

Requesting Organization :	International Organization for Migration		
Allocation Type :	2022 1st Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
WATER, SANITATION AND HYGIENE		100.00	
		100	
Project Title :	Provision and upgrading of WASH services by rehabilitation of water supplies and support of improved hygiene practices		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	AFG-22/3481/SA1/WASH/UN/22265
Cluster :		Project Budget in US\$:	1,643,322.59
Planned project duration :	12 Months	Priority:	
Planned Start Date :	01/07/2022	Planned End Date :	30/06/2023
Actual Start Date:	23/08/2022	Actual End Date:	22/08/2023
Project Summary :	<p>IOM's proposed project is in alignment with the priorities of the Afghanistan Humanitarian Fund's 1st Standard Allocation 2022 Strategy Paper, the Afghanistan Humanitarian Response Plan (HRP) 2018-2021 and the Afghanistan Flash Appeal ("the Flash Appeal"). In total it aims to reach 83,000 persons with WASH services. As indicated in the strategy WASH basic services in the country are accentuated in HTR locations. IOM conducted water point/source assessments from January through May 2022, in Nangarhar (948 sources) and Kabul (896 sources) provinces. Results of this assessment are provided in Annex 1.</p> <p>IOM has analyzed available data from Farah Province due to the low WASH actor presence, only AABRAR per the latest WASH Cluster actor presence sitrep. Due to the general humanitarian crisis in Afghanistan, areas of response were identified through the following selection criteria at village level:</p> <ul style="list-style-type: none"> 50% or more of the population indicated utilizing open wells/hand-dug wells as primary water source Less than 20% of the population indicated utilizing a private hand-pump as primary water source 0% of the population indicated access to a piped water distribution system, whether constructed by an NGO, Ministry of Rural Rehabilitation and Development (MRRD), or private entity <p>Community identified that the quantity of water available is insufficient</p> <ul style="list-style-type: none"> 75% or more of the population indicated not having enough drinking water <p>Within the past 3 months any of the following criteria are met:</p> <ul style="list-style-type: none"> • More than 100 watery diarrhea cases have been reported • More than 100 bloody diarrhea cases have been reported • More than 100 skin disease cases have been reported <p>Following this exclusion criteria, WASH actor presence was evaluated along with potential impact of activities as summarized in Annex 2.</p> <p>To address a portion of the WASH needs assessed, IOM proposes the following:</p> <p>Rehabilitation of water supply systems with a focus on repair/reconditioning/upgrade of handpumps and protection of existing hand-dug wells, to restore urban and hard to reach populations' ability to access safe, affordable and sustainable sources of water. This activity will be guided by assessments of the water systems to determine cost-effectiveness and value for money of the interventions. Linked to AHF WASH Activity 4, targeting the rendering operational 120 currently partially or dysfunctional wells impacting approximately 36,000 individuals in Farah, Kabul, Nangarhar, and Nimroz provinces identified through the completion of assessments and in coordination with actors working in the province.</p> <p>Upgrade WASH services, and clean and disinfect water supply wells/boreholes in AWD/cholera hotspot locations in public spaces (markets, gathering events) and institutions (health facilities, schools), coupled with provision of hand hygiene infrastructure and risk communication and community engagement (RCCE) messaging on infection, prevention and control (IPC) for AWD/cholera and COVID-19. Linked to AHF WASH Activity 1, targeting 5000 households in Kabul and Nangarhar province based on current AWD/cholera outbreak.</p> <p>Support improved hygiene practices through provision of hand hygiene infrastructure and hygiene kits and menstrual hygiene management kits. The distributions will be combined with hygiene promotion activities to reduce the risk of transmittable diseases, including cholera/AWD and COVID-19. Linked to AHF WASH Activity 4, targeting 22,000 individuals in Farah, Kabul, Nangarhar, and Nimroz provinces, based on high WASH needs and limited WASH partner presence.</p> <p>IOM intends to conduct these activities across the four identified provinces (Farah, Kabul, Nangarhar, and Nimroz provinces), due to their high WASH needs, and, in the case of Farah and Nimroz, limited WASH partner presence. However the project has the potential to scale-up to other provinces identified by the WASH Cluster as having WASH service gaps in response to water-borne illness outbreaks.</p>		
Direct beneficiaries :			

Men	Women	Boys	Girls	Total
12,700	12,700	17,800	17,800	61,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	7,200	7,200	10,500	10,500	35,400
Internally Displaced People	3,700	3,700	4,600	4,600	16,600
Returnees	1,800	1,800	2,700	2,700	9,000

Indirect Beneficiaries :

Not applicable

Catchment Population:

Link with allocation strategy :

The proposed activities are in line with the 1st Standard Allocation 2022 AHF Allocation Strategy Paper ("the Strategy") as outlined below:

Strategic Objective 1: Timely, multisectoral, lifesaving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity. The project will meet the complexity of needs in Farah, Kabul, Nangarhar, and Nimroz provinces lacking WASH services, specifically, by rehabilitating existing water supply infrastructure to provide access to safe water, provision of hygiene items and hygiene awareness, that, among others, are contributing to the current a public health crisis, with an increase in the prevalence of malnutrition and communicable diseases such as AWD/cholera and COVID-19.

Strategic Objective 3: Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity. The will meet the objective through the inclusion deliberate efforts to include all beneficiaries within the project implementation process as well as the provision of gender specific support materials (i.e. MHM kits).

The proposed activities of this project address both the strained water supply in underserved and hardest-to-reach locations, as well as the need for improved hygiene, in collaboration with IOM Health and CBRR activities already underway, to address the prevalence of wash needs in Farah, Kabul, Nangarhar, and Nimroz and communicable disease in Kabul and Nangarhar provinces. IOM is already responding within the framework of the Strategy through its current activities, the Health Unit and as co-chair of the ES/NFI Cluster, which allows for a multi-sector response with the incorporation of the WASH activities. IOM will ensure that the assistance to affected and/or displaced populations and other vulnerable groups is done in integrated manner, addressing not only WASH needs but also other sectoral needs such as Food, E/NFI, and Health by referring needs other than WASH to relevant cluster/agencies and ensuring other needs identified through joint multi-sectoral rapid assessment are addressed. Where possible, IOM will use AHF logo in line with AHF logo visibility guidelines.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount
Government of Canada	907,411.10
Government of Japan	426,120.00
	1,333,531.10

Organization focal point :

Name	Title	Email	Phone
Kate Kaiser	Programme Support Officer	kkaiser@iom.int	93728004250

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

IOM conducted water point/source assessments from January through May 2022, in Nangarhar (948 sources) and Kabul (896 sources) provinces. Results have indicated:

Nangarhar:

- The assessments were conducted in Muhammad Dara, Deh Bala, Achin, Kot, Sherzad, and Surkh Rod districts
- 45% of the wells were partially operational, 148 of which had an existing water column of greater than 10m

- o Impacting approximately 17,300 direct users
- o 60% in Sherzad district
- o 30% in Kot district
- 30% of the wells were dysfunctional, 82 of which had an existing water column of greater than 10m
- o Impacting approximately 9,400 direct users
- o 55% in Sherzad district
- o 35% in Kot district
- o 10% in Shurk Rod

Kabul:

- The assessments were conducted in Qarabagh, Kalakan, Kabul, Chahar Asyab, and Deh-e-Sabi districts
- 21% of the wells were partially operational, 114 of which had an existing water column of greater than 10m
- o Impacting approximately 11,600 direct users
- o 70% in Qarabagh district
- o 25% in Chahar Asyab district
- 36% of the wells were dysfunctional, 135 of which had an existing water column of greater than 10m
- o Impacting approximately 12,600 direct users
- o 65% in Qarabagh district
- o 25% in Chahar Asyab district
- o 5% in Deh-e Sabi
- Additionally, hygiene promotion activities during this time period have indicated similar observations in Musahi district.

Additionally, IOM has analyzed available data from Farah Province due to the low WASH actor presence, only AABRAR per the latest WASH Cluster Actor presence sitrep. Due to the general humanitarian crisis in Afghanistan, areas of response were identified through the following selection criteria at village level:

- 50% or more of the population indicated utilizing open wells/hand-dug wells as their primary water source
- Less than 20% of the population indicated utilizing a private hand-pump as their primary water source
- 0% of the population indicated access to a piped water distribution system, whether constructed by an NGO, Ministry of Rural Rehabilitation and Development (MRRD), or private entity
- The community identified that the quantity of water available is insufficient
- 75% or more of the population indicated not having enough drinking water
- Within the past 3 months any of the following criteria are met:
 - More than 100 watery diarrhea cases have been reported
 - More than 100 bloody diarrhea cases have been reported
 - More than 100 skin disease cases have been reported

Following this exclusion criteria, WASH actor presence was evaluated along with the potential impact of activities, as summarized in Annex 2.

3. Description Of Beneficiaries

4. Grant Request Justification

Based on the above needs assessments, access to safe and clean water is a challenge in many provinces, where households rely on unprotected water sources, unstable piped water and, for a minority, surface water. Further, the lack of water points, and distance to collect water, also heightens the risk of gender-based-violence (GBV).

Given the water scarcity and deteriorating hygiene conditions, there is also a high risk of public health threats, as seen with the recent AWD/cholera outbreak across five provinces in Afghanistan, which is particularly occurring in along the eastern border and with unprotected water sources. In addition, according to the 2020 Humanitarian Needs Overview (HNO), lack of access to water, as well as basic hygiene materials such as soap, is directly contributing to the spread of communicable diseases, leading to infections and deaths.

This project will directly contribute to identified WASH needs by expanding water provision through rehabilitation and protection of hand-dug wells and boreholes, repair and set-up of handpumps, and enhancing household water treatment and storage capacity. It will also provide hand hygiene infrastructure, hygiene kits and MHM kits, and conduct hygiene promotion activities to improve public health and reduce the risk of WASH-related diseases such as AWD/cholera and COVID-19 in high needs and/or hard to reach locations.

This project has a specific focus on the most vulnerable and/or hard to reach locations, with priority areas identified based on need and current minimal WASH partner operations. In addition, IOM considers the cross-cutting themes of gender equality, protection and inclusion is all of its activities. This project has a specific focus on women and girls, ensuring their specific needs are met, through for example, gender-specific kits and ensuring GBV is considered in all water rehabilitation activities, as well as the inclusion of gender balanced hygiene promoters. Woman FGDs will be implemented within all phases (prior, during, completion, and during follow-up monitoring) to ensure to maintain a pathway for women and girls to be fully implicated within the decision process and inform of specific needs.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

The overall project objective is to save lives, and to support vulnerable populations resilience against drought, water scarcity and disease outbreaks such as AWD/cholera and COVID-19.

WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities			
2022 HRP WASH Outcome 1.1: Vulnerable people in need receive a timely equitable and safe, life-saving and effective emergency WASH assistance.		SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.		40			
2022 HRP WASH Outcome 3.1: Vulnerable people in rural areas have access to community-based resilient and sustainable WASH services with seasonal water quality control and early warning system supported by the traditional structures.		SO3: Vulnerable people of all gender and diversities are supported to build their resilience and live their lives in dignity.		20			
[COVID-19]: 2022 HRP WASH Outcome 1.3: Vulnerable people in hotspots of infectious diseases (AWD/cholera, COVID-19, Dengue etc.) benefitting from massive WASH interventions or campaign to mitigate the spread of the outbreaks		SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.		40			
Contribution to Cluster/Sector Objectives : This project directly provides WASH services to affected people living in hard to reach and overcrowded settlements – with a focus on underserved populations in Farah, Kabul, Nangarhar, and Nimroz with high WASH needs, and in Kabul and Nangarhar, where forced displacement has seen overcrowding, which, combined with water scarcity and poor hygiene, has led to disease outbreaks including AWD/cholera and the spread of COVID-19. By directly targeting these populations, with improved safe water access and improved hygiene access and awareness, the project will contribute directly to HRP WASH Outcome 1.1, 1.3, and 3.1.							
In addition, all IOM interventions have the cross-cutting theme of gender, protection and inclusion, thereby also contributing to the reduction of protection violations and increase in respect for International Humanitarian Law. By being attentive to cross-sectoral issues in WASH, such as GBV, and applying an accountability to affected populations approach the project will, for example, ensure rehabilitated water points have sufficient lighting to reduce the risk of GBV and access for people with a disability, that hygiene kits include specific items for women and girls, and that hygiene promoters are gender balanced, indirectly contributing to this SO.							
Outcome 1							
The likelihood of public health risks and outbreaks among the target population is reduced through improved water supply and hygiene services, with an increase in quantity and quality that contributes to their wellbeing and dignity.							
Output 1.1							
Description							
Water supply sources are rehabilitated to re-establish sustained access to safe and appropriate water supply services to conflict-affected populations, IDPs and returnees, and in AWD/cholera affected areas.							
Assumptions & Risks							
Security situation and agreement with authorities enables allows access and operations to continue. Key informants readily provide information to allow WASH monitoring. Access to the provinces, districts, settlements of assessment is unimpeded. Hygiene items are able to be transported to key locations, despite travel/access restrictions.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	# of collective water points rehabilitated improved/constructed (wells, boreholes, water taps stands, systems)					120
Means of Verification : Well completion reports and detailed assessment reports							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	# of people accessing safe water (as per cluster standards / sufficient quantity of safe water for drinking, cooking and personal hygiene / # people disaggregated by sex & age)	7,920	9,360	9,360	9,360	36,000
Means of Verification : Well completion reports and detailed assessment reports							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	# of people reached with hygiene promotion (as per cluster standards/handwashing behaviour change programs / # people desegregated by sex & age)	4,840	5,720	5,720	5,720	22,000
Means of Verification : Post distribution monitoring following hygiene promotion and distribution of hygiene equipment and items							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	# of people reached with critical WASH supplies (# people disaggregated by sex & age)	5,500	6,500	6,500	6,500	25,000
Means of Verification : Post distribution monitoring following hygiene promotion and distribution of hygiene equipment and items							
Activities							
Activity 1.1.1							
Standard Activity : Rehabilitation and improvement of drinking water systems (wells, handpumps, gravity-fed networks, solar-pumping), hygiene promotion and open defecation free programming with community led total sanitation technics – supported by community-based early warning system and water resource management.							

- In collaboration with the WASH Cluster and based on the water scarcity evaluation/assessment a minimum of 120 water sources will be rehabilitated within Farah, Kabul, Nangarhar, and Nimroz provinces. Dependent of the water supply system, this may include repair of hand-pumps, protection of open-wells, repair of gravity system materials/equipment, and/or replacement of pumps, tanks, distribution lines, water point materials. Exhaustive assessments are currently underway, in coordination with WASH Cluster members to identify locations to be targeted by IOM.

- For all selected locations, community-led WASH management entities will be established (if not already existing) or supported (if existing) to lead the day-to-day care, regular operation and maintenance (O&M) activity, and water quality monitoring of the water supply. Members of the water management entities will be selected in coordination with community members, with advocacy of women participation. At least two individuals within the community will be trained for O&M and required spare parts and tools will be given to the established water management entity.

Water quality analysis will be completed prior to commissioning and hand-over to the community and monitoring activities will be conducted in conjunction with the water management entity after the 1st, 3rd, and 6th month following hand-over. During this time, corrective actions will be considered if anomalies/concerns are observed, or additional training support is needed.

Prior to beginning any of the work, IOM will communicate directly with community members and leaders, regional WASH Cluster, local authorities, and will also conduct woman FGDs if difficulty is encountered in the inclusion of female community members within the community coordination efforts.

- In collaboration with the WASH and Health Clusters and partners, identify vulnerable populations in Herat and Nangarhar for the provision of hygiene kits and hygiene promotion, through health structures and/or communities. WASH vulnerable populations are identified through the presence of communicable diseases, cholera/AWD and pregnant/lactating women. Top-up kits will be scheduled through organized re-groupment within the community monthly throughout the project. KAP assessment results will be utilized to refine hygiene promotion activities as well as needs within communities.

- Hygiene kit distributions will be complemented by hygiene promotion activities and RCCE to reduce the risk of transmittable diseases, including cholera/AWD and COVID-19, and improve hygiene practices such as handwashing.

- Hygiene promotion will include tailor made information, education and communication (IEC) materials and awareness sessions to guide users for the proper use of distributed hygiene items. IOM will conduct mass campaigns, door-to-door messaging and focus group discussions, and will take into account cultural context and preference, and the target audience. Finally, where possible, hygiene promotion activities will adhere to COVID-19 national guidelines on physical distancing, to avoid mass gatherings where possible.

- Support improved hygiene practices through provision of hand hygiene infrastructure and culturally appropriate and contextualized hygiene, water kits, and MHM kits. The content of the hygiene kit will be tailored to the needs of the affected population, and preference will be accorded to locally source products, when possible and feasible. In particular, MHM items will be proposed in consultation with women and girls of menstrual age, and follow local preference and culture.

Outcome 2

Targeted communities are strengthened to contain and control outbreaks chlorination of water point, provision of WASH materials, and hygiene promotion

Output 2.1

Description

Vulnerable population within communicable disease hotspots receive immediate WASH assistance in response to outbreaks

Assumptions & Risks

Security situation and agreement with authorities enables access and operations to continue.
Key informants readily provide information to allow WASH monitoring.
Access to the provinces, districts, settlements of assessment is unimpeded.
Hygiene items are able to be transported to key locations, despite travel/access restrictions.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	# of people reached with hygiene promotion (as per cluster standards/handwashing behaviour change programs / # people desegregated by sex & age)	5,500	6,500	6,500	6,500	25,000

Means of Verification : Post distribution monitoring following hygiene promotion and distribution of hygiene equipment and items

Indicator 2.1.2	WATER, SANITATION AND HYGIENE	# of people reached with critical WASH supplies (# people disaggregated by sex & age)	5,500	6,500	6,500	6,500	25,000
-----------------	-------------------------------	---	-------	-------	-------	-------	--------

Means of Verification : Post distribution monitoring following hygiene promotion and distribution of hygiene equipment and items

Activities

Activity 2.1.1

Standard Activity : WASH mass response and rapid intervention in outbreak hotspots through real-time epidemiological investigations by AWD/cholera transmission context Undertake regular shock chlorination campaigns of unprotected wells and networks, emergency water treatment plants and water trucking in last resort.

- Upgrade WASH services, and clean and disinfect water supply wells/boreholes in AWD/cholera hotspot locations in public spaces (markets, gathering events) and institutions (health facilities, schools) in Kabul, including provision of hand-washing stations, shock chlorination/disinfection of wells, setup or support of water committees including water quality monitoring. Locations will be identified in conjunction with the Health Cluster members as well as other WASH Cluster members with coordination of resources.
- Blanket distribution of WASH materials (hygiene kits/water kits/menstrual hygiene kits) in hotspots identified through line lists as well as hygiene promotion sessions to indicate transmissions methods and preventive measures to stop the spread; activities would be completed in collaboration with the WASH Cluster and its members for joint responses and mutualization of resources to decrease response time; similarly as occurring in May 2022.

Additional Targets :

M & R

Monitoring & Reporting plan

The IOM Country Office in Kabul monitors all IOM sub-offices in Afghanistan, the M&E team will visit the provinces to monitor the assessment and distribution process and conduct post-distribution monitoring and evaluation. There will also be cross regional and provincial visits for monitoring purposes through the deployments of staff from one region to another. These staff will observe the entire WASH process, including distribution, coordination mechanisms, warehousing and meeting provincial counterparts to improve programme implementation. Field visits will be done through one-on-one interviews with the key informants and focus group discussions with the community elders and beneficiaries, the findings of which will be shared with IOM Kabul project teams and form the basis for corrective measures. Female beneficiaries will also be interviewed whenever possible by female field staff to ensure gender issues are considered. If visits are not possible, phone interviews will be conducted for this purpose.

IOM will conduct PDM through surveying 15 per cent of the total assisted beneficiaries. The sample will contain a representative no. of beneficiaries showing a range of provinces, gender/age and vulnerabilities. At community level, ANDMA, village/community elders, Community Development Councils (CDCs), IDPs and IDP representatives and beneficiary families will be interviewed during the PDM. In the case of female headed household, female staff members will conduct the PDM to ensure that the female beneficiary herself is being surveyed. Those in areas not accessible due to security concerns will be interviewed via phone. The Senior Monitoring and Evaluation Assistant together with the IOM M&E team will facilitate the process and will supervise the whole evaluation process.

In addition, IOM will also regularly update WASH Cluster on an ad-hoc basis and during the cluster meetings. IOM will also provide reports to AHF in line with the AHF reporting requirements.

Internally within IOM, the WASH Programme Manager maintains close contact with field teams to ensure there is close monitoring of the situation on the ground, associated risks and opportunities for programming smooth and to ensure access negotiations are well coordinated.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: - In collaboration with the WASH Cluster and based on the water scarcity evaluation/assessment a minimum of 120 water sources will be rehabilitated within Farah, Kabul, Nangarhar, and Nimroz provinces. Dependent of the water supply system, this may include repair of hand-pumps, protection of open-wells, repair of gravity system materials/equipment, and/or replacement of pumps, tanks, distribution lines, water point materials. Exhaustive assessments are currently underway, in coordination with WASH Cluster members to identify locations to be targeted by IOM.</p> <p>- For all selected locations, community-led WASH management entities will be established (if not already existing) or supported (if existing) to lead the day-to-day care, regular operation and maintenance (O&M) activity, and water quality monitoring of the water supply. Members of the water management entities will be selected in coordination with community members, with advocacy of women participation. At least two individuals within the community will be trained for O&M and required spare parts and tools will be given to the established water management entity.</p> <p>Water quality analysis will be completed prior to commissioning and hand-over to the community and monitoring activities will be conducted in conjunction with the water management entity after the 1st, 3rd, and 6th month following hand-over. During this time, corrective actions will be considered if animalities/concerns are observed, or additional training support is needed.</p> <p>Prior to beginning any of the work, IOM will communicate directly with community members and leaders, regional WASH Cluster, local authorities, and will also conduct woman FGDs if difficulty is encountered in the inclusion of female community members within the community coordination efforts.</p> <p>- In collaboration with the WASH and Health Clusters and partners, identify vulnerable populations in Herat and Nangarhar for the provision of hygiene kits and hygiene promotion, through health structures and/or communities. WASH vulnerable populations are identified through the presence of communicable diseases, cholera/AWD and pregnant/lactating women. Top-up kits will be scheduled through organized re-groupment within the community monthly throughout the project. KAP assessment results will be utilized to refine hygiene promotion activities as well as needs within communities.</p> <p>- Hygiene kit distributions will be complemented by hygiene promotion activities and RCCE to reduce the risk of transmittable diseases, including cholera/AWD and COVID-19, and improve hygiene practices such as handwashing.</p> <p>- Hygiene promotion will include tailor made information, education and communication (IEC) materials and awareness sessions to guide users for the proper use of distributed hygiene items. IOM will conduct mass campaigns, door-to-door messaging and focus group discussions, and will take into account cultural context and preference, and the target audience. Finally, where possible, hygiene promotion activities will adhere to COVID-19 national guidelines on physical distancing, to avoid mass gatherings where possible.</p> <p>- Support improved hygiene practices through provision of hand hygiene infrastructure and culturally appropriate and contextualized hygiene, water kits, and MHM kits. The content of the hygiene kit will be tailored to the needs of the affected population, and preference will be accorded to locally source products, when possible and feasible. In particular, MHM items will be proposed in consultation with women and girls of menstrual age, and follow local preference and culture.</p>	2022									X	X	X	X
	2023	X	X	X	X	X	X	X					
<p>Activity 2.1.1: - Upgrade WASH services, and clean and disinfect water supply wells/boreholes in AWD/cholera hotspot locations in public spaces (markets, gathering events) and institutions (health facilities, schools) in Kabul, including provision of hand-washing stations, shock chlorination/disinfection of wells, setup or support of water committees including water quality monitoring. Locations will be identified in conjunction with the Health Cluster members as well as other WASH Cluster members with coordination of resources.</p> <p>- Blanket distribution of WASH materials (hygiene kits/water kits/menstrual hygiene kits) in hotspots identified through line lists as well as hygiene promotion sessions to indicate transmissions methods and preventive measures to stop the spread; activities would be completed in collaboration with the WASH Cluster and its members for joint responses and mutualization of resources to decrease response time; similarly as occurring in May 2022.</p>	2022									X	X	X	X
	2023	X	X	X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

IOM follows a participatory approach where affected populations are engaged to ensure a quality response. IOM is undertaking needs assessments whereby communities are surveyed on their knowledge, attitudes, and practices towards WASH, with specific distribution modalities and interventions in line with the project to be further tailored to ensure an appropriate response. Surveys will include a question for beneficiaries on information they would like to receive regarding WASH issues and the preferred ways to receive this information. In addition, the water supply capacity building and hygiene promotion activities will play an essential role in ensuring the project has long-term sustainability for affected populations.

IOM will ensure women, girls, men, youth, people with special needs, elderly and minority groups are fully engaged from the start through specific and targeted conversations. IOM will ensure they are fully engaged in conducting safety audits, thus ensuring they are able to access water points and feel safe in doing so.

For distributions and frontline activities, IOM has monitoring tools that will be utilized under this project, including Complaint Feedback Mechanisms, which include the use of in person feedback mechanisms at distribution sites, from the affected community themselves, to help build a culture of transparency and accountability, and improve IOM's program quality. These volunteers will inform the affected population about the feedback and complaint mechanisms available to them, their purposes and use. IOM will continue to use its database to collate feedback and complaints, ensuring the necessary follow up and action can be taken within an appropriate timeline. When engaging in hygiene kit distribution, IOM will set up a complaint desk to ensure beneficiaries are able to report their feedback during that activity, as well as the collection of feedback conducted by third parties over telephone surveys. Information from these monitoring tools is closely monitored to understand the extent to which IOM assistance is adequately meeting needs and adjust in real-time if needed. IOM will also work with GBV and Protection partners on the ground to assess the most up to date referral pathway in case GBV/protection-related concerns are reported. For each type of activity IOM's well-defined mechanism for recording beneficiary feedback and tracking complaints for its direct assistance programmes will be implemented. Assistance will be accompanied with information to reach a helpline number in Dari and Pashto for registering queries/complaints with IOM's Call Centre and AWAAZ . Weekly updates will be provided to the programme manager regarding grievances for further investigation.

WASH service upgrades for water scarcity, and AWD/Cholera at risk areas activities: In identifying communicable diseases in high risk public places and institutions, IOM will ensure participation of communities in the assessment and consult with key informants, focus group discussions, household visits, as well as involvement/participation of the stakeholders of the various locations including community elders and influential leaders. These same stakeholders will be integrated within the exit strategy of IOM for sustainability and longevity to the action undertaken.

Hygiene kit distribution and hygiene promotion activities: IOM will ensure participation of the affected communities in the assessment and through consultation with key informants, focus group discussions, household visits, as well as involvement/participation of the beneficiaries in the distributions, including community elders and influential leaders of the community. IOM will ensure that project information, including assessment process, selection of the beneficiaries, and distribution process is well explained so community tension and conflict is minimized. Additional attention is paid to ensuring particularly vulnerable populations can access support safely.

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
--------------------------	---

Environment Marker Of The Project

Gender Marker Of The Project

4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

Protection will be mainstreamed across all activities of this intervention. The needs assessments that inform the WASH response, as well as post distribution monitoring (PDM) are designed to ensure the inclusive participation of target communities to shape implementation activities and subsequent support provision under other programming/referrals to other agencies where feasible. This includes working with local leaders and targeted households to understand specific needs of members of the target population and where programme adaptations may be needed to ensure access to services does not compromise the safety of beneficiaries.

Where possible, female staff will be assigned to participate in assessments, distribution, hygiene promotion, and rehabilitation activities to ensure needs of the female beneficiaries are captured. IOM ensures that the data collected through assessments, household assessment and PDM is sex and age disaggregated, as well as ensuring data and needs of the vulnerable groups such as people with disabilities, female headed household, unaccompanied minors and elderly or chronically ill, is collected to help customize interventions with additional support to those groups considered and needs other than WASH referred to specialized agencies and relevant clusters.

Special attention is made to the people with specific needs (PSNs) and these groups are prioritized in the multis-sectorial needs assessment and response. Protection principles, inclusive of the Do No Harm principle, are likewise mainstreamed in the entire process by promoting meaningful access, safety and dignity in humanitarian aid, taking into account potential risks that may be posed by beneficiaries in traveling to and/or attending in-person public distributions or campaigns and rolling out adaptations to service delivery if needed and feasible. IOM has long ensured that there are complaints mechanisms available and that beneficiaries are familiar with channels for reporting over AWAAZ, which has helped the organization to understand potential shortfalls and patterns for where assistance could be putting beneficiaries at undue risk.

Country Specific Information

Safety and Security

Access

IOM is operational in all 34 provinces through the Country Office in Kabul, seven Sub-Offices and six Project Offices in the provinces. IOM regularly updates and analyzes the accessible and inaccessible districts in 34 provinces. IOM also operates 16 pre-positioning warehouses across the country. In case of inaccessibility in insecure and contested areas due to armed conflict, presence of armed group and anti-government elements, IOM will directly negotiate and discuss access with community elders and engage with partners, as well as other IOM programmes already active in the targeted area, to negotiate on the WASH team's behalf, clearly explaining the humanitarian nature of the proposed support. IOM will ensure that regular review of UNDSS security risk management related documents to analyze and recognize the locations at risk, so that any required action is taken immediately.

In relation to the current need to negotiate and ensure access with the de facto authority, in close coordination with the broader UN system, senior management and UNDSS, in addition to close cooperation and information sharing within the Humanitarian Access Group (co-led by OCHA/NRC), IOM has had direct engagement with the Taliban since 2017 under multiple humanitarian programmes in order to achieve access to remote, rural areas; in response to requests for humanitarian assistance particularly around the 2018 drought event in western Afghanistan; for provision of health and medical services (discussed but not rendered) throughout the COVID-19 pandemic response in 2020; and more recently as conflict intensified throughout 2021 to the point where 33 of 34 provinces are now entirely under IEA control. A variety of regional coordination meetings with focal points within the Taliban, previously with the NGO commission representatives and more recently with DoRR and local/provincial leaders, have been held across the country since the change in de facto authority. Meetings have by and large been cordial and consistent requests for continuing UN-led humanitarian service delivery were received with a clear expectation that the UN would stay and deliver and work with the Taliban to ensure humanitarian assistance to Afghans requiring support. The mission is aligned with the humanitarian community (HCT) on red-lines and acceptance of conditions, and will continue to advocate for a common approach to engagement.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	1 P3 WASH Programme Manager @ USD 15,000 per month. AHF covers 40% for 12 months	D	1	15,000.00	12	40.00	72,000.00
	<i>Responsible for the overall and day to day management of the project and IOM's WASH programme. Kabul based.</i>						
1.2	1 P2 WASH Officer @ USD 12,000 per month. AHF covers 50% for 12 months	D	1	12,000.00	12	50.00	72,000.00
	<i>Will provide core support to the management of the programme, acting PM OIC when the PM is on RnR. Kabul based.</i>						
1.3	1 P5 Deputy Chief of Mission @ USD 20,000. AHF covers 5% only	S	1	20,000.00	12	5.00	12,000.00
	<i>Responsible for direct oversight of the program manager and teams. Engages in the inter-agency forums in Kabul, including at high level meetings related to shelter projects such as this one. Provided inputs on strategic development for this project. Kabul based</i>						
1.4	1 P4 Emergency Coordinator @ USD 18,000. AHF covers 5% only	S	1	18,000.00	12	5.00	10,800.00
	<i>Kabul duty station. Provides overall coordination of emergency programmatic operations and technical expertise in humanitarian response. Will provide day to day assistance to the Program team on operations and linking with other assistance to better serve the target population under this project.</i>						
1.5	1 P3 Access Coordinator @ USD 15,000. AHF covers 5% only	S	1	15,000.00	12	5.00	9,000.00
	<i>Kabul duty station, roving. The Access Coordinator works closely with field teams to ensure access to target locations of all pertinent staff is maintained and troubleshoots with staff and partners (OCHA) on overcoming access obstacles, including for the field teams under this project in Badghis and Kunduz (which are two provinces that have required notable engagement on access in the past months)."</i>						
1.6	1 P3 Resource and Management Officer @ USD 19,000. AHF covers 5% only	S	1	19,000.00	12	5.00	11,400.00
	<i>Issues financial reporting for the team on this project and liaises with procurement/finance units in support of this project</i>						
1.7	1 P2 HR Officer @ USD 12,000. AHF covers 5% only	S	1	12,000.00	12	5.00	7,200.00
	<i>Supports project related hiring and HR</i>						
1.8	1 P2 Supply Chain Officer @ USD 12,000. AHF covers 5% only	S	1	12,000.00	12	5.00	7,200.00
	<i>In charge of the overseeing/approving the required procurement under this project</i>						
1.9	G6 Procurement and Logistics Assistant @ USD 3,700. AHF covers 25% only	S	1	3,700.00	12	25.00	11,100.00
	<i>Kabul based. These staff provide support in terms of procurement and logistical support for project implementation, including for relevant office materials needed by the field teams.</i>						
1.10	G6 Finance/Administration/IT Assistants @ average cost of USD 3,700	S	1	3,700.00	12	25.00	11,100.00
	<i>Kabul based. Provide support for day-to-day activities of the project such as payment to vendors, settlement of payments for field project staff, verifying financial documents of project, verifying of IP financial documents and reports.</i>						

1.11	1 G6 Senior Security Assistant @ USD 3,700. AHF covers 25% only	S	1	3,700.00	12	25.00	11,100.00
	Kabul based. Providing assistance to senior security officers with security assessments						
1.12	2 Drivers @ average cost of USD 1,800. AHF covers 5% only	S	2	1,800.00	12	25.00	10,800.00
	Drive Kabul based project staff to key meetings with partners, ANDMA, other dfa ministries, and between IOM's two offices.						
1.13	2 Security Assistants @ cost of USD 2,500. AHF covers 25% only	S	2	2,500.00	12	25.00	15,000.00
	Kabul based, roving to the field for assistance of security assessments, approvals.						
1.14	2 Logistics Assistants @ cost of USD 2,500. AHF covers 25% only	S	2	2,500.00	12	25.00	15,000.00
	Kabul based, ensuring the functionality of programme staff working space.						
1.15	5 sub-contracted cleaners and maintenance assistants @ cost of USD 600. AHF covers 25% only	S	5	600.00	12	25.00	9,000.00
	Ensure the office space of the programme staff remains tidy and conducive to a productive work environment throughout the project, for Kabul based staff.						
1.16	1 sub-contracted procurement assistant @ cost of USD 2,000. AHF covers 25% only	S	1	2,000.00	12	25.00	6,000.00
	Support the procurement processes for the project, including items needed by staff to run the project and supporting MSP engagement as needed.						
1.17	1 P3 Procurement and Logistics Officer @ USD 17500. AHF covers 5% Only	S	1	17,500.00	12	5.00	10,500.00
	Support the procurement processes for the project, including items needed by staff to run the project and supporting MSP engagement as needed.						
	Section Total						301,200.00
2. Supplies, Commodities, Materials							
2.1	Procurement of hygiene kits	D	5000	38.00	1	100.00	190,000.00
	Purchase of 5000 household hygiene kits per WASH Cluster standard. Details provided in BoQ						
2.2	Procurement of MHM kits	D	8750	17.00	1	100.00	148,750.00
	Purchase of 8750 MHM kits per new WASH Cluster recommendations. Details provided in BoQ						
2.3	Hand-pump repairs inclusive of spare parts	D	120	570.00	1	100.00	68,400.00
	This line covers the costs for the repairs of hand-pumps. As each location will have different needs (number of spare parts, need for drainage, ect.) an average cost was calculated based on work done in Afghanistan between February 2022 and now. BOQ tab entitled BOQ_ Water Source Rehab depicts the average cost as it relates to drainage repairs, labour, and spare parts. Please note that 90% of the time not all spare parts are required (not a complete set) hence the adjusted price from the complete spare parts BOQ.						
2.4	Procurement of hand washing stations	D	75	170.00	1	100.00	12,750.00
	Purchase of 75 handwashing stations, inclusive of stands, tanks with tap, soap (144bars), and recipient basin. Details provided in BoQ						
2.5	COVID-19 awareness activities and material	D	1	544.00	10	100.00	5,440.00
	Purchase of materials for CoVid 19 prevention during hygiene promotion session. Details provided in BoQ						
	Section Total						425,340.00
3. Equipment							
3.1	IT equipment and accessories	D	5	800.00	1	100.00	4,000.00
	\$800 x 5 staff = \$4,000/tablet for field staff reporting (only for new provinces where IOM WASH activities haven't occurred before)						
	Section Total						4,000.00
4. Contractual Services							
4.1	Project Assistant (Wash) (G4)	D	2	2,310.00	11	100.00	50,820.00

	<i>"Field staff for assessment and distribution: * 2 Technical Staff in Kabul x Salary/month \$2,310 x 100% x 11 months = \$50820, the staff will be deployed to the targeted provinces to assist in assessments, distributions, monitoring, evaluation, and coordination. Monthly Salary breakdown Salary Base \$1,348+Danger Pay \$538+Personal Income Tax \$200+ Insurance Premium \$47 _ CTG third Party contractor Fee \$177 = \$2,310"</i>						
4.2	Field Assistant (G2)	D	8	1,717.00	10	100.00	137,360.00
	<i>"Field staff for assessment and distribution: * 8 Field Staff 2/provinces (1 junior field engineer + 1 plumber/mechanic) x Salary/month \$1717 x 100% x 10 months = \$137395, the staff will be deployed to the targeted provinces to conduct assessments, supervise rehabilitation day to day activities, reporting, training, and monitoring. Monthly Salary breakdown Salary Base \$808+Danger Pay \$538+Personal Income Tax \$149.63+ Insurance Premium \$46.81 _ CTG third Party contractor Fee \$175 = \$1717.44"</i>						
4.3	Field Assistant (G2)	D	12	1,717.00	10	100.00	206,040.00
	<i>"Field staff for assessment and distribution: * 12 Field Staff in 3/province x Salary/month \$1717 x 100% x 10 months = \$206040, the staff will be deployed to the targeted provinces to conduct hygiene promotion activities, FGDs, KAP assessments, and hygiene kit distributions Monthly Salary breakdown Salary Base \$808+Danger Pay \$538+Personal Income Tax \$149.63+ Insurance Premium \$46.81 _ CTG third Party contractor Fee \$175 = \$1717.44"</i>						
4.4	Transportation, Warehouse rent/running cost	D	1	2,829.55	10	100.00	28,295.50
	<i>This line covers the costs for warehouse rent and management, and transportation costs of the items to the distribution sites</i>						
4.5	Field Staff Transportation cost	D	1	5,761.36	10	100.00	57,613.60
	<i>This line covers the transportation costs for the field staff to reach the different provinces/districts and implement activities and required additional accommodations for female staff members.</i>						
	Section Total						480,129.10
5. Travel							
5.1	Travel, DSA and R&R	s	12.5	2,170.00	1	100.00	27,125.00
	<i>7 International Support Staff X 5% and 2 (Project international Staff 1X@ 40% and 1X50%) X 10 Cycles of R&R X USD 2170/R&R allowance The unit quantity (12.5) is based on the proportionate coverage of the staff</i>						
5.2	Field staff DSA, accommodation, accommodation for field staff movement	D	1	1,700.00	10	100.00	17,000.00
	<i>To cover DSA/accommodation of the staff travelling to the targeted provinces for assessments and distributions (overnight) as well as accommodations for the movement of female staff (BOQ attached)</i>						
	Section Total						44,125.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office Premises Kabul	s	1	60,000.00	12	5.00	36,000.00
	<i>Missions Office cost including Rent, Utilities and Maintenance to manage project activities. 60,000X 12 Months X 5%= 36000</i>						
7.2	Office Premises Nimroz	D	1	15,000.00	11	25.00	41,250.00
	<i>Missions Office cost including Rent, Utilities and Maintenance to manage project activities. 15,000X 11 Months X 25%= 41250</i>						
7.3	Office Premises Farah	D	1	7,500.00	11	50.00	41,250.00

	Missions Office cost including Rent, Utilities and Maintenance to manage project activities. 7,500X 11 Months X 50%= 41250						
7.4	Communication (telephone, internet, etc.)	s	1	15,000.00	12	5.00	9,000.00
	Missions monthly communicaiton cost to support project activities. 15,000 X 12 Months X 5% = 9000						
7.5	Communication Costs (phone, postage and Internet for sub contracted field staff)	D	28	25.00	10	100.00	7,000.00
	"Includes communication cost mainly phone top up for all 28 staff members of the WASH team \$25 x 28staff x 10months = \$7000"						
7.6	Vehicle (Maintenance and running costs)	s	1	4,869.00	12	5.00	2,921.40
	Missions Vehicles Runnig cost (Fuel and Maitainence) 4,869X 12 Months X 5%= 2922						
7.7	IT Software License Cost	s	1	15,000.00	12	5.00	9,000.00
	Covers the cost associated with all softwares licenses. 15,000 X 12 Months X 5% = 9000						
7.8	Office Supplies	s	1	10,000.00	12	5.00	6,000.00
	Covers mission's office supplies cost (Stationary, supplies, covid related supplies, it supplies) 10000 X 12 Months X 5% = 6000						
7.9	Security costs	s	1	185,000.00	12	5.00	111,000.00
	"Covers overall mission security costs (Armed Guards, Unarmed Guards, DPS..). 185000 X 12 Months X 5% = 111000 Due to current security situation, this cost will be necessary for IOM operational activities"						
7.10	Bank charges	s	1	8,000.00	12	5.00	4,800.00
	This line covers all project related financial transaction / bank charges. 8000 X 12 Months X 5% = 4800						
7.11	Insurance costs	s	1	8,000.00	12	5.00	4,800.00
	This line covers General, Cash and Vehicle insurance costs of the mission. 8000 X 12 Months X 5%= 4800						
7.12	Field staff training standardization	D	2	4,000.00	1	100.00	8,000.00
	This line covers the training costs (location, material, refreshment) for trainings of national staff, 2 sessions						
	Section Total						281,021.40
SubTotal			14,052.50				1,535,815.50
Direct							1,167,969.10
Support							367,846.40
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							107,507.09
Total Cost							1,643,322.59

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul > Surobi	25.00000	0	0	0	0		WASH: Activity 1.1.1: - In collaboration with the WASH Cluster and base... WASH: Activity 2.1.1: - Upgrade WASH services, and clean and disinfect ...

Nangarhar > Jalalabad	25.00000	0	0	0	0	WASH: Activity 1.1.1: - In collaboration with the WASH Cluster and base... WASH: Activity 2.1.1: - Upgrade WASH services, and clean and disinfect ...
Farah > Farah	25.00000	0	0	0	0	WASH: Activity 1.1.1: - In collaboration with the WASH Cluster and base... WASH: Activity 2.1.1: - Upgrade WASH services, and clean and disinfect ...
Nimroz > Zaranj	25.00000	0	0	0	0	WASH: Activity 1.1.1: - In collaboration with the WASH Cluster and base... WASH: Activity 2.1.1: - Upgrade WASH services, and clean and disinfect ...

Documents	
Category Name	Document Description
Project Supporting Documents	AHF IOM WASH 1st SA proposals (activities and core pipeline) AAP approval.pdf
Project Supporting Documents	AHF IOM WASH 1st SA proposals (activities and core pipeline) HAG approval.pdf
Project Supporting Documents	AHF IOM WASH 1st SA proposals (activities and core pipeline) Protection approval.pdf
Project Supporting Documents	Annex 1. Water assessments of Nangarar and Kabul.docx
Project Supporting Documents	Annex 2. WASH actor presence and impact evaluation.docx
Project Supporting Documents	Annex 3. Province level data.xlsx
Project Supporting Documents	disregard old version
Project Supporting Documents	Annex 5. SOP for repair.docx
Project Supporting Documents	Breakdown (BoQ) for Category 7 5.1 Budget Lines_22265.xlsx
Project Supporting Documents	Annex 4. BOQ_20220816.xlsx
Grant Agreement	Allocation Letter_WASH_IOM_22265_HC signed.pdf
Grant Agreement	Allocation Letter_WASH_22265_HC_IOM.pdf
Revision related Documents	disregard