

Afghanistan Hand Hygiene Snapshot

JMP 2020 data: household, school and HCF overview



Household

38%

of households have basic hand hygiene facilities. In rural areas only 29% of people have access.

6%

of households have limited hand hygiene facilities



Health Care Facility (HCF)

29%

of health centers (hospitals) have basic hygiene services



School

6%

of schools have basic hygiene services

EMIS 2018 data shows that hand hygiene facilities with water and soap are missing in 94% of schools in Afghanistan.¹ Over 6 million children have limited or no handwashing stations in their school. Children in schools have celebrated Global Handwashing Day since 2008



¹ Progress on drinking water, sanitation and hygiene in schools: Special focus on COVID-19. New York: United Nations Children's Fund (UNICEF) and World Health Organization (WHO), 2020

Enabling environment

	Policies	The National Rural WASH policy emphasizes hygiene behaviour change and community mobilization for good hygiene including hand washing with soap. There is no national sanitation and hygiene strategy to promote hand hygiene in communities, households, market places, schools, health centres, work places and IDP camp settings etc.
血	Institutions	Key ministries involved in promoting hygiene are the Ministry of Public Health, Ministry of Education and Ministry of Rural Rehabilitation and Development (MRRD).
(\$)	Financing	An estimated USD 40 million per year will be required for achieving the SDG 6 target in Afghanistan. There is a shortfall of about USD 20 million per year. The estimated cost of achieving hygiene for all is unknown. There is no separate budget for hand hygiene
ර ුණු න	Coordination	The Water and Sanitation Group (WSG) provides a national platform to coordinate and lead WASH programmes including hand hygiene. The WSG is supported by a number of technical working groups who report back to WSG. The Ministry of Public Health leads the national Hygiene and Sanitation Technical Working Group (HSTWG) includes hand hygiene. The Ministry of Education leads the School Health Technical Working Group, which also discusses hand washing and hygiene in schools.
	Monitoring	Hand hygiene monitoring happens at different levels. MRRD has established the national rural WASH Management Information System. Data is also collected by the Afghanistan National Statistic and Information Authority. Community level monitoring is done by community volunteers, community mobilizers and community health workers (CHWs). The information collected through CHWs feeds into planning hand hygiene activities at community level and by the health center.
	Capacity	The Ministry of Public Health has a team for the promotion of hygiene and sanitation under the health promotion department. Moreover, the MRRD includes a unit for hygiene and sanitation under the Rural Water and Sanitation Programme. The Ministry of Education promotes hygiene through the school health department. The country does not have human resource for hygiene promotion at the community level other than districts covered by the Afghan Context Community Led Total Sanitation (AC-CLTS) programme where hygiene promotion is a key component. Moreover, health care providers promote handwashing with soap during health education sessions in health centers.

Afghanistan

Hand hygiene behaviour change approaches

Hygiene and handwashing promotion have been a key component of programmes such AC-CLTS. AC-CLTS promotes construction of hand washing facilities. ODF verification requires the availability of hand washing facility nearby the latrine that is used by the latrine user. Hand hygiene is also promoted through the National Sanitation Movement, which is currently underway.

Hand hygiene is promoted in health centres and school led WASH improvement programmes. Advocacy and awareness raising events for hand hygiene are held in a large variety of settings including public places such as mosques, madrasas, markets etc

Hand hygiene technologies and products

Functional culturally appropriate handwashing facilities are promoted at household level such as tippy taps and other simple handwashing devices that can be made from readily available materials and manufactured with little or no cost.

Soap factories across Afghanistan produce local brands. One woman-owned venture in Kabul provides work for recovering female drug addicts².

Hand hygiene response to COVID-19 pandemic

An integrated Social and Behavioural Change Communication approach on hand hygiene was launched for COVID-19 programming. Social mobilizers made door-to-door visits to teach families and children how hand washing can protect against COVID-19. More than 12.6 million Afghans were reached through mass media and community engagement. With the Ministry of Public Health, thematic messages were developed on COVID-19 prevention and care including handwashing practices. Essential PPEs and hand washing stations were available in the local market. COVID-19 provided an opportunity to advocate for more WASH facilities in schools. Self-learning materials and hygiene measures were also provided for children. Hand washing facilities have also been installed at border entry points, mobile health and nutrition facilities and in IDP sites

 $^{2\ \} https://www.aljazeera.com/news/2019/10/31/afghan-soap-factory-helps-former-female-addicts-stay-clean and the stay of th$



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