



ISLAMIC REPUBLIC OF AFGHANISTAN  
Ministry of Rural Rehabilitation & Development

NATIONAL RURAL WATER, SANITATION AND HYGIENE  
(WASH) POLICY 2016-2020



Developed by:  
Ministry of Rural Rehabilitation and Development  
Ministry of Public Health  
Ministry of Education

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## FOREWORD

The Afghanistan National Rural Water Supply, Sanitation and Hygiene (WASH) Policy 2016 – 2020, embodies the commitment of the Government of the Islamic Republic of Afghanistan to improve the quality of life of the rural population.

The vision of the policy 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), practices appropriate hygiene behavior at home, in schools and in the wider community. Our vision is rooted in the belief that access to safe water supply and sanitation for all will help alleviate poverty through improved health, -productivity and -income.

The first Afghanistan Rural WASH policy was prepared in 2010 to cover the period 2010 – 2020. It was agreed to review the policy mid-way through the decade to reflect new insights and ambitions stemming from the post-MDG discussions. The Ministry of Rural Rehabilitation and Development, through the Water, Sanitation Sector Group (WSG) and in collaboration with the Ministry of Public Health (MoPH), Ministry of Education (MoE), Ministry of Urban Development and Housing (MoUDH) and different WASH Non-Governmental Organizations (NGOs) and international actors, has updated and completed this review.

The National Rural WASH Policy (2016-2020) provides the framework for WASH sector partners and concerned Ministries to implement WASH-related programmes and activities. The implementation of the Policy builds on the principles underlying the recently introduced “Citizens Charter” concept of providing a threshold of core WASH services in an equitable way to all communities, reinforcing community self-reliance. It further increases aid-effectiveness through harmonized approaches and better coordination, it builds on the Millennium Development Goal (MDG) framework and anticipates the achievement of the new Sustainable Development Goals (SDG) targets which call for universal access to Water Supply and Sanitation.

In line with current government policy, the Community Development Councils (CDC) will be the first point of contact for WASH development programming in rural communities, including community WASH, WASH services in Health Centers and WASH services in Schools. CDCs facilitate the contact between government, NGOs and the most relevant community members and WASH service providers.

We feel privileged to offer this National Rural WASH Policy 2016 -2020 to the people of Afghanistan with the trust and hope that its effective implementation will help to make their lives better and healthier, enhancing their productivity and participation in the development of our country.



Minister  
Ministry of Rural  
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## ACRONYMS

AIRD	Afghanistan Institute of Rural Development
ANDS	Afghanistan National Development Strategy
BPHS	Basic Package of Health Services
CDC	Community Development Councils
CLTS	Community Led Total Sanitation
DACAAR	Danish Committee for Aid to Afghan Refugees
DDAs	District Development Assemblies
GoIRA	Government of the Islamic Republic of Afghanistan
HTWG	Hygiene Technical Working Group
IDP	Internally Displaced Person
JMP	Joint Monitoring Programme
MDG	Millennium Development Goals
MIS	Management Information System
MoE	Ministry of Education
MoPH	Ministry of Public Health
MRRD	Ministry of Rural Rehabilitation and Development
MoUDH	Ministry of Urban Development and Housing
NGOs	Non-Governmental Organizations
NSP	National Solidarity Programme
ODF	Open Defecation Free
O&M	Operation and Maintenance
PDMC	Provincial Disaster Management Committees
PRRD	Provincial Rural Rehabilitation and Development
Ru-WatSIP	Rural Water Supply, Sanitation and Irrigation Programme
SACOSAN	South Asian Conference on Sanitation
SDG	Sustainable Development Goals
STWG	Sanitation Technical Working Group
SWA	Sanitation and Water for All
UNICEF	United Nations Children’s Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSG	Water and Sanitation Sector Group
WSP	Water Safety Plan
WTWG	Water Technical Working Group
WUSC	Water Users and Sanitation Committees

## SECTION 1.0: GENERAL BACKGROUND

### 1.1 INTRODUCTION

The WASH sector ministries Ministry of Rural Rehabilitation and Development (MRRD), Ministry of Public Health (MoPH), and Ministry of Education (MoE) of the Islamic Republic of Afghanistan in close partnership with relevant stakeholders are committed to provide Afghan people in rural areas with safe access to water supply and sanitation services along with hygiene promotion.

Proper development of these services support the social and economic development of the nation, upgrade quality of life and improves the health status of the Afghan people in rural communities. The existing WASH policy, which was formulated for the period 2010 to 2020, highlighted the need for a review and revision of the policy in 2015. For this purpose the WSG formed a task force committee, chaired by MRRD and supported by UNICEF and DACAAR and other stakeholders including representatives of the MoE, MoPH, MoUDH, and international and national Non-Governmental Organizations (NGOs) to review the policy.

This revised policy which is in line with the Afghanistan National Development Strategy (ANDS), presents a framework 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 level, health centers and schools. The principles laid out in this policy are in line with the ambitions of the new Sustainable Development Goal 6 (SDG 6) to *Ensure Availability and Sustainable Management of Water and Sanitation for All*.

The revised National Rural WASH Policy 2016 - 2020 replaces the January 2010 National Rural WASH Policy adopted by the MRRD in May 2010. Another review of this policy will be undertaken in 2020 with the objective to achieve the ambitions of SDG 6, by 2030.

### 1.2. RURAL WASH CONTEXT IN AFGHANISTAN

According to international standards (WHO/UNICEF JMP, 2015)<sup>1</sup> improved sanitation coverage in rural Afghanistan increased from 21 per cent in 2000, to 27 per cent in

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<sup>1</sup> The definition of what constitutes access to safe drinking water and basic sanitation in Afghanistan has been adjusted various times over the past decade. Even the household surveys conducted by the central Statistics Organization and which are the main sources of information on the use of drinking water sources and sanitation facilities in Afghanistan, have used different definitions of access in the past between different surveys.

The most recent household surveys (NRVA 2011/12, ALCS 2013/14 and DHS 2015) have used the internationally recognized MDG definitions of improved and unimproved facilities to determine what proportion of the population has access to an improved drinking water or sanitation facility. [For the sake of simplicity and comparability with internationally used definitions access to drinking water and sanitation for the Rural WASH Policy has been defined in accordance with the MDG standards maintained by the WHO/UNICEF Joint Monitoring Program (JMP) on Water Supply and Sanitation.

2015, while Improved drinking water supply coverage in rural areas increased from 24 per cent to 47 per cent over the same period. 2.9 million people in rural areas gained access to an improved sanitation facility whereas 6.2 million rural people gained access to an improved drinking water supply. That leaves 17.2 million people in rural areas without an improved toilet and 12.5 million people without access to an improved drinking water source in 2015. Among the 17.2 million people without an improved toilet, there are four million people without any type of toilet, who practice open defecation. Many of these people live in remote areas and are among the poorest and most disadvantaged in the country. Their children suffer from high rates of WASH-related diseases like diarrhoea and pneumonia and from malnutrition caused by reduced food-intake and repeated infections with fecal pathogens causing diarrhoea and a diminished absorption of vital nutrients by their bodies.

The gains in rural WASH over the past 15 years have been made under the leadership of the MRRD, in part by the Rural Water Supply, Sanitation and Irrigation Programme (Ru-WatSIP), the National Solidarity Programme (NSP), the MoPH, MoE and countless NGOs supporting rural communities with WASH services, largely with external funding from donors and international agencies.

Many of these actors meet monthly at the WSG convened by the MRRD. The WSG provides a platform for WASH sector partners to discuss operational and technical concerns of the WASH Sector partners. The WSG also assists in policy dialogue and formulation and approves the national guidelines and technical standards for rural WASH interventions. Under the WSG there are three sub-groups: the Water Technical Working Group (WTWG) led by DACAAR, the Sanitation Technical Working Group (STWG) led by MRRD (Ru-WatSIP) and the Hygiene Technical Working Group (HTWG) led by MoPH. A new working group will be added to the WSG: The Young WASH Professionals Working Group on SDGs led by UNICEF.

Both the WSG and the three working groups are governed by their respective Terms of References (ToRs). MRRD is also a strong member of the Supreme Council of Water and Secretary to the Disaster Management Committee for Afghanistan led by the Vice President.

Two other Ministries are involved in the provision of rural WASH services: the MoPH and the MoE. The MoPH serves as the normative body for water quality standards and leads and advises on the hygiene behavioral change content and approaches nationally. The MoPH also maintains a network of community health volunteers who are engaged in hygiene behavioral change interventions at village level. The MoPH is also responsible for maintaining adequate hygiene standards and the provision of WASH services in health centers.

The MoE is responsible for the provision of WASH facilities in schools and for delivering the hygiene curriculum to school children.

Rural water supply interventions in Afghanistan are a mix of piped supplies with public taps or house connections, boreholes with hand pumps, gravity fed systems, natural springs and the traditional Kareez system of combining several underground sources into one, usually gravity-fed supply. An estimated seven per cent of the rural population

(1.6 million people) still rely on surface water for drinking. Boreholes with hand pumps are by far the most common type of water supply. A study by Danish Committee for Aid to Afghan Refugees (DACAAR) in 2013, however found that close to 50 per cent of the hand pumps in Afghanistan are not operational.

Typically water supply systems are built using contractors under the supervision of the Provincial Rural Rehabilitation and Development (PRRDs) or NGO partners. Water supply user committees are trained in the basic Operation and Maintenance (O&M) of the systems and typically before and after finalizing the systems the water quality is assessed. Operation and maintenance of rural water supplies by communities is problematic with many communities asking for external support for the repair or rehabilitation of their systems. There is some private sector involvement in the provision of spare-parts and O&M services. Water Safety Planning has not yet been introduced in Afghanistan.

The traditional sanitation practice in Afghanistan is the so-called vault toilet. A design that separates urine from excreta. The excreta traditionally is scooped out of the vault at regular intervals and buried for about six months after which it is dug up and used as fertilizer. This is still practiced by many communities where the excreta is regularly mixed with ashes, straw and animal droppings before composting it. Many vault latrines, however do not meet the minimum standard of an improved latrine – as the vaults are often not properly sealed and excreta is readily visible.

In 2009, the Community Led Total Sanitation (CLTS) approach to sanitation was introduced in Afghanistan. Since its introduction over 1,600 communities have been declared ODF. The Afghan- Context ACCLTS approach, aside from the triggering, includes a hygiene behavioral change component focusing on personal and domestic hygiene and promotes the upgrading from existing vault latrines to improved sanitation facilities. The CLTS mobilization teams typically work with the community health volunteers. The traditional excreta disposal method in rural Afghanistan is close to the ideal closed-loop system that underlies the thinking behind the new Sustainable Development Goal (SDG), sanitation target, which calls for universal access to improved sanitation and at least 50 per cent safe management of excreta. The on-site safe management and reuse of excreta as compost is the ideal scenario envisaged by SDG 6.

The use of improved sanitation and practicing of appropriate hygiene behavior – in particular washing hands with soap and water at critical times has a respective 36 per cent 42 per cent impact on the reduction of the morbidity of diarrhoeal diseases in children under-five years of age. Achieving ODF status in a village has a 23 per cent impact on the reduction of stunting – a manifestation of chronic malnutrition. The hygiene behavioral change interventions pioneered in Afghanistan need to be scale-up alongside the promotion of sanitation and ending open defecation.

### 1.3 POLICY GOAL

The Goal of the National Rural WASH Policy is to provide principles, roles and responsibilities of different actors and operational guidance and standards for the provision of access to rural WASH services in an equitable, coordinated and effective



manner at community level and for governmental and non-governmental institutions, including rural schools and health centers.

#### 1.4 POLICY PRINCIPLES

- The provision of WASH services in rural areas at village level and governmental and non-governmental institutions, including schools shall include users-friendly clean, gender-separated hygienic and dignified toilets with hand washing facilities and proper waste management facilities.
- Under the leadership of the MRRD, the WSG serves as the platform to formulate and approve the national standards and guidelines for the provision of rural drinking water supply and sanitation. The MoPH leads on the formulation of guidelines and standards for the provision and promotion of hygiene services.
- Participation in the WSG is open to all Ministries, national and international actors active in rural WASH, including private sector actors and donor representatives (See Annex 1: ToR of WSG).
- Water supply, sanitation and hygiene behavioral change interventions at village level shall be delivered in an integrated manner within 24 calendar months of each other
- Sanitation and hygiene programming at household level shall focus on bringing about behavioral change preferably encouraging families to construct or improve their own toilet facilities, while discouraging external subsidy/incentives for construction
- National WASH standards, designs and guidelines as approved by the WSG shall be respected and adhered to by all WASH partners and service providers (see Annex 2: National Rural Water Supply and Sanitation and Hygiene Standards)
- All WASH interventions at village level shall be reported at least annually to the MRRD to be recorded in the national Rural Water Supply Management Information System (MIS) database (See: annex 3: Rural WASH MIS reporting format)
- Village based WASH interventions must ensure gender equity in community participation and decision-making in planning, design and service delivery to foster, ownership and sustainability
- CDCs act as the first point of contact for rural WASH interventions at village level. CDCs are not always the implementing organization, but they facilitate the contact between government actors and NGOs and the most relevant group of community members (e.g. school shuras, community health committees etc.)
- CDCs are required to contribute at least 10 per cent of the capital costs of water supply interventions in cash, kind or labor. The cost for O&M of the water supply and sanitation facilities is the responsibility of the CDCs.
- Public-private partnerships and private sector involvement in the provision and operation and maintenance of water supply services will be encouraged.
- Villages that have no WASH services shall be prioritized for receiving WASH services with a focus on the remote, marginalized and impoverished communities
- The human rights (safety, security, privacy and dignity) of people, particularly of women, children, returnees, IDP, and physically and mentally challenged should be protected and respected.
- Environmental degradation shall be prevented, adapting to climatic change, preservation and improvement of catchment areas, and promoting and scaling up of the ground water recharge.

- Humanitarian WASH interventions are guided by the WASH Cluster guidelines and have to respect and meet the SPHERE standards; they are not necessarily governed by the National Rural WASH policy.

## **SECTION 2.0: ROLES AND RESPONSIBILITIES AND OTHER CONSIDERATIONS FOR THE PROVISION OF RURAL WATER SUPPLY, SANITATION AND HYGIENE SERVICES**

### **2.1 SUSTAINABLE DEVELOPMENT GOALS**

In September 2015, the United Nations General Assembly adopted the SDGs as the successor to the MDGs. SDG Goal 6 calls to *Ensure availability and Sustainable Management of Water and Sanitation for All*. The goal includes six proposed targets:

- 6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all
- 6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations
- 6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally
- 6.4 By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity
- 6.5 By 2030, implement integrated water resources management at all levels, including through transboundary cooperation as appropriate
- 6.6 By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
- 6.a By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- 6.b Support and strengthen the participation of local communities in improving water and sanitation management

The National Rural WASH Policy 2016 – 2020 fully endorses and supports SDG 6 and its corresponding targets.

### **2.2 ROLES AND RESPONSIBILITIES FOR THE PROVISION OF RURAL WASH SERVICES**

This chapter outlines the main roles and responsibilities of different actors involved in carrying out activities guided by the National Rural WASH policy. The roles and responsibilities below are not exhaustive but rather cover the main ones for each of the actors involved. Some activities are shared among all or most partners such as: monitoring, research, learning and information dissemination with regards to experiences with the provision of rural WASH services.

#### ▪ **RU-WATSIP AT MRRD**

- Is responsible for ensuring the adherence of WASH partners to the National Rural WASH Policy principles, guidelines and standards
- Convenes the Water and Sanitation Sector Group
- Initiates further WASH policy formulation and standard development through the WSG
- Maintains the National Rural Water Supply Monitoring and Information System
- Maintains a data-base for hydrogeological mapping of drinking water sources
- Approves MoUs with NGOs for rural WASH interventions
- Is co-responsible with the MoPH for the mitigation and control of drinking water quality, including the operationalization of community-based Water Safety Plans (WSPs).
- Together with the MoPH co-coordinates the “ending open defecation” programme
- Is an implementing partner for the provision of community WASH services
- Supports the WASH interventions of other government programmes, such as the NSP and other Ministries such as MoPH (WASH in health facilities) and MoE (WASH in schools)
- Leads the Sanitation Working Group
- Is a co-leading partner together with the MoPH in the overall coordination of the hygiene and sanitation interventions throughout the country
- Is a leading member of the WASH Emergency Cluster
- Coordinates national participation in International WASH events (e.g. Sanitation and Water for All (SWA), SACOSAN, etc.)

#### ▪ **PROVINCIAL RURAL REHABILITATION DEPARTMENT**

- Prioritizes areas of intervention based on need and deprivation and based on requests received from CDC and assessments made by partners
- Coordinates the WASH interventions of WASH partners at the provincial and district level
- Facilitates the implementation of WASH interventions with CDCs, contractors and NGO partners
- *The CDC/Health Shura will be responsible for the verification and ODF status of villages, while community health workers (CHWs) will be part of the process including the verification and certification of the ODF at villages under the leadership of the PRRD.*
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#### ▪ **MINISTRY OF PUBLIC HEALTH**

- Is responsible for the normative aspects of water supply, sanitation and hygiene services at community and institutional level, including the approval of national drinking water standards
- Is responsible for the content of the hygiene curriculum in schools and public information messages concerning water supply, sanitation and hygiene.
- Approves MoUs with NGOs for hygiene promotion and water quality surveillance
- Leads the Hygiene Working Group

- Is a co-leading partner together with the MRRD/Ru-WatSIP in the overall coordination of the hygiene and sanitation interventions throughout the country
- Is responsible for water quality surveillance of rural water supplies
- Is co-responsible with the MRRD for the mitigation and control of drinking water quality, including the operationalization of community-based Water Safety Plans (WSPs).
- Together with the MRRD co-coordinates the “ending open defecation” programme
  
- Is responsible for the curriculum of hygiene behavioral change interventions at community level, including the quality assurance of the hygiene behavioral change component of the CLTS programme
- Is an implementing partner for the provision of hygiene promotion interventions, Is responsible for overseeing the verification and certification of ODF status of villages
- Coordinates national participation in International WASH events (e.g. SWA, SACOSAN etc.)
  
- **PROVINCIAL DEPARTMENT OF HEALTH**
- Provides support to PRRD in sustaining ODF status including verification and certification of the ODF
- Leads hygiene behavior at village level through its network of community health volunteers
- Is responsible for the surveillance and provision of the WASH services in health centers
  
- **BASIC PACKAGE OF HEALTH SERVICES IMPLEMENTING PARTNERS**
- Are responsible for the provision and O&M of WASH services in health facilities
  
- **MINISTRY OF EDUCATION**
- Is responsible for overseeing the provision and rehabilitation of school WASH services
- Is responsible for the hygiene curriculum used at schools and for formulating and enforcing the WASH in schools standards
  
- **DEPARTMENT OF EDUCATION**
- Is responsible for the surveillance, provision and rehabilitation of school WASH services according to national standards
- Support schools principals and school shuras with the O&M and rehabilitation of WASH facilities in schools
- Is responsible for the effective implementation of the hygiene curriculum at schools

#### ▪ **COMMUNITY DEVELOPMENT COUNCILS**

- CDCs act as the first point of contact for rural WASH interventions at village level. CDCs are not always the implementing organization, but they facilitate the contact between government actors and NGOs and the most relevant group of community members (e.g. school shuras, community health committees etc.)
- CDCs submit requests for the provision of new, or rehabilitation of existing WASH services to the PRRDs

#### ▪ **NON-GOVERNMENTAL ORGANIZATIONS**

- Are key partners in the WSG and support and complement government actions regarding the provision and rehabilitation of rural WASH services
- Shall adhere to the principles outlined in the National Rural WASH Policy
- Serve as implementing partners for the provision and rehabilitation of WASH services at village level and to institutions like schools and health centers
- Are key partners to government for providing an effective WASH response in humanitarian situations

#### ▪ **WASH EMERGENCY CLUSTER**

- The WASH emergency cluster coordinates and ensures an effective WASH response by WASH Cluster partners in the event of a humanitarian emergency in close coordination and collaboration with Provincial Disaster Management Committees (PDMCs) and other emergency coordinating bodies

#### ▪ **TECHNICAL SUPPORT AGENCIES AND DONORS**

- Are key partners in the WSG and support government actors regarding the provision and rehabilitation of rural WASH services both technically and financially

### **2.3 OPERATION AND MAINTENANCE**

- Water Users and Sanitation Committees (WUSC) will be established and compulsorily registered according to national institutional act to empower community members and provide enforcing authority to the elected committee members. Necessary legal bases will be prepared by making improvements in the existing legal aspects of water at source, keep the environment clean, maintain the quality of water and increase the participation of the private sector.
- MRRD will prepare and implement a plan to gradually phase out direct implementation in rural water supply and sanitation schemes, and will hand over ownership and responsibility for O&M of all schemes to CDCs.
- A simplified and transparent procedure for the registration of WUSC will be introduced. The procedure will ensure participation of more women, elders, maliks and school teachers, for the O&M of WASH services at village level.

## 2.4 ENVIRONMENTAL ASPECTS

- Environmental screening or environmental impact assessment will be promoted and gradually enforced in all WASH projects to identify environmental concerns. Procedures will be prepared to ensure minimizing environmental damage. If significant environmental risk is identified, a more rigorous assessment and analysis will be applied.
- Technical skills will be developed within CDCs to do O&M with confidence including the management of excreta, wastewater and solid waste. District and Province have to provide back-up support to enhance the internal management and technical capacity of the WUSCs.
- In collaboration and linkages between the line ministries, the management of water resources will be promoted along with practical mechanisms to ensure watershed management, rainwater harvesting techniques, artificial recharge of groundwater, and flood resistant water and sanitation services.
- Safe handling, disposal and re-use of human waste will be pursued to combat environmental pollution and reduce public health risks.
- The use of solar pumping for community water supply will be actively promoted and scaled-up. This includes the replacement or conversion of diesel powered pumps to solar powered pumping systems, which reduces the use of fossil fuels in the interest of addressing climate change

## 2.5 WASH CLUSTER TRANSITION TO MRRD

- In line with the Transformative Agenda for Humanitarian Action, a transition process of the leadership of the WASH Cluster from an internationally-led Cluster to a nationally-led Cluster will be completed by the end of 2017. The WASH Cluster likely will continue to be operational under the leadership of the Ru-WatSIP department of the MRRD given the continued instability in Afghanistan and the recurrent natural disasters and the large number of NGOs operational in WASH in Afghanistan. The transition process will focus on further developing the national capacity to effectively coordinate a response to humanitarian crises. The emphasis will be placed on strengthening sub-national coordination and response capacities and includes Disaster Risk Reduction (DRR) activities and the development of national sub-national WASH contingency plans. A national WASH Cluster Co-lead at Ru-WatSIP will be appointed and work closely together over a two year period with the international cluster coordinator to take over the cluster coordination role at the end of the two years.

## 2.6 GLOBAL AND REGIONAL WASH EVENTS

Government of the Islamic Republic of Afghanistan (GoIRA) is committed to work with global and regional partners and supporters to fulfill the national targets in WASH. As such, to raise the awareness and importance of WASH and advocate and fundraise for this cause, participation of line ministries in global days of significance will be ensured. Among them, these are World Water Day, Global Hand Washing Day, World Toilet Day, SACOSAN, and the global SWA initiative.

The government of Afghanistan has been committed to the decisions and declarations of the South Asia movements on sanitation and is an active member of SACOSAN since the first meeting in 2003 in Bangladesh. MRRD coordinates Afghanistan's participation in these international WASH initiatives and will ensure equitable participation of the relevant Ministries and stakeholders to these ongoing and future events to promote the WASH status of Afghanistan.

### **SECTION 3.0: LEGAL ASPECT IN WASH**

The human right to water will be promoted to ensure sufficient, safe, physically accessible and affordable water for personal and domestic uses with particular attention to groups that face discrimination and with focus on removing barriers and closing equity gaps. The right to adequate and appropriate sanitation services will be promoted for everyone, without discrimination.

MRRD will enforce the Afghanistan Water Law, which came into force on April 26, 2009, regulates ownership, fees, rights, permits, and usage with respect to water. Article 1 of the Preamble of the Law stipulates its purpose: *This law is to enforce the principles of Article Nine of The Constitution of Afghanistan for the purpose of conservation, equitable distribution, and the efficient and sustainable use of water resources, strengthen the national economy and secure the rights of the water users, in accordance with the principles of Islamic jurisprudence and the praiseworthy customs and traditions of the people<sup>2</sup>.*

Water law related information Article 19 prohibits the use of water resources without a permit, except for the following purposes: Drinking water, livelihood and other needs, if the total daily consumption does not exceed 5 cubic meters per household. Moreover according to article 21(2) a usage license or activity permit, including for government projects, is necessary in the following circumstances:

- Surface and groundwater use for newly established development projects.
- Disposal of wastewater into water resources.
- Disposal of drainage water into water resources.
- Use of water for commercial and industrial purposes.
- Use of natural springs with mineral contents or hot springs for commercial purposes.
- Digging and installation of shallow and deep wells for the commercial, agricultural, Industrial and urban water supply purposes.
- Construction of dams and any other structures for water impoundment, when the storage capacity exceeds 10,000 cubic meters.
- Construction of structures that encroach the banks, beds, courses or protected rights-of way of streams, wetlands, Karezes [water management systems], and springs.

### **SECTION 4.0: INSTITUTIONAL STRENGTHENING AND CAPACITY DEVELOPMENT**

Implementation of WASH program and projects through CDCs that have been immensely successful in democratizing and decentralizing the delivery of water and sanitation services will be enhanced. At the national level, the Ru-WatSip within MRRD, MoPH and MoE will be strengthened and enhanced with core staff and budget,

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<sup>2</sup> Water Law of Afghanistan art. 1, Official Gazette No. 980, Apr. 26, 2009

responsible for anchoring their rural WASH related programs 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 programs and projects on the other.

The Ru-WatSIP in collaboration with the Afghanistan Institute of Rural Development (AIRD) will develop a comprehensive capacity development strategy addressing the needs of institutional and human capacity development at the provincial, district and village level (CDCs, District Development Assemblies (DDA)) and water user and sanitation committee members.

## **SECTION 5.0: MONITORING AND EVALUATION**

MRRD will take the lead role in establishing and managing a WASH sector monitoring and evaluation system to ensure the require quality. Capacity will be enhanced within MRRD to effectively collect, store, analyze disseminate and use the collected data.

- WASH targets and indicators should address access to drinking water, sanitation and hygiene at household level and also in schools, health facilities and work places.
- Building on the existing efforts, the WASH data bank will be maintained by Ru-WatSIP (MIS) Unit.
- Information Centre will be set up at the province level by increasing the capacity of information management for sectoral development projects.
- Regular monitoring mechanism will be established to monitor the implementation of the revised rural WASH policy.
- Effective participation of gender, elders, mullahs and disadvantaged ethnic groups will be made essential to all decision making process regarding WASH promotion services.

All WASH partners including MRRD and other related government agencies shall monitor and evaluate their WASH interventions using the indicators presented in Annex 2.



## ANNEXES

### ANNEX 1: EXISTING MANUALS, POLICIES AND GUIDELINES

1. Implementation Manual for Low Cost Household Latrines (2014), Ministry of Rural Rehabilitation and Development, Rural Water Supply, Sanitation and Irrigation (Ru-WATSIP).
2. Terms of References of WSG, WTWG, STWG and HTWG.
3. Sanitation Promotion through Afghan Context Community Led Total Sanitation (ACCLTS) and Improvement of Existing Excreta Disposal Technologies (2013). Ministry of Rural Rehabilitation & Development, Rural Water Supply and Irrigation Programme (Ru-WatSIP).
- 4 National Hygiene Promotion Strategy (2015-2020), Ministry of Public Health.
5. Afghanistan National Rural Water, Sanitation, and Hygiene (WASH) Policy 2010, Ministry of Rural Rehabilitation and Development, Rural Water Supply, Sanitation and Irrigation (Ru-WATSIP).
6. Access to Adequate Quantity and Quality of Water is a Basic Human Right. A Strategic Policy Framework for the Water Sector (2004).
7. National Drinking Water Quality Standards (2013): provides details of water quality standards to be applied all rural water supply system.
8. Rural Water, Sanitation and hygiene Implementation manual version2, VOLUME 1 AND 2
9. Rural Water Supply and Sanitation Strategy for Afghanistan-2003
10. National Policy on Drinking Water Fluoride and Arsenic Mitigation (2013), Ministry of Public Health.

### ANNEX 2: WASH GUIDELINES

Implementing partners should strive to meet the WASH guidelines listed below and report on the indicators provided when designing rural WASH interventions.

#### **Rural Water Supply:**

- Access to 30 Lpcpd quantity of water available. Minimum of 15 lpcpd in emergencies
- Maximum 15 households to be covered per hand-pump
- Safe access to water within 250 meters of residence and not take up more than 60 minutes per round trip
- Number of water points implies with the national water quality standards

- Functionality maintained over 70%
- No. of water samples tested.

#### **Improved Sanitation:**

- Number of villages declared open defecation free including number of families.
- Number of latrines improved or new sanitary latrines constructed.

#### **Reported improved latrines should fulfill the following salient features:**

- Prevents flies from getting to the faecal deposits and back to the environment.
- Separates excreta from human contact.
- Ventilated with reduced bad smelling.
- Children, female and environment friendly.
- Does not contaminate ground and surface water.
- Ensures user privacy, especially for women and girls.

#### **Hygiene Promotion**

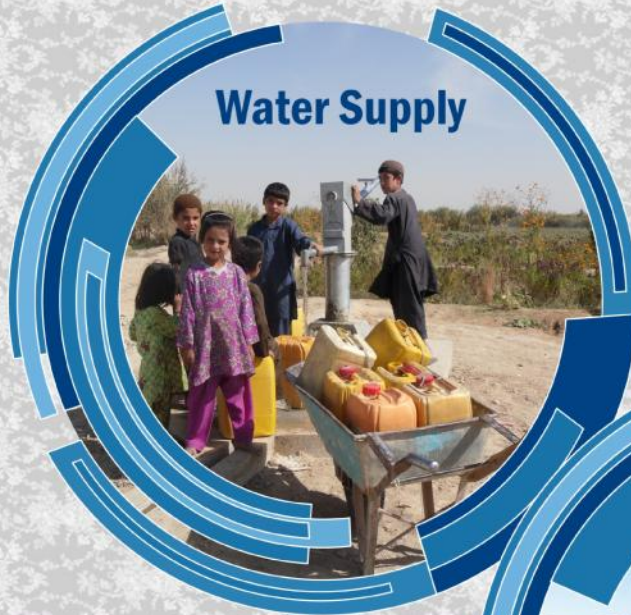
- Percentage of households in target areas practicing correct use of recommended household water treatment technologies.
- Infant excreta disposed safely, followed by hand-washing with water and soap.
- Family members have a practice of hand washing with soap at critical times: before cooking and eating, after defecation, and post defecation cleaning of infants and children.
- Number of health facilities has an access to improved latrine with hand-washing facilities.
- Number of schools with adequate basic gender sensitive and inclusive WASH facilities (hand washing facilities with soap, safe drinking water, functional toilets and MHM facilities)
- Number of district government staff and community workers/volunteers trained on the skills and knowledge of hygiene promotion at community level.

### **ANNEX 3: RURAL WASH MIS REPORTING FORMAT**

*( Will be provided in soft copy)*

# Our Approaches

Water Supply

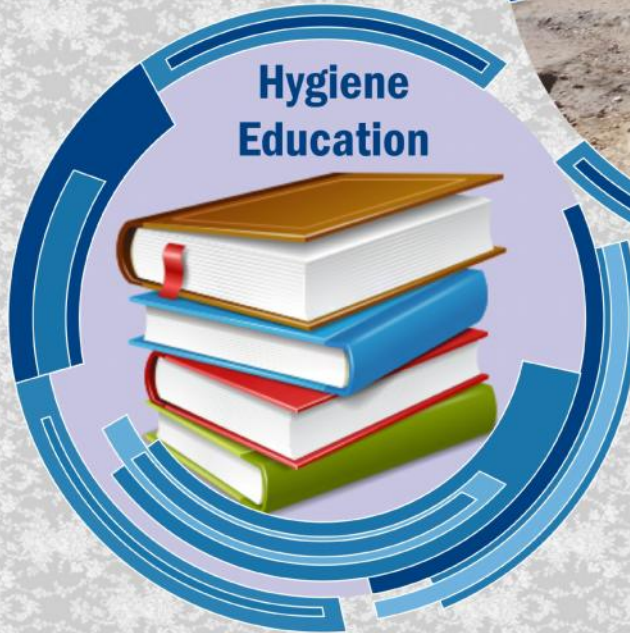


Sanitation



# WASH

Hygiene  
Education



## WASH Improves health