



**Issuance Date: July 16, 2013**

**Subject: Amendment #02 to Request for Applications # RFA-OAA-13-000020 – Development Grants Program (DGP)**

The Purpose of Amendment #02 to the above referenced RFA is to replace the RFA posted on **July 11, 2013** with a revised RFA document. Specifically the following changes have been made and for the prospective applicants’ convenience these changes are highlighted in “Yellow” in the revised RFA document which is also attached to this amendment #02.

- 1. RFA page #2, **ADD** the following to the “List of Countries” table:

<b>Georgia</b>	<b>Water, Sanitation and Hygiene (WASH)</b>	<b>Georgia</b>
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- 2. RFA page # 44, under “Appendix 1: Country Specific Guidance” **ADD** the following Country Specific Information:

**Country: Georgia**

**Language(s) for Concept Papers:** English

**Language(s) for Full Applications:** English

**Required format for submission of Concept Papers and Full Application:**

Please e-mail electronic copies of Concept Paper and Full Application to [tsirbiladze@usaid.gov](mailto:tsirbiladze@usaid.gov); [nhiggins@usaid.gov](mailto:nhiggins@usaid.gov); [sbueter@usaid.gov](mailto:sbueter@usaid.gov) and copy [DGP@usaid.gov](mailto:DGP@usaid.gov) on *due date (please leave with guard)*

**The types of awards:** Cooperative Agreement

**Maximum size of award:** \$1.5m for Cooperative Agreement

**Life of the award:** 5 years

**Sector(s) of Focus or Development problem(s) to be addressed:**

## Water, Sanitation and Hygiene (WASH)

This program aims to mobilize communities around the challenges of water supply and sanitation conditions in schools and health clinics in rural Georgia. Activities will improve water and sanitation conditions in schools and rural clinics through: rehabilitating/constructing toilet facilities; providing access to running water; improving access to safe drinking water; supporting local community mobilization and capacity development to assure operations and maintenance planning; providing school-based sanitation and hygiene trainings for school administrators, teachers, and students; developing information, education, communication (IEC) materials; and, providing public education campaigns on hygiene and sanitation. Working with communities will be a key factor in the approach to implement these activities. The rehabilitation activities will be used as a “hook” for target communities to unite them around their common problems, and will involve them in every step of the project: planning (including budgeting), and developing and implementing rehabilitation work while also obtaining skills in project management through direct interaction and skills training/capacity-building activities. In this process, beneficiary communities will increase their knowledge and understanding of the importance of WASH as well as develop skills of how to pass on this information to the broader community.

The sustainability of programming in WASH will be achieved by developing the capacity of school boards so that they are able to use obtained skills in solving problems at their schools in the future as well as to be able to maintain improved WASH conditions at their respective schools. Key individuals at primary healthcare units will also be trained to be able to maintain the results of the project activities. Efforts will be made through workshops and training of these groups to motivate them to inform and guide the members of their communities along a path leading to longer-term development. Sustainability will also be achieved by developing relevant training materials for schools and working with the Ministry of Education and Science to include these topics in education curricula.

The advantage of implementing this project through the appropriate applicant with the needed local knowledge, expertise and cultural understanding is: the existing experience in working with the local communities at a grass roots level; an in-depth understanding of the cultural, environmental, and social context; and, the existing links to local sources of technical assistance.

In Georgia there is no line ministry that is solely accountable for WASH related issues. Instead, the responsibility for WASH oversight is divided among various governmental, non-governmental and private institutions at all levels, including national, regional, and local. The water distribution and sewage is provided by private LTD and LLC companies with a government share, including: the “Georgian Water and Power” (GWP), a private company that delivers drinking water to Tbilisi and its surroundings and provides wastewater services to the capital; the two GWP-sister companies “Mtskheta Water” and “Rustavi Water”, that provide water service for the cities of Mtskheta and Rustavi; “Batumis Tskali” LTD that provides services for Batumi, and the “United Water Supply Company of Georgia” (LLC with a 100% government share) that provides water and wastewater services throughout the rest of urban Georgia (excluding Tbilisi, Mtskheta, Rustavi and Batumi). In rural Georgia, water supply and

distribution is the responsibility of local governments. Oversight of water quality falls to the Food Safety Agency, which is an Entity of Public Law under the National Ministry of Agriculture. Hygiene standards are developed and approved by the national Ministry of Labor, Health, and Social affairs and are monitored by local municipalities through their respective Public Health Centers.

There are over 2,200 public schools across Georgia. Despite rehabilitation work that was supported by the government and donors in past years, there remain a large number of schools that have poor hygiene conditions or even lack any water, sanitation, and hand washing facilities. Many schools around Georgia still suffer from non-existent or broken, dirty and unsafe water supply, sanitation, and hand washing facilities. In many places toilets or latrines are not adapted to the needs of children, or for girls who have started menstruation. In some newly rehabilitated schools, toilets are locked by the school administrators, reserved for visitors and staff, and are unavailable for students.

Among the 1,234 rural primary health clinics in Georgia, many are located in buildings that have extremely poor sanitary conditions, including nonfunctioning, irregular or even non-existent supplies of running water. It is important to note that these facilities are responsible for carrying out major public health interventions, such as routine immunization of children under 5 years old and providing outpatient treatment of drug susceptible and multidrug resistant tuberculosis. Often medical personnel (doctors and nurses) lack the knowledge, resources and motivation to practice regular hand washing after each patient, as well as the training to educate individual patients, and communities on the importance of personal hygiene and hand washing.

In addition to poor infrastructure conditions, there is no relevant health and hygiene education for children and the general population to form regular hygiene habits. The United Nation's Committee on the Rights of the Child (UN CRC)<sup>1</sup> report of June 2008 states that the lack of hygiene is a key risk for Georgian children. There is a clear need to provide targeted hygiene and sanitation education for children, as well as prepare IEC materials and support a mass media campaign for the general population.

Hygiene behavior of children and environmental conditions including WASH infrastructure in schools largely determine the incidence of diseases related to water and sanitation. According to the World Health Organization (WHO), 88% of diarrheal diseases are caused by unsafe water supply and inadequate sanitation and hygiene<sup>2</sup>. This is reflected in Georgia's National Center for Disease Controls' official statistics that show especially high incidence of these diseases among children in 2011:

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<sup>1</sup> <http://www.refworld.org/publisher,CRC,,GEO,,0.html>

<sup>2</sup> [http://www.who.int/water\\_sanitation\\_health/publications/factsfigures04/en/](http://www.who.int/water_sanitation_health/publications/factsfigures04/en/)

	<b>Total</b>	<b>Incidence per 100,000</b>	<b>In children</b>	<b>Incidence per 100,000 children</b>
Diarrhea and gastroenteritis of presumed infectious origin	19,576	436.6	12,993	1,708.9
Shigellosis	390	8.7	329	43.3
Other bacterial intestinal infections	848	18.9	573	75.4

Currently, the public schools in Georgia receive some governmental support to cover capital costs, salaries, electricity and heating bills, and equipment, and material expenses. However, to ensure school sanitation programs are sustainable, all operations and maintenance costs should be covered by schools and communities. In this regard, there is a need to work with communities and school boards to develop their capacity in fundraising for the operation and maintenance of rehabilitated facilities and to assure sustainability of project activities.

At the national policy level, Georgia is among the counties that does not routinely collect information about WASH conditions in schools. This problem has been acknowledged by other donors, and currently UNICEF is conducting a comprehensive national WASH in Schools survey in Georgia to determine the size of the problem in the country. The WASH in Schools survey is aimed to collect a comprehensive set of data on water, sanitation and hygiene infrastructure and children’s hygiene behavior, and establish a baseline for assessing future progress on this issue. It is anticipated that the evidence generated will be used for program design and policy formulation as well as to inform policymakers on setting contemporary standards. Effective coordination with the Ministry of Education and Science as well as other government- and donor-supported programs not only will reduce possible duplication, but, most importantly, will also assure synergy and amplification of donor and government assisted efforts.

This program area also aims to develop the capacity of local organizations to help address some of the most important WASH activities in local communities of rural Georgia. The specific categories of assistance targeted under this program are specialized water, sanitation, health, and hygiene that address the needs of the population, with a particular emphasis on children, including children under 5, and school age youth in rural and disadvantaged areas of Georgia. Where possible, applicants should utilize technology and innovation to propose solutions, possibly to include innovative medical and chemical waste, water purification, and water treatment technologies.

**Target geographic area(s):** Activities will be implemented in one, maximum two regions of Georgia. While the Mission will consider proposals for any region of Georgia, preference will be given to activities which focus on areas that have the highest epidemiological need with the highest prevalence of diarrheal and other diseases.

## **Illustrative Activities**

The following list of activities is illustrative - other innovative ideas are welcome.

- 1) Mobilize communities around the issues of WASH including: work with the school boards and other initiative groups within communities to identify the needs and plan for rehabilitation work to improve water and sanitation conditions;
- 2) Finalize training materials and work with the Ministry of Education and Science;
- 3) Provide school-based sanitation and hygiene training for school boards, school administrators, teachers, and students;
- 4) Train medical personnel of health clinics in providing personal hygiene advice to their patients (adults and children), as well as engage in community health education activities, focused on hygiene;
- 5) Develop plans for operations and maintenance of newly rehabilitated facilities;
- 6) Support rehabilitation, upgrade of water supply and sanitation conditions in up to 20 public schools most in need for such assistance to improve the health of students and teachers and the physical learning
- 7) Rehabilitate or, where needed, construct toilets that are easy to maintain, have access to water, are within the school facilities, and are handicap accessible;
- 8) Assure running water supply in up to 10 rural primary health clinics located in the publicly owned buildings, most in need for such assistance; and,
- 9) Develop IEC materials and support public education campaign on hygiene and sanitation.

**END OF AMENDMENT #02 to the RFA # RFA-OAA-13-000020**