



United Nations Economic Commission for Europe

**Strengthening Governments' and water operators' capacity to ensure equity of access to water and sanitation in countries with economies in transition in the Economic Commission for Europe region, with a particular focus on small-scale water supplies and sanitation in rural areas**

(project document)

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## 1. EXECUTIVE SUMMARY

<b>Project Title:</b>	Strengthening Governments' and water operators' capacity to ensure equity of access to water and sanitation in countries with economies in transition in the Economic Commission for Europe region, with a particular focus on small-scale water supplies and sanitation in rural areas.
<b>Start date:</b>	March 2014
<b>End date:</b>	December 2017
<b>Budget:</b>	USD 578,000
<b>Beneficiary Countries:</b>	Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan , Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan.
<b>Executing Entity:</b>	United Nations Economic Commission for Europe (ECE)
<b>Co-operating Agency within the UN system:</b>	World Health Organization Regional Office for Europe (WHO/Europe)
<b>Project code and Development Account fascicle:</b>	1415-AF

### **Brief description:**

The challenges of equitable access to water and sanitation require actions at the national and local levels. However, authorities may lack the required capacity, knowledge and tools to assess the situation and elaborate a comprehensive action plan, which may include the adoption of legislative and economic measures to improve the situation. The low capacity is caused by such factors as the absence of disaggregated data, weak coordination between relevant stakeholders, the lack of mechanisms to support affordability of services and inadequacy of national policies and complementarities between them.

The capacity of national and local governments to address specific challenges of small-scale water supply and sanitation systems in their development policies is also generally low. This is caused by commonly weak regulations, standards and management arrangements for proper operation of small-scale systems. There is also inadequate technical knowledge on safe and efficient management of small-scale systems at the national and local levels.

The project will contribute to reducing inequities in access to drinking water and sanitation, especially in rural areas, mostly supplied by small-scale systems. This will be achieved through strengthening capacities of national governments to develop policies on equitable access to water and sanitation and address specific challenges of small-scale water supply and sanitation systems in national and local development policies. To this end, the project will provide capacity-development activities at the national, subregional and regional levels. The strengthened capacity of national and local governments will also lead to the improved implementation of the Protocol on Water and Health in the region.

The two project partners – ECE and WHO/Europe – have mutually complementing expertise in the field of water resources management, drinking water and sanitation and health protection and a broad experience of field work including in the countries targeted in this project. They will implement the project by involving key national and local stakeholders. The institutional framework of the Protocol on Water and Health will ensure the continuity of efforts. Particularly, the obligation for Parties to set national targets and submit summary reports to the Meeting of the Parties will contribute to sustainability of the project. The Compliance Committee<sup>1</sup> under the Protocol, serving as a dedicated body to oversee the implementation of and compliance with the Protocol's provisions, will also affect positively sustainability of the project outcomes.

## **2. BACKGROUND**

In the pan-European region, great disparities in access to water and sanitation exist between countries, between provinces and even between people locally. In 2011, 100 million Europeans still lacked access to piped drinking water in their homes and 67 million people lacked access to improved sanitation facilities. The situation is particularly severe in the countries of South-Eastern Europe, Eastern Europe, the Caucasus and Central Asia. Problems of lack of access to water and sanitation are compounded by inequities, with vulnerable and marginalized groups often facing lack of affordability. Access to water and sanitation in rural areas is lower than in urban areas. In South-Eastern Europe, Eastern Europe, the Caucasus and Central Asia more than 30 per cent of the total population live in rural areas, in which small-scale water supplies prevail.

Large in-country differences in access are not random – they affect mostly the poor, most vulnerable and marginalized groups, and rural populations, regardless of the countries' socioeconomic status. For example, in the Caucasus and Central Asia, 22% of the rural population lacks access to improved drinking water sources as opposed to only 4% of urban dwellers; more dramatically, 71% of the rural population lacks access to piped water on premises, whereas only 16% of town and city residents are similarly disadvantaged. The provision of safe drinking water of sufficient quantity frequently represents a

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<sup>1</sup> For details see [http://www.unece.org/env/water/pwh\\_bodies/cc.html](http://www.unece.org/env/water/pwh_bodies/cc.html).

particular challenge to small-scale water supplies in rural areas. Experience has shown that such supplies are more vulnerable to breakdown and contamination than larger utilities, and that they require particular political attention due to their administrative, managerial or resourcing specificities.

The human right to water and sanitation, recognized in 2010, requires that water and sanitation services are available, accessible, safe, acceptable and affordable for all without discrimination. At the United Nations Conference on Sustainable Development held in Rio de Janeiro on 20–22 June 2012 (Rio+20) world leaders committed themselves to the progressive realization of the human right to water and sanitation, particularly to equal access to safe and affordable drinking water and basic sanitation for all. The Rio+20 Outcome document, *The Future We Want*,<sup>2</sup> also reaffirmed commitments made in the Johannesburg Plan of Implementation and the Millennium Declaration to halving the proportion of people without access to safe drinking water and basic sanitation by 2015 (MDG 7C).

The ECE-WHO/Europe Protocol on Water and Health to the ECE Convention on the Protection and Use of Transboundary Watercourses and International Lakes provides a sound policy framework for the realization of the human right to water and sanitation in the pan-European region. The Protocol on Water and Health requires that Parties ensure universal access to water and sanitation by adopting national targets and setting time frames specific for the country's situation, needs and capacity. It particularly stipulates that “equitable access to water, adequate in terms both of quantity and of quality, should be provided for all members of the population, especially those who suffer a disadvantage or social exclusion”. The Protocol, which currently includes 26 Parties<sup>3</sup>, provides a legal inter-governmental framework for addressing the water and health nexus in a coherent and integrated way.

The project aims to address the above mentioned challenges by strengthening the capacity of Governments and service providers to ensure equity of access to water and sanitation in selected countries with economies in transition with a particular focus on policies and measures to improve the situation with small-scale water supplies and sanitation in rural areas.

## **2.1 Mandates, comparative advantage and link to the Programme Budget**

The implementing entities of the project are ECE (Environment Division)<sup>4</sup> and the World Health Organization Regional Office for Europe (WHO/Europe). ECE and WHO/Europe jointly provide the

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<sup>2</sup> General Assembly resolution 66/288, annex. Available from <http://sustainabledevelopment.un.org/futurewewant.html>.

<sup>3</sup> As of 9 December 2013, there were 26 parties to the Protocol, see [http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=XXVII-5-a&chapter=27&lang=en](http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=XXVII-5-a&chapter=27&lang=en)

<sup>4</sup> ECE Subprogramme 1 (Environment)

secretariat to the Protocol on Water and Health and cooperate closely on such initiatives involving the environment and health nexus as the European process on environment and health<sup>5</sup>.

### Mandates

ECE is a multilateral platform, which has been mandated in the work plan on ECE reform<sup>6</sup> to facilitate greater economic integration and cooperation among its fifty-six member States. The Environment Division of ECE serves as the secretariat to five multilateral environmental conventions and their protocols, including the Water Convention. The Committee on Environmental Policy oversees the work of ECE in the field of environment. In addition, each environmental treaty has its own decision-making body defined in the legal text of the treaty. As such, the Meeting of the Parties to the Protocol on Water and Health meets every three years to adopt the main directions of work under the Protocol. The proposed project will support the implementation of the programme of work under the Protocol for 2014-2016<sup>7</sup> adopted at the third session of the Meeting of the Parties (Oslo, 25-27 November 2013).

WHO is the directing and coordinating authority for the protection of human health within the United Nations System. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. WHO is the international authority on drinking water safety, promoting health-based regulations to Governments and working with partners to promote effective risk management practices to water suppliers, communities and individual households. The WHO Regional Office for Europe is the regional arm of the organization serving fifty-three Member States. WHO/Europe is made up of public health, scientific and technical experts, who are based in the main office in Copenhagen, in 4 outposted centres and in country offices in 29 Member States. The WHO European Centre for Environment and Health (ECEH) in Bonn, Germany, is the primary responsible body for the matters of the Protocol on Water and Health in WHO/Europe.

### Comparative advantage

The two project partners – ECE and WHO/Europe – feature mutually complementing expertise in the field of water resources management, drinking water and sanitation and health protection. ECE will contribute with its expertise on water resources management, policy, institutional and legal aspects of equitable access to water and sanitation. It will also draw on its existing projects and initiatives in the beneficiary countries and recent guidance documents and tools on equitable access developed under the Protocol. WHO/Europe will contribute with its technical expertise on surveillance of drinking water quality and water-related diseases, guidance documents and tools on safe management of small-scale water supplies

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<sup>5</sup> See <http://www.euro.who.int/en/health-topics/environment-and-health/pages/european-process-on-environment-and-health>

<sup>6</sup> See document E/ECE/1434/Rev.1 available at:

[http://www.unece.org/commission/2006/E\\_ECE\\_1434\\_%20Rev\\_1\\_e.pdf](http://www.unece.org/commission/2006/E_ECE_1434_%20Rev_1_e.pdf)

<sup>7</sup> See [http://www.unece.org/fileadmin/DAM/env/documents/2013/wat/MOP3-PWH/docs/ECE\\_MP.WH\\_11\\_Add.1\\_programme\\_of\\_work\\_2014-2016\\_ENG.PDF](http://www.unece.org/fileadmin/DAM/env/documents/2013/wat/MOP3-PWH/docs/ECE_MP.WH_11_Add.1_programme_of_work_2014-2016_ENG.PDF)

and sanitation. It will also build on the experiences of pilot projects on water safety planning in small-scale water supply systems. ECE will lead the project in partnership with WHO/Europe.

#### Link to the programme budget

The project will support the following expected accomplishment of the ECE Subprogramme 1 (Environment) in the Strategic Framework for 2014 – 2015<sup>8</sup>: (b) Strengthened implementation of ECE regional environmental commitments.

The following expected accomplishments will be supported for WHO/Europe: (a) strategic objective 8 for environment and health (to promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health) according to the organization-wide programme of work for the period from 2006 to 2015; b) the regional priority goal on water and sanitation of the Parma Declaration on Environment and Health; and (c) the WHO European policy framework “Health 2020”.

### **2.2 Country demand and beneficiary countries**

The project activities will cover 13 beneficiary countries - Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan, which were selected based on the following criteria:

- The beneficiary countries are countries with economies in transition, which require assistance particularly in developing policies related to equitable access to water and sanitation and small-scale systems. All of them face specific challenges in ensuring safe drinking water supply and adequate sanitation in rural areas.
- During the meetings of intergovernmental bodies under the Protocol, as well as other events, the governments of these countries expressed their interest to receive assistance to implement the provisions of the Protocol on Water and Health.
- Six of the selected beneficiary countries are Parties to the Protocol, while the other seven have yet to accede to or ratify it. This creates a good mix of countries that are at different levels of implementation of the Protocol but share similar challenges.
- The selected countries represent four different ECE subregions – Eastern Europe (Belarus and Ukraine), the Caucasus (Armenia, Azerbaijan and Georgia), South-Eastern Europe (Albania, Bosnia and Herzegovina, Serbia and the former Yugoslav Republic of Macedonia), and Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan). Such a wide geographical coverage will allow the effective transfer of knowledge within and between different subregions and in the ECE region as a whole.

Specific country-level activities will be selected based on the in-depth assessment of the situation of access to water and sanitation. The selection will also be based on the outcomes of the discussions at

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<sup>8</sup> See A/67/6 (Prog. 17) available at [http://www.un.org/ga/search/view\\_doc.asp?symbol=A/67/6\(Prog.17\)](http://www.un.org/ga/search/view_doc.asp?symbol=A/67/6(Prog.17))

intergovernmental meetings under the Protocol. However, all of the beneficiary countries will benefit from the project activities, either at the national or at the subregional and regional levels.

### **2.3 Link to the MDGs**

The project will support the achievement of the Millennium Development Goals, particularly with respect to the Millennium Development Goal 7 - Ensure environmental sustainability- and its sub-target 7C which aims at halving by 2015 the proportion of the population without sustainable access to safe drinking water and basic sanitation. The focus on equitable access will ensure in particular that consideration is given to the most vulnerable and marginalized strata of the population, as well as rural dwellers, where access to water supplies and sanitation has been a considerable challenge. The projections show that the sanitation-related MDG will not be met by the international community, including in the pan-European region. The project will also support the forthcoming post-2015 sustainable development framework in which access to water and sanitation is likely to play a prominent role with a particular focus on eliminating inequities in access and provision of safe and sustainable services.

### **2.4 Link to Rio+20 and the Internationally Agreed Development Goals (IADGs)**

The project will support the implementation of the Rio+20 Outcome document, *The Future We Want*, which underscores the critical importance of water and sanitation for sustainable development. In this regard, paragraph 121 of the outcome document states: “we reaffirm our commitments regarding the human right to safe drinking water and sanitation, to be progressively realized for our populations”.

The project will also promote the fulfillment of the human right to safe and clean drinking water and sanitation, as articulated in United Nations General Assembly resolution 64/292<sup>9</sup> of 28 July 2010 on the human right to water and sanitation.

In addition, the project will support the implementation of the following relevant regional commitments and targets:

- World Health Assembly (WHA) resolution 64.24 of 24 May 2011 on drinking-water, sanitation and health, which acknowledges the Protocol as an instrument of reference for safe water management and the protection of human health, and urges member States to ensure the progressive realization of the human right to water and sanitation;
- Regional Priority Goal 1 on water and sanitation adopted by the WHO European Member States through the Parma Declaration on Environment and Health, particularly with respect to its target “to

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<sup>9</sup> See [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/64/292](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/64/292)



provide each child with access to safe water and sanitation in homes, child care centres, kindergartens, schools [and] health care institutions ... by 2020”;

- The new public health policy, “Health 2020”, of the WHO/Europe, adopted by the WHO Regional Committee for Europe at its sixty-second session in 2012.

Finally the outcomes of the project will contribute to the discussions on post-2015 water-related Sustainable Development Goals (SDGs) and their subsequent implementation in the pan-European region.

### **3. ANALYSIS**

#### **3.1 Problem analysis**

Specific approaches are needed to redress inequities in access to water and sanitation. A person may lack access to water and sanitation simply because there is no safe water and sanitation in the community. Sometimes this is due to the degradation of water resources related to scarcity and pollution, but more commonly to a lack or poor management of water and sanitation infrastructure. Additionally, a community may have access to safe water and sanitation, but those services are not adapted to the particular needs of certain groups (e.g., disabled people), or are not adequately available in the institutions that those groups rely on (e.g., schools, prisons, refugee camps) or certain groups (e.g., ethnic minorities, illegal settlers) may be denied access to water and sanitation due to unintended or intended discrimination practices.

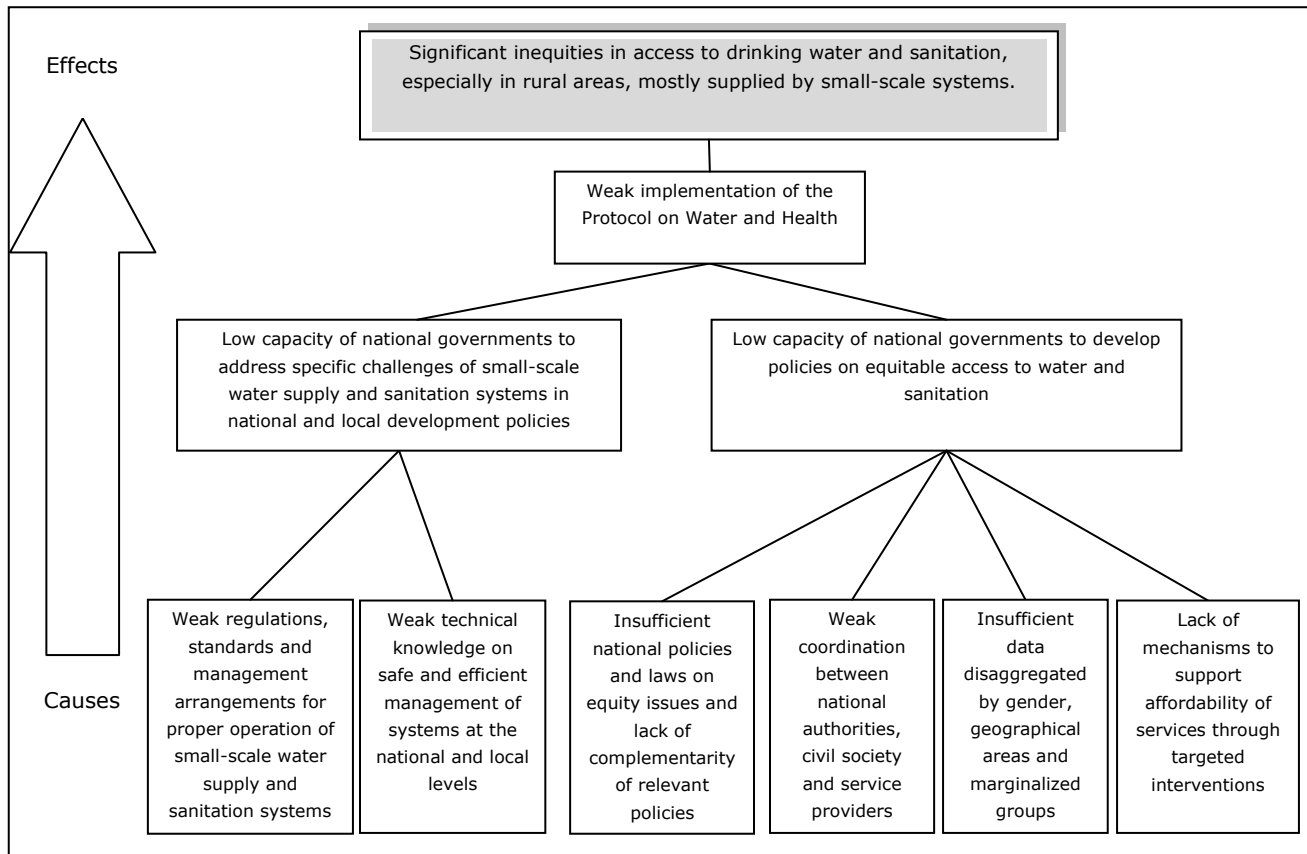
The challenges of equitable access to water and sanitation require actions at the national and local levels. However, authorities may lack the required capacity, knowledge and tools to assess the situation and elaborate a comprehensive action plan, which may include the adoption of legislative and economic measures to improve the situation. The low capacity is caused by several factors. First, proper assessment of the situation cannot be made without underlying data which is disaggregated by gender, income, geographical areas and vulnerable and marginalized groups. Second, there is generally weak coordination between national and local authorities, civil society organizations and service providers to plan measures aimed at enhancing equitable access but also at collecting data. As a result, the most pressing issues related to equitable access to services are not given the priority they deserve. Third, there is the lack of mechanisms to support the poorest members of society that may impact negatively on their access to services. For the poorest countries, where the affordability issue is a growing concern, either a large part of the population already devotes an important share of their income to pay for water and sanitation services, or they may be facing this situation in the future if tariffs are increased to ensure financial sustainability. Finally, the insufficiency or absence of national policies may be caused by the lack of complementarities and synergies between relevant policies.

Rural areas in the pan-European region have significantly lower levels of access to water and sanitation services than urban areas and may face comparatively higher water tariffs. The urban-rural gap is further

exacerbated by the fact that the rural communities mostly rely on small-scale water supply and sanitation systems which face particular human and financial resourcing challenges. However, the capacity of national and local governments to address such specific challenges in their development policies is generally low. This is caused by commonly weak regulations, standards and management arrangements for proper operation of small-scale systems. Those systems are often not regulated or are regulated differently from larger supplies. In addition, they usually receive less political attention. There is also inadequate technical knowledge on safe and efficient management of small-scale systems at the national and local levels. Managers and operators of small systems are usually undertrained and lack specialized knowledge. This makes small-scale services in rural areas and towns especially vulnerable to contamination and rural population tends to suffer from water-related diseases more frequently than urban dwellers. These problems call for the specific attention of Governments to deal with problems of small-scale water and sanitation installations and proper integration of their consideration into national and local development policies.

Low capacity of national and local governments to deal with the issues related to equitable access and small-scale water supply and sanitation issues also leads to weak implementation of the Protocol on Water and Health in the region as these two areas of work are key for the provision of water and sanitation of adequate quality to population.

**Figure 1 –Problem Analysis**



### 3.2 Stakeholder analysis and capacity assessment

All water and sanitation stakeholders need to be engaged in ensuring equitable access to water and sanitation and their roles and responsibilities should be clearly identified and allocated. It is important that users participate actively, and are not perceived only as beneficiaries. Transparency, access to information, education and participatory mechanisms need to be institutionalized to ensure equitable and sustainable results. The participation of members of vulnerable and marginalized groups constitutes a real challenge in all countries and must be given particular attention. Water and sanitation service providers need to be more responsive to delivering equitable access, and local government and civil society organizations need to play a greater role.

National governments have shared responsibilities with local governments as well as water and sanitation service providers. In case of small-scale systems, especially in rural areas, the beneficiaries may manage the systems themselves through water users associations.

**National Governments and their line ministries** are responsible for policy-making at the national level through the elaboration of relevant standards, regulations, and legislative measures. They also set national

priorities and targets through national development strategies, sector development plans and other instruments and provide funding for their implementation.

**Local governments** at the municipality or village level, in many cases, have the overall responsibility for the provision of water and sanitation services through their subordinate water utility organizations, which are supported also from local budgets.

In countries with economies in transition, **private operators** are just beginning to gain importance through the transfer of public utilities to the management of more experienced and knowledgeable private actors through public-private partnership arrangements. The private sector may play an important role in improving the quality and reliability of services through its expertise and possibility to attract additional resources.

**Donor agencies and international financial institutions** have played an important role in providing financial or technical support for the improvement of water supply and sanitation systems and access to services in countries with economies in transition.

**Not-for-profit organizations** in countries with economies in transition are important players both in the direct implementation of water and sanitation projects, especially in rural settings, and in collecting disaggregated data on gender, vulnerable groups and affordability at the local level and in increasing awareness of the most pressing issues.

**Table 1 – Stakeholder Analysis**

<b>Stakeholder</b>	<b>Type and level of involvement in the project</b>	<b>Capacity assets and gaps</b>	<b>Desired future outcomes</b>	<b>Stakeholder influence/impact</b>
<i>E.g. policymakers; technical staff; partner NGOs, private sector etc.</i>	<i>How does the stakeholder relate to the project/problem outlined in the previous section?</i>	<i>What are the stakeholder's resources and strengths that can help address the problem that the project strives to solve? What are the stakeholder's needs and vulnerabilities that the project attempts to bridge?</i>	<i>What are the desired outcomes for the stakeholder as a result of project implementation?</i>	<i>How strong is the stakeholder's influence to impact the direction and outcome of the project? i.e. High/Medium/Low</i>
Line ministries and other public institutions	Responsible for formulating policies and legislation, establishing norms and standards, providing funding	The national authorities have mandates to develop and implement related policies.  However, there is a lack of capacities to	Strengthened capacities to develop innovative policies and measures aimed at providing equitable	High

	and subsidies.	develop and enforce laws, regulations and standards on equitable access and small-scale systems.  Weak or absent inter-sectoral coordination.	access to water and sanitation and address challenges of small-scale water and sanitation systems.	
Civil society (NGOs, consumer associations, academia, etc.)	Play a role in collecting disaggregated data on gender, vulnerable groups and affordability at local level and in increasing awareness on the most pressing issues.  In rural communities, they also play an important role in managing water and sanitation systems.	Strong presence at the local level and knowledge of specific local issues and challenges.  Weak financial basis and coordination at the national level.	Increased awareness on specific challenges related to equitable access to water supply and sanitation, including those at the local level. Increase recognition of work by civil society organizations at the national level.	High
Donor agencies and financial institutions	Providing financial or technical support for the improvement of water supply and sanitation systems and access to services.	Availability of financial resources.  Sometimes weak understanding of technical and policy issues that may increase sustainability of projects.	Increased understanding of instruments and programmes, which proved successful in other countries and compare them with those included in their project portfolios.	Medium
Water and sanitation service providers and regulators (private and public)	Play a role as direct providers of services to transfer policies into practice and ensure reliable service for everyone.	Practical experience in managing water and sanitation systems.  Lack of managerial and technical capacities to manage small-scale systems and take into consideration equity issues.	Improved managerial and technical capacities to address the challenges of small-scale water supply and sanitation and improved application of equity issues at the operator level, which will increase the overall consumer satisfaction.	High

### **3.3 Analysis of the objectives**

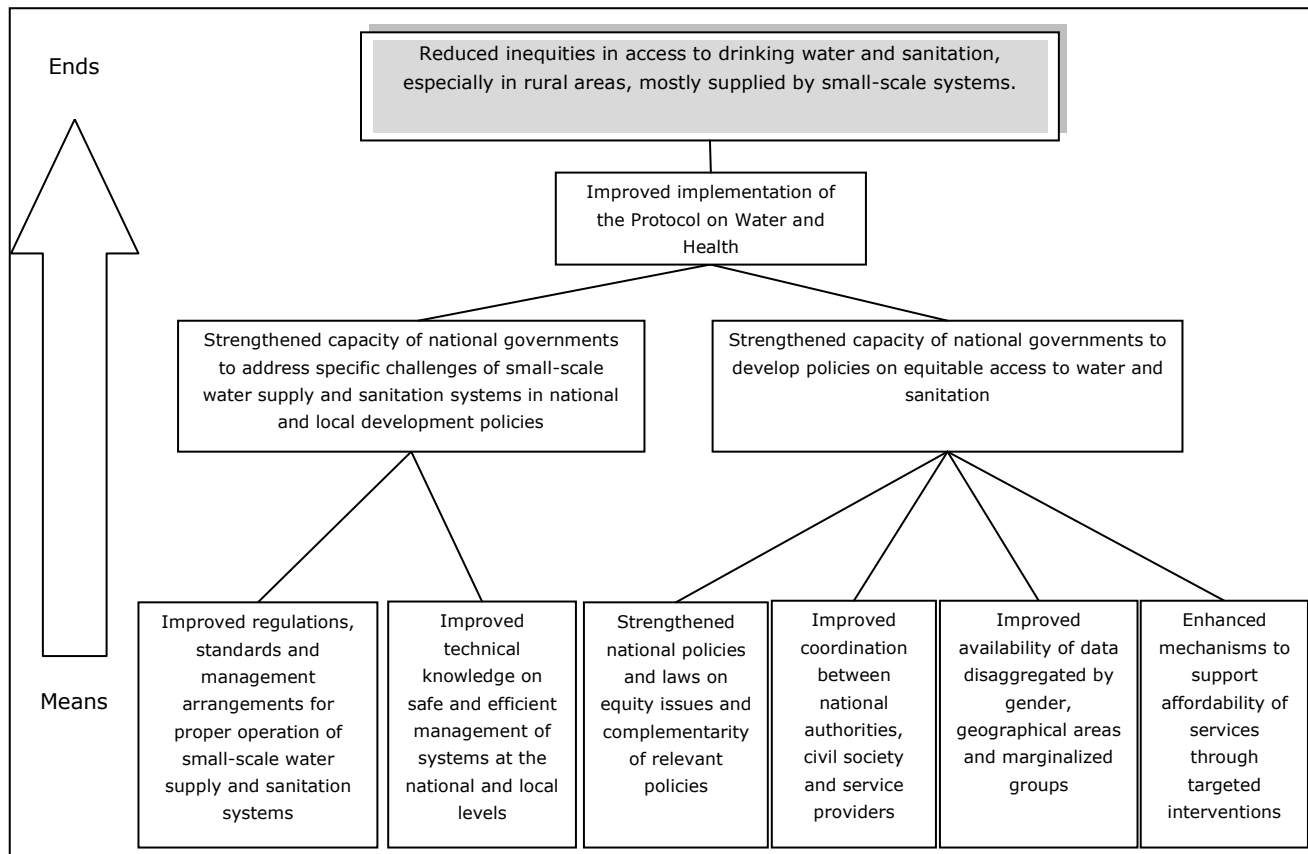
The project will contribute to reducing inequities in access to drinking water and sanitation, especially in rural areas, mostly supplied by small-scale systems, in the beneficiary countries.

The capacity of national governments to develop policies on equitable access will be strengthened by realizing four related outcomes. First, proper assessment of the situation on equitable access will be ensured through improved collection of data disaggregated by gender, income, geographical areas and vulnerable and marginalized groups. Second, the coordination between national and local authorities, civil society organizations and service providers will be improved to strengthen the planning of measures aimed at enhancing equitable access and at collecting data. Third, the mechanisms to support affordability of services through targeted interventions will be enhanced to assist the poorest members of society. Finally, the national policies and laws on equity issues and complementarities of relevant policies will be strengthened to achieve synergies between different sectors affecting equitable access to water and sanitation.

The capacity of national governments to address specific challenges of small-scale water supply and sanitation systems will be strengthened through improving regulations standards and management arrangements as well as technical knowledge for safe and efficient operation of systems.

The strengthened capacity of national and local governments will lead to the improved implementation of the Protocol on Water and Health in the region in such key areas of the Protocol as equitable access and small-scale water supply and sanitation.

**Figure 2 – Analysis of the Objectives**



#### **4. PROJECT STRATEGY: OBJECTIVE, EXPECTED ACCOMPLISHMENTS, INDICATORS, MAIN ACTIVITIES**

##### **4.1. Project Strategy**

The project will contribute to reducing inequities in access to drinking water and sanitation, especially in rural areas, mostly supplied by small-scale systems. This will be achieved through strengthening capacities of national governments to develop policies on equitable access to water and sanitation and address specific challenges of small-scale water supply and sanitation systems in national and local development policies. To this end, the project will provide capacity-development activities at the national, subregional and regional levels.

The project implementation will be closely linked with the implementation of the programme of work under the Protocol for 2014-2016, and specifically its programme areas on target setting and reporting, equitable access to water and sanitation, small-scale water supplies and sanitation and safe and efficient management of water supply and sanitation systems.

The project will start with advisory missions of ECE and WHO/Europe to six of the thirteen beneficiary countries to review the situation in relation to access to water and sanitation and small-scale water supply and sanitation services as well as the overall implementation of the Protocol on Water and Health. The missions will aim at developing country-specific recommendations on the way forward. The target countries for advisory missions will be selected based on the specific challenges identified and priorities formulated by countries at intergovernmental meetings under the Protocol.

The missions will also assist Parties and other States in undertaking a situation analysis, as a basis for developing national improvement strategies on small-scale water supplies and sanitation, through representative rapid assessments of prevailing conditions of small-scale water supply systems at the national level. Such rapid assessments will also contribute to improving regulations, standards and management arrangements for small-scale systems. In one of the beneficiary countries, such rapid assessments will take form of a field project that will include the testing of drinking water samples collected at small-scale water supply points in a country to produce the situation assessment regarding the conformity of the supplied water with microbiological, chemical and other standards. The study will result in recommendations to improve the situation. Recent report from WHO/Europe outlines the results of a similar study conducted in Georgia<sup>10</sup>.

Based on the outcomes of the advisory missions, two countries will be selected as target countries for further capacity-development activities on equitable access to water and sanitation. In one country, with a relatively lower level of awareness on equitable access and insufficient relevant data, this will include the elaboration of a self-assessment by using a score-card tool on equitable access<sup>11</sup> developed under the Protocol on Water and Health by ECE in cooperation with WHO/Europe. For the second country, with a better level of awareness on the issue and sufficient data on equitable access, efforts will be dedicated to the elaboration of an action plan outlining measures and policies required to improve the situation at the national or local levels. In both countries, the implementation of activities will include national workshops (one in each country) and involvement of local and national consultants to provide substantive inputs and advice. These activities will contribute to strengthening capacities of national governments to collect disaggregated by different stakeholder groups' data, improve coordination between relevant stakeholders, enhance mechanisms to support affordability of services and strengthen national policies and ensure complementarity between them.

To improve the implementation of the Protocol across the region and disseminate the results of the national activities, specifically in other beneficiary countries, a regional workshop will be organized to provide guidance to policy and decision makers and to other concerned actors to develop policies and

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<sup>10</sup> See “Situation assessment of small-scale water supply systems in the Dusheti and Marneuli districts of Georgia”: [http://www.ncdc.ge/uploads/publications/angarishebi/Situation\\_assessment\\_of\\_small\\_scale\\_water\\_supply\\_systems\\_in\\_the\\_Dusheti\\_and\\_Marneuli\\_districts\\_of\\_Georgia.pdf](http://www.ncdc.ge/uploads/publications/angarishebi/Situation_assessment_of_small_scale_water_supply_systems_in_the_Dusheti_and_Marneuli_districts_of_Georgia.pdf)

<sup>11</sup> The equitable access score-card: Supporting policy processes to achieve the human right to water and sanitation (ECE/MP.WH/8), see <http://www.unece.org/index.php?id=34032>



measures aimed at ensuring equitable access to water and sanitation and analyze further challenges and needs. The workshop will be based on the previous exchange of good practices in the region compiled in the publication *No one left behind*<sup>12</sup> and on the outcomes of the two national activities.

A regional workshop on reporting will be organized to strengthen the implementation of the Protocol with regards to its article 7. In particular it will focus on how countries can include aspects of equitable access and small-scale water and sanitation systems into national reporting. The links between reporting under the Protocol, on the one hand, and possible post-2015 water- and sanitation-related sustainable development goal(s), on the other, will also be discussed.

Based on the outcomes of the advisory missions and the rapid assessments, the activities related to small-scale water supplies and sanitation will also include the organization of two national workshops to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems. The workshops will specifically focus on developing national capacities for the application of the water safety planning concept based on various guidance documents and tools made available by WHO. These activities will contribute to improving technical knowledge on safe and efficient management of small-scale systems at the national and local levels.

With the same aim, the project will also contribute to the preparation and publication of guidance and promotional materials on small-scale water supply and sanitation systems in rural areas and the implementation of the Protocol on Water and Health. This will specifically include the finalization of a policy guidance document on small-scale water supplies and sanitation led by WHO/Europe and preparation of some targeted promotional materials on water safety planning. Two subregional workshops will be held to promote the application of the developed guidance materials and disseminate the results of the national workshops. The subregions will be selected based on the needs identified during the project implementation.

#### **4.2. Objective**

The project objective is to strengthen the capacity of national and local authorities as well as water operators to develop policies and measures aimed at providing access to clean and safe drinking water and adequate sanitation in countries with economies in transition in the ECE region, with a particular focus on small-scale water supplies and sanitation in rural areas.

#### **4.3 Expected Accomplishments**

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<sup>12</sup> No one left behind: Good practices to ensure equitable access to water and sanitation in the pan-European region (ECE/MP.WH/6), see <http://www.unece.org/index.php?id=29170>

EA1: Strengthened capacity of national and local authorities in countries with economies in transition in the ECE region to develop innovative policies and measures aimed at providing equitable access to water and sanitation building on the Protocol on Water and Health;

EA2: Strengthened capacity of national and local authorities as well as water operators in countries with economies in transition in the ECE region to address the challenges of small-scale water supplies and sanitation in national and local development policies.

#### **4.4 Indicators of achievement**

IA1.1: Increased number of policies and measures at national and local levels to ensure equity of access to clean and safe drinking water and adequate sanitation;

IA1.2: Increased number of countries reporting on progress in ensuring equitable access to safe drinking water and adequate sanitation under the Protocol on Water and Health;

IA2.1: Increased number of policies and strategies formulated to provide safe drinking water and sanitation in rural areas through small-scale water supply and sanitation systems;

IA2.2: Increased number of countries reporting on the progress in developing and implementing water and sanitation safety planning approaches for managing small-scale water supply and sanitation systems in rural areas under the Protocol on Water and Health.

#### **4.5 Activities**

The main activities of the project will include:

(A1.1) Organize six country missions to review the situation in target countries in relation to access to water and sanitation, including a rapid assessment of small-scale water supply systems in rural areas to improve the evidence base, and implementation of the Protocol on Water and Health and to develop recommendations on the way forward;

(A1.2) Organize two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers and to other concerned actors to develop policies and measures aimed at ensuring equitable access to water and sanitation;

(A1.3) Organize a regional workshop to provide guidance to policy- and decision-makers and to other concerned actors to develop policies and measures aimed at ensuring equitable access to water and sanitation, and to promote the exchange of experiences in the region and analyze further challenges and needs;

(A1.4) Organize a regional workshop to assist countries in their reporting obligations under the Protocol on Water and Health and, at the same time, streamline efforts with post-2015 sustainable development goal(s) and reporting;

(A2.1) Organize two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems, to promote the exchange between national and local authorities and to develop capacities for safe and sustainable management of small-scale water supplies. The beneficiary countries

will be selected on the basis of demands, needs and commitment to work in this area, as expressed in the framework of the Protocol on Water and Health intergovernmental bodies;

(A2.2) Organize two subregional workshops to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems;

(A2.3) Develop guidance and promotional material on safe management of water and sanitation in rural areas through small-scale water supply and sanitation systems and the implementation of the Protocol on Water and Health.

#### **4.6 Risks and mitigation actions**

There is a risk of politicization of the issue of equitable access and small-scale water supplies and sanitation, especially in relation to vulnerable and marginalized groups in some countries. Another risk factor is possible delays in the implementation of activities due to the weak capacity of local experts and poor coordination/participation of the stakeholders. These risks will be mitigated by a careful planning of activities in close cooperation with the Governments and other stakeholders and the provision of continued support through the implementing agencies and international consultants.

#### **4.7 Sustainability**

The project is closely linked with the programme of work under the Protocol on Water and Health for 2014-2016 and its programme areas on equitable access to small-scale water supplies and sanitation. These work areas have been the focus of work under the Protocol in the past and will remain a priority in the future. The institutional framework of this legally binding treaty will ensure the continuity of efforts. Particularly, the obligation for Parties to set national targets and submit summary reports to the Meeting of the Parties will contribute to sustainability of the project and its results. The Compliance Committee under the Protocol, overseeing the implementation of and compliance with the Protocol provisions by Parties, will also contribute to sustainability of the project.

### **5. MONITORING AND EVALUATION**

After each workshop conducted at the national, subregional and regional level a questionnaire will be circulated to evaluate the usefulness of the activity and the thematic areas addressed. This will be complemented with interviews with key beneficiaries during the mid-term and final project evaluation.

An external consultant will be also hired to conduct external evaluation of the project. The consultant will prepare an evaluation report based on the analysis of the workshop questionnaires, interviews with key stakeholders and a desk study.

## 6. IMPLEMENTATION PARTNERS AND ARRANGEMENTS

The project will be executed by ECE, in collaboration with WHO/Europe. WHO/Europe will focus on the small-scale water supply and sanitation as well as health-related aspects of the project, supporting it with its expertise and networks. ECE will be the leading entity for the work on equitable access to water and sanitation. The project will be supported by the institutional and legal framework of the Protocol on Water and Health, including its intergovernmental bodies, e.g. the Working Group on Water and Health, as well as technical and expert groups and networks operating under WHO. ECE will also utilize the platform of the European Union Water Initiative National Policy Dialogues on Integrated Water Resources Management and Water Supply and Sanitation in the beneficiary countries to attract various governmental and non-governmental stakeholders into the implementation of activities and report on the project outcomes at the national level. WHO/Europe will involve the network of its country offices in the beneficiary countries and WHO Collaborating Centres in the project implementation.

The two project partners – ECE and WHO/Europe – have mutually complementing expertise in the field of water resources management, drinking water and sanitation and health protection and a broad experience of field work including in the countries targeted in this project. The ECE Environment Division and the WHO European Centre for Environment and Health have a long standing experience of joint work in servicing the Protocol on Water and Health since its entry into force in 2005. Two professional officers, one from each organization, serve as co-Secretaries of the Protocol. They will provide the overall supervision of the project implementation, assisted in its implementation by other professional staff members.

Leading national NGOs working on issues of water and health will also be closely involved in the activities at the national and local level. They will also provide logistical support to workshops and advice on the involvement of local stakeholders.

## 7. ANNEXES

### ANNEX 1: SIMPLIFIED LOGICAL FRAMEWORK

Intervention logic	Indicators	Means of verification	Risks/Assumptions
Objective: The project objective is to strengthen capacity of national and local authorities as well as water operators to develop policies and			

<p>measures aimed at providing access to clean and safe drinking water and adequate sanitation in countries with economies in transition in the ECE region with a particular focus on small-scale water supplies and sanitation in rural areas.</p>			
<p>Expected accomplishment 1. Strengthened capacity of national and local authorities in countries with economies in transition in the ECE region to develop innovative policies and measures aimed at providing equitable access to water and sanitation building on the Protocol on Water and Health.</p>	<p>IA1. Increased number of policies and measures at national and local levels to ensure equity of access to clean and safe drinking water and adequate sanitation.</p>	<p>Official documents drafted and adopted at the local and/or national level through cooperative efforts of various stakeholders to ensure equity of access to water and sanitation, including those related to affordability issues; self-assessment exercises contributing to such documents.</p>	<p>There is a risk that some politicization of the issue of equitable access may occur, especially in relation to vulnerable and marginalized groups causing restrictions in the collection of data. Another risk factor is possible delays in the implementation of activities due to the weak capacity of local experts and poor coordination/participation. Assumption is that the governments of beneficiary countries consider equitable access as a priority issue.</p>
	<p>IA2. Increased number of countries reporting progress in ensuring equitable access to safe drinking water and</p>	<p>Reports/statements of countries at the meetings of the intergovernmental bodies under the Protocol on Water and Health and national summary reports submitted</p>	<p>Assumption is that beneficiary countries, both Parties and non-Parties to the Protocol, submit their national summary reports.</p>

	adequate sanitation under the Protocol on Water and Health;	under the third reporting cycle under the Protocol.	
1.1 Main activity	Organize six country missions to review situation in target countries in relation to access to water and sanitation, including a rapid assessment of small-scale water supply systems in rural areas to improve the evidence base, and implementation of the Protocol on Water and Health and to develop recommendations on the way forward.		
1.2 Main activity	Organize two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers and to other concerned actors to develop policies and measures aimed at ensuring equitable access to water and sanitation.		
1.3 Main activity	Organize a regional workshop to provide guidance to policy- and decision-makers and to other concerned actors to develop policies and measures aimed at ensuring equitable access to water and sanitation, and to promote exchange of experiences in the region.		
1.4 Main activity	Organize a regional workshop to assist countries in their reporting obligations under the Protocol on Water and Health and, at the same time, streamline efforts with post-2015 sustainable development goal(s) and reporting.		
Expected accomplishment 2. Strengthened capacity of national and local authorities as well as water operators in economies in transition in the ECE region to address the challenges of small-scale water supplies and sanitation in national and local development policies.	IA1. Increased number of policies and strategies formulated to provide safe drinking water and sanitation in rural areas through small-scale water supply and sanitation systems.	Policy documents/strategies, to improve management of water and sanitation in rural areas, in particular in small-scale water supply and sanitation systems developed at local and national levels; Rapid assessments of situation of small-scale water supply for evidence based policy making.	There is a risk that some politicization of the issue of small-scale supplies and sanitation may occur, especially in relation to vulnerable and marginalized groups. Another risk factor is possible delays in the implementation of activities due to the weak capacity of local experts and poor coordination/participation of stakeholders. Assumption is that the governments of beneficiary countries

			consider small-scale water supplies and sanitation as a priority issue and are willing to cooperate in the framework of the Protocol on Water and Health.
	IA2. Increased number of countries reporting on the progress in developing and implementing water safety planning approaches for managing small-scale water supply and sanitation systems in rural areas under the Protocol on Water and Health.	Reports/statements of countries at the meetings of the intergovernmental bodies under the Protocol on Water and Health and national summary reports submitted under the third reporting cycle under the Protocol.	Assumption is that beneficiary countries, both Parties and non-Parties to the Protocol, submit their national summary reports.
2.1 Main activity	Organize two national workshops in two of the beneficiary countries to provide guidance to policy- and decision- makers in addressing the specific challenges of small-scale water supply and sanitation systems, to promote the exchange between national and local authorities and to build capacities on safe and sustainable management of small-scale water supplies. The beneficiary countries will be selected on the basis of demands, needs and commitment to work in this area, as expressed in the framework of the Protocol on Water and Health intergovernmental bodies.		
2.2 Main activity	Organize two subregional workshops to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems.		
2.3 Main activity	Develop guidance and promotional material on safe management of water and sanitation in rural areas through small-scale water supply and sanitation systems and the implementation of the Protocol on		

	Water and Health.
External evaluation	Analysis of the project implementation by an external consultant and preparation of the project evaluation report.

## ANNEX 2: RESULT-BASED WORK PLAN

Expected accomplishment	Main activity	Timeframe by output/activity			
		2014	2015	2016	2017
EA1: Strengthened capacity of national and local authorities in countries with economies in transition in the ECE region to develop innovative policies and measures aimed at providing equitable access to water and sanitation building on the Protocol on Water and Health.	A1.1. Six country missions to review situation in target countries in relation to access to water and sanitation, including a rapid assessment of small-scale water supply systems in rural areas to improve the evidence base.	X	X		
	A1.2. Two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers on equitable access to water and sanitation.	X	X		
	A1.3. Regional workshop to provide guidance to policy- and decision-makers on equitable access to water and sanitation.		X		
	A1.4. Regional workshop to assist countries in their reporting obligations under the Protocol on Water and Health.			X	



EA2: Strengthened capacity of national and local authorities as well as water operators in countries with economies in transition in the ECE region to address the challenges of small-scale water supplies and sanitation in national and local development policies.	A2.1. Two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems.	X	X		
	A2.2. Two subregional workshops to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems.		X	X	
	A2.3. Develop guidance and promotional material on safe management of water and sanitation in rural areas through small-scale water supply and sanitation systems.	X	X	X	X

### ANNEX 3: RESULT-BASED BUDGET

Expected accomplishment	Main activities	Object class and object code (split of activities/outputs by budget categories)	Amount (USD)
EA1: Strengthened capacity of national and local authorities in countries with economies in transition in the ECE region to develop innovative policies and measures aimed at providing equitable access to water and sanitation building on the Protocol on Water and Health.	A 1.1 Six country missions to review situation in target countries in relation to access to water and sanitation, including a rapid assessment of small-scale water supply systems in rural areas to improve the evidence base.	608 (2302) Travel of Staff	20,000
		604 (0111) Consultants fees (for rapid assessment)	10,000
		604 (0140) National consultants (for rapid assessment)	10,000
		602 (0051-0059) General temporary assistance	12,000
		604 (2601) Consultant travel	10,000
		612 (3908) Contractual services (including for rapid assessment)	25,000
		<b>Sub-total:</b>	<b>87,000</b>
	A1.2. Two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers on equitable access to water and sanitation.	608 (2302) Travel of Staff	6,000
		604 (0111) Consultants fees (for a self-assessment and an action plan elaboration)	40,000
		604 (0140) National consultants (for a self-assessment and an action plan elaboration)	20,000
		602 (0051-0059) General temporary assistance	12,000
		604 (2601) Consultant travel	6,000
		612 (3908) Contractual services	56,000
		<b>Sub-total:</b>	<b>140,000</b>
	A1.3.	608 (2302) Travel of Staff	5,000

	Regional workshop to provide guidance to policy and decision makers on equitable access to water and sanitation.	602 (0051-0059) General temporary assistance 612 (3908) Contractual services	12,000 75,000
		<b>Sub-total:</b>	<b>92,000</b>
	A1.4. Regional workshop to assist countries in their reporting obligations under the Protocol on Water and Health.	602 (0051-0059) General temporary assistance 612 (3908) Contractual services 621 (7202) Seminars and workshops	12,000 6,000 50,000
		<b>Sub-total:</b>	<b>68,000</b>
EA2: Strengthened capacity of national and local authorities as well as water operators in countries with economies in transition in the ECE region to address the challenges of small-scale water supplies and sanitation in national and local development policies.	A2.1. Two national workshops in two of the beneficiary countries to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems.	608 (2302) Travel of Staff 604 (0111) Consultants fees 612 (3908) Contractual services	6,000 8,000 55,000
		<b>Sub-total:</b>	<b>69,000</b>
	A2.2. Two subregional	608 (2302) Travel of Staff 604 (0111) Consultants fees	5,000 8,000

	workshops to provide guidance to policy- and decision-makers in addressing the specific challenges of small-scale water supply and sanitation systems.	612 (3908) Contractual services	77,000
		<b>Sub-total:</b>	<b>90,000</b>
	A2.3. Develop guidance and promotional material on safe management of water and sanitation in rural areas through small-scale water supply and sanitation systems.	612 (3908) Contractual services (printing costs)	20,000
		<b>Sub-total:</b>	<b>20,000</b>
In support of the evaluation of the project		604 (0111) Consultant to evaluate the project	12,000
		<b>Total:</b>	<b>578,000</b>

## ANNEX 4: BUDGET DETAILS

### 4.1. SUMMARY TABLE

Object Class	Object Code	Object Description	Allotment	Explanation of changes in budget compared to the concept note
602	0051-0059	General Temporary Assistance	48,000	
604	0111	Consultants and Expert Groups: International consultants (fee)	78,000	
	0140	National/regional consultants (fee)	30,000	
	2601	Consultant travel	16,000	
608	2302	Travel of staff	42,000	
612	3908	Contractual services	314,000	
621	7202	Fellowships, grants and contributions Participants in seminars and workshops	50,000	
		<b>Total</b>	<b>578,000</b>	

### 4.2. DETAILED JUSTIFICATION BY OBJECT CODE

#### **General Temporary Assistance (Object class: 602 and object code: 0051-0059) = \$48,000**

Temporary assistance in the implementation of the project, in support of activities A1.1, A1.2, A1.3 and A1.4 (4 work months) x (\$12,000 per work month) = \$48,000.

#### **Consultants (provide separate breakdown by national/regional consultants and international consultants) (Object class: 604 and object codes: 0111/0140/2601) = \$ 124,000**

##### **(a) International consultants (Object code: 0111) = \$ 78,000**

International consultants for the tasks of the substantive preparation of advisory missions and rapid assessments, workshops and self-assessments, in support of activities A1.1 (1.25 work months), A1.2 (5 work months), A2.1 (1 work month), A2.2 (1 work month) and for the final evaluation of the project (1.5 work months) x (\$8,000 per month) = \$78,000.

##### **(b) National / Regional consultants (Object code: 0140) = \$ 30,000**

National consultants for the tasks of the substantive preparation of advisory missions and rapid assessments, workshops and self-assessments, in support of activities A1.1 (4 work months) and A1.2 (8 work months) x (\$2,500 per month) = \$30,000.

**(c) Consultant travel (object code: 2601) = \$16,000**

6 missions by consultants for the purpose of providing substantive inputs to advisory missions and rapid assessments, workshops and self-assessments, in support of activities A1.1 and A1.2 (\$2,667 average mission cost) x (6 missions) = \$16,000.

**Travel of Staff (Object class: 608 and object code: 2302) = \$ 42,000**

**(a) UN Staff from ECE**

8 missions by UN staff for the purpose of providing substantive inputs to advisory missions and rapid assessments, national, subregional and regional workshops and self-assessments, in support of activities A1.1, A1.2, A1.3, A2.1 and A2.2 (\$2,625 average mission cost) x (8 missions) = \$21,000.

**(b) Staff from other UN entities collaborating in project**

**WHO/Europe staff members:**

8 missions by WHO/Europe staff for the purpose of providing substantive inputs to advisory missions and rapid assessments, national, subregional and regional workshops and self-assessments, in support of activities A1.1, A1.2, A1.3, A2.1 and A2.2 (\$2,625 average mission cost) x (8 missions) = \$21,000.

**Contractual services (Object class: 612 and object code: 3908) = \$ 314,000**

A provision of \$314,000 is required for the organization of workshops by local NGOs, laboratory testing of drinking water samples, translation of documents, and preparation and printing of guidance and promotional material:

- Laboratory testing of drinking water samples in support of activity A1.1 (rapid assessment of situation with small-scale water supplies and sanitation) = \$20,000. This includes an institutional contract with a national non-profit entity in a beneficiary country to provide laboratory testing of collected drinking water samples.
- Organization of four national workshops (\$25,000 each) in support of activities A1.2 (2 workshops) and A2.1 (2 workshops) = \$100,000. This includes institutional contracts with NGOs or other non-profit entities in beneficiary countries for the following services: logistical support for organization of four national workshops (venue, interpretation, technical equipment, workshop material, etc.) (4 workshops x \$10,000 = \$40,000) + (travel and DSA of participants in national workshops (international or national coming from outside the capital as appropriate) (\$1,500 per participant x 10 participants x 4 workshops = \$60,000) = \$100,000
- Translation between English and Russian and national languages in support of activities A1.1, A1.2, A1.4, A2.1 and A2.2 = \$24,000.
- Organization of two subregional workshops (\$37,500 each) in support of activity A2.2 = \$75,000. This includes institutional contracts with NGOs or other non-profit entities in beneficiary countries for the following services: logistical support for organization of two subregional workshops (venue, interpretation, technical equipment, workshop material, local transport, etc.) (2 workshops x \$7,500 =

\$15,000) + (travel and DSA of workshop participants international or from beneficiary countries, as appropriate \$2,000 per participant x 15 participants x 2 workshops = \$60,000) = \$75,000

- Organization of one regional workshop in support of activity A1.3= \$75,000. This includes institutional contract with an NGO or other non-profit entity in a beneficiary country for the following services: logistical support for organization of a regional workshop (venue, interpretation, technical equipment, workshop material, local transport, etc.) (1 workshop x \$15,000 = \$15,000) + (travel and DSA of workshop participants international or from beneficiary countries, as appropriate \$2,500 per participant x 24 participants x 1 workshops = \$60,000) = \$75,000

- Layout and printing of guidance and promotional materials in support of activity A2.3 = \$20,000.

**Training – Participants in seminars and workshops (Object class: 621 and object code: 7202) = \$50,000**

(a) Participants in seminars and workshops (object code: 7202)

One regional workshop in support of activity A1.4 for 20 supported participants, \$2,500 per participant, = \$50,000.

**ANNEX 5: CHECKLIST FOR FOCAL POINTS - 9TH TRANCHE OF THE DEVELOPMENT ACCOUNT**

<b>1. Template (structural compliance)</b>	<b>Check</b>
• All elements of the prodoc template are completed	<input checked="" type="checkbox"/>
• The document is in line with prodoc guidelines	<input checked="" type="checkbox"/>
• Country demand for the project is spelt out clearly and evidence of its existence provided	<input checked="" type="checkbox"/>
• Target countries are identified and clearly listed	<input checked="" type="checkbox"/>
<b>2. Logical framework</b>	
• The project's strategy is outlined clearly and reflects the problem that the project intends to solve	<input checked="" type="checkbox"/>
• The objective and the expected accomplishments EAs are phrased as in the concept note previously submitted  <i>Slight editorial changes were made in the wording of the objective and expected accomplishments.</i>	<input checked="" type="checkbox"/>
• Indicators have been developed and shared with the evaluation expert of the implementing entity	<input checked="" type="checkbox"/>

<ul style="list-style-type: none"> <li>• Attention was given to ensure consistency of the activities developed with the elements of the framework. Activities are also sufficient to plausibly achieve the expected accomplishments that they support and are consistent with capacity development approaches</li> </ul>	☒
<b>3. Budget</b>	
<ul style="list-style-type: none"> <li>• The budget effectively supports the activities and the logical framework</li> </ul>	☒
<ul style="list-style-type: none"> <li>• A financial check was conducted by a budget officer</li> </ul>	☒
<b>4. Partnerships</b>	
<ul style="list-style-type: none"> <li>• All implementing partners have been identified and their respective roles in the project defined</li> </ul>	☒
<ul style="list-style-type: none"> <li>• Project partners have been consulted and the prodoc shared with them</li> </ul>	☒
<b>5. Sustainability and multiplier effects</b>	
<ul style="list-style-type: none"> <li>• The project's design was driven by the aim to sustain the benefits of its achievements beyond the completion of the project</li> </ul>	☒
<ul style="list-style-type: none"> <li>• The project's design was driven by the aim to amplify its impact, reaching beyond immediate target beneficiaries or intended achievements</li> </ul>	☒
<b>6. Internal review</b>	
<ul style="list-style-type: none"> <li>• The prodoc has gone through an internal quality control process. Please elaborate on this process here.</li> </ul> <p><i>The prodoc was submitted to the UNECE Project Management Unit (PMU)</i></p>	☒
<p><b>7. Budget deviations:</b> Deviations from the average % by budget line have been justified.</p> <ul style="list-style-type: none"> <li>- If GTA is above 5% or 15 work months, please make sure that annex 4 provides sufficient explanatory details as to why this is the case. If GTA exceeds 8%, please provide reasons in this table.</li> <li>- If travel is above 18%, please make sure that annex 4 provides sufficient explanatory details. If travel is above 25%, please provide reasons in this table.</li> <li>- If consultancies are above 28% (including evaluation), please make sure that annex 4 provides sufficient details. If consultancies are above 35% please elaborate in this table.</li> <li>- If the sum of the consultancy, Expert Group Meeting, contractual services and GTA cost are above 40% of the project budget, please provide details as to why the project relies so heavily on external expertise</li> </ul>	☒