ISLAMIC REPUBLIC OF AFGHANISTAN
Ministry of Rural Rehabilitation & Development

Afghanistan National Rural Water, Sanitation, and Hygiene (WASH) Policy 2010

Developed by:

Rural Water Supply and Irrigation Programme (RuWATSIP) Department

Ministry of Rural Rehabilitation and Development

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Foreword

The Afghanistan National Rural Water, Sanitation and Hygiene (WASH) Policy 2010 embodies the commitment of the Government of Islamic Republic of Afghanistan to improve the quality of life of people in the rural areas of the country.

The Ministry of Rural Rehabilitation and Development (MRRD) is responsible for providing water and sanitation services to people in rural settlements and has been instrumental in creating around 100,000 water points since 2002. The Rural Water Supply, Sanitation and Irrigation Programme (RuWATSIP) and the National Solidarity Programme (NSP) have been the major vehicles of this impressive coverage. However, a large number of dysfunctional water points and poor quality of water have been a matter of concern, requiring for strategies for effective operation and maintenance and water quality assurance.

Our vision is to create a country where everyone has access to safe drinking water, everyone uses sanitary latrines, and all the villages are open defecation free (ODF) and fully sanitised, with increased adoption of hygienic behavioral change in households, schools and communities. Our vision is rooted in the belief that access to safe water and sanitation for all will help alleviate poverty through improved health, productivity and income. While considerable progress has already been made over the last 5-7 years, a lot yet remains to be done.

In view of our vision and commitments, this WASH policy is envisaged to be an instrument to enhance aid effectiveness in the sector by streamlining investments in a manner that optimises the health benefits of water and sanitation services to people on a long term basis. To make this happen, the policy proposes a new strategy focused on hygiene education, popular mass awareness and community capacity development as its core. Hygiene education in schools has given encouraging results in recent years. Besides, working with community development councils (CDCs) has helped achieve remarkable results on the ground. These efforts need to be intensified through improved strategies, better planning and implementation.

The policy proposes to create a country-wide sector database, strengthen sector institutions, improve internal governance, make strategic and balanced investment, facilitate coordination, ensure transparency, maintain smooth flow of information, and build capacity at all levels to help improve sector functioning.

This policy seeks to promote partnerships with communities, civil society organisations, NGOs and P-RRDs at the local level. At the national level, the policy aims to further strengthen its on-going partnerships with multilateral and bilateral agencies, including the UN agencies, particularly UNICEF, through donor dialogue on critical issues of importance in the

sector including operation and maintenance, quality and sustainability of services, emergency services and lasting hygiene and sanitation behaviour change at the household and community level.

The policy suggests a multi-pronged strategy to achieve the goals of universal sustainable coverage in water and sanitation in the country with people and communities in the lead role. On behalf of the Government of Islamic Republic of Afghanistan, I feel privileged to offer this National Rural WASH Policy 2010 to the people of Afghanistan with the trust and hope that its effective implementation will help make their lives better and healthier, enhancing their productivity and participation in the reconstruction of our country.

His Excellency Jarullah Mansoori

Minister of MRRD

Date: 31 January 2010

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List of Acronyms

AIRD	Afghanistan Institute of Rural Development
ANDS	Afghanistan National Development Strategy
CD	Capacity Development
CDC	Community Development Council
CLTS	Community Led Total Sanitation
DDA	District Development Assemblies
HDI	Human Development Index
IDP	Internally Displaced People
KAP	Knowledge, Attitude and Practice
KMC	Knowledge Management Centre
LPCD	Litres Per Capita Per Day
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MIS	Management Information System
MoE	Ministry of Education
MoPH	Ministry of Public Health
MAIL	Ministry of Agriculture, Irrigation and Livestock
MEW	Ministry of Energy and Water
MoM	Ministry of Mines
MRRD	Ministry of Rural Rehabilitation and Development
NABDP	National Area Based Development Programme
NGOs	Non-Governmental Organisations
NRVA	National Risk and Vulnerability Assessment
NSP	National Solidarity Programme
O&M	Operation and Maintenance
ODF	Open Defecation Free
P-RRDs	Provincial Rural Rehabilitation and Development
RuWATSID	Rural Water Supply, Sanitation and Irrigation Department
RuWATSIP	Rural Water Supply, Sanitation and Irrigation Programme
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WSG	Water and Sanitation Group

Afghanistan National Rural Water, Sanitation and Hygiene (WASH) Policy 2010

1. Introduction

The Afghanistan National Rural Water, Sanitation and Hygiene (WASH) Policy 2010 presents a roadmap for improving the quality of life of people in rural areas by ensuring access to safe water and improved sanitation and promoting the adoption of hygienic practices at the personal, household and community levels. In order to achieve the goal of universal sustainable coverage in water and sanitation, this policy is a long-term vision of 10 years, for 2010-2020. This is in line with the Afghanistan National Development Strategy (ANDS), which proposes to achieve the Millennium Development Goals (MDGs) by 2020. The medium-term strategic objectives are set for 5 years, from 2010-2014.

This WASH policy replaces the rural water supply and sanitation national policy framework adopted by the Ministry of Rural Rehabilitation and Development (MRRD) in September 2004. As the political and security situation in Afghanistan is volatile, dynamic and constantly evolving, the policy will be reviewed in 2014 with the objective to make suitable shifts to respond to emerging challenges. The policy is intended to be flexible, allowing room for innovations in strategy development and action planning on an annual basis.

The Islamic Republic of Afghanistan, home to approximately 25 million people, is a country recovering from three decades of war and damage to its infrastructure, institutions, assets, and services. Continuing conflict, insecurity, endemic poverty and vulnerabilities of its people make the task complex and challenging. Women, children, and the poor constitute the most vulnerable groups. Recurrent natural disasters and the impact of climate change compound the vulnerabilities of people.

The UN Human Development Report 2009 lists Afghanistan as one of the poorest countries in the world. Six million people live in extreme poverty and two-thirds of the population live below or just above the official poverty line. Lack of access to safe water and sanitation intensifies poverty through illness, increased medical expenses, and loss of productivity and income and there is also widespread under nourishment and malnourishment among children. Internally displaced people (IDP), returnees and disabled people constitute a mix of humanitarian and development challenges, including protection of their human rights and security of their livelihoods.

Despite investments of over US $ 200 million and construction of approximately 100,000 water points since 2002, around 16 million people in rural areas still live without access to safe water. Reports indicate that 30% to 50% of water points in different parts of the country are dysfunctional due to drying of water sources; falling water tables; damage from natural disasters; poor quality of construction materials and equipment; lack of standardisation and oversight; poor operation and maintenance services; coordination issues with the private sector; and lack of community ownership. Faecal contamination of drinking water is as high as 60%, infant mortality is 111/1000 live births and under-5 mortality of 161/1000 (according to Ministry of Public Health (MoPH)), mainly due to continued faecal oral transmission of harmful pathogens resulting in deaths from preventable diseases. Efforts still continue to focus on creation of water points without corresponding emphasis on establishing adequate operation and maintenance systems.

There is a lack of adequate infrastructure and capacity for water quality monitoring at provincial and national levels. Though field test kits have been provided in some programmes, their effectiveness is hindered by low staff capacity and orientation. Limited technical expertise in geo-physical matters, less attention to indigenous water recharge systems, and use of inappropriate technology results in wastage of time and resources. Increasing dependence on ground water coupled with depletion of underground water aquifers is creating long-term viability concerns. The scope for improving availability of water resources through rain and snow water catchment and strategic water points has yet to be planned. As many parts of Afghanistan are frequently affected by drought, floods and landslides, people in these areas need to have water and sanitation facilities that can withstand these disasters.

While 58% of households make use of some form of a traditional latrine facility, only 5% of the national population has access to safe and hygienic latrines. Use of demonstration latrines, subsidies for latrine construction and traditional hygiene strategies have not been successful in triggering behaviour change and generating demand for sanitary latrines on a large scale. The school sanitation programme has brought positive changes in hygiene practices of children attending schools; who are being increasingly seen as promising catalysts of sanitation behaviour change at the household and community level.

A general lack of women's participation in public life including involvement in decision-making processes at the local level is widely attributed to prevailing social and cultural norms. However, in recent years there has been a growing awareness about the need to involve women in decision making at various levels in order to have more gender equitable development outcomes. This requires promoting real participation in women's shuras and

community development council (CDC) activities and ensuring women's equitable access to services, especially in the context of female headed households.

Even in the midst of existing concerns about the capacities of CDCs to guarantee equitable services to all, their active involvement in implementation has resulted in local ownership of processes with relatively much better results, as compared to more centralised approaches used in the past. But there is still a need to have more effective coordination between various stakeholders, including communities, Non-Governmental Organisation (NGOs), donors, line ministries, and other implementing partners in order to prioritise investments and learn from each other.

As mentioned above, people's access to safe water and sanitation in Afghanistan is currently at 27% and 5% respectively. This is one of the lowest in the world and intimately related to the widespread poverty. The major challenge is to create awareness about the significance of water, sanitation, hygiene and health, and their inter-relatedness in the lives of people. Awareness, coupled with adequate and safe water and sanitation services, will also help reduce the incidence of water borne illnesses and deaths. This will also enhance people's productivity and well-being.

This is the background against which the Government has undertaken the task of rebuilding its infrastructure and economy, improving internal governance and facilitating peoples' access to basic services. This policy focuses on water, sanitation and hygiene, and also includes issues related to health and education and their undeniable impact on the overall WASH outcomes. The MRRD proposes to do this by developing internal organisational capacity, implementing a sector-wide approach over time, and coordinating with the Ministry of Public Health and the Ministry of Education (MoE) as its strategic partners.

The MRRD will build upon good relationships with all relevant Ministries and a range of Multilateral and Bilateral partners, NGOs and the private sector. Together, they have made substantial contributions to the WASH sector in the midst of on-going conflict and uncertainty. Their role will be critical in translating this policy into practice on the ground.

This policy underlines the need for strategic thinking, informed planning, judicious investment, improved strategies, increased capacity and sound implementation for achievement of the ANDS goals. The policy is based on the understanding that this can be accomplished only in partnership with the concerned communities empowered to take active part in decision-making at the local level.

2. Policy Goal

Improvement in the quality of life of people through their improved access to safe, convenient, sustainable water and sanitation services, and increased adoption of hygienic practices at the personal, household and community levels, resulting in (i) reduced morbidity and mortality rates (particularly under-five child mortality) and (ii) enhanced people's productivity and well-being.

3. Policy Objectives

- Improve access of the rural population to 25 litres per capita per day (LPCD) from 27% to 50% in 2014, and 70% to 100% in 2016 and 2020 respectively and improve potable quality of drinking water (WHO standards).

- Make all villages/rural communities in the country 100% ODF free and fully sanitised by 2020; and 50% and 70% by 2014 and 2016 respectively by empowering communities to:

    - Improve existing traditional latrines to become safe, hygienic and ensure user privacy;
    - Make new latrines as models of safe sanitation in households, schools and clinics;
    - Undertake the safe disposal of solid and liquid wastes.

- Provide hygiene education with appropriate follow-up activities in schools, households and communities for sustained behaviour change and adoption of safe hygiene practices.

4. Policy Principles

- Ensuring community participation in decision-making for women and men in planning, design and service delivery, ensuring ownership and sustainability at the community level.

- Partial capital cost sharing and 100% operation and maintenance responsibility by the community for all water facilities.

- Gender mainstreaming through women's active involvement, particularly in S*hura*s, and in CDC decision-making to ensure social equity and justice.

- Protecting the human rights (safety, security, privacy and dignity) of people, particularly of women, children, returnees, IDP, and physically and mentally challenged.

- Protecting the environment by conserving water sources, adapting to climatic changes through the preservation and improvement of catchment areas, with a focus on recharging ground water.

5. Water, sanitation and hygiene (WASH) norms

The national policy framework which was adopted in 2004 fixed the availability norm for drinking water at 25 LPCD. The present policy sets the following WASH norms, and deviation can only be accepted during emergencies whereby the Sphere guiding principles (Humanitarian Charter, www.sphereproject.org) disaster standards will be acknowledged.

5.1 Water

The norms for water supply in rural areas of the country are:

a. Availability of 25 LPCD.
b. Maximum 20 households to be covered by one water point.
c. Safe access to water within 250 meters of residence and not take up more than 60 minutes per round trip.

5.2 Sanitation

The norms for a sanitary latrine that safely confines human excreta and prevents faecal coliform from entering the wider environment including:

5.2.1 A hygienic latrine

- Is fly-proof (prevents flies from getting to the faecal deposits and back to the environment).
- Separates excreta from human contact.
- Eliminates odour.
- Does not contaminate ground and surface water.
- Ensures user privacy, especially for women and girls.

Achieving ODF status is extremely necessary and communities must use and maintain hygienic latrines on a long-term basis.

MRRD/RuWATSIP engineers, facilitating partners, support organisations and community facilitators need to help the rural communities innovate their own latrine designs, keeping in view the local conditions, community requirements (especially the most vulnerable groups such as the elderly and disabled) and resources, adhering to norms described above.

5.2.2 Follow-up for sustainable use of hygienic latrines

- Full pits are emptied and/or replaced in a safe manner.
- All newly constructed latrines are sanitary and hygienic, capable of safely confining human excreta.
- Breakages, pit collapses, and latrines damaged by natural disasters are repaired or replaced quickly.
- A fully sanitised village is ODF when all the households use and maintain hygienic latrines and safely dispose of solid and liquid waste.

5.3 Hygiene

Policy norms for safe hygienic practices include:

5.3.1 Safe handling and use of drinking water by making sure the vessels for collecting and storing water are washed daily with water and disinfectants at least twice a week; water to be consumed by people is not touched by hands; water is boiled or filtered where the water quality is untested or known to be contaminated by bacteriological agents.

5.3.2 All infant excreta is safely disposed in sanitary latrines, followed by hand washing with water and soap.

5.3.3 Hand washing with soap is practiced by everybody at critical times: before cooking and eating, after defecation, and post defecation cleaning of infants and children.

5.3.4 All schools and health clinics have proper hand washing facilities with water and soap available at all times. Gender specific requirements in ensuring safe sanitation and hygiene practices, especially sanitary requirements of girls and women must be actively considered. Women and girls trained in the practice of safe use and disposal of sanitary materials.

5.4 Special Norms

5.4.1 All water and sanitation facilities are resistant to natural disasters such as drought, floods, landslides, earthquakes, depending on recurrence of these disasters.

5.4.2 All water supply schemes including water points (based on dug wells, bore wells, tube wells, springs, motorised pumps, gravity flows) have a mandatory catchment protection component to ensure adequate water re-charge on a continuing basis.

5.4.3 All water and sanitation facilities are constructed in a manner that they do not damage or/and pollute the environment, particularly existing ground and surface water sources.

5.4.4 All hand-pumps to be used in Afghanistan in the rural areas should be based on the Afridev design so that Operation and Maintenance (M&E) is standardised and spares are universally available in Afghanistan.

6. Policy Approach

This policy proposes to follow a sector-wide approach, to be progressively achieved over time depending on the necessary system development and institutional strengthening. The shift from the current approach involving multiple programmes and projects will require an enhanced focus and investment on institutional strengthening and sector development, including needs-based capacity development at the MRRD level, followed by corresponding initiatives at the community, district and provincial levels.

There will be no upfront hardware subsidy for individual households to construct latrines/toilets. In case it is considered necessary, individual subsidies can be replaced by post achievement awards/incentives for rural communities and villages achieving ODF and fully sanitised status.

7. Policy Focus

Hygiene is the main focus of this policy. Hygiene is the glue binding water and sanitation together to produce positive health benefits for people and communities. Safe hygiene practices protect people from harmful pathogens, particularly faecal coliform and other pathogens are responsible for diarrhoeal diseases. Sustainable behaviour change is the key to adoption of safe sanitation and hygienic practices by communities. This will be addressed

through hygiene education as a compulsory component of all water and sanitation programmes and processes.

In terms of water supply facilities, this policy focuses on: coverage, access, functioning, quantity (25 LPCD) and quality (WHO guidelines). Focus on the quality of water coupled with proper operation and maintenance of facilities will help ensure effective functioning of water supply schemes, resulting in continued access to safe water. Simple coverage, without sustained and equitable access, is unlikely to result in desired health benefits to people and communities.

Adequate operation and maintenance of created facilities with provisions for repairs and timely replacement of parts and equipment in a water supply unit will be given top priority. The quality of material and equipment will be crucial to effective operation and maintenance. This will help ensure sustainability of safe water and sanitation services over an extended period.

8. Policy Priorities

This policy proposes to streamline investments in the sector following balanced programming in water, sanitation and hygiene, in view of the identified policy priorities, as listed below:

- Hygiene is to be an essential element of all water and sanitation programmes and projects implemented by all the agencies in the country.

- Institutional development to facilitate an effective transition to sector wide planning and functioning.

- Feasibility assessments and selection of technology options according to local conditions related to terrain, climatic conditions, soil types, ground water table, income, poverty levels and focus on bridging cultural and social inequities.

- Substantial resource allocation to the most vulnerable provinces and districts using indicators for poverty, likelihood of natural disasters, insecurity, morbidity and mortality, particularly under-5 mortality.

- Capacity development through training, technical assistance and mentoring to enhance the quality of human resources in the sector.

- Community mobilisation and empowerment, particularly women's empowerment.

- Procurement of goods and services with quality assurance of construction materials and spare parts such as water pumps pipes and taps. Strengthening the private sector through dialogue, advice and appropriate norms and procedures for partnering on WASH projects.

- Strong operation and maintenance systems including help/support desks with internet connections at the provincial and district levels for CDCs and their facilitating partners; to facilitate information sharing and consultative problem solving.

- Water quality monitoring and surveillance systems, mechanisms and processes.

- Comprehensive sector database for informed decision-making.

- A robust monitoring and evaluation system for strategic learning, corrective action and internal and external accountability.

- Action learning, sharing good practices and lessons learnt across regions and provinces.

9. Policy Strategy

The core of the policy strategy is to address water, sanitation and hygiene as an integrated issue; and the planning and implementing of all sector investment and initiatives accordingly. The key elements of the strategy are:

9.1 Community empowerment with decentralised management and delivery of assets, facilities and services.

The overall strategy is to empower communities by involving them in decision-making processes, at all stages of planning, implementation, and operation and maintenance of assets/facilities and services.

This will be done through community mobilisation, empowerment and capacity development of communities and CDCs. Delegation of funds and functions will help decentralise service

delivery in a more efficient and effective manner, under community oversight at the local level.

9.2 Women's empowerment and utilising groups such as women's Shuras in planning and implementation of water and sanitation services at the village level.

Women and girls are undeniably the primary stakeholders in the provision of water and sanitation services at the household and community level. Consequently, it will be critical to engage and empower women by strengthening the institution of women Shuras and women's groups by making their role central in project planning and management at the village level. Capacity building of women and girls in leadership and community mobilisation, along with relevant technological aspects will be promoted. The cultural and social barriers to women's equitable role in water, sanitation and hygiene activities will be identified and the gender gap minimised through discussion with men and women.

9.3 Institutional strengthening at various levels, including capacity building of local level institutions such as P-RRDs, is an integral component of the policy strategy. This will also involve coordinated strengthening of sector institutions and the MRRD departments and programmes, such as RuWATSIP, Afghanistan Institute of Rural Development (AIRD), NSP, and the National Area Based Development Programme (NABDP).

9.4 Given that sanitation and hygiene is central to sustainable behaviour change, the policy proposes a multi-pronged strategy including the following elements:

9.4.1 Community Led Total Sanitation (CLTS) as an approach and methodology, has shown promise and success as a community mobilisation and empowerment strategy for lasting behaviour change at the community level by creating open defecation free, and fully sanitised communities through collective local action, and without hardware subsidies to individual households in some parts of the country. The approach helps ensure all members of the concerned communities (children, women and men) do not only stop defecating in the open, but also use improved hygienic latrines capable of safely confining human excreta.

9.4.2 An enhanced focus on school sanitation, with separate child friendly toilets for both boys and girls, and hand washing facilities with soaps. Children, especially girls' involvement will be essential in the selection of appropriate sites for the placement of toilets in schools.

9.4.3 Hygiene education promoted in schools, community groups, women's groups, and particularly on sanitary requirements for young girls. This will help reinforce hygienic

practices, such as washing hands at critical times, and will be instrumental in breaking the faecal oral transmission route effectively. It will contribute to a substantial reduction in the incidence of diarrhoea and other water borne diseases and the resultant morbidity and mortality, particularly among children.

9.4.4 It will be mandatory for all health workers, teachers, CDC members and all government staff to have and use sanitary toilets in their homes and workplaces. This will lend credibility to the government efforts to motivate others. The same will apply to all the staff members of NGOs, working as facilitating partners and support organisations on WASH programmes and projects.

10. Institutional Strengthening and Capacity Development

The policy seeks to strengthen sector and community institutions for ensuring the long-term sustainability of WASH initiatives and outcomes. Capacity is the key to effective design and delivery of services and implementation of planned activities. Inefficiencies resulting due to institutional, human and technical capacity gaps tend to slow down the pace of progress. Both institutional and human capacity need to be developed in order to improve efficiency and effectiveness in the sector.

Implementation of WASH programmes and projects through community development councils (CDCs) have been immensely successful in democratising and decentralising the delivery of water and sanitation services. In order to strengthen the process, capacities in various fields and at different levels will need to be built. The district level is the missing link at the moment; despite District Development Assemblies (DDAs) being in place, they do not have any substantive role in WASH programmes. Lack of responsibility, capacity and orientation is the primary reason for their non-involvement. Strengthening DDAs will enable more effective coordination of WASH activities at the district and community levels. The P-RRD offices presently leads the process on the ground, but has limited staff capacity in terms of experience and skills. Capacities of CDCs also need to be further strengthened for more sustainable operation and maintenance activities in the villages.

At the national level, the RuWATSIP within MRRD will be developed as a department of the Ministry having its own core staff and budget, responsible for anchoring all WASH related programmes and projects in the sector. This will include streamlining institutional mechanisms, processes, and procedures related to procurement, recruitment, and training on the one hand and to designing programmes and projects on the other.

The Rural Water, Sanitation and Irrigation Department (RuWATSID) will be responsible for overall planning, management, and monitoring in the sector. The MRRD will coordinate with the Ministry of Mines (MoM), Ministry of Energy and Water (MEW) and Ministry of Agriculture, Irrigation and Livestock (MAIL) for undertaking ground water assessments and implementing water re-charge interventions. The MoPH will be the major partner for putting in place water quality monitoring systems and water treatment facilities to help promote the use of safe water. Rehabilitation of defunct schemes will re-establish existing ground coverage, ensuring delivery of services. Hygiene education in schools and community groups will be key mechanisms for sustainable behaviour change. Capacities of functionaries involved in hygiene education will be strengthened through training, orientation, technical assistance and mentoring.

O&M is an issue of utmost importance, as poor O&M has been a barrier to access even when water points are established but ill maintained. Effective O&M practices will require both institutional reorientation and staff capacity development.

Limited capacities of facilitating partners, support organisations and the private sector has also been of concern. They will require capacity development support through orientation, training and follow-up programmes to help improve performance. In line with the MRRD's CD Policy of July 2009, the capacity development in the WASH sector will be based on periodic capacity needs assessments undertaken on fixed intervals or in response to emerging needs. The capacity needs assessment and the trainings will be gender inclusive.

The RuWatSID, in collaboration with the AIRD, will develop a comprehensive capacity development strategy addressing the needs of institutional and human capacity development. The strategy will address the following:

- Focus on capacity development of user communities and CDCs (Shuras).
- Create a critical mass of trainers at national and provincial levels and have a specific quota of women trainers to encourage participation of women.
- Provide technical assistance for preparing standardised training modules, thematic booklets and manuals that are gender inclusive.
- Plan for regular improvements in capacity development efforts by undertaking periodic needs and impact assessments, mentoring in the field and dissemination of lessons learnt.
- Create capacity to use CLTS approach on a large scale to trigger and sustain collective behaviour change in rural communities.
- AIRD to be given the lead role in strategising and implementing CD interventions.

- Decentralised delivery of training at province and district levels to help create an enabling environment and confidence in the managers at these levels.

11. Costing and Financing

A balanced investment in water, sanitation and hygiene is expected to promote more sustainable results on the ground. Investment planning and sector financing will be undertaken on the principles of need/demand, transparency, responsibility, and public accountability. This will involve:

- Development of a cost and finance strategy based on sound financing principles, including capital cost sharing and proportion of spending on hardware (water points/toilets) and software (training, capacity building, M&E, MIS etc).

- Preparation and adoption of flexible costing norms adaptable to varying requirements for construction of water points, sanitary latrines/toilets, and institutional sanitation such as in schools and health clinics/hospitals.

- In the case of hygiene, most of the funds will be directed to financing software activities including various aspects of hygiene education, awareness and community mobilisation.

12. Monitoring and Evaluation (M&E)

There is a global consensus that a sound monitoring and evaluation (M&E) system helps track performance of a planned intervention in an organised way point out what is working or not working in a particular programme, project or sector context.

Although there are programme and project specific M&E arrangements, there is no sector wide M&E system in place for the rural water, sanitation and hygiene sector in Afghanistan. The proposed sector wide M&E system will help track the progress of the strategic plan for 2010-2014 and make mid-course corrections, as and when required. This system will be primarily driven by outcome and impact indicators making sure planned activities are delivering the desired results in terms of people's improved access to safe water and sanitation and the resultant health benefits.

The M&E system will be designed in view of ANDS goals and will feed into the ANDS monitoring system in use. It will be a multi-component system comprising a web-based facility, field based periodic review, and community monitoring.

It will be obligatory for all institutional partners to contribute to the integrated M&E system of the MRRD for the WASH sector, including indicators for monitoring and evaluation, modalities for data collection, compilation and processing, and developing reporting formats to support decision-making.

13. Management Information System (MIS)

It will be mandatory for all WASH programmes, projects, and partners to provide information and data to the MRRD as per the developed sector MIS on a quarterly basis. Non-compliance will result in an emergency review of the concerned agency's work and terms of reference by the MRRD on behalf of the Government of the Islamic Republic of Afghanistan.

Non-availability of reliable data makes it difficult to undertake proper sector analysis and presents a major gap in informed decision-making. There is currently no consolidated and consistent countrywide database on water, sanitation and hygiene. As a result, there are multiple data sources, including sample surveys such as National Risk and Vulnerability Assessment (NRVA) from the MRRD; study and evaluation reports from organisations and Ministries such as the MoPH; strategies and country programme documents, such as WASH strategy and Country Programme Document from UNICEF.

The NRVA, the only countrywide database currently available, is dependent on sample surveys and has obvious limitations in depicting the ground situation accurately, particularly in terms of WASH. A comprehensive countrywide survey needs to be undertaken during 2010-2014 covering all the 34 provinces, focusing only on water, sanitation and hygiene. This will establish a base line in the sector, mapping out the real status of people's access to safe water and improved sanitation, the condition of existing assets and quality, such as of water points, water quality, sanitary latrines and per capita yields, especially during lean periods. A reliable sector baseline will also include qualitative data generated through periodic knowledge, attitude and practice (KAP) studies, indicative of local contexts in different parts of the country, particularly vulnerable areas.

Along with the baseline, a comprehensive sector database will be critical for establishing sector priorities and facilitating strategic decisions in the course of planning and implementing sector activities. Until such time as the comprehensive sector data is created

through a country wide survey, the existing MIS in the RuWatSID will be strengthened by creating a unified database of all the existing programmes and projects in the sector, as the working base-line for the sector. This exercise will:

- Develop a robust MIS to process and provide reliable sector data to all the stakeholders including policy makers, programme managers, facilitating partners, CDCs, and donors.

- Data collection mechanisms (institutional arrangement including personnel/staff capacity development), procedures, and processes.

- MIS will include gender reporting so that partners share the gender component of their programmes, in addition to making gender segregated data available.

14. Policy Review

This policy will be reviewed in 2014 in order to assess the progress made and to address new challenges. In this manner, suitable changes can be made to the policy if required, and strategies and investments can be modified accordingly.

Annex 1 Action Points for Putting Afghanistan Rural WASH Policy in Practice

1. Constitute a task team and finalise the terms of reference for a plan for implementing an effective transition to a sector-wide approach in planning and investment in the rural WASH sector in Afghanistan.

2. Undertake a capacity needs assessment for the RuWATSIP to prepare for a transition to a sector-wide approach in functioning and translating WASH policy into practice.

3. Prepare a capacity development strategy and action plan (2010-2014) for the WASH sector and the RuWATSID in Afghanistan.

4. Develop an O&M strategy and action plan (2010-2014) for strengthening the O&M activities in the sector.

5. Develop a water quality monitoring system, including mechanisms and protocols for undertaking periodic water quality surveys and water treatment, in collaboration with MoPH.

6. Design and operationalise a sector-wide M&E system for the rural WASH sector in Afghanistan.

7. Develop a sector wide MIS for the WASH sector in Afghanistan.

8. Develop the strategic plan for setting a knowledge management centre (KMC) within the RuWATSID.

9. Prepare an institutional strengthening and sector development plan to include reinforcing O&M and water quality monitoring units within the RuWATSID.

10. Develop a strategy to strengthen the private sector and enable them to deliver quality building materials, pipes, hand-pumps, motors, pans, squatting plates and P-traps etc., for construction of water and sanitation facilities, as per agreed national standards.

Annex 2 Afghanistan National Rural WASH Strategic Plan 2010-2014

Goal: Improvement in the quality of life of people through their improved access to safe and sustainable water and sanitation services and increased adoption of hygienic practices at the personal, household and community level, resulting in (i) reduced morbidity and mortality rates (particularly under five child mortality) and (ii) enhanced productivity and well-being of the people.

Impact Indicators:

- Reduced morbidity and mortality rates (particularly under five child mortality)
- Enhanced productivity and well-being (increase in per capita income)

Where we are in 2009:

- Safe drinking water supply access: 27% population
- 4,441 schools are without a well or hand pump and another 1,371 schools with a well but without a hand pump.
- Safe sanitation access: 5% population
- Currently there are 22,728 toilets in schools, of which 3,374 require rehabilitation. Besides, there is a need for 28,805 new toilets in schools.

Where we want to be in 2014

- Safe drinking water supply access for 50% of the population. This requires creation of 32,000 new water points and rehabilitation of 16,000 dysfunctional water points; and creating 3,600 schools with new water points and 1,100 hand-pumps on existing wells in 1,100 schools resulting in covering 80% of schools with safe drinking water.

- Safe sanitation access for 50% of the population. This requires creating 19,425 villages ODF and fully sanitised by creating 520,000 new household toilets and rehabilitation of 700,000 traditional household toilets into safe ones; and rehabilitating 3,500 old toilets in schools and creating 23,000 new ones in schools which will provide safe sanitation in 80% of schools.

Annex 3 Budget for Strategic Plan (2010-2014)

Item		Budget (Million US$)					
		2010	2011	2012	2013	2014	Total
	Focus Area: Water Supply						
1.	Creation of 36,000 new water points in villages	27.84	27.84	27.84	27.84	**27.84**	**139.2**
2	Rehabilitation of 18,000 dysfunctional water points in villages	0.80	0.80	0.80	0.80	0.80	4.00
3	Creation of 4,000 new water points in schools (@ $ 2500/WP)	2.25	2.25	2.25	2.25	2.25	11.25
4	Rehabilitation of 1,300 dysfunctional water points in schools (@ $ 200/WP)	0.05	0.06	0.06	0.05	0.05	0.27
	Sub-total	30.94	30.95	30.95	30.94	30.94	154.72
	Delivery costs @ 10% of Sub-total	3.09	3.10	3.10	3.09	3.09	15.47
	Sub-total Water Supply Cost	**34.03**	**34.05**	**34.05**	**34.03**	**34.03**	**170.19**
	Focus Area: Sanitation						
5	Facilitation costs for making 24,425 villages ODF and fully sanitized @ $ 300 per village	0.29	0.88	2.04	2.62	3.2	9.03
6	Post achievement community rewards for making village ODF and fully sanitized	1.23	3.68	8.59	11.03	13.07	37.60
7	Creation of 31,000 new toilets in schools (@ $1,500/unit)	8.50	9.00	9.00	8.00	8.00	42.50
8	Rehabilitation of 4,300 old toilets in schools (@$300/unit)	0.50	0.55	0.00	0.00	0.50	1.55
	Sub-total Sanitation	**10.52**	**14.11**	**19.63**	**21.65**	**24.77**	**90.68**
	Sub-total WATSAN	**44.55**	**48.16**	**53.68**	**55.68**	**58.80**	**260.87**
	Focus Area: Hygiene						
9	Hygiene promotion in 50% villages including schools (@4% of WATSAN cost)	1.78	1.93	2.15	2.22	2.35	10.43
	Sub-total Hygiene	**1.78**	**1.93**	**2.15**	**2.22**	**2.35**	**10.43**
	Focus Area: O&M						
10	Help Desk for CDCs in provinces (@ 1.5% of water supply cost)	0.51	0.51	0.51	0.51	0.88	2.92
11	Linking communities with private sector (@ 1.5% of water supply cost)	0.51	0.51	0.51	0.51	0.88	2.92
	Sub-total O&M	**1.02**	**1.02**	**1.02**	**1.02**	**1.76**	**5.84**
	Focus Area: Water Quality						
12	WQ testing labs in provinces	0.34	0.34	0.34	0.34	0.34	2.1

	and at national level (@1% of water supply cost)						
	Sub-total Water Quality	**0.34**	**0.34**	**0.34**	**0.34**	**0.34**	**2.1**
	Focus Area: Source and Catchment Protection						
13	Source and catchment protection @ 10% of water supply costs	3.40	3.41	3.41	3.40	3.40	17.02
	Sub-total Source and Catchment Protection	**3.40**	**3.41**	**3.41**	**3.40**	**3.40**	**17.02**
	Focus Area: Institutional Strengthening						
14	Feasibility (geo-physical) assessments (@ 5% of water supply cost)	1.70	1.70	1.70	1.70	1.70	8.50
15	Comprehensive M&E system in MRRD (@ 3% of WATSAN cost)	1.33	1.45	1.61	1.67	1.67	7.73
	Sub-total Institutional Strengthening	**3.03**	**3.15**	**3.31**	**3.37**	**3.37**	**16.23**
	Focus Area: Capacity Building						
16	Training, orientation, workshops, seminars (@ 3.5% of WATSAN cost)	1.56	1.69	1.88	1.94	2.06	9.13
17	Exposure Visits (@ 0.75% of WATSAN cost)	0.34	0.36	0.40	0.42	0.42	1.94
18	Technical Assistance (@ 0.75% of WATSAN cost)	0.34	0.36	0.40	0.42	0.42	1.94
	Sub-total Capacity Building	**2.24**	**2.41**	**2.68**	**2.78**	**2.9**	**13.01**
	Focus area: SWAp						
19	Preparation of plan / studies for implementing SWAp (@ 0.5% of WATSAN cost)	0.22	0.24	0.27	0.28	0.29	1.30
20	Transition to SWAp (@ 0.5% of WATSAN cost)	0.22	0.24	0.27	0.28	0.29	1.30
	Sub-total SWAp	**0.44**	**0.48**	**0.54**	**0.56**	**0.58**	**2.60**
	Total of all focus areas	**56.80**	**60.90**	**67.13**	**69.37**	**73.50**	**327.70**
	Administrative costs @ 10% of total	**5.68**	**6.09**	**6.71**	**6.94**	**7.35**	**32.77**
	GRAND TOTAL	**62.48**	**66.99**	**73.84**	**76.31**	**80.85**	**360.47**

Note: The key assumptions for budget calculations are available as a separate document.