

<b>Requesting Organization :</b>	Agency for Technical Cooperation and Development		
<b>Allocation Type :</b>	2017 2nd Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
PROTECTION	Mine Action	10.00	
FOOD SECURITY AND AGRICULTURE		47.00	
WATER, SANITATION AND HYGIENE		43.00	
		<b>100</b>	
<b>Project Title :</b>	Enhancing Food Security, WASH and Protection support for Hard to Reach prolonged IDPs in northern Afghanistan		
<b>Allocation Type Category :</b>	Core activities		
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/SA2/APC-FSAC-WASH/INGO/6739
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	1,477,694.04
<b>Planned project duration :</b>	12 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	20/10/2017	<b>Planned End Date :</b>	19/10/2018
<b>Actual Start Date:</b>	20/10/2017	<b>Actual End Date:</b>	19/10/2018

<b>Project Summary :</b>	<p>This multi-sector Action addresses the food assistance/WASH needs of the most vulnerable/severely food insecure prolonged internally displaced person (PIDP) households and host community households in Faryab, Kunduz and Takhar provinces. The intervention also responds to beneficiaries' protection needs through promoting improved awareness of mines/explosive remnants of war (ERWs).</p> <p>The lead partner ACTED, along with project partners DACAAR and the Halo Trust, will carry out the following interventions:</p> <p>1) ACTED will provide cash for food assistance to 2,000 prolonged IDP households in the following provinces/districts: (1) Faryab: Almar and Pashtunkot (2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and (3) Takhar: Khwaja Ghar. Those identified as highly food insecure will receive USD 90 cash-for-food for a period of two months. ACTED's initial needs assessment (Annex IV – 2017) shows that currently over half of surveyed PIDP households reported having no food stocks, hence, the Action is urgently needed to ensure the food security of the most vulnerable target PIDPs does not worsen to crisis levels in the hunger season.</p> <p>2) DACAAR will conduct a 12-month WASH intervention targeting 17,500 IDPs in Kunduz. To improve access to safe drinking water, DACAAR will establish 70 new water points and rehabilitate a further 50 pre-existing water points, and provide water trucking for up to a maximum of 60 days, based on the cluster standard provision of 15 liters per person per day. DACAAR will also provide 600 hand washing facilities and distribute bio-sand filters (350 households). In addition, DACAAR will target 2,500 families for hygiene promotion trainings.</p> <p>3) The Halo Trust will carry out a 12-month intervention across five districts of Kunduz, providing Mine Risk Education sessions to 15,398 individuals. These sessions are designed to increase knowledge of the risks of ERWs and promote communication between communities and the organizations which carry out mine/ERW clearance. In addition, Halo will execute a Mine and ERW Impact Free Community Survey (MEIFCS). Subsequent surveys will be executed throughout the project as new sites are identified through local intelligence. Halo will also execute Spot Explosive Ordnance Disposal (EOD) of dangerous items.</p> <p>There is significant complementarity between partners' interventions in a number of areas. The partners established areas of access/programming are shared across the provinces, for instance Halo benefits from ACTED's infrastructure, access/acceptance in and knowledge of Kunduz province. Initial needs assessments (Annex IV) show that caseloads identified as the most food insecure also lack access to safe drinking water. ACTED and DACAAR's joint beneficiary selection will mean that all IDPs/host community members who demonstrate both FSAC and WASH needs will receive both forms of assistance. Additionally, cash-for-food/WASH assistance have been shown to lower the incentive for vulnerable communities to enter ERW contaminated areas to look for food/water.</p> <p>This Action features a number of integrated protection measures designed to address both generalized protection risks (such as through ACTED's Complaints Response Mechanism), as well as component-specific measures relating to each of the sectors. This Action integrates protection principles in the following ways: 1) During all partners' needs assessments, data on vulnerable groups, such as female/disabled headed households will be collected. ACTED will ensure that locations for distributions are safe/accessible to all, with women receiving their assistance separately and 2) Through surveying/clearing mines and ERWs, this initiative expands the scope of Action for other life-saving actions, improving access to aid for neglected communities through allowing both field staff/beneficiaries to live/operate more safely within post-conflict environments.</p>
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**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
87,474	92,339	160,348	145,799	485,960

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	61,232	64,637	112,244	102,059	340,172
Host Communities	26,242	27,702	48,104	43,740	145,788

**Indirect Beneficiaries :**

For the food security component, the provision of essential food assistance to prolonged IDP (PIDP) households across Faryab, Kunduz and Takhar provinces is likely to lessen the pressure on host communities. Across the three provinces, but particularly in Faryab, host communities often feel compelled to share their own limited food stocks with severely food insecure PIDP households. Similarly, regarding WASH, 50-56% of PIDPs use communal water sources, which also puts a strain on host communities in which the supply of water is unreliable (FAO, 2017). Through the provision of new communal water sources and the rehabilitation of existing ones, surrounding communities will benefit from an increased supply of safe drinking water. The provision of water trucking and bio-sand filters will also reduce the amount of water being drawn from existing communal water sources.

Through the cash for food modality, over the short term it is likely that local food producers and sellers will benefit from the increase in spending among the target communities.

For the mine/ERW component, the probability of new contamination is very high for Kunduz across all districts given the ongoing hostilities. Based on past precedents, 'blind munitions' (i.e. unexploded/unfired munitions) that pose a risk to everyone in their vicinity (e.g. mines and unexploded munitions) will be widespread, hence the indirect beneficiaries of surveying and EOD work include entire communities, the populations of which are very challenging to calculate prior to establishing a full understanding of contamination areas (EOD is an innately reactive activity). HALO has calculated beneficiary numbers based on total village populations in the five target districts in Kunduz. Survey/EOD teams are expected to reach approximately 10 communities per month per team. This estimation is based on Survey/EOD team's average in other conflict affected provinces. This totals 240 communities across the one-year proposed project. These community numbers are based on the gazetteer (list of communities known) from the Government. However, past experience has shown in reality overall population figures are far higher than government figures suggest.

#### **Catchment Population:**

Through the cash for food modality, the areas in which food insecure PIDPs reside will see a general improvement in socio-economic conditions, given the increment in the supply of money subsequently circulating the local economy. This will mainly apply to local shop keepers, as well as those working in primary and secondary industries supplying local agricultural produce, who will see increased revenues through sales to project beneficiaries. In addition, the dependence from food insecure PIDPs on host community households in these catchment areas will decrease, likely allowing an improvement firstly in their level of dietary diversity but also in their economic status.

For the WASH component, the ratio of target beneficiaries between IDPs and host community families will likely be approximately 70% IDPs, 30% host community members, hence the most vulnerable members of the catchment population are already integrated directly into WASH activities. In addition, the provision of hand washing facilities will mitigate the increasing instances of water borne diseases such as diarrhea often found in locales experiencing influxes of IDPs.

For Mine Risk Education/Explosive Ordnance Disposal, beneficiary numbers have been calculated based on total population (taken from DMAC and the governor of Kunduz) across the five districts of Kunduz divided by number of communities (306) and multiplied by 240 (the total number of districts survey/EOD teams expect to visit). These populations will benefit from greater awareness of local ERW hazards, following contamination surveying. This information (including mapping) will be shared with the provincial-level Afghanistan National Disaster Management Agency (ANDMA) and the Ministry of Defense. EOD teams will reduce the quantity of land contaminated by ERWs. This may include areas containing water sources, fertile agricultural/grazing lands and other natural capital which could then be exploited to improve livelihoods. Most crucially it will reduce the likelihood of injury or death from unexploded ordnance among the catchment population.

#### **Link with allocation strategy :**

This intervention aligns directly with the strategy of the Common Humanitarian Fund 2nd Standard Allocation, through providing life-saving assistance for communities in the provinces of Faryab, Kunduz and Takhar which are deemed the most underserved. Given the fact that various AOGs and anti-government groups now control or exert influence over these districts, this project only involves organizations with the proven capacity and experience to operate effectively within highly insecure areas while ensuring protection standards are maintained and protocols relating to staff security are stringently enforced throughout the whole project cycle.

The vulnerabilities of PIDP caseloads in Afghanistan are multifaceted; those facing severe food insecurity often suffer equally from poor access to safe drinking water due to their economic and geographic marginalization which create insurmountable barriers to accessing such basic resources. These vulnerabilities have been compounded by the severe limitations in access caused by rising levels of insecurity, rendering many of these communities inaccessible for the Afghan government and other traditional providers of humanitarian aid. All districts targeted in this intervention were pre-identified by OCHA as 'Hard to Reach' and containing significant numbers of IDPs. The Action draws upon the protection sectoral expertise of HALO to ensure the safest possible working environment for staff involved in Cash-for-Food distributions and WASH activities (promoting meaningful access), while also prioritizing the safety of staff and beneficiaries by providing education on mine/ERW awareness (prioritizing safety and avoiding causing harm).

The proposed intervention is aligned with the multi-sector priorities identified in the Humanitarian Response Plan (HRP) for 2017. The 2017 Humanitarian Needs Overview (HNO) has identified 3.6 million people in need of food security support, and the 2017 HRP targets 2.5 million of them for food security support. The Action will directly contribute to FSAC Cluster Objective 2 through ensuring timely and adequate continued and regular access to food during lean season for severely food insecure people, refugees and PIDPs at risk of hunger and acute malnutrition. Regarding the WASH component, the HNO 2017 identifies 2.3 million persons as in need of WASH assistance, 8% (285,000) of whom are displaced persons with category A status. This intervention will directly contribute to both WASH Cluster Objective 1 through ensuring timely access to sufficient quantities of drinking water, use of adequate and gender sensitive sanitation and appropriate means of hygiene practices by the affected population, and Objective 2, through ensuring timely and adequate access to WASH services in institutions affected by emergencies

According to the HNO 2017, families fleeing conflict faced multiple protection concerns which included ERWs and mines. Given the ongoing risk of secondary displacements, the risk of mine accidents is exacerbated as PIDPs are forced to move to areas with which they are unfamiliar, in addition to the fact that their resilience is reduced, making them resort to using peripheral/non-surveyed areas of land to address immediate water and food needs. Through incorporating capacity and experience of the Halo Trust, this intervention will contribute directly to the realization of the HRP's third Protection Objective, through fostering a protection-conducive environment to prevent and mitigate against protection risks, as well as facilitate an effective response to protection violations. By prioritizing MRE, the Halo Trust will allow both field staff and beneficiaries to live and operate more safely within a threat rich environment, improving access to WASH-related activities/infrastructure among water resource poor communities through mine/ERW clearance. Through these approaches, this Action contributes to Protection Cluster Objectives 1, 2 and 3.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$
Halo Trust	International NGO	137,814.00
Danish Committee for Aid to Afghan Refugees (DACAAR)	International NGO	596,228.28
		<b>734,042.28</b>

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

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Thibault Larose	ACTED Country Director	thibault.larose@acted.org	+93 (0) 728 427 169
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**BACKGROUND****1. Humanitarian context analysis**

Afghanistan remains highly dependent on international aid to maintain basic state functions, and chronic humanitarian needs persist throughout much of its territory. Ongoing clashes between AOGs and ANSF continue to displace thousands of people all over Afghanistan in 2017. Since the beginning of 2017, 202,109 people have fled their homes due to conflict across Afghanistan, including 88,000 people in the North and North-Eastern regions, representing 44% of the national total.

Food insecurity in Afghanistan is escalating, with almost 6% (1.6 million) of Afghans severely food insecure and another 34% (9.7 million) moderately food insecure at the national level (FSAC SRP 2017). The HNO has identified female and disabled-headed households as the most vulnerable groups in terms of food security. According to a recent study, published by the World Bank, calorie deficiency and severe calorie deficiency are widespread across the populations of all three target provinces, with over a quarter of Takhar's population (26.6%) affected by severe calorie deficiency. The proportion of the population suffering from protein deficiency ranges from 21% to 45.2% across the three provinces (The World Bank, 2012).

As demonstrated by REACH's recent report (2017) entitled: 'Multi Cluster Needs Assessment of Prolonged IDPs', the main reason accounting for most PIDP current displacement was overwhelmingly the threat of armed conflict or military operations, with 73% of PIDP respondents citing armed conflict as the key factor in their displacement, in comparison to only 8% who cited 'natural disasters.' According to REACH's report 'food' was the most commonly reported priority need among PIDP and host community households surveyed in 2016, with only 10% of those surveyed reporting that they had received any form of food assistance. Given such a gap in aid provision, it is no surprise that a quarter of PIDPs reported resorting to negative coping mechanisms such as skipping meals to ensure children are fed.

Displaced persons are also 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 HNO 2017 identified almost 3.7 million displaced persons (3.5 million conflict displaced, and 160,000 natural disaster affected) as in need of WASH assistance. REACH's aforementioned report shows how just under half of both PIDP and host community households have to walk under 20 minutes to access their primary drinking water source and 10-12% over 20 minutes. As it is predominantly women who collect water, such distance can present protection risks, especially in areas with ERW contamination. Displacements also add undue stress on the already meager resources of the host communities. 50-56% of PIDPs use communal water sources puts strain on communities in which supply is unreliable.

One of the biggest risks to the lives of Afghan civilians remains the high numbers of mines and ERWs, a legacy predominantly of the Russian occupation, but also of subsequent and ongoing internal conflicts. According to a study conducted by the Halo Trust, child and women casualties of ERWs increased by 23% during the first half of 2017 (women casualties (174 deaths and 462 injured)), compared to the same period in 2016. Kunduz province remains particularly afflicted. Despite considerable investment in mine clearance following the fall of the Taliban, information taken from the Mine Action Database reveals that 10,183,606m<sup>2</sup> of land in Kunduz province alone remains contaminated with mines.

**2. Needs assessment**

In August 2017, in order to capture the needs of PIDPs in Faryab, Kunduz and Takhar provinces, ACTED's Assessment, Monitoring and Evaluation Unit (AMEU) undertook an assessment of 1,060 households using a version of the HEAT, to allow for better understanding of food security levels and needs across all selected districts (see Annex IV).

Over half of surveyed PIDP households reported having no stocks suggesting a low level of resilience should further shocks ensue. Districts with the lowest levels of stocks included: Dashti Archi, where 62% report having no stocks, Qala-i-Zal where 64% report having no stocks, and Khwaja Ghar, where 76% report no stocks. PIDPs in Chahar Dara reported comparatively high levels of stocks with 79% reporting having sufficient food to cover their needs for up to 3 weeks.

PIDP households reported high levels of negative coping mechanisms: 71% of households reported needing to borrow food to cover household food needs. 78% reported limiting portion sizes, and 72% reported restricting the consumption of adult family members so children could eat. HEAT survey findings were largely consistent across the three provinces with 96% of households reporting access to markets sufficient to meet their families' needs i.e. within walking distance and possessing the necessary food stocks.

ACTED's assessment also collected WASH data on Kunduz: On average 68% of households report a hand pump as among their primary sources of water (multiple choice), 39% report a dug well, 19% report a stream/river, 1% report kandas, and 6% report piped water. Between the districts, respondents in Char Dara and Qala I Zal were shown to have the highest access to water, whereas Imam Sahib had the lowest. These findings reflect the results of REACH's 2017 report on prolonged IDPs (Multi Cluster Needs Assessment of Prolonged IDPs). This report also established that 38% of PIDP households assessed in the north (including respondents from Kunduz) reported having to walk more than 20 minutes to access drinking water. DACAAR's needs assessment (Annex VI) showed a higher average distance to water sources among IDP communities across Kunduz, for whom it takes on average 25 minutes to walk to the nearest water source. Boreholes and stream water were identified as the most commonly used source of water, however most boreholes are in a poor state of repair due to the lack of proper community management. The assessment also showed that existing water sources in the target areas were insufficient and unsafe (hence the need for water testing as included in Activity 2.1.7), and that the extremely poor sanitation conditions identified (such as widespread open defecation) are exacerbated by a very low level of hygiene education which further exposes the communities to a variety of diseases. Such findings highlight the need for a campaign of hygiene awareness raising and sensitization to change existing WASH practices, while providing the crucial household/community level facilities required to implement these practices.

To mitigate the increasing number of persons exposed to the risk of injury or death from mines/ERWs in Kunduz province, Halo's survey teams proposes to work in the five districts of the province, as identified in the CHF allocation strategy: Chahar Dara, Dashte Archi, Imam Sahib, Khanabad and Qalay-I-Zal. According to the Mine Action Database, from which the data for HALO's needs assessment was drawn, the proximity of communities in these districts to contamination varies between 500m in Imam Sahib to 5km in Chahar Dara. Halo's needs assessment also provides a district by district disaggregation of the exact area of land still under contamination. Across four out of five of the target districts 2,611,107 m<sup>2</sup> of land remains contaminated. By district this amounts to (1) Chahar Dara- 405,736m<sup>2</sup>, (2) Dashte Archi – 946,987 m<sup>2</sup>, (3) Imam Sahib – 63,705, (4) Khanabad – 1,158,385 m<sup>2</sup>. There is currently no data on Qala-i-Zal.

### **3. Description Of Beneficiaries**

This Action will target PIDP/host community caseloads in: 1) Faryab: Almar and Pashtunkot districts, 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal districts, and 3) Takhar: Khwaja Ghar district. The target caseload has been identified through field assessments conducted by ACTED and DACAAR in August 2017 (please see Annex IV and VI). The selected communities show both high levels of food insecurity (as evidenced by low stock levels, poor food consumption scores and other negative coping mechanisms) as well as poor access to safe drinking water and sanitation facilities (such as hand washing stations).

Beneficiary households will be selected through a household-level assessment, and prioritized based on a set of vulnerability criteria to be conducted in Month 1. The HEAT will be adapted to include food consumption and dietary diversity information. This level of information will allow the intervention to give precedence to female-headed, elderly-headed, and other most vulnerable households.

The FSAC component of the project will reach 2,000 households (approximately 14,000 individuals), including 300 households (approximately 2,100 individuals) in Faryab province, 1,600 households (approximately 11,200 individuals) in Kunduz province, and 100 households (approximately 700 individuals) in Takhar province.

In line with WASH cluster/SRP objectives, DACAAR proposes to provide emergency WASH services to populations displaced conflict in the five hard to reach districts of Kunduz. ACTED and DACAAR have harmonized their data collection tools to ensure both information linked to food security and WASH needs are collected and shared for all beneficiaries targeted. Beneficiary selection will be coordinated between the organizations to ensure all FSAC targeted households in Kunduz province are simultaneously eligible for the most relevant WASH related activities provided by DACAAR, corresponding with their demonstrated needs.

The WASH component will reach 17,500 individuals (PIDPs and host community members) in five districts of Kunduz provinces. The breakdown of beneficiaries is as follows: Chahar Dara (600 HHs, 4,200 persons), Dashte Archi (500 HHs, 3,500 persons), Imam Sahib (750 HHs, 5,250 persons), Khanabad (350 HHs, 2,450 persons) and Qalay-i-Zal (300 HHs, 2,100 persons). Depending on the needs assessment to be undertaken during the first month of the project each family will receive a WASH response in line with their specific needs which could include all, one or a combination of the selection of measures outlined in the work plan.

The Halo Trust has calculated beneficiary numbers based on those involved directly in MRE (15,398) separately from those benefiting from surveying and EOD activities. The latter has been calculated based on total population across the five target districts of Kunduz. Men, women, boys and girls have been split based on the population weighting for each district. This includes IDPs (prolonged/new) and host beneficiaries. The estimation of beneficiaries from survey/EOD activities per district is: 1) Chahar Dara – 57,970; 2) Dashte Archi – 67,642; 3) Imam Sahib – 178,880; 4) Khanabad -125,622; and 5) Qala-i-Zal – 53,147. Given the rapid nature of the FSAC and WASH responses, HALO will coordinate closely with ACTED and DACAAR to prioritize the scheduling of surveys/EOD in line with the scheduling/geography of Cash-for-Food distributions and WASH constructions/distributions. This will be organized on a case by case basis depending on the relevance of such surveying to the local context of each FSAC/WASH activity. Through regular meetings, the plans for ACTED/WASH activities will be known well in advance of implementation, allowing Halo to mobilize the necessary resources in cases in which surveying/EOD is deemed necessary.

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

ACTED was created in Afghanistan in 1993 and has been implementing a wide range of programs to assist communities throughout times of conflict, with both emergency and development programming.

ACTED has implemented two CHF-funded food security projects over the past few years, including an ongoing "Supporting vulnerable disaster affected and agriculture dependent families in Balkh and Badakhshan to address food security needs and to reengage in agricultural livelihoods" project (USD 254,167), and "Supporting conflict affected displaced persons in meeting their emergency food needs in the North of Afghanistan through voucher assistance" (USD 742,454) in Takhar and Faryab provinces. With WFP funding, ACTED has implemented a series of food security and food distribution projects in Kabul, including in the KIS; reaching several thousands of beneficiaries. ACTED also has been implementing cash transfer programming since 2012. In 2016, through the ERM, ACTED has supported 3,617 households with unconditional cash transfers across Baghlan, Takhar and Badakhshan provinces, reaching 27,315 shock-affected and displaced individuals with immediate, life-saving assistance. As part of projects funded by DFID, OFDA, CHF and ECHO (including the ERM 6) since 2012, ACTED has reached an estimated 44,830 households (about 313,810 individuals) in Afghanistan with cash transfers that aimed to cater for food, shelter, NFI, or fuel needs.

DACAAR was established in 1984 in Peshawar, Pakistan to provide lifesaving assistance to Afghan refugees who fled the Russian invasion of Afghanistan. In 1989, the organization started its projects inside Afghanistan delivering both lifesaving emergency assistance as well as longer term developmental interventions.

DACAAR has implemented projects with CHF funding under all allocations since 2015. These include: 1) 'Saving Lives Through WASH Response' which was completed on 30/04/2016 targeting 29,864 individuals in Nangarhar, Kunar and Paktya provinces with a budget of USD 700,000, 2) 'Emergency WASH Response for Displaced Populations in Northern Afghanistan' which was completed on 31/10/2016 targeting 23,294 individuals in Kunduz and Balkh provinces with a budget of USD 740,000, and 3) 'Stockpiling for emergency WASH response in Afghanistan' which is currently ongoing and to be completed on 30/09/2017 maintaining strategic WASH stockpiles for use by CHF partners in strategic locations (Kabul, Nangarhar, Kandahar, Herat, Balkh, Takhar and Kunduz) with a budget of USD 656,447.

The Halo Trust is the world's largest international humanitarian mine action organisation employing over 7,000 people in 18 countries and territories. This workforce includes over 3,000 Afghans in 24 provinces delivering mine clearance, mine risk education (MRE) and explosive ordnance disposal.

In 2017, the Halo Trust has so far reached 81,582 beneficiaries with MRE across thirteen provinces (including Helmand, Kandahar, Nangarhar and Nimroz) of which 47,110 were IDPs and returnees.

Halo has worked on a number of CHF projects in the past: 1) 'Reducing ERW Casualties Amongst Conflict-Displaced and Vulnerable People in Afghanistan' (\$250,845) (2016). Under this grant HALO deployed seven survey/EOD teams in Helmand, Kandahar, Kunar, Laghman, Nangarhar and Nimroz provinces and conducted 2,818 MRE sessions, reaching 99,941 direct beneficiaries. 2) 'Humanitarian Mine Action Activities in Support of the CHF Winter Response in Gulistan Refugee Camp, Khost Province' (\$500,000) (2015 2nd Reserve Allocation). Under this grant HALO cleared 18 hazardous areas in and around the Gulistan Refugee camp.

The combined experience of the three organizations included in this action represents significant added value for this grant request, with each organization possessing proven capacity to both operate safely in hard to reach areas and to excel in implementing projects within the specific component/area in which they will be working.

## **5. Complementarity**

The project has been designed recognizing the multi-faceted needs of IDP/PIDP households. Five principle areas of complementarity have been identified:

1. Localised WASH assistance has a clear impact upon the success of Food Security interventions: According to the HNO 2017, a lack of WASH facilities reduces the impact of health and nutrition interventions, as water borne diseases like diarrhoea have a strong association with chronic malnutrition among children. Food security is about ensuring for beneficiaries physical and economic access to sufficient, safe and nutritious food to meet their dietary needs, hence if the food being provided is causing negative health impacts as a result of water contamination, the success of the overall approach would justifiably be brought into question.
2. Complementarity with other ongoing ACTED projects: ACTED is simultaneously executing a number of emergency and development projects in the three target provinces of this project, most notably through the Emergency Response Mechanism. As a partner in the ERM, should there be a natural disaster/conflict displacement which affects the targeted communities of the CHF intervention, ACTED will be excellently positioned to provide additional shelter, WASH, food security and other aid to CHF beneficiaries through an alternative funding stream. In addition, ACTED's ongoing rural livelihoods programming through the World Food Programme in Faryab, Kunduz and Takhar, also targets host communities within the CHF target districts, and will lead to improved resilience among many of the same beneficiary host communities as are included in CHF. The focus on improving farming yields and food diversity represents a longer term solution for improving the food security of both PIDP's and host communities in these areas.
3. Access to Kunduz for Halo through partners: Given that HALO has not conducted MRE or mine clearance in Kunduz province since 2014, through working with partners who have maintained infrastructure, staffing and programming in this province, Halo will be able to re-establish its presence in hard to reach areas in which ongoing conflicts are likely to necessitate significant ERW clearances over the long-term. ACTED and DACAAR also possess more recent experience of working with PIDPs within the target areas, hence Halo will benefit from these pre-established links with communities.
4. Cash for Food/WASH assistance lowers the incentive to use ERW contaminated land: Halo has identified a number of behavioural trends which link FSAC programming with mine/ERW-related actions. Most prominently, the most vulnerable groups (i.e. PIDPs/returnees) are often forced to live or work in peripheral areas in which contamination by ERWs is more prevalent. Through providing cash for food/WASH assistance, there will be less immediate incentive for PIDPs to start using land for livelihood activities e.g. agriculture/livestock or travel over unknown areas to look for water sources (statistical data reveals that many of the women and children injured or killed by mines and ERW are engaged in collecting water), creating a window during which these areas can be cleared of mines/ERWs.
5. Improved Access to Land for WASH infrastructure/activities: The inclusion of Halo adds value to the wider intervention through guaranteeing an efficient and rapid response to fluid ERW clearance needs. This is particularly crucial given both the hard to reach (unknown) nature of many of the target areas, as well as the fact that Kunduz province was and remains an area of intense conflict, making it inevitable that certain areas will be highly contaminated by ERWs. HALO will be in position to monitor and respond at short notice to cases in which contaminated land are identified, and through information sharing/coordination with the other partners, can help shape safe alternative project approaches in unison with these partners.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To reduce the overall vulnerabilities of IDP and PIDPs through an integrated food security, WASH and mine action response.

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 1: Acute protection concerns, needs and violations stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner		SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict			100		
<p><b>Contribution to Cluster/Sector Objectives :</b> Protection objectives will be met through the provision of Mine Risk Education to both project staff and community members will promote the HRP's 3rd Protection objective, by supporting the creation of a protection-conducive environment in which protection risks stemming from remaining explosive remnants of war are successfully mitigated against. The project was designed in accordance with the current priorities, standards and requirements of the Protection Cluster.</p>							
<b>Outcome 1</b>							
15,398 conflict-displaced and vulnerable people receive life-saving Mine Risk Education and Information on ERW contamination collected to allow prioritization of resources and provide assistance; immediate physical protection provided by spot EOD							
<b>Output 1.1</b>							
<b>Description</b>							
770 MRE sessions delivered in 80 communities with 15,398 attendees in Kunduz: Chahar Dara, Dashte Archi, Imam Sahib, Khanabad, and Qalay-i-Zal districts.							
<b>Assumptions &amp; Risks</b>							
Based on its significant past protection experience, the Halo Trust has identified the following key assumptions and risks:							
Access:							
The first assumption is that teams will be able to locate displaced people, who in turn will be willing and interested in engaging in MRE. Contained within this assumption is a further expectation that teams will be able to access women and girls through partnership activities and through using mixed gender field teams.							
The risk is that there will be a deterioration in security that prevents access to locations where displaced people are living. To mitigate against this risk, the Halo Trust will work with ACTED to establish relationships with local authorities and councils, with Halo Trusts' survey teams coordinating with ACTED security staff to monitor the security situation on an ongoing basis. Across three partners, information sharing will also be key to stay aloft of security issues.							
Insecurity:							
The second assumption is that teams are able to deploy to communities without serious risk to their own security and with the support of partners, community members are able to provide information required by the survey and MEIFCS process (the village by village survey that assess contamination levels and clearance requirements). In Kunduz, there is an ever present risk of the resumption of conflict within the target communities. In addition, conflict actors and community members themselves have been known to oppose the disposal of ERWs. To mitigate against these risks, the project partners will work to secure guarantees from local community leaders that teams will be able to enter and survey areas identified suspected of contamination. HALO's teams will use only low profile vehicles and will be accompanied by paramedic teams. All partners will liaise with Afghan Government authorities on an ongoing basis to exchange information on planned activities and evolving threats. Work plans and team deployments will be adjusted to account for changing threats/flexible planning.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	SA2- Number of prioritised mine/ERW impacted individuals provided with Mine Risk Education	3,795	3,750	3,950	3,903	15,398
<p><b>Means of Verification :</b> Verified through mine risk education registration forms and pre and post evaluations. Overseen and quality assured by our experienced data officer, and Survey/Information Officer.</p>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Mine risk education and mobile, prioritised and responsive surveillance and demarcation of ERW in conflict impacted communities and spot-ERW clearance;</b>							
Mine Risk Education							
The survey teams will provide MRE to men, women, girls and boys living in vulnerable communities to increase their knowledge of the risks of explosive remnants of war (ERW) and of how to identify items and seek assistance, thus reducing the risk of accidents. MRE sessions will be delivered in Kunduz by two mixed-gender survey teams.							
<b>Output 1.2</b>							
<b>Description</b>							
80 communities surveyed for mine/ERW contamination and spot EOD conducted in communities contaminated in Kunduz: Chahar Dara, Dashte Archi, Imam Sahib, Khanabad, and Qalay-i-Zal districts							
<b>Assumptions &amp; Risks</b>							

Access:

The first assumption is that teams will be able to locate community members who are willing to talk to teams about ERW and contamination. Contained within this assumption is a further expectation that teams will be able to access women and girls through partnership activities and through using mixed gender field teams.

The risk is that there will be a deterioration in security that prevents access to locations where displaced people are living. To mitigate against this risk, the Halo Trust will work with ACTED to establish relationships with local authorities and councils, with Halo Trusts' survey teams coordinating with ACTED security staff to monitor the security situation on an ongoing basis. Across three partners, information sharing will also be key to stay aloft of security issues.

Insecurity:

The second assumption is that teams are able to deploy to communities without serious risk to their own security and with the support of partners, community members are able to provide information required by the survey and MEIFCS process (the village by village survey that assess contamination levels and clearance requirements). In Kunduz there is an ever present risk of the resumption of conflict within the target communities. In addition, conflict actors and community members themselves have been known to oppose the disposal of ERWs. To mitigate against these risks, the project partners will work to secure guarantees from local community leaders that teams will be able to enter and survey areas identified suspected of contamination. HALO's teams will use only low profile vehicles and will be accompanied by paramedic teams. All partners will liaise with Afghan Government authorities on an ongoing basis to exchange information on planned activities and evolving threats. Work plans and team deployments will be adjusted to account for changing threats/flexible planning.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	SA2- Number of individuals in prioritised mine/ERW impacted communities visited by EOD teams conducting surveyance, demarcation, and spot-clearance	119,085	117,664	123,946	122,467	483,162

**Means of Verification** : Means of Verification: The EOD conducted by CHF-funded teams will be spot-checked on a regular basis by senior operations staff, both expatriate and national. The disposal methods used and type of items destroyed are recorded by each team using a specific recording form, which is crosschecked and uploaded to HALO's database by the Data Processors, before being checked by the EOD Officer. Additionally, call-outs are monitored by requiring the staff to take photographs of each demolition; HALO's Global WAD Officer reviews these pictures on a monthly basis by the EOD Officer and his deputy, and on a quarterly basis.

A note on beneficiary numbers: As this activity is reactionary, it is hard to calculate the number of beneficiaries we might reach across the project period. New contamination is expected to be very high for Kunduz across all districts, and without yet having full understanding of contamination, beneficiary numbers here are based on total village populations of estimated communities visited, taking into consideration security. Survey/EOD teams are expected to reach approximately 10 communities per month per team. This therefore includes direct and indirect beneficiaries based on the idea that communities will benefit from the removal of ERW. However, previous CHF Protection/Mine Action indicators were '# of communities' – which is a better fit for this activity.

Activities

Activity 1.2.1

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

Mine and ERW Impact Free Community Survey

Halo will execute an initial sample of Mine and ERW Impact Free Community Survey (MEIFCS). This is a village-by-village survey that assess contamination levels and clearance requirements to support the Mine Action Programme of Afghanistan. MEIFCS' will be conducted throughout the project.

Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.

Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.

In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.

Activity 1.2.2

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

## Explosive Ordnance Disposal (EOD)

Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex (e.g. aircraft bombs), separate bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.

### Additional Targets :

## FOOD SECURITY AND AGRICULTURE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition	SO3: The impact of shock induced acute vulnerability is mitigated in the medium term	100

**Contribution to Cluster/Sector Objectives :** This project will contribute to FSAC's objectives by reducing the high levels of food insecurity identified in prolonged IDP populations/host communities through the provision of cash for food assistance. Interventions described below will feed into FSAC Objective 2 ("ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition"), while contributing to the 3rd objective of the HRP: (to ensure that "the impact of shock-induced vulnerability is mitigated in the medium term").

The project was designed in accordance with the current priorities, standards and requirements of FSAC.

### Outcome 1

The food security status of target PIDP households in Faryab, Kunduz and Takhar provinces is improved.

### Output 1.1

#### Description

2,000 households will be provided with 2 months of cash-for-food assistance in (1) Faryab: Almar and Pashtunkot districts, (2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qalay-i-Zal districts, and (3) Takhar: Khwaja Ghar district.

#### Assumptions & Risks

As part of the proposed action, ACTED has identified a number of risks that may affect project delivery. These risks include a sharp deterioration of the security context in target areas that could temporarily delay the implementation of activities; the occurrence of a large-scale natural disaster that may reduce physical access to target areas; and exchange rate or price fluctuations that would result in increased prices. ACTED however assumes that no significant deterioration of the security and humanitarian context will occur in target areas which would reduce the accessibility of target areas for protracted periods of time or reduce the relevance of the proposed action. Should exchange rate gains or losses occur, ACTED will engage OCHA to discuss an adaptation strategy, such as a slight modification to beneficiary target numbers.

As a CBI, specific risks have been identified relating to both the security of beneficiaries during and subsequent to cash distributions, as well as the potential for the diversion of funds. To mitigate against such risks, all distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders. ACTED will ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.

Given the choice of transfer modality used in this intervention it was essential that ACTED take steps to mitigate against the following financial risks which include: 1) Fraud – inaccurate information that leads to inappropriate prioritization, 2) Political corruption – whereby government officials may direct implementing partners to the 'most affected areas' within their constituencies, 3) Fraud and exploitation within the beneficiary selection process which may include the registration of individuals for reasons other than selection criteria (e.g. relatives of staff) or inappropriate demands being made in exchange for registration, 4) Corruption – such as the theft of cash at any point prior to receipt by beneficiaries, 5) Fraud within the monitoring and evaluation process – such as deliberate falsification of documents or failure to implement SOPs for the prevention or detection of fraud within the programme.

To mitigate against these risks, ACTED takes the following measures: 1) to ensure beneficiary prioritization is conducted in a transparent fashion, ACTED ensures all those conducting selection receive prior training to clarify the targeting criteria. Once the list of those selected is completed, this is then reviewed by ACTED's independent AMEU department based in Kabul, before being reviewed and approved by the relevant governmental department. Part of the role of the community mobilization sessions is to inform the community on how beneficiaries are selected and that the registration process is free. Through these processes, it is more likely that an informed community will come forward (via the complaints mechanism), should any abuses of the system outlined be detected. 2) Through a combination of randomized spot checks, carried out by AMEU staff (non-project staff) and ongoing internal review by the independent finance unit, the window for corruption (theft) is minimized. 3) To ensure that the monitoring of the project is not in itself an 'enabler' of fraudulent activity, ACTED ensures that AMEU staff at Kabul level provide ongoing monitoring of field monitors, and are conducting a consistent review role over the complaints mechanism.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	FOOD SECURITY AND AGRICULTURE	SA2- Reduction in percentage of prolonged IDP households with poor Food Consumption Score					80
<b>Means of Verification :</b> Baseline and endline data, as collected through beneficiary selection assessment and post-distribution monitoring							
Indicator 1.1.2	FOOD SECURITY AND AGRICULTURE	SA2- Number of cash interventions followed up with post distribution monitoring as per CHF requirements					100

<b>Means of Verification</b> : Post-distribution monitoring reports						
Indicator 1.1.3	FOOD SECURITY AND AGRICULTURE	SA2- Number of new and prolonged IDPs assisted on time with cash	7,070	6,930		14,000
<b>Means of Verification</b> : Beneficiary lists						
<b>Activities</b>						
<b>Activity 1.1.1</b>						
<b>Standard Activity : In-kind food ration /cash assistance to severely insecure prolonged IDP families. Findings of relevant assessments undertaken within the past 6 months will be a prerequisite for funding and must be submitted along with the proposal. All cash programmes will be in accordance with CHF Minimum Requirements for Cash –Based Programming and are required to conduct Post Distribution Monitoring (PDM).</b>						
Assessment and Beneficiary Selection						
<p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or returnees, so as to ensure perceived fairness and local acceptance of the intervention in specific target areas where support to prolonged IDPs may be found to be a sensitive issue. Households will be selected based on their need for food assistance, as attested by results of the HEAT survey and the prevalence of poor food consumption scores and dietary diversity, with the mostly highly vulnerable prioritized for assistance. Beneficiary selection and following distribution and sensitization will be organized on a rolling basis to cover the needs of target populations during the peak hunger season.</p> <p>During the early stages of the project, ACTED will coordinate with local communities, authorities and key stakeholders to explain the project, as well as its objectives and methodology in each target area. This approach will serve to secure community buy-in and access. ACTED will then carry out a rapid assessment in identified target areas using an adapted version of the OCHA-endorsed HEAT, to determine household levels of food security (through food consumption scoring and dietary diversity). Data collected through this assessment will serve as baseline to evaluate the impact of the project on beneficiaries' food security. Baseline indicators will be calculated based on a 10% sample of the total caseload. The household-level assessment will help confirm the number, gender and age profile, and vulnerabilities of the affected population and priority needs. Where priority needs are identified that cannot be catered for by the proposed action (e.g. WASH needs, protection needs, etc.), ACTED will liaise with relevant local stakeholders, humanitarian and development agencies to mobilize additional support.</p> <p>ACTED will complement this household-level assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.</p> <p>ACTED will closely coordinate with the Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and ACTED will also compare their selected beneficiary lists an address any overlap.</p>						
<b>Activity 1.1.2</b>						
<b>Standard Activity : In-kind food ration /cash assistance to severely insecure prolonged IDP families. Findings of relevant assessments undertaken within the past 6 months will be a prerequisite for funding and must be submitted along with the proposal. All cash programmes will be in accordance with CHF Minimum Requirements for Cash –Based Programming and are required to conduct Post Distribution Monitoring (PDM).</b>						
Cash-for-Food Distributions						
<p>Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.</p> <p>In order to ensure that the needs of households are catered during the hunger season (typically November to February), distributions will be undertaken on a rolling basis, as soon as assessment results are available and beneficiaries are confirmed in each target area. Distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders (e.g. Shuras, CDCs, etc.). ACTED will seek to ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with culturally appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent and neutral AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.</p>						
<b>Activity 1.1.3</b>						
<b>Standard Activity : In-kind food ration /cash assistance to severely insecure prolonged IDP families. Findings of relevant assessments undertaken within the past 6 months will be a prerequisite for funding and must be submitted along with the proposal. All cash programmes will be in accordance with CHF Minimum Requirements for Cash –Based Programming and are required to conduct Post Distribution Monitoring (PDM).</b>						

## Post Distribution Monitoring

Given that assistance will cover households' needs for a period of two consecutive months, ACTED will commit to conducting PDM surveys within two months from cash or in-kind distributions in each target area. The PDM will evaluate the process of cash or in-kind food assistance delivery, as experienced by beneficiaries. In addition, ACTED will build end line questions to evaluate beneficiaries' food consumption score, dietary diversity and reliance on negative coping mechanisms into this survey. These PDMs/end lines will be conducted by staff not involved in the distribution of cash or in-kind assistance, but by ACTED's independent AMEU so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. ACTED will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. ACTED will hire couples of monitors to conduct the monitoring of its project, composed by one male monitor and one female monitor working in pair. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling ACTED to collect disaggregated data. Through this system, ACTED will notably ensure that any negative impact that the project could have on women will be identified and addressed by ACTED project team.

In exceptional circumstances where ACTED cannot conduct the PDM/endline on the ground due to access constraints, this PDM/endline will be conducted over the phone. Results of the household PDM/endline survey will be filed in ACTED's database, and findings of the focus group discussions will be summarized in the PDM report. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future food assistance interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.

### **Additional Targets :**

## **WATER, SANITATION AND HYGIENE**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	100

**Contribution to Cluster/Sector Objectives :** As a multi-sector response, this project also contributes to the WASH cluster's objectives through improving access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population. DACAAR's action will contribute to the HRP 2017 target of providing WASH assistance to 1,137,000 people in need, 51% of whom will be female. Timely delivery of water supply will be ensured by employing appropriate technological options including water trucking, rehabilitation and disinfection of existing water points, and by promoting household treatment of water using bios and filters.

The project was designed in accordance with the current priorities, standards and requirements of the WASH cluster.

### **Outcome 1**

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

#### **Output 1.1**

##### **Description**

17,500 internally displaced persons and their vulnerable host community members have access to and use safe drinking water in Kunduz: Chahar Dara, Dashte Archi, Imam Sahib, Khanabad, and Qalay-i-Zal districts.

### **Assumptions & Risks**

Based on its significant past WASH experience, DACAAR has identified the following key assumptions and risks:

**Hydro-geological conditions are favorable**

Adequate quality and sufficient quantity of ground water is vital for the provision of safe water to all beneficiaries. Salinity is of particular concern in Kunduz provinces, and will be taken into account in site selection based on the technical assessment, as well as experience of DACAAR and other NGOs locally. It is assumed that the quality and quantity of ground water is adequate and sufficient based on the above measures, but if it becomes impossible to supply certain areas with hand-pumped water or the quality of water proves to be unacceptable, then other methods including Plastic Bio-Sand Filtration (BSF) at the household level for treatment of surface water will be considered. Further, it is assumed that ground stratum is soft enough for drilling wells with percussion rigs. If problems are encountered with hard ground strata, then DACAAR will consider other methods or locations for providing safe drinking water.

**Quality inputs are available timely for implementation**

Soap and other sanitary inputs are often imported and therefore prices can depend on external factors, however it is assumed that these inputs will remain available and affordable for the communities.

**Communities provide unskilled labour**

It is assumed that the communities will contribute to the project in the form of unskilled labour. This method has proved vital in ensuring community ownership of the water points. If the benefiting community is unwilling or unable to provide the unskilled labour for various reasons this will be discussed with the CDC/elders and resolved. Should a community have genuine reasons for their inability to provide the unskilled labour, this will be accepted and provided for by the project.

**Communities are receptive to change and use sanitation facilities**

It is assumed that the communities will make use of the sanitation facilities. The hygiene education sessions will emphasize on use of the facilities. Monitoring visits, and pre and post KAP surveys will determine the extent to which the sanitation facilities are used by the targeted beneficiaries. KAP surveys will be shared with the WASH cluster for verification as to the nature of data to be collected prior to implementation. Should any issues including protection issues prevent the use of hand washing facilities this will be recorded, discussed with the beneficiary household and appropriate course of action will be decided upon and taken.

**Female participation in decision making over water point locations is taken into consideration:**

It is assumed that women will participate fully in the project by taking part in decisions for the location of water points and sanitation facilities as well as in the hygiene education sessions. This is extremely important given how the collection of water often falls to female household members. Should any issues arise in this regard, this will be discussed with the CDC/community elders and appropriate course of action will be decided upon and taken. The importance of female participation will be emphasized in all preparatory community mobilizations.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	4,287	4,463	4,287	4,463	17,500
<b>Means of Verification</b> : Monitoring Reports Progress and final reports							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of new water points established					70
<b>Means of Verification</b> : Monitoring Reports Progress Reports Water User Group Agreements Beneficiary calculation: 70 new water points for 1400 families (20 families per water point). Total 9800 individuals							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	Number of previously non-functional water points rehabilitated					50
<b>Means of Verification</b> : Monitoring Reports Progress Reports Beneficiary calculation: 50 rehabilitated water points for 750 families (15 families per water point). Total 5250 individuals							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of biosand filters distributed					350
<b>Means of Verification</b> : Monitoring Reports Progress Reports Beneficiary calculation: 350 bio-sand filters for 350 families (one per families). Total 2450 individuals							
Indicator 1.1.5	WATER, SANITATION AND HYGIENE	Percentage of sites for water points jointly selected by women and men (40% of water points will be selected with the input of women)					40
<b>Means of Verification</b> : Monitoring Reports Progress Reports percentage of water points selected jointly with women based on programmatic experience and in line with possibilities within the social context.							

**Activities**

**Activity 1.1.1**

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

Undertake needs assessment in the targeted districts to identify the specific WASH needs of IDPs and their vulnerable host communities

DACAAR will undertake a comprehensive assessment of the WASH needs of the IDPs and their vulnerable host communities in the five targeted districts of Kunduz province during the first month of the intervention in coordination with ACTED. The five districts to be assessed are: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal. This will allow DACAAR to tailor the WASH interventions to the specific needs of each beneficiary family.

Given that a comprehensive needs assessment was not possible during project development, the targets and types of interventions are tentatively planned based on reliable available secondary information including OCHA field reports and ACAPS briefing notes as well as needs assessments in support of other projects.

#### Activity 1.1.2

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

Emergency provision of safe water (water-trucking)

Where a lack of access to sufficient safe drinking water is identified, water-trucking will begin as quickly as possible to provide (minimum) 15 liters per person per day to the affected population in accordance with the Sphere Standards. Water trucking will last for a maximum of 60 days during which DACAAR will seek to find more durable ways in which to provide safe drinking water (see activities below). Water tankers will fill up reservoirs placed in strategic locations from where the affected population can fetch the water through taps. The placement of the reservoirs will seek to ensure that nobody has more than 500m or 15 minutes to the closest water point. This is particularly a concern from the protection angle as it is mostly women and children who collect water in the Afghan context.

Soak pits will be constructed at the reservoirs to avoid creating pools of stagnant water. Water will be chlorinated; water quality testing will be conducted on a weekly basis to ensure the water is not contaminated. If no durable solution can be found by rehabilitating an existing water point or constructing a new water point (because of e.g. technically challenging location, land issues or lack of approval by local authorities). Water kits will be distributed in connection to the water trucking for each targeted family.

#### Activity 1.1.3

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

Rehabilitation of previously non-functional water points

50 water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each rehabilitated water source will assist approximately 15 families as per the Ministry of Rural Rehabilitation and Development (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 cases in which natural drainage is not available, DACAAR will construct a soak pit. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the rehabilitated wells are accessible to all beneficiary families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will rehabilitate non-functional water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

#### Activity 1.1.4

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

Establishment of new water points

In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR will establish 70 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 a flow rate of 7.5L/minute) will seek to benefit approximately 20 families (approximately 140 persons). 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. To encourage community buy-in and a sense of ownership, communities will also contribute to the construction work through the provision of unskilled labor. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the new wells are accessible to all benefiting families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will construct new water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

#### Activity 1.1.5

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

Distribution of bio-sand filters for household water treatment

DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.

#### Activity 1.1.6

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

Organize training on Operation and Maintenance (O&M) of hand pumps for selected caretakers in the intervention area

120 caretakers will be identified and trained on the proper usage and maintenance of hand pumps. Subsequently, they will be the focal point for the WUG and the site engineer. The caretaker also accompanies the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. The caretaker's role is then to ensure the proper usage, cleaning, maintenance and repair of the water point. Caretakers also receive training on chlorination.

**Activity 1.1.7**

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

Conduct water quality tests for all newly constructed and rehabilitated water points

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

**Output 1.2**

**Description**

17,500 IDPs and their vulnerable host community members are provided with hygiene education and 10,500 IDPs and vulnerable host community members are provided with sustainable household sanitation facilities in Kunduz: Chahar Dara, Dashte Archi, Imam Sahib, Khanabad, and Qalay-i-Zal districts

**Assumptions & Risks**

Hydro-geological conditions are favorable

Adequate quality and sufficient quantity of ground water is vital for the provision of safe water to all beneficiaries. Salinity is of particular concern in Kunduz provinces, and will be taken into account in site selection based on the technical assessment, as well as experience of DACAAR and other NGOs locally. It is assumed that the quality and quantity of ground water is adequate and sufficient based on the above measures, but if it becomes impossible to supply certain areas with hand-pumped water or the quality of water proves to be unacceptable, then other methods including Plastic Bio-Sand Filtration (BSF) at the household level for treatment of surface water will be considered. Further, It is assumed that ground stratum is soft enough for drilling wells with percussion rigs. If problems are encountered with hard ground strata, then DACAAR will consider other methods or locations for providing safe drinking water.

Quality inputs are available timely for implementation

Soap and other sanitary inputs are often imported and therefore prices can depend on external factors, however it is assumed that these inputs will remain available and affordable for the communities.

Communities provide unskilled labour

It is assumed that the communities will contribute to the project in the form of unskilled labour. This method has proved vital in ensuring community ownership of the water points. If the benefiting community is unwilling or unable to provide the unskilled labour for various reasons this will be discussed with the CDC/elders and resolved. Should a community have genuine reasons for their inability to provide the unskilled labour, this will be accepted and provided for by the project.

Communities are receptive to change and use sanitation facilities

It is assumed that the communities will make use of the sanitation facilities. The hygiene education sessions will emphasize on use of the facilities. Monitoring visits, and pre and post KAP surveys will determine the extent to which the sanitation facilities are used by the targeted beneficiaries. Should any issues including protection issues prevent the use of hand washing facilities this will be recorded, discussed with the beneficiary household and appropriate course of action will be decided upon and taken.

Female participation in decision making over water point locations is taken into consideration:

It is assumed that women will participate fully in the project by taking part in decisions for the location of water points and sanitation facilities as well as in the hygiene education sessions. This is extremely important given how the collection of water often falls to female household members. Should any issues arise in this regard, this will be discussed with the CDC/community elders and appropriate course of action will be decided upon and taken. The importance of female participation will be emphasized in all preparatory community mobilizations.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to water and soap for handwashing	4,287	4,463	4,287	4,463	17,500

**Means of Verification** : Monitoring Reports

Progress Reports.

600 hand washing facilities per up to three closely related families. 1500 families or 10500 individuals.

Indicator 1.2.2	WATER, SANITATION AND HYGIENE	Number of people reached through Hygiene Promotion					17,500
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**Means of Verification** : HE Reports

Progress Reports

Monitoring Reports

Beneficiary Calculation: 2500 families or approximately 17500 individuals as identified as part of the needs assessment

Indicator 1.2.3	WATER, SANITATION AND HYGIENE	Percentage of targeted community members who know the importance and critical times for washing hand with soap					80
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**Means of Verification** : Pre and post-KAP surveys

Indicator 1.2.4	WATER, SANITATION AND HYGIENE	Number of handwashing facilities distributed						600
<p><b>Means of Verification</b> : onitoring reports Progress reports Calculation: 600 hand washing facilities for 1500 families or 10500 individuals. Calculation is based on up to three closely related families residing together in one compound Note 1: Safety margin considered for occasions where the number of families per each hand washing facility is less than three.</p>								
Indicator 1.2.5	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	2,573	2,677	2,573	2,677		10,500
<p><b>Means of Verification</b> : Monitoring Reports Progress Reports Beneficiary calculation: up to 3 closely related families per sanitation facility. 600 bath and latrine facilities planned for a total of 1500 families or 10500 individuals Note: Safety margin considered for occasions where the number of families per each bath and latrine facility is less than three.</p>								
Indicator 1.2.6	WATER, SANITATION AND HYGIENE	Number of latrines constructed						600
<p><b>Means of Verification</b> : Monitoring reports Progress reports Target calculation: 600 latrines each for up to three closely related families living in one compound.</p>								
Indicator 1.2.7	WATER, SANITATION AND HYGIENE	Number of bathing facilities constructed						600
<p><b>Means of Verification</b> : Monitoring reports Progress reports Target calculation: 600 baths each for up to three closely related families living in one compound.</p>								
<b>Activities</b>								
<b>Activity 1.2.1</b>								
<p><b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b></p>								
<p>Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behavior and practices</p> <p>The provision of safe water and combined sanitation and hygiene facilities will be accompanied by basic hygiene education to reduce the risk of disease. The purpose of the hygiene promotion is to increase the level of knowledge among beneficiaries in relation to: the importance of safe drinking water and adequate sanitation, WASH in relation to food safety, and personal/familial hygiene. The hygiene messaging will be provided through hygiene sessions combined with visual communications materials. In Afghanistan hygiene promotion must be carried out separately for men and women and thus DACAAR will employ hygiene promotion "couples" for this task. Each targeted family will attend a minimum of three 1-day hygiene education sessions.</p>								
<b>Activity 1.2.2</b>								
<p><b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b></p>								
<p>Installation of hand-washing stations</p> <p>DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.</p>								
<b>Activity 1.2.3</b>								
<p><b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b></p>								
<p>Establishment of emergency latrines and baths for displaced families</p> <p>The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.</p> <p>Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget</p>								
<b>Activity 1.2.4</b>								
<p><b>Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.</b></p>								

## Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas

The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.

DACAAR commits to conducting PDM surveys within two months from distributions in each target area. The PDM will evaluate the process of WASH assistance delivery, as experienced by beneficiaries. These PDMs will be conducted by staff not involved in the distribution of WASH assistance so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. DACAAR will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling DACAAR to collect disaggregated data.

In exceptional circumstances where DACAAR cannot conduct the PDM on the ground due to access constraints, this PDM will be conducted over the phone. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future WASH interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.

### **Additional Targets :**

## **M & R**

### **Monitoring & Reporting plan**

Each partner will ensure proper monitoring and oversight of their own project activities, however, ACTED, as the lead partner, is responsible for the overall coordination of the action and all communication with OCHA, in addition to collecting all partner reports for inclusion in the submission of interim and final reports to UNOCHA, and will provide information on an ad hoc basis, as requested. ACTED will share the AMEU baseline, and post-distribution monitoring and endline findings, as well as pictures/case studies. ACTED will ensure visibility of the CHF funding if conditions allow in target areas. The beneficiaries will be informed of the CHF funding.

In relation to the monitoring of sub-partners, through guidelines and experience, ACTED has developed both global and Afghanistan-specific tools and methodologies for M&E, including robust approaches for partnerships and monitoring tools. This includes: 1) Database-based monitoring: Throughout the intervention's duration, performance monitoring will take place on a regular basis and in alignment with activity timelines in order to provide real-time and disaggregated feedback on project progress. ACTED's standard limited access guidelines have been incorporated into the project's design and will feed in the tailored M&E framework that the AME Manager will develop at the project onset to monitor and evaluate their implementation of the field. The M&E plan will serve coordinated by ACTED's AME Manager with inputs from ACTED's and its partners' M&E focal points and project staff. This plan provides a means to conduct quality assurance and a structure on how the programme will be reviewed and how this feeds into programme improvement and redesign. The M&E Manager will be responsible for overseeing and harmonizing tools and methodology across partners in all areas of intervention. 2) Direct monitoring: ACTED uses field monitors due to the remote management context of the operations inside Afghanistan. Through daily contact, the monitors are able to provide a robust and accurate picture of operations on the ground and the work of the implementing partners. Field monitors are trained in ACTED's offices where the security and political situation allows. They will directly capture detailed information on the technical aspects of the intervention.

ACTED has signed Teaming Agreements with both partners for the purposes of this proposal, and will sign Grant Agreements should the grant be awarded. This is to ensure a collective agreement of each parties responsibilities within the framework of the project and to ensure all partners have committed to upholding protection standards.

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. Staff of the Quality Assurance Team undertake two monitoring visits to the sites targeted in the proposed project to conduct technical quality assurance checks. 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. For the mine awareness/ERW component, Halo's Survey Team Leaders will be responsible for collecting all data on a daily basis. This information will be submitted to Halo's headquarters at the end of each week and checked by the Regional Survey Managers and uploaded to Halo's database. Halo's Survey/Data Officer and data management department will document all in-coming data, quality assure and systemize for analysis. The EOD conducted by CHF-funded teams will be spot-checked on a regular basis by senior operations staff, both expatriate and national. The disposal methods used and type of items destroyed are recorded by each team using a specific recording form, which is cross-checked and uploaded to HALO's database by the Data Processors before being checked

### **Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Assessment and Beneficiary Selection	2017										X	X	
<p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or returnees, so as to ensure perceived fairness and local acceptance of the intervention in specific target areas where support to prolonged IDPs may be found to be a sensitive issue. Households will be selected based on their need for food assistance, as attested by results of the HEAT survey and the prevalence of poor food consumption scores and dietary diversity, with the mostly highly vulnerable prioritized for assistance. Beneficiary selection and following distribution and sensitization will be organized on a rolling basis to cover the needs of target populations during the peak hunger season.</p> <p>During the early stages of the project, ACTED will coordinate with local communities, authorities and key stakeholders to explain the project, as well as its objectives and methodology in each target area. This approach will serve to secure community buy-in and access. ACTED will then carry out a rapid assessment in identified target areas using an adapted version of the OCHA-endorsed HEAT, to determine household levels of food security (through food consumption scoring and dietary diversity). Data collected through this assessment will serve as baseline to evaluate the impact of the project on beneficiaries' food security. Baseline indicators will be calculated based on a 10% sample of the total caseload. The household-level assessment will help confirm the number, gender and age profile, and vulnerabilities of the affected population and priority needs. Where priority needs are identified that cannot be catered for by the proposed action (e.g. WASH needs, protection needs, etc.), ACTED will liaise with relevant local stakeholders, humanitarian and development agencies to mobilize additional support.</p> <p>ACTED will complement this household-level assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.</p> <p>ACTED will closely coordinate with the Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and ACTED will also compare their selected beneficiary lists an address any overlap.</p>	2018												
Activity 1.1.1: Mine Risk Education	2017										X	X	X
The survey teams will provide MRE to men, women, girls and boys living in vulnerable communities to increase their knowledge of the risks of explosive remnants of war (ERW) and of how to identify items and seek assistance, thus reducing the risk of accidents. MRE sessions will be delivered in Kunduz by two mixed-gender survey teams.	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.1: Undertake needs assessment in the targeted districts to identify the specific WASH needs of IDPs and their vulnerable host communities	2017										X	X	
<p>DACAAR will undertake a comprehensive assessment of the WASH needs of the IDPs and their vulnerable host communities in the five targeted districts of Kunduz province during the first month of the intervention in coordination with ACTED. The five districts to be assessed are: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal. This will allow DACAAR to tailor the WASH interventions to the specific needs of each beneficiary family.</p> <p>Given that a comprehensive needs assessment was not possible during project development, the targets and types of interventions are tentatively planned based on reliable available secondary information including OCHA field reports and ACAPS briefing notes as well as needs assessments in support of other projects.</p>	2018												

<p>Activity 1.1.2: Cash-for-Food Distributions</p> <p>Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.</p> <p>In order to ensure that the needs of households are catered during the hunger season (typically November to February), distributions will be undertaken on a rolling basis, as soon as assessment results are available and beneficiaries are confirmed in each target area. Distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders (e.g. Shuras, CDCs, etc.). ACTED will seek to ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with culturally appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent and neutral AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.</p>	2017												X	X
<p>Activity 1.1.2: Emergency provision of safe water (water-trucking)</p> <p>Where a lack of access to sufficient safe drinking water is identified, water-trucking will begin as quickly as possible to provide (minimum) 15 liters per person per day to the affected population in accordance with the Sphere Standards. Water trucking will last for a maximum of 60 days during which DACAAR will seek to find more durable ways in which to provide safe drinking water (see activities below). Water tankers will fill up reservoirs placed in strategic locations from where the affected population can fetch the water through taps. The placement of the reservoirs will seek to ensure that nobody has more than 500m or 15 minutes to the closest water point. This is particularly a concern from the protection angle as it is mostly women and children who collect water in the Afghan context.</p> <p>Soak pits will be constructed at the reservoirs to avoid creating pools of stagnant water. Water will be chlorinated; water quality testing will be conducted on a weekly basis to ensure the water is not contaminated. If no durable solution can be found by rehabilitating an existing water point or constructing a new water point (because of e.g. technically challenging location, land issues or lack of approval by local authorities. Water kits will be distributed in connection to the water trucking for each targeted family.</p>	2018	X	X	X	X	X	X	X	X	X	X			

<p>Activity 1.1.3: Post Distribution Monitoring</p> <p>Given that assistance will cover households' needs for a period of two consecutive months, ACTED will commit to conducting PDM surveys within two months from cash or in-kind distributions in each target area. The PDM will evaluate the process of cash or in-kind food assistance delivery, as experienced by beneficiaries. In addition, ACTED will build end line questions to evaluate beneficiaries' food consumption score, dietary diversity and reliance on negative coping mechanisms into this survey. These PDMs/end lines will be conducted by staff not involved in the distribution of cash or in-kind assistance, but by ACTED's independent AMEU so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. ACTED will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. ACTED will hire couples of monitors to conduct the monitoring of its project, composed by one male monitor and one female monitor working in pair. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling ACTED to collect disaggregated data. Through this system, ACTED will notably ensure that any negative impact that the project could have on women will be identified and addressed by ACTED project team.</p> <p>In exceptional circumstances where ACTED cannot conduct the PDM/endline on the ground due to access constraints, this PDM/endline will be conducted over the phone. Results of the household PDM/endline survey will be filed in ACTED's database, and findings of the focus group discussions will be summarized in the PDM report. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future food assistance interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.</p>	2017														
<p>Activity 1.1.3: Rehabilitation of previously non-functional water points</p> <p>50 water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each rehabilitated water source will assist approximately 15 families as per the Ministry of Rural Rehabilitation and Development (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 cases in which natural drainage is not available, DACAAR will construct a soak pit. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the rehabilitated wells are accessible to all beneficiary families, particularly for women and children who are most often delegated the role of water collection.</p> <p>DACAAR will rehabilitate non-functional water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.</p>	2017													X	X
<p>Activity 1.1.4: Establishment of new water points</p> <p>In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR will establish 70 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 a flow rate of 7.5L/minute) will seek to benefit approximately 20 families (approximately 140 persons). 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. To encourage community buy-in and a sense of ownership, communities will also contribute to the construction work through the provision of unskilled labor. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the new wells are accessible to all benefiting families, particularly for women and children who are most often delegated the role of water collection.</p> <p>DACAAR will construct new water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.</p>	2017													X	X
<p>Activity 1.1.5: Distribution of bio-sand filters for household water treatment</p> <p>DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.</p>	2017													X	X
<p>Activity 1.1.5: Distribution of bio-sand filters for household water treatment</p> <p>DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.</p>	2018	X	X	X	X	X	X	X	X	X	X	X	X		

<p>Activity 1.1.6: Organize training on Operation and Maintenance (O&amp;M) of hand pumps for selected caretakers in the intervention area</p> <p>120 caretakers will be identified and trained on the proper usage and maintenance of hand pumps. Subsequently, they will be the focal point for the WUG and the site engineer. The caretaker also accompanies the site engineer during drilling, apron making and installation of the pumps together with a skilled technician The caretaker's role is then to ensure the proper usage, cleaning, maintenance and repair of the water point. Caretakers also receive training on chlorination.</p>	2017																	X	X	
	2018	X	X	X	X	X	X	X	X	X	X	X								
<p>Activity 1.1.7: Conduct water quality tests for all newly constructed and rehabilitated water points</p> <p>In order to ensure the quality of water supplied to affected people, water samples will be taken and analyzed to monitor water quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out bacteriological and chemical testing. DACAAR will undertake bacteriological tests on all newly constructed and rehabilitated water points, and chemical tests on 10% of these water points.</p>	2017																		X	
	2018	X	X	X	X	X	X	X	X	X	X	X								
<p>Activity 1.2.1: Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behavior and practices</p> <p>The provision of safe water and combined sanitation and hygiene facilities will be accompanied by basic hygiene education to reduce the risk of disease. The purpose of the hygiene promotion is to increase the level of knowledge among beneficiaries in relation to: the importance of safe drinking water and adequate sanitation, WASH in relation to food safety, and personal/familial hygiene. The hygiene messaging will be provided through hygiene sessions combined with visual communications materials. In Afghanistan hygiene promotion must be carried out separately for men and women and thus DACAAR will employ hygiene promotion "couples" for this task. Each targeted family will attend a minimum of three 1-day hygiene education sessions.</p>	2017																	X	X	X
	2018	X	X	X	X	X	X	X	X	X	X	X								
<p>Activity 1.2.1: Mine and ERW Impact Free Community Survey</p> <p>Halo will execute an initial sample of Mine and ERW Impact Free Community Survey (MEIFCS). This is a village-by-village survey that assess contamination levels and clearance requirements to support the Mine Action Programme of Afghanistan. MEIFCS' will be conducted throughout the project.</p> <p>Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.</p> <p>Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.</p> <p>In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.</p>	2017																	X	X	X
	2018	X	X	X	X	X	X	X	X	X	X	X								

<p>Activity 1.2.2: Explosive Ordnance Disposal (EOD)</p> <p>Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex (e.g. aircraft bombs), separate bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.</p>	2017										X	X	X
<p>Activity 1.2.2: Installation of hand-washing stations</p> <p>DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.</p>	2017										X	X	X
<p>Activity 1.2.3: Establishment of emergency latrines and baths for displaced families</p> <p>The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.</p> <p>Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget</p>	2017										X	X	X
<p>Activity 1.2.4: Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas</p> <p>The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.</p> <p>DACAAR commits to conducting PDM surveys within two months from distributions in each target area. The PDM will evaluate the process of WASH assistance delivery, as experienced by beneficiaries. These PDMs will be conducted by staff not involved in the distribution of WASH assistance so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. DACAAR will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling DACAAR to collect disaggregated data.</p> <p>In exceptional circumstances where DACAAR cannot conduct the PDM on the ground due to access constraints, this PDM will be conducted over the phone. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future WASH interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.</p>	2017										X	X	
<p><b>OTHER INFO</b></p> <p><b><u>Accountability to Affected Populations</u></b></p>													

As part of the design of the proposed action, ACTED consulted with target populations in Faryab, Kunduz and Takhar so as to best identify their vulnerabilities and needs, particularly focusing on female beneficiaries. This consultation of beneficiaries, that will continue throughout the project through household and community-level assessments and post-distribution monitoring, is an essential element of ACTED's approach to accountability to affected populations. In accordance with FSAC's approach to AAP, ACTED will use FSAC's uniform, nationwide approach regarding acceptable humanitarian standards to avoid inequality, harm, and promote an efficient utilization of resources. The preferred use of cash transfers over in-kind assistance (wherever market conditions allows it) is in line with the HRP 2017, that promotes cash assistance as an efficient method to help households affected by disasters or conflict to meet their basic needs while upholding their dignity. Agencies are starting to transition away from in-kind assistance towards cash-based interventions, as a growing body of evidence demonstrates the appropriateness of cash programming with regards to humanitarian efficiency, flexibility and speed, and as markets mostly remain operational or quickly rebound despite conflict and geographic isolation.

The use of the adapted HEAT will ensure that beneficiaries are selected based on neutral and transparent criteria, and the rapid market assessment will help ensure that the cash or in-kind modality of intervention is informed by local market realities and is therefore best suited to meet beneficiaries' needs. Given that prolonged IDP caseloads often live in close proximity to host communities, ACTED will identify a portion of beneficiaries among host communities, in accordance with their needs and vulnerability criteria. This approach will both ensure the local acceptance of the interventions by not fully excluding host communities, and will also help demonstrate accountability as a common, transparent set of criteria will be used to identify all beneficiary households.

ACTED will also demonstrate accountability to beneficiaries by mainstreaming protection principles in its implementation of project activities, particularly taking into consideration the specific constraints and risks faced by female beneficiaries. ACTED will notably ensure that distribution sites are safe and secure. These sites will be identified in coordination with local authorities and community stakeholders. ACTED will organize separate distribution times for women to as to reduce their exposure to potential protection risks.

In addition, as previously mentioned, ACTED will advertise its Complaints Response Mechanism to beneficiaries and local communities as part of all project activities (assessments, distributions, post-distribution surveys), and will encourage beneficiaries to submit any complaints, comments or suggestions to ACTED. This phone line is managed by ACTED's independent AMEU. This mechanism will not only allow ACTED to identify and address issues that may not have been reported before at field level as part of the project, but will also allow ACTED to improve the design of future interventions as needed and share lessons learnt.

All partners are not only accountable to beneficiaries, but are also accountable to other stakeholders, especially the government. Government staff are welcome to visit the project sites to conduct monitoring visits. Moreover, all partners will submit regular reports to the relevant ministries (ANDMA, MRRD, Ministry of Refugees and Returnees (MORR) and the Ministry of Economy etc) to ensure full transparency.

#### **Implementation Plan**

ACTED will recruit a project team as soon as the project starts, including a dedicated Project Manager in Kunduz and a Deputy Project Manager in Faryab, five monitors, ten community mobilizers, and three cashiers (one in each province).

After all partners take part in the initial outreach to the local government and communities to explain the project and secure community buy-in, monitors will perform a door-to-door verification in the first month of the project, based on estimated numbers of eligible household beneficiaries identified during the above mentioned survey in target areas. Beneficiaries will be identified and confirmed following a household-level survey using the HEAT (that will also aim to collect baseline/pre-KAP data) (coordinated between DACAAR and ACTED), and a rapid market assessment will be conducted in parallel in target areas to determine whether in-kind assistance should be provided instead of cash.

ACTED will then organize cash-for-food distributions, amounting to USD 90 per month per household, for a period of two months. Where the delivery of cash assistance is not recommended, ACTED will instead deliver two-month food parcels. In parallel, both male and female beneficiaries will then be invited to take part in sensitization sessions that will aim to increase their knowledge of cooking and nutrition practices. Post-distribution monitoring surveys will take place within four weeks of distributions, and an endline/post-KAP survey will be conducted during the last month of the project.

Once beneficiary selection is completed DACAAR will consult with CDCs and/or other existing relevant local structures on all issues, such as the locations for establishment for new water points and dates/locations of water tankering. DACAAR's engineering team will carry out detailed survey to finalize the feasibility and environmental issues for water points. DACAAR will then establish 70 new water points and rehabilitate a further 50 pre-existing water points. To ensure rapid access to safe drinking water, DACAAR will also provide water trucking for up to a maximum of 60 days, based on the cluster standard provision of up to 15 liters per person per day. DACAAR will also construct 600 hand washing facilities to fight the spread of waterborne disease. The action will also include soft components such as the distribution of bio-sand filters. In addition, DACAAR will target 2,500 families for hygiene promotion trainings.

HALO's Survey teams will prioritize actions in communities/areas already identified by ACTED/DACAAR as containing significant populations of selected and verified FSAC/WASH beneficiaries, and these sites will be the main candidates for HALOs initial sample surveying. HALO would then seek contact with community leaders i.e. elders and shura members. The Survey/EOD team will then record information received from community members on local contamination and make a number of assessments as to the right action to take. This could include disposal in situ or reaching out to our WAD/CWD teams who can deal with larger explosive ordnance. Simultaneously, MRE team members will be assessing the vulnerability of the population to determine a need for mine risk education. Team members will identify health clinics/schools/mosques and other places where MRE can take place and organize a time appropriate to the target population. This may mean they return at a later date or conduct MRE immediately given the acute vulnerabilities of the population.

Whilst also conducting the MEIFCS village by village survey our Survey/EOD team members will also be on standby to respond to any call outs across the give districts. These call outs may come from the local population or via ACTED and DACAAR.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
FSAC/WASH/PROTECTION Clusters	All partners have coordinated with FSAC/WASH and Protection clusters (including the Mine Action Group) when writing this proposal. This has allowed for a harmonization of approach with the other CHF-funded partners, and contributed to geographical coverage to avoid overlap. All partners will continue to coordinate closely with FSAC/WASH/Protection clusters during the project implementation, by participating in meetings at national and provincial level and by reporting through the existing channels on the progress of all activities. Partners will also ensure that all interventions remain in line with cluster standards that may evolve over time. If and when it is necessary to create new tools or methodologies, REACH will coordinate closely with the Assessment Working Group and relevant clusters, so as to avoid any duplication of efforts. Cluster members will be closely associated in the analysis through presentation of findings.
UNOCHA	All partners will continue to coordinate closely with UNOCHA (with ACTED taking the lead). This coordination will notably serve to ensure that project activities do not overlap with those of other organizations in the same target areas. ACTED will share baseline and endline data, collected through the beneficiary selection assessment and the post-distribution monitoring survey, as requested so as to contribute to humanitarian or early recovery coordination and to longer-term development programming.
Provincial Disaster Management Committee (PDMC)	Where deemed relevant, partners will attend meetings at the PDMC to discuss IDP situation and keep informed of latest response and gap in targeting IDPs
Directorate/Ministry of Rural Rehabilitation and Development (DRRD)/(MRRD)	Partners will also participate at WSG meetings in Kabul and facilitate their involvement in site selection and monitoring of the project. Partners will report to this ministry on a quarterly basis.
Directorates/Ministry of Economy	It will be necessary for partners to acquire permission for project implementation from the MoE and report to this ministry on activities on a semi-annual basis
District Authorities	District authorities will be included in the village selection, and partners will help facilitate their monitoring of project progress.
Provincial Governors Office	Partners will attend coordination meetings at the Provincial Governors office to keep abreast of the latest development allowing staff to better coordinate with government and non-governmental entities and ensure support to the project from the given office.
Other CHF implementing partners and/or food security I/NGOs	All partners will coordinate closely with other CHF actors in Faryab, Kunduz and Takhar provinces to ensure that there is no geographical overlap cash for food/WASH assistance to the same caseloads (i.e. prolonged IDPs), and that intervention standards are harmonized amongst CHF partners. This coordination will also help raise partners' awareness towards local needs that may be identified in their respective areas of coverage and that cannot be addressed through their own programming.
UNMAS/DMAC	Survey teams receive requests for call-outs from local communities, police, governmental and non-governmental agencies and through a hotline run by DMAC. Our explosives stores are audited on a regular basis by senior management and a monthly return is provided to DMAC of our total holdings. Explosives usage is reported monthly to local police departments and quarterly to the Engineering Department of the Ministry of Interior. Location and prioritization of MRE teams is coordinated in discussion with DMAC to avoid duplication of sessions. On a monthly basis, number of sessions and attendees will be reported upwards to DMAC for a collective picture of Afghanistan's targeted MRE activities. Any lessons learned or opportunity to improve activities will be discussed in the MRE Working group and benefit the MAPA (Mine Action Programme Afghanistan) and wider stakeholders.
ReportHub	ACTED and DACAAR will regularly report on their achievements to the FSAC and WASH Clusters through monthly reports submitted on the ReportHub platform.
COAR and NRC	ACTED will coordinate with COAR in Takhar and with NRC in Faryab in order to avoid any risk of overlap as part of its food security interventions.

**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**

Through prioritizing the most vulnerable, including female headed HH, the project proposes to achieve improvements in gender equality. A gender analysis was included in this project's needs assessments, including female monitors and female-friendly questionnaires, so as to collect specific information on their needs. This approach was followed by all three partners. The project will seek to engage and consult female beneficiaries as part of beneficiary selection, baseline, PDM surveys, and endline, and will systematically collect sex-disaggregated data. The project will also seek to address women's vulnerabilities and needs by prioritizing the selection of vulnerable, female-headed HH; ensuring the safety, security and accessibility of distribution sites for women; and providing women-only sensitization sessions. Female beneficiaries will be assessed and assisted by female staff, and there will be separate distribution points and times for women (even if these take place in the same location as the general distributions). Given women's traditional role within HHs, and especially the fact that they are generally responsible for cooking, female beneficiaries and their wider HHs will largely benefit nutrition and food security sensitization activities, and WASH education sessions. During the beneficiary selection and the project implementation, the partners will guarantee safe and equal access to inclusive and non-discriminatory provision of services.

DACAAR has a 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 actions. The hygiene promoter couples DACAAR employs for hygiene promotion in the communities are also Mahram (e.g. husband and wife, father and daughter, etc) keeping in mind the cultural context of working in Afghanistan. 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.

Taking lessons learned from previous MRE grants, Halo's mixed gender survey team will reach women/girls in conjunction with ACTED and DACAAR. Halo recognizes the importance of accessing women and girls through MRE, survey and spot EOD clearance. Women and children are injured or killed by mines and ERW, particularly when collecting firewood or water, which are the responsibilities of female HH members in many rural areas. Children are at particular risk from items of UXO, which are often exposed on the soil surface and may function if moved, opened, etc. HALO's mixed gender teams have reported that women provide less precise information on some issues, (i.e. local history of the conflict, details of mine/ERW accidents, etc). Analysis of Halo's MRE data so far in 2017 indicates the highest proportion of women attend MRE sessions at health centres and mosques whereas the highest proportion of girls attend MRE sessions at village centres and IDP camps. Partner coordination will endeavor to take into consideration this information.

As for the Environment Marker: as a priority, DACAAR will work to rehabilitate and repair dysfunctional wells. If there are no dysfunctional wells cannot be repaired or are discharging unsafe water, DACAAR will establish new wells. These new water points may have effects on the environment. Appropriate technology will be used to ensure effectiveness, efficiency and cost-effectiveness. Water points may impact on the water table, and hence the environment. DACAAR will carry out an Initial Environment Impact Assessment before establishing any water point. DACAAR has a network of groundwater monitoring to gauge the water table and hydrological situation. This data will be used to establish potential locations of water points to ensure minimum impact while at the same time ensuring that enough safe water is discharged, in line with the Sphere standards.

### **Protection Mainstreaming**

To ensure the full integration of protection considerations across the three components, a number of measures for protection mainstreaming, as prescribed by the Protection Cluster are incorporated into the project approach, through: 1) Specific data on vulnerable groups, such as female or disabled headed households, is collected as standard across all partners' beneficiary selection criteria, 2) As an element of complementarity, DACAAR will also gather perceptions of local mine/ERW threats from beneficiaries as integrated into data collection tools (with HALO's oversight), which will then be passed on to Halo for consideration in survey planning and EOD action. 3) All partners involved in distributions will collectively ensure that the location of facilities and the routes to them are distant from threats of violence; especially the risk or threat of GBV and attacks from armed groups. This will be ensured through both joint community mobilizations and ongoing information sharing based on community sourced data, as well as inputs from each organisations security focal point. All distributions involving female beneficiaries will either take place at separate sites or within a different time frame to male beneficiaries. 4) Partners will coordinate with local community elders to negotiate the timings and duration of distributions, this will ensure adequate time is provided for individuals to realistically access these distributions. This includes a commitment to giving adequate notice and accurate information as to the timing and location of distributions and any requirements on the part of the beneficiary, as well as monitoring such distributions (through PDMs) to inform the modality of future distributions to maximise access. 5) For individuals with reduced mobility, all partners commit to the provision of special arrangements (such as home visits) to ensure they have equal access to the aid to which they are entitled. 6) To ensure infrastructure are made accessible to individuals with disabilities, DACAAR will engage with community members and conduct spot visits to check for the nature of adaptations required to ensure all individuals and groups can access and use the facilities in safety and with dignity. 7) Regarding confidentiality and privacy, a number of measures are in place, for example, ACTED's beneficiaries are, as standard, allotted a reference number upon selection which minimizes the risk of third parties being able to identify beneficiaries should any project data be misappropriated. In addition, KAP surveys and other data collection tools will be shared with the relevant clusters to ensure data collection is relevant and does not go beyond the scope of promoting the well-being of the individual. In relation to privacy, as stated previously, all data collection which includes females will be conducted by female field staff. Regarding the WASH component specifically, protection is integrated into WASH awareness sessions through briefing women and girls about privacy norms in shared shelters, latrines, wash areas. (All WASH facilities are built according to cluster standards, thus already incorporate strategies linked to gender mainstreaming). 8) As mentioned above, ACTED will advertise its Complaints Response Mechanism throughout all partners' activities so that beneficiaries can report misconduct of staff or incidents of rights violations, as well as share any other comments or suggestions. This provides a facility through which beneficiaries can actively assert their rights and hold all project partners to the responsibilities. This Complaints Response Mechanism consists of a phone line that is managed at Kabul-level by ACTED's independent and neutral AMEU staff. 9) In addition, all project staff will be aware of and will abide by ACTED's Code of Conduct and essential protection principles. Any reported violation of the Code of Conduct or Do No Harm principles will be investigated.

### **Country Specific Information**

### **Safety and Security**

ACTED's Security department in each area will monitor and log all movements and submit detailed information to ACTED's Country Security team in Kabul on a daily basis. Security staff for both ACTED and DACAAR will coordinate closely throughout implementation, while also benefitting from Mine Risk Education trainings provided by HALO. HALO has already conducted a preliminary security assessment to determine which districts it is safe for partner teams to work in within Kunduz. All partners will prioritize the hiring of locally-sourced Community Liaison staff and will travel in unmarked vehicles when necessary to ensure the safety of staff deployed under this project.

ACTED Afghanistan has a Country Security Plan, as well as area-specific security plans and procedures. ACTED also has a Security department headed by an experienced, international Country Security Manager, and dedicated staff in Faryab, Kunduz and Takhar provinces. This team collects and disseminates up-to-date information on any threat that may affect project staff and operations on a daily basis, and takes prompt action whenever required.

Risks associated with distribution activities include attacks, threats, extortion, theft and intimidation against beneficiaries as part of cash or food distributions. In areas where this issue is identified, ACTED and DACAAR will endeavor to ensure that distribution points are located as close as possible to beneficiaries' homes and will ensure that interventions (particularly cash-based interventions) are not diverted by AOGs or criminal groups, notably by coordinating closely with local authorities and stakeholders, and by selecting beneficiaries through a neutral, transparent, and vulnerability-based approach.

Given the highly dynamic security context in the target districts, it is paramount that a thorough local-level review of the security situation be executed prior to the commencement of project activities. To this end, all partners commit to the preparation and submission of a Security and Risk Analysis report to the HFU before the end of October 2017.

However, with ACTED's ongoing operations in many of the target areas, as part of ACTED's standard security approach, a number of recent security trends have been identified: the highest record of incidents in the region (as of September 2017) remained in Kunduz province with up to 20 AOG incidents taking place on a weekly basis. Fighting between AOG's and security forces took place in Chaha Dara, Imam Sahib, Khanabad and Dashte Archi. ANSF activity against the AOG is underway through Kunduz and Takhar in the northern districts. The main road between Kunduz and Takhar is open for traffic while still is not safe for NGOs still the operation is ongoing for clearance. The Taliban set conditions during the winter phase of its yearlong campaign, Operation Omari, to target provincial capitals during its upcoming spring 2017 offensive. Taliban militants attacked security posts and district centers near the provincial capital of Kunduz. Tens of thousands of people were displaced, living in shelters, spread across large tracts of countryside. Although the insurgents were pushed back, many observers believe it is only a matter of time before a determined assault will be attempted.

The International NGO Safety Organisation (INSO), reported that in the first two weeks on September, Faryab province had a relatively low level of conflict with 31 security incidents reported, noting however that Almar district was the exception, with regular AOG activity, recording five incidents in a fortnight. Almar depends heavily upon two political groups (Jamiat and Junbesh) to provide security, however these do not cooperate currently due to personal disputes between leaders. This dispute has allowed AOGs to push forward: AOGs have been increasingly able to threaten the Maymana-Almar Road, via access from Shah Qasimi in the bordering area between Pashtun Kot and Almar.

#### **Access**

The corner stone of ACTED's access to the target areas is through its previous NSP programming in Faryab, Takhar and Kunduz. Through supporting in the development of local governance structures and widespread community infrastructure projects, ACTED has been able to garner extensive community-level acceptance even in remote and contested areas. Access has been clearly demonstrated through the household level assessment conducted to support the beneficiary targeting for this allocation, which included over 1,000 household surveys across all targeted districts. ACTED has had development programming in Faryab, including Almar and Pashtunkot for over 10 years. ACTED has provided cash assistance to newly displaced IDPs in Khanabad, Imam Sahib, Qala E Zal, Chahardara, and Khwaja Ghar through the Emergency Response Mechanism within the past 12 months. A recent access success experienced by DACAAR and ACTED has been assessing and assisting IDPs in the Jungle area of Imam Sahib, which had been inaccessible for humanitarian agencies for almost a decade. ACTED will now utilize this access to target prolonged IDPs in these areas.

Recognizing that the target areas of the intervention often have dynamic security environments, ACTED will use its provincial level security focal points, as well as local contacts, to monitor road security and changes in the local context during the project period. Adjustments will be made to project implementation should access change.

The following stakeholders will be used to ensure that access is maintained throughout the duration of the project: local leaders/elders, CDC leaders, ACTED staff from the target areas, local government, etc. These stakeholders will be the conduits between the implementing agencies and AOGs should access negotiations be necessary. High level community integration will also allow ACTED to increase its potential to access vulnerable individuals and households, who are often overlooked in assessments due to their marginalization and decreased level of visibility. Site selection for activities will be consultative with community focal points. It's important to note that the implementing agencies have already established the necessary access networks for project implementation.

ACTED will support DACAAR and Halo Trust in ensuring they can access areas where they don't have current programming, however all partners have extensive experience in conducting programming in challenging security contexts across the country, including Kunduz: DACAAR has been implementing activities in Kunduz provinces since 2013. A majority of the projects implemented were WASH and given that WASH activities require robust and continuous community mobilization, the interventions have allowed DACAAR to build strong relationships with the communities it has served. DACAAR considers CDCs as the primary point of contact and partner in implementing projects. Going into new areas, DACAAR makes use of its existing network of CDC leaders to open communications channels with new CDCs. DACAAR also prioritizes the hiring of local staff wherever possible as this promotes improved access and higher acceptance.

HALO expects to access beneficiaries in need through ACTED's well established community liaison strategies in this province. Before activities commence, Halo staff will explain the aims of the project and activities to community leaders, formally requesting permission to return and work within the community. This will happen in month one alongside MEIFCS/assessments. Halo has conducted a preliminary security assessment to determine which districts it is safe for Halo teams to work in. Senior staff will monitor the security situation in each area and make any changes necessary to the deployment plan for the teams in the event of a sudden deterioration in security in the districts planned.

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Program - Livelihood Technical Coordinator (International)	D	1	5,500.00	12	25.00	16,500.00
	<p><i>ACTED employs international staff managers based in Kabul or Mazar. The Technical coordinator supervises all the Livelihood project, coordinate the action with partners, FSAC clusters, and WG. He will directly supervise the Project Manager in Kunduz. The unit cost includes base salary as per ACTED's pay scale as well as all applicable cost in line with ACTED's HR Manual (benefits, R&amp;R...).</i>  <math>1 \text{ person} * 12 \text{ months} * 5,500 \text{ USD} * 25\% = 16,500 \text{ USD}</math></p>						
1.2	Program - AMEU Manager (International)	D	1	6,500.00	12	16.50	12,870.00
	<p><i>ACTED employs international staff managers based in Kabul or Mazar. The AMEU Manager prepares ToR, methodology and tools for AMEU Officers, develop M&amp;E plan, conduct baseline, PDM and endline. Oversee AMEU team will be responsible for regular monitoring of the project. The unit cost includes base salary as per ACTED's pay scale as well as all applicable cost in line with ACTED's HR Manual (benefits, R&amp;R...).</i>  <math>1 \text{ person} * 12 \text{ months} * 6,500 \text{ USD} * 16.5\% = 12,870 \text{ USD}</math></p>						
1.3	Program - Project Manager (Kunduz)	D	1	1,100.00	12	50.00	6,600.00
	<p><i>"The project manager is in charge of following-up with the project implementation of the overall project, coordinating the team, and consolidating information from his area of intervention. He will also be the focal point between field and capital, and will directly respond to the Technical Coordinator and the Country Director. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>1 \text{ person} * 12 \text{ months} * 1,100 \text{ USD} * 50\% = 6,600 \text{ USD}</math>"</p>						
1.4	Program - Deputy Project Manager (Faryab)	D	1	950.00	12	50.00	5,700.00
	<p><i>"The deputy project manager is in charge of following-up with the project implementation in Faryab province, coordinating the team, and consolidating information from his area of intervention. He will be also the focal point between field and capital, and will directly respond to the Project Manager. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>1 \text{ person} * 12 \text{ months} * 950 \text{ USD} * 50\% = 5,700 \text{ USD}</math>"</p>						
1.5	Program - AMEU Monitors	D	5	550.00	12	50.00	16,500.00
	<p><i>"Include 3 AMEU Officers (2 males + 1 female) for Kunduz and Takhar provinces, and 2 AMEU Officers (1 male + 1 female) for Faryab province. Responsible for managing the assessment at a Base Level, consolidating the data and reporting to AMEU Manager. Allocated to the project to ensure a consistent coordination of the beneficiary verification, assessments and the monitoring of the implementation. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>5 \text{ persons} * 12 \text{ months} * 550 \text{ USD} * 50\% = 16,500 \text{ USD}</math>"</p>						
1.6	Program - Community Mobilizers	D	10	450.00	12	50.00	27,000.00
	<p><i>"Include 6 Community Mobilizers (3 males + 3 females) for Takhar province, 2 Community Mobilizers (1 male + 1 female) for Kunduz province, and 2 Community Mobilizers (1 male + 1 female) for Faryab Province. Community mobilizers will be in charge of ensuring field assessment to prepare intervention, and will ensure activities planning and set up. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>10 \text{ persons} * 12 \text{ months} * 450 \text{ USD} * 50\% = 27,000 \text{ USD}</math>"</p>						
1.7	Program - Complaint Responses Mechanism Officer	D	1	480.00	12	25.00	1,440.00
	<p><i>"The Complaint Responses Mechanism Officer prepares leaflets and tools for the complaint mechanism, he/she will be handling the phone line, and will supervise with the AMEU Manager the checking of all the complaints. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>1 \text{ person} * 12 \text{ months} * 480 \text{ USD} * 25\% = 1,440 \text{ USD}</math>"</p>						
1.8	Program - Cashiers	D	3	600.00	12	25.00	5,400.00
	<p><i>"Include 1 Cashier per province. Each cashier is responsible for the day-to-day cash management, and they will be responsible for the two (2) cash distributions. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>3 \text{ persons} * 12 \text{ months} * 600 \text{ USD} * 25\% = 5,400 \text{ USD}</math>"</p>						
1.9	Program - Driver	D	4	450.00	12	50.00	10,800.00
	<p><i>"Include 2 Drivers for Takhar province, 1 driver for Kunduz province and 1 driver for Faryab province. One driver per each ACTED car allocated for this project. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</i>  <math>4 \text{ persons} * 12 \text{ months} * 450 \text{ USD} * 50\% = 10,800 \text{ USD}</math>"</p>						
1.10	Kabul - Country Director (International)	S	1	9,000.00	12	8.50	9,180.00

	<p>ACTED employs international staff managers based in Kabul or Mazar. The Country Director is responsible for ACTED's mission in Afghanistan. The unit cost includes base salary as per ACTED's pay scale as well as all applicable cost in line with ACTED's HR Manual (benefits, R&amp;R...).</p> <p>1 person*12 months*9,000 USD (including salary + 500 USD per diem + 5 USD Food Allowance per day + 50 USD of insurance costs) *8.5% = 9,180 USD</p>						
1.11	Kabul - Country Logistic Manager (International)	S	1	6,500.00	12	8.50	6,630.00
	<p>ACTED employs international staff managers based in Kabul or Mazar. The Country Finance Manager is responsible for Financial and HR Oversight of ACTED Afghanistan, ensures financial and HR management, compliance, and transparency. The unit cost includes base salary as per ACTED's pay scale as well as all applicable cost in line with ACTED's HR Manual (benefits, R&amp;R...).</p> <p>1 person*12 months*6,500 USD (including salary + 500 USD per diem + 5 USD Food Allowance per day + 50 USD of insurance costs) *8.5% = 6,630 USD</p>						
1.12	Kabul - Project Development Manager (International)	S	1	6,500.00	12	8.50	6,630.00
	<p>ACTED employs international staff managers based in Kabul. The employee will supervise all reporting activities, including liaison and reports to/with OCHA. S/he will participate to coordination and cluster meetings in Kabul. The unit cost includes base salary as per ACTED's pay scale as well as all applicable cost in line with ACTED's HR Manual (benefits, R&amp;R...).</p> <p>1 person*12 months*6,500 USD (including salary + 500 USD per diem + 5 USD Food Allowance per day + 50 USD of insurance costs) *8.5% = 6,630 USD</p>						
1.13	Kabul - Support Managers (Log, Fin, Admin, Sec, Audit...)	S	5	1,880.00	12	8.50	9,588.00
	<p>"ACTED employs support staff managers based in Kabul, including finance, logistics, human resources, audit ... to ensure project procurement and administration is properly maintain, respecting donors compliancy, and internal procedures. They are responsible for Kabul office and also all the field offices. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>5 persons*12 months*1,880 USD (average of monthly costs for the pre-identified staff members)*8.5% = 9,588 USD"</p>						
1.14	Kabul - Support Officers (Log, Fin, Admin, Sec, Audit...)	S	5	1,173.00	12	8.50	5,982.30
	<p>"ACTED employs support staff officers based in Kabul, including finance, logistics, human resources, audit ... to ensure project procurement and administration is properly maintained, respecting donors compliancy, and internal procedures. They are responsible for Kabul office and also all the field offices. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>5 persons*12 months*1,173 USD (average of monthly costs for the pre-identified staff members)*8.5% = 5,982 USD"</p>						
1.15	Kabul - Support Staff (Guard, Cook, Cleaner...)	S	13	528.00	12	8.50	7,001.28
	<p>"ACTED employs national staff such as drivers, guards, cooks and cleaners for its premises. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>13 persons*12 months*528 USD (average of monthly costs for the pre-identified staff members)*8.5% = 7,001 USD"</p>						
1.16	Faryab - Area Coordinator	S	1	3,204.00	12	12.50	4,806.00
	<p>"ACTED area coordinator is in charge of the overall supervision in his area ensuring activities are running according to the plan, representation with local authorities and doners, as well as context analysis in term of security. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>1 person*12 months*3,204 USD*12.5% = 4,806 USD"</p>						
1.17	Faryab - Base Manager	S	1	2,033.00	12	12.50	3,049.50
	<p>"ACTED base manager is in charge of the overall supervision in his province ensuring activities are running according to the plan, as well as context analysis in terms of security. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>1 person*12 months*2,033 USD*12.5% = 3,050 USD"</p>						
1.18	Faryab - Support Officers and Assistants (Log, Fin, Admin, Sec, Audit...)	S	7	869.00	12	12.50	9,124.50
	<p>ACTED employs support staff officers based in Faryab Province, including finance, logistics, human resources, audit ... to ensure project procurement and administration is properly maintain, respecting donors compliancy, and internal procedures. They are responsible for their field office and sub-bases. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>7 persons*12 months*869 USD (average of monthly costs for the pre-identified staff members)*12.5% = 9,125 USD</p>						
1.19	Faryab - Support Staff (Guard, Cook, Cleaner...)	S	5	370.00	12	12.50	2,775.00
	<p>"ACTED employs national staff such as drivers, guards, cooks and cleaners for its premises. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>5 persons*12 months*370 USD (average of monthly costs for the pre-identified staff members)*12.5% = 2,775 USD"</p>						
1.20	Kunduz - Base Manager	S	1	1,163.00	12	16.50	2,302.74
	<p>"Kunduz office is a recent and small size office, so most of the support come from Takhar office. ACTED base manager is in charge of the overall supervision in his province ensuring activities are running according to the plan, as well as context analysis in terms of security. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual.</p> <p>1 person*12 months*1,163 USD*16.5% = 2,303 USD"</p>						
1.21	Kunduz - Support Officers and Assistants (Log, Fin, Admin, Sec, Audit...)	S	2	802.00	12	16.50	3,175.92

	<p>Kunduz office is a recent and small size office, so most of the support comes from Takhar office. ACTED employs one support staff officers and one assistant based in Kunduz Province, including finance, logistics, human resources, audit ... to ensure project procurement and administration is properly maintained, respecting donors compliancy, and internal procedures. They are responsible for their field office and sub-bases. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual. 1 person*12 months*802 USD*16.5% = 3,176 USD</p>						
1.22	Kunduz - Support Staff (Guard, Cook, Cleaner...)	S	5	336.00	12	16.50	3,326.40
	<p>"Kunduz office is a recent and small size office, so most of the support comes from Takhar office. ACTED employs national staff such as drivers, guards, cooks and cleaners for its premises. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual. 5 persons*12 months*336 USD (average of monthly costs for the pre-identified staff members)*16.5% = 3,326 USD"</p>						
1.23	Takhar - Base Manager	S	1	2,697.00	12	25.00	8,091.00
	<p>"Takhar office is the main base of operation for Takhar and Kunduz provinces, people will directly support the program implementation in Kunduz districts. ACTED base manager is in charge of the overall supervision in his province ensuring activities are running according to the plan, as well as context analysis in term of security. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual. 1 person*12 months*2,697 USD*25% = 8,091 USD"</p>						
1.24	Takhar - Support Officers (Log, Fin, Admin, Sec, Audit...)	S	3	868.00	12	25.00	7,812.00
	<p>"Takhar office is the main base of operation for Takhar and Kunduz provinces, people will directly support the program implementation in Kunduz districts. ACTED employs three support staff officers and one assistant based in Takhar Province, including finance, logistics, human resources, audit ... to ensure project procurement and administration is properly maintained, respecting donors compliancy, and internal procedures. They are responsible for their field office and sub-bases. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual. 3 persons*12 months*868 USD (average of monthly costs for the pre-identified staff members)*25% = 7,812 USD"</p>						
1.25	Takhar - Support Staff (Guard, Cook, Cleaner...)	S	5	396.00	12	25.00	5,940.00
	<p>"Takhar office is the main base of operation for Takhar and Kunduz provinces, people will directly support the program implementation in Kunduz districts. ACTED employs national staff such as drivers, guards, cooks and cleaners for its premises. The unit cost includes base salary as per ACTED's pay scale as well as all applicable benefits in line with ACTED's HR Manual. 5 persons*12 months*396 USD (average of monthly costs for the pre-identified staff members)*25% = 5,940 USD"</p>						
	<b>Section Total</b>						<b>198,224.64</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Act. 1.1.1 - Assessment & Beneficiaries Selection (refreshment, printing, supplies, ...)	D	2000	1.00	1	100.00	2,000.00
	<p>"ACTED will conduct assessments in order to select the 2,000 beneficiaries (1,600 in Kunduz + 300 in Faryab province + 100 in Takhar province) most vulnerable. An amount of USD 1 per beneficiary is taken in order to cover all the expenses regarding the assessment : enumerators, training of the enumerators, printing ... 2,000 beneficiaries x 1 USD x 1 assessment = 2,000 USD"</p>						
2.2	Act. 1.1.1 - Sensitization Cost (Printing, kitchen set, gaz ...)	D	2000	1.00	1	100.00	2,000.00
	<p>"In order to give a proper sensitization regarding good cooking practices and dietary diversity, leaflets will be printed and demonstration will be implemented. ACTED will purchase kitchen sets, gaz and food. A amount of 1 USD per beneficiary has been chosen based on ACTED's past experience. 2,000 beneficiaries x 1 USD x 1 assessment = 2,000 USD"</p>						
2.3	Act. 1.1.2 - Cash for food distribution (Takhar)	D	100	90.00	2	100.00	18,000.00
	<p>"ACTED will distribute twice an amount of 90 USD to 100 beneficiaries in Takhar province. 100 beneficiaries x 90 USD x 2 distributions = 18,000 USD"</p>						
2.4	Act. 1.1.2 - Cash for food distribution (Kunduz)	D	1600	90.00	2	100.00	288,000.00
	<p>"ACTED will distribute twice an amount of 90 USD to 1,600 beneficiaries in Kunduz province. 1,600 beneficiaries x 90 USD x 2 distributions = 288,000 USD"</p>						
2.5	Act. 1.1.2 - Cash for food distribution (Faryab)	D	300	90.00	2	100.00	54,000.00
	<p>"ACTED will distribute twice an amount of 90 USD to 300 beneficiaries in Faryab province. 300 beneficiaries x 90 USD x 2 distributions = 54,000 USD"</p>						
2.6	Act. 1.1.2 - Transfer fees (Faryab beneficiaries)	D	0.01	360,000.00	1	100.00	3,600.00
	<p>"In order to transfer cash to the distribution areas, ACTED will use Hawala, a percentage of 1% regarding the overall amount distribute is necessary as transfert fees. 360,000 USD (Amount of the cash distribution) x 1% = 3 600 USD"</p>						
2.7	Act. 1.1.2 - Distribution Cost (Renting, security, ...)	D	2000	0.50	2	100.00	2,000.00
	<p>"In order that each cash distribution happens in a secure place, and that activities are in line with culturally appropriate protection practices, ACTED will adapt the chosen place. An amount of 1 USD per beneficiary has been chosen based on ACTED's past experience. 2,000 beneficiaries x 0.5 USD x 2 distributions = 2,000 USD"</p>						
2.8	Act. 1.1.3 - Post Distribution Monitoring (refreshment, printing, supplies, ...)	D	200	1.00	1	100.00	200.00

	"ACTED will conduct a post-distribution monitoring and will assess 10% of the beneficiaries (200 beneficiaries). An amount of USD 1 per beneficiary is needed in order to cover all the expenses regarding the assessment : enumerators, training of the enumerators, printing ... 200 beneficiaries x 1 USD x 1 PDM = 200 USD"						
2.9	ACTED - Transerval - Complaint mechanism	D	3000	0.15	1	100.00	450.00
	"In order to insure transparency regarding the project ACTED will print 3,000 leaflets (2,000 beneficiaries x 150%) with the Complaint Mechanisme ACTED number on it. Leaflets will be available during the distribution for beneficiaries, and non-beneficiaries. 3,000 leaflets x 0.15 USD of printing cost each = 450 USD"						
	<b>Section Total</b>						<b>370,250.00</b>
<b>3. Equipment</b>							
3.1	Laptop	S	3	700.00	1	100.00	2,100.00
	"ACTED will purchase 3 computers (1 per each province) for the staff to use for this project, including for all project-related email communication, analysis of data, database management, and creating reports and analyses. 3 computers x 700 USD per computer x 100% = 2,100 USD"						
3.2	Smartphone	D	10	300.00	1	100.00	3,000.00
	"ACTED will purchase 10 phones for the staff to use for this project, including for all project-related assessment, PDM & communication. 10 phones x 300 USD per computer x 100% = 3,000 USD"						
	<b>Section Total</b>						<b>5,100.00</b>
<b>4. Contractual Services</b>							
4.1	Vehicles costs for Takhar - Adhoc Rental vehicle	D	44	40.00	1	100.00	1,760.00
	"Upon needs, ACTED will rent adhoc vehicles in Takhar province in order to insure the implementation of the activities, the assessment and PDM of the project. The cost includes rental cost and driver. 44 days (2 months x 22 open days) x 40 USD per day = 1,760 USD"						
4.2	Vehicles costs for Faryab - Adhoc Rental vehicle	D	44	40.00	1	100.00	1,760.00
	"Upon needs, ACTED will rent adhoc vehicles in Faryab province in order to insure the implementation of the activities, the assessment and PDM of the project. The cost includes rental cost and driver. 44 days (2 months x 22 open days) x 40 USD per day = 1,760 USD"						
4.3	Vehicles costs for Kunduz - Adhoc Rental vehicle	D	22	40.00	1	100.00	880.00
	"Upon needs, ACTED will rent adhoc vehicles in Kunduz province in order to insure the implementation of the activities, the assessment and PDM of the project. The cost includes rental cost and driver. 22 days (1 month x 22 open days) x 40 USD per day = 880 USD"						
	<b>Section Total</b>						<b>4,400.00</b>
<b>5. Travel</b>							
5.1	International Flight	S	2	1,800.00	1	100.00	3,600.00
	"ACTED will fly expatriate staffs to/from Kabul. 2 international flights (Round trips) x 1,800 USD per flight x 100% = 3,600 USD"						
5.2	In-Country Flight	D	4	221.00	12	50.00	5,304.00
	"ACTED will fly expatriate and national staffs to/from implementing Areas. 2 flights per month from/to Faryab province and flights per month from/to Takhar/Kunduz province 4 national flights (Round trips) x 221 USD per flight x 12 months x 50% = 5,304 USD"						
5.3	Vehicles costs - ACTED vehicles - Fuel, Maintenance ...	D	4	450.00	12	50.00	10,800.00
	"Include 2 cars for Takhar province, 1 car for Kunduz Province and 1 car for Faryab province. ACTED will provide vehicles for staff use during the project. Vehicle cost includes fuel, maintenance, legal documents... for ACTED cars. 4 vehicles x 450 USD per vehicle per month x 12 months x 50%= 10,800 USD"						
	<b>Section Total</b>						<b>19,704.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
6.1	HALO - Sub-Grant	D	7	19,687.71	1	100.00	137,814.00
	<i>Budget detail and narrative section in Annex VIII.</i>						
6.2	DACAAR - Sub-Grant	D	7	85,175.47	1	100.00	596,228.28

	<i>Budget detail and narrative section in Annex VIII.</i>						
	<b>Section Total</b>						<b>734,042.28</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Program - Perdiem for National Staff (or food purchase)	D	138	50.00	1	100.00	6,900.00
	<i>ACTED will provide perdiem (50 USD per month) or will purchase food for the same amount, in order to cover food cost for program staff members. 138 months budgeted in Chapter "Staff and Other Personnel Costs" x 50 USD = 6,900 USD</i>						
7.2	Kabul - Perdiem for National Staff (or food purchase)	S	23	50.00	1	100.00	1,150.00
	<i>ACTED will provide perdiem (50 USD per month) or will purchase food for the same amount, in order to cover food cost for Kabul staff members. 23 months budgeted in Chapter "Staff and Other Personnel Costs" x 50 USD = 1,150 USD</i>						
7.3	Kabul - Office Supplies (toners, ...)	S	1	1,500.00	12	8.50	1,530.00
	<i>Office consumable and stationnaries for the Kabul office, as per monthly average over the past year. 1 office x 1,500 USD per month x 12 months x 8.5% = 1,530 USD</i>						
7.4	Kabul - Communication Costs (internet, mobile ...)	S	1	1,500.00	12	8.50	1,530.00
	<i>ACTED will provide staff from Kabul with internet, a phone, and 3G service for this project, as per monthly average over the past year. 1 office x 1,500 USD per month x 12 months x 8.5% = 1,530 USD</i>						
7.5	Mission - IT equipment maintenance	S	1	500.00	12	8.50	510.00
	<i>ACTED will repair and maintain its IT equipment in order to fully equip its program and support team, both at coordination and field level, as per monthly average over the past year. 1 month x 500 USD per month x 12 months x 8.5% = 510 USD</i>						
7.6	Kabul - Office Rental	S	1	16,000.00	12	4.25	8,160.00
	<i>ACTED's offices, guesthouses and workshop in Kabul will be use during this project. The rent will be paid on a monthly basis. 1 office x 16,000 USD per month representing the 4 premises (1 office at 4,500 USD + 1 guesthouse at 11,500 USD + 1 worksop 400 USD = 16,400 USD round down to 16,000 USD) x 12 months x 4.25% = 8,160 USD</i>						
7.7	Kabul - Office monthly fees (energy, ...) & maintenance	S	1	2,425.00	12	8.50	2,473.50
	<i>ACTED's offices and guesthouses in Kabul will be used during this project. The energy, maintenance, and utilities will be paid on a monthly basis, as per monthly average over the past year. 1 office x 2,425 USD per month representing the 4 premises (2 offices + 1 guesthouse + 1 worksop) x 12 months x 8.5% = 2,474 USD</i>						
7.8	Kabul - Administratives Costs (bank, taxes, insurance ...)	S	1	670.50	12	8.50	683.91
	<i>ACTED will cover administrative costs during the project, as per monthly average over the past year. 1 mission x 670.5 USD per month x 12 months x 8.5% = 684 USD</i>						
7.9	Faryab - Subsistance Allowance for National Staff (or food purchase)	S	21	50.00	1	100.00	1,050.00
	<i>ACTED will provide perdiem (50 USD per month) or will purchase food for the same amount, in order to cover food cost for Faryab staff members. 21 months budgeted in Chapter "Staff and Other Personnel Costs" x 50 USD = 1,050 USD</i>						
7.10	Faryab - Office Supplies (toners, ...)	S	1	900.00	12	12.50	1,350.00
	<i>Office consumable and stationnaries for the Faryad office and sub-offices, as per monthly average over the past year. 1 province x 900 USD per month x 12 months x 12.5% = 1,350 USD</i>						
7.11	Faryab - Communication Costs (internet, mobile ...)	S	1	620.00	12	12.50	930.00
	<i>ACTED will provide staff from Faryab province with internet, a phone, and 3G service for this project, as per monthly average over the past year. 1 province x 620 USD per month x 12 months x 12.5% = 930 USD</i>						
7.12	Faryab - Office rental, monthly fees (energy ...) & maintenance	S	1	3,300.00	12	12.50	4,950.00
	<i>ACTED's offices, guesthouses and sub-offices in Faryab province will be used during this project. The rent, energy, maintenance, and utilities will be paid on a monthly basis, as per monthly average over the past year. 1 province x 3,300 USD per month x 12 months x 12.5% = 4,950 USD</i>						
7.13	Faryab - Administratives Costs (bank, taxes, insurance ...)	S	1	600.00	12	12.50	900.00
	<i>"ACTED will cover administrative costs during the project. 1 mission x 600 USD per month x 12 months x 12.5% = 900 USD"</i>						

7.14	Kunduz - Subsistence Allowance for National Staff (or food purchase)	S	16	50.00	1	100.00	800.00
	<i>ACTED will provide per diem (50 USD per month) or will purchase food for the same amount, in order to cover food cost for Kunduz staff members. 16 months budgeted in Chapter "Staff and Other Personnel Costs" x 50 USD = 800 USD</i>						
7.15	Kunduz - Office Supplies (toners, ...)	S	1	300.00	12	16.50	594.00
	<i>Office consumable and stationnaries for the Kunduz office and sub-offices, as per monthly average over the past year. 1 province x 300 USD per month x 12 months x 16.5% = 594 USD</i>						
7.16	Kunduz - Communication Costs (internet, mobile ...)	S	1	180.00	12	16.50	356.40
	<i>ACTED will provide staff from Kunduz province with internet, a phone, and 3G service for this project, as per monthly average over the past year. 1 province x 180 USD per month x 12 months x 16.5% = 356 USD</i>						
7.17	Kunduz - Office rental, monthly fees (energy ...) & maintenance	S	1	1,263.00	12	16.50	2,500.74
	<i>ACTED's offices, guesthouses and sub-offices in Kunduz province will be use during this project. The rent, energy, maintenance, and utilities will be paid on a monthly basis, as per monthly average over the past year. 1 province x 1,236 USD per month x 12 months x 16.5% = 2,501 USD</i>						
7.18	Kunduz - Administratives Costs (bank, taxes, insurance ...)	S	1	350.00	12	16.50	693.00
	<i>"ACTED will cover administrative costs during the project, as per monthly average over the past year. 1 mission x 350 USD per month x 12 months x 16.5% = 693 USD"</i>						
7.19	Takhar - Subsistence Allowance for National Staff (or food purchase)	S	30	50.00	1	100.00	1,500.00
	<i>ACTED will provide per diem (50 USD per month) or will purchase food for the same amount, in order to cover food cost for Takhar staff members. 30 months budgeted in Chapter "Staff and Other Personnel Costs" x 50 USD = 1,500 USD</i>						
7.20	Takhar - Office Supplies (toners, ...)	S	1	900.00	12	25.00	2,700.00
	<i>"Office consumable and stationnaries for the Takhar office and sub-offices, as per monthly average over the past year. 1 province x 900 USD per month x 12 months x 25% = 2,700 USD"</i>						
7.21	Takhar - Communication Costs (internet, mobile ...)	S	1	530.00	12	25.00	1,590.00
	<i>"ACTED will provide staff from Takhar province with internet, a phone, and 3G service for this project, as per monthly average over the past year. 1 province x 530 USD per month x 12 months x 25% = 1,590 USD"</i>						
7.22	Takhar - Office rental, monthly fees (energy ...) & maintenance	S	1	1,700.00	12	25.00	5,100.00
	<i>"ACTED's offices, guesthouses and sub-offices in Takhar province will be use during this project. The rent, energy, maintenance, and utilities will be paid on a monthly basis, as per monthly average over the past year. 1 province x 1,700 USD per month x 12 months x 25% = 5,100 USD"</i>						
7.23	Takhar - Administratives Costs (bank, taxes, insurance ...)	S	1	450.00	12	25.00	1,350.00
	<i>"ACTED will cover administrative costs during the project, as per monthly average over the past year. 1 mission x 450 USD per month x 12 months x 25% = 1,350 USD"</i>						
	<b>Section Total</b>						<b>49,301.55</b>
	<b>SubTotal</b>			11,677.01			<b>1,381,022.47</b>
	Direct						1,237,506.28
	Support						143,516.19
	<b>PSC Cost</b>						
	PSC Cost Percent						7.00
	PSC Amount						96,671.57
	<b>Total Cost</b>						<b>1,477,694.04</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	
Takhar -> Khwajaghar	2	126	133	231	210	700	<p>Activity 1.1.1 : Assessment and Beneficiary Selection</p> <p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or returnees, so as to ensure perceived fairness and local acceptance of the intervention in specific target areas where support to prolonged IDPs may be found to be a sensitive issue. Households will be selected based on their need for food assistance, as attested by results of the HEAT survey and the prevalence of poor food consumption scores and dietary diversity, with the mostly highly vulnerable prioritized for assistance. Beneficiary selection and following distribution and sensitization will be organized on a rolling basis to cover the needs of target populations during the peak hunger season.</p> <p>During the early stages of the project, ACTED will coordinate with local communities, authorities and key stakeholders to explain the project, as well as its objectives and methodology in each target area. This approach will serve to secure community buy-in and access. ACTED will then carry out a rapid assessment in identified target areas using an adapted version of the OCHA-endorsed HEAT, to determine household levels of food security (through food consumption scoring and dietary diversity). Data collected through this assessment will serve as baseline to evaluate the impact of the project on beneficiaries' food security. Baseline indicators will be calculated based on a 10% sample of the total caseload. The household-level assessment will help confirm the number, gender and age profile, and vulnerabilities of the affected population and priority needs. Where priority needs are identified that cannot be catered for by the proposed action (e.g. WASH needs, protection needs, etc.), ACTED will liaise with relevant local stakeholders, humanitarian and development agencies to mobilize additional support.</p> <p>ACTED will complement this household-level assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.</p> <p>ACTED will closely coordinate with the Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC</p>

will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and ACTED will also compare their selected beneficiary lists an address any overlap.  
Activity 1.1.2 : Cash-for-Food Distributions

Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.

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Activity 1.1.3 : Post Distribution Monitoring

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Kunduz -> Emamsaheb	18	17,394	18,360	31,889	28,989	96,632	<p>Activity 1.1.1 : Undertake needs assessment in the targeted districts to identify the specific WASH needs of IDPs and their vulnerable host communities</p> <p>DACAAR will undertake a comprehensive assessment of the WASH needs of the IDPs and their vulnerable host communities in the five targeted districts of Kunduz province during the first month of the intervention in coordination with ACTED. The five districts to be assessed are: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal. This will allow DACAAR to tailor the WASH interventions to the specific needs of each beneficiary family.</p> <p>Given that a comprehensive needs assessment was not possible during project development, the targets and types of interventions are tentatively planned based on reliable available secondary information including OCHA field reports and ACAPS briefing notes as well as needs assessments in support of other projects.</p> <p>Activity 1.1.1 : Mine Risk Education</p> <p>The survey teams will provide MRE to men, women, girls and boys living in vulnerable communities to increase their knowledge of the risks of explosive remnants of war (ERW) and of how to identify items and seek assistance, thus reducing the risk of accidents. MRE sessions will be delivered in Kunduz by two mixed-gender survey teams.</p> <p>Activity 1.1.1 : Assessment and Beneficiary Selection</p> <p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be</p>

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Activity 1.1.2 : Emergency provision of safe water (water-trucking)

Where a lack of access to sufficient safe drinking water is identified, water-trucking will begin as quickly as possible to provide (minimum) 15 liters per person per day to the affected population in accordance with the Sphere Standards. Water trucking will last for a maximum of 60 days during which DACAAR will seek to find more durable ways in which to provide safe drinking water (see activities below). Water tankers will fill up reservoirs placed in strategic locations from where the affected population can fetch the water through taps. The placement of the reservoirs will seek to ensure that nobody has more than 500m or 15 minutes to the closest water point. This is particularly a concern from the protection angle as it is mostly women and children who collect water in the Afghan context.

Soak pits will be constructed at the reservoirs to avoid creating pools of stagnant water. Water will be chlorinated; water quality testing will be conducted on a weekly basis to ensure the water is not contaminated. If no durable solution can be found by rehabilitating an existing water point or constructing a new water point (because of e.g. technically challenging location, land issues or lack of approval by local authorities. Water kits will be distributed in connection to the water trucking for each targeted family.

Activity 1.1.3 : Rehabilitation of previously non-functional water points

50 water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each rehabilitated water source will assist approximately 15 families as per the Ministry of Rural Rehabilitation and Development (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 cases in which natural drainage is not available, DACAAR will construct a soak pit. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the rehabilitated wells are accessible to all beneficiary families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will rehabilitate non-functional water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

#### Activity 1.1.3 : Post Distribution Monitoring

Given that assistance will cover households' needs for a period of two consecutive months, ACTED will commit to conducting PDM surveys within two months from cash or in-kind distributions in each target area. The PDM will evaluate the process of cash or in kind food assistance delivery, as experienced by beneficiaries. In addition, ACTED will build end line questions to evaluate beneficiaries' food consumption score, dietary diversity and reliance on negative coping mechanisms into this survey. These PDMs/end lines will be conducted by staff not involved in the distribution of cash or in-kind assistance, but by ACTED's independent AMEU so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. ACTED will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. ACTED will hire couples of monitors to conduct the monitoring of its project, composed by one male monitor and one female monitor working in pair. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling ACTED to collect disaggregated data. Through this system, ACTED will notably ensure that any negative impact that the project could have on women will be identified and addressed by ACTED project team.

In exceptional circumstances where ACTED cannot conduct the PDM/endline on the ground due to access constraints, this PDM/endline will be conducted over the phone. Results of the household PDM/endline survey will be filed in ACTED's database, and findings of the focus group discussions will be summarized in the PDM report. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future food assistance interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.

#### Activity 1.1.4 : Establishment of new water points

In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR will establish 70 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 a flow rate of 7.5L/minute) will seek to benefit approximately 20 families (approximately 140 persons). 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. To encourage community buy-in and a sense of ownership, communities will also contribute to the construction work through the provision of unskilled labor. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the new wells are accessible to all benefiting families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will construct new water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

Activity 1.1.5 : Distribution of bio-sand filters for household water treatment

DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.

Activity 1.1.6 : Organize training on Operation and Maintenance (O&M) of hand pumps for selected caretakers in the intervention area

120 caretakers will be identified and trained on the proper usage and maintenance of hand pumps. Subsequently, they will be the focal point for the WUG and the site engineer. The caretaker also accompanies the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. The caretaker's role is then to ensure the proper usage, cleaning, maintenance and repair of the water point. Caretakers also receive training on chlorination.

Activity 1.1.7 : Conduct water quality tests for all newly constructed and rehabilitated water points

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

Activity 1.2.1 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behavior and practices

The provision of safe water and combined sanitation and hygiene facilities will be accompanied by basic hygiene education to reduce the risk of disease. The purpose of the hygiene promotion is to increase the level of knowledge among beneficiaries in relation to: the importance of safe drinking water and adequate sanitation, WASH in relation to food safety, and personal/familial hygiene. The hygiene messaging will be provided through hygiene sessions combined with visual communications materials. In Afghanistan hygiene promotion

must be carried out separately for men and women and thus DACAAR will employ hygiene promotion "couples" for this task. Each targeted family will attend a minimum of three 1-day hygiene education sessions.  
Activity 1.2.1 : Mine and ERW Impact Free Community Survey

Halo will execute an initial sample of Mine and ERW Impact Free Community Survey (MEIFCS). This is a village-by-village survey that assess contamination levels and clearance requirements to support the Mine Action Programme of Afghanistan. MEIFCS' will be conducted throughout the project.

Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.

Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.

In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.

Activity 1.2.2 : Explosive Ordnance Disposal (EOD)

Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex

(e.g. aircraft bombs), separate bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.

Activity 1.2.2 : Installation of hand-washing stations

DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.

Activity 1.2.3 : Establishment of emergency latrines and baths for displaced families

The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.

Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget

Activity 1.2.4 : Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas

The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.

DACAAR commits to conducting PDM surveys within two months from distributions in each target area. The PDM will evaluate the process of WASH assistance delivery, as experienced by beneficiaries. These PDMs will be conducted by staff not involved in the distribution of WASH assistance so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. DACAAR will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling DACAAR to collect disaggregated data.



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In exceptional circumstances where ACTED cannot conduct the PDM/endline on the ground due to access constraints, this PDM/endline will be conducted over the phone. Results of the household PDM/endline survey will be filed in ACTED's database, and findings of the focus group discussions will be summarized in the PDM report. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future food assistance interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.

Activity 1.1.4 : Establishment of new water points

In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR will establish 70 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 a flow rate of 7.5L/minute) will seek to benefit approximately 20 families (approximately 140 persons). 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. To encourage community buy-in and a sense of ownership, communities will also contribute to the construction work through the provision of unskilled labor. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the new wells are accessible to all benefiting families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will construct new water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by

DACAAR staff.

Activity 1.1.5 : Distribution of bio-sand filters for household water treatment

DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.

Activity 1.1.6 : Organize training on Operation and Maintenance (O&M) of hand pumps for selected caretakers in the intervention area

120 caretakers will be identified and trained on the proper usage and maintenance of hand pumps. Subsequently, they will be the focal point for the WUG and the site engineer. The caretaker also accompanies the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. The caretaker's role is then to ensure the proper usage, cleaning, maintenance and repair of the water point. Caretakers also receive training on chlorination.

Activity 1.1.7 : Conduct water quality tests for all newly constructed and rehabilitated water points

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

Activity 1.2.1 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behavior and practices

The provision of safe water and combined sanitation and hygiene facilities will be accompanied by basic hygiene education to reduce the risk of disease. The purpose of the hygiene promotion is to increase the level of knowledge among beneficiaries in relation to: the importance of safe drinking water and adequate sanitation, WASH in relation to food safety, and personal/familial hygiene. The hygiene messaging will be provided through hygiene sessions combined with visual communications materials. In Afghanistan hygiene promotion must be carried out separately for men and women and thus DACAAR will employ hygiene promotion "couples" for this task. Each targeted family will attend a minimum of three 1-day hygiene education sessions.

Activity 1.2.1 : Mine and ERW Impact Free Community Survey

Halo will execute an initial sample of Mine and ERW Impact Free Community Survey (MEIFCS). This is a village-by-village survey that assess contamination levels and clearance requirements to support the Mine Action Programme of Afghanistan. MEIFCS' will be conducted throughout the project.

Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will

deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.

Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.

In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.

#### Activity 1.2.2 : Explosive Ordnance Disposal (EOD)

Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex (e.g. aircraft bombs), separate bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.

#### Activity 1.2.2 : Installation of hand-washing stations

DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.

#### Activity 1.2.3 : Establishment of emergency latrines and baths for displaced families

							<p>The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.</p> <p>Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget</p> <p>Activity 1.2.4 : Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas</p> <p>The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.</p> <p>DACAAR commits to conducting PDM surveys within two months from distributions in each target area. The PDM will evaluate the process of WASH assistance delivery, as experienced by beneficiaries. These PDMs will be conducted by staff not involved in the distribution of WASH assistance so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. DACAAR will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling DACAAR to collect disaggregated data.</p> <p>In exceptional circumstances where DACAAR cannot conduct the PDM on the ground due to access constraints, this PDM will be conducted over the phone. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future WASH interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.</p>
Kunduz -> Chardarah	18	17,394	18,360	31,889	28,989	96,632	<p>Activity 1.1.1 : Undertake needs assessment in the targeted districts to identify the specific WASH needs of IDPs and their vulnerable host communities</p> <p>DACAAR will undertake a comprehensive assessment of the WASH needs of the IDPs and their vulnerable host communities in the five</p>

targeted districts of Kunduz province during the first month of the intervention in coordination with ACTED. The five districts to be assessed are: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal. This will allow DACAAR to tailor the WASH interventions to the specific needs of each beneficiary family.

Given that a comprehensive needs assessment was not possible during project development, the targets and types of interventions are tentatively planned based on reliable available secondary information including OCHA field reports and ACAPS briefing notes as well as needs assessments in support of other projects.

#### Activity 1.1.1 : Mine Risk Education

The survey teams will provide MRE to men, women, girls and boys living in vulnerable communities to increase their knowledge of the risks of explosive remnants of war (ERW) and of how to identify items and seek assistance, thus reducing the risk of accidents. MRE sessions will be delivered in Kunduz by two mixed-gender survey teams.

#### Activity 1.1.1 : Assessment and Beneficiary Selection

2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or returnees, so as to ensure perceived fairness and local acceptance of the intervention in specific target areas where support to prolonged IDPs may be found to be a sensitive issue. Households will be selected based on their need for food assistance, as attested by results of the HEAT survey and the prevalence of poor food consumption scores and dietary diversity, with the mostly highly vulnerable prioritized for assistance. Beneficiary selection and following distribution and sensitization will be organized on a rolling basis to cover the needs of target populations during the peak hunger season.

During the early stages of the project, ACTED will coordinate with local communities, authorities and key stakeholders to explain the project, as well as its objectives and methodology in each target area. This approach will serve to secure community buy-in and access. ACTED will then carry out a rapid assessment in identified target areas using an adapted version of the OCHA-endorsed HEAT, to determine household levels of food security (through food consumption scoring and dietary diversity). Data collected through this assessment will serve as baseline to evaluate the impact of the project on beneficiaries' food security. Baseline indicators will be calculated based on a 10% sample of the total caseload. The household-level assessment will help confirm the number, gender and age profile, and vulnerabilities of the affected population and priority needs. Where priority needs are identified that cannot be catered for by the proposed action (e.g. WASH needs, protection needs, etc.), ACTED will liaise with relevant local stakeholders, humanitarian and development agencies to mobilize additional support.

ACTED will complement this household-level

assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.

ACTED will closely coordinate with the Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and ACTED will also compare their selected beneficiary lists to address any overlap.

Activity 1.1.2 : Cash-for-Food Distributions

Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.

In order to ensure that the needs of households are catered during the hunger season (typically November to February), distributions will be undertaken on a rolling basis, as soon as assessment results are available and beneficiaries are confirmed in each target area. Distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders (e.g. Shuras, CDCs, etc.). ACTED will seek to ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with culturally appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent and neutral AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.

Activity 1.1.2 : Emergency provision of safe water

(water-trucking)

Where a lack of access to sufficient safe drinking water is identified, water-trucking will begin as quickly as possible to provide (minimum) 15 liters per person per day to the affected population in accordance with the Sphere Standards. Water trucking will last for a maximum of 60 days during which DACAAR will seek to find more durable ways in which to provide safe drinking water (see activities below). Water tankers will fill up reservoirs placed in strategic locations from where the affected population can fetch the water through taps. The placement of the reservoirs will seek to ensure that nobody has more than 500m or 15 minutes to the closest water point. This is particularly a concern from the protection angle as it is mostly women and children who collect water in the Afghan context.

Soak pits will be constructed at the reservoirs to avoid creating pools of stagnant water. Water will be chlorinated; water quality testing will be conducted on a weekly basis to ensure the water is not contaminated. If no durable solution can be found by rehabilitating an existing water point or constructing a new water point (because of e.g. technically challenging location, land issues or lack of approval by local authorities. Water kits will be distributed in connection to the water trucking for each targeted family.

Activity 1.1.3 : Rehabilitation of previously non-functional water points

50 water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each rehabilitated water source will assist approximately 15 families as per the Ministry of Rural Rehabilitation and Development (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 cases in which natural drainage is not available, DACAAR will construct a soak pit. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the rehabilitated wells are accessible to all beneficiary families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will rehabilitate non-functional water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

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ACTED will complement this household-level assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.

ACTED will closely coordinate with the Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and

ACTED will also compare their selected beneficiary lists an address any overlap.  
Activity 1.1.2 : Cash-for-Food Distributions

Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.

In order to ensure that the needs of households are catered during the hunger season (typically November to February), distributions will be undertaken on a rolling basis, as soon as assessment results are available and beneficiaries are confirmed in each target area. Distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders (e.g. Shuras, CDCs, etc.). ACTED will seek to ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with culturally appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent and neutral AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.  
Activity 1.1.2 : Emergency provision of safe water (water-trucking)

Where a lack of access to sufficient safe drinking water is identified, water-trucking will begin as quickly as possible to provide (minimum) 15 liters per person per day to the affected population in accordance with the Sphere Standards. Water trucking will last for a maximum of 60 days during which DACAAR will seek to find more durable ways in which to provide safe drinking water (see activities below). Water tankers will fill up reservoirs placed in strategic locations from where the affected population can fetch the water through taps. The placement of the reservoirs will seek to ensure that nobody has more than 500m or 15 minutes to the closest water point. This is particularly a concern from the protection angle as it is mostly women and children who collect water in the Afghan context.

Soak pits will be constructed at the reservoirs to

avoid creating pools of stagnant water. Water will be chlorinated; water quality testing will be conducted on a weekly basis to ensure the water is not contaminated. If no durable solution can be found by rehabilitating an existing water point or constructing a new water point (because of e.g. technically challenging location, land issues or lack of approval by local authorities. Water kits will be distributed in connection to the water trucking for each targeted family.

Activity 1.1.3 : Rehabilitation of previously non-functional water points

50 water distribution networks, such as pipe schemes and wells will be rehabilitated and repaired based on high priority in the targeted areas. Each rehabilitated water source will assist approximately 15 families as per the Ministry of Rural Rehabilitation and Development (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 cases in which natural drainage is not available, DACAAR will construct a soak pit. This will ensure that there is no standing water, hence reducing the spread of water borne and water washed diseases. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the rehabilitated wells are accessible to all beneficiary families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will rehabilitate non-functional water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

Activity 1.1.3 : Post Distribution Monitoring

Given that assistance will cover households' needs for a period of two consecutive months, ACTED will commit to conducting PDM surveys within two months from cash or in-kind distributions in each target area. The PDM will evaluate the process of cash or in kind food assistance delivery, as experienced by beneficiaries. In addition, ACTED will build end line questions to evaluate beneficiaries' food consumption score, dietary diversity and reliance on negative coping mechanisms into this survey. These PDMs/end lines will be conducted by staff not involved in the distribution of cash or in-kind assistance, but by ACTED's independent AMEU so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. ACTED will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. ACTED will hire couples of monitors to conduct the monitoring of its project, composed by one male monitor and one female monitor working in pair. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling ACTED to collect disaggregated data. Through this system, ACTED will notably ensure that any negative impact that the project could have on women will be identified and addressed by ACTED project team.

In exceptional circumstances where ACTED cannot conduct the PDM/endline on the ground due to access constraints, this PDM/endline will be conducted over the phone. Results of the household PDM/endline survey will be filed in

ACTED's database, and findings of the focus group discussions will be summarized in the PDM report. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future food assistance interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.

Activity 1.1.4 : Establishment of new water points

In areas where rehabilitation is not possible or there is very high reliance on existing water sources, DACAAR will establish 70 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 a flow rate of 7.5L/minute) will seek to benefit approximately 20 families (approximately 140 persons). 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. To encourage community buy-in and a sense of ownership, communities will also contribute to the construction work through the provision of unskilled labor. Land ownership issues will be discussed and resolved prior to any construction work ensuring that the new wells are accessible to all benefiting families, particularly for women and children who are most often delegated the role of water collection.

DACAAR will construct new water points in institutions affected by emergencies (schools, clinics, health posts etc) on a case by case basis once the need is identified and verified by DACAAR staff.

Activity 1.1.5 : Distribution of bio-sand filters for household water treatment

DACAAR will provide the targeted beneficiaries with plastic biosand filters for household treatment of surface water in cases beneficiaries for water trucking cannot be provided with durable sources of water (new or rehabilitated water points). This may be due to a number of reasons including (but not limited to): a) land ownerships issues cannot be resolved, b) Government does not allow drilling of new wells, c) absence of/poor quality of ground water. One female member of the family will be trained to operate and maintain the biosand filter.

Activity 1.1.6 : Organize training on Operation and Maintenance (O&M) of hand pumps for selected caretakers in the intervention area

120 caretakers will be identified and trained on the proper usage and maintenance of hand pumps. Subsequently, they will be the focal point for the WUG and the site engineer. The caretaker also accompanies the site engineer during drilling, apron making and installation of the pumps together with a skilled technician. The caretaker's role is then to ensure the proper usage, cleaning, maintenance and repair of the water point. Caretakers also receive training on chlorination.

Activity 1.1.7 : Conduct water quality tests for all newly constructed and rehabilitated water points

In order to ensure the quality of water supplied to affected people, water samples will be taken and analyzed to monitor water quality. DACAAR's Water Expertise and Training (WET) Center is well equipped in carrying out bacteriological and chemical testing. DACAAR will undertake bacteriological tests on all newly constructed and

rehabilitated water points, and chemical tests on 10% of these water points.

Activity 1.2.1 : Conduct hygiene awareness campaigns in target villages and settlements to improve hygiene and sanitation behavior and practices

The provision of safe water and combined sanitation and hygiene facilities will be accompanied by basic hygiene education to reduce the risk of disease. The purpose of the hygiene promotion is to increase the level of knowledge among beneficiaries in relation to: the importance of safe drinking water and adequate sanitation, WASH in relation to food safety, and personal/familial hygiene. The hygiene messaging will be provided through hygiene sessions combined with visual communications materials. In Afghanistan hygiene promotion must be carried out separately for men and women and thus DACAAR will employ hygiene promotion "couples" for this task. Each targeted family will attend a minimum of three 1-day hygiene education sessions.

Activity 1.2.1 : Mine and ERW Impact Free Community Survey

Halo will execute an initial sample of Mine and ERW Impact Free Community Survey (MEIFCS). This is a village-by-village survey that assess contamination levels and clearance requirements to support the Mine Action Programme of Afghanistan. MEIFCS' will be conducted throughout the project.

Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.

Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.

In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will

coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.

Activity 1.2.2 : Explosive Ordnance Disposal (EOD)

Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex (e.g. aircraft bombs), separate bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.

Activity 1.2.2 : Installation of hand-washing stations

DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.

Activity 1.2.3 : Establishment of emergency latrines and baths for displaced families

The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.

Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget

Activity 1.2.4 : Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas

The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.

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Kunduz -> Dasht-e-Archi	18	17,394	18,360	31,889	28,989	96,632	<p>Activity 1.1.1 : Undertake needs assessment in the targeted districts to identify the specific WASH needs of IDPs and their vulnerable host communities</p> <p>DACAAR will undertake a comprehensive assessment of the WASH needs of the IDPs and their vulnerable host communities in the five targeted districts of Kunduz province during the first month of the intervention in coordination with ACTED. The five districts to be assessed are: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal. This will allow DACAAR to tailor the WASH interventions to the specific needs of each beneficiary family.</p> <p>Given that a comprehensive needs assessment was not possible during project development, the targets and types of interventions are tentatively planned based on reliable available secondary information including OCHA field reports and ACAPS briefing notes as well as needs assessments in support of other projects.</p> <p>Activity 1.1.1 : Mine Risk Education</p> <p>The survey teams will provide MRE to men, women, girls and boys living in vulnerable communities to increase their knowledge of the risks of explosive remnants of war (ERW) and of how to identify items and seek assistance, thus reducing the risk of accidents. MRE sessions will be delivered in Kunduz by two mixed-gender survey teams.</p> <p>Activity 1.1.1 : Assessment and Beneficiary Selection</p> <p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or</p>	

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Survey of communities recently affected by conflict to determine their contamination status and conduct disposal of any dangerous items discovered or reported during this process. Where contamination is extensive Halo will deploy bilaterally funded Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams to dispose of the items discovered at no cost to the CHF.

Communities were selected based on a number of key prioritization points. This includes proximity to contamination, number of casualties, presence of IDPs/returnees and other vulnerable groups. The level of risk presented to beneficiaries correlates with the proximity to contamination and the number of casualties indicates the capacity of communities to cope. However, given the predicted extent of contamination after recent kinetic fighting, and increase in IDP numbers, HALO expects the first month of assessment to highlight communities most at risk. The security situation was also factored into the decision. The final number was based on the capacity of Survey/MRE teams based on previous experiences operating in heavily conflict affected provinces.

In line with the recent release of the AMAS O7-6, HALO will ensure survey activities undertaken are carried out effectively and efficiently minimizing the adverse impact on people, wildlife, vegetation and other aspects of the environment. HALO senior management, familiar with the AMAS O7-06, are obligated to ensure and oversee all operational staff pay attention to the impact of mine action activities. Senior staff are responsible for monitoring and reviewing survey activities through the lens of environmental impact. Any new staff joining HALO as part of this project will be required to familiarize themselves with environmental considerations. Teams will thus pay particular attention to the environmental conditions of the community or location of the explosive item whilst engaging the community in this assessment. HALO's MRE/Survey teams will coordinate with DMAC, or alert them to any major environmental barriers found in the targeted community. For activities outlined in this proposal specifically, generation of waste and emission of energy (where items are destroyed in situ) will be the primary areas for consideration, and staff trained subsequently. Mitigation strategies will be discussed with senior management when faced with immediate environmental considerations and an appropriate course of action documented and reported to DMAC.

Activity 1.2.2 : Explosive Ordnance Disposal (EOD)

Spot Explosive Ordnance Disposal (EOD) of dangerous items identified during project implementation will be conducted wherever possible by the survey teams. If the contamination is extensive or technically complex (e.g. aircraft bombs), separate bilaterally funded

Conventional Weapons Destruction (CWD) and Weapons and Ammunition Disposal (WAD) teams are available to further assess and dispose of the hazards at no additional cost to the project. If a previously unreported minefield is identified, a survey will be submitted to DMAC for prioritization.

Activity 1.2.2 : Installation of hand-washing stations

DACAAR will set up 600 hand-washing stations. The importance of hand-washing, including the correct way to wash hands and the most important instances for hand washing (e.g. before eating, after going to the toilet) will be emphasized as part of the hygiene education sessions.

Activity 1.2.3 : Establishment of emergency latrines and baths for displaced families

The spread of waterborne diseases is not only due to the lack of adequate safe drinking water, but is also associated with the lack of adequate sanitation facilities which forces people to defecate openly, hence DACAAR will establish 600 emergency baths and latrines. In cases the displaced families are living in rented accommodation (as was seen during previous actions), then the baths and latrines will be established after receiving 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 will construct one emergency latrine and bath for up to a maximum of three families from the same extended family (household) 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.

Please note that all resources and financial needs for this activity are taken from previous/ongoing CHF funding for DACAAR. For this reason there is no reference to this activity within the submitted budget

Activity 1.2.4 : Conduct Pre- Post-KAP studies and Post Distribution Monitoring in the target areas

The results of Pre-KAP and Post-KAP surveys will be compared to measure extent of change in hygiene knowledge, awareness and practices over the course of the project. The surveys give an insight into the hygiene situation at the beginning and end of the intervention to provide an overall picture of areas which have seen improvement and those which could be improved upon.

DACAAR commits to conducting PDM surveys within two months from distributions in each target area. The PDM will evaluate the process of WASH assistance delivery, as experienced by beneficiaries. These PDMs will be conducted by staff not involved in the distribution of WASH assistance so as to ensure neutrality of results, and will seek to collect beneficiary feedback through a household-level survey adapted to the modality of support received. DACAAR will aim to interview at least 10% of the total caseload in each location, and, as much as possible, will seek to ensure that men and women are equally represented in surveys. Specific data collection methodology will be adopted, with female monitors going door to door to conduct monitoring, reaching out to women and enabling DACAAR to collect disaggregated data.

In exceptional circumstances where DACAAR

							cannot conduct the PDM on the ground due to access constraints, this PDM will be conducted over the phone. The findings of these PDMs will be compiled into a final AME report that will be shared with OCHA at final reporting stage, and will help assess the quality of the intervention, as well as its impact on affected populations, and inform future WASH interventions. This report will provide sex-disaggregated qualitative and quantitative information, and will particularly analyse women-specific issues.
Faryab -> Pashtunkot	4	189	203	336	322	1,050	<p>Activity 1.1.1 : Assessment and Beneficiary Selection</p> <p>2,000 beneficiary households (including 300 households in Faryab, 1,600 in Kunduz, and 100 in Takhar) will be selected among PIDPs that have been displaced for a minimum of six months and a maximum of two years and a half. A district level breakdown is as follows: 1) Faryab: Almar and Pashtunkot 2) Kunduz: Chahar Dara Dashte Archi, Imam Sahib, Khanabad, and Qala-i-Zal, and 3) Takhar: Khwaja Ghar. In exceptional circumstances, a portion of beneficiary households may also be selected among local populations, new IDPs or returnees, so as to ensure perceived fairness and local acceptance of the intervention in specific target areas where support to prolonged IDPs may be found to be a sensitive issue. Households will be selected based on their need for food assistance, as attested by results of the HEAT survey and the prevalence of poor food consumption scores and dietary diversity, with the mostly highly vulnerable prioritized for assistance. Beneficiary selection and following distribution and sensitization will be organized on a rolling basis to cover the needs of target populations during the peak hunger season.</p> <p>During the early stages of the project, ACTED will coordinate with local communities, authorities and key stakeholders to explain the project, as well as its objectives and methodology in each target area. This approach will serve to secure community buy-in and access. ACTED will then carry out a rapid assessment in identified target areas using an adapted version of the OCHA-endorsed HEAT, to determine household levels of food security (through food consumption scoring and dietary diversity). Data collected through this assessment will serve as baseline to evaluate the impact of the project on beneficiaries' food security. Baseline indicators will be calculated based on a 10% sample of the total caseload. The household-level assessment will help confirm the number, gender and age profile, and vulnerabilities of the affected population and priority needs. Where priority needs are identified that cannot be catered for by the proposed action (e.g. WASH needs, protection needs, etc.), ACTED will liaise with relevant local stakeholders, humanitarian and development agencies to mobilize additional support.</p> <p>ACTED will complement this household-level assessment with a rapid market assessment that will inform the decision to use cash-for-food or in-kind food assistance as an intervention modality. This market assessment will rely on focus group discussions to evaluate caseloads' access to markets, and interviews with at least three local traders to collect basic information on commodity prices. Information collected during these assessments will be compiled into a single database, that is managed by ACTED's MIS department in Kabul. ACTED will produce assessment reports that will be made available to OCHA upon request.</p> <p>ACTED will closely coordinate with the</p>

Norwegian Refugee Council (NRC) at the onset of the project to ensure that the same beneficiaries are not targeted. Given that NRC will target beneficiaries through schools, NRC will share its list of target schools with ACTED to ensure no overlap in target areas. NRC and ACTED will also compare their selected beneficiary lists to address any overlap.

Activity 1.1.2 : Cash-for-Food Distributions

Unconditional cash transfers will be the preferred type of support to be provided to beneficiaries. This assumption is based upon the capacity of local markets to supply the required food products in sufficient quantities to meet the dietary needs of beneficiaries. In-kind distributions will be favored if this is not the case. The amount of cash-for-food provided under this project was determined in accordance with FSAC's "Guideline on food security and agriculture cluster response packages" and will equal USD 90 per month and per household. This amount was determined based on a culturally appropriate, FSAC-approved food basket composed by wheat flour (60kg/month), rice (29kg/month), vegetable oil (6L/month), sugar (6kg/month), salt (1kg/month), and pulses (14kg/month), considering a national average household size of seven people. Each household will therefore receive USD 180 (2 x USD 90) during two consecutive distributions. Should this amount prove to be insufficient to cover a household's needs due to price variations that may affect local markets, as evidenced by findings of ACTED's market assessment in activity 1.1.1, ACTED will engage UNOCHA to discuss an increase in the monthly amount to be distributed to beneficiaries, and a possible reduction in targets. Where necessary, ACTED will use the Hawala cash transfer system to secure such operations. This is especially likely to be the case in remote areas of Faryab province.

In order to ensure that the needs of households are catered during the hunger season (typically November to February), distributions will be undertaken on a rolling basis, as soon as assessment results are available and beneficiaries are confirmed in each target area. Distributions will take place in safe spaces that will be identified in consultation with local authorities and key stakeholders (e.g. Shuras, CDCs, etc.). ACTED will seek to ensure that these spaces are easily accessible to all identified beneficiaries, especially women. Separate distribution points will be set up for women, and women will receive their cash from a female staff member, to ensure that activities are in line with culturally appropriate protection practices. A distribution report will be produced for each caseload. All distributions will be monitored by ACTED's independent and neutral AMEU, and ACTED's Complaints Response Mechanism will be advertised as much as possible in order to encourage beneficiaries to share their feedback, complaints or suggestions.

Activity 1.1.3 : Post Distribution Monitoring

Given that assistance will cover households' needs for a period of two consecutive months, ACTED will commit to conducting PDM surveys within two months from cash or in-kind distributions in each target area. The PDM will evaluate the process of cash or in-kind food assistance delivery, as experienced by beneficiaries. In addition, ACTED will build end line questions to evaluate beneficiaries' food consumption score, dietary diversity and reliance on negative coping mechanisms into this survey. These PDMs/end lines will be conducted by staff not involved in the distribution of cash or in-kind assistance, but by ACTED's independent AMEU

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## Documents

Category Name	Document Description
Project Supporting Documents	Annex I - FSAC Recommendation letter.pdf
Project Supporting Documents	Annex II - WASH Cluster endorsement.pdf
Project Supporting Documents	Annex III - APC Endorsement Letter.pdf
Project Supporting Documents	Annex IV ACTED Needs Assessment_tosubmit.pdf
Project Supporting Documents	Annex V – Protection Analysis.pdf
Project Supporting Documents	Annex VI - DACAAR Rapid Needs Assessment_tosubmit.pdf
Project Supporting Documents	ACTED Teaming Agreement - signed by DACAAR and HALO.pdf
Budget Documents	Annex VII -DACAAR detailed BoQs.xls

Budget Documents	Annex VIII _Partners detailed budgets_Revised.xlsx
Grant Agreement	ACTED - 6739 - GA - Signed by HC.pdf