Feb 2017

AFGHANISTAN WASH CLUSTER DETAIL OPERATION PLAN - HRP 2017

Contents:

DETAIL OPERATION PLAN - HRP 2017

PEOPLE IN NEED
2.5 M

Needs overview

Situation in Afghanistan

According to UNICEF-WHO joint monitoring report 2015, 68 percent of Afghans don't have access to improved sanitation and nearly 15 million, 45 percent use unimproved water sources. The provinces with higher intensity of conflicts are also the ones with poor WASH indicators (ALCS 2014). Safe hygiene behaviours like handwashing with soap is practiced by less than 30% of people in 24 out of 34 provinces (ALCS). As a result disease like diarrhoea that has strong association with chronic malnutrition among children is a matter of concern.

In 2016 conflicts have further intensified resulting in unprecedented levels of displacement. Additionally, 2016 also saw influx of returnees from abroad, especially from Pakistan and the trend is expected to increase in 2017, especially from 1st of March when UNHCR opens its encashment centre for documented returnees. Most of the newly displaced population are settling in areas /communities already hosting large numbers of prolonged IDPs/returnees which is putting undue pressure on already limited and dilapidated water, sanitation and hygiene (WASH) infrastructure. Such conditions are pushing affected population (including host communities) to use unimproved water sources and practice risky behaviours like open defecation.

Affected population

Population fleeing the conflicts as well as facing deportation (Pakistani returnees) often live in crowded squatters in cities or makeshift shelters in marginal lands with limited or no WASH facilities as a result people often use unprotected and distant water sources and practice open defecation. These conditions compromise the dignity of women and girls, put them at risk of harassment, and expose people to life-threatening diseases including outbreaks of acute diarrhoea, cholera, ARI and measles, especially to young children and sick and elderly people. The diarrheal disease if not treated trap young children into a vicious circle of malnutrition and diarrhoea leading to chronic malnutrition and potential death. The natural disasters force communities to abandon their homes and damage and contaminate water and sanitation facilities making them unsafe to use. Returnees and IDPs also cause additional pressure on local health facilities that provide essential life-saving health and nutrition interventions and in absence of reliable WASH services the effectiveness of services in these facilities is further compromised. According to OCHA lead HEAT survey of Sept 2016, 70% of the 5,934 returnee and IDP families assessed in eastern region lack container for water storage and have no proper hygiene materials.

Table 1: People in need and cluster targeted caseload for assistance

PEOPLE IN NEED	By STATUS						BY SEX and AGE	
	Conflict displaced	Natural disaster affected	Host communities	Access to essentinal services	Doc/Undoc Returnees	Pakastani Refugees	% Female	% Children, Adult, Elderly*
PROJECTED ASSITANCE REQUIRED	0.4M	0.2M	0.3M	0.4M	1.1M	0.1M	49%	56|39|5%
PEUPLE TARGETED	0.2M	0.1M	0.1M	0.1M	0.5M	0.1M	49%	56|40|4%
FINANCIAL REQUIREMENTS	$19M				$15.1M	$2.4M	*Children (<18 years), adult (18-59 years), elderly	

HUMANATRIAN NEEDS AND DRIVERS

According to ALCS 2014, safe hygiene behaviours like handwashing with soap is practiced by less than 30% people in 24 out of 34 provinces. The key protective measures from water-borne diseases such as use of toilets (stopping open defecation) and handwashing with soap at critical times are further compromised during emergency due to lack of facilities and poor awareness among the affected population about the associated risks. Various HMIS reports have confirmed that water-borne diseases like diarrhoea that has strong association with chronic malnutrition among children is very high among under children in Afghanistan. Low level of education and certain cultural practices also often act as barriers for promoting good sanitation and hygiene, especially among the women and adolescent girls. Limited female workers hinders the capacity of humanitarian agencies in reaching out the vulnerable population (women and children) with quality hygiene promotion interventions. The risk of diarrheal diseases gets escalated in communities with already alarming level of malnutrition, as weaker children are more susceptible to repeated bouts of diarrhoea leading to poor absorption of nutrient and thus forcing the child into vicious circle of malnutrition. A number of nutrition surveys in Afghanistan have shown strong association with access to safe water, sanitation and good hygiene practices with child malnutrition. Safe drinking water coupled with basic sanitation (latrine, bathing facility and safe disposal of wastewater) and improved hygiene can significantly reduce the risks of spreading of water-borne diseases during emergency.

Nationally, nearly 25 percent of basic health facilities lack basic WASH services. Lack of WASH facilities reduces the impact of health and nutrition intervention, especially during emergency when the facilities are overcrowded.

Onset emergencies double the burden in urban-fringes and informal settlements where houses are stacked close to each other without proper sanitation and drainage systems. Such conditions are common in Jalalabad, Kabul and other provincial centres where IDPs and returnees settle: security and potential livelihood opportunities are the main reasons for such attraction. As a result these communities become overcrowded and unless measures taken, such conditions are favourable places for vector breeding and spread of water-borne diseases.

There are significant numbers of conflict affected IDPs and host communities whose WASH needs have been never met due to one or other reasons including lack of implementing partners and security issues, e.g. Paktika and Nuristan. It is important to assess the needs of these populations in order to devise mechanisms to address the critical gaps. The survey conducted by NGO REACH for prolonged IDPSs in Nov - Dec in 2016 is expected to identify the gaps in basic needs of this group of people.

AFGHANISTAN WASH CLUSTER OBJECTIVES

Cluster Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation and appropriate means of hygiene practices by the affected population

Relates to country-level SO 1, 2 and 4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need with access to at least 15lpcd of drinking water	1,137,000	0	90%
Proportion of population in need with access to a functioning sanitation facilities	700,000	0	80%
Proportion of population in need with access to water and soap for handwashing	1,137,000	0	90%

Cluster Objective 2: Ensure timely and adequate access to WASH services in institutions (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies

Relates to country-level SO 1, 2 and 4

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of institutions in need with access to appropriate WASH facilities	100	0	75%

Cluster Objective 3: Ensure timely and adequate assessment of WASH needs of the affected population

Relates to country-level SO 1, 2 and 4:

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of population in need whose WASH needs are assessed within two weeks after being affected	1,137,000	TBC	80%

Cluster Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion

Relates to country-level SO 1, 2 and 4

INDICATOR	IN NEED	BASELINE	TARGET
Transition plan developed and endorsed by MRRD	1	0	1
National Cluster co-lead in place and embedded in MRRD	1	0	1

PEOPLE TARGETED
1.1M

Number of national cluster meetings chaired by national co-lead from MRRD	12	0	4

RESPONSE OVERVIEW

The Afghanistan WASH Cluster (AWC) aims to protect the health and dignity and uphold the fundamental rights of women, girls, boys, and men affected by emergency to have access to essential WASH services. Timely identification of WASH needs and associated health risks through coordinated needs assessment and analysis of data and close monitoring of the situation will inform the AWC in planning and executing responses that can prevent spread of diseases, protect dignity and alleviate suffering that might be caused due to lack of access to WASH services. This includes community mobilization, awareness creation among affected population and advocacy and tailored WASH service delivery.

As in previous years, about half of the population needing WASH assistance are expected to receive such support from existing systems and infrastructure including the government's disaster management programmes and ongoing national priority initiatives such as the Citizen's Charter. Out of 2,334,356 people in need, AWC is targeting a total of 1,137,000 people (48.7%) for HRP 2017, among which 49.33% are female. Recently displaced conflict IDPs, returnees from Pakistan, people affected by natural disasters and over-strained communities hosting returnees and IDPs will be targeted for immediate life-saving assistance. A particular focus will be given to urban-fringes where the majority of returnees are settling.

The population facing heightened risks of disease outbreaks due to limited or no WASH services, including prolonged IDPs and returnees and Pakistani refugees living in Afghanistan will also be provided with appropriate assistance. The AWC is committed to provide WASH services to returnee families at the border and transit points. To ensure the effectiveness of the inter-related services, AWC also includes the institutions that are providing essential health, nutrition and education services to emergency affected population.

Life-saving WASH interventions take precedence over durable or longer-term solutions. Such interventions will include:

distribution of family hygiene and water kits complemented by hygiene promotion; ensuring access to a minimum of 15 litres of drinking water per person per day and provision of emergency latrines to prevent open defecation. Every effort will be made to ensure that the WASH facilities are culturally appropriate and gender sensitive. The main purpose of WASH assistance in emergencies is to prevent the spread of water and sanitation related diseases.

The durable solutions will be applied as second priority in areas with prolonged IDPs, returnees and communities facing public health risks including those with a higher burden of severely and acutely malnourished children.

AWC DETAIL OPERATIONAL PLAN - HRP 2017

1. WASH response in emergency (WCO - 1 & 2)

a.) WASH assistance in Zero Point and Transit Centre for returnees;
b.) WASH assistance in IDPs and Returnees in their place of settlements;
c.) WASH assistance to communities burdened by IDPs and returnees;
d.) WASH to communities affected by natural disasters;
e.) WASH assistance in Health, Nutrition and Education institutions that are providing services to emergency affected population;
f.) WASH assistance to Pakistani refugees.

2. High quality needs assessments (WCO- 3)

3. Cluster leadership transition to MRRD (WCO - 4)

4. Cluster strategy to improve response

a.) Improving AWC Reach to Insecure Areas;
b.) Improving Gender Sensitivity in WASH Response;
c.) Improving Humanitarian Performance Monitoring (HPM).

5. Advocacy

6. What if we fail……!

1. WASH RESPONSE IN EMERGENCY

PEOPLE IN NEED

1.1M

RESOURCES REQUIRED

$36.5 M

CONTACT

Ramesh Bhusal: rbhusal@unicef.org

a.) Support to returnees at Zero Point and Transit Centre (TC): It is expected that number of returnees arriving at Torkham boarder in 2017 (especially after March) is going to exceed the average number received every day (500 families) during the peak time in 2016 (i.e. month of October). Likewise, on average 75 returnee families arrived in Spin Boldak boarder every day during the month of Nov in 2016 and this level is expected to remain in most part of 2017. Attending the immediate WASH needs of these distressed families at the point of entry (Zero Point and IOM Transit Centre) is essential to protect their dignity and alleviate suffering, especially that of women and girls. AWC will mobilize resources to continually maintain water supply and sanitation facilities that were installed in 2016 at Zero Point and TC at Torkham. Likewise, AWC is proposing partners to install durable WASH facilities at Spin Boldak and IOM TC in Kandahar. In addition the hygiene promotion activities at the point of entry will be intensified so that families have adequate information to protect them from spread of water-borne diseases by practicing safe hygiene behaviours. In coordination with IOM, Cluster will continually support distribution of hygiene kits through the TC to vulnerable undocumented returnee families based on IOM selection criteria. The experience of 2016 suggest, on average 50 hygiene kits (about 15,000 per year) will be needed to cover the families that are identified as vulnerable.

b.) Support to IDPs and returnees at their place of settlements: The actual WASH need of the families become clearer when they have found a longer term settlement. Experience from 2016 shows that families opt for different options for shelters including rented house, staying with relatives, living in makeshift shelters in a marginal land, purchasing land and building house in host communities, living in existing IDP/ returnees formal and informal settlements etc. Different families will find different types and qualities of shelters depending on their affordability and socio-economic networks and their WASH need will also vary accordingly. The nature of response

to all these categories will be established through a comprehensive needs assessment survey.
Families living in informal and formal settlements are likely to need a comprehensive WASH package (Water, Sanitation and Hygiene) and those living in rented house might need one or two components of WASH (e.g. families living in rented house may need only hygiene kits and awareness messages while families living in their own shelter with host communities may need both water and hygiene support). The Cluster estimates such population to be around about 0.7 million (0.2M new IDPs and 0.5M returnees). Immediate support to these groups will be of life saving nature, e.g. hygiene promotion and distribution of hygiene and water kits. Where there is no alternate water source within 500m of their settlement, water supply by tankering will be employed to ensure 15 litres of water per person per day is available for the affected families. The AWC estimates that life-saving assistance will be required by about 60% of the targeted population (420,000 people) from this group.

Durable solution will be need by estimated 40 percent of the people in this category, i.e. about 280,000 people. The durable solutions will include new installation or rehab of boreholes and hand-pumps, expansion of existing water networks, building new solar system and emergency household latrines and bathrooms that are gender separated and easy to use by people of all ages and people with physical disabilities.

c.) Host communities burdened by IDPs/ returnees: From past experience, AWC is aware that a significant number of IDP and returnee families will settle in host communities and will be sharing the water sources with them. With the increased number of people sharing the same water source (water points), that are often in dilapidated condition, there is a risk of water shortage and a breakage of water point (e.g. hand pump) due to over use. Overcrowded facilities can be a source of contamination and spread of diseases as well as can trigger the tension among the users leading to conflict between new arrivals and host communities. The AWC considers protecting and improving the water systems of host communities as a critical intervention to protect health and maintain peace. Durable solution needs to be applied in such setting (e.g. solar pumping or gravity-fed system) and community engagement from the onset of the planning has to be ascertained. Hygiene promotion is a critical factor that protects from speared disease in crowded condition and hence partners will be encouraged to promote safe practices around personal hygiene and water handling behaviours. Past experience shows that there is a limited need of building emergency latrines for host communities, however, focus needs to be given in promotional activities focusing on use of latrine and stopping open defecation. The AWC estimates that over 100,000 people from host communities will need WASH assistance in 2017.

d.) Communities affected by natural disasters: The AWC has been very successful in meeting the needs of natural disasters (NDs) affected population during previous years (e.g. 2015 and 2016). The reason being that NDs are often of smaller scale and within the capacity of local ANDMA, PRRDs and local NGOs. In

addition national Red Cross is also effectively addressing such needs through distributing of hygiene kits and dissemination of hygiene messages. Several PRRDs have also demonstrated their ability to respond well by mobilizing local CDCs. Nonetheless, lack of resources is a limiting factor for local agencies. In this regards, AWC will ensure that essential WASH supplies are strategically prepositioned across the country, preferably with partners that have capacity to delivery in a shortest possible timeframe (e.g. ARC and ANDMA). The NDs often partially damage the water supply system interrupting supply. Agencies like UNICEF and DACAAR will be encouraged to work closely with PRRDs in building their capacity in rehabilitating WASH facilities affected by NDs. The AWC estimates that over 100,000 NDs affected population will need WASH assistance in 2017. The nature of response will be mostly distribution of hygiene kits and rehabilitation of damaged water supply system. In some cases where families have lost their homes, there might be a need of building emergency sanitation facilities for the affected families.

e.) Institutions providing services to affected population: Nationally over 25 percent of health facilities lack basic water and sanitation services. Large percentage of basic health facilities also lack handwashing place with soap and water for their medical staff. Such condition compromises the efficacy of health and nutrition interventions, especially during emergency when the facilities are overcrowded. The AWC will, as a priority makes sure that WASH situation of health facilities serving large number of IDPs and returnees is assessed on time and services upgraded to cope with the additional caseload wherever needed. This will be done in coordination with Health Cluster, preferably by embedding questionnaire related to WASH assessment in Health survey tool. The AWC intends to improve the WASH services in many as 40 most needy health facilities in 2017.

WASH in school is an element to create enabling environment for children to attend school including protection from infectious diseases while in school environment. AWC will ensure that WASH facilities are provided in all informal and formal learning spaces for returnees / and IDPs children. Where applicable, facilities will be expanded or rehabilitated for schools that are hosting significant number of IDP/returnee children by applying appropriate technical options. In 2017, Cluster estimates to reach with emergency WASH services in as many as 60 schools and child friendly spaces in areas hosting high number of returnees and IDPs.

f.) WASH needs of Pakistani refugees: About 75,000 Pakistani refugees are living in Gulan camp in Khost. WASH partners will continually provide services to this population in 2017, primarily under the leadership of UNHCR. There are a significant number of refugees (about 50,000) living outside of the Gulan camp in different districts of Khost and Paktika (especially in Bermal and Urgun districts). Since these refugees are living there for last 2-3 years and many have built their houses (though in marginal land) and settled there for unforeseeable future, it is important that WASH partners respond the needs of this groups with more durable solutions so that same population do not need to reach over and over again. Number national NGOs with funding form UNHCR, CHF and UNICEF are already

supporting these population, however, there are still several communities / families whose WASH needs are not met and need assistance.

ACTIVITIES

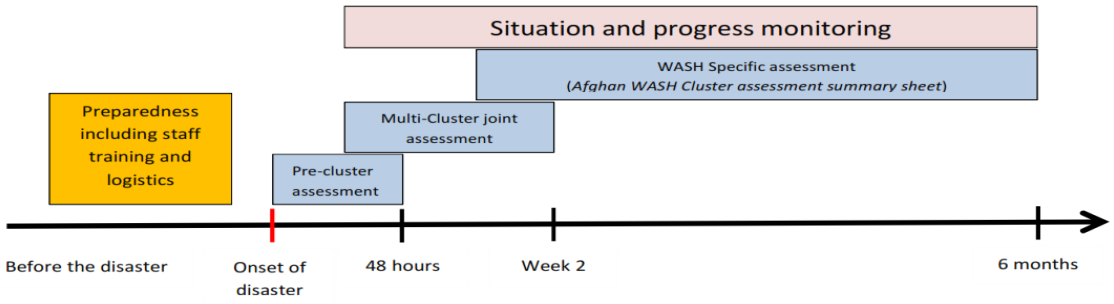
Objectives	Activities	Indicators
Objective 1: Ensure timely access to sufficient quantity of safe drinking water, adequate and gender sensitive sanitation and appropriate means of hygiene practices by the affected population.	1. Sufficient quantity of emergency WASH stockpiles (Family Hygiene Kits, Family Water Kits, water storage containers, water purification tablets, latrine slab and tents and supplies for water distribution) are prepositioned at strategic location as per Cluster Contingency Plan	1. # of locations supplies prepositioned 2. % of people covered by stockpiles
	2. Hygiene promotion activities in families and communities affected by emergencies, including distribution of Family Hygiene Kits to the population in need.	1. # families in need have received hygiene kits 2. % of people in need with access to water and soap for handwashing
	3. Provision of safe drinking water, including by water tankering, rehabilitation or installation of new water points /systems, or provision of water purification chemicals to the population in need.	1. % people in need with access to at least 15lpcd of drinking water
	4. Provision of gender appropriate emergency latrine and bathroom to protect the health and dignity of the affected population.	1. % people in need with access to a functioning sanitation;
Objective 2: Ensure timely and adequate assessment of WASH needs of the affected population.	1. Carryout rapid needs assessment of affected people and communities to determine the need for further WASH assessment	1. % of people covered with rapid needs assessment
	2. Undertake the in-depth needs assessment of affected population to identify specific WASH needs and plan response.	1. % people whose WASH needs are identified with in two weeks of disaster
	3. Carryout post-response survey through agreed common format	1. Develop and disseminate HPM tool
Objective 3: Ensure timely and adequate access to WASH services in institutions (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies.	1. Maintain the provision of Water Supply and Sanitation at Point Zero, TC and EC where returnees pass through (both in Torkham and Spin Boldak) to meet the needs of returnee families passing.	1. WASH facilities at entry points (Zero Point and TC) are functioning all the time
	2. Distribute family hygiene kits to the most vulnerable undocumented families at the Point Zero and TC where applicable	1. % of vulnerable families identified by IOM received hygiene (target 100%)
	3: Provide appropriate WASH facilities (new or rehabilitation) in health and childcare institutions (clinics, therapeutic centers, child friendly spaces and schools)	1. % health facilities in need with access to appropriate WASH facilities; 2. % schools /child friendly spaces with access to appropriate WASH facilities;

Objective 4: Two-year transition of cluster leadership to Ministry of Rural Rehabilitation and Development set in motion	1. With external support, develop a transition plan informed by a capacity gap analysis of WASH sector (especially in relation to coordination, preparedness and response in emergencies).	1. Transition roadmap developed and endorsed by MRRD
	2. Support MRRD to identify and recruit a qualified and committed professional to act as a national co-lead.	1. A full time national co-lead is in place in MRRD
	3. Train, guide and mentor national co-lead to be able to take the leadership role for WASH cluster (includes WinE training and WinE regional or Global meeting for exposure)	1. No of AWC national meetings chaired by co-lead

2. HIGH QUALITY NEEDS ASSESSMENTS

The AWC will follow a continuous process of needs assessment, analysis, and monitoring throughout the response stages of an onset emergency. The below diagram illustrates the broad timeframe for WASH related needs assessments throughout the project cycle.

Figure 2: broad timeframe for WASH related assessments and monitoring activities



The AWC will encourage partners to conduct pre-cluster assessment within first 1-2 days following the onset emergency. This would be undertaken by whoever is on the ground at the time: PRRDs, NGOs or ANDMA. A pre-cluster assessment only requires a basic check list with few questions to be asked by phone or by visit to key informants about the number of people affected and WASH situation.

AWC will ensure that within two weeks of a rapid onset disaster, additional data are gathered through the multi-cluster joint assessment (HEAT) or alternatively, a rapid assessment using the AWC specific questionnaire. From two weeks to six months of an onset emergency, or in a protracted crisis like in Afghanistan, many WASH partners will be undertaking their own comprehensive WASH sector specific assessment. Since most of the NGOs prefer to rely on their own format for such detail assessments, AWC will ensure that partners submit the assessment findings to AWC in a standard assessment summary sheet (one-page) extracting the relevant information from their assessment reports.

The timeframe presented above (figure 2) will serve as the guide for AWC for needs assessment related activities. All the forms necessary to conduct assessment at different stages (e.g. pre-cluster assessment check list, HEAT questionnaires, WASH specific rapid assessment survey and summary sheet for comprehensive needs assessments) will be

provided and explained in detail in the national WinE Guidelines that AWC plans to develop in 2017.

One of the ongoing challenges has been the partner's reluctance to share the needs assessments report in timely fashion. This has created difficulties in generating quality gap analysis report. The AWC has drafted a cluster code of conduct which also mandates participating agencies to share their assessment reports: the code of conduct will be submitted to partners for their approval in the next Cluster meeting of February 2017. In addition AWC will keep on elucidating partners with the benefits of sharing the assessment report, especially in generating donors' interest to fund AWC including that of CHF.

3. CLUSTER LERDERSHIP TRANSITION TO MRRD

One of the principles of Humanitarian Charter is that the state has the first and foremost responsibility to protect lives and livelihoods of its people affected by emergencies through enhanced response preparedness. This also means that where appropriate national government should have a leadership role in humanitarian response coordination. In this regards, the international and national humanitarian partners have a critical role to play in supporting the national partners in building their capacity to full-fill their mandate. For Afghanistan, the humanitarian architecture review of 2015 provides clear directions to Clusters to work towards the national capacity building process leading to leadership transition within in a reasonable timeframe. The AWC has already initiated number of activities towards this including development of Cluster Strategy and Operation Plan 2016-17 with a clear focus on leadership transition. With the help from a transition specialist supported by Global WASH Cluster, national WASH capacity gap analysis was conducted in Nov 2016. The specialist was tasked to develop a transition roadmap with a clear focus on national and sub-national capacity building. In this regards, AWC with support from UNICEF has already facilitated three regional workshop in Mazar, Jalalabad and Herat involving 14 provinces that are considered areas with high caseloads of IDPs, returnees and population prone to NDs. These provinces have drafted the interagency contingency plan (IACP) for WASH and establish the provincial coordination mechanism in 2016. In 2017, additional 12 province will be supported to in developing WASH IACP and those provinces from 2016 will also receive follow-up support to update the plan. The AWC will also organize a WASH in Emergency (WinE) training involving emergency focal points form PRRDs and key national NGOs in order to improve the quality of preparedness and response in Afghanistan.

In addition, the AWC will also support the review of the existing WinE tools and standards to develop a National WinE Guidelines and Standards. This is very important for MRRD to move ahead with taking the cluster leadership role as such guidelines will help bring the cluster partners together in terms of preparedness and quality of responses. WHO has agreed to take lead in this area with support from UNICEF and DACAAR. Training PRRD focal points and other WASH partners in newly developed guidelines and standard will also be a priority in 2017.

Hygiene promotion in emergency is a first line response for saving lives, however this area has not been very strong for AWC and its partners. The AWC lacks nationally agreed common minimum package for hygiene promotion in emergencies and partners are not monitored for what they are delivering. In 2017, AWC will review the existing materials and tools and recommend a minimum hygiene promotion package for emergencies. Once the common minimum package is developed, AWC will organize workshops at national and zonal level to orient the partners in its use and monitoring. For this initiative also WHO has agreed lead.

4. CLUSTER STRATEGY TO IMPROVE RESPONSE

a) Improve AWC Reach to Insecure Areas. This is the most critical issue that humanitarian agencies are facing in Afghanistan. With more and more areas falling under the control of Anti Government Forces (AFG), humanitarian agencies' ability to reach affected population in those areas is shrinking. While this is a big issue and needs higher level commitments, prudent strategy and advocacy, yet there are number of doable things that the AWC can initiate at its level. For example, utilize the existing network and capacity to reach as many affected population in the insecure areas as possible. Following are some the approaches that the AWC will implement:

- Encourage and support international NGOs to tie-up with national NGOs in accessing the insecure areas (e.g. NCA with CoAR and ZOA with SHPOUL);

- Encourage UN agencies to work closely with NGOs/INGOs that have greater reach in some of the insure areas (e.g. UNICEF with IMC for Nuristan and Paktika and WHO with ARCs Kunar and Lagman). Increasing prepositioning of supplies with ARC (e.g. UNICEF in the North) and provide necessary training and financial support for timely distribution and monitoring of the supplies;

- Preposition emergency supplies with national partners like ANDMA and PRRD's in areas with difficult road access, particularly for rapid mobilization of resources to areas hit by natural disasters;

- Encourage national partners (PRRDs and ARCs) to use the simplified Humanitarian Performance Monitoring (HPM) tool;

- Develop and disseminate WinE national guidelines in order for local partners to gain knowledge and skill for timely and quality response in emergency;

- Involving WASH partners complete the IACP workshop in all high risk provinces;

In addition to the above AWC will continually coordinate with other Clusters to learn from their difficulties and successes in reaching the population in AGF areas. The AWC will also strictly follow the guidance of ICCT and HCT to implement any new strategy or approach that might suggested in this regards.

b.) Improving gender sensitivity in WASH response. The humanitarian situation differently affect women, girls, boys and men as they face different risks and often are victimised differently. This is especially so for WASH interventions. Humanitarian partners responding in WASH in emergency should assess and understand these differences and ensure that assistance is delivered to all segments of the affected population without compromising the safety and security of anyone. In addition to meeting the basic survival needs, well planned and implemented WASH facilities play an important role in protection and dignity of the affected population, especially that of women and adolescent girls. The notion that WASH is an A Gender intervention and water and sanitation facilities equally benefit men and women is often overstated. Partners need to understand the sociocultural aspects of the community they are serving and design and construct the facilities to enable both girls, women, boys and men and people with special needs an equitable access. In Afghanistan, gender stereotyping is a deep-rooted issue and addressing this needs a complete understanding of the sociocultural dynamics. Limited female staff in the team is one of the major challenges WASH partners have been facing to deliver an equitable access to services (especially for hygiene and sanitation). While AWC will continually advocate with partners to explore the opportunities for hiring female staff including maximizing the use of couples (husband and wife) as hygiene promoters, at the same time AWC strongly promote the below mentioned practical measures to improve the gender aspects in WASH:

1. Ensure that the needs assessment includes the role of women, girls, boys and men in collecting, storing and handling water;
2. Improve the needs assessment questioner to understand the protection risks related for women, girls, boys and men;
3. Encourage partners to organize single sex Focus Group Discussion to incorporate the needs and concerns of both women, girls, boys and men;
4. Ensure partners design and construct water points, toilet and bathing facilities to ensure privacy and security of women;
5. Ensure that the hygiene promotion activities are implemented targeting both women and men separately;
6. Wherever possible, ensure that the beneficiary feedback system incorporates women and girls' perception of water and sanitation services provided to them;
7. Ensure WASH partners adhere to cluster recommended hygiene kits which includes basic menstrual hygiene materials for women and girls.

c.) Improving humanitarian response performance reporting. It is important that AWC has a monitoring framework in order to ensure timely alerts to changing needs, and facilitates tracking of progress and performance. The AWC has responsibility for;

- Monitoring the implementation of WASH services delivered;
- Ensuring that adequate monitoring mechanisms are in place at national and sub-national levels;
- Ensuring that the Information Management support is in place.

Periodic review of the AWC response plan and the monitoring framework are critical

means of verification of the objectives and priorities of the WASH response. This requires analysis of both (a) situation monitoring and (b) review of data submitted by partners. Situation monitoring will be ensured through regular participation to HCT, ICCT and other informative meetings where contextual information is shared with partners. The continuous consultation of the humanitarian websites with updated information and maps are available is another means for situation monitoring. Progress monitoring will be ensured through monitoring indicators to track progresses against the response plan. The indicators and their means of verification are presented in the table below;

In line with Global WASH Cluster strategy to merge the Cluster to Sector in countries with credible national partner. The AWC has initiated its transition process of handing over the coordination responsibility to Ministry of Rural Development (MRRD) from UNICEF, current lead agency. In this regards, the current coordination team is seeking enhanced participation of MRRD in cluster's monitoring activities. The RuWatSIP program in MRRD has its own monitoring and evaluation unit that should be progressively involved in the Cluster's monitoring mechanism as a support to the national Cluster co-lead in place and embedded in MRRD. The sub-national level WASH Cluster structure also needs to be strengthened for effective monitoring. Well organized sub-national Cluster, will help to facilitate a coordinated data collection, analysis, and reporting.

Table 2: Cluster indicators and means of verification

	Indicators	Target	Means of verification
WCO 1	Number of people provided with access to a safe drinking water source	1,100,000	Periodic reports submitted by Cluster partners
	Number of people provided with access to a gender-sensitive sanitation facility	700,000	
	Number of people provided with access to a hand washing facility with soap	1,100,000	
WCO 2	Number of health facility provided with access to minimum emergency water and sanitation requirements	50	Periodic reports of partners. Triangulated with Health Clusters
	Number of schools provided with access to minimum emergency water and sanitation requirements	50	Periodic reports submitted by Cluster partners
WCO 3	Proportion of the population located in areas affected by disasters covered by partners' assessments (%)	80	Periodic reports submitted by Cluster partners
	Number of health facility located in provinces affected by disaster covered by partners assessments	100	Periodic reports of partners. Triangulated with Health Clusters
	Number of schools located in provinces affected by disaster covered by partners assessments	100	Periodic reports submitted by Cluster partners
WCO 4	Number of clusters meeting prepared and chaired and prepared by MRRD's co-lead	8	Key informant interview by WASH Cluster coordination team members
	Number of provincial contingency plans developed, updated and used by partners	34	

5. ADVOCACY

The phenomenon of conflict induced IDPs and natural disasters are going to remain as ongoing challenges for Afghanistan for some years to come. In addition, the recent returnee crisis the national is facing will also have long lasting negative impact on the WASH services and infrastructures. The best ways to cope with such situations is to embed the resilience at planning and design stage of the development of social service infrastructures, e.g. installation of high yielding deep borehole and use of solar powered pumping systems with trained local community technicians to manage the facility including its operation and maintenance. Government agencies needs to be supported by development partners on Disaster Risk Reduction (DRR) as integral part of the development agenda so that the agencies can deliver sustainable and resilient WASH infrastructures.

Appropriate and responsive uptake of social service by population largely depends on their level of awareness. Consistent promotional messaging on safe hygiene behaviours like handwashing with soap and stopping open defecation is essential to entrench the safe behaviours among the population. In this regards, the national media and business houses need to be reminded of their social /corporate responsibilities.

A number of nutrition surveys in Afghanistan have shown strong association with access to safe water, sanitation and good hygiene practices with child nutrition. Diarrhoea and malnutrition has a symbiotic relationship as malnourished children are more susceptible to repeated bouts of diarrhoea leading to poor absorption of nutrients and hence trapping child into vicious circle of malnutrition and diarrhoea. Stopping open defection, safe handling of water and washing hands with soap at critical times should be part of an integrated approach of combating U5 malnutrition and this needs to be internalized and advocated in a consistent manner by all sectors involved in nutrition and WASH.

Health facilities that provide essential life-saving health and nutrition services are often also without adequate water supply and sanitation thus compromising the efficacy of services they provide. Providing adequate WASH services in health and therapeutic centres will improve the impact of related services.

More than 40% of diarrheal diseases among school children is due to poor sanitation and hygiene condition in school and poor hygiene practices. Improving WASH in school not only protect children from diarrheal diseases but also help embedding safe behaviours from the start.

Limited access to water and sanitation and poor hygiene practice is responsible for more than 80% of diarrheal cases (WHO 2004). Safe drinking water coupled with basic sanitation (latrine, bathing facility and safe disposal of wastewater) and improved hygiene practices can prevent the spread of water-borne diseases including diarrhoea in emergencies.

6. WHAT IF WE FAIL…....?

Those fleeing the conflicts as well as the returnees are mostly living crowded squatters with host communities or in makeshift shelters in marginal lands with no WASH facilities. At times, these families are also sheltered in temporary camps without safe water, latrines and bathing facilities. As a result, these population use unprotected water sources and practice open defecation. The key protective measures from water-borne diseases such as handwashing with soap at critical times is compromised in such conditions. In these situations, women and girls are at risk of harassment and young children and sick people are exposed to life-threatening diseases such as acute diarrhoea, cholera, ARI and measles. Diarrheal disease, if not treated, traps young children in a vicious circle of malnutrition and diarrhoea leading to chronic malnutrition and potential death. It is important to note here that the Afghanistan already has highest level of stunting in the world (already an emergency situation as per WHO) and very high level of under-five prevalence of diarrhoea. These repeated emergencies expose people to additional risks, further worsen the already precarious situation. Not able to provide adequate WASH services in humanitarian situation means not only risking the lives of nearly 350,000 under-five children but also violating the basic rights of more than 1.1 million people and compromise the dignity of over 400,000 women and adolescent girls that might face abuse and harassment in absence of these basic services.

7. Guiding documents and References:

The following documents and references were used for informing the need overview of the WASH sector:

1. Afghanistan National Living Standard Survey 2013 – 2014
2. Afghanistan National Nutrition Survey 2015 – 2016
3. UNICEF-WHO Joint monitoring report – MDG status reporting 2015;
4. WASH Cluster Database on caseload and response 2015 and 2016;
5. SMART Surveys on nutrition and health and link with water (ACF);
6. Gender Handbook on Humanitarian Action;
7. SPHERE Standard

WASH Cluster has used the figures from 'Afghanistan National Living Standard Survey 2013 – 2014' to find out the coverage status of provinces with access to water, sanitation and hygiene. The national level coverage has been taken from UNICEF-WHO joint monitoring report 2015 which provides estimated figures through triangulation of multi-year data from national surveys. The prevalence of diarrhoea and SAM cases in at provincial level was abstracted from Nutrition Survey 2014. Likewise historical data from past 5 years (2012-2016) has been analyzed to anticipate the People in Need (PIN) for humanitarian support in the WASH sector.