WSC
WASH SEVERITY CLASSIFICATION

Afghanistan Pilot
October 2020

Estimated number of people per phase in assessed provinces[1]	
Phase 5 (Catastrophic)	112,000
Phase 4 (Critical)	47,000
Phase 3 (Crisis)	1,031,000
Phase 2 (Stressed)	2,983,000
Phase 1 (None/minimal)	102,000

Overview

Of the three analysed Afghan provinces, water, sanitation and hygiene (WASH) severity was highest in Hilmand and Kunduz, both of which were classified as WASH Severity Classification (WSC) Phase 3 (Crisis), while Parwan was classified as Phase 2 (Stressed). The analysis found 28% of the analysed population—around 1.2 million people in total—was in Phase 3 or higher, while 3%, or just over 110,000 people, were determined to be in Phase 5 (Catastrophic). All of the Phase 5 population was located in Kunduz, where households reportedly have insufficient water for drinking purposes following recent escalations in conflict, high levels of displacement, and limited provision of WASH services.
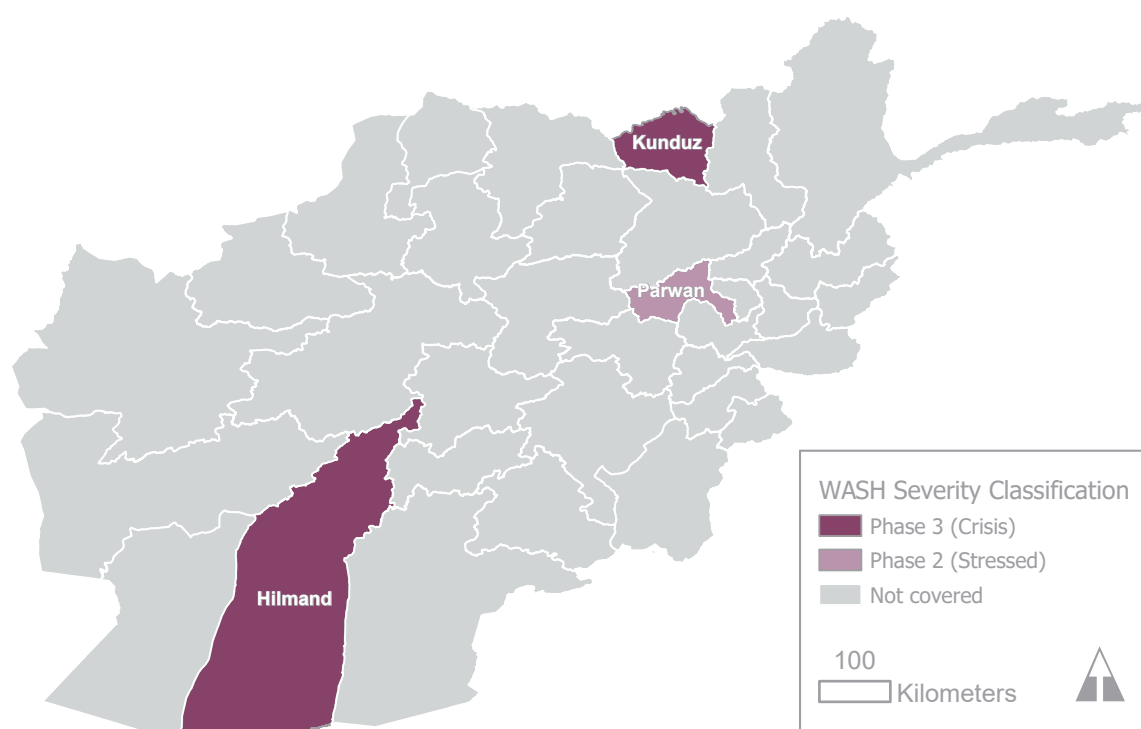

Figure 1: WASH Severity Classification, Afghanistan, October 2020

Methodology

The findings presented in this report are the product of the first WSC pilot exercise, a training and joint analysis workshop held on 7-15 October 2020. The workshop was attended by 34 participants in total, representing 21 humanitarian and development WASH actors, including government agencies, United Nations (UN) agencies, international and national non-governmental organisations (NGOs). Of the 34 participants, 17 participated in the joint analysis segment of the workshop, and are referred to in this report as 'analysts'.

Prior to the workshop, data sources pertaining to different areas of the WSC Analytical Framework were identified, reviewed, and pre-processed for analysis. Data was collated from a range of sources, including government databases, UN agency and NGO assessments and situation reports. A full list of sources used in the analysis is provided at the end of the document.

In accordance with the WSC Analysis Protocols, analysts collectively and iteratively analysed this information, drawing on their own technical and contextual expertise where needed to question, validate, or supplement the data. Through this process, analysts reached consensus on the severity classifications for the three analysed provinces (Hilmand, Kunduz, and Parwan) and the key factors driving the situation, all of which are presented in this report. Future WSC exercises are expected to be implemented at a nationwide scale.

About the WSC

The WSC is a new interagency global initiative led by the Global WASH Cluster, United Nations Children's Fund (UNICEF), and IMPACT Initiatives. Developed at the global level through a participatory process, the WSC project aims to develop a standardized approach to classifying the severity of WASH needs and vulnerabilities across contexts. For more information, contact wsc@reach-initiative.org.

Contributing Factors

Context and Vulnerabilities

Afghanistan has experienced decades of protracted security, political, and economic instability, which has led to widespread underinvestment in public services and presented persistent challenges with regard to providing and accessing WASH services. These factors have compounded the impact of stressed hydrogeological resources and limited economic opportunities, leaving a large segment of the population mostly unable to sustainably meet their WASH needs.[2] This has resulted in households and WASH service providers having limited capacity to cope with and respond to acute shocks, which typically include conflict escalation, seasonal droughts, flooding, and most recently, COVID-19.[3]
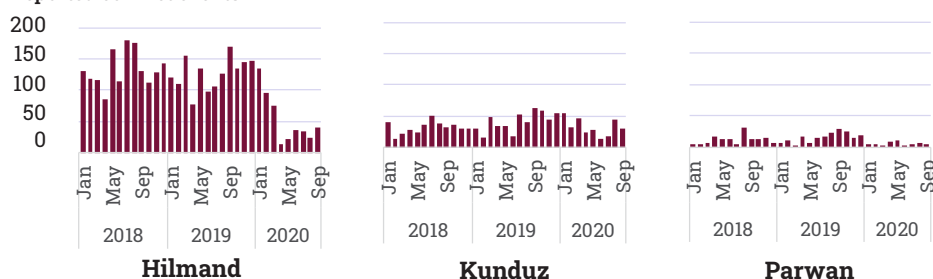
Reported conflict events

Figure 2: Reported conflict events per month in analysed provinces. Source: ACLED[7]
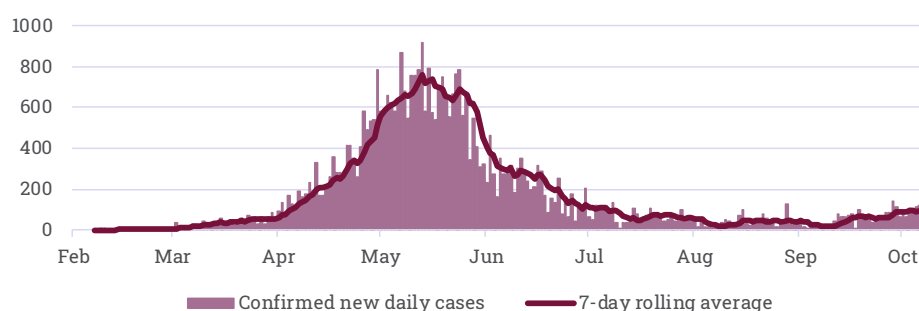
Confirmed COVID-19 cases

Figure 3: Confirmed COVID-19 cases over time. Source: Afghanistan Ministry of Public Health via Our World in Data.
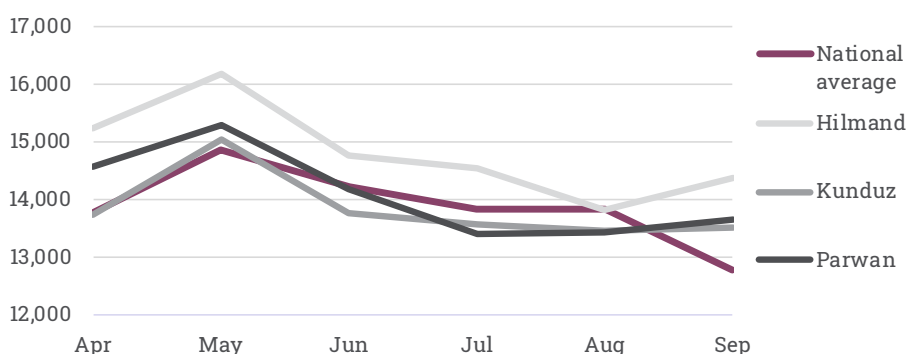
Minimum expenditure basket (MEB) cost
In Afghanis

Figure 4: Minimum expenditure basket (MEB) cost over time in analysed provinces. Source: REACH Joint Market Monitoring Initiative (JMMI).[9]

Ranking in 2020 Human Development Report (out of 189 countries):[19] **169th**

54% of the population live below the national poverty line[19]

Estimated people in need in 2020 Humanitarian Needs Overview:[2] **14m**

Shocks and Hazards

Security and Conflict

Sharp conflict escalations in Hilmand[4] and Kunduz[5] provinces between August and October 2020[6]—following a period of generally reduced conflict activity since the start of the year when compared with previous years[7]—are key drivers of WASH severity in those areas, due to high levels of displacement, damaged infrastructure, inability of service providers to rehabilitate and maintain infrastructure, restricted humanitarian access, and disruptions to livelihoods.

COVID-19

COVID-19 has further amplified the longer-term structural challenges, straining essential services such as healthcare, disrupting livelihoods with the closure of businesses and essential trade frontiers and reducing remittance flows.[8] This has led to decreased availability of WASH items on markets and reduced households' financial access to WASH and other basic needs.[9]

Flooding

While all three of the analysed provinces are susceptible to flooding,[10] Parwan province has been affected most recently (August 2020), which destroyed agricultural land and contaminated water sources.[11] According to Emergency Response Mechanism (ERM) data, flooding typically occurs in Hilmand province between January and April,[12] and has previously caused damage to water wells and drainage systems.[13] Kunduz most recently saw a series of floods in May 2020 and experienced similar issues.[14]

WASH Impact and Outcomes

Despite improvements in WASH service provision in the past 20 years, long-term underinvestment in WASH services and infrastructure has prevented further development in the sector, often necessitating the short-term interventions of humanitarian organisations to fill key WASH gaps. However, with the current conflict and insecurity landscape, particularly in Hilmand and Kunduz, restricted humanitarian access has prevented assistance from reaching those most in need and prevented work on critical WASH infrastructure projects. Moreover, the COVID-19 pandemic has impacted the availability of WASH goods and items in markets due to restricted cross-border trade.[9]

Box 1: Types of sanitation facilities and water sources

Sanitation facilities

Improved sanitation facilities are those designed to hygienically separate excreta from human contact. In the Afghanistan context, these include flush toilets, covered pit latrines, public latrines, and VIP latrines.

Sanitation facilities that do not meet these criteria are considered **unimproved.** In the Afghanistan context, this includes pit latrines with no slab or platform.

Open defecation is when no sanitation facility is used at all.

Drinking water sources

Improved drinking water sources are those which, by nature of their design and construction, have the potential to deliver safe water. In the Afghanistan context, these include: pumped wells, piped water, protected (covered) springs, wells, or kariz.

Drinking water sources that do not meet these criteria are considered **unimproved**. In the Afghanistan context, this includes: unprotected springs, wells, or kariz.

Surface water is a further differentiation used for when water is collected directly from rivers, lakes, streams, dams, or irrigation canals.
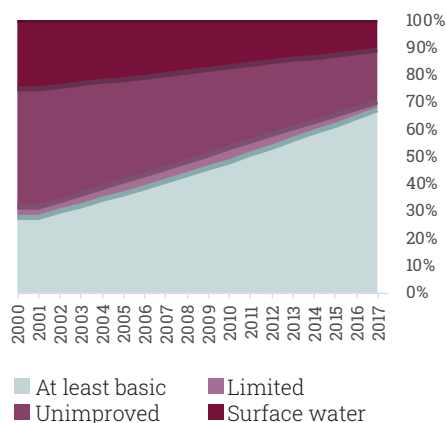
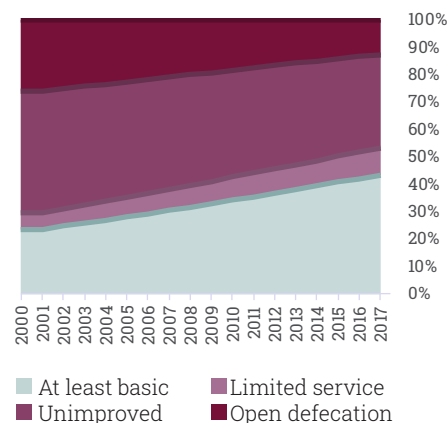**Water service coverage, nationwide**

Figure 5: Trends in drinking water service levels, 2000-2017. Source: Joint Monitoring Programme[20]

As a result, households are utilising substandard, unreliable services to meet their WASH needs. In all three analysed provinces, the primary household-level WASH needs are related to water sufficiency, while use of unimproved sanitation facilities is also widespread [see Box 1].

Access to soap is reportedly high in the analysed provinces though—97% of displaced households 2020 Whole of Afghanistan Assessment (WoAA)[15]—likely elevated in recent months following COVID-19 hygiene awareness-raising campaigns (more than one million people nationwide received hygiene promotion between January and May 2020[2]), and despite limited availability of items in markets.

Socio-Economic and Public Health Outcomes

While COVID-19 has reduced the availability of WASH goods and items in markets, access to these WASH items and services has also been reduced due to the impact of the pandemic on livelihoods. The majority of households in all three analysed areas reported reduced income in the one month prior to data collection,[15] and a reduction overall in the past year.[16]

In addition, there are indications of widespread household use of severe coping mechanisms and debt accumulation in order to meet basic needs, all of which may indicate households have less money to buy hygiene items, water storage, and other key WASH goods.[15]

Sanitation service coverage, nationwide

Figure 6: Trends in sanitation service levels, 2000-2017. Source: Joint Monitoring Programme[20]

High displacement levels, particularly in areas of active conflict but also in Parwan following the August 2020 flooding, are also suggested to have placed further strain on WASH services in host communities according to analysts.

In terms of public health outcomes, available evidence indicated a high incidence of diarrheal disease in all assessed provinces, which could be the cumulative result of poor water quality and low use of improved sanitation facilities.[15] More information is needed in order to know what the causes of high acute watery diarrhea (AWD) rates might be.

The most recent SMART survey data for the analysed provinces (late 2019) indicated low Global Acute Malnutrition (GAM)[17] and mortality in Kunduz and Parwan, while high and indicative of Phase 4 in Hilmand.[18] Analysis incorporating qualitative evidence concluded that these outcomes could at least be partially driven by severe WASH conditions.
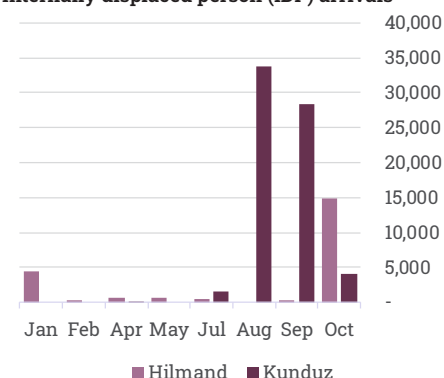
Internally displaced person (IDP) arrivals

Figure 7: Conflict-induced displacement arrivals to Hilmand and Kunduz provinces, 2020. Source: OCHA[21]

Three to Six Month Severity Projection

The severity of WASH conditions is not expected to improve in any of the analysed provinces in the coming three to six month period, and trend analysis suggests it will likely worsen

Key Risk Factors to Monitor

- **Conflict**: Despite a potential de-escalation in conflict with the ongoing peace talks between the government and opposition groups, this will not automatically generate short-term improvements in WASH severity. Significant investment would be needed to improve WASH infrastructure, both in terms of upgrading existing and building new infrastructure.

- **COVID-19**: With the ongoing COVID-19 pandemic, which will likely continue through the projection period, the economic situation is expected to remain dire. While this will affect households directly through reduced incomes and limited availability of goods and items on markets, the downturn in economic activity has also significantly reduced government revenues and squeezed government finances.[8] This will likely limit the finances available for WASH service provision.

- **Climate**: Flooding is also expected in all three analysed provinces during the projection period. As in previous years, this could trigger additional displacement and further disrupt livelihoods, impeding households' ability to access essential WASH services, while also further damage WASH infrastructure. In order to better understand the most at risk areas, precipitation levels and snow cover would need to be monitored closely in the coming months.

Key risk factors to monitor in the next three to six months

Conflict

COVID-19

Climate

Province	Population	Phase 1 None/minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Critical	Phase 5 Catastrophic	Current severity phase	Six month severity projection
Hilmand	1,862,000	19,000	1,154,000	652,000	37,000	0	Phase 3	⬊ Worsen
Kunduz	1,463,000	84,000	914,000	345,000	9,000	112,000	Phase 3	⬊ Worsen
Parwan	950,000	0	915,000	35,000	0	0	Phase 2	⬊ Worsen
Total	4,275,000	103,000	2,983,000	1,032,000	46,000	112,000	N/A	N/A
Total %	100%	2.4%	69.8%	24.1%	1.1%	2.6%	N/A	N/A

Table 2: Summary of analysed provinces

WSC
WASH SEVERITY CLASSIFICATION

Province-Level Findings

Hilmand Province

Summary

The WSC analysis determined Hilmand province to be in Phase 3 (Crisis), with almost 690,000 people (38%) in Phase 3 or higher. A small proportion (2% or 37,000 people) were classified in Phase 4 (Critical).

While there are chronic WASH needs and vulnerabilities throughout the province, the population groups likely facing heightened WASH needs are those living in close proximity to areas affected by heavy conflict in early October 2020.[4]

Specifically, this includes areas around Lashkargah, Sangin, Nad-e-Ali, where 35,000 people were reportedly displaced following conflict escalations.[6] Initial reports suggest the conflict will remain localised, but could still affect WASH conditions in the surrounding areas. In the immediate term, the displacement to Lashkargah could place a strain on the WASH systems and services in the city, especially public sanitation facilities, and other public services.[4]

Contributing Factors

Prolonged conflict and insecurity in the province and surrounding region over the past decades have restricted the population's capacity to safely and effectively utilise the limited resources that are available. Moreover, the conflict dynamic has generated a large number of long-term displaced persons within the province.[21]
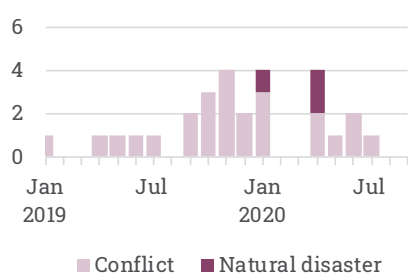
Number of shock events

Figure 8: Number and type of shocks triggering ERM response in Hilmand. Source: ERM[14]

Analysts found COVID-19 has also had a large impact on WASH outcomes in the province. Border closures have halted export of agricultural goods, a key livelihood source,[15,22] and reportedly reduced the diversity and

Phase	Population #	Population %
Phase 5 (Catastrophic)	0	0%
Phase 4 (Critical)	37,000	2%
Phase 3 (Crisis)	652,000	35%
Phase 2 (Stressed)	1,154,000	62%
Phase 1 (None/minimal)	19,000	1%

Table 3: Population distribution for Hilmand Province by WSC Phase

quality of products in local markets, including hygiene non-food items (NFIs).

On the other hand, the hygiene awareness campaigns that have been implemented directly as a result of COVID-19 appear to have improved hygiene practices, with nearly all households reporting access to soap in the 2020 WoAA despite the difficulties with market availability.[15]

Hilmand is also susceptible to annual flooding,[23] with areas closest to the river—which are the most densely populated[24]—most at risk. The floods typically occur between January and April,[10] and in previous years have caused major damage to water wells and systems, and contaminated water sources.[13]

The insecurity generated by the conflict situation also presents significant WASH governance challenges, preventing the implementation of systemic and structural WASH service provisions. This, coupled with the limited access for humanitarian and development actors, not only affects WASH infrastructure, but also prevents programming around behaviour and practices. Analysts indicate that in rural areas in particular, this is a major issue with regards to defecation and also hygiene practices.

Hilmand province is a water-stressed area, particularly in northern mountainous regions and also in rural areas far from the Hilmand River, which bisects the province.[25]

WASH Impact and Outcomes

This Phase 3 classification is predominantly due to water-related factors, rather than sanitation or hygiene issues. Overall, 21% of households reported only having insufficient water for personal hygiene in addition to their other needs, while 10% of households reported using surface water as the main source of drinking water.[15]

The combination of stressed water resources and limited services and infrastructure is reflected in household data; WoAA 2020 found 10% of households accessed drinking water from from surface water sources,[15] while the Seasonal Food Security Assessment (SFSA) 2020 found 17% of households accessed drinking water from unprotected wells or kariz, and 17% from surface water sources.[16]

Analysts also highlighted major concerns about the quality of the water being accessed from these various sources, particularly in areas close to the Hilmand River, where water salinity levels are reportedly high due to poor irrigation drainage maintenance. However, it should
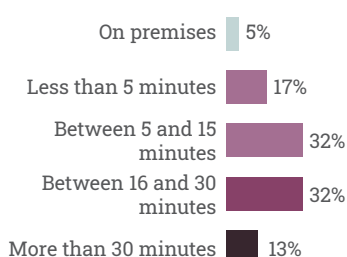

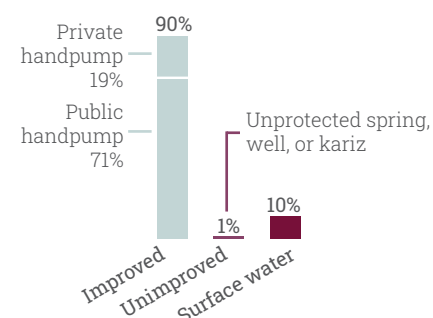Figure 9: Households' reported time taken in minutes to collect drinking water (round trip). Source: WoAA 2020[15]

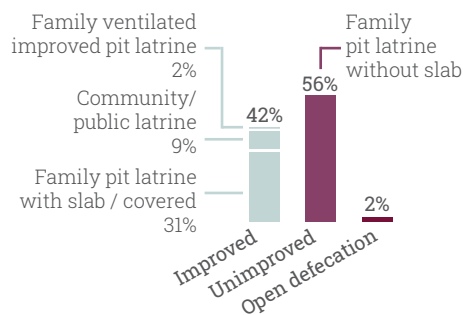Figure 10: Households' reported primary source of drinking water. Source: WoAA 2020[15]

Figure 11: Households' reported main sanitation facility. Source: WoAA 2020[15]

be noted there was little direct evidence on water quality available to supplement this conclusion.

Use of improved sanitation facilities is not widespread (42% in WoAA 2020,[15] 39% in SFSA 2020[16]), indicating poor sanitation conditions. Access to soap, however, was found to be near universal at 98%.

Damage due to direct conflict and access limitations preventing WASH actors from installing, maintaining, or rehabilitating WASH services are some of the main reasons for poor WASH infrastructure in the province, according to analysts. Analysts with knowledge of programmatic activities raised challenges with unpredictable supply and generally high costs of construction, both in terms of labour and materials, which often pose substantial barriers to those seeking to implement WASH activities in the province.
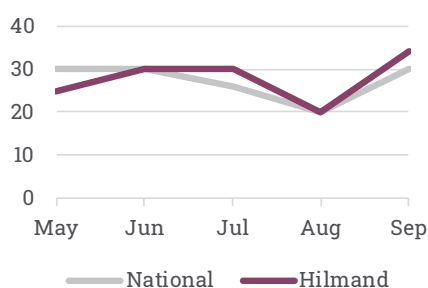

Figure 12: Average cost of soap over time vs. national average. Source: JMMI[9]


97% of households reportedly have access to soap

Figure 13: Households' reporting presence of soap in household. Source: WoAA 2020[15]

Socio-Economic and Public Health Outcomes

With regards to livelihoods, the WoAA found 96% of households reported their income decreased in the 30 days prior to data collection,[15] likely due to conflict and COVID-19. This is also reflected in the SFSA 2020 data from September, which found nearly all households had less income than at the same time the previous year (95%), the same in both rural and urban areas.[16]

While there is no evidence to suggest these livelihoods outcomes are caused directly by the WASH conditions, analysts found it highly likely that these factors will result in households being less able to meet their WASH needs.

Hilmand Public Health Outcomes
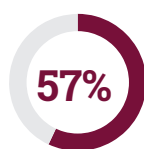
57% of households reported at least one child under 5 with AWD in two weeks prior to WoAA survey[15]

Presence of GAM among under fives in most recent SMART Survey (December 2019)[18]   **21.3%**

Coping mechanism data indicates the majority of households are resorting to extreme measures in order to meet their basic needs; WoAA 2020 found 86% of households used emergency coping strategies to meet their basic needs,[15] while SFSA 2020 found 58% of households used emergency coping strategies due to a lack of food or lack of resources to buy food.[16] While not WASH-specific, these indicators can be interpreted as proxy measures of the overall living conditions faced by households, and suggest significant trade-offs are being made to meet WASH and other basic needs.

Evidence of public health outcomes in Hilmand shows malnutrition levels consistent with a WSC Phase 4 (Critical)[18] and high reported incidence of diarrheal disease at 57% of households with at least one case of AWD among children under five.[15] Analysis incorporating qualitative evidence from WSC participants concluded that these outcomes could be at least partially driven by severe WASH conditions which indicate WASH severity of Phase 3 or even Phase 4.

Three to Six Month Severity Projection

WASH conditions are not expected to improve and will likely deteriorate in the projection period, however not to a sufficient extent for the province to move into Phase 4 overall.

Key Risk Factors to Monitor

- **Security situation and potential peace talks**: There are peace talks ongoing between different groups, but the conflict may continue in the short term. Even in the event of de-escalation, there will still likely be severe needs, unless access improves for service providers including humanitarian organisations. If the conflict ends, people returning to their homes will have damaged facilities and infrastructure that needs to be repaired too.

- **Ongoing economic situation affected by COVID-19 and conflict**: The economic situation is also poor - people cannot export products because of COVID-19, which is affecting livelihoods, and conflict has disrupted and damaged key transport infrastructure such as roads. These factors are likely to make it harder for the population in Hilmand to access needed WASH services and items.

- **Climate:** Hilmand has a relatively hot climate, especially in the desert-like areas, so a harsh winter is not expected for much of the population. In the more mountainous northern districts, the winter may be more severe, but there will also be more rain and snow which could increase the sufficiency of water (but there is still no improvement to infrastructure). The coming few months are expected to be challenging—analysts reported that public media has issued alerts that there is a difficult winter coming at a nationwide scale, but not specific to Hilmand. This therefore needs to be monitored locally to fully understand the expected impact.

Kunduz Province

Summary

The overall severity of Kunduz province was determined as Phase 3 (Crisis), with almost 470,000 people (33%) in Phase 3 or higher. Analysts classified just over 9,000 people (1%) in Phase 4 (Critical) and approximately 112,000 people (8%) in Phase 5 (Catastrophic). Those identified as in the most severe situations are in Chardhara, Dasht-e-Archi and Imam Sahib districts, and the surrounding areas of Kunduz city, where significant challenges in the quality and quantity of the water were reported.

Contributing Factors

Kunduz is one of the most conflict-affected provinces in the country[4], resulting in a very high level of displacement in the area. In total, 67,620 people have been displaced in Kunduz since the start of 2020, accounting for 21% of all referenced conflict-induced displacement in Afghanistan and by far the highest level nationwide.[21]

In addition to the widespread displacement, the conflict has caused damage to WASH infrastructure, severely disrupted livelihoods, and limited the advancement of WASH development projects.
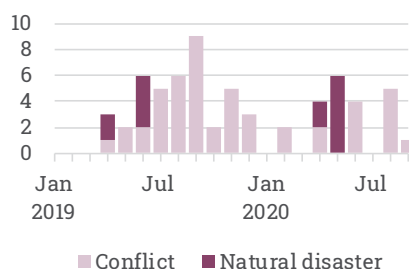
Number of shock events

Figure 14: Number and type of shocks triggering ERM response in Kunduz. Source: ERM[14]

As a border region, according to analysts, COVID-19 market disruptions have reportedly had significant negative consequences on livelihoods in the province, but a limited impact on people's access to WASH services. Due to hygiene awareness raising campaigns during the COVID-19 pandemic, there was a surge in demand of soap and other hygiene products, and thus the households spent more money on those than usual.

Phase	Population #	Population %
Phase 5 (Catastrophic)	112,000	8%
Phase 4 (Critical)	9,000	1%
Phase 3 (Crisis)	345,000	24%
Phase 2 (Stressed)	914,000	62%
Phase 1 (None/minimal)	84,000	6%

Table 4: Population distribution for Kunduz Province by WSC Phase

Floods, droughts and crop diseases are the main natural disasters faced by Kunduz province. Floods create contamination of water sources and impact infrastructures on top of displacement. Since the start of 2020, eight natural disasters events have been recorded by ERM, all of which were floods.[14]

WASH Impact and Outcomes

According to analysts' contextual knowledge, conflict has directly damaged WASH infrastructure in the province, rendering some networks as non-functional, increasing contamination of water and leading to hygiene issues.

Moreover, analysts found that conflict dynamics have prevented governments and other response actors from conducting proper maintenance of water points and other infrastructure. Much of the recently-constructed WASH infrastructure was intended for emergency purposes but is not adequate for long-term use.

Resultantly, water availability and quality is insufficient in the province, with households facing two key problems: the type of infrastructure used by households and water quality.

The WoAA 2020 found 21% of households access drinking water from unimproved sources,[15] while the SFSA 2020 found 41% of households

were doing so,[16] which is problematic in terms of water quality and also increases the risk of people contracting water-borne diseases.

Significant issues with the quality of the water were also noted by analysts in some parts of the province due to salinity, contamination by nitrate and bacteria, although collection of additional data on this would help understand the extent of the issue.

In addition, 8% of households reported having insufficient water for drinking purposes. Of those facing challenges with water sufficiency, 39% reported not having enough containers for fetching and storage, while 22% reported too few water points or long waiting times at water points, and 13% indicated water points are too far or difficult to reach.[15]

This is reflected in physical access to water data; although 34% of households access water on premises, 38% of households travel more than five minutes to access their main source.[15]

Sanitation conditions were also found to be poor in the province, with nearly half of households (48%) reportedly using unimproved sanitation facilities.[15]

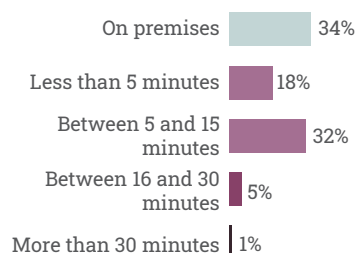Analysts indicated from their own contextual knowledge that waste management and desludging

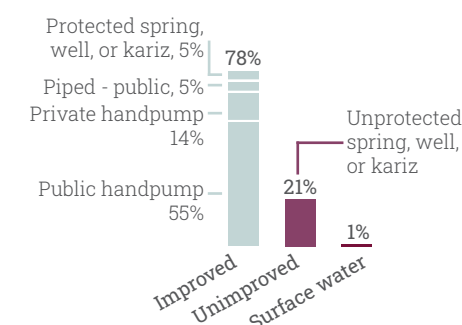Figure 15: Households' reported time taken in minutes to collect drinking water (round trip). Source: WoAA 2020[15]

Figure 16: Households' reported primary source of drinking water. Source: WoAA 2020[15]
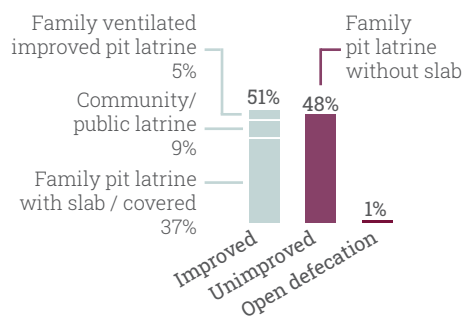
Figure 17: Households' reported main sanitation facility. Source: WoAA 2020[15]

methods are problematic in many areas, particularly where emergency facilities have been installed.

Although access to soap is reportedly universal at 100%,[15] analysts indicated the reliability of access to basic hygiene is poor due to challenges with accessing markets, financial constraints due to reduced household budgets, and limited availability of water for handwashing purposes.

Moreover, ERM data from the June to August period found that 34% of shock-affected households did not have soap, suggesting access to soap remains challenging for households in emergency situations.[14]
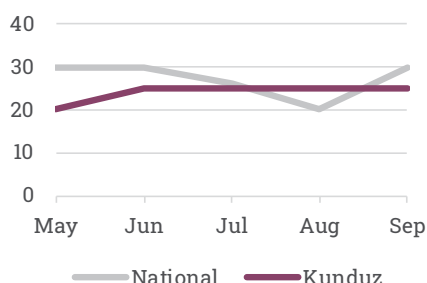
Figure 18: Average cost of soap over time vs. national average. Source: JMMI[9]

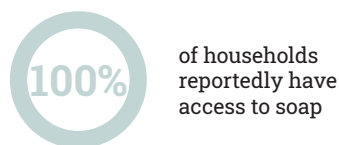100% of households reportedly have access to soap

Figure 19: Households reporting presence of soap in household. Source: WoAA 2020[15]

Socio-Economic and Public Health Outcomes

As a significant proportion of households (65%) rely on casual labour for income,[15] analysts' contextual knowledge found the conflict limits people's ability to sustain stable livelihoods both by reducing the opportunities available and reducing peoples' mobility. Analysts suggest that they have moved to the cities to find labour, but face limited access to WASH services in poorer peri-urban or slum areas where services are limited and expensive.

Kunduz Public Health Outcomes

54% of households reported at least one child under 5 with AWD in two weeks prior to WoAA survey[15]
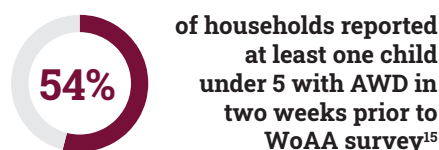
Presence of GAM among under fives in most recent SMART Survey (December 2019)[18] **14.1%**

With reduced incomes, the ability of households to obtain hygiene products or build latrines is impeded. This is reportedly less problematic in rural areas where, according to analysts' knowledge, purchasing products is less common, and WASH services (especially water) are considered more a community resource than a commodity when compared with urban areas.

The conflict has had a substantial impact on livelihoods, with income decreasing and highly negative coping strategies being used.[15,16] While not WASH-specific, these indicators can be interpreted as proxy measures of the overall living conditions faced by households, and suggest significant trade-offs are being made to meet WASH and other basic needs.

Issues noted with water quality and poor sanitation conditions could explain the high AWD rate, reported by 54% of households with children under five.[15] However, there is no evidence to indicate this has translated into further public health issues. The most recent GAM and mortality data (December 2019) indicate a minimal or stressed situation.[18]

Three to Six Month Severity Projection

Overall, the situation is likely to worsen in the next three to six months, with more households shifting into Phases 3 and 4 but the situation remaining in Phase 3 overall.

Key Risk Factors to Monitor

- **Security situation and potential peace talks**: If the peace talks fail and conflict activity is sustained or intensifies, WASH conditions will deteriorate, with increased displacement, further disruption to markets and services, compromising humanitarian and development access, and impeding long-term investments and economic growth. If the security situation stabilises, it will take time and investment for infrastructure and service improvements to reduce the WASH severity.

- **Ongoing economic situation affected by COVID-19 and conflict**: If the additional economic strain caused by COVID-19 market disruptions continues, the livelihoods situation will remain very challenging especially with reduced seasonal employment opportunities in the winter period, which in turn will prevent WASH conditions from improving.

- **Climate and flood risk**: Rainfall and snowfall should be monitored throughout the winter and spring to assess the degree of flood risk and potential for displacement and damage to WASH infrastructure.

Parwan Province

Summary

Parwan was classified as Phase 2 (Stressed), with 4% of the population in Phase 3 (Crisis), the most severe conditions experienced in the province. The population in Charikar and Shinwari that were affected by the flooding in August 2020 are in the most vulnerable situations, particularly as the winter season is coming up, and likely fall mostly in Phase 3. However, there is no comprehensive needs assessment conducted in the district which makes it challenging to determine if any portions of the population are in a more severe WASH situation, as well as identifying what their specific needs are.

Contributing Factors

Parwan is not among the hard to reach areas and has had relatively low levels of conflict[7] and displacement.[20] As a result, access to WASH services and items have been less disrupted as a result of insecurity and little influx of displaced populations has meant services haven't been overwhelmed to the same degree as in different areas of Afghanistan.
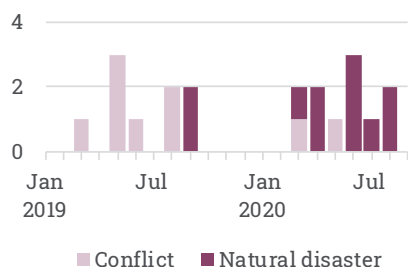
Number of shock events

Figure 20: Number and type of shocks triggering ERM response in Parwan. Source: ERM[14]

Natural disasters have been occurring at slightly higher rates than in other areas and it is expected that approximately 20,450 people are in areas at high risk of flooding with 39,830 residing in medium risk areas.[23]

The most recent flooding occurred in August 2020, leading to loss of shelter and destruction of agricultural land.[11] The districts of Charikar and Shinwari were most severely affected by the recent floods. Despite some targeted humanitarian assistance that have reached around 1,380 families in Charikar, the support has not

Phase	Population #	Population %
Phase 5 (Catastrophic)	0	0%
Phase 4 (Critical)	0	0
Phase 3 (Crisis)	35,000	4%
Phase 2 (Stressed)	915,000	96%
Phase 1 (None/minimal)	0	0%

Table 5: Population distribution for Parwan Province by WSC Phase

reached all of the affected households which are likely to continue experiencing unmet needs. In addition, dysfunctional water networks due to the flooding are and will continue to affect the access to safe and clean drinking water of families in those districts.
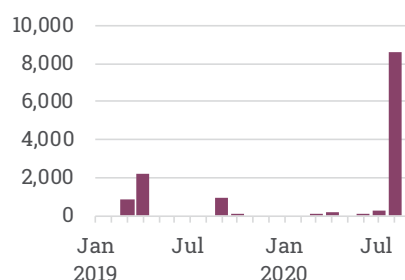
Number of IDPs from natural disasters

Figure 21: Natural disaster-induced displacements in Parwan Province. Source; OCHA[10]

From January to March, Parwan has good snow coverage ratio (0-20%), and a good annual precipitation level of 411ml, providing positive conditions for water availability.[26] However, there is limited information on water supply and sanitation coverage as well as water quality which makes it challenging to fully assess how these climatic factors translate into improved WASH conditions.
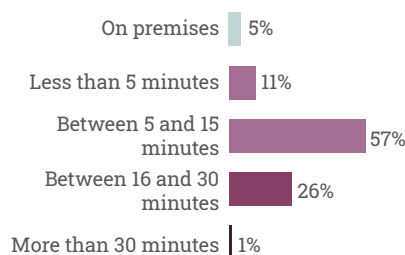

Figure 22: Households' reported time taken in minutes to collect drinking water (round trip). Source: WoAA 2020[15]

WASH Impact and Outcomes

The Phase 2 classification is driven by relatively good access to water and soap with 79% of households having sufficient water for at least drinking, cooking, personal hygiene and 98% reporting having access to soap.[15]

However, barriers to accessing water of sufficient quality and quantity remain. In the WoAA, 79% of households reported that there are insufficient water points, 47% reported that water points are not functioning or being dried up, 27% water points being too far and 26% reported not having enough containers to fetch and store water.[15]

This is reflected in just 5% of households reportedly accessing water on premises, while 27% take more than 15 minutes (round trip) to access water.[15]

While the majority of households reported to have access to a sanitation facility (1% reporting practicing open defecation), half (53%) were accessing improved sanitation facilities.[15]

Despite the high reported level of soap access, ERM data indicated the more than half (58%) of shock-affected households from the June to August period—predominantly the flood affected households—did not have
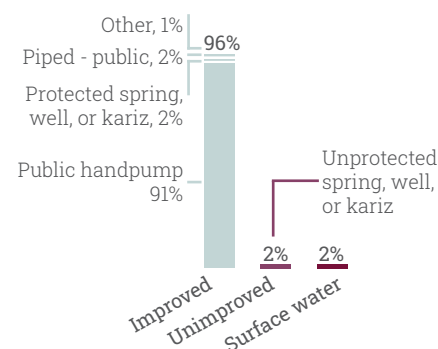

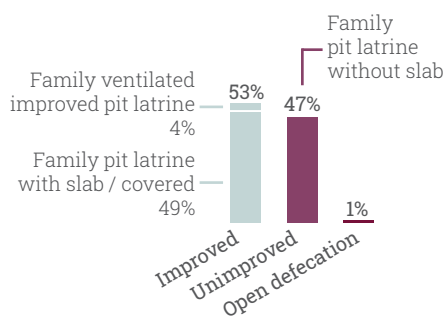Figure 23: Households' reported primary source of drinking water. Source: WoAA 2020[15]

Family ventilated improved pit latrine 4%
Family pit latrine with slab / covered 49%
Family pit latrine without slab

53%
47%
1%

Improved Unimproved Open defecation

Figure 24: Households' reported main sanitation facility. Source: WoAA 2020[15]

soap, reinforcing the acute needs faced by these groups.[14]

Socio-Economic and Public Health Outcomes

Analysis on livelihoods and socioeconomic changes indicates that 46% of households are engaging in crisis or emergency coping strategies in order to meet their basic needs.[15] While not WASH-specific, these indicators can be interpreted as proxy measures of the overall living conditions faced by households, and suggest significant trade-offs are being made to meet WASH and other basic needs.

Additionally, 18% of households reported having a decrease in their household income in the 30 days prior to the WoAA survey. Of those, 30% were citing natural disasters as a reason for the drop in income.[15]
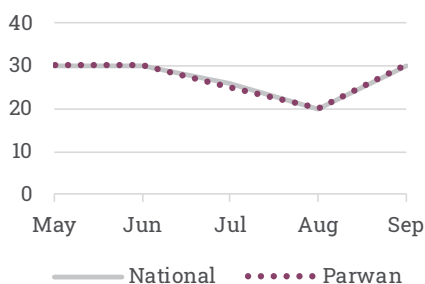
Price of soap (95-110g)
In Afghanis

May Jun Jul Aug Sep

—— National ••••• Parwan

Figure 25: Average cost of soap over time vs. national average. Source: JMMI[9]

98% of households reportedly have access to soap

Figure 26: Households reporting presence of soap in household. Source: WoAA 2020[15]

Given that Parwan is prone to natural disasters, continuous flooding in the province might put further stress on households' ability to maintain sustainable livelihoods.

A large proportion of households in the SFSA also reported borrowing money in the three months prior to data collection, of which 69% were borrowing in order to buy food.[16] This might indicate that households have less money to buy hygiene items, water storage and other key WASH items.

There are high levels of self-reported diarrheal cases with 51% of households reporting at least one child under five with AWD in the two weeks prior to the WoAA 2020 survey. It is likely that these cases are linked to the relatively high use (48%) of unimproved sanitation facilities.[15]

Parwan Public Health Outcomes

51% of households reported at least one child under 5 with AWD in two weeks prior to WoAA survey[15]

Presence of GAM among under fives in most recent SMART Survey (December 2019)[18] **13.5%**

While access to water is relatively good, high AWD reports could also potentially be linked to poor water quality, which may have worsened due to the recent floods. More information is needed in order to know what the causes of high AWD rates might be. In particular, tests of water quality of piped systems should be made to understand the quality of water which is accessed by the majority of the population. If the sources of the piped water systems are contaminated, this will be a risk for further waterborne disease outbreaks.

In addition to this, there are high GAM rates (13.5%) in the province which are pointing towards a Phase 3 (Crisis) level.[18] While no causal links can be drawn between GAM rates and access to quality WASH items and services, it is clear that a worsened WASH situation will have an impact on nutrition status and vice versa.

Three to Six Month Severity Projection

The situation is expected to worsen in the next 3-6 months, although a significant shock would be needed for the classification to become Phase 3 (Crisis).

Key Risk Factors to Monitor

- **Climate and flood risk:** The upcoming winter season will make access to water as well as access to humanitarian assistance harder, particularly in areas where shelter and water supply systems have been damaged by flooding. During the winter season, it will be more difficult to repair water systems that have been damaged due to temperatures below freezing point. Populations in flood-affected areas are therefore at high risk of not accessing sufficient water quantities/ qualities during the winter months, which run until March.

- **Security situation and potential peace talks:** According to analysts, the security situation is also likely to deteriorate as there have been attacks and movements of opposition groups in neighbouring provinces and an increase in check-points in Parwan over the previous months. There are only two active WASH partners in two of the districts in the province, which means little capacity to respond in case of deteriorating needs of the population.[27]

Methodology

About the WSC

The WSC is a new interagency global initiative led by the Global WASH Cluster, UNICEF, and IMPACT Initiatives. Developed at the global level through a participatory process, the WSC project aims to develop a standardized approach to classifying the severity of WASH needs and vulnerabilities across contexts.

Since late 2019, the development of the WSC has focused on developing and testing the core analytical tools that are used for its implementation. These tools include:

- The Analytical Framework: Conceptual basis that provides rationale for what data to include in the analysis and how to organise and structure data in analysis process.

- The Severity Scale: Description of five phases of WASH severity and the characteristics experienced in each.

- The Calculation Model: Computational method for combining different pieces of quantitative and qualitative data to assign households and areas into different severity phases.

- Analysis Protocols: Step-by-step guide for how full analysis process is conducted in workshop settings and what to do in different circumstances

The Afghanistan Pilot represented the first implementation of these tools in a real setting. While the WSC tools are currently under development, full documentation of the first version will be released in early 2021.

Afghanistan Pilot Exercise

The WSC training and analysis workshops for the Afghanistan pilot were held on 7-8 and 12-15 October 2020 respectively. The training was attended by 34 participants representing 21 humanitarian and development WASH actors, including government agencies, UN agencies, international and national NGOs. Of those participants, 17 continued to participate in the analysis workshop. Sessions were conducted online via Zoom due to ongoing COVID-19 prevention measures.

The three analysed provinces (Hilmand, Kunduz, Parwan) were selected prior to the workshop with the support of key WASH stakeholders in-country. The provinces were chosen to ensure a variation in terms of type of crisis, access levels, climate, and WASH conditions, allowing for the WSC approach to be tested in a range of circumstances.

Prior to the workshop, secondary data sources pertaining to different areas of the WSC Analytical Framework were identified, reviewed, and pre-processed for analysis. Data was collated from a range of sources, including databases from government departments such as the Ministry of Rural Rehabilitation and Development and UN agency and NGO assessments and situation reports. All data used during the analysis can be found at the end of this report.

Workshop participants also drew on their own technical and contextual expertise and experience to examine, question, and draw links between the different data sources, following the WSC Analysis Protocols. Through a consensus-based process, participants agreed to the severity classifications and projections provided in this report.

Acknowledgements

The WSC global governance system is comprised of the following agencies and organisations:

Box 2: WSC implementation process

WASH actors are brought together along with all relevant data sources

WASH actors are trained in the WSC approach to build shared understanding for how to analyse data

WASH actors apply WSC method to WASH data in analysis workshop

The severity of WASH conditions are classified by consensus, including drivers and projections/ trends

Results are written up and disseminated with broader partner and donor community

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WSC
WASH SEVERITY
CLASSIFICATION