution on accommodation and food). Return flight per person is estimated \$200 from Herat-Mazar-Herat</i>						
	<b>Section Total</b>						<b>400.00</b>
<b>Transfers and Grants to Counterparts</b>							
6.1	Provide sub-grant to Christian Aid partner ADA ( saff salary )	D	1	6,361.00	12	100%	76,332.00
	<i>See attached budget and budget narrative. staff salary includes ( income tax and food allowance)</i>						
6.2	Supplies	D	1	10,479.16	12	100%	125,749.92
	<i>Borehole (4 inch x 35&amp;65 m),Chlorination of wells,Latrine Construction and Maintenance ,Bathing Construction and Maintenance ,Hygine Toolkit,KAP survey</i>						
6.3	Equipment	D	1	900.00	1	100%	900.00
	<i>Will purchase laptop computer for progarmme and camera for the field</i>						
6.4	Training	D	1	1,000.00	5	100%	5,000.00
	<i>250 Hygine Training session in the field for the Beneficiaries ( also this hygine training inculde bucket with lids)</i>						
6.5	Travel	D	1	60.00	4	100%	240.00
	<i>4 Monitoring Visits from the field the the implemetation of the program</i>						
6.6	General Operating and Other Direct Costs	D	1	1,810.00	12	100%	21,720.00
	<i>this allowaction if for Communication, office supplies, field office rent, fuel for generator, bank charge, vehicle rent and office Utility</i>						
	<b>Section Total</b>						<b>229,941.92</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office supply	s	1	50.00	12	100%	600.00

	<i>Daily CA office expenses including: ( Mobil card 200\$, stationery 200\$ , electricity 200\$)</i>						
	<b>Section Total</b>						<b>600.00</b>
<b>SubTotal</b>	10.00						<b>242,941.92</b>
Direct							241,941.92
Support							1,000.00
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							17,005.93
<b>Total Cost</b>							<b>259,947.85</b>
<b>Grand Total CHF Cost</b>							<b>259,947.85</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Jawzjan							

Jawzjan -> Shiberghan	100	1,900	2,000	1,400	1,700	7,000	<p>Activity 1.1.2 : Construction of 180 units of new emergency latrines {The construction of emergency latrines (Dry Vault Latrines) will be in compliance with SPHERE standards (an average of 20 persons per latrine) and meeting the specific needs of women and children, older persons and persons with disabilities in terms of safety, privacy and appropriateness. Basic hand washing facilities will be provided in each of these latrines.</p> <p>Activity 1.1.3 : Construction of 180 units of bathing and washing facilities {The bathing and washing facilities will serve the same target beneficiaries for the emergency latrines, that is an average of 20 persons per facility. The structures will be built using locally available materials. In order to ensure protection and privacy needs of women and girls, each bathing facility will be equipped with door handles and locks. The drainage in the bathing facility will be connected to a soakage pit for collection of waste water. The soakage pit will be filled with gravel and bricks in order to absorb water.</p> <p>Activity 1.2.2 : Construction of borehole and installation of hand pumps (12 units) {12 boreholes (12 to 14 inch diameter, 65 meters deep) will be drilled in identified locations and 12 units of hand pumps will be installed. ADA will ensure proper drilling with installation of casing, screens and gravel pack followed by a pump test to ensure availability of water with efficient water outflow. Water spillage from the hand pumps will be mitigated through connecting with soakage pit in order to avoid water stagnation.}</p> <p>Activity 1.3.2 : Hygiene training and awareness raising sessions {The two Hygiene Promoters recruited for this Project will conduct a series of hygiene training sessions firstly targeting the WASH Committees and with the support of the trained Committee members conduct the sessions to different groups in the community. The sessions will include the key messages identified in the need assessment and will cover issues around transmission, prevention and mitigation of WASH-related diseases and appropriate use and maintenance of WASH facilities as well as the use of hygiene kits. The sessions will address key behaviors and misconceptions and will target all use groups (men, mothers/women, children, girls and boys, older persons, etc.). These hygiene sessions will also serve as a practical way to facilitate community participation, downward accountability, and monitoring of activities.}</p>
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Documents	
Category Name	Document Description
Budget Documents	ADA Budget for CHF WASH in Jawzjan 10-09-15.xlsx
Project Supporting Documents	WC specific rapid assessment-Jowzjan.xlsx
Project Supporting Documents	ADA-Need Assessment Report from Jowzjan for CHF (2).docx
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	ADA-Need Assessment Report from Jowzjan for CHF (2) at the proposal development stage ..docx

Project Supporting Documents	BoQ for bathing space.xlsx
Project Supporting Documents	BoQ for Safe Emergency Latrine.xlsx
Project Supporting Documents	BoQs for bore wells.xlsx
Project Supporting Documents	BoQs for Hygiene Kits.xlsx
Project Supporting Documents	Dry Vault Latrine.pdf
Project Supporting Documents	MRRD- Sanitation Faciities Front View-Disgne (1).pdf
Project Supporting Documents	MRRD- Sanitation Faciities BackView-Disgne.pdf
Project Supporting Documents	ADA-Need Assessment Report from Jowzjan for CHF Update 18 October.docx
Budget Documents	ADA Budget for CHF WASH in Jawzjan 20-10-2015 Proposal.xlsx
Budget Documents	ADA Budget for CHF WASH in Jawzjan 20-10-2015 Proposal++S.xlsx