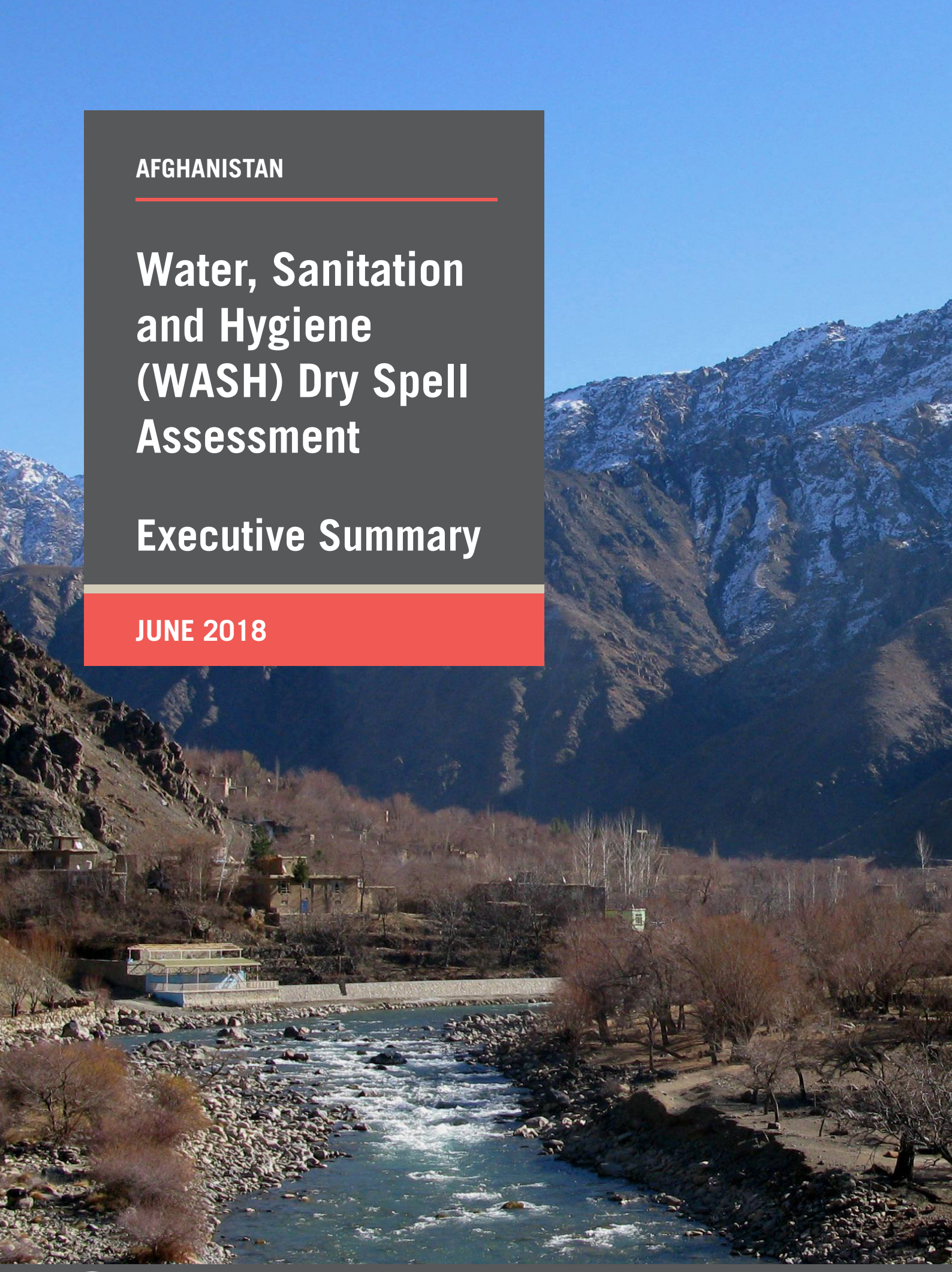
AFGHANISTAN

Water, Sanitation and Hygiene (WASH) Dry Spell Assessment

Executive Summary

JUNE 2018



WASH Cluster
Water Sanitation Hygiene

REACH Informing more effective humanitarian action

Cover Photo: A river in Panjshir, Afghanistan © *REACH, November 2017*

About REACH

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EXECUTIVE SUMMARY

Background

Winter in Afghanistan is a critical period for securing successful food production (including agricultural inputs) for the entire year, as well as for replenishing groundwater aquifers. Compared to national multi-year averages, the winter season for 2017/2018 was uncharacteristically dry, with below average snowfall and a precipitation deficit of up to 70%.[1] According to the Food and Agriculture Organization of the United Nations (FAO) the dry spell affected availability of water and access to livelihoods, in particular for communities relying on agriculture and[2], thus likely compounding vulnerabilities amongst large shares of the Afghan population. Humanitarian actors consequently mobilized to support the most affected population.

However, the humanitarian response has been constrained by limited information on humanitarian conditions of the populations in the areas affected by the dry spell. Information gaps identified included Water, Sanitation and Hygiene (WASH) but also access to livelihoods for communities dependent on livestock or agriculture, and the prevalence of health issues related to the dry spell. To address these information gaps, REACH supported the WASH Cluster in implementing an assessment to inform cluster response planning. The assessment was funded by the Office of Foreign Disaster Assistance (OFDA).

The assessment aimed to answer the following research questions:

- What provinces and districts have been most impacted by the 2018 winter dry spell?
- How has the dry spell affected population groups differently within the community, including men, women, boys and girls, as well as those dependent on agriculture or livelihoods?
- How has the dry spell affected differently Informal Settlements (ISETs)[3] and Community Development Councils (CDCs)[4], as well as urban and rural settings?
- What are the current and expected coping strategies used by affected households to mitigate the implications of the dry spell?
- What are the preferred modalities of assistance in the different dry-spell affected settings?

Methodology

Data collection took place between 3 and 21 June 2018 in 10 provinces prioritised by the WASH Cluster, where more than 25% of water sources were reported to be dried or drying as a result of the 2018 dry spell: Badghis, Balkh, Daykundi, Farah, Faryab, Helmand, Jawzjan, Nimroz, Saripul and Uruzgan.[5]

Within these provinces, all identified ISETs were assessed, due to their generally limited access to WASH services. Vulnerable CDCs identified through a profiling exercise conducted by WASH partners[6] were purposively selected across all 67 districts to enable comparison between urban and rural areas.

[1] United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Afghanistan Drought Contingency Plan, April 2018.
[2] FAO, Rapid Assessment of the 2018 Winter Dry Spell in Afghanistan, 26 March 2018.
[3] Communities with at least 50% of displaced people and no legal rights to occupy the land.
[4] Communities in which a democratically elected body operate to strengthen the local governance and social development of the inhabitants. ISETs are not represented in these elected bodies and are thus not included in CDCs.
[5] WASH Cluster, WASH Dry Spell Contingency Plan, March 2018.
[6] WASH Cluster, internal document, build on data collection deriving from distributions.

Map 1: Provinces assessed

The assessment had two components:

- The quantitative component consisted of structured interviews with Key Informants (KIs), based on questionnaires designed in collaboration with the WASH Cluster. KIs were community members with community-wide knowledge, such as leaders, teachers and elders, identified by enumerators. One KI was interviewed in each community (i.e. ISET or CDC). Data was then aggregated at the district and province level.
- The qualitative component consisted of Focus Group Discussions (FGDs) to triangulate findings from the KI interviews. Two FGDs, one with female respondents and one with male respondents, were conducted in each province, with each FGD consisting of six to eight participants. Participants were selected through pre-existing networks of KIs.

A total of 1,158 KIs were interviewed, who reported on their communities.[7] In total, 454 KIs reported on ISETs and 704 on CDCs. The majority of ISETs were reportedly located in urban areas (65%, or 296 ISETs), while the remaining (35%, or 158 ISETs) were located in rural areas. By contrast, the vast majority of CDCs (80%, or 564 CDCs) were located in rural areas, and only a few (20%, or 140 CDC) were in urban areas. The total estimated population in the 1,158 communities was over 108,000 households. Given the non-probability sampling, findings are not generalizable with a quantifiable level of precision.

[7] As there is 1 KI per community, this amounted to 1,158 communities in total.

Key Findings

The dry spell had a considerable impact on the daily lives of people, compounding WASH, livelihood and health needs in particular:

- **Access to water noticeably deteriorated after the dry spell.** More than 92% of communities reported issues in accessing enough water to meet their needs, in comparison to 58% before the dry spell.
- **Strategies to cope with lack of water were adopted in 60% of communities.** In almost half of the communities, KIs reported a decrease in water consumption to less than 5 litres per person per day, while, in over a third, people were reported to travel more than one kilometre to fetch water.
- **Water scarcity appeared to have a negative impact on sanitation conditions.** Overall, before the dry spell, 74% of communities indicated that at least half of the population had access to sanitation facilities. After the dry spell, 68% of those communities reported that facility conditions had worsened.
- **The dry spell affected livelihoods as well, with KIs reporting that household income decreased in almost all the communities,** likely due to the overall economic system in the assessed provinces largely depending on agriculture, which is particularly exposed to water shortages.
- **The worsening of WASH had a trickledown effect on public health.** KIs reported that 73% of the communities suffered from increased health concerns due to the dry spell.
- **In 77% of the communities, KIs reported that the priority in the short term is to increase water supply,** either by digging semi-permanent wells (55%) or by trucking tanked water (22%).
- **In the long term, KIs suggested that the focus should switch to more development-driven interventions**, such as capacity building initiatives that would help the communities to diversify their economy and reduce dependency on agriculture, which is very vulnerable to drought.

Access to WASH services

What provinces and districts have been more impacted by the dry spell in terms of WASH?

The dry spell severely affected water supply across all provinces. KIs reported that, in 92% of communities, the populations faced issues in securing enough water to meet their needs, in comparison with 58% before the crisis. The most affected seemed to be Balkh, Daykundi, Faryab, Jawzjan and Nimroz provinces, where less than 5% of the communities reported that everyone/nearly everyone had enough water and issues related to water supply were raised. In most of the districts in those provinces, all villages reported problems accessing enough water. Overall, the most frequently reported issue was availability of water supply, which, in effect, increased distance travelled to alternative sources, rather than problems linked with water affordability or social exclusion and discrimination.

Several factors could explain geographical differences related to access to water, including local precipitation patterns, size of the aquifers, availability of surface water, irrigation technologies, as well as farming models. FGD participants from Saripul stated, for instance, that the dry spell affected farmers in rain-fed areas more than those practicing irrigated agriculture.

Water scarcity appeared to have an impact on the type of water sources used by the communities. In 18% of communities, KIs reported that people had to change their main water source, because it dried up as a result of the dry spell. Provinces with the highest percentages (>18%) of communities reported having changed their water source were Balkh, Farah, Faryab, Jawzjan, Nimroz and Saripul. For districts, the most affected were Mazar-e-Sharif (Balkh), Maymana (Faryab), Chakhansur and Charburjak (Nimroz), where KIs reported that at least 40% of communities had to switch their main water source. As a whole, KIs reported that there was a noticeable decrease in the use of surface water and other types of unimproved water sources. These types of sources were reported to be the main source of water in 44% of communities before the dry spell and in 37% after. The tendency of streams, rivers, lakes and ponds to dry up quicker than sources relying on aquifers could partially explain this phenomenon.

Water scarcity seemed to have a negative impact on sanitation conditions. If before the dry spell KIs reported that in 74% of communities at least half of the population had access to some sort of sanitation facilities – whether

improved or not – sanitation conditions worsened in 68% of those communities after the dry spell. This potential causal relation between water shortage and sanitation issues may be due to the fact that available water is prioritised for purposes such as drinking and cooking, rather than washing (general maintenance of sanitation infrastructure), personal hygiene (anal cleansing), and - to a lesser extent as this sanitation technology is not widely adopted[8] - the disposal of human excreta (flush/pour water for toilets). Provinces where more than 70% of communities reported to have worsened sanitation conditions than before the dry spell were Balkh, Daykundi, and Helmand. In some of the districts of those provinces (Charkent and Zari in Balkh, Ashtarlay and Miramor in Daykundi and Nawa-e-Barakzaiy in Helmand), the percentage of communities experiencing a degradation of sanitation facilities was reported to be as high as 100%.

Generally, communities in Daykundi, seemed to have been affected most by the dry spell in terms of WASH. It was the only province out of the 10 where communities reported increased use of unprotected water sources that had not yet dried, albeit small, after the dry spell and 99% of the communities said that everyone had problems with access to water. Daykundi also had the highest proportion of communities indicating worsened latrine access/conditions and worsened health conditions, and was among the top four provinces reporting that communities had employed coping strategies for water as a result of the dry spell. Additionally, Balkh and Faryab were seemingly more affected by the dry spell than the other provinces, besides Daykundi, with both reporting the highest proportion of communities using coping strategies for water. At least 80% of the communities indicated that everyone had problems with access to water and that they had experienced worsened health following the dry spell. Furthermore, the vast majority of communities in Balkh, right behind communities in Daykundi, also indicated worsened latrine access/conditions.

How has the dry spell affected population groups differently within the community in terms WASH?

To a certain extent, the dry spell affected men, women, boys and girls differently. Overall, KIs reported that, in 21% of communities, these population groups unequally reduced their water consumption to cope with the dry spell. In these communities, adults were reported to have reduced water consumption the most with no substantial difference between men (50%) and women (49%), while children reduced consumption in only 1% of the communities.

This may relate to children's water consumption being focused mostly on drinking and personal hygiene, which cannot be limited without posing an immediate threat to life, while adults are more likely to dispose of additional water for other household key but secondary purposes, such as washing and agriculture. This was explored in several FGDs, where participants highlighted that women use water for washing clothes and dishes, as well as cooking, while men use water mostly for economic activities, such as irrigating lands and construction work.

FGD data suggests that, even if children did not reduce water consumption more than adults, they were nonetheless the most affected by the dry spell. FGD participants from Jawzjan, for instance, mentioned that lack of water affected children more than the youth, because they are physiologically weaker and more dependent on the parents, as they usually stay home and dispose only of what is provided to them. FGD participants from Faryab discussed that children's health is more vulnerable and this explains their lower resilience to the lack of water.

How has the dry spell affected differently ISETs and CDCs, as well as urban and rural settings in terms of WASH?

Data suggests that ISETs may have been more affected by water shortages than CDCs, particularly in rural areas. Although ISETS were overall reported to have better access to water before the dry spell, with 51% of communities reporting little to no water supply problems compared to 35% in CDCs, this proportion dropped below CDCs to 6% after the dry spell compared to 9% amongst CDCs. The same trend was seen when considering ISETs and CDCs in urban areas alone, where 45% and 22% communities, respectively, reported that there was little to no problem with access to a sufficient supply of water compared to 5% and 7% after. However, the trend was most prominent

[8] According to the "Afghanistan Multiple Indicator Cluster Survey (MICS), UNICEF, 2010," only 10% of the population use flush/pour types of sanitation facilities.

in rural areas, where 63% of ISETs reporting generally sufficient access to water dropped to just 3% after the dry spell. In rural CDCs, the corresponding proportion fell from 39% to 9%.

Overall, the most reported constraint was availability of sufficient water, followed by affordability issues, and intermittent access and social exclusion. The differences between CDCs and ISETs were small, and both CDC (74%) and ISET (81%) communities located in rural areas indicated high unavailability of water (compared to 45% and 58%, respectively, in urban areas).

However, the findings seem to show that, after the dry spell, ISETs faced higher social barriers in access to water as well as unavailability of water, specifically in urban/peri-urban areas, compared to CDCs, which reported greater financial barriers to accessing water, particularly in rural areas. Although the proportion of both ISET and CDC communities reporting social discrimination in access to water dropped from before the dry spell, only some groups having access to enough water was still more frequently reported in ISETs (13%) than in CDCs (3%) after the dry spell. This could be due to ISETs having a greater concentration of IDPs, and resource sharing possibly leading to tensions. This trend is even more noticeable when comparing urban/peri-urban and rural areas, taking into account that the majority of the ISETs were located in urban/peri-urban areas. Within urban/peri-urban areas, 18% of ISET communities compared to 7% of CDCs identified social exclusion as a barrier in access to water. Similarly, in these areas, 58% of ISETs as opposed to 45% of CDCs faced issues with the unavailability of water sources. In rural areas, on the other hand, affordability of water appeared to be a bigger issue for CDCs (23%) than ISETs (11%) after the dry spell, while, before the dry spell, only 5% of CDCs and 8% of ISETs reported the same.

Overall, a fifth of communities reported that they changed their main type of water source due to the dry spell, and this change was particularly prominent for ISETs, especially in urban/peri-urban areas. More ISET communities (24%) than CDCs (14%) overall were reported to have changed their main water source. Within urban/peri-urban areas, although a small difference, 29% of ISETs compared to 21% of CDCs reported that they had changed their main water sources because the dry spell had caused the source to run dry. The difference between ISETs and CDCs in rural areas, was also small (15% and 13%, respectively).

The findings also seemed to confirm that ISETs, in both urban and rural areas, were more severely affected in terms of sanitation. This is not surprising given the aforementioned causal relation between water and sanitation, and the greater impact that the water shortage reportedly had on ISETs. Overall, 43% of KIs reported that their communities experienced worsened latrine access/conditions as a result of the dry spell. This proportion was higher for ISETs (55%) than CDCs (35%) overall, and, in particular, for ISETs in urban/peri-urban (47%) and rural (70%) areas as opposed to CDCs in urban/peri-urban (20%) and rural (39%) areas.

Livelihoods

What provinces and districts have been more impacted by the dry spell in terms of livelihood?

The dry spell had a dramatic impact on livelihood in a region where the economy is largely based on agriculture. As a whole KIs reported that 49% of people living in the assessed communities depended on crop and 24% on livestock farming.

According to the KIs, livelihood was affected in 99% of communities. There was no remarkable geographical difference, with communities reporting a decrease in economic wellbeing ranging from 97% to 100% among the provinces and from 94% and 100% among the districts. The most frequent reason (reported in 64% of communities, on average) for deterioration of livelihood, was the fact that the economy is typically dependent on agriculture – which is particularly vulnerable to water shortages – and that the dry spell, as a result, caused loss of earnings. In Daykundi, Faryab and Jawzjan provinces, this was reported as being the main cause of the decrease in wellbeing in 92%, 95%, and 87% of communities respectively.

KIs reported that crops died or their quality decreased in 42% and 40% of the communities practicing agriculture. The dry spell severely affected livestock as well, with KIs reporting that livestock fell ill or died in 43% and 27% of the communities which were dependent on livestock. Poor livestock conditions were also reflected in the decrease of agricultural outputs such as milk, eggs and cheese, which was reported in 30% of the communities.

Provinces that were particularly affected and where KIs reported that crops died/quality decreased or livestock died/got unwell were Badghis, Daykundi, Farah, Helmand, Jawzjan and Nimroz, where KIs reported this issue in more than 70% of communities. In Jawzjan, in particular, KIs reported crop production decrease and livestock getting unwell in 100% of the communities and in all districts.

The effects of the dry spell on crop and livestock farming were further illustrated by the FGD data. Participants in Balkh stated that the dry spell affected agricultural production in rain-fed areas foremost, but also in irrigated areas, because the shortage of rain and snow affected the rivers and underground aquifers. Feeding the livestock was, in turn, difficult for farmers, because the grazing lands were dry, which decreased the livestock feed. Another male FGD participant from Balkh stated that the prices of dairy products had risen, because livestock keepers were unable to find the hay and feed for their livestock, resulting in less production.

How the dry spell affected differently ISETs and CDCs, as well as urban and rural settings in terms of livelihood?

Based on the findings, the dry spell had a bigger livelihood impact on CDCs. A higher proportion of CDCs (70%) than ISETs (54%) was reported to have witnessed a decrease in livelihood, likely due to higher dependency on agriculture amongst CDCs, which is very vulnerable to water shocks. Indeed, an estimated 56% and 29% of households living in CDCs, which were largely in rural areas, were reported to be dependent on crop and livestock farming, respectively, as opposed to 37% and 17% in ISETs that were mostly situated in urban settings.

Health

What provinces and districts have been more impacted by the dry spell in terms of health?

Many associations have been identified between drought and health[9]. Even if dry conditions contribute to inactivation of microorganisms, they may lead to concentration of pathogens in water sources, and increase aerial transport of faecal material as soil gets drier and there is a higher presence of flies. Reduced water supply, with the drying of primary sources of water, may also pose a threat to health, for example, by leading to households seeking unprotected water sources, which may be contaminated with pathogens and faecal matter and, thereby, increase susceptibility to WASH-related illnesses. Finally, hygiene practices may be hampered when less water is available. Dry weather conditions, as well as the worsening of both WASH and livelihood are therefore likely to have had an indirect effect on public health. Indeed, KIs reported that 73% of the communities have suffered from increased health concerns due to the dry spell.

The provinces reported to have been more affected in terms of health are Daykundi, Farah, Faryab, Helmand, Saripul and Uruzgan, where more than 80% of communities were reported to be facing worsened health conditions. The situation was particularly difficult in the following districts, where this percentage reaches as high as 100%: Ghormach (Badghis), Chemtal, Dawlatabad, Keshendeh and Zari (Balkh), Ashtarlay, Giti, Kajran, Khadir, Miramor and Nili (Daykundi), Balabuluk, and Pushtrod (Farah), Dawlatabad, Khani Char Bagh, Pashtunkot, Qaramqol, Qaysar, and Shirintagab (Faryab), Nawa-e-Barakzaiy (Helmand), Mingajik (Jawzjan), Gosfandi and Sayad (Saripul), as well as Chora, Dehrawud, Gizab and Shahid-e-Hassas (Uruzgan). The majority of these districts are highly dependent on agriculture and reported a loss of earnings as a result of the dry assessment, seemingly indicating an association between WASH, livelihoods, and health.

Specifically, 69% of communities reported members receiving treatment for diarrhoea, which is symptomatic of a number of WASH-related illnesses, resulting from either the presence of contaminants in unprotected water sources or cross-contamination with faecal matter from poor hygiene practices. Cases of diarrhoea were especially prevalent in Daykundi and Uruzgan where 99% and 98% of communities, respectively, as well as Saripul where 82% of communities reported treatment for diarrhoea. Similarly, more than 88% of communities in Daykundi, Farah, Jawzjan, and Uruzgan and 78% of communities overall across the 10 districts reported receiving treatment for

[9] Karen Levy, Andrew P. Woster, Rebecca S. Goldstein, and Elizabeth J. Carlton, Environ Sci Technol. 2016 May 17; 50(10): 4905–4922.

vector-borne diseases caused by mosquitoes. This may be indicative of a higher presence of mosquitoes, since their natural predators, particularly those living in open water sources, may also have been affected by the dry spell,

How has the dry spell affected population groups differently within the community in terms of health?

Within the 73% of communities which reported overall worsened health concerns as a result of the dry spell, 20% of these communities indicated that specific population groups had unequally suffered. The population groups most affected by negative health outcomes as a result of the dry spell were reportedly boys (57%) and girls (32%) with little reported difference between men (4%) and women (7%). Children may have been more affected than adults because of their physiological vulnerabilities and, therefore, lack of physical coping abilities to mitigate the changes to their household's water, sanitation, and hygiene conditions as a result of the dry spell.

How are the population groups affected differently in ISETs and CDCs and in urban and rural settings in terms of health?

Based on the data, in general, ISETs were seemingly more affected by the dry spell in terms of health conditions, particularly in rural areas. Overall, a higher proportion of ISET communities (85%) reported worsened health conditions amongst community members as opposed to CDCs (66%). This trend was especially prominent in rural areas where the gap between ISETs (91%) and CDCs (62%) was even more substantial, while, in urban/peri-urban areas, the variation was small, with 81% and 84%, respectively, reporting worsened health conditions.

In particular, the occurrence of diarrhoea treatment cases was more frequently reported in ISET communities (85%) compared to in CDCs (58%). This may be related to worsened latrine access/conditions – and of barriers faced when accessing water – which were both more frequently reported in ISETS, as noted above.

This trend remained when considering urban/peri-urban and rural communities respectively – and was particularly strong in rural areas. While occurrence of diarrhoea treatment cases was relatively common amongst both ISETs (84%) and CDCs (71%) in urban/peri-urban settings, in rural settings, ISETs were much more likely to report community members being treated for diarrhoea (81%), compared to CDCs (55%) of CDCs.

Coping Strategies

What are the current and expected coping strategies used by affected households to mitigate the implications of the dry spell?

To mitigate the implications of the dry spell, affected households reportedly used and were ready to use a diverse range of coping strategies. Overall, the main coping strategy reported in approximately half (48%) of the communities was reduced water consumption to less than five litres per person per day, which is well below global standards of a minimum of 7.5 to 15 litres per person per day in an emergency situation according to the Sphere Handbook.[10]. In Daykundi and Farah, 93% and 81% of communities, respectively, employed this strategy. With the dry spell causing many main sources of water to run dry, 37% of KIs reported that community members were travelling more than 1 kilometre to reach another water source, and 23% are collecting water from unprotected sources that had not yet dried, while 17% are buying water from private vendors. Communities in Faryab (94%), Jawzjan (77%), and Balkh (75%) were more likely to travel more than 1 kilometre, while those in Jawzjan (67%), Saripul (59%), and Balkh (55%) more often reported using unprotected water sources as a coping strategy. The dry spell also forced the displacement of community members; 11% of the communities, on average, reported community members moving to other locations to seek water, with the highest proportions of communities reporting this coping strategy in Faryab (56%) and Helmand (35%). Strategies that were less used, but still reported in 7% of the communities, were that households removed the children from school at least 4 days per week to collect water, or that community members sold their assets as a means of dealing with the loss of livelihoods.

[10] The Sphere Project. "The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response." http://www.spherehandbook.org/en/water-supply-standard-1-access-and-water-quantity/

The data seems to show that people in ISETs, in general, were more likely to resort to reduced water consumption to cope with the dry spell. While there were only small variations between ISETs and CDCs in reported use of most coping strategies, the proportion of ISETs reporting community members to be reducing their water consumption to less than 5 litres per person per day, was almost double (66%) that of CDCs (33%) overall. This trend remained in particular in rural areas, where 60% of ISETS reported reduced water consumption, compared to 31% of CDCs. Overall, both communities were more likely to be reducing consumption if located in urban areas, although the difference in likelihood between ISETs and CDCs was smaller here, with 75% of ISETs and 49% of CDCs reporting reduced consumption.

Similarly, linked to the higher unavailability of water sources reported by ISETs in urban/peri-urban areas noted above, ISETs were more likely to report that community members travelled more than 1 kilometre to access water (42%) compared to CDCs (17%). They were also overall more likely to be purchasing water from vendors (22%) than CDCs (9%). In rural areas, on the other hand, a slightly higher proportion of CDCs (18%) than ISETs (11%) purchased water from water vendors, and 15% of CDCs compared to 2% of ISETs reported that community members had moved to another location to seek water.

Assistance

What are the preferred modalities of assistance in the different dry spell affected settings?

Overall, communities suggested several emergency and long-term preferred modalities of WASH assistance as indicated in Table 1 below.

Table 1: Most commonly suggested emergency and long-term WASH assistance modalities, as reported by KIs

	Emergency assistance modalities		Long-term assistance modalities
1.	Digging new wells (55%)	1.	Capacity building[11] (50%)
2.	Tankered or trucked water (22%)	2.	Drilling boreholes and digging wells (35%)
3.	Cash assistance[12] (18%)	3.	Water treatment to improve water quality (13%)
4.	Water treatment to improve water quality (5%)	4.	Improved hygiene (1%)

Between ISETs and CDCs, there was a considerable difference in the desired emergency interventions. Digging wells was reported by 67% of ISETs, as opposed to 48% of CDCs. FGD participants from Balkh province explained that, at the time of the assessment, their villages were primarily using unprotected water sources, such as kandas (a type of open well which is reliant on rain harvesting and, thus, particularly vulnerable to dry spells). Complementing the qualitative findings, 71% of KIs from communities in Balkh indicated the digging of wells as the primary short-term need. Similarly, all the other provinces, with the exception of Badghis, overwhelmingly prioritized access to new water sources, including wells and tankered water. Badghis, on the other hand, mainly requested cash assistance (85%). Regarding support with water treatment, several FGD participants who started using unprotected water sources stated that it would be useful to be provided with water filters to filter their drinking water.

There were also notable differences in the long-term interventions suggested in ISETs and CDCs. Whereas, in more than the majority of assessed CDCs, it was reported that communities needed capacity building support to move away from agriculture/livestock dependence (60%), only 34% of ISETs reported a need for this assistance. This is reflective of the fact that ISET communities are less likely to be dependent directly on agriculture or livestock as a main economic activity, given that they were primarily located in urban areas. A much higher proportion of ISETs reportedly needed support to drill boreholes and dig wells (47%) than CDCs (27%), and this trend is

[11] Capacity building could help households develop the technical skills to move away from a dependence on agriculture or livestock, which is heavily reliant on water and more susceptible to shocks.
[12] Cash assistance could help households afford pay-for-use protected water sources or obtain water from water vendors. It could also help households invest in a business or income-generating opportunity that is not dependent on water (therefore, not related to agriculture or livestock) in order to mitigate the loss of livelihood and reduced earnings resulting from the dry spell.

particularly true in rural areas where 62% of ISETs versus 42% of CDCs suggested the same. In comparison, 29% of CDCs as opposed to 8% of ISETs in rural areas requested cash assistance.

Overall, only 12% of the communities reportedly received humanitarian assistance in the six months prior to data collection, with ISETs slightly more likely (15%) to report receipt compared to CDCs (11%). Amongst the communities that had received assistance, the most common types of assistance received were food (67%) and drinking water (27%).

The findings seem to highlight that CDCs, especially those in rural areas, were more likely to experience barriers in access to humanitarian assistance than ISETs. Overall, 28% of the communities reportedly faced barriers to receiving humanitarian assistance. The most common type of barrier reported by these communities, was being located in a remote location (68%). This was followed by a reported lack of government office in charge of registering and referring displaced populations for humanitarian and government support (19%). A higher proportion of CDCs facing barriers, indicated a lack of registration and referral office (24%), compared to ISETs (4%). This trend was particularly prominent in rural settings, where this proportion dropped to 26% amongst CDCs facing barriers, while it was not reported at all amongst ISETs.

Lastly, insecurity on the road was mentioned as an issue by KIs in 18% of the communities facing barriers. This was most frequently raised as an issue by CDC communities (23%) compared to ISETs (2%), a trend particularly prominent in rural areas, where 25% of CDCs facing barriers reported the issue, which was not reported at all by ISETs.

Conclusion

The dry spell has had a negative impact on many of the assessed communities in Afghanistan. The findings from the assessment indicate there is a strong association between reduced or more difficult access to water and worsened hygiene, health and livelihoods. ISETs, especially those in rural areas, seemed to be more affected in terms of health, as they may have had less access to alternative water sources and potentially a higher strain on existing sources resulting from larger populations and, thereby, a higher demand for water. ISETs, which are primarily located in urban areas, in comparison to CDCs, also indicated worsened latrine access/conditions. On the other hand, CDCs, which are mainly in rural areas, tended to be more affected in terms of the loss of livelihood, as community members are more dependent on agriculture and livestock rearing, and indicated the highest barriers to assistance. The effects of the dry spell have, therefore, highlighted the critical need for humanitarian assistance in vulnerable communities located in the 10 most-affected provinces of Badghis, Balkh, Daykundi, Farah, Faryab, Helmand, Jawzjan, Nimroz, Saripul and Uruzgan. To address these concerns, emergency and long-term initiatives could, therefore, include the drilling or digging of new improved water sources as well as capacity building to help households move away from a dependency on agriculture and livestock rearing, as suggested by communities themselves. It is vital that the impacts of the dry spell are acknowledged and are reciprocated with corresponding measures by the government, humanitarian actors, international donors, and NGOs currently active in Afghanistan, so that emergency and long-term WASH assistance are delivered where needed most.