

LEAVE NO ONE BEHIND

Voices of Women,
Adolescent Girls,
Elderly, Persons with
Disabilities and
Sanitation Workforce





SANITATION AND HYGIENE IN SOUTH ASIA

LEAVE NO ONE BEHIND

Voices of Women,
Adolescent Girls,
Elderly, Persons
with Disabilities and
Sanitation Workforce

AFGHANISTAN COUNTRY REPORT

This report is one in a series of 8 reports produced as a result of a regional consultation process in preparation for SACOSAN VI held in January 2016 in Dhaka.



MORE INFORMATION:

Leave No One Behind, report and resources:

• http://wsscc.org/resources-feed/leave-no-one-behind-voices-of-women-adolescent-girls-elderly-persons-with-disabilities-and-sanitation-workforce/?_sf_s=leave+no+one+behind

The eight country reports:

• <http://wsscc.org/resources-feed/leave-no-one-behind-reports>

Video:

• <https://www.youtube.com/watch?v=RCGm3t6DX-c>

Credits:

©2015 FANSA and WSSCC
hosted by the United Nations
Office for Project Services
(UNOPS). All intellectual property
rights, including but not limited
to maps, drawings, photographs,
mosaics, plans, manuscripts,
records, reports, recommendations,
estimates, documents, images,
sounds and other materials, except
pre-existing materials, publicly
or privately owned, collected,
created, developed or prepared as
a consequence or in the course
of the performance of the Grant
Support Agreement entitled "In
support of Inclusion of the Voices
of the Most Marginalized Groups
at SACOSAN VI", including this
Report, Is the sole property of the
Funding Source, WSSCC/UNOPS.

PRELUDE

Leave No One Behind is a call to listen and learn by putting people in the centre, asking them what they need and valuing the **one** in **everyone**. It is based on the belief that human beings come in different shapes and sizes and a single solution cannot meet their diverse needs. WASH services are mostly designed to meet the needs of the mainstream, dominant community. But what happens to those that are traditionally left behind ... the last mile ... adolescents, pregnant women, the elderly, people with disabilities, migrant workers, rag pickers, transgender people? How do they take care of their daily sanitation and hygiene needs? What are their challenges and aspirations? Do they have insights and suggestions to improve sanitation services?

The [Kathmandu Declaration](#) from SACOSAN V recognized the importance of “addressing diversity in service provision for infants, children, youth, adolescent girls, women, people with disabilities, chronically ill and elderly in rural area and people affected by poverty..” and committed to significant direct participation of these groups in SACOSAN VI, Dhaka and systematically thereafter. (Commitment X)

As part of the preparation for SACOSAN VI in Dhaka, the [Freshwater Action Network South Asia](#) (FANSA) and [Water Supply and Sanitation Collaborative Council](#) (WSSCC) organized a consultative process with marginalized groups in South Asia to listen to their sanitation and hygiene needs, challenges, hopes and aspirations. Over 2700 adolescents, women, elderly people, persons with disabilities, sanitation workers, rag pickers and transgender people participated in 55 consultations organized with the support of 70 local partners across Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

Across these eight countries, this was the first time many of these groups were being consulted on their sanitation and hygiene needs, aspirations and challenges. In spite of regional variations, the challenges they faced were remarkably similar. Their key issues and demands can be found in the [Leave No One Behind regional report](#), the individual country reports and a [film](#) that was screened at the plenary session at SACOSAN VI, Dhaka.

In January 2016, twelve community representatives participated in the plenary session¹ at SACOSAN VI, Dhaka where they eloquently presented the sanitation and hygiene challenges of their constituencies to the Ministers and key decision makers of national governments, international development agencies and other stakeholders. [The Dhaka declaration](#)² is a testimony to the influence this session had on policy makers.

The Leave No One Behind consultation process is an important, first step towards addressing equity and inclusion in sanitation and hygiene. However, we need to continue and deepen this process by systematically creating more platforms for constructive dialogue, so that duty bearers can listen to the needs and aspirations of marginalised groups and include them in the design, delivery and management of sanitation services. For, unless we put the last mile first and listen, they will continue to be left behind.

¹ Plenary session on ‘Grass-root Voices: Women, Adolescents, Elderly, Persons with Disabilities and Sanitation Workforce’

² (http://www.sacosanvi.gov.bd/data/frontImages/Dhaka_Declaration.pdf)



TABLE OF CONTENTS

8	MESSAGE
9	FOREWORD
10	EXECUTIVE SUMMARY
12	INTRODUCTION
12	KEY ISSUES
15	WOMEN AND ADOLESCENT GIRLS
19	ELDERLY AND DISABLED
20	SANITATION WORKERS AND WASTE / RAG PICKERS
21	KEY ASKS
22	KEY RECOMMENDATIONS

MESSAGE



Ghulam Qader
Executive Director

Rural Water Supply, Sanitation and Irrigation Department
Ministry of Rural Rehabilitation and Development
Islamic Republic of Afghanistan

I am very delighted that FANSA accepted our invitation to come to Afghanistan and connect with civil society forums in order to engage them for advocacy and development in WASH sector.

Civil Society Organisations play a key role in strengthening the WASH services provided by the government, identifying strong and weak points in policies and programme implementation for improvement, encouragement and further development.

Interaction with the marginalised groups will enable the government and the line ministries to assess their needs, plan properly, and ensure the effective use of the investments. This will also strengthen accountability and transparency in service delivery while the result of the services are monitored and shared publicly.

I would like to thank FANSA and the team who managed to come to Kabul and facilitate the consultation with the marginalised groups. I look forward to their continued efforts in capacity building of Afghan civil society organisations and linking them with others in the region and globally.

On behalf of MRRD as the WASH sector lead ministry, I would like to state that we are committed to the right to sanitation for all Afghans and particularly the most marginalised groups.

Thanks.



Aziz Rafiee

Director Afghan Civil
Society Forum Organization

Kabul - Afghanistan

FOREWORD

It is a genuine pleasure to express our thanks to Fresh Water Network South Asia (FANSA), Water Supply and Sanitation Collaborative Council (WSSCC) and the Ministry of Rural Rehabilitation and Development (MRRD) for providing this unique opportunity to host the first WASH consultation in Kabul. This meeting provided a unique platform to marginalised groups, including elderly people, adolescent girls, women and sanitation workers to discuss the WASH challenges they face and to identify and suggest appropriate solutions.

We fully understand that WASH is closely connected to the sustainable development goals (SDGs) and objectives. The meeting recognized that it was important for Afghanistan to develop its own workable strategy on this neglected, yet vital, issue. As the collected data and the reviews of the Kabul meeting (9 December 2015) suggest, there are many important steps that still need to be taken, to arrive at a minimum level of WASH facilities for these groups and achieve the targets. We hope that the Government of Afghanistan will ensure implementation of the recommendations made in this report to address the prevailing inequities in the WASH sector.

Afghanistan started an official planning process on WASH during the 1960s under the “Family Counseling Association” initiative; however, it did not go beyond the capital, Kabul, and the major cities. A smaller group was also set up later to work on a nationwide strategy that unfortunately never came to fruition. The last forty years of war and conflict have further destroyed the rudimentary and fragile infrastructure that was created in the past. As we analyze the status today, the country requires at least a

decade of investment in the sector and a strong political will to meet the WASH targets.

There is a dire need to include civil society support for advocacy and taking forward the WASH agenda nation-wide. A national strategy of prioritization within the sanitation sector must be developed to set the benchmarks and deadlines for achievable goals and objectives. The WASH agenda must be included in all the administrative and social plans and policies and funding must be secured in the national budget of Afghanistan.

Active involvement of the private sector as well as a master plan for public private investment in this sector could also initiate further positive solutions to overcome the current challenges.

Like other developing countries, Afghanistan too faces many challenges in the WASH sector. But we know that together we can succeed!

EXECUTIVE SUMMARY

Background

In SACOSAN V (2013), Kathmandu, it was recognized that access to water and sanitation continues to be inequitable and many marginalised groups are excluded from decision-making processes, even though they face specific challenges with regard to access to water and sanitation. A commitment was therefore made to include the voices of these groups through direct participation at SACOSAN VI, Dhaka (Commitment X, [Kathmandu Declaration](#)).

To support South Asian governments implement Commitment X and make these invisible groups visible, the Fresh Water Action Network South Asia (FANSA) and the Water Supply and Sanitation Collaborative Council (WSSCC) organized a series of consultation meetings in eight countries of South Asia³ to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies.

As part of this consultative process, a day-long meeting was organised in Kabul by Afghanistan Civil Society Forum organization (ASCFO) in collaboration with the Ministry of Rural Rehabilitation and Development and the Water and Sanitation Group, Afghanistan. The objective was to listen to the voices of women, adolescent girls, elderly, persons with disabilities, sanitation workers and waste segregators.

This report is one in a series of 8 country reports produced as a result of the Leave No One Behind consultative process. It captures the current WASH practices, challenges and aspirations of

marginalised groups from Qarabagh, Paghman, Bagrami and Kabul districts of Kabul Province, Afghanistan.

Key Findings

While toilets were largely available in the houses in urban areas, they were not properly designed and did not have proper drainage or excreta management systems in place. Particularly, the issue of lack of clean, safe and accessible public toilets and institutional toilets at schools and universities was a major concern shared by the participants. Although municipality has been constructing new sanitation facilities in public spaces, proper maintenance and cleanliness is a major issue. None of these facilities are user-friendly for persons with disabilities and the elderly. Lack of a master plan for drainage and sewerage system (the canalization) has been a huge miss in this whole process.

In the rural areas, participants reported men and children's preference for defecating in the open and poor hygiene practices like bathing twice a week and cleaning toilets only once a month. The reason cited was difficulty in fetching water from the source to the house.

Challenges for young girls include poor knowledge on hygiene and sanitation, especially menstrual hygiene management and lack of access to toilets that are clean, safe and have adequate facilities for hand washing and menstrual hygiene management. Toilets in high schools and (mostly private) universities also do not have adequate facilities for dispensing, changing and disposal of sanitary materials.

³ Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka



Sanitation workers reported lack of sanitation hygiene facilities while at work, and hazardous working condition without any protection and job insecurity.

Participants had the following key demands:

- ◇ Inclusion in decision making process while designing and planning WASH facilities, including their location and future management,
- ◇ Clean WASH facilities in public spaces and institutions with adequate washing, changing, drying and disposal facilities for menstruating women and girls,
- ◇ Clean WASH facilities in public spaces and institutions that meet the needs of the elderly and persons with disabilities,
- ◇ Job security for sanitation workers along with protection against injuries and infections from unsafe and hazardous waste,
- ◇ Awareness programmes for educating community members on the proper segregation of waste, especially of unsafe waste including hospital and chemical waste.

Key Recommendations

To meet people's aspirations, some of the recommendations made include:

- ◇ Based on the WASH policies, strategies and implementation manual, ensure enforcement and implementation of water, hygiene and sanitation standards, norms and guidelines for educational and public institutions.
- ◇ As indicated in the Citizen Charter and WASH Policies, follow and implement benchmarks and deadlines for achievable goals and objectives.
- ◇ Ensure a separate dedicated budget for sanitation.
- ◇ Strengthen Community Development Councils and their interface with local civic and administrative bodies.
- ◇ Media and civil society must play an active role in strengthening the voices of marginalised groups that are traditionally excluded from sanitation facilities and bridging the gap with policy makers.

INTRODUCTION

Although Afghanistan has witnessed some improvements in the status of sanitation and hygiene as a result of Governmental efforts (see box 1), the progress has been inequitable. Many marginalised groups are still excluded from access to WASH facilities, as well as, decision-making processes, even though they face specific challenges with regard to access to water and sanitation.

To support South Asian Governments to implement Commitment X of the Kathmandu Declaration and to facilitate the full and direct participation of marginalised groups in the design, delivery and management of sanitation and hygiene services, Fresh Water Action Network South Asia (FANSA) and Water Supply and Sanitation Collaborative Council (WSSCC) organised the Leave No One Behind consultative process in 8 South Asian countries. The objective of these meetings was to listen to the voices of marginalised groups and learn about their current WASH practices, challenges and coping strategies.

In Afghanistan, ACSFo, in collaboration with the Ministry of Rural Rehabilitation and Development (MRRD) Afghanistan, organised a consultation with members of marginalised groups on 9th December 2015. A total of 52 participants, including housewives, working women, school students, university students, sanitation workers, elderly and persons with disabilities from rural, urban and peri-urban areas participated in the process. The meeting was also attended by Mr. Ghulam Qader, Ex Director of Water, Sanitation and Irrigation Programme (WATSIP) – MRRD and Mr. Abdul Samay Saquib, WASH expert and member of the Water and Sanitation Group for Afghanistan.

This report is one in a series of 8 country reports produced as a result of the consultative process. It presents the current sanitation and hygiene practices, challenges and aspirations of marginalised groups from Qarabagh, Paghman, Bagrami and Kabul districts of Kabul Province, Afghanistan.



Box 1: The Sanitation Situation In Afghanistan

Despite recent improvements and provision of life-sustaining services, such as water, sanitation and hygiene (WASH), sanitation facilities in Afghanistan continues to remain one of the lowest in the world. Some facts on sanitation in Afghanistan are:

Current Sanitation Coverage of Afghanistan (2015)⁴

Status	Urban	Rural	Total
Improved facilities	45%	27%	32%
Shared facilities	22%	8%	12%
Other improved facilities	33%	48%	43%
Open defecation	0%	17%	13%

(Source: JMP WHO-UNICEF)⁵

1. Although 81% of the villages in Afghanistan are ODF, the country still has a very high Under-5 Mortality Rate (91/1000). Twenty-three percent of the mortality is due to poor sanitation practices (especially hand washing) that causes diarrhea. On an average an Afghan child has 6 episodes of diarrheal disease in a year.
2. Forty-two per cent of young children in Afghanistan are stunted – a result of being malnourished and being exposed to pathogens of fecal origin.

The government is now strongly focusing on upgrading traditional latrines and making them safe. The WASH policy (revised in 2010) aims for behavior change at the community level by creating ODF villages and sanitized communities through collective local action without hardware subsidies to individual households. Some of the steps taken to achieve this include:

1. Contextualization of CLTS process to include social, cultural and religious values to help communities change their attitudes and take steps to ensure ODF villages and upgrade toilets.
2. Formation of Community based institutions like Community Development Councils (CDCs) and Family Health Action Groups (FHAGs) which actively engage women for improving sanitation practices;
3. Establishing GIS / MIS system for uploading data by concerned sector ministries and I/NGOs.
4. New technologies such as Ventilated Improved Pit Latrines (VIP) and Ventilated Improved Vault Latrines (VIL) have been replicated in villages.
5. A participatory Logical Framework Analysis (LFA) workshop was held to create a common understanding among partners regarding the context – the problems, key stakeholders, and to develop a 10 year plan to achieve ODF by focusing on behavioral change.

⁴ Country Report for Afghanistan accessed at http://www.sacosanvi.gov.bd/data/frontImages/SACOSAN_Country_Paper_Afghanistan.pdf presented at SACOSAN VI

⁵ http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-Update-report-2015_English.pdf

Key challenges to progress in sanitation and hygiene include:

1. Understaffing and poor capacities at the sub national level
2. Inadequate political will Donor fatigue and insufficient donations or public-private investments
3. Lack of public awareness about the links between sanitation and health
4. Widespread poverty and dilapidated infrastructure due to decades of war and neglect
5. Traditional social norms, especially concerning the liberty to women and role of women
6. Large number of internally displaced people, returnees and persons with disabilities and natural disasters
7. The tense security and fragile situation
8. Rapid population growth and unregulated housing developments



KEY ISSUES

WOMEN AND ADOLESCENT GIRLS

“In my college, the toilet is always flooded with water and is so unhygienic that we wait until we come home to relieve ourselves. During monthly periods, most of us miss the classes as there is no place to change sanitary napkins.” - A student from Kabul.



Current Practices

In urban communities, women reported practicing ablutions three times a day, which include cleansing of the hands, face and body before prayers. They tend to bathe twice in a week and clean their toilets once a week. The toilets commonly used are mostly pit and vault (raise over ground) latrines while some of them also had septic tanks installed with pour flush latrines. Although water is available in the toilets, very few participants reported washing their hands with soap. Women said they managed their menstruation by using either cloth or locally made sanitary pads available in the market and sold without any disinfecting/protective packaging. Imported sanitary napkins are available in the market for the rich, who can afford to buy them.

In the rural areas, the ablution practices were similar to that of the urban communities, however women did not report bathing as often but instead only bathed once a week, and toilets were only cleaned once a month. The water source is community hand pump, power pump or an open well with wheel or rope and bucket. All these sources are at a distance from home so women have to carry water from the source to the house for cleaning of toilets. Men and children usually opt for open defecation in these areas while children sometimes defecated in the yards itself. Menstrual hygiene includes use of cloth and the women reported not bathing during that time. The cloth is changed once in two or three days, with women generally using three to four cloth pads per cycle. Most women throw away used sanitary pads while few others reported reuse after washing and drying in the sun.

Challenges

In urban areas, participants shared that the toilets were not hygienic. There is no sewerage or proper drainage system except in a few residential areas and universities. The toilets are connected with septic tanks where water is available and occasionally they spill over since there is no sludge removal. In most areas of the city, households have dry raised vault or pit latrines. Collection and transportation of excreta to agricultural lands is a challenge.

The sanitation facilities for adolescent girls and women in public places are very poor or non-existent. In educational institutions, especially private universities housed in rented buildings, the situation is particularly bad. These institutions have limited number of latrines and poor maintenance. According to the participants, in one such institution, there is only one toilet shared between 2000 students. The toilets lack sufficient water supply, soap,

WOMEN AND ADOLESCENT GIRLS

toilet paper and other basic amenities. The situation is much worse during menstruation as there is no space for changing napkins. The toilets have a pan for squatting but due to poor maintenance, they are often blocked, flooded with water and smell foul. The participants reported avoiding these toilets at the university, as they are so unhygienic. According to the government, there are separate toilets for boys and girls in schools. Maintenance of these facilities, however, continues to be a challenge.

Use of public toilets, if available, is almost impossible by young girls as they do not have separate toilets and face a lot of harassment from the boys loitering around toilet complexes. The girls reported that most of the time they feel unsafe in the toilets as “there is no guard or someone that can take care of the toilets.” Moreover, the toilets are neither clean, nor do they have water and soap. The lack of clean and separate public toilets is particularly problematic for women travelling with small children to other provinces. They make the children squat on the floor or drain making it difficult for others to use. After the war, the government started to build public latrines in different parts of Kabul city and other cities in the country. There are now approx. 40 public latrines with water supply and separate cubicles for men and women in Kabul city. However, they are still in short supply and the number needs to be increased drastically to cope with the needs of the population.

Most of the women said that the toilets inside the city hospitals were not clean and potential sources of infection. One of the women said after the baby was born, she wanted to go to the bathroom and take a shower to clean herself but there was no soap or a clean bathroom to use. Another woman said that when her daughter was pregnant and had a caesarean delivery, she couldn't use a toilet comfortably for the next few months as the toilets had squatting pans, which were difficult to use.

With respect to waste management practices, participants reported that people generally throw their garbage in the streets and hence the neighborhoods are dirty and unhygienic. Young girls said that it was difficult going to school or universities because the streets are very dirty. Many of the participants also reported facing health issues because of unhygienic streets and lack of waste management.

Menstrual hygiene management involved women and young girls using sanitary pads for managing menstrual flow but the pads do not meet the hygiene standards. They shared that in Mandawe - one of the famous Kabul bazaars - pads are sold without packing. The shopkeepers sell them loose

KEY ISSUES

in plastic bags. Such pads tend to cause infections as they are inadequately sterilized and not protected. The girls in schools and universities lack proper knowledge on maintaining personal hygiene during their menstrual cycle, such as frequent changing of sanitary pads. Most of them said that they use one pad for the whole day because they are not able to change it in university or at school.

With regard to water, participants informed that they were dependent on ground water using hand pumps and wheels for household water supply. The wheels used for the water supply are perceived to be dirty as they are placed near toilets.

Some of the women reported that the government is not taking enough initiative to construct public toilets for women and ensure their proper maintenance, as there is no representation of women in decision-making processes. In case of universities, the situation is worse because there is no platform where women can raise their concern.

In rural areas, participants shared that men and children normally opt for open defecation. Men go out in the fields while the children defecate and urinate in the yard within the boundary of the house. In some provinces of Afghanistan, extended families reside together in the same compound called Castle (Qala). Residents of these Qalas share same toilet. The toilets are usually built inside the yard in a corner - very close to the street wall and away from main house. Most of the women fear going to these toilets at night, as there are no lights and the toilets are poorly designed and maintained. There is also insufficient space to change sanitary pads. The toilet is especially difficult to use if a family member has a physical disability. One of participants who had severe burns on her hands shared that it was very difficult for her to squat or change the sanitary pads as she could only use one hand.

Regarding availability and access to bathrooms/washrooms, participants shared that as they were located in the yards, they did not offer sufficient privacy and inhibited women from taking a bath as often as they would like. Therefore, they ended up bathing twice a week. In winters when the situation is even more difficult, they bathe only once a week. Pregnant women are especially vulnerable to these challenges.

Hand pumps are the main source of water, however participants shared that the quality of water was not good. One of the participants from Qarbagh district stated that access to water was a major concern for

them since there was just one hand pump in the village and people from different neighborhoods also took water from the same hand pump. Septic tanks are sometimes located close to the water pumps, which is a concern as the leaching of waste from the tanks to the ground water can cause contamination and health concerns for the community members.

Women in rural areas also reported not having a say in the decision making process for better sanitation and water facilities. In one of the cases shared by the participants, a company had approached the village authorities to construct toilets and once the toilets were constructed, it became clear that the needs of women were not met. Men, - who prefer to defecate in the open – and not women were included or informed in the decision-making process. So the entire effort was futile. However, there is an effort by the Government to include women in Community development Councils.

Coping Practices

With respect to drinking water, most of the participants stated that they either boiled the water or purchased mineral water to avoid falling sick. Children avoided drinking water or using the toilets at school as they were poorly maintained and not clean.

Missing school and college during menstruation is a universal practice. All girls participating in the meeting reported that they missed two days of school/college on an average during their menstrual cycle.

To avoid unhygienic streets of the city, some people are preferring to settle in rural areas. One participant, Abida shared that ‘I could not cope with the pollution in the city and decided to move to a rural area nearby. Moreover, this gave me an opportunity to build a toilet with septic tank which is more hygienic than the vault latrine we had in the city.’

KEY ISSUES

ELDERLY AND DISABLED

“I am a student and disabled person and I face problems going to the toilet and having a bath. As a wheelchair user, I cannot climb the stairs and wash my hands on my own. When I come out of the toilet, my hands get dirty again because I have to turn the wheels of my chair.”
- Rafiullah, Azizi, Kabul.



Current Practices

Most of the participants said that they use traditional toilets, but in rural areas men and children defecate in the open. Most people did not use soap and water for hand washing after using the toilet. People generally bathe once a week to avoid carrying water to their homes from water source in the village. This is usually a hand pump or well. In the rural areas, surface water is used by the households which is also the same water used for agriculture needs and for cattle. There is no proper system for waste management and people tend to throw their garbage on the streets making the public spaces unhygienic.

Challenges

For older people, walking to the fields and squatting is a challenge as many have knee joint pains. Persons with disabilities who are using wheel chairs have a problem, as most toilets are inaccessible. The doors of the toilet are narrow and wheel chair cannot go in, also there are no ramps. Moreover, most of the toilets are traditional without provision for a western seat or a commode. Even when wheel chair can get into the toilet, the tires of the wheel chair became dirty, as toilet floors are not clean. Their hands get contaminated when they touch the dirty tires of the wheel chair. The wheel chairs tend to then spread this contamination in other parts of their home. Persons with artificial limbs suffer from bad

smell in summer due to the heat and sweat and it also impacts the rest of the family and friends.

Toilets are not designed to meet the needs of persons with disabilities. Participants shared that the disabled generally have to seek help of their family members to attend to their bodily functions. A young wheel chair user narrated how he was unable to climb the stairs, go into the toilet and wash his hands himself. Another woman with hand deformity shared how she could not operate the taps or pick up the water mug by herself.

A young woman shared how she had suffered for two months following a surgery, as she could neither walk to the toilet nor squat. The family had to put an old chair in the bathroom for her use. Since the toilets are wet, there is risk of falling. Lack of space and any support, such as handrails and grips, makes it even more difficult for the elderly and the disabled to use the toilets.

Coping Practices

At home, most of the participants reported taking help of other family members to access toilets, for washing after defecation and bathing. Some people improvise by putting old chair in their bathrooms to avoid squatting.

In schools special designs were prepared and have been implemented by the government at some places to respond to the need of disabled, but they require scaling up.

SANITATION WORKERS AND WASTE/RAG PICKERS

Current Practices

The sanitation workers/rag pickers stated that most of them washed their hands and face daily, however they hardly use shampoo and soap. There is no access to toilets in their work place and the toilets at home are unhygienic and unclean. There is no hand washing facility at home, as well as, at the work place. The participants shared that they tend to use water from wells or hand pumps for washing, drinking and cooking.

Challenges

The workers discussed unhealthy working conditions without adequate safety gear as a major challenge. While they have been provided with gloves and boots, there are no masks. The sanitation workers use the same garbage truck to travel across the city and the stench in the trucks is unbearable. Drains are generally cleaned manually without any protection gear. In one of the cases, the worker became unconscious while cleaning the drain due to high content of gas and he had to be pulled out by his colleagues. Only one set of uniforms is given for summer and one for winter. Clothes are washed only once a week at home so the same uniform is worn sometimes for the whole week. Moreover there is no access to sanitation and hygiene facility for them during work, not even a place for cleaning up.

The participants lamented the overall lack of knowledge on hygiene and sanitation in Afghanistan. They narrated that the garbage they handle is mixed with materials, such as sanitary pads, medical waste, broken glass and sharp objects, as people do not segregate the waste. Handling this waste exposes them to risk of injury and infection. Some of their colleagues had developed skin problems as well.

Coping Practices

In Darulaman area (district 6- Kabul) , there was a pool of stagnant water, which was the source of diseases. While the authorities ignored the issue, the residents collected money and contacted a company to build proper gutters so that water could flow easily. Now more than 100 families live in a hygienic environment

“We face lack of sanitation and water facilities at work. As we work from early morning to end of the day, we are unable to wash our hands even for eating lunch. We just buy bread and eat with our dirty hands.” - Mohammad Ibrahim, sanitation worker.



KEY ASKS

1. Ensure access to safe, adequate, affordable and acceptable WASH services and facilities to everyone, so that every citizen can realize his or her right to sanitation, as recognized by the constitution and Citizen Charter of Afghanistan recently developed with close involvement of the President in the country.
2. Women, elderly, persons with disabilities like other groups in society must be included in decision-making processes while planning WASH facilities. Even though WASH policies recognize the need to be inclusive, in practice the level of involvement of such groups is low so far in the country. CSOs and Women / Disabled organisations should facilitate coordination with the WASH line ministries /organisations to ensure consultation are held with such groups when designing WASH facilities.
3. Ensure hygiene and sanitation messages reach everyone so that people are sensitized on safe hygiene and sanitation practices and take responsibility for adopting hygienic practices and maintaining a clean environment.
4. Kabul Municipality and other Municipalities at sub national level should enforce the construction and maintenance of separate toilets for men and women in public spaces with measures to ensure security so that women are not harassed while using public toilets. The facilities should be well maintained, clean, and have hand washing and menstrual hygiene management facilities.
5. Municipalities should also ensure that there are adequate number of properly maintained public toilets that can be used by people with disabilities. These public toilets should have handle bars, non-slippery floors, high commodes and easy wheel chair access.
6. Schools and universities should appoint at least one instructor to train girls on MHM. The school and university facilities must be maintained clean and have adequate facility for hand wash, space

for changing sanitary napkins, and facility for procurement and safe disposal of used menstrual materials. Teachers should also guide their students on hand washing. Guidelines and training materials on MHM should be used for training female teachers in schools and universities so that they can, in turn, train students and others regularly.

7. The sanitation workers should be provided with two sets of uniforms and protective gear like masks, boots and gloves, WASH facility at work and safety equipment especially while undertaking high-risk operations like drain cleaning.

8. Community development councils should report to the concerned line ministries regularly on WASH problems. Such a reporting system has already started with the Rural Rehabilitation Ministry and has resulted in better O&M of the WASH facilities.



KEY RECOMMENDATIONS

1. A WASH Policy Implementation Manual has been prepared by Ministry of Rural Rehabilitation and Rural Development (MRRD). However public latrines have not yet been recognized as an important public facility in the WASH policies. The revised WASH policy needs to take this into consideration.
2. Facilitate dissemination and implementation of WASH policies in rural and urban areas to ensure access to quality water and sanitation facilities to all constituencies as per their needs, especially in public spaces, work places, and public institutions like hospitals, schools and colleges.
 - a) Sufficient and well maintained, safe toilets and washing facilities are to be made available at the work place and other public spaces.
 - b) The elderly and disabled require toilets with ramps, handrails, accessible doors for wheel chairs and others. The toilets must be designed keeping their needs in mind.
 - c) All public toilets and institutional toilets, such as, at schools and universities should have facilities for dispensing, changing and disposing sanitary materials, as indicated in the MHM guidelines.
3. The national sanitation strategy drafted recently by MRRD has set priorities with benchmarks and deadlines for achievable goals and objectives. The strategy needs endorsement and enforcement by the relevant Line Ministries.
4. Adequate funds must be allocated for maintenance of the public toilets while planning and budgeting these facilities.
5. To facilitate inclusion of community groups in decision-making process, Community Development Councils (CDC) must include representatives from all marginalised groups. The CDCs already include women and elderly as members. Inclusion of other community groups needs to be promoted by the National Solidarity Programme (NSP) of MRRD. Though NSP provides basic trainings to each CDC, CSOs and relevant government departments can provide additional training and capacity building of the CDC's to ensure they not only provide a platform for community members to voice their needs, but are also able to advocate with the implementers of sanitation programmes. A regular interface of CDC with local civic and administrative bodies will ensure the marginalised groups are heard and their needs are addressed.
6. WASH and Health policies promote public awareness on hygiene and sanitation and the rights to water and sanitation through media, schools, mosques and religious leaders. The Government, civil society and the private sector must focus on building and promoting such interventions. These awareness programs should lead to change in behavior so that each person takes responsibility to keep the surroundings clean, thus reducing some of the burden on the sanitation workers/rag pickers. In parallel, information about government schemes related to sanitation and hygiene needs to reach the most marginalised and socially-excluded communities and individuals.
7. The WASH agenda must be included in all the administrative and social plans and policies and make sure its funding in the national budget of Afghanistan is secured. A strong and active involvement of the private sector as well as a master plan for public private investment in this sector will help generate required financial resources.
8. Water, hygiene and sanitation standards, norms and guidelines must be enforced in educational institutions and public buildings, so that not only is the required infrastructure available, but it is also accessible to everyone, including those with disabilities.

9. Implement and monitor the MHM guidelines that have already been developed for schools. Teachers training on MHM initiated by the Ministry of Environment (MoE) with UNICEF support should be scaled up so they can guide young girls on MHM and personal hygiene practices, such as hand washing. To promote MHM, the information must be complemented by infrastructure that is MHM friendly and extend those to public and work place facilities.
10. As recognized by the Citizen Charter of the Government and National Environmental Protection Agency (NEPA), national guidelines should be developed, disseminated and implemented for ensuring WASH-related accessibility for persons with disabilities in all schools, colleges, institutions, hospitals and public spaces.
11. CSOs need to advocate for the rights of sanitation workers. Better remuneration, accident and life insurance, safety equipment, identity cards, uniforms must be ensured for the sanitation workers through legislation. Washing and bathing facilities, including soap and disinfectants, should be made available to them.
12. Rural and Urban WASH policies clearly ensure the right of people to adequate water at the household and community levels. There is need for advocacy with the Line Ministries to ensure Government funding in the sector for fulfilling these rights.
13. Short films and other communication material need to be developed and displayed by MRRD, MoH (Ministry of Health) and MoUDA (Ministry of Urban Development Affairs) as advocacy tools for decision makers and influential people at different levels on the importance of involving and consulting women, elderly, disabled and other marginalised groups before the design and implementation of WASH facilities.
14. Based on existing policies, laws and regulations⁶, a solid waste management system should be developed and put into place to ensure segregation of medical and chemical waste. Public awareness on solid waste management must be taken up so as to protect the sanitation workers from injury and infection while handling waste. Awareness camps on proper waste management behavior should be held for school children. MOE has included messages on proper waste collection and management in primary school curriculum.
15. Civil society organisations need to play an active role in advocacy and monitoring of sanitation and hygiene programmes and services. This is possible through their regular participation and active role in the existing Water and Sanitation Coordination mechanisms at national and subnational levels.

⁶ E.g. The National Environmental Protection Agency (NEPA) developed a Solid Waste Management policy in Afghanistan. The Environment Law also governs duty-of-care and licensing for municipal and hazardous solid waste management. A draft Waste Management (Municipal Wastes) Regulation dated 2008 (draft) has also been prepared.

The Way Forward:

The Leave No One Behind consultation process and subsequent participation of marginalised groups at SACOSAN VI is an important, first step towards addressing equity and inclusion in sanitation and hygiene. It is, however, critical to continue and deepen this process by systematically creating platforms for constructive dialogue so that policy makers and duty bearers can listen to the needs and aspirations of marginalised groups. The challenge will be to institutionalize such processes so that the perspectives of those, who are traditionally left behind, routinely inform policy and practice.

As the key findings of the consultation process have shown, we need to look beyond the provision of taps and toilets and ensure safer management of septic effluents. We also need to address discrimination that acts as barriers and prevent the marginalized from accessing and using safe sanitation facilities. Above all, we need to put the last mile first and listen, to ensure that no one is left behind.





**LEAVE
NO ONE
BEHIND**

About FANSA

The Freshwater Action Network South Asia (FANSA) aims to improve governance in WASH sector by strengthening the role of civil society in decision-making. It considers both environmental and developmental aspects as crucial for the realization of the right to water and sanitation for present and future generations. FANSA was established in 2008 based on the felt need of the civil societies to ensure that their local experiences and voices are represented at the policy-making discussion and fora. The South Asian network is a member of Freshwater Action Network (FAN), a global consortium of civil society networks engaged in implementing and influencing water and sanitation policy and practice.

 fansouthasia

About WSSCC

WSSCC is at the heart of the global movement to improve sanitation and hygiene, so that all people can enjoy healthy and productive lives. Established in 1990, WSSCC is the only United Nations body devoted solely to the sanitation needs of the most vulnerable and marginalized people. In collaboration with our members in 150 countries, WSSCC advocates for the billions of people worldwide who lack access to good sanitation, shares solutions that empower communities, and operates the GSF, which since 2008 has committed close to US\$ 109 million to transform lives in developing countries.

Learn more at www.wsscc.org

 @WatSanCollabCou

 WatSanCollabCouncil.

