

# Afghanistan

## DEMOGRAPHIC AND ECONOMIC ESTIMATES

<b>Population (2012)<sup>a</sup></b>	<b>29.82 M</b>
<b>Urban population (2012)<sup>a</sup></b>	<b>7.11 M</b>
<b>Rural population (2012)<sup>a</sup></b>	<b>22.72 M</b>
<b>Population growth rate (2012)<sup>a</sup></b>	<b>2.43%</b>
<b>Gross domestic product USD (2012)<sup>b</sup></b>	<b>20.50 billion</b>

<sup>a</sup> World Population Prospects: The 2012 Revision, UNDESA 2013.

<sup>b</sup> World Development Indicators, World Bank 2013.

## HEALTH ESTIMATES

<b>Infant mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>71</b>
<b>Under 5 mortality / 1,000 live births (2012)<sup>c</sup></b>	<b>98.5</b>
<b>Life expectancy at birth (2012)<sup>d</sup></b>	<b>60 yrs</b>
<b>Diarrhoea deaths attributable to WASH (2012)<sup>e</sup></b>	<b>9867</b>

<sup>c</sup> Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

<sup>d</sup> World Health Statistics, WHO 2014.

<sup>e</sup> Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

## SANITATION AND DRINKING-WATER ESTIMATES

<b>Use of improved sanitation facilities (2012)<sup>f</sup></b>	<b>29%</b>
<b>Use of drinking-water from improved sources (2012)<sup>f</sup></b>	<b>64%</b>

<sup>f</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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## Sanitation, drinking-water and hygiene status overview<sup>\*</sup>

A range of policies and strategies for WASH in Afghanistan need developing or completing. Processes are also needed to strengthen the coherence and linkages of the various coordination mechanisms. Particular attention is required to increase the profile of WASH within the water sector, the wider development arena, and in particular with the leadership of the health and education sectors for increased political support and increased resource allocation.

There is a need to move from a project-based to a sector-wide approach and establish strengthened systems for monitoring and evaluation. There is also a need to develop clear selection and targeting criteria for projects to overcome current political interference in decision-making for the more equitable allocation of resources.

Increasing the number government staff at the sub-national level for the four key ministries (Ministry of Rural Rehabilitation and Development, Ministry of Public Health, Ministry of Education, and Ministry of Urban Development) and ensuring that the staff who are present have access to transport, communications equipment, and funds to allow them to undertake their jobs effectively are also important.

There are a range of specific capacity development needs including those relating to WASH in schools, water quality, and operations and maintenance.

A number of challenges and barriers exist from traditional and cultural beliefs and practices for the take up of good water, sanitation and hygiene practices.

There is also a need to increase communication, awareness and advocacy to ensure the importance of good WASH practices as a right of children, men and women.

The allocations to sanitation and hygiene are highly under funded with only 9% of the total estimated urban and rural budget needed. Limited budget allocation for community WASH is greatly concerning in particular considering its potential impact on children, especially girls.

<sup>\*</sup> Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

# Highlights based on country reported GLAAS 2013/2014 data<sup>1</sup>

## I. Governance

Three ministries and institutions share the lead for drinking-water and sanitation services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Rural Rehabilitation and Development (Rural water and Sanitation)	✓	✓	
Ministry of Urban Development (Urban water and Sanitation)	✓	✓	
Ministry of Public Health (Hygiene)			✓
Ministry of Education (WASH in schools)	✓	✓	

Number of ministries and national institutions with responsibilities in WASH: **5**

Coordination between WASH actors includes: ✓ All ministries and government agencies  
 ✓ Nongovernmental agencies  
 ✓ Evidence supported decisions based on national plan and documentation of process

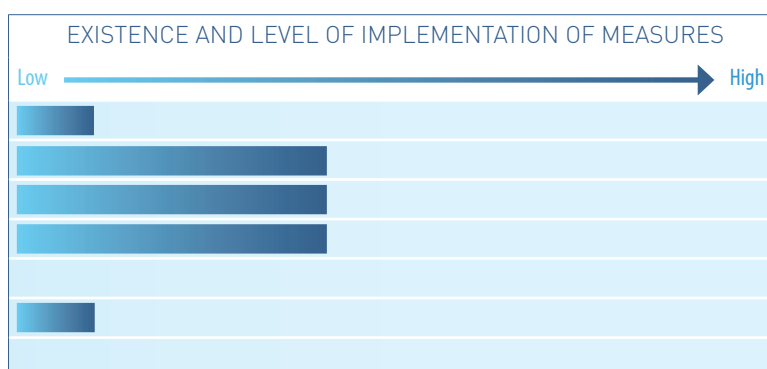
PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation <sup>a</sup>	✓	40	2014
Rural sanitation	✓	50	2014
Sanitation in schools	✓	80	2014
Sanitation in health facilities	✓	80	2014
Urban drinking-water supply	✓	40	2014
Rural drinking-water supply	✓	50	2014
Drinking-water in schools	✓	80	2014
Drinking-water in health facilities	✓	80	2014
Hygiene promotion	✓	50	2014
Hygiene promotion in schools	✓	80	2014
Hygiene promotion in health facilities	✓	80	2014

<sup>a</sup> Average taken for Kabul and other cities.

There are specific plans implemented addressing the issues of reliability/continuity of urban water supply and replacing latrines when full or broken.

### SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES<sup>a</sup>

Keep rural water supply functioning over long-term
Improve reliability/continuity of urban water supply
To rehabilitate broken public latrines
Safely empty or replace latrines when full
Reuse of wastewater or septage
Ensure DWQ meets national standards
Address resilience to climate change



<sup>a</sup> Including implementation.

<sup>1</sup> All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 survey unless otherwise stated.

## II. Monitoring

There is a high level of data availability reported for policy-making for both drinking-water and sanitation and response to WASH related disease outbreak.

### MONITORING

	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011/2012		2011/2012		2011/2012
Use of performance indicators <sup>a</sup>	●		●		✗
Data availability for decision-making <sup>a</sup>					Health sector
Policy and strategy making	✓		✓		✓
Resource allocation	●		●		NA
National standards	NA		●		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance <sup>b</sup>	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	●	●	
Independent auditing management procedures with verification	NA	NA	✗	✗	
Internal monitoring of formal service providers	●	●	●	✓	
Communication <sup>a</sup>					
Performance reviews made public	✗	✗	●	●	
Customer satisfaction reviews made public	✗	✗	●	●	

<sup>a</sup> ✗ Few. ● Some. ✓ Most.

<sup>b</sup> ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

## III. Human resources

Human resource strategies are in development for sanitation and drinking-water, though gaps and follow-up actions have not been identified. The most important constraints identified are the lack of financial resources and skilled graduates.

### HUMAN RESOURCES

	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed <sup>a</sup>	●	●	●
Strategy defines gaps and actions needed to improve <sup>a</sup>	✗	✗	✗
Human resource constraints for WASH <sup>b</sup>			
Availability of financial resources for staff costs	✗	✗	●
Availability of education/training organisations	✗	✗	●
Skilled graduates	✗	✗	✗
Preference by skilled graduates to work in other sectors	●	●	●
Emigration of skilled workers abroad	✓	✓	✓
Skilled workers do not want to live and work in rural areas	●	●	✗
Recruitment practices	✗	●	✗
Other			

<sup>a</sup> ✗ No. ● In development. ✓ Yes.

<sup>b</sup> ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

## IV. Financing

A financing plan is in place and used for most WASH areas. There are, however, reported difficulties in absorption of domestic funds, mainly due to procurement issues, and also issues with donor commitments due to the differences with disbursements. There are reported insufficiencies of funds to meet MDG targets.

### FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies <sup>a</sup>	●	●	●	✓
Use of available funding (absorption)				
Estimated % of domestic commitments used <sup>b</sup>	●	●	●	●
Estimated % of donor commitments used <sup>b</sup>	✗	✗	✗	✗
Sufficiency of finance				
WASH finance sufficient to meet MDG targets <sup>b</sup>	●	●	●	●

<sup>a</sup> ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.  
<sup>b</sup> ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA	
Total WASH expenditure <sup>1</sup>	
2010–2012	85.50 M.USD
Expenditure as a % GDP	
Education <sup>2</sup>	NA
Health <sup>2</sup>	8.58
WASH <sup>3</sup>	0.16

<sup>1</sup> Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

<sup>2</sup> Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

<sup>3</sup> WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

## V. Equity

As a step towards addressing inequalities in access to WASH services, five disadvantaged groups are identified in WASH plans.

### EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation		✗		✗
Participation and reporting <sup>a</sup>	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✗	✓	✓	✓
Extent to which users participate in planning	✗	✓	●	●
Effective complaint mechanisms	✗	✗	✗	✗

<sup>a</sup> ✗ Low/few. ● Moderate/some. ✓ High/most.

### DISADVANTAGED GROUPS IN WASH PLAN

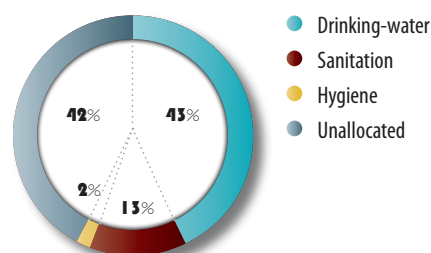
1. Poor populations
2. People living in slums or informal settlements
3. Displaced persons
4. Ethnic minorities
5. People living with disabilities

### EQUITY IN FINANCE

**Figure 1.** Urban vs. rural WASH funding

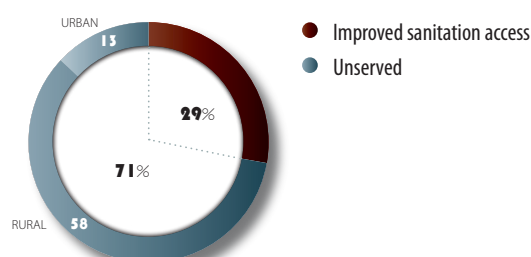
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**Figure 2.** Disaggregated WASH expenditure

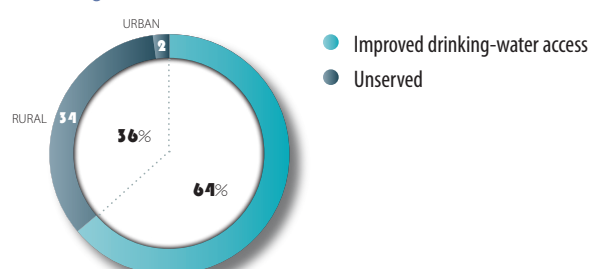


### EQUITY IN ACCESS<sup>4</sup>

**Figure 3.** Population with access to improved sanitation facilities



**Figure 4.** Population with access to improved drinking-water sources



<sup>4</sup> Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.