

CMIREPORT

Afghanistan: Findings on Education, Environment, Gender, Health, Livelihood and Water and Sanitation

From Multidonor Evaluation of Emergency and Reconstruction Assistance
from Denmark, Ireland, the Netherlands, Sweden and the United Kingdom

Holger Munsch, Daud Saba, Sadiqa Basiri,
Merete Taksdal, Sarah Grey, Richard Ellert

Edited by:
Arne Strand and Gunnar Olesen

R 2005: 15

Afghanistan: Findings on Education, Environment, Health, Gender, Livelihood and Water and Sanitation (2001 to early 2005)*

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Introduction

The Chr Michelsen Institute (CMI) (Lead agency), Copenhagen Development Consultants (Copenhagen DC) and the German Association of Development Consultants (AGEG) undertook during 2005 a Multidonor Evaluation of the emergency and reconstruction aid that had been provided to Afghanistan between 2001 to early 2005, on behalf of Denmark, Ireland, the Netherlands, Sweden and the United Kingdom.

The fieldwork for the evaluation was undertaken in Afghanistan during March and April 2005, with smaller teams visiting different Afghan regions in addition to interviews made in the capitol Kabul. This included studies of the main sectors supported by the five donors, being education, health, livelihoods and water and sanitation, and two studies of cross cutting issues, being gender and environment.

The data collection was undertaken in the following Afghan provinces:

Education and Water and Sanitation studies in Nangarhar and Laghman provinces
Gender and Livelihood studies in Kabul, Parwan and Bamyan provinces
Health study in Zabul, Kandahar and Herat provinces
The environment study was desk based, but drew on the consultant's previous research in a number of provinces.

The studies were conducted by the following consultants:

Education Sector	Holger Munsch
Environment	Daud Saba
Gender	Sadiqa Basiri
Health Sector	Merete Taksdal
Livelihoods Sector	Sarah Grey
Water and Sanitation Sector	Richard Ellert

Given the richness of these sectoral and issue related studies and their possible usefulness for the Afghan reconstruction and development process it was the wish of the evaluation team to make these studies available as a CMI Report.

The full evaluation report and a short version (also translated into Dari and Pashtu) are available from Danida Evaluation Department, or to be downloaded from:

<http://www.um.dk/da/menu/Udviklingspolitik/MaalOgResultatstyring/Evaluering/Evalueringsrapporter/2005/2005.05+Humanitarian+and+Reconstruction+Assistance+to+Afghanistan.htm>

EDUCATION

Holger Munsch

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1. Introduction

The evaluation of the education sector had to be concentrated solely on the sub-sector of primary education, as covering the whole sector would have been too ambitious. Findings on aid channels, the financial contributions of donors, and the identification of the main aid providers were derived from documents, mainly the report on “Aid Flows to Afghanistan”. The main actors supporting primary education in the eastern zone of Afghanistan were UNICEF, SCA and DACAAR/DAARTT. Extracted amounts of funds represent rounded off figures. The comparison of the efficiency of aid providers is based on the cost of school buildings, because the programmes/projects of UNICEF and NGOs follow different implementation patterns.

The objective, as defined in DANIDA’s TORs, was to learn about beneficiaries’ feelings about, reactions to and perceptions of aid and assistance received from donors and their implementing partners. This has been achieved through interviews and the collection of a substantial amount of anecdotal information.

Visits and interviews were conducted with directors at the Ministry of Education in Kabul, with directors of two Provincial Education Offices (PEO) and one officer at the District Education Office (DEO) in Nangarhar and Metharlam; with the Danish advisor at the Grant Management Unit at the MOE; with officers of the UN (UNICEF, UNHCR, UNESCO, WFP) in Kabul and of the UNICEF office in Jalalabad; with the IOM in Kabul; the governor of Nangarhar and the governor of the district Kama / Nangarhar; with parents / teachers / principals / shura members in six villages and towns in the districts Sorhgrood / Kama / Behsood / Chaparhar / Jalalabad of Nangarhar and in six villages and towns in the districts of Metharlam-Central / Quarghai of Laghman; finally, an interview was held with the American PRT office in Jalalabad.¹

2. Education in Afghanistan and contributions of donor countries

After two decades of war and especially after the Taliban regime, the education sector in Afghanistan is facing severe difficulties. Afghanistan has one of the lowest literacy rates of all developing countries: only 28.7 % of the population over the age of 15 can read and write, which places Afghanistan on the sixth place from the bottom on the scale.²

2.1. State of affairs – education in Afghanistan 2001 to 2004

High enrolment

The demand for education has been much higher than Afghan and foreign educationalists had expected by the end of 2001. When the Government launched the “Back to School” campaign in 2002 with the support of UNICEF, authorities initially expected 1.7 million students in primary schools. More than 3.0 million students were actually enrolled in schools from grade 1 to 12. It was

¹ The retrieval of documents from aid actors in the field was successful only in a very few cases; project proposals or log frames were not accessible.

² UNDP: AFGHANISTAN - NATIONAL HUMAN DEVELOPMENT REPORT 2004, Security with a Human Face: Challenges and Responsibilities; Key Findings – chapter 2, p.4

estimated that 1.5 million children were deprived of any educational opportunities, that 1.0 million students had access to basic minimum school facilities, while 2 million studied in inadequate learning spaces such as tents or outside in the open air.³ The figures for 2003 indicate an enrolment of 3.9 million students for grades 1-12, increasing to approx. 4.4 million in 2004.⁴ Over 6 million students were expected in 2005,⁵ while approx. 85 % of these enrolments would be at the primary and secondary level.⁶

Figure 1: Student Enrolment 1940 – 2003⁷

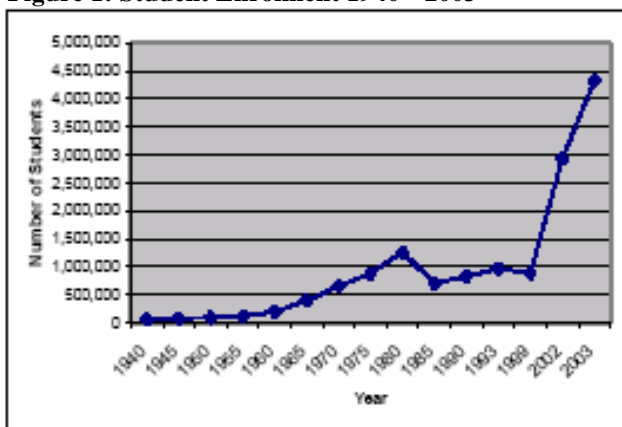
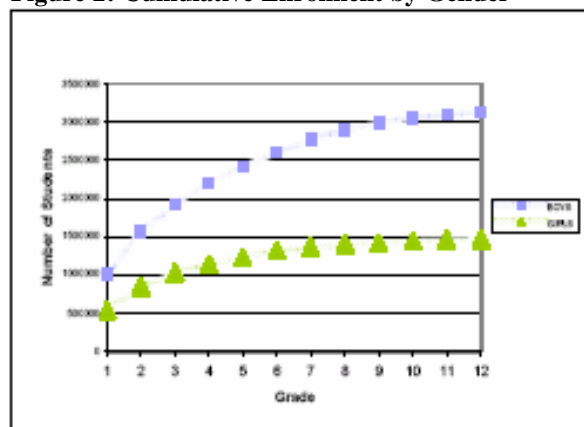


Figure 2: Cumulative Enrolment by Gender⁸



Afghanistan has never dealt with such high numbers of students in its history. Looking at primary education level data, a dramatic increase in enrolment can be observed: from 550,000 in 2001,⁹ to 2.8 million in 2002, to 3.5 million in 2003 and 3.9 million in 2004. This increase is due to the massive influx of returning refugees and to the increasing willingness of parents to send their children to school. This has positively affected the retention rate. Nonetheless, there remains a tremendous disparity in enrolment between boys and girls: only 30 % of the students in 2002 and 40 % in 2003 were girls; effectively 1.2 million girls were enrolled compared to 2.5 million enrolled boys.¹⁰ This relation of nearly 1:2 applies still today.¹¹

Disparities

Regionally and gender-wise, a significant disparity can be noticed: in Kabul, the rate of enrolment of girls is 81 % (including all schools) whereas in other provinces (mainly in the south) it can be as low as 15 %. More precisely, primary enrolment figures from the NRVA 2003 (based on household

³ “Education Sector Summary - Program Strategies and Summary Requirements”; Program Secretariat, MOE, 28 November 2002.

⁴ C. Naumann: “Compilation of Some Basic School Statistics”, WFP CO AFG, Education Unit – Source: UNICEF RALS (Rapid Assessment of Learning Spaces), 2003/4 data.

⁵ Latter figure: GOA, Education and Vocational Training – Public Investment Program, NDB SY 1384-1387, 29.03.05.

⁶ GOA-MOE, MOHE, MOLSA: Education and Vocational Training; Public Investment Program, Submission for the SY 1383 1385 NDB, March 2004.

⁷ Source: “Securing Afghanistan’s Future”, A Government/International Agency Report, March 17, 2004, p. 21.

⁸ Op.cit.

⁹ Afghanistan Statistical Yearbook 2003, Central Statistics Office (CSO).

¹⁰ National Human Development Report, chapter 2, p. 69.

¹¹ see Naumann: Compilation ..., p.4.

interview data) indicate a wide disparity between provinces' enrolment rates for all children (age 7-13) and enrolment rates for girls (age 7-13), such as for example: Kabul 49 % (girls 34 %), Laghman 62 % (girls 41 %), Nangarhar 64 % (girls 46 %), Kandahar 22 % (girls 1.4 %) or Hilmand with 42 % (girls 6.5 %).¹²

The problem of school facilities

It is estimated that during the long conflict 80 % of schools in Afghanistan were either damaged or destroyed. In 1978, there were approximately 1,150 primary and 350 middle schools in Afghanistan. Only six years later, these numbers had fallen to 210 primary and 78 middle schools.¹³ According to the 2003 Statistical Yearbook, there were roughly 2,500 schools in 2001.¹⁴ Given that in 2002 there was a total of 5,063 schools, it was estimated that for the anticipated 3 million students a total of 7,500 schools would be necessary (i.e. 2,500 additional schools).¹⁵ However, enrolment numbers in 2002/3 had already surpassed the 3 million mark, highlighting the serious lack of school facilities. Out of the 5,063 existing schools, 3,500 were in need of major repair work. The available data for 2003/4 shows approximately 7,000 schools, or to be more precise, so-called "learning spaces", of which about 70 % were (formal) government schools and 30 % were non-formal schools (community based schools, home schools, etc.).¹⁶ With over 5 million children returning to general education it is estimated that in 2005 (including religious schools, technical and vocational schools, teacher training colleges, basic literacy schools) over 6 million students have to be taught. In view of this number, there is a need for a further 1,700 new schools to be built. This will increase the number of schools to about 10,000.¹⁷

The problem of teachers

Given the stark increase in both enrolments and the number of additional schools being built, Afghanistan consequently faces a shortage of teachers. In 2001 the Statistical Yearbook counted a total of 23,276 male teachers. In 2002, the MOE facilitated a big influx so the number increased to 64,850 teachers, yet 28,000 more were needed.¹⁸ The Statistical Yearbook of 2003 counted 74,600 teachers (27 % female teachers), relying on figures from the MOE and UNICEF.¹⁹ The MOE proposal for the EVT programme in 2004 indicated that 102,000 teachers were employed, but also that current student numbers require a total of 146,000 teachers in order to meet immediate needs.

Moreover, from early 2002, MOE project proposals and summary papers as well as *Securing Afghanistan's Future* and *NHDR* indicated the need for an improvement in the quality of education. Most teachers had been hired under extreme time pressure after the end of the Taliban regime, and had little or no experience at all in teaching and lacked professional competency. About 60,000 of these teachers were school graduates of grade 12 and below.²⁰ Subsequently, 26,000 teachers received pre- and in-service training. Since 2003, some 52,000 teachers have received short term training courses, which included pedagogy, language arts and mine risk education etc.²¹ The

¹² Results and discussion of education data collected in the Afghanistan National Rural Vulnerability Assessment 2003; WFP, SC-US, APEP, USAID, December 2004.

¹³ Education in the Doldrums – Afghan Tragedy, S.B. Ekanayake, 2004.

¹⁴ Afghanistan Statistical Yearbook 2003, Central Statistics Office.

¹⁵ Policy for the Rehabilitation and Development of Education in Afghanistan, MOE, 9/2002, p.6.

¹⁶ A Guide to Government in Afghanistan, AREU/World Bank, 2004 and Statistical Yearbook 2003.

¹⁷ Education and Vocational Training – Public Investment Program, 29.03.05, p.5

¹⁸ Policy for the Rehabilitation and Development of Education in Afghanistan, op.cit.

¹⁹ It should be noted that data in the education sector are not always coherent and reliable.

²⁰ Education and Vocational Training – Public Investment Program, 2004, p. 6.

²¹ Education and Vocational Training – Public Investment Program, 29.03.05, pp.7 and 15.

development of a new curriculum for grade 1 and 4 (completed in 2004), and 2 and 5 (completed by end of 2004), requires the further training of about 50,000 teachers.

Government employed teachers who are registered on the public payroll of MOE at both the District Education Office (DEO) and at the Provincial Education Office, are paid according to their qualification (grade) and the public pay scale. The average monthly salary in 2002 was \$45 US, plus an additional food allowance, which was often not paid.²² A relatively large number of teachers received either no salaries at all or inadequate salaries to sustain a minimum standard of living. At a very early stage (2002) the Government therefore realised that teachers' living conditions needed to be improved. To attract more teachers and retain the current ones, the government planned the creation of teacher cooperatives and the provision of medical benefits and housing and accommodation arrangements. However, with the fiscal difficulties in the current phases of national reconstruction, the government even had trouble providing teachers' basic salaries. The MOE therefore suggested during that time that the government had to find means outside the regular budget to pay those salaries.²³

In addition to the problems and challenges already mentioned, improving the Afghan educational system also involves other aspects of the educational infrastructure, such as school furniture, educational supplies, water and sanitation in schools, science and laboratory equipment for secondary schools, food for education, curriculum and textbook development, equal access to schools, adequate salaries for teachers, functioning education management and administration (financial, budgetary and procurement arrangements), private sector participation, promotion of tertiary education, human rights/peace education, applying adequate monitoring and evaluation etc.

Curriculum development

Since 2003 a new curriculum framework has been put in place by the MOE Material Development Unit, with the assistance of UNESCO, UNICEF and others, and, since 2004, of Denmark. The syllabi for grade 1 and 4, including the textbooks, were developed and tested. The new books (22 titles in two languages) will be distributed in the new school year of 2005. Textbooks for grades 2 and 5 have just been completed and are on tender for printing. Books for grades 3 and 6 will follow in 2005/6, while textbooks above grade six are under current development.²⁴

The stages of development of educational policy

The GOA/MOE started from an early stage in 2002 to develop a policy to improve the overall educational system. The programme *Education and Vocational Training* (EVT) was given the highest priority by the government (under Pillar 1 of National Development Framework - NDF) and thus all educational programmes will be financed by the National Development Budget (NDB) and its Public Investment Programme (PIP). Annual EVT programme papers²⁵ and project proposals have subsequently been produced with the support of the Consultative Groups²⁶ (CGs) and the

²² See "A Guide to Government in Afghanistan", Footnote 19, p.159.

²³ MOE: Education Project Profiles – Major Projects of One Year Duration; 10/2002, p.33.

²⁴ GoA: EVT-PIP NDB SY 1384-1387, 29.03.05 and Danish MoFA: Report on Review of Danish Support to Education in Afghanistan, 17-23.October 2004.

²⁵ Starting with the Policy for the Rehabilitation and Development of Education in Afghanistan; MOE, 9/2002 up to the EVT-PIP Program NDB SY 1384-1387, 29.03.05.

²⁶ CGs were established to facilitate government in the implementation on national programs highlighted in the NDF; each CGs are represented by government (leading the chair), donors, agencies and relevant INGOs; see: The A to Z Guide to Afghanistan Assistance; AREU; 2004 and Draft of ToRs for the ECG, dated January 28, 2003.

Technical Working Groups.²⁷ The EVT-PIP programme of 2005 addresses and covers a huge number of necessary educational sub-programmes/projects and lays the foundation for long term planning in this sector.

It is obvious that from a state of emergency and more or less ad hoc planning activities, the government could only work out more precise planning strategies/papers and education programme proposals step by step. In 2004, the government reached the rehabilitation/ reconstruction phase and at the same time entered its development phase.

NGOs in the field of education

During and even before the Taliban regime, many NGOs had filled the gap when and where the government had failed to provide education.²⁸ There is now a broad critical discussion on NGOs within the government concerning their role as implementing agencies.²⁹ Some argue for phasing out the contributions of NGOs as they lack the qualifications to provide proper services. However, it is a fact that since 2002, NGOs have assisted in repairing or constructing about 3,000 school buildings and the training of 27,500 teachers.³⁰

Vision and strategy

In 2004, the government's vision stated as its mission ensuring that all children complete compulsory education (9 years), and have the opportunity to continue to higher levels. The Government will work in 3 strategic directions: (i) expand access and raise the quality of primary and secondary education countrywide; (ii) build a higher education system that responds to Afghanistan's reconstruction needs, creates new professional and income opportunities for Afghans, and meets international standards; and (iii) expand citizens' access to vocational and informal education, with a specific focus on vulnerable populations. Progress along these three pathways will be underpinned by substantial changes in the governance and management of the basic and higher education sectors. These will involve 1) a rationalisation of the role of the Ministries, 2) a broader sharing of planning, decision-making and financial responsibilities at all levels of government (national, provincial, district) and communities, and 3) securing long-term partnerships with private actors, such as the business community, educational foundations and NGOs.³¹ This is in line with the MDG indicator pattern for 2015 and the outcome and progress of set targets will be measured accordingly.

Implementation strategy of educational policy and programmes

The four ministries MOE, MOHE, MOLSA and the MWA share mandates in the EVT programme. The Education CG, mentioned above, which is headed by the MOE, plays an important role in deciding and steering the EVT process. Representatives of donors, the UN, INGOs and international organisations are members of the panel and contribute to deciding on policy issues, budgetary, planning and implementation needs.³² The TWGs are involved in detailed planning and preparing the first implementation steps. Besides the central departments at MOE, more actors at different

²⁷ TWGs are working groups which are tackling policy decisions arrived from CG-meetings which have to be implemented accordingly; see revised ToRs TWG, March 27, 2003, Afghan homepage.

²⁸ Afghanistan – State Building, Sustainable Growth and Reducing Poverty, WB, 2005.

²⁹ NGOs working in the construction sector in particular have been criticised for corruption.

³⁰ ACBAR Statement for the Afghanistan Development Forum, Kabul, 4-6 April 2005.

³¹ See "Securing Afghanistan's Future", p.22.

³² See: Draft of ToRs for the E-CG, dated January 28, 2003 and representatives mentioned in CG minutes of 2003.

levels and with different functional responsibilities are involved in the implementation process: the Provincial Education Office (PEO), District Education Office (DEO), schools, the UN, INGOs, NGO. A clear distinction of functional responsibilities to manage the EVT programme, as the WB indicates as well in *“Investing in Afghanistan’s Future”*,³³ has to be determined; this should include NGOs and the private sector.

The EVT-PIP programme is partly financed by the government’s core budget (e.g. salaries for teachers) and its external budget/development budget (technical assistance). Operating expenditures (e.g. salaries) have to be met by government revenues, while capital investment in schools and school equipment etc. is financed by the development budget, which also relays donor contributions as well disbursements of ARTF. The complex funding mechanism is explained in the following text box below:

The national budget has two components (see the figure below). The core budget includes all funds flowing through the Treasury, while donors directly execute the external budget. For the first time in 2004/05, the definition of a core budget unifies the budget flowing through the Treasury, with total expenditure fully funded by domestic revenues and external assistance (fast disbursing loans, project loans and grants, and reimbursements from ARTF and LOTFA). Within the core budget, operating expenditures include the wage bill, most non-salary recurrent costs, and some capital expenditure. Development expenditure includes all technical assistance, most capital expenditure, and some recurrent costs (for example, health services contracted out). Operating expenditure is structured around ministries, while development expenditure consists of projects structured around development programs (from the National Development Framework and the National Priority Programs).

All projects in the core budget have an identified source of financing, while some projects in the external budget are partially funded. The Government expects that it will mobilize more resources than budgeted expenditure: the expected additional funding is set aside for the National Priority Programs and for co-financing existing projects and will be allocated during the fiscal year.

Further progress towards an integrated budget involves securing funding for projects earlier in the year so that more projects are included in the original core budget (which requires projects to be at an advanced stage of design), and channeling a higher share of external assistance through the Treasury so that monitoring and reporting processes are standardized. Further integration of the budget also requires that ordinary expenditure matches some of the features of development expenditure, including having a multi-year horizon and program basis.

Source: WB, Afghanistan - State Building, Sustaining Growth, and Reducing Poverty, February 2005,

2.2 State of affairs – contributions of the five donor countries

Aid channels

In order to implement interventions in specific sectors, the five donor countries have channelled their funds using the organisational capacity of different programmes or implementing partners such as ARTF, UNHCR, UNICEF, UNDP, WFP, ICRC, IOM, various NGOs and others. Focusing on assistance within the evaluation period, the five donors have mainly funded projects of the Afghan Reconstruction Trust Fund, United Nations organisations and international and national NGOs, and only in a few cases directly those of the Ministries, such as Denmark with its direct budget support to the MOE in four of its sub-programmes.

³³ WB: Investing in Afghanistan’s Future, February 2005, Report No. 31563-AF, p.33 following.

Contributions to education

According to the “Aid Flows to Afghanistan” study³⁴ the overall assistance amounted to 792 million Euros, of which the United Kingdom disbursed 47 %, Sweden 16 %, the Netherlands 12 %, Ireland 3 % and Denmark 13 %. A general trend shows that from 2001 onwards, humanitarian / rehabilitation aid spending has decreased over the years while development funds increased.³⁵ The majority of grants of all donors were mainly used for both humanitarian assistance and development (although Ireland had spent a little more on rehabilitation). This indicates that donor assistance already combines relief and development aid.

Focusing on the donor contributions to the Afghan National Development Budget-funded Education and Vocational Training programme (EVT), it can be noted that Denmark spent roughly 6 % of its overall assistance on EVT, Ireland 5 %, the Netherlands 1 %, Sweden 10 % and the UK 3 %.³⁶ Apart from these contributions to the education sector channelled through NDB, additional financial support for education was given to international and local NGOs.

The study also shows the top 12 recipients / aid providers for each donor country.³⁷ As far as the education sector is concerned, the study indicates that for improving education in Afghanistan, Denmark’s assistance focused on projects and programmes by UNICEF,³⁸ DACAAR/DAARTT (MOF as an aid channel); Ireland supported the organisations UNICEF, GOAL, Concern and Trocaire; the Netherlands supported UNICEF; Sweden SCA and UNICEF; and UK assistance also went to UNICEF. Moreover, the EVT-filtered data in the database³⁹ of the study of lists many more implementing organisations.

Main implementing agencies in education

Identified funds from the database show that **Denmark** has supported educational programmes and projects over the concerned period with a total of €11.9 million, out of which DACAAR/DAARTT received €2.7 combined. According to data from DAARTT, the organisation received €0.9 million from this split, which is 7 % of Denmark’s indicated contribution. Through a bilateral agreement Denmark also substantially supported MOE’s EVT program with 15.7 million US \$ (equiv. to 14.6 million Euros) for substantial contributions in the EVT sub-sectors: a) curriculum development, b) teacher education and development, c) educational material development and d) physical infrastructure. A fifth component assists the ministry in the management and coordinated utilisation of external aid, to assist in building the ministry’s planning and management capacity.

Ireland provided its three international NGOs and UNICEF with €2.3 million for education, of which €900,000 was allocated to UNICEF’s education programme;

The Netherlands channelled its aid funds through the International Rescue Committee (IRC) to DACAAR and SCA with a total amount of €1.4 million; SCA received around €330,000 for its education and health projects.

³⁴ J. Cosgrave, Rie Andersen: “Aid Flows to Afghanistan – A study of Aid Flows from Denmark, The UK, The Netherlands, Sweden, and Ireland to Afghanistan from January 2001 to June 2004 inclusive”; December 2004.

³⁵ Op.cit., p.43 and following.

³⁶ op.cit. p. 49.

³⁷ op.cit. p. 39.

³⁸ UNICEF usually receives its funds from UN member countries directly; only earmarked funds were included in the databank of Aid Flows Study.

³⁹ All data were extracted by the author from the Aid Flows Database.

Sweden funded SCA's whole programme over the period with €22 million,⁴⁰ UNICEF received €19 million overall, including 16.4 million for its "Back to School" campaign.

The **UK** contributed € 13.6 million, mostly for ISAF's school rehabilitation, Ockenden International's primary school programme and UNICEF's curriculum development and teacher training programme. UNICEF's programme was thus partly covered by roughly €6.3 million.

3. Sector-specific observations

3.1 Policies and implementation strategies

As has already briefly been described in the overview of the educational situation in the whole country ("State of Affairs") the fast-growing number of school age children following the "Back to school" campaign has put the government under severe time pressure to increase not only the educational infrastructure, but most importantly to create and develop basic preconditions for an adequate educational system in the first place. In order to attain these goals, the government has put in place its national EVT investment programme, consisting of the following steps:

- a) Increasing access to basic education through sub-programmes in: school construction and rehabilitation, provision of furniture and educational supplies, water and sanitation in schools, science and laboratory equipment for high schools, food for education;
- b) Improving the quality of education through sub-programmes in: curriculum, textbooks and teacher development;
- c) Providing vocational training, literacy, accelerated learning and non-formal education through corresponding sub-programmes; and similar sub-programmes for
- d) Promotion of girl's education,
- e) Promotion of inclusive education,
- f) Strengthening education management and administration, and
- g) Private sector participation in educational development.⁴¹

By strengthening education management and administration, the government explicitly expresses its willingness to implement its EVT programme by promoting all educational levels (provincial and district).

The government's EVT programmes (MOE, MOHE, MOLSA) contain a total of 6 sub-programmes,⁴² which are supported by a relatively large number of projects. The projects are partly funded by the government's core budget and partly by donor development funds. Screening the EVT-PIP programmes throughout the period concerned, it seems that the government faces limited financial resources. In 2004, existing projects required an expenditure of 278.6 million US\$ of which 172 million were not allocated. The financial gap for newly planned projects amounted to roughly \$149 million; all in all, the total of unmet expenditure requirements amounted to \$321 million.⁴³ The EVT programme 2005 (dated 3/2005) indicated a total requirement of 611 million US\$ out of which 44 million US\$ of the required funds were met and 566 million US\$ were at that time not financed/secured.

⁴⁰ According to Aid Flows, p. 37 and 39.

⁴¹ See "EVT-PIP, 2004 and 2005.

⁴² A sub-programme 'Early Childhood Development' is also included.

⁴³ See "Education and Vocational Training", Public Investment Programme, 2004, p.19.

The budgetary shortcoming related to filling this financial gap can be illustrated with the only available data (end 2003), the Technical Annex from *Securing Afghanistan's Future*. The main actors/contributors for e.g. the sub-programme School Construction and Rehabilitation, such as WB, UNICEF, USAID, Denmark, Japan and SCA, disbursed funds covering 52 % of the required expenditure of 37 million US\$. Disbursed funds given to the Teacher's Quality Improvement sub-programme (with its main supporters UNICEF, Denmark, USAID, JICA) covered up to 25 % of the required 5.7 million; the Curriculum Development programme received about 30 % of its required 4.2 million (UNESCO, Denmark, UNICEF) and for the textbook programme disbursements from UNESCO, Denmark, UNICEF, USAID about 57 % of the necessary funds were received.⁴⁴

In addition, the fund flow mechanism between MOE and MOF, including disbursements from ARTF, does not function properly due to procedural problems between MOE and MOF. All in all, it is a combination of interlinked problems and arises as follows: a) first, the not clearly determined arrangement of implementation (grouped into prioritised projects) and second, the limited implementation capacity at all levels to realise the huge package of projects on MOE's side, including the PEOs, DEOs etc. (and the other three line ministries involved); and b) the not very effective fine matching/alignment between government's operational and development budgets.⁴⁵ This obstruction, combined with a concern about a rather unrealistic budgeting practise, MOE's management capacity, could explain why some donors suggested that the main problem for the education sector is not a lack of funding, but the ability to implement existing programmes effectively and to plan future programmes.

Besides the matching problems, additional slow implementation slows the usage of funds by recipients. Finally, ARTF disbursements from donors often did not require fixed periods for implementation, because donors did not fix the implementation period of their contributions.⁴⁶

Denmark, as one of the five donor countries, is, besides WB and UNICEF, the only country to support these sub-programmes through earmarked support for the development budget of 15.7 million US\$ over the period 2003 to 2006.⁴⁷

However, for each sub-programme of the EVT programme objectives, expected outcomes are defined and targets are to be achieved for the specified periods. Unfortunately, even the latest document did not equally specify how these objectives would be implemented by determined activities and by whom. The author did not find any further implementation strategy papers or operational plans, either on the national or on the provincial or district levels. How the achievements would be monitored and evaluated and what type of M&E system would be used were not visible during the evaluation. However, the EVT programme and other documents (e.g. from UNICEF) indicated that a modern Educational Monitoring Information System (EMIS) was to be installed from 2004 onwards and would be set in place by UNICEF by 2004/5. At the MOE the Planning, Monitoring and Supervision Department indicated that this system had been installed but the staff had problems in using it properly. A school base-data survey was carried out by MOE and UNICEF; data are nearly processed and will be ready by summer 2005. E-CGs will be in a position to decide further on the action plan for EMIS in its future meetings. Perhaps, and symptomatically or not, the two PEO directors in the two eastern provinces had no real knowledge of the existence of an EMIS system or whether such a system was established and in use.

⁴⁴ Technical Annex of *Securing Afghanistan's Future*, p.39.

⁴⁵ See: *Investing in Afghanistan's Future*, p. 19 and information from Danida advisor.

⁴⁶ See as well *Aid Flow*, pp.35/6

⁴⁷ Danish Ministry of Foreign Affairs: *Program Document – Primary Education Programme Support Afghanistan 2003-2006*, 12/2003.

Moreover, there are no indications if and how a nationwide needs assessment was conducted. Presumably the only available data from two former surveys were used (NRVA and MICS).⁴⁸ In fact, the implementation capacity of the educational system for realising the EVT programme and all its sub-programmes and projects was not strong or clearly defined and lacked professionalism. According to quite a number of parents, teachers and headmasters interviewed, weaknesses in education planning processes were indicated. Government officials from Provincial Education and District Education Offices shared this opinion too.

At present there is a twofold remuneration system for teachers. Generally, teachers working with NGOs in formal schools (these schools are of course registered and belong officially to government) are paid from two sources: besides the basic salary that they receive from the government, they also receive a top-up of between 1,000 and 2,000 Afghanis from their NGOs. The basic salary of a government-employed teacher with grade 12 (which is the majority) or even below is about 2,700 Afs., according to the current pay scale.⁴⁹ However, since government food allowances are not always provided, the salary is actually reduced by approx. 900 Afs to only 1,800 Afs. Only teachers of NGO-supported schools - which is a minority, only those NGOs who have been in Afghanistan for some time, such as SCA and others - receive presumably a total of 3,700 to 4,700 Afs.⁵⁰ As a consequence, qualified teachers in government schools look for other opportunities (running shops etc.) or better employment conditions in NGO schools. To attract teachers to serve in government schools, especially in rural and remote areas, the president launched a new decree to increase teacher's salaries in early spring 2005.⁵¹

3. 2 Coverage and actors involved

What is most striking is the fact that the number of enrolled students and the number of schools and teachers (m/f) have dramatically increased. Nevertheless, there is an even more pressing demand. Indicative research from the latest available data (MOE, WFP-Education Section, UNICEF, SCA) for the province of Nangarhar⁵² show the following status:

Nangarhar:

Enrolled children (prim/sec):	2001: 99,000	to 2004: 324,166 (32% girls);	+227 %
Number of schools (prim/sec):	2001: 213	to 2004: 243;	+14 %
Male teachers (incl. sec.):	2001: 3,008	to 2004: 4,053;	+35%
Female teachers (incl. sec.):	2001/2: 22	to 2004: 733;	+33%

When **DAARTT** became an offspring of the Danish organisation DACAAR in mid 2003 its objectives concentrated on beam production and house repair as well as on the rehabilitation and construction of school buildings (plus furniture).⁵³ The organisation is active in 10 provinces. During the period concerned, DAARTT has constructed one school building (for 336 students) in Nangarhar and 5 (1 rehabilitation) for around 1,960 students in Laghman, using Danida funds. The implementation of these projects was based on contracts with Danida. DAARTT also helped to

⁴⁸ National Risk and Vulnerability Assessment of 2003 (through MRRD) and the Multiple Indicator Cluster Survey of 2003 (UNICEF).

⁴⁹ Example: a teacher with grade 12 certificate earns: 69 Afs (basic), plus 900 Afs (incentive for grade 12 leaving certificate holder), plus 1800 Afs (food allowance): in total 2,796 Afs per month.

⁵⁰ Similar examples were also given by a few NGO managers, who have run schools for some time.

⁵¹ Personal information from a Deputy Minister.

⁵² Data from following sources: Afghanistan Information Management System (AIMS): www.aims.org.af; CSO: Statistical Yearbook 2003; and UNICEF: RALS – Data, Excel sheets, 2003; Data were not congruent. Shown statistics were supported by Mr. C. Naumann, WFP-Education Unit, Kabul.

⁵³ DACAAR constructed/rehabilitated from 1989 to 2003 buildings funded mainly by DANIDA and EU.

develop needed skills among MOE's Construction Department staff, on how to plan and build schools in rural areas.

The **Swedish Committee Afghanistan**, an organisation in education, health, agriculture, disabilities and emergency established in the early 1980s, showed a broad spectrum of educational activities in its primary and secondary schools in 18 provinces and support of 412 schools⁵⁴ (with 270,000 students, girls 36 %; 7,400 teachers, female teachers 21 %). Of these 412 schools, about 360 had some sort of school buildings, while the rest were still in open air, mosques, or private houses. SCA constructed school buildings (230 since 1992), provided school material, libraries and stationery, trained teachers through in-service courses and trained communal school committees. Ten schools were supported in Nangarhar, 37 in Laghman. During the period concerned five new school buildings were constructed in Laghman. Based on the available data for 2003 and 2004, SCA taught and employed the following number of students and teachers in their schools in Nangarhar and Laghman:

SCA, Nangarhar 10 schools (prim/sec):

Enrolments b/g: 2003: 3,493 boys – 5,629 girls; 2004: 4,604 boys – 6,337 girls.

Teachers m/f: 2003: 101 males/112 females 2004: 107 males/97 females

SCA, Laghman 37 schools (prim/sec):

Enrolments b/g: 2003: 19,504 boys – 10,967 girls; 2004: 19,970 boys – 11,074 girls.

Teachers m/f: 2003: 516 males/251 females 2004: 632 males/132 females

As far as teacher development is concerned, SCA offered courses in teaching competencies, subject knowledge (also special courses for women), in-school courses and school management. In 2004, SCA trained a total of 1,710 teachers, including 528 female teachers. 190,000 students have received textbooks and basic packages of stationery and science kits. SCA's aid policy is to focus its overall activities primarily on former war zones, and Nangarhar and Laghman belong to this category.

UNICEF as the biggest supporter and facilitator of opportunities for children in fields such as health and demobilisation, likewise plays the biggest role with regard to education. This especially applies to the training of primary school teachers, including the provision of teaching and learning materials, handing out school materials to students and the rehabilitation and construction of primary schools. UNICEF establishes home-based schools, sets up temporary learning spaces and provides safe water and sanitation facilities in schools. UNICEF's task of supporting schools at the primary level is apparent in the rehabilitation / construction of schools that already existed before or during the Taliban regime. Secondly, after the Taliban regime, UNICEF created a reasonable number of community based schools, some of which were home school types;⁵⁵ they also established temporary learning spaces. With this strategy, UNICEF enabled remote areas to participate in education.

For its "Back to School" campaign in 2002, UNICEF rehabilitated /constructed 45 schools in the eastern zone⁵⁶ by sub-contracting local NGOs. In the following year, 74 schools (and 51 in 2004) were rehabilitated or constructed. In Nangarhar, for example, 115 national primary schools⁵⁷ were

⁵⁴ Formerly 487; some 70 schools were handed over to Government.

All figures are from SCA Annual Donor Reports, Kabul Management Office and the extracted School Data Summary Sheets 2003-2004.

⁵⁵ Home schools are for boys and girls, but this school type is the most suitable one for girls; to date not all have been formally registered at PEO.

⁵⁶ UNICEF defines the eastern zone as comprising Kunar, Laghman, Nangarhar, Nuristan.

⁵⁷ CSO data sheet, 2003.

counted in 2002. UNICEF also established 32 CBS/home schools.⁵⁸ In Laghman, with only 83 national primary schools, UNICEF initiated 107 CBS/home schools, showing that 2002 had been the most important year for the campaign.

In 2004 Nangarhar already had a total of 311 CBS⁵⁹ with around 10,500 enrolments (boys/girls nearly equal). Moreover, UNICEF supported 270 male teachers and 20 female teachers. Nearly half a million teachers and students received learning materials and approximately 3,200 teachers received training in the whole eastern zone.

Danida's contribution to the MOE

Since 2003, Danida, with its assigned management advisor at the Grant Management Unit, has played an active role in substantially supporting⁶⁰ a) the technical departments (Compilation and Translation Department, Material Development Unit) in managerial restructuring; b) the development of an advanced plan for launching a large scale in-service training programme, based on a one-month package to provide a minimum upgrading qualification for the very large proportion of serving teachers (possibly up to 100,000); c) partial support for educational material development such as textbooks and their printing, d) partial support for physical infrastructure; 8 schools in rural areas were successfully constructed under a contract with DAARTT, as mentioned above, for example.

Efficiency and timing

To evaluate the costs of school buildings and possibly to orientate on cost standards or benchmarks is problematic, because the costs of building materials and properties differ greatly from country to country. The WB EFA-Fast Track Initiative working group has, therefore, developed a specific proxy indicator. It is defined as the cost of constructing, furnishing and equipping a primary classroom, which is indicated at US\$ 8,000.⁶¹ This indicator was used by comparing the costs and expenditure of the aid providers concerned to compare the construction of school buildings, as detailed cost calculations were available from DAARTT and SIDA. The MOE (Department of Planning) also provided rough estimations and approximations on construction costs during the interview. Time constraints prevented the author from visiting the Department of Construction of the MOE, since in this specific field NGOs are obliged to apply for approval of their construction plans and costs before starting implementation. The construction cost records of DAARTT and SCA were deemed reliable, as follows.

According to **DAART**'s documents, expenses amounted to US\$ 86,000 for one school in Nangarhar and US\$ 503,000 for five schools in Laghman.⁶² This included latrines, drinking water, a guardroom, boundary walls and furniture. The cost of school buildings varies, of course, due to the different availability of local material and the distance from provincial centres. The building for the Landa Buch primary girls' school in Nangarhar/Kama (a standard MOE type), with 8 classrooms, excluding furniture, for example, cost US\$ 81,000, including a 15 % valued local labour contribution and collected stones. The total administration costs were 12 %. In comparison, other standard 8-room schools of DAARTT in the same area cost about US\$ 75,000. A 12-room building

⁵⁸ UNICEF homepage, www.unicef.org.

⁵⁹ UNICEF in the Eastern Region of Afghanistan 2004 – Deliverables.

⁶⁰ Beside UNICEF, WB, UNESCO, USAID and others.

⁶¹ Only WB works with the set benchmark of US\$ 8,000; internationally, the benchmark should not exceed US\$ 10,000. For general information about benchmarks see: Guidelines for Assessment and Endorsement of the Primary Education Component of an Education Sector Plan, WB-EFA FTI Secretariat, January 26, 2005.

⁶² Figures based on DAARTT documents, April 2005.

was recently constructed for US\$ 96,000. The comparison of costs of one DAARTT classroom corresponds to the EfA indicator (benchmark).

SCA, however, worked with standard calculations. A school building of 8 rooms, including 4 administration rooms in stone/masonry and including a valued local contribution, were calculated at US\$ 74,378. Administration costs were estimated at 15 %, local contribution of labour and material at 20 %.⁶³ SCA costs for one classroom corresponded with the EfA indicator.

However, in the village of Maloo in Nangarhar, building construction had recently started, financed through the NSP programme and the first under this programme in the eastern zone. Parents and teachers said that the cost of their 8-room school would be US\$ 46,000. Village craftspeople were employed by the CDC for the construction labour and one NSP consultant, through BRAC, prepared the technical drawings. Related labour costs and the cost of furniture were not yet calculated. The estimated US\$ 20,000 cost of furniture would be reliable and assuming US\$ 20,000 for labour costs would show a similar sum to DAARTT's and SCA's classroom costs and would correspond with the EfA benchmark.

According to information from **UNICEF's** Kabul Headquarters,⁶⁴ the indicated building costs would range from US\$ 120,000 to US\$ 150,000 for a school with 8 classrooms (which would be preferred by MOE Dep. of Construction), including latrines, library, four administration rooms, store room, playground and boundary walls. The exact amount would depend on the location and availability of building materials on the building site.

The **UNICEF** office in Jalalabad⁶⁵ estimated costs for smaller schools with a capacity of around 150 students (mostly 4 rooms) at roughly US\$ 40,000, which means that the costs for an 8-room school would be very similar to the construction costs of DAARTT and SCA. This would be within the margin of the given EfA benchmark, too.

From interviews with the MOE, the information received from their **Department of Planning** indicated that construction costs are estimated at US\$ 100,000 for a 12-room school, US\$ 150,000 for 16 rooms and US\$ 240,000 for 24 rooms.

The timing of interventions of all aid providers seemed to be right. One must not forget that UNICEF and SCA have supported the education sector for a long time and that DAARTT was established only in 2003. However, DACAAR's construction department had also constructed buildings since the early 90s up to 1999.

3. 3 Transition from emergency to development

First of all, it needs to be stressed that opinions about the current state of the education sector differ enormously. Government employees from the education sector maintained that they were somewhere in between all three phases of emergency, rehabilitation and development. Naturally, the location, whether in rural or urban areas, also contributes to differences in opinion. Already before the war (see S.B. Ekanayake), Afghanistan had been a country with a low literacy rate. The problem of regional disparities in education has long been known. This leads to the presumption, shared by many officials, that Afghanistan today finds itself partly on the development stage as

⁶³ SCA: Cost Estimate for SCA Standard School Building, 3/2005.

⁶⁴ Education Department, Interview on 12.04.05.

⁶⁵ ER Status UNOPS UNICEF Schools (January 2004) list 2003: Details about 74 schools' rehabilitation and construction in the eastern region of Afghanistan during 2003.

well. Moreover, war and the Taleban regime caused severe damage to the educational infrastructure and administration.

Teachers, parents and shura members of visited areas said most of the damaged schools are more or less rehabilitated and they did not find themselves in an educational emergency phase; nonetheless, additional schools are needed.

Similar observations have led SCA, for example, to develop a strategy (still on the way) where future activities reflect the transition from rehabilitation towards development. Since DAARTT's foundation in 2003, school rehabilitation has been one of its main activities, followed later by new school building construction. Last year UNICEF changed its policy of direct support to schools into support through the Provincial Education Office. Only the supervision of schools remains a direct involvement.

3.4 The role of the five donors

All five donor countries have clear development policies to support countries in the third world by achieving the goals of EfA. Locally set objectives are developed in consultation with stakeholders in those countries.

Danida

Three main principles guide Danish assistance to Afghanistan: Afghan ownership, support through the national budget, and good governance and participation. Danida concentrates on a few sectors in rehabilitation and is an important donor in the education sector. As mentioned above, it supports DAARTT, UNICEF and MOE. The main part of its aid for primary education is applied through a bilateral agreement in which Denmark substantially supports MOE's EVT programme. Five essential components contribute to educational development: a) development of educational material, b) curriculum development, c) teachers' capacity development, d) the physical infrastructure, and e) assisting MOE in managing and coordinating the utilisation of funds of donors, as well as support for building up managerial capacities.

Danida's principle is to channel its aid through existing public administration whenever possible. This is practised in the aforementioned bilateral agreement between Denmark and Afghanistan and laid down in the project documents. According to our latest information it plans to continue its support until 2009.

DCI

DCI recognises that basic education is an important part of promoting participation in social and economic development. DCI's overall aim, therefore, is to assist the partner in building a sustainable education system according to the needs of the people and the related country. DCI supported its three NGOs (GOAL, TROCAIRE, CONCERN) and UNICEF in its education programme. While two of the three NGOs have been more active in relief, livelihood and civil society developments in the northwest/west, only GOAL - which formerly was also active in the north and west - started a school project in Kabul during the years 2002/3. As UNICEF launched the "Back to School" programme, within the 4-year period 25 % of the total contribution to Afghanistan came from Ireland.

DFID

The UK made a five-year commitment at the Tokyo conference. It supports mainly public sector reform, financial management, security sector reform, humanitarian sector reform and sustainable livelihoods and private sector development. DFID is also a donor with strong support for education in developing countries and contributed about 50 % of funds to UNICEF's "Back to School" campaign throughout the period concerned.

MFA-Netherlands

The Netherlands supports developing countries that develop and implement credible education plans. Education is at the centre of Dutch development policy. The Netherlands' common goal is to eliminate gender disparities in primary and secondary education by 2005 and to ensure that by 2015, children everywhere, boys and girls alike, are able to attend and complete their schooling.

The Netherlands made a considerable contribution to the ARTF for paying salaries and to UN organisations such as UNHCR, UNMAS, OCHA and IOM. Funds were allocated for training for police and the police academy, for election, mine clearance etc. The MFA assisted the education sector through the organisations IRC, DAARTT and SCA, which received 38 % of the amount committed to this sector.

Sida

Sweden, like other countries, is a strong supporter of the global EfA policy. Swedish support to basic education began with support for school construction, continued with teacher training and textbooks, and is today channelled directly into developing countries' own budget for their overall education programmes.

Afghanistan will continue to need extensive humanitarian assistance. In that respect, SIDA will continue to provide support to mine clearance, food safety, health, the return of refugees and last but not least education. Aid has been channelled to ARTF, the UN (mostly to UNHCR, UNOPS, UNICEF), ICRC, IOM and some Swedish NGOs. Sida supported the education and health sector as part of its continuing assistance. SCA is an example of this. SCA received financial assistance of around €20 million for its whole programme, for its education sector 34 %; and UNICEF €16 million for its 'Back to School' campaign over a period of 4 years.

Sweden is currently reorienting its policy from emergency and rehabilitation/ reconstruction more towards development.

3.5 Quantity and quality of aid as perceived by beneficiaries

By the end of 2004, DAARTT's contribution to the construction of 6 schools in the area concerned covered over 1,300 students and SCA with 47 schools and nearly 24,000 students. UNICEF directly supported about 600 CBS, recently increased the number of temporary learning spaces and strongly supports public schools through the PEOs; and has thus substantially contributed to increasing the number of schools by 370. For example, the 74 schools which were rehabilitated and constructed during 2003/04 offer education to 57,000 additional children.

Both provinces (with 450,000 students) benefited when DAART constructed buildings for 1,300 students and 24,000 students had access to literacy in SCA schools. One should not forget that through the 600 CBS (UNICEF and some NGOs) and temporary learning spaces, thousands of additional students had the chance to start their education.

SCA and UNICEF contributed additional training for 4,900 teachers and 360,000 students received material and stationery.

Generally, beneficiaries were grateful for the chance to get an education. Yet their expectations and needs surpass the recent improvements in education. Their expectations of government were quite high. They expressed some dissatisfaction with the education delivered by some NGOs (which were not specified), and argued that the quality of the implementation ought to be monitored by government officials (through PEOs and DEOs). In addition, government employees expressed the view that better control of NGOs was needed and that foreign donors should not cooperate directly with NGOs without the inclusion of the government.

3.6 Cross-cutting issues

The gender disparity in the enrolment of students was and remains obvious, not only in the targeted areas but nationwide. Even before 2001 both the SCA and UNICEF focused their interventions on girls' education; after the end of Taliban rule, both strongly supported girls' education and international gender policy. This can be seen in the steep increase in girl enrolment, as shown earlier for Nangarhar/Laghman. Both organisations developed clear gender policies and strategies for enhancing the access of girls to education.

It is not only the limitations in educational infrastructure or the lack of schools that prevents girls from joining schools. The lack of girls' schools is visible, yet cultural reasons also play a part. Parents stop sending their daughters over long distances to school at the age of nine to ten years. The lack of female teachers also provides a strong reason for absenteeism. Girls from poorer groups are also deprived. The results of the NVRA show high dropout rates for girls after grade two.

4. Findings

4.1 The relevance of the interventions

Reviewing all this information, there is no doubt that Afghanistan is in serious need of foreign aid for at least the next 10 years. The figures and facts above have indicated a lot of areas of the education sector that need to be improved in order to absorb the presently more than five million children at school, and the high number of children who still have no access to education because of a lack of facilities.

Based on roughly 30 interviews in the two provinces Laghman and Nangarhar and in Kabul with officials from MOH, UN and international NGOs, with NGO members, beneficiaries (parents, shura members, teachers) and government employees from PEO/DEO etc., good-hearted statements and assessments for the sector concerned can be derived.

Given the fact that Afghanistan ranks six from the bottom in the group of comparable developing countries, it needs to intensify its efforts greatly to implement its educational programme, specifically to improve its quality of education, otherwise it will not reach its ambitious goals for 2015. Therefore more accurately timed, precisely planned and coherently and correctly implemented interventions for education by all actors (at national, provincial and district level, including private sector and NGOs) are necessary.

Needs of beneficiaries in relation to government policies and strategies

After a long period of violence and war, parents and shura members of villages and towns have realised the growing importance of education for their children. This reflects the views in communities where education ranks second in priority in the top four perceived needs of beneficiaries/villagers after the need for drinking and irrigation water.⁶⁶

From 2002, when the 'Back to School' campaign started, to 2004, Afghanistan faced a tremendous increase in the student population from 2.8 million to over 4 million; the number in 2004/5 has already reached over 5 million. A lack of schools, qualified teachers (male and female) and poor quality education is visible and evident. Even more obvious is the relatively high number of enrolled girls over the years. But this must also be seen in relation to the considerable number of girls who are still not enrolled because of lack of facilities (schools with female teachers) or other factors, for example because of cultural reasons.

The government's policy (shown in its EVT programme) reflects the needs of the people. Moreover, as a result of the cooperation of relevant ministries (MOE, MOHE, MOLSA), and despite hardly any meetings of CGs-Education in 2004, the EVT programme is a solid package of sub-programmes and projects, which is able to serve the people, as long as the education system is well tuned.

4.2 The framework for the Interventions

Coordination

The government's, or rather the MOE's, first few steps to plan and start educational programmes and attempts to create activities from scratch after the Taliban regime was only possible because of the strong support from donor countries and their Consultative Groups established relatively early in 2002. It took the government some time to get settled and to work on policy matters and to coordinate educational issues between the four main ministries in education. Their visions, missions and ideas were finally realised in a very large EVT programme 2005 (from 2005 to 2008), which has to be funded mostly with external aid.

Nonetheless, the implementation of this EVT programme needs much better and clearer coordination, which has up to now not been sufficient and effective. An overarching coordination and implementation strategy from the top down to school level was not found.⁶⁷ As previously observed, the author has not found any clear indication of the existence of descriptions of roles, tasks/activities/outputs, functions, responsibilities and performances between MOE as policy maker and service providers at different levels. The existence of differentiated coordination panels to link national and regional interests following prioritised projects was not seen. Coordination exists to some extent at a national level, except for the fact that CG meetings at MOE have taken less time than expected. It is also clear that the available minutes of E-CGs did not always show working orders/notes of who or which actors at subsequent levels should coordinate further and should implement tasks in which given time frame.

The cooperation and coordination between MoE and our concerned aid actors was based on agreements. All of our actors in education worked closely with the ministry and were mostly members of CGs or TWGs. It appeared that the TWGs at MOE worked more pragmatically.

⁶⁶ As a result of the interviews in the field.

⁶⁷ As the director of the PEO of Laghman mentioned: "With enough funds and stable planning structures there would be a chance to overcome the emergency stage towards development".

Formerly mentioned constraints in a limited capacity for implementation at MOE in general, imprecise implementation arrangements, the weak alignment of government's operations and development (ARTF-MOF-MOE): all these limitations are of course caused by coordination constraints, which have repercussions on the ground, such as when the governor (Nangarhar), officials from PEOs and DEOs and school principals of the two provinces complained of the need for investment in new schools and teaching and learning material/equipment.

Active coordination between relevant aid actors themselves is rarely seen at the regional level. In Nangarhar, District Sorghrood, for example, it was found that CBS-type schools of international NGOs and formal government schools do not cooperate at all, but compete. As a principal explained: "There are negative side-effects with these CBS Schools which are managed by NGOs, because these schools attract children (girls) with additional incentives like shoes, bags etc. It has happened that girls have left formal schools to join the CBS supported schools. These matters disturb the whole system. Quite often school types of this kind collapse after incentives are no longer provided".

Meetings with ACBAR were attended by Provincial Board Educators and NGOs, but the outcome of these meetings did not seem to be very positive. Coordination between PEOs, DEOs and UNICEF is long established and effective. The PRT-Jalalabad will share information about their involvement in the development of education with NGOs through ACBAR meetings in future.

Coherence

Following the goals of the national educational policy, coherence can be seen where the international NGOs interviewed (SCA, IOM) and UN (UNICEF, WFP, UNESCO) cooperate in research work and surveys in the education sector at a national level. Curricula for grades 1 and 4, plus recently those for 2 and 5, were developed by Afghan experts under the guidance and with the financial support of the three UN organisations mentioned, WB, USAID and Denmark. In addition, the development of the new teacher training curriculum arrived as the result of good cooperation, despite the fact that its implementation is still being hampered. The CGs at the ministry played an active role overall. The teacher training curriculum development took place with the active participation of the aid providers. This indicates that, at a national level, the coherence of the activities of actors is more operational.

It appears that when it comes to the realisation of educational tasks at a provincial and district level, willingness to cooperate decreases. Still, there is hope for improvement, given that aid actors/ implementing partners share information at least on meetings at the ACBAAR office in Jalalabad. Even PRT is shaping its education activities to national education policy.

Connectedness

Connectedness exists between societal structures and governmental educational institutions in the areas visited. Reasonable contact and understanding between aid providers and teachers/ parents of children of their well-monitored schools was observable.

Communication and the relation between beneficiaries (shura/parents), the DEO, PEO are based on mutual understanding. If a village needs a school, then parents and shura members send their request to both of them. With some considerable delay, the whole process would take 1 to 4 years, depending on how tough and enthusiastic the village people are in fighting for their plans. The author had the impression that the bureaucratic procedures were very time consuming.

Beneficiaries of interventions are prepared to contribute 10-20% of the costs of school buildings (e.g. land, labour). This is also the government's proclaimed expectation, a precondition for involvement in establishing schools. Communities are not able to contribute to improving the quality of education, yet the maintenance of buildings can be entrusted to them.

It seemed to be a common goal of aid actors and implementing partners to provide education in remote areas through building up school facilities by establishing community based schools (CBS) or home schools to offer fast access to education. This policy of establishing CBSs and other temporary learning spaces is a longstanding practice and has recently become government policy.

Connectedness between governmental structures at a national and regional level seemed to be weak because of a limited capacity for the implementation of EVT programmes in general. Moreover, the slow or late use of disbursed funds delayed investment in schools and additional technical equipment (teaching and learning materials, laboratories, libraries etc.). This is obviously because of weak information channels between the educational structures.

4.3 The interventions carried out by aid providers

Effectiveness

Comments in interviews in the two provinces regarding the effectiveness of the three aid providers (DAARTT, UNICEF, SCA) were very positive. Schools of SCA – for clarification, these schools are registered and belong to the government, from which teachers receive a basic salary that is topped up by SCA – are slightly better equipped compared to “normal” government schools, and the spirit and motivation of teachers were much higher. A low motivation of teachers was quite often found in government schools, as a result of the low government salary they receive and their low social status. Moreover they are not in a position to earn their living and have to look for alternative opportunities.⁶⁸ This undermines the whole education system of Afghanistan.

Nevertheless, the weighted annual average salary of existing and new teachers (as multiples of per capita GDP) shows a figure of 2.7,⁶⁹ whereas the WB benchmark indicates 3.3 for reaching the EfA/MDGs goals in 2015. This is perhaps achievable, but needs accurate follow-up in the years to come.

Earlier complaints about the quality of implementation of NGOs in general have not been an issue with the NGOs concerned. Those interviewed raised this with regard to NGOs which were/are active in the building/construction sector.

At a national level, the effectiveness of the management and implementation of the public school system seemed unsatisfactory. Not only was there a lack of educational infrastructure such as schools and school equipment, but teaching and learning equipment was missing, as described earlier. Teaching standards were weak and an improvement in basic pedagogic and teaching methods, subject teaching etc is urgently needed. The curriculum for grades 1 and 4 is now available (those for grades 2 and 5 have just been completed, the sixth will be developed soon) and a first batch of new textbooks were or should have been supplied at the beginning of the new school year. However, in most of the schools in the provinces concerned, textbooks were still urgently

⁶⁸ Nearly all those interviewed, regardless of whether they were employed by government or not, were aware that teachers cannot live on the income they get from the government. Evidence is shown in the 9-day strike of 2000 teachers in the province of Farah in early Spring this year, where the government accepted some of the teachers' demands.

⁶⁹ See: Investing in Afghanistan's Future..., p.26.

needed. During the evaluation, adequate and reliable measurement methods or indicators of output results such as learning achievements of students were not found.⁷⁰ All the above-mentioned indications conclude that the quality of Afghanistan education needs serious improvement.

The target of reaching approximately 10,000 schools⁷¹ will probably be achieved by the end of 2005, as the director of the planning department indicated conclusively.

The private sector was not taken into account in evaluating primary education during the period concerned. But it would be necessary for the future to assess and evaluate its possible contribution in the education sector, once the private sector has been more clearly defined in an overarching sector implementation strategy.

With regard to provincial levels and the views of principals from bigger schools in Jalalabad and Metharlam, the fact that perhaps only 15 % of teachers are qualified and the lack of professionalism of supervisors is a considerable reason for the poor quality of education. There are too few teachers to serve all the schools in the provinces.

Concerning a general lack of infrastructure one has to note the fact that offices of PEOs and DEOs were poorly equipped and often data were not easily accessible.

Finally, a major concern is the immensely high teacher/student ratio in general. In Laghman in particular, the ratio in schools was on average 1:60-70, but in some schools it was even higher. Nangarhar schools had a ratio of 1:50-70.⁷² In all the schools visited, open-air classes were predominant. Quite a number of teachers run double shifts and on top of this, they sometimes have to split normal teaching hours to allow more students to attend school.

Teacher-parent associations rarely function well, although this is a known tool for retaining students at school, as well as reducing dropout rates.

After the end of the Taliban regime, there was no modern educational monitoring system of any kind at either a national or a provincial level. The current education information data system (hand-counted) provides data too slowly and too late. Reaching or achieving the goals of the MDGs is therefore questionable, because yearly progress cannot be measured adequately. Unlike UNICEF, the SCA uses its own very efficient and effective monitoring system. Differences in these two systems seemed to be not that great, however. UNICEF's RALS system (Rapid Assessment on Learning Spaces) receives data on enrolled children and so on, based on extrapolations from household surveys. It is highly recommended that MOE's EMIS should be established in provinces and districts as well. As one school principal put it, "it would also be nice if UNICEF trained them (PEO and DEO) in using this monitoring system here in the province".

Efficiency

Measuring the efficiency of educational programmes is generally a difficult task because of the complexity and time needed for evaluation. Nonetheless, as an example of the efficiency of the NGOs concerned (SCA, DAARTT and UNICEF), cost comparisons of school construction are discussed above.

⁷⁰ Learning achievements will be measured, according to information from headmasters, by supervisors asking students questions related to lessons taught.

⁷¹ See: Investing in Afghanistan's Future..., p.28.

⁷² Results from interviews.

The costs of school buildings were similar, around US\$ 8,000, and corresponded with the EFA indicator (US\$ 8,000); their overhead costs were reasonable at 12 to 15 %; and valued local labour costs were calculated at 15-20 % of total construction costs. This is in line with cost estimates that the Department of Construction (MOE) expects whenever it approves new proposals of NGOs. UNICEF's school rehabilitation and construction programmes run by local NGOs have shown similar results.

Measured results of the efficiency of the UNICEF organisation in Afghanistan cannot be delivered because this requires a separate and additional evaluation. It can, however, be stated that when looking at figures of children who started their school career through UNICEF's "Back to School" campaign and the activities thereafter, without these yearly campaigns it would not have been possible to enrol approximately 5 million students. What is debatable is the assumed high cost of security for its staff, which could not be figured out. Logically one can say that NGOs deliver services much more cheaply, but this issue of which is actually cheaper is not comparable because of different tasks based on different visions and missions.

SCA's programme in education can be evaluated for the year 2003. The cost of one student per year, including the proportional cost for overheads, is around €23.⁷³ This amount is almost identical to the cost of €21 per student per year in the GTZ-BEFARE project in Peshawar/Pakistan in 2002.⁷⁴

Finally, all contributions to SCA, DAARTT came more or less at the right time. According to the Aid Flow Study, almost all the donor countries channelled parts of their financial aid to UNICEF's education programme (Danida only for 2002). Specifically for UNICEF's "Back to School" campaign, funds from most of the donor countries came right on time.

To review the efficiency and the financial condition and preparedness of government to implement its EVT programme under the question whether Afghanistan can achieve universal primary education or not, one has to look at the only available key outcome data and service delivery indicators from "*Investing in Afghanistan's Future*" (published 2005). The only two available outcome figures show that:

- a) expenditure on inputs other than teachers' salaries (as a % of primary education recurrent spending) came to 40 %; the indicated target set for 2015 is also 40 %;
- b) the key outcome indicator for educational recurrent spending (as a % of government revenue) is 24 %; the target set for 2015 is 25 %.

Other figures on government actual or projected domestic resource mobilisation are not available.

Impact

All three aid providers made a valuable contribution to the education sector in the provinces of Nangrahar and Laghman from 2001 to 2005. DAARTT provided about 1,300 learning spaces through its construction of buildings in the two provinces. SCA supported roughly 24,000 schoolchildren through its education programme in this area. UNICEF's rehabilitation and construction programme made 54,000 learning spaces for beginners available. Not to be forgotten, some thousands of students of 600 CBS schools in the eastern zone also found their way to education (exact figures of enrolled students in CBS schools for our two provinces were not available at the time).

⁷³ Extracted and calculated from Budget sheet: SCA - ADR03 final June 04.

⁷⁴ See: E. M. Johannessen et al for UNHCR/GTZ: Evaluation of GTZ/Basic Education for Afghan Refugees (BEFARE) in Pakistan, October 2002.

All in all, of the approximately 450,000 students enrolled in both provinces in 2004, the three organisations concerned (DAARTT, SCA, UNICEF) made sure that within their programme some 72,000 school children were supported by donor contributions from the five countries.

At a national level it can be shown that UNICEF and Danida and others have substantially supported MOE in developing the national curricula for grades 1 and 4 as well the development of related textbooks and their printing; support has also been given to grades 2 and 5, whose textbooks are on the way to be printed. The new teacher training curriculum, which was partly supported by Danida, should be mentioned as well. Moreover, the “Back to School Campaign” (led by UNICEF) enabled millions of students to begin their education.

4. 4 Findings regarding performance of the main aid channels

The Government of Afghanistan

The capacity and performance of the implementation of education is weak. This is not only the case at a national level, but also a problem at provincial and district level. The management and implementation capacity is low and needs to be improved. As a foreign advisor in this sector said, there is very weak management at all levels within MOE to handle the whole educational system from top to bottom. It is evident that this situation affects the educational system overall in Afghanistan. A shortage of funds for investment in educational infrastructure etc. seemed to be evident, as is shown in the EVT programme of 2005, which was confirmed by the director of the national planning department of MOE. The lack of sufficient funds for investment at school level was evident from visits and from interviews with officials at the regional level. The last point can also be attributed to the poorly managed alignment of disbursement of the government’s operational and development funds and disbursements from ARTF.

As described earlier, Denmark is the only one of the five countries to support the ministry directly in its EVT programme. It seems that Danida’s direct budget support showed no delays in the disbursement of funds. The component of its management support for managing and effective utilisation of external aid funds is seen as a very positive initiative, as were the contributions to curriculum development, the teacher training curriculum, textbook development and so on.

UN

Without UNICEF’s initiative in the “Back to School” campaign and its immediate and sound reaction after the fall of the Taliban regime, millions of students would not have had the chance or any opportunity to start a school career. Its contribution to MOE on the new curriculum, textbook development, teacher training curriculum, and management courses for MOE staff should be mentioned here again. Its performance is rated as very positive. As was mentioned on various occasions during the fieldwork, UNICEF could play a more active role in training PEO/DEO personal and principals, as well as their normal training of teachers in the use of modern monitoring, the use of the new EMIS system. Another issue could have been a discussion on decreasing the high security cost of the UN apparatus and instead using some of these funds to support more schools. Recent violence in Afghanistan weakened this proposition, unfortunately.

NGOs

DAARTT performs professionally in its construction programme, its construction management, its cost calculations are sound and professional and the costs of schools construction did not exceed the EfA indicator of US\$ 8,000 for each schoolroom.

INGO

Since the early 1990s, SCA has practised and implemented its educational programme with great success under difficult and volatile conditions. It is very active in raising funds for investment in its educational activities. Its capacity for implementing educational programmes gives room for expansion, which would, however, require more financial support from their home country. Their policy of selection criteria for establishing new schools is seen very positively. The main aim is to support and assist former war-affected zones in particular, which is generally applied. Their costing parameters for new buildings are similar to those of DAARTT and do not exceed the EFA indicator of US\$ 8,000 per classroom; the cost of one student per year, including the proportional cost for overheads, is almost identical to the cost of €21 per student per year in the GTZ-BEFARe project in Peshawar/Pakistan in 2002.

5. Overall conclusions

A general conclusion is that the emphasis placed on education has been correct and timely. There is, however, considerable concern about the quality of education. This ensure the quality there is a need to engage more with MoE on their capacity development in the planning and implementation (covering all levels from centre to school), setting up strategies with time frames and measuring achievements accomplished.

Given Afghanistan's ranking in the education sector among comparable developing countries it can perhaps still achieve the MDGs by 2015 if quite intensive improvements and finely tuned measures within the whole system can be applied. Therefore, Afghanistan will not be in a position to achieve these ambitious goals without more donor assistance for intervention in the education sector over the coming 5 to 10 years.

The international donor community, the World Bank and others should start a debate in general, as to whether the existing funding process mechanism for implementing the EVT-PIP programmes is the most suitable within the existing set-up, given: a) the contribution of timely disbursements of ARTF to the government's core budget (operation and partly development budget) and external budget (purely for development expenses), and b) the matching of or between these, and finally c) the whole funding alignment between ARTF, MOF and MOE. This would require a far deeper and more focused analysis than this evaluation was in a position to do. The potential of community self-help initiatives is one great advantage that should be further utilised, not only by educational authorities but also by donors, by including this concept in the definition of new programmes for educational support.

6. Recommendations

6.1 Short-term recommendations

To Danida/MOE/MOF/ARTF

The mechanism of the disbursement of funds should be improved. The alignment of the government's operational and development budgets should be properly adjusted so that additional required disbursements from ARTF to MOF reach MOE in a timely manner and funds needed in provinces are available for paying salaries on time, for investment in the educational infrastructure, teaching/learning materials, office equipment of PEOs/DEOs, and so on. As stated in the

conclusions, it seems to be an issue of national interest that WB and donor countries should look into. In consequence this recommendation can be attributed as well to medium- and long-term recommendations, according to the preparedness of government and the international donor community.

To UNICEF/all 5 donors/MOE

The EMIS system should be used at MOE properly and should be established in all the provinces. The E-CG should supervise the process of usage of first EMIS-generated data via their new bimonthly scheduled coordination meetings. UNICEF and SCA should utilise their experience and capacity in monitoring of the training of educational authorities at provincial and district level.

To UNICEF/Danida/INGOs(SCA)/MOE

The newly developed teacher training programme should be implemented soon. A programme to build up the skills and competency of school supervisors should be developed soon.

To GOA/MOF/MOE

A teacher's salary reform is overdue. UNICEF and others could advise government. Furthermore:

a) Donors could consider providing partly additional contributions to increase teachers' salaries with additional earmarked financial support to ARTF. As a pre-condition, GoA must find out a way to improve its local revenue base plus make a commitment to budgetary improvements in the education sector; it has to establish it as a priority in its budgetary policies to make it sustainable. It would necessarily lead government to review its payment structure, its tax policy and further financial management policies to improve local revenues.

b) SIDA and SCA and other donors should reconsider their existing policy of topping up teacher salaries.

To the MOE: Printing and delivery of textbooks should be accelerated by government.

To the Donor community/MOE

Information channels should be designed and implemented to make regional structures (provinces and districts) aware of new EVT programmes, sub-programmes and projects. Donors may visit provincial education authorities on a regular schedule. It helps PEOs to be seen as partners, which are integrated in the overall process of strengthening the education sector.

After TORs have been revised by mid 2005, CG and TWG minutes should include clear instructions on attributed tasks and delivery time frames.

To UNICEF/donor community/MOE

The UNICEF launched and ongoing management courses for MOE staff could also be supported by the five countries with short courses in Europe.

6.2 Medium-term recommendations

To UNICEF/Danida/MOE

An overarching national sector/sub-sector strategic plan for EVT programme implementation and coordination should be developed soon. Clear and distinct roles and responsibilities for the implementation of prioritised grouped projects should be defined. It should include all sub-programmes and projects with their interlinkages. It should include all educational structures down to school level and all other education actors concerned: UNs (UNESCO), IOs, INGOs, NGOs and the private sector.

To the MOE

More flexibility should be given to provinces and districts through a more decentralised education management.

PEOs should be advised to establish provincial coordination meetings to address all education-related partners for one common implementation task.

To UNICEF/Danida/UNESCO/MOE

Indicators of learning achievements of students should be developed and implemented soon; training courses for school supervisors should be developed and the usage of output indicators be taught.

UNICEF/WB/MOE/MRRD

Following the first EMIS school base survey of 2004, a new nationwide education needs assessment should be launched to collect reliable data for future strategies to equalise regional disparities in education and to adjust the existing implementation pattern where needed. In general, needs assessments, including measuring impacts, should be mandatory for aid providers. UNICEF, SCA and DAARTT and others could share their experiences in carrying out surveys with PEOs and DEOs and also with other providers.

MOE

A policy to encourage private sector investment in the education sector should be developed and deployed (including incentive/ tax models etc.).

All five donors/MOE

The general negative image of NGOs in Afghanistan requires a quick response in order to sustain their present momentum in education. As an example, SCA, as the biggest educator in the country, faces uncertainties of future educational involvement, not only in education, but also as far as their other activities are concerned. SIDA could play a supportive role on this aspect at the bilateral level.

6.3 Long-term recommendations

To the DCI, MOFA Netherlands/DFID/Sida

Donor countries could consider earmarking their funds for determined implementation periods and geographical regions, which would help to overcome regional disparities. Available funds at ARTF should be channelled according to set time schedules and according to set benchmarks.

To the five Donors/MOE

The potential of community self-help initiatives should be intensively utilised, not only by the educational authorities, but also by donors in short- and long-term planning processes and should be considered by all aid providers within their educational implementation processes.

To Danida/MOE

To overcome the lack of an educational physical infrastructure, more schools should be constructed through the NSP programme. The MoE and MRRD should intensify their awareness campaigns and should furthermore extend the programme to all districts.

MOE

A long-term strategy should be developed and implemented to increase the number of teacher-parent associations and to revitalise existing ones in helping to reduce drop-out rates and increase retention rates etc. (The aim should be one association at each school).

All five donors, except Danida

It is strongly recommended that donors should consider a longer planning frame for their engagement in education; 5 to 10 years' engagement of committed funding would be necessary.

7. Lessons learned

- Experiences over recent years have questioned if donors do prefer long-term commitments. This is perhaps primarily influenced by the fact that aid had to flow into Afghanistan to reduce deprivation, as in other post-conflict countries. Nonetheless, as already stated not only emergency and rehabilitation funds but also development funds have already been utilised. But donor countries still need perhaps to reorientate towards more long-term committed development funding in order to prevent the country from falling back into chaos.
- Proper coordination and implementation in education is needed in order to reach a high educational standard so that people/parents realise that their "government is really doing something for us, for our children". Otherwise frustration arises and their belief in good governance and the credit which people have attributed to their new government will be lost. This is very important in post-conflict countries.
- The assistance of donor countries is necessary, expected and highly appreciated by the recipient government as well. But it is also best not to state repeatedly that the management system is weak, as one high ranked ministerial complained: his people know about existing management weaknesses.

	Latest data available	Target for 2006	Target for 2010	Target for 2015
Outcome				
Primary Net Enrollment Rate (all)	54	70	85	100
Primary Net Enrollment Rate (female)	40	60	75	100
Primary Completion Rate (all)	na			100
Primary Completion Rate (female)	na			100
Girls Enrollment Share, Primary (%)	34	40	45	50
Girls Enrollment Share, Secondary (%)	na			50
Service Delivery/Input				
Average annual teacher salary (as multiple of per capita GDP)	2.7	2.9	3.0	3.1
Student-Teacher Ratio (Primary/Secondary)				40:1/30:1
Spending on inputs other than teacher salaries (as % of primary education recurrent spending)	40	40	40	40
Repetition Rate (%)	na			5
Education recurrent spending (as % of government revenues)	24	24	25	25
Primary education recurrent spending (as % of total education recurrent spending)	na			60
% of primary students with textbooks	na			100
% of secondary students with textbooks	na			100
School hours per year – primary grades	632	680	720	750
School hours per year – secondary grades	728	760	800	850
% of teachers with certification				100
% of schools with roof & furniture				100
% of schools with latrine and drinking water				100
Unit (classroom) construction cost	8,000	8,000	8,000	8,000

Source: Securing Afghanistan's Future: Technical Annex on Education; 1/2004, p.19.

ENVIRONMENT

Daud Saba

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1. Background

This report is intended to assist the Evaluation of Humanitarian and Reconstruction Assistance to Afghanistan (Re. No. 104.A.1.e.39-2) provided by Denmark, Ireland, the Netherlands, Sweden and the UK, October 2001 to early 2004, with a special focus on the environmental sector.

2. Introduction

Afghanistan faces critical environmental problems. The unprecedented environmental problems in Afghanistan,¹ further deepen the immense environmental scarcity² in this country, which in turn affects the livelihoods of millions of people and endanger the continuity of a very ancient civilisation. It is very important to understand that environmental damage not only threatens the Afghanistan land's carrying capacity, but also the people's coping capacity. Studies on quantitative impact of environmental degradation on GDP growth indicate the substantial adverse consequences of air and water pollution on public health and the adverse impact of deforestation and soil degradation on productivity in the agriculture sector.³

It is attempted here to provide a snapshot of the status of environment by illustrating how the activities of people in this country have affected their environment and how environmental decline and degradation is affecting their livelihoods and the overall economy of the country. It is attempted to find out if the humanitarian and reconstruction assistance provided by the five concerned donors during the period from 2001 to 2004 had been directed to ease these problems and if it had any positive or negative effects and impacts, particularly on IDPs. In this framework, standing environmental issues are debated to assist the decision-makers in charting meaningful future strategy in allocating fund for donors' programs in the environment sector, based on the environmental needs of Afghanistan.

It is known that the assistance provided by the five concerned donors to Afghanistan so far did not consider environmental sector independently of other related sectors in a systematic and efficient manner. This makes it difficult to provide a complete and holistic picture of the underlying environmental factors that impeded the process of development in the country in the past three years, and quantify the role of these donors assistance in this picture. It is also noticeable that, in Afghanistan, baseline data that could reflect particular circumstances of the state of environment are not available to assist in measuring the impact of donors' assistance on the pertaining issues in environmental sector.

3. Methodology

This study relied on both the available data, and also on "common sense" based on reasoning supported by anecdotal evidence and author's direct observations and interviews in the field, review

¹ Saba, S. Daud, (2001): Afghanistan: Environmental Degradation in a Fragile Ecological Setting. International Journal of Sustainable Development and World Ecology. Volume 8, pp.279-289.

² Thomas F. Homer-Dixon, (1999). Environment, Scarcity, and Violence, Princeton University Press, pp.253.

³ Pakistan NHDR, (2003): Pakistan National Human Development Report: Poverty, Growth and Governance. Oxford Univ. Press, UNDP, New York.

of media reports, and professional discretion. For this evaluation no case study has been conducted, thus the sources of information on the assessment of the interventions were limited, as the interventions in environmental sector were either non-existent or scant and always tied to other related sectors that have been evaluated independently of this author. Wherever needed, a reference has been given of these evaluations.

4. The role of donors in environment sector

Although, most of the five concerned donors are vanguards of environmental sectors in their own countries, they did not have a clear policy on their interventions in the environment sector in Afghanistan. However, they have indirectly provided some assistance for environment-related projects through UN, ICRC, ECHI, and EU, which has been involved in humanitarian assistance and development projects that may have positive impacts on the environment, e.g., reference to water and sanitation sector, or the UN Green Afghanistan Initiative (GAIN), as well as the UNEP environmental capacity building assistance to National Environmental Protection Agency (NEPA) or Ministry of Agriculture, Food and Animal Husbandry (MoAFAH). Apparently there weren't any fund during the evaluated period earmarked for environment sector, thus, it is not possible to measure the amount of assistant from these donors that might have directly spent for environment sector specific.

As far as the aid is provided for environment-related projects, it has certain **relevance** to local environmental needs, but indeed with extremely limited and insufficient **coverage**. The **coherence** between GoA policies and local aid provisions for environmental sector is extremely weak, and there is no **coherence** between international aid provisions and environmental sector's needs at the national and the local levels. To some degree, there is **connectedness** with the societal structures where the aid is provided, particularly when it comes to NSP projects in rural Afghanistan.

The **sustainability** of the interventions is questionable, since there is neither adequate coherence, nor proper coordination in the environment sector. As far as the **efficiency** of aid for environmental sector is concerned, such assistance **has not been efficient at all**, since no environmental outputs could be measured for aid towards environment-related projects to justify **efficiency** of the aid in this particular sector. It would have been much more efficient if aid for environmental sector has been earmarked for specific environmental programs in the sector in coordination with NEPA of GoA.

The **effectiveness** and **timeliness** of the aid for environmental sector is almost negligible, with no sector-specific aid provided so far, and the sector-specific **coordination** in assistance towards environment-related projects among the donors and the implementing partners at national or local levels been extremely weak. However, during this time, advisory group (AG) meetings in this sector has been convened sporadically, but the natural resources consultative group (CG) that suppose to coordinate the recommendations of the AG in this sector has not been convened at least in a year. Thus, the **impact** of the concerned donors' aid provided for environment sector in the past three years has been almost non-existent or extremely negligible.

5. Observations

5.1 The issue of sustainability

In the framework of development assistance for Afghanistan, environmental considerations must help in bringing equity into the community, i.e., distributive justice for choices and opportunities among the participants of environmental projects to help in creating a sustainable environment, which in turn increases the possibilities of choosing, i.e., the freedom of participation. Donors must make sure that their assistance promotes development in Afghanistan in a way that “choices” of future generations will not be unfairly reduced by the urgent needs of the current generation, and human development is promoted in the country. Thus, a balance between the compulsions of today’s needs that could be tackled by humanitarian and emergency assistance and the needs of tomorrow that could be tackled by development assistance in Afghanistan must be given a priority in designing assistance provisions and strategies.

At this time, Afghanistan does not have the capacity to formulate, plan, implement and manage environmental policy, and to incorporate these programs into its overall efforts in post-war development. Only recently, on May 10th, 2005, the National Environmental Protection Agency (NEPA) of Afghanistan has been established. It is required that the national capacity of this newly established institution in designing and implementation of environmental policy must be strengthened. This means training people and setting up appropriate institutional capacity based on the active participation of communities and project beneficiaries in the process of design and implementation of strategies and programs. Donors should make every effort to understand and incorporate the requirements of these challenges into their assistance programs, which previously have been either neglected or very poor.

5.2 The nexus of environmental degradation and poverty

Much of the interface between poverty and environment in Afghanistan revolves around the effects of the environment on the poor. These occur in the form of environmental hazards, i.e., biological pathogens and chemical pollutants in the air, water, soil or food, as well as physical hazards and environmental degradation, i.e., inadequate use or waste of renewable and non-renewable resources, high levels of biodegradable and non-biodegradable wastes generation.⁴

Environmental degradation in Afghanistan hits those living in poverty the hardest, a number that encompasses more than 50% of the population.⁵ The majority of those who suffer from water and air pollution, inadequate sanitation, and poor solid waste management are the poor. Poor people are also the group of citizens that are most affected by desertification, floods, storms, earthquake disasters, and harvest failures. In certain circumstances, the poor Afghans and environmental damage are caught in a downward spiral. The past resource degradation of the country deepens today’s poverty, while today’s abject poverty in the country makes it very hard to care for or restore the vitality and the carrying capacity of the fragile ecosystems of this land.⁶

⁴ Satterthwaite, David, (1999): The links between poverty and the environment in urban areas of Africa, Asia and Latin America. Paper presented at the UNDP-EC Expert Workshop on Poverty and the Environment, Brussels, Belgium 20-21 January 1999.

⁵ ANHDR 2004: Afghanistan National Human Development Report 2004: Security with a Human Face, UNDP, Kabul.

⁶ Daud Saba, 2004: Afghanistan NHDR background paper on Environment, UNDP Kabul, Afghanistan.

Afghans in poverty are forced to deplete resources to survive. This is a process that further impoverishes them⁷. When this self-reinforcing downward spiral peaks, poor people were forced to move in increasing numbers to other ecologically fragile lands of the country. Such was the case of displacements of tens of thousands of poor IDPs from the provinces of Badghis and Ghor during the recent years of drought to the barren lands of Herat; or the displacements of tens of thousands of people from Nimruz and Farah provinces, which are ecologically extremely poor and fragile parts of Afghanistan, in the aftermath of the sandstorms of 2002 and 2003, respectively.⁸

Poverty in Afghanistan, though a very complex and multifaceted phenomenon, in most cases is the result of environmental degradation that if not intervened could potentially reach to a point of no return, after which poverty and social instability are inevitable. This is the case in many parts of south and southwestern Afghanistan, where stability is a major concern. There are ample evidence that re-enforce the notion that poverty and inequity are driving factors in creating environmental degradation, particularly noticeable in rural areas of Afghanistan, where poverty in combination with a lack of economic and social justice and opportunities forces farmers to exploit land resources in unsustainable manners, resulting in further land degradation, deforestation, biodiversity loss, and water shortages that further enhances the poverty.⁹

5.3 The nexus of environment and gender

Men and women are exposed to different environmental stresses in different ways. In Afghanistan, women are more exposed to high levels of indoor air pollution due to the fact that they spend more time at home, working in the kitchen. These women are doubly affected by environmental deterioration, first because of poverty, and second because of their role and status in their traditional patriarchal society. In such a setting, environmental degradation has placed a disproportionate burden on women, largely because of their social and economic role, which expose them to a greater number of environmental hazards.¹⁰

Traditionally the Afghan women have primary responsibility for household chores, activities that keep them inside the house for most of the time. As they prepare food for the household, they are often exposed to high levels of smoke and dust for long periods of time, reducing their life expectancy more than that of the Afghan men. Afghan women also bear the responsibility of washing the family's clothes. As far as the inadequate washing mechanism and facilities, poor sanitation, and contaminated water supplies in the country are concerned, this activity could pose serious health hazards to the women. Furthermore, the women are usually responsible for caring for the sick children and elderly, which in turn increases their exposure to disease-causing pathogens.

These activities significantly reduce women's time for other activities that they inspire, as well as exposing them to health risks that the men does not get exposed to, or not being exposed in this frequency. Moreover, girls often help their mother in house chores, depriving them of valuable time for education. Physiological factors also play a part in making the Afghan women's health more vulnerable to environmental elements, i.e., the women are particularly at risk during pregnancy and after childbirth that make them more vulnerable to such diseases as malaria.¹¹

⁷ Fukuda-Parr, Sakiko, and Shiva Kumar, A.K., (2003): Unequal Human Impacts Of Environmental Damage. In: Readings in Human Development, Sakiko Fukuda-Parr & A.K. Shiva Kumar (eds.). Oxford University Press, New Delhi, pp.308-335.

⁸ IRIN, (2003): The Iranian International News Agency quoting the UN Office for the Coordination of Humanitarian Affairs, 24 Jul 2003.

⁹ Daud Saba, 2004: NHDR background paper on Environment, UNDP Kabul, Afghanistan.

¹⁰ WRI, (1996): World Resources 1996-97. World Resources Institute, Oxford University Press, New York.

¹¹ Ibid.

Right from the beginning of post-Taliban involvement of international community with Afghanistan, donors have been emphasizing the gender issues, while, ironically ignoring the environmental problems that affect the women the most. It is suggested here that gender issues in Afghanistan could not be addressed by donors adequately without an emphasis on environmental factors that affect the lives of Afghan women.

6. Environmental awareness

Functioning illiteracy and educational poverty in Afghanistan has been an important factor in contributing to environmental degradation and further impoverishment of the people. For example, farmers who out of ignorance inappropriately use pesticides and fertilizers can inadvertently harm themselves, their families, and the soils and water on which they depend. Once their ecological balance is disturbed, it takes lots of resources to restore that balance again, which they do not have at their disposal. This process may consequently drive them further into poverty and inequity.

In Afghanistan, the public understanding of the links between environmental degradation, health and human livelihoods is very low. To tackle this problem, adequate policy measures and awareness campaigns have to be implemented at national and provincial levels and in the communities. Afghanistan does not have the resources for this, and the donors largely ignored this need in their assistance programs. In this framework, the newly established NEPA, in the capacity of the national environmental agency of the country, bears the foremost responsibility in designing and implementing campaigns. But NEPA without an appropriate and targeted assistance from donors cannot function efficiently to fill the present gap of the environmental awareness and ingenuity that exist in Afghanistan.

7. Degraded land resources

Afghanistan is a traditional agrarian society, with rural Afghans constituting some 79.9 percent of the population.¹² The Afghan farmers, almost all of them poor, depend directly on what they can grow, and are particularly vulnerable to degradation of the land resources. Agricultural sector in this country is and will remain a critical component of economic growth and human development. However, in its current structure and capacity, this sector is inefficient, and creates more environmental problems than it pays for.

In Afghanistan, there are several provinces and regions especially to the west and south-west of the country that are influenced by the gradual desiccation of the environment, loss of vegetation and consequently humus in the soil, resulting in a looser, sandier soil structure, and ever more arid conditions. Here, in some cases, desertification is caused either by abandoning the fragile lands that need to be frequently cared for, and ironically in other cases through reclamation, overgrazing and the destruction of vegetation for use as fuel wood, a trend that is getting ever stronger.

In southwestern regions of Afghanistan, the notorious 'wind of 120 days', which blows from the northwest between May and September, scours the landscape, driving banks of mobile sand and adding to instability in the drainage network. Without a stable source of water, much of the natural vegetation of these regions has died or been collected for fuel wood, further contributing to soil

¹² CSO, (2003): Central Statistics Office of Afghanistan. Official data presented during the Workshop on National Human Development Report of Afghanistan, 8-9 December 2003, Kabul.

erosion and significant movement of sand onto the irrigated areas. Majority of IDPs are in fact environmental refugees from these regions. In 2002, up to 100 villages in this region have been submerged by windblown dust and sand,¹³ to be followed by sandstorms of 2003 that buried 57 villages in the province of Farah, affecting more than 12000 people, and forced thousands of people into IDPs camps or left them homeless, destroyed crops and contaminated water supplies.¹⁴

In major urban centres such as Kabul, Herat, Kandahar and Mazare-Sharif, the expansion of urban developments are constantly eating up the most fertile lands that once were feeding these cities. It is ironic that historically, these cities have been established here because of the fertile land itself. Now, green fields are disappearing from the view by the passage of each day, a process that if not stopped, will irreversibly degrade and destroy the fragile and limited agricultural lands of Afghanistan. The greatest damage has been done to the agricultural lands in the suburbs of Kabul.

Wetlands all over the country are degraded or threatened by severe degradation. Particularly, in the Kabul region, most of these sensitive ecosystems have been drained for development purposes.

Helping Afghanistan to modernize the production processes of its agro-industry and social relations in rural areas by incorporating the farmers to the market through reorientation of production from subsistence models to market-oriented approaches will help in overcoming some of the critical environmental problems pertaining to degradation of land resources. This requires donors' assistance in helping the community to receive and adopt new technologies and innovations to their needs.

8. Deforestation

Assessing the incomplete evidence available to them in the late 1970s, FAO concluded that most of north, central and eastern Afghanistan was wooded until early in the 19th century.¹⁵ Estimates at that time suggested that there were almost 1 million hectares of oak forest, and about 2 million hectares of coniferous forests, mainly pine and cedar. In total these forests amounted to some 4.5 per cent of the land area. Various types of open woodland, with pistachio, juniper and other species, covered about 32 million hectares, or 48 per cent of the land area.¹⁶ A 1993 estimate¹⁷ suggested that forest cover in the east had decreased by 16 per cent to about 12000 km² since the 1970s, a loss of some 2300 km².

Analysis of landsat satellite images covering the provinces of Nuristan, Kunar and Nangarhar for 1977 and 2002 revealed that forest cover has decreased by a total of 52 per cent when the provinces are taken together. Nangarhar province has been the hardest hit, with a 71 per cent decrease in forest cover. Meanwhile, forest cover in Nuristan has decreased by 53 per cent, and Kunar by 29 per cent.

¹³ Partow, H., (2003): Sistan Oasis Parched by Drought. In Atlas of Global Change. United Nations Environment Programme. Oxford University Press, Oxford.

¹⁴ IRIN, (2003): The Iranian International News Agency quoting the UN Office for the Coordination of Humanitarian Affairs, 24 Jul 2003.

¹⁵ FAO, (1981): National Parks and Wildlife Management, Afghanistan. A contribution to a conservation strategy. Based on the work of J.A. Sayer and A.P.M. van der Zon. Vol. 1, text. Food and Agricultural Organization.FO:DP/AFG/78/007. Rome.

¹⁶ Ibid

¹⁷ FAO, (1993): Land Cover Map of the Islamic State of Afghanistan. 1:250,000 scale. Food and Agricultural Organization, Rome.

Residents predict similar losses for the forested regions in the provinces of Paktya, Khost and Paktika.¹⁸

In the 1970s, dried fruits, raisins and nuts contributed more than 40 per cent of the country's foreign exchange earnings, although the years of conflict have meant that the country has lost some of its former market niches. Prior to the outbreak of war in 1978, wild pistachio nut was one of the major export items in the Afghan economy, covering 4700 hectares of harvest area with production of 3800 metric ton, which is reduced to a harvest area of 2700 hectares with production of 1600 metric ton in 1999.¹⁹ A rapid expansion of orchard plantations and the adoption of modern systems and varieties occurred between 1989 and 1999,²⁰ but is slowing down, which requires some intervention by economic and development policy makers and continuous support from donors in this sector.

Given that a strong relationship between poverty and forests is already established,²¹ deforestation had significant human costs for Afghanistan. It is suggested that participatory policy in the management of forest resources of Afghanistan, and intensive reforestation efforts must be adopted at community levels all over the country. Research shows that adequate incentives and the recognition of community basic tenure rights can increase productivity, while at the same time improve protection of forest resources.²² Donors support in the implementation of such a strategy is a key.

9. Biodiversity loss

Loss of biodiversity in Afghanistan is a consequence endemic poverty and of severely degraded environment. The dominating causes of biodiversity losses are biotope destruction, overexploitation of wildlife resources, and wildlife trade, deforestation, soil erosion, desertification, air pollution, dust storms, agricultural degradation, primitive local industry, and steady drainage of sensitive montane wetlands in the quest for more fertile arable land, have severely disturbed the natural environment of the wild animals and plants, including many endemic species that are not recorded yet.

The freshwater fishes of Afghanistan have been little studied, but many are believed to be endemic. Using explosive for fishing or so-called dynamite fishing, and electrifying fish colonies are popular fishing methods. Some wild plants that have commercial value are over exploited and disappearing in a fast rate, and if not protected, may become extinct. This not only threatens the natural wildlife heritage of the country, but is severely damaging the coping capacity of the Afghans, who mostly rely on natural resources for their livelihood.

As Afghanistan opens up to the world, there is a need to adopt policies to protect the intrinsic worth of diversified species of its biological heritage. It is suggested that adequate policies and implementation procedures to protect the threatened or endangered species have to be immediately put in place through a participatory mechanism and community efforts, with support from donor

¹⁸ UNEP, (2003): Afghanistan: Post-Conflict Environmental Assessment, UNEP, Geneva, 175pp.

¹⁹ FAOSTAT, (2000). Statistical Database 1990-1999 of the Food and Agriculture Organisation of the United Nations, Geneva.

²⁰ UNEP, (2003): Afghanistan: Post-Conflict Environmental Assessment, UNEP, Geneva, 175pp.

²¹ PEI, (1999): The UNDP-EC Poverty and Environmental Initiative; Attacking Poverty While Improving the Environment: Towards Win-Win Policy Options, UNDP, New York, pp.78.

²² CNHDR, (2002): China Human Development Report: Making Green Development A Choice, Oxford Univ. Press, UNDP, New York.

countries. Communal rights and innovations of the people and their traditional or indigenous technical knowledge (ITK) of their ecological wealth also merit protection.

10. Water resources

Surface as well as groundwater resources of Afghanistan have been severely affected by the continuous years of drought, as well as the uncontrolled and mismanaged extraction procedures. As dependence on groundwater resources increased, deep wells have been drilled without considering the long-term impacts on regional groundwater resources, including traditional *Kareez* systems. Many of the country's wetlands are completely dry and no longer support wildlife populations or provide agricultural inputs. For example, over 99 per cent of the Sistan wetland found to be completely dry in the winter of 2002.²³

Water-use efficiency is very low in all sectors, particularly in irrigation that causes losses through evaporation of over half of the precious water supply. There are also significant water losses due to outdated water supply infrastructure, lack of maintenance, and poor water supply management practices in urban areas.

Generally, treatment and recycling of wastewater is almost non-existent. Wastewater collection barely exists in cities, often spewing into open gutters and canals, posing an extra risk to the poor children who gather in these places to play. Perhaps worst of all, urban drinking water supplies are being cross-contaminated with coliform bacteria posing a considerable risk to public health. Water resources across the country are also threatened by contamination from waste dumps, chemicals and open sewers. For example, water samples taken in Kabul clearly indicate that the city's drinking water quality is cross-contaminated by sewage.²⁴ Water pollution as measured by organic pollutants and suspended solids is a very serious issue in today's Afghanistan, and requires immediate attention from policy makers and support from donors. For further evaluation information on this issue, please refer to the water and sanitation sector in this annex.

11. Air quality

Of all environmental challenges, the levels of air pollution are the most obvious in major urban centers of Afghanistan. However, due to the prevailing public ignorance, the average residents of these centers are so used to this ever-worsening situation that it does not bother them at all. Public media and state authorities are as ignorant of the situation as the ordinary citizens. Although no systematic study have been carried out to find the amount of suspended particulates, it is quite safe to assume that Afghanistan's urban dwellers are exposed to many of the worst toxic and carcinogenic air pollutants known. A combination of dust and smoke particulates are common air pollution in rural Afghanistan.

Results of air sampling in major urban centers of Afghanistan indicate high amounts of dust and concentrations of poly aromatic hydrocarbons (PAHs), most likely originating from vehicle exhaust emissions.²⁵ Benzo-a-pyrene is also one of the pollutants detected and is believed to increase risk of lung cancer. The highest concentrations were detected in Mazar-e-Sharif, where analyses show 13.6 Ng/m³. Topography in Kabul is such that it leads to frequent thermal inversions in cold seasons, an

²³ UNEP, (2003): Afghanistan: Post-Conflict Environmental Assessment, UNEP, Geneva, 175pp.

²⁴ Ibid.

²⁵ Ibid.

atmospheric condition that can cover the city for days, resulting in air pollution to the extreme concentrations, which in some cases, brings the visibility to only a few meters.

More than two-thirds of the mortalities emanating from air pollution are found to happen in rural areas.²⁶ In Afghanistan, the rural population and nomads are at the bottom of the energy ladder, and must burn dung, wood and crop residues for cooking and heating indoors or inside their tents (*ghejdis*). This results in filling their poorly ventilated houses and tents with smoke, exposing them to very high levels of dangerous toxic substances that cause severe health problems and even death. Both indoor air pollution and poor nutrition increase susceptibility to respiratory infections among these groups of people. Among them, the women and children, who spend most of their time indoors, are disproportionately affected.

As the demand for cooked bricks are rising in urban areas, township and village enterprises are responsible for a growing part of CO₂ emissions by typically running exceedingly polluting brick cooking operations. Seasonally, burning of straw covers some countryside areas in thick smoke, a double loss, since this potentially substantial source of energy is transformed to smoke and dust for no purpose at all.

Air pollution is considered as one of the leading risk factors for respiratory diseases, such as chronic obstructive pulmonary disease (COPD), lung cancer, pulmonary heart disease and bronchitis (CHDR, 2003). The scale of health impacts from air pollution in Afghanistan would be depending on such aspects as improved air quality and inspection regimes, better traffic flow management, reduction of dependency on small motor vehicles, improvement of the efficiency in household energy use, and above all, an adequate policy for a sustainable urban development. A design and implementation of a national air quality standard and policy could be a prerequisite to the achievement of these goals that requires adequate support from the donors.

12. Solid waste management

Despite low levels of consumption and production, solid waste management is already one of the country's major environmental problems. Poorly managed domestic solid waste seriously threatens the health of the people. The proper management of solid waste is clearly an urgent priority in urban Afghanistan, which requires extensive donors support.

In most areas of urban Afghanistan sanitation is lacking, resulting in waste heaps to become mixed with excreta, contributing to the spread of infectious diseases. For example, in the city of Kabul, the smelly dumps litter roadsides, back streets and empty lots, and the vicinity of public hospitals, restaurants, as well as local industry. In most of these cases, piles of industrial and hospital waste leach toxic substances into surface and ground waters. Again the poor suffer most. They live near waste disposal sites, and their children are the waste-pickers. In most of urban centres, the uncollected domestic waste is also the most common cause of blocked drainage channels, increasing the risk of flooding and water-borne diseases.

Toxic effluents from chemical and mechanical shops in urban centres of Afghanistan also play an increasing role in environmental pollution. The typical contaminants from these sources are mainly grease, used automotive oil, acids, heavy metals such as cadmium and lead, and to a lesser amount

²⁶ Fukuda-Parr, Sakiko, and Shiva Kumar, A.K., (2003): Unequal Human Impacts Of Environmental Damage. In: Readings in Human Development, Sakiko Fukuda-Parr & A.K. Shiva Kumar (eds.). Oxford University Press, New Delhi, pp.308-335.

pesticides. Workers in facilities that handle toxic materials and people living close to waste disposal areas are the main victims of the effects of these contaminants. Dumping and improper disposal of such materials are common, allowing waste to leach into and contaminate the scarce underground water supplies. Again it is the poor who suffer the most acute effects from these toxins.

In rural Afghanistan, farmers, who apply pesticides or insecticides to their fields, neither have adequate training, nor protective clothing. With lack of functioning literacy in rural Afghanistan, peasantry are often unable to read even simple instructions, thus are exposed to serious health hazards from the unsafe use of these chemicals.

13. Overall conclusions

Concerns over environmental crisis in Afghanistan are real. The facts of environmental degradation are far more than exaggerations. Shockingly, they speak for themselves:

- With poor sanitation and lack of solid waste management, most of the 16000 streets of Kabul stink. Hundreds of tons of garbage mixed with human excreta are littered all over the city to turn it into the dirtiest places on earth.
- On average, only 23% people have access to safe drinking water;²⁷ and the groundwater levels are uncertain;
- Air quality in major cities, particularly in Kabul, most of the time becoming intolerable;
- The poorest Afghans live in the most ecologically vulnerable areas;
- Persistence of drought in the past few years forced hundreds of thousands of people to abandon their self-sustaining life styles and become environmental refugees called IDPs;
- Only in 2002-2003, the dust storms destroyed the livelihoods of tens of thousand of people, and buried more than 100 villages in the provinces of Farah and Nimruz;
- Wetlands of southwest Afghanistan have shrunk, and if not intervened could turn into deserts;
- The fragile mountain forests are disappearing at a phenomenal pace;
- In the past 30 years, almost 70% of the natural forest cover of the country has been lost, and the remaining is severely degraded.
- The biodiversity is in decline and many species of flora and fauna are in the brink of endangerment or extinction here.

Environmental priorities of the country are peculiar. At this point, Afghans are concerned with much more basic elements of human survival, i.e., safe water and healthy land resources. Polluted water is a threat to life. Each year thousands of our children suffer from acute diarrhoeal diseases, malaria, tuberculosis, and trachoma, and 85% of child mortality is due to preventable diseases related to environmental degradation.²⁸ The provision of safe drinking water and sanitation and some education in hygiene can dramatically help alleviate these environmental problems and relieve much human suffering.

Eroded land is a treat to the livelihoods of almost 80 per cent of the Afghan population. Poverty is one of the greatest threats to the environment. If development policies are not adopted to overcome this, the poor will continue to overuse their natural habitat merely to survive. The consequent environmental depletion will affect generations to come. Lack of national environmental management capacity, and poor air and water quality in cities as well as rural areas is appalling,

²⁷ UNICEF, 2003: UNICEF best estimate, Kabul.

²⁸ ANHDR 2004: Afghanistan National Human Development Report 2004: Security with a Human Face, UNDP, Kabul.

leading to health problems and substantial economic losses. Likewise, natural capital in the form of land, forest and biodiversity is under a long-term decline.

These factors combine synergistically to negatively affect human health and welfare and hinder development. They increasingly constrain economic prospects and growth, and so pose a serious threat to Afghanistan's mid and long-term stability, and sustainable human development. Yet, there are alternatives. Air and water resources can slowly be restored, forest and land degradation can be interrupted and even reversed, and biodiversity losses can be halted if adequate and timely interventions are to be made. Thus, in the short-term, efforts in environmental remedy should be focused on more localized phenomenon, such as air pollution, water pollution, soil degradation, and deforestation. National as well as donors priorities for spending should be immediately redirected to the most basic environmental needs and capabilities of Afghans.

It is obvious from the above discussions that the issue of environmental security merits being one of the main concerns in the overall national strategy for sustainable development in Afghanistan, which needs serious long-term donors' support and commitment in environmental sector. A model of sustainable development must incorporate environmentally safe technologies into all investment planning and seek ways to reflect the scarcity value of environmental resources in decision-making to ensure sustainability of development.²⁹ In view of the fact that the five concerned donors are vanguards in environmental protection in their own rights, their assistance in this sector should be considerable.

In the past three years, only a drop of the donors' assistance has been indirectly allocated to environment-related projects in Afghanistan. The scale of action in environmental sector has been almost negligible, both on the part of the Afghanistan central and provincial governments, as well as the international donors. However, the stage for successful reconstruction of Afghanistan based on a sustainable development and environmentally aware agenda is ready. It is a matter of making the right choices to help make this happen. To achieve these goals, the establishment of frameworks only is insufficient. Action is needed, and this requires a major effort and commitment by all actors, including the concerned donors.

14. Recommendations

Short-term: Although apparently environmental concerns were getting an increase priority in the context of the National Development Framework for Afghanistan³⁰, but in practice, so far neither the government of Afghanistan, nor the donors have taken the cross-cutting issues of this sector seriously. The NEPA is established only in May 2005. With this institutional framework in place, it is suggested that national goals and policies have to be established in par with the MDGs, to include environmental quality objectives, technical targets, and implementation measures. Without further delay, the donor community must focus on supporting these goals through specific capacity building programs aimed at NEPA. Gender-sensitive environmental awareness programs need to be supported by the five donors.

Medium-term: Protecting the natural resource base will contribute to economic growth, social stability, and sustainable human development. It is obvious that economical growth and development in Afghanistan will be largely dependent on technical assistance of the donor

²⁹ Johnson, et al., (1997): World Bank. as quoted in: China Human Development Report 2002, UNDP, Oxford University Press. New York.

³⁰ NDF, (2002): The Draft of the National Development Framework (NDF), April, 2002, Kabul, Afghanistan.

community. Thus, strengthening the local capacity in environmental management must be the focus of donors' policy in environmental capacity development, and this requires firm commitment and supporting specific environmental management projects in Afghanistan mainly through NEPA and other Afghan counterpart.

Equal and efficient access to natural resources, and the rights and entitlements of citizens to communal property are other issues that merit to be raised when projects are designed and implemented. Strengthening the environmental management is the very important element in this regard, which requires the provision of a strong role for communities in implementation of the policy, and a leadership role for the state in designing and promoting the policy with strong support from donors. This should be viewed as a short-term to medium-term policy of the donors. A stronger alliance between local communities, institutions of civil society, government and international community will facilitate such roles.

Long-term: The coverage of interventions in the areas such as water and air pollution management, solid waste management, reforestation projects, fighting desertification and losses of biodiversity should be expanded and systematized. Although some of the ecosystem and biodiversity losses from the previous decades are irreversible, development and implementation of integrated economic and environmental policies through long-term projects are efficient tools in reducing the human impacts on the environment, and vice versa.

Lessons Learnt: The current trend of environmental degradation in Afghanistan is leading the country deeper into poverty and dependency on donors, and if not reversed, the people of this country will be pushed further into the abyss of human insecurity, social conflict and misery, that will consequently be a threat not only to the stability of the region, but the world. Although indirectly some assistance has been provided by donors in environment-related sectors such as water and sanitation, but direct funding to the government of Afghanistan earmarked for environmental sector has been scant or non-existent, and the **impact** negligible. Donors did not have **coordination** in their activities in this sector, neither among themselves, nor with the government of Afghanistan, making the whole activities **inefficient** in providing direct support to the GoA to develop its environmental sector capacity.

It is the time for donors to change their attitude in this regard, and understand the environmental sector requirements of this country and respond to it more **efficiently** and **adequately**. Environmental needs in Afghanistan are dire, and donors should not neglect this sector, as they did in the past three years.

GENDER

Sadiqa Basiri

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1. Definition and understanding of gender¹

This study is based on a combination of a desk study, interviews with organisations and individuals in Kabul, field interviews in Paghman and Bamyan provinces and supplemented with findings from other team members having visited other Afghan provinces.

An understanding of the concept of gender is essential to the integration of gender into development work. Whilst sexual identity is biologically determined, gender identity is not. It is constructed by society and therefore can change and is changed. Gender roles and relations are constantly changing, at variable rates and in diverse ways in different cultures and social groups.

As in much of the world, the concept of gender is not well understood. In Afghanistan, the term does not easily translate into the local languages and some interest groups regard the concept with considerable suspicion. At the same time, gender continues to be seen as a 'women's issue' and the voices of eminent experts such as Nancy Hatch Dupree; cautioning that in Afghan society it is essential to include men in any gender development work, frequently go unheard. It is therefore essential that those programmes containing a focus on gender are well thought through and discussed with the community at large. Progress cannot be achieved without the cooperation and understanding of men and women, while at the same time acknowledge the specific need of women and to allow them to come forward and be 'positively discriminated against'.

2. Background information

Under the Bonn Agreement "the participation of women and attention to their rights and status are both a requirement and a vision of the national peace and reconstruction process." This agreement also established the Ministry of Women's Affairs (MoWA) and the Afghan Independent Human Rights Commission (AIHRC). These two bodies both work to ensure the equal participation of men and women in the nation building and peace processes. The AIHRC has been increasingly involved in judicial matters, and advocacy and information initiatives that involve the rights of women.

The Convention on the Elimination of all forms of Discrimination Against Women² (CEDAW) was signed and ratified in March 2003 by the Afghan Government. It obliges signatories to eliminate all forms of discrimination against women in all aspects of life. The Afghan Government is required, within four years of this ratification, to report on the measures it has taken to comply with CEDAW.

The new Afghan Constitution focuses on respecting religious beliefs and enforcing equality of treatment before the law. The constitution denies discrimination on the basis of gender and provides for equal rights and duties before the law. It also guarantees women's participation in governance, education, health, and other sectors. An average of two female parliamentarians will be elected in each province at the forthcoming elections, ensuring at least 68 women in the Lower House, and in the Upper House one half of the representatives to be selected by the President must be women. These are significant achievements and represent a very constructive step forward.

The targets, for example, those for female representation in the 2003 Loya Jirga were ambitious, but since all targets have been exceeded to date, so the above targets should be achievable.

¹ The Oxfam Handbook of Development and Relief. Volume I. Oxford 1995.

² See <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

3. Gender policy

Most donor countries have ratified CEDAW and the Conventions on Human Rights along with the Beijing Platform³; which resulted from the UN-sponsored international dialogue on promoting gender equality. These commitments demonstrate a rich policy environment, but translating this into an agreed strategy for moving towards gender equality is a considerable challenge in Afghanistan⁴. Activists, however, do now have a unique opportunity to use these international agreements to press for gender mainstreaming.

Since the beginning of the transitional government in early 2002 many strategy documents have been written which include references to gender. However, international consultants have prepared most of these and they are not usually translated into either of the National languages. Some of the ambitions of these documents reflect a Western perspective on gender equality, which may clash with Afghan values, particularly those prescribed by Islam.

4. Sector observations

4.1 Policy and implementation strategy

The Ministry of Finance has introduced a very simplified form of gender budgeting into the National Development Budget (NDB) process. All ministries are required to indicate which of their programmes relate to gender and this information is collated by the Ministry of Finance to assist with programme prioritisation. This represents an initial step towards promoting what is good and to be encouraged, and, is regarded as a positive beginning. The process requires each ministry to undertake an exercise that identifies gender activities in their programmes, and this, of itself, represents a form of gender training, even though at present the lack of understanding within some ministries makes it difficult to monitor. This level of gender budgeting benefits from being relatively easy to explain and at present it focuses upon welfare aspects of gender, such as equal access to health and educational services. (Another positive factor is that this tool can potentially be applied to all marginalized groups, such as, the disabled and khuchis.)

The National Development Framework (NDF) and the work-plan of the Afghan Government both insist that all programmes must pay special attention to gender. The NDF also refers to the need for communal dialogue to enhance the opportunities for women and to improve cooperation between men and women. At the community level, it is hoped that this 'special attention' will translate into a main focus on health and education, which must be the immediate priorities.

The most recent GoA statement, Securing Afghanistan's Future⁵ published in March 2004, was disappointing in gender terms. Again, written by foreigners, with only intellectual inputs from Afghans, it was intended as a twelve year forward looking document, but it shows very little foresight concerning the role of women. There is little beyond target setting for enrolment in

³ Beijing Declaration and Platform for Action adopted by the Fourth World Conference on Women: Action for Equality, Development and Peace, Beijing, 15 September 1995 see

<http://www.un.org/womenwatch/daw/beijing/platform/plat1.htm>

⁴ The Norwegian Embassy and CIDA have provided capacity building to MoWA for operationalising CEDAW

⁵ <http://www.af/resources/mof/recosting/SECURING%20AFGHANISTANS%20FUTURE.pdf>

primary and secondary education and no commitment to priorities, such as, training female health workers to reduce maternal mortality. The document states that: “In both health and education, the gender element is critical, given we are moving from gender apartheid to gender integration, addressing the capabilities of women in the culturally appropriate way requires special attention”. But this special attention is not provided elsewhere in the document. Whilst some aspects of gender integration may indeed need considerable further study, other aspects are very obvious and more ambitious commitments could be made immediately on health and education. The Government also needs to make allowance for the lost generation of young men and women who are too old to rejoin education. Without education now for that generation there will be a big gap that is not being addressed. Education for the age group between 15 and 24 is one of the MDGs, and these youths will be major contributors to Afghanistan’s future over the next 20 plus years.

The Berlin meeting held in March 2004 came up with two very concrete commitments in its work plan, these being, the integration of women in political, economic and social life and increasing the number of women at a higher grade throughout public administration; which is one of the MGD indicators.

On education the document *Securing Afghanistan’s Futures* states “Gender disparities are prevalent across both regions and levels of education. In Kabul 81% of school age girls attend primary school, but in many provinces the rate is well below 15%. Likewise, female attendance in schools and higher learning facilities drops dramatically as girls progress towards higher grades. Closing the gender gap in education will require concerted efforts to strengthen “cultural” demand for girls’ education in the provinces and at advanced levels, while ensuring that opportunities to attend (supply of learning spaces, female teachers) are well in place.”

The majority of women in Afghanistan have never seen a doctor⁶. In rural areas 40% of health facilities do not have any female staff, and when present they are primarily TBAs (traditional birth attenders) or CHW (community health workers). There is a tendency to focus on reproductive health only, when planning health services for women. Women have less access to treatment of any diseases with 87 % of women in a survey in Herat⁷ (the most educated area in Afghanistan) having to obtain permission from their husband or male relative before seeking health care. Male doctors may not even listen to a female patient’s chest when making a clinical diagnosis, leaving female patients with poor diagnosis and possibly inappropriate treatments. Tuberculosis is an example of a disease effecting women at a disproportionate rate, due to their gender based roles of cooking and cleaning in enclosed ill ventilated areas, for example, 70% of detected tuberculosis cases occur among women⁸.

Greater awareness of need to train professional birth workers is now apparent, but insufficient facilities are available to support this. With an the annual population rate growth estimated at 3.9%, there is an urgent need to bring family planning down to the community level and to introduce sex education for young people. BRAC has done some excellent work in this area and the MoPH is beginning to talk about this sensitive issue.

Gender imbalances in health are revealed at an early age. In areas with difficult access to health services, like Badakshan or Nimroz, carers are less likely to take girl children to clinics for

⁶ Samar, Sima (2004). *Dispite the Odds: Providing Reproductive Health Care to Afghan Women*. New England Medical Journal 351; 11 September.

⁷ Amowitz LL, Reis C, Icapino V: *Maternal Mortality in Herat Province, Afghanistan, in 2002: An Indicator of Women’s Human Rights*. JAMA. 2002 September 11 288(10):1284-91.

⁸ Ministry of Health (2003): *Project Document for National Tuberculosis Control Programme 1.3 Health and Nutrition AFG/03446*.

treatment than boys⁹. Lack of education combined with a tradition of early marriage lead very young women into high-risk pregnancies which contributes to making maternal mortality the leading cause of death among Afghan women of reproductive age¹⁰.

Some agencies have reported that they lost many of their health staff in the first quarter of 2002, especially female staff, which were suddenly in huge demand by other organisations. This happened with the influx of foreign contractors and the scaling up of UN operations with significantly higher salary rates. Many of these employees moved from rural work places into the cities, primarily Kabul, and some even moved out of the health sector.

Little consideration has been demonstrated of the potential role of women in advancing family livelihoods in Afghanistan. This requires education for women at all levels and could have a significant impact if other livelihood promotion activities are successful. For example, to resurrect fruit and other industries requires workers with a great range of skills, which should include women, for example, in sorting, packing, marketing and administration. Women's contribution to the economy through agricultural also needs to be pushed harder for better recognition as currently there is a big gap in national planning. The Ministry of Agriculture is highly patriarchal in outlook and has not given much concern to further women's role in the sector.

4.2 Coverage and actors involved

Understanding of gender issues is weak, not only at the national and provincial levels, but also internationally. The Afghan Government ministries and their departments in the provinces have no real strategy, and it is clear from meetings held with some donor agencies that they also have little sense of direction.

The MoWA was established as a ministry in 2002. At the political level MoWA now has a structure, but like all ministries it is weak and yet it has few consultants to support its work. Having initially attempted to implement projects at the provincial level, MoWA is now attempting to focus upon four areas for policy development, these being: female education, health, law and political rights (including constitutional issues and economic empowerment). It does not have any development projects to supervise and its key strategy is gender mainstreaming, though several provincial DOWAs does not seem to buy into this view. The lack of any flagship programme has constrained the influence of the Minister but its key role should be advocacy, monitoring and technical support and reporting. MoWA has received little support from GoA and other ministries tend to think that MoWA will solve all women's problems.

The former minister was successful in raising awareness within Cabinet of problems facing women, such as, human trafficking, the age of marriage and violence against women. Developing a National Action Plan for Women (DNAPW) is focusing on mainstreaming gender within the ministries to ensure women's equal participation in nation building and state building, but MoWA's role here, in cooperation with The Afghan Women's Network (AWN), has been less successful and it needs to look at how it can reach beyond the current low level of comprehension.

The advisory group on gender, whilst considered to have been perhaps the best AG, is not a consistent or coherent body with a fixed representation, but an open forum, and therefore no consistency in policy or strategy is possible. The new Minister has, however, been reluctant to call the meetings.

⁹ Afghanistan: Progress of Provinces. Multiple Indicator Cluster Survey 2003. TISA and UNICEF.

¹⁰ WRI, (1996). World Resources 1996-7. World Resource Institute, Oxford University Press. New York.

In the provinces, the most notable activity of MoWA has been the provision of women's literacy training as a manifestation of their project focus. Here we find training offered only to women, despite the fact that many men and youths are also illiterate. Whilst the quality of this training may be high, the strategic gain from this training is not clear, since the recipients may not be women who are likely to benefit from using reading and writing skills in any livelihood or other function. Whilst literacy can raise individual's status, it is not apparent that the literacy training resources have been targeted to best advantage, for example, towards young men and women who lost the opportunity to complete their schooling due to instability and social restrictions.

AIHRC has fallen into the same trap as MoWA; of trying to do things and solve problems rather than disseminating understanding. However, it is now well respected and is often resorted to by women seeking redress for family or social problems.

No need assessments have been done on gender by any agency. Amongst the NGOs there is perhaps the most concerted attempt to deal constructively with gender issues at their organisational level. Oxfam have conducted a gender mapping exercise and DACAAR and SCA are both working to develop internal staffing guidelines on gender. There are case studies focusing on the gender situation in different parts of the country produced by AREU.

UNIFEM has established a legal program and provide support to MoWA and other ministries to formulate the National Action Plan for Women in Afghanistan. They appear, however, to have lacked a strategic vision in the period under review and has tended to operate more like an NGO, implementing small projects here and there across the country, often with little effective coordination with other donors. These projects have included skills training courses and support to women's centres. UNIFEM/UNDP are working closely with MoWA to provide capacity building on strategic planning and in advocacy and convening workshops and seminars. JICA has also provided administrative support to MoWA.

4.3 Relevance of the interventions

At the national level there is a discernable impact from gender related interventions, particularly in regard to the drafting of a new constitution, as well as the attempts to raise awareness of gender issues within the GoA and the work of the Ministry of Finance in establishing a gender budgeting process. The challenge at this level will be to maintain the momentum of this work, as attention is drawn away by other priorities.

The efforts made to ensure female participation in the Presidential election was also a good starting point for further awareness raising work and again it will be a considerable challenge to maintain the same level of female participation when election funding becomes a lower level donor priority. The number of women voters could have been increased if gender consideration had been emphasised in the selection of polling stations; some were too far away for women to access or were located in places unsuitable for women to visit.

The National Solidarity Programme (NSP) is providing women's representation at community level; this is a very big step forward which needs to be built upon. NSP is now looking at how best to do this, whilst also trying to maintain its momentum. It is a good starting point for integration, but, it faces challenges and in most villages separate male and female CDCs have been established. Some of the facilitating NGOs are providing additional capacity building training on management, human rights, community mobilisation and peace building in their respective NSP communities. If these supporting trainings continue in both male and female CDCs, then women could be promoted

and empowered in decision-making, otherwise the ideas and decisions of men will not be influenced.

Microfinance Investment Service Facility for Afghanistan (MISFA): The microfinance institutions supported by MISFA have considerable potential in providing cost-efficient access to loan finance to large numbers of female clients. This could bring positive changes to the living situation and status of clients. But women's access to local markets needs to be developed and their products improved. Most women could make a significant contribution to their families' financial well being if they had access to markets. Many families in Parwan, for instance, have livestock and the women make products from livestock that their male family members sell in local markets. The income is never returned to the women and they are excluded from decision-making on how to develop the products or invest the profits.

Women's Shelters and Centres. The women shelters work under extremely difficult security circumstances in order to accommodate and help women who have often left their families due to violence, forced marriages etc. The women centres, mainly provide vocational trainings for women. In general the construction and upkeep of centres and shelters is uncoordinated between the various donor agencies. For example, in Herat, several donors have provided funds for construction and the shelters have been built in close proximity and serve the same catchment area. Also, USAID have provided funding for the construction of very high quality women's centres, but they did not plan for the effective utilisation of the space provided or for ongoing repairs and maintenance of the structure or the equipment that they also donated. In other parts of the country no funding has been made available for women's groups, and since NGOs in isolated places do not have good connections with Kabul the donors have limited knowledge of their work.

There remains a lack of effective community participation in much project designs. In some areas, where clinics and schools were absent, funds were spent on women's public bathrooms without community consultation, with the result that the facilities were never used as they were considered inappropriate for women. In Nangahar, women's public baths have been constructed when there is no safe place for women at risk from domestic violence, and these vulnerable women have had to look for shelter inside the prison (women and children confined in prison is a major problem in itself, many kept there without legal verdict – or because they have been abandoned by their families) In Bamyan, new settlements were made for returnees and IDPs, whilst overlooking gender aspects, for example, the bathrooms and latrines were constructed too far away from the houses; this makes women's and girl's access to them difficult or impossible after dark.

Projects such as food and cash for work have found little opportunity to involve women, since the work provided was mainly manual construction, which is considered inappropriate for women. Also, income generating projects such as Ghelum (rug) weaving, and craft production have continued to be funded, but little market planning was undertaken and quality considerations were not effectively applied. To date, there is very few evidence of any innovation in income generation for women except some examples of media trainings for women, driving and car maintenance. Women are still primarily busy doing tailoring, embroidery, carpet weaving and knitting, whereas, other training, such as computer skills, English language, and data entry could be provided for women in urban areas where the demand for office skills is now very high.

4.4 The role of the donor organisations in gender programming

One of the developments in aid delivery that counters against the allocation of resources to gender and other cross-cutting issues is the procurement of pre-designed projects through a process of competitive bidding, where price is one of the primary criteria for the award of contracts. Under

such a process, making resources available for gender inputs will only happen if the requirement is specifically stipulated in the tender documentation and clearly flagged as a factor in the bid evaluation process. It was striking that recent programme documents produced by DFID under its livelihood's sector for capacity building in the Ministry of Agriculture, made no reference to gender, despite assurances that this issue has been mainstreamed throughout the organisation. Donor organisations that wish to promote gender awareness need to be more proactive in this area and must be prepared to make the additional funding available to ensure that the issue is mainstreamed, rather than allowing it become sidelined.

Donors such as Sida and Danida have been prepared to support some gender awareness but this is primarily limited to the work of their own national NGOs, such as, SCA and DACAAR. The Donors have, however, provided support to education which is regarded as an important women empowering intervention, and support to the AIHRC and MOWA (through UNIFEM) and NSP – for their gender-related work.

4.5 Coherence and connectedness

The main priorities found during the field trips are education, health, legal assistance and security. At the project level women also expressed priority for access to clean drinking water, which should be close to (or preferably within) their home compounds, additional culverts across water channels were required in order to increase their access to health facilities, etc.

The life of woman in rural areas has not changed as that of women in urban areas has. Women in rural areas are disconnected and do not have access to information. The social and cultural norms, which influence a woman's ability to exercise her rights, present major constraints across the country, albeit to different degrees. Women in urban areas have many more possibilities by comparison. There does appear to have been an imbalance in funding in favour of urban areas, which is compounded by a lack of local expertise beyond the urban centres. One exemption has been the programme for widows, supported by WFP, which although much criticised for management failings, was effective in creating job opportunities for these women, both in rural and urban areas.

For more effective promotion of gender and gender equality, there should be educational and literacy programs for both men and women in addition to the emphasis on primary education.. Due to misinterpretations of the Holy Quran by poorly educated religious leaders, women do not know that they have the right to work, right to education and the right to live as men do.

Most health programmes focusing upon women do not include awareness for men. For example, concerning contraception and child-spacing, it is essential that men understand how to use contraception and why it is so important that their wives do not have pregnancies in rapid succession. In some places women are aware of contraception, but they use it rarely due to this gap in understanding within their families. Doctors also may have very little information and are not trained in the necessity for passing awareness on to husbands. Especially, where social and family networks have broken down, sources of reliable information are essential. The World Bank is looking at how experience from other countries can be used to assist the GoA. The Government needs access to information and advice on how to approach this sensitive issue, and the donor community is not good at providing information on best practices, which needs to be delivered at Cabinet level in the first instance. The health sector is beginning to recognize some critical gender dimensions here. Saving women's lives should be a major priority as women's life expectancy is amongst the lowest in the world, at around 43 years. Much greater priority is also required since the

current rate of population increase will hamper economic development, as the resources are not available to effectively educate so many children.

There is no legal assistance available for women other than that provided by the AIHRC, Norwegian Refugee Council and Medica Mondiale. Women are suffering in jails for no reason other than perhaps an internal family dispute or being victims of violence, including rape and other sexual abuses, and then charged with adultery. The family court exists to solve these problems but its judgements are not reliable or consistent throughout the country and most women have little chance of receiving true justice. Levels of domestic violence against women also impact on their psychological health and their potential to contribute to the economy. A range of cultural and religious constraints needs to be overcome to allow for a wider empowerment of women.

Some of the gender and human rights awareness programmes conducted have been criticised for increasing tensions within families; the expectations of women participants have been raised without any commensurate increase in awareness amongst other family members, especially the men folk. For example, the Evaluation was informed that the levels of domestic violence and divorce had increased in Yakawlang, Bamyan. The DoWA representative in Bamyan emphasised the need for professional trainers with a more rounded understanding of all the issues.

4.6 Coordination

There is a lack of effective coordination on gender issues. This is particularly apparent at the provincial level where there appears to be no common strategy amongst the various implementing organisations. The development of a National Action Plan by MoWA offers some prospect for improvement, as this could help to ensure men and women's equal participation in decision making and planning in each ministry.

5. Cross-cutting issues

5.1 Security

Security from attack by armed militias has improved in most part of the country, although random attacks remain a threat. However, the rate of common criminality in Kabul city and other urban centres has increased significantly and many interviewees voiced extreme fears concerning human trafficking. If women and girls do not feel safe moving around their neighbourhood they cannot contribute meaningfully to the economy. If girls cannot go to school because of fear of abduction, and women cannot travel to health clinics or hospitals, then improvements in service delivery will not benefit them. Failings in enforcing the rule of law impact upon both men and women and undermine their quality of life, while domestic violence is of particular threat to women. The high level of self immolation in Herat is contributed to such violence, and women being forced into marriage against their will.

Individual security includes issues pertaining to inheritance and property rights and this is a national issue that needs to be addressed through the judicial process.

5.2 Societal norms influencing respect for women

Afghanistan is a fractured and transitional society with many young people coming to their mother country for the first time. Local communities have yet to be re-established and there is confusion

over social values, especially with so much western influence entering the country through electronic media (violent films and the proliferation of pornography being prime examples). The disconnects between traditional values and modern influences need to be addressed, as the resultant confusion threatens social norms and values, which can further undermine gender relationships. Here donors could play a strong supportive role to the Government.

5.3 Monitoring and evaluation

Some ad hoc monitoring and evaluation systems have been developed by individual NGOs, such as Oxfam, but beyond that there is no national baseline information upon which to establish future monitoring and evaluation surveys.

6. Findings and conclusions

Before, and immediately following, the fall of the Taliban regime much emphasis was placed on the need to improve the lives of women in Afghanistan. In fact, the issue of women's rights was cited as one element in the justification for the international coalition entering the country. But since then, other priorities have taken centre stage, so that the issue of gender mainstreaming has been increasingly marginalized. Donor organisations, human rights and all advocacy groups must ensure that pressure is placed on the Government to continue to build on the momentum established to far.

In addition, the need to improve coordination of activities, particularly those in the provinces is clear and long term programmes which are better researched should be established, along with effective monitoring systems and means for communicating lesson's learnt.

More resources are required for education and training, particularly for the current lost generation of young men and women who could contribute so much to Afghanistan's immediate future if they are given the skills and resources to achieve their potential.

HEALTH SECTOR

Merete Taksdal

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1. Introduction

Afghanistan's population suffered from very high mortality and morbidity even before the Soviet invasion of 1979. Throughout the 1960s, Afghanistan's health system was extremely limited, predominantly hospital and doctor based, and concentrated in urban areas where less than 20% of the population lived¹. Twenty three years of war left the health sector critically damaged, and meant that little progress was made in improving health service delivery. The large majority of health services have for the last decades been financed by international assistance without coordinated planning, partly through cross-border operations by NGOs and UN agencies. The health system is too small, fragmented, grossly gender and urban biased, used only by a minority of the population and unevenly distributed across the country². The gravity of the situation is reflected in some of the worst health indicators found anywhere in the world. The under-five and infant mortality rates are the highest in Asia and very high compared to other developing countries and three to fivefold higher than in neighboring countries³. The maternal mortality ratio, estimated at 1,600 per 100,000 live births is the highest in the world and reflects the low status of women⁴. The rate of chronic malnutrition (moderate and severe stunting) remains around 50% reflecting a combination of poor caring practices, micronutrient deficiency, and chronic food insecurity⁵. Most of the burden of disease results from infectious causes, particularly among children where diarrhea, acute respiratory infections, and vaccine preventable illnesses likely account for 60% of deaths. Among adults, tuberculosis accounts for an estimated 15,000 deaths per year with 70% of detected cases being among women.

The fall of the Taliban regime in 2001 and the subsequent influx of international assistance have resulted in heightened development activities. The Commission on Macroeconomics and Health, which presented its report to WHO in December 2001⁶, concluded that populations enjoying good health also have the capacity to reduce poverty levels and achieve sustainable economic and social development. This idea seems to have had fundamental implications for the development of policies of the GoA and for the donor community supporting it. Simultaneously, improved health of the Afghans can serve as a bridge to sustainable security, peace and development⁷. However, determinants for health in a population are mainly found outside the health system. A multi-sector approach ensuring poverty reduction, secure livelihoods, access to clean water and sanitation facilities, access to education (especially for females) and respect for human rights, is needed for improvement of the situation.

The living conditions and human security vary considerably internally in Afghanistan, both between provinces and in districts inside provinces. While Herat ranks second after Kabul when it comes to selected indicators in health⁸, Badghis (neighboring Herat) ranks 29th out of 32 provinces.

¹ Securing Afghanistan's Future: Accomplishments and the Strategic Path Forward. Health and Nutrition Technical Annex January 2004.

² Ministry of Health, project document for Integrated Primary Health Care Programme AFG/00831.

³ WHO Afghanistan country brief. November 2004

⁴ Ahmed A, Edward A, Burnham G, (2004): Health indicators for mothers and children in rural Herat province, Afghanistan. *Prehospital and Disaster Medicine*; 19(3):221–225.

⁵ Ministry of Health, Public Nutrition Policy, November 2003.

⁶ Macroeconomics and health. Investing in health for economic development. WHO Geneva 2001.

⁷ WHO (2002): Reconstruction of the Afghanistan Health Sector: A preliminary assessment of needs and opportunities. WHO-EM/EHA/003/E/G.

⁸ UNICEF: Afghanistan – progress of provinces. Multiple Indicator Cluster Survey 2003 ranking a calculation of aspects of the following indicators: Measles Immunisation, Vitamin-A supplementation, disability for 1-4

2. Observations

2.1 Policies and implementation strategies of the GOA/the international community

There is great inequity in the distribution of facilities and services throughout the country, between provinces, and between districts in the same province⁹. Even where health facilities exist, they often lack basic utilities. All facilities should have access to safe water sources, which is not the case today. In order to address the challenges of health service delivery, the Transitional Islamic Government started a process aiming at, over time, making essential health services available to all Afghans through the introduction of a BPHS (Basic Package of Health Services). The health service delivery in this system is contracted to NGOs and private actors through a bidding process to the donors (USAID, EC, WB), and a time limited performance based partnership agreement (PPA) is signed between the partners. This policy was decided following a process driven by the World Bank, addressing it the first WB/ADB/UNDP preliminary assessment December 2001/January 2002¹⁰. This was seen as an opportunity for harmonizing resources represented by numerous NGOs de facto responsible for most of the health service provision in the country, as well as recognizing the lack of capacity of the MOPH.

The BPHS has four levels and consists of: One Health Post per 1,000-1,500 Afghans. One Basic Health Centre per 15,000-30,000 population. One Comprehensive Health Centre per 30,000-60,000 population. One 50-bed District Hospital per 100,000-300,000 population.

Although the MOPH still in some provinces is responsible for health service delivery, its primary roles are developing strategies, goals and objectives, setting indicators, monitoring, supervision and control of performances of the implementing partners¹¹. A third party evaluator monitors providers' performance on the basis of agreed upon national indicators. User fees may be levied at the point of delivery. This is a significant change in policy in Afghanistan, although unofficial payments for services in public clinics have been and still are pervasive. The Constitution of Afghanistan states that: "The state is obliged to provide free means of preventive health care and medical treatment, and proper health facilities to all citizens of Afghanistan in accordance with the law"¹². The next paragraph reads: "The state encourages and protects the establishment and expansion of private medical services and health centers in accordance with law". According to the MOPH there is currently no active legal regulation of the private sector in health, but traditionally doctors need to be employed in the Government sector in order to operate private services after working hours. With the under funded Government system, most doctors operate private clinics. A MOPH representative described the situation in their province: "The doctors come late and leave early in their government jobs. When they earn a few dollars a month, of course they have to work private

years and 7-17 years, salt iodization, school enrolment, child labour, drinking water, sanitation and access to radio. (Lowest rank indicates the best situation).

⁹ Transitional Islamic Government of Afghanistan, Ministry of Health (2002): Afghanistan National Health Resources Assessment. Prepared for the Ministry of Health by MSH, HANDS, and MSH/Europe.

¹⁰ Daly E (2003) Discussion Paper. Performance Based Partnership Agreements in the Transitional Context of Afghanistan.

¹¹ Transitional Government of Afghanistan, Ministry of Health, March 2003 / 1382: A Basic Package of Health Services for Afghanistan.

¹² The Constitution of Afghanistan Year 1382 Chapter two – Fundamental Rights and Duties of Citizens. Article Fifty-Two. First part. Unofficial Translation. Taken from The A to Z Guide to Afghanistan Assistance, AREU, 3rd Edition 2004.

to pay the rents and feed their families. They need at least 3-400 USD per month to live an ordinary life. If you go even to the teaching hospital after lunch, you will not find a single doctor”

The National level health priorities set by 2002 were:

- 1) Reduction of under five mortality.
- 2) Reduction of maternal mortality.
- 3) Addressing malnutrition.
- 4) Prevention and control of communicable diseases.
- 5) Addressing inequitable distribution of health services.
- 6) Capacity building.

The important fields of disability and mental health were not placed as priority programs in the first stage of the BPHS, due to careful prioritization of programs reducing the excess preventable mortality. However, in the mid term and long term plans, these aspects are being phased in, as well as the development of new policies on the “essential hospital package”.

There seem to be consensus from the international community to supporting the efforts of the GoA in establishing a coherent health system in the country, although concerns are raised about the short funding commitment for such a massive expansion. Initial caution towards PPAs was summed up as “too fast, too soon, on too large scale, with limited experience to draw from”¹³. The beneficiary perspective is not taken sufficiently into consideration. In some of the provinces the operation of clinics and implementation of services have been transferred from one NGO to another, not necessarily improving quality or access. The expansion plans may also be unrealistic due to the lack of qualified medical staff. The effects of having free market competition for scarce human resources led to major turnover of staff between agencies in 2002¹⁴.

2.2 Main actors and coverage

There are around 30 NGOs involved in delivering services of the BPHS in the country. Approximately 70% of the districts are currently covered by the BPHS providing primary health care to 50% of the population¹⁵. The MOPH considers this development as a substantial and important achievement. The BPHS is enforced by vertical programs (EPI¹⁶, malaria, TB¹⁷). Some of the implementers like Ibn Sina and SCA describe the progress as substantial when it comes to the goals of expansion, with a more equitable health service, high quality and good access. At the same time recognizing huge unmet needs and slow progress in some areas, and that the ultimate goal of improving the health status of the people takes a long time. The health statistics do not yet permit a proper coverage analysis towards the goals of reduction of mortality and morbidity. The results can be measured on the basis of number of clinics, numbers of patients treated in the clinics, number of children vaccinated and similar quantitative data, or assessments from smaller clusters or household surveys. Still there is huge uncertainty related to the projections of data from individual patients to percentages of the population.

¹³ Daly, E (2003) Discussion Paper. Performance Based Partnership Agreements in the Transitional Context of Afghanistan.

¹⁴ SCA annual donor report 2002.

¹⁵ WHO November 2004 Afghanistan Health System Update

¹⁶ EPI – Expanded Programme of Immunization

¹⁷ Tuberculosis control – through national standards including DOTS (Directly Observed Treatment Swallowing)

2.3 Efficiency and timeliness

From the political transition in 2001, the influx of aid agencies and funding has increased enormously. However, everything did not need to be started at a zero point, several health programs were ongoing in the country. Primary health care, training of local staff, supply of medicines and vaccines, outreach activities and water / sanitation programs are not new to Afghanistan. The activities that took place from 2001-2004 are targeting many of the previously defined basic needs. The control of communicable diseases, for example eradication of polio, progressed steadily in Afghanistan from 1996¹⁸ when 30% of infants aged under 1 year had received three doses of OPV (oral polio vaccine). In 2004 UNICEF reported the achievement of vaccination 6.7 million children against polio, making it realistic to achieve the MDG of polio eradication within 2010. The main change since 2001 has been the establishment of comprehensive national plans within the health sector, a framework of optimism and stability, allowing all involved actors working towards expressed overall objectives. The aid has been distributed according to aid agency access to a greater extent than according to needs¹⁹.

2.4 Transition from emergency to rehabilitation and development interventions

Within the health care it is difficult to see a clear distinction between the different phases of emergency, rehabilitation and development, they are all interlinked. The human development indicators²⁰ within health (and other sectors) are still so poor that they in “normal context” of current Afghanistan do not meet the minimum standards for disaster response outlined in The Sphere Project²¹. Key indicators used for evaluation of effectiveness of interventions in controlling disease and preserving health²² in Sphere include: The under-5 mortality rate is reduced to no more than 2/10000/day (equals 73/1000/year)²³. Measles vaccination coverage reaches more than 95%²⁴. There is access to adequate nutrition²⁵. There is access to adequate water²⁶. Several of the people met during this assessment point out the fact that the situation related to health still is an emergency, but that the situation varies geographically and between the urban – rural divide in Afghanistan. When it comes to infrastructure within health (excluding city-based hospitals), this is clearly not rehabilitation or re-construction, but new construction and expansion as well. For example, the number of clinics in Helmand has increased from 2 to 42.²⁷

There is a focus still directing a lot of resources into emergency situations. Examples are responses to outbreaks of cholera or other types of watery diarrhea, measles epidemics, or health responses to natural disasters like floods or land slides. Events like these seem to trigger funding easily compared to dealing with the same human suffering of the same extent in ordinary, poor areas. This is a common phenomenon in many conflict / post-conflict situations.

¹⁸ CDC (2001): Progress Toward Poliomyelitis Eradication – Afghanistan, 1999-2000. MMWR weekly March 02, 2001.

¹⁹ Several of the stakeholders say this in interviews, recognising that areas considered too unsafe for Government or INGOs have the poorest health indicators.

²⁰ UNDP (2004): Afghanistan National Human Development Report 2004. Security with a Human Face: Challenges and Responsibilities + UNICEF MICS 2003.

²¹ The Sphere Project (2000): Humanitarian Charter and Minimum Standards in Disaster.

²² Analysing standard 4, part 2:5 in minimum standards in health services, Sphere Project.

²³ Afghanistan national summary 172 (urban 142, rural 183), MICS 2003, UNICEF.

²⁴ 76% in Afghanistan national summary, MICS 2003, UNICEF.

²⁵ 50% of chronic malnutrition, Ministry of Health (2003) Public Nutrition Programme.

²⁶ 68.8% of rural households do not have access to safe drinking water, MICS 2003, UNICEF.

²⁷ Information from Ibn Sina.

The MOPH expects the technical assistance to move from the immediate post-conflict phase to longer-term development, and that donors and technical agencies will increasingly harmonize their inputs²⁸. They, however, see their planning towards development in a perspective up to 2015 in reaching important Millennium Development Goals, a commitment the donors need to have in mind. If the external funding stops or is significantly reduced, the fragile system will collapse, the expansion stop, and the health provision will concentrate in the cities. In that scenario, the health service provision in the districts will again be defined as an emergency.

2.5 The role of the five donor countries

The five donors have contributed to paying salaries of employees in the Government health sector through the ARTF. They have funded UN agencies involved in health, like UNICEF, WHO and UNFPA. They have supported the Red Cross and Red Crescent movement and their health programs through ICRC and IFRC, and direct contributions to NGOs involved in health programs, especially SCA and DAC, (DACAAR through the rural development programme), and CA. However, the main donors to the health system as outlined in the BPHS are WB, USAID and EC, and separate grants from JICA.

2.6 Quantity and quality of the aid as perceived by beneficiaries

In spite of rural expansion of health services, most Afghans do not receive aid to the extent of their needs or expectations²⁹. They do not receive significant and appropriate assistance in health, and in some cases appreciate the end of the draught or newly constructed roads³⁰ as more important in their daily lives than the change of the Government. However, mainly through mass media they are aware of the increased international support, and feel disadvantaged as long as they do not see tangible results. The NSP programme is an exception, but health programmes are only available through the NSP when in accordance with other National health plans. Especially females in rural villages and IDP camps mentioned health assistance and access to clinics as high priority needs that were not being met, and that the male CDCs are deciding what assistance the village is to prioritize. In all the villages visited, reported cases of recent deaths and untreated diseases were prevalent. The only notable exception seemed to be outreach vaccination teams visiting the villages for polio vaccination during the National Immunization Days.

Most facilities are located close to roads³¹, which may enhance referral and access for population-dense areas. Rural clinics are often understaffed, lack medicine, have no experienced doctor, or are unable to provide a proper diagnosis. A woman in Rabat Sangi, Herat said: "We have lots of problems in reaching the clinic. We have one doctor for more than 30 villages. When we reach, there may be 100 people waiting, and only 50 get help. We are told to come back another time and then it is the same. Emergency cases can not be helped. We have to go to the city, and this is more difficult and too expensive". To access clinic based services, patients will often travel long distances and at great cost to themselves and their families. The establishment of basic level services may in this perspective be insufficient, and not solve the needs of the patients when they arrive.

²⁸ Securing Afghanistan's Future (2004): Accomplishments and the Strategic Path Forward. Health and Nutrition. Technical Annex.

²⁹ Numerous responses from beneficiaries in the field study areas.

³⁰ Especially mentioned in Southern Zabul, due to the new Kabul-Kandahar highway improving access to hospitals in Kandahar rather than to the provincial capital of Zabul, Qalat.

³¹ AREU, MOPH, ANHRA.

2.7 Coherence between national policies and the reality on the ground

The MOPH plans and policies are outlined in a time-frame of phasing in new elements and services according to availability of human resources and funding, and of expansion of other services like education. The implementation of the BPHS, although progressing, is still far behind targets. There are many clinics established just by the name or in terms of constructed buildings. The expansion has also taken place in the most “attractive” provinces for the contractual partners; provinces with stability, not too difficult geography or climate, and relatively high population density get more bidders. The future expansion will be more costly and more challenging, not the least because of lack of staff and lack of interest by medical personnel in going to remote areas. In a paradoxical way, the new health system has led to the reduction of established clinics for agencies not included in the PPA. One example is the Afghan Red Crescent (ARCS). ARCS was established in 1929³², and is an important national organization involved in disaster preparedness and response. In 2003 they were represented with branches in all the 31 provinces. The ARCS’ policy has been to provide community services in all the provinces, as well as primary health clinics, and it would be against its mandate to concentrate in one cluster or province in the BPHS. Now their future funding for health activities is uncertain, and they have had to reduce staff and downgrade some of their established services, which included female doctors and health services directed towards women and children. Their Community Based First Aid programme has also been significantly reduced, although local-based health initiatives in rural Afghanistan could be vital as a first-line of services compensating for limitations in access and appropriateness of the facility-based health care.

It is also a question whether the services for the population in areas where well established NGOs have handed over their clinics to new actors have benefited the catchment population or not. Some respondents in the interviews have mentioned a problem with reduction in quality by new actors in areas where SCA was previously running the clinics.

The capacity of MOPH in the district is very limited when it comes to monitoring of activities, and the danger is that the Government does not manage to be in control of what is going on in many provinces.

In some emergency operations, for example in the health emergency related to whooping cough outbreak in Ghor Province during the winter, the coalition forces provided helicopters. While the MOPH found this unproblematic, some of their usual partners in emergency vaccination and relief had to abstain from participation due to their humanitarian principles and ideas of making a distinction between military and humanitarian actions.

2.8 Coordination at the local level

The provincial health coordination committees (PCCs) are established in all provinces, encouraging participation between all actors within health in the province, whether military or civilian. The meetings take place on a monthly basis and in case of health emergencies.

The provincial health authorities seem to have none or small input to the selection of the implementing agency of the PPA, causing some communication problems from the involved parties. If the provincial MOPH wants to correct a contractor in its province, they have no influence on delay of payments or other sanctions, and ultimately the complaint has to be directed to the donor in Kabul if the agency does not agree.

³² IFRC and ARCS documentation and interviews.

Traditional civil society is represented through district health committees. The private sector outside the BPHS is not represented in local coordination mechanisms. The perception from many actors seems to be that the real decisions are not taken at coordination meetings, it is more a forum for information sharing. The involved parties can do what they want with their own available funding. The provincial MOPH does not have any decision making power when it comes to contract distribution in the PPA. For example in Herat, DAC did not get a PPA contract for the cluster it has operated in full coordination with the MOPH in Herat for years, and the area has been given to another NGO without proper consultation.

3. Cross-cutting issues relevant to the health sector

3.1 The perception of the aid providers

The health service provision in rural Afghanistan has been depending on NGO support for decades, and the assistance is highly appreciated. The change in perception lately is caused by the expectation of rapid improvement, an expectation not met. "People are aware of a lot of money coming to the Government. But what they see physically are the NGOs. It is hard for the villagers to know if the car is needed or not. 5-10 years ago people felt that NGOs served them and relieved their pain. Now they believe they are here to fill their pockets. This jeopardizes the work of our staff". This was said in a bit of frustration by a representative of an Afghan NGO. His opinion was that the Government wanted to hide its own incompetence and corruption by blaming other actors. The Government criticizes the NGOs and simultaneously subcontracts the health service provision to the NGO actors. This is difficult to understand: "Why is the Government contracting NGOs if they do not trust them? It is their own money and they do not have to do that!" But he agreed that the implementation seem expensive with international staff. The money belonging to the poor in Afghanistan goes out of the country with foreigners' salaries and travels, or in the pockets of the already rich Afghans through house and office. An Afghan doctor who had worked for years in an international, medical NGO had experienced new expats coming and going, but the Afghan staff staying without recognition for their true skills. "Foreigners say: I only stay long enough to buy a house in my country!" or "After six months I go home and pay back my loan". She felt underrated and frustrated, and although the payment in the Government sector was lower, she was now working in the provincial hospital and felt that she was doing a patriotic duty towards her country.

The people in some of the areas visited have depended on health support by INGOs, services later withdrawn, reduced or suspended due to security risks. MSF (Médecins sans Frontières) pulled out of Afghanistan on July 28, 2004, following the murder of five of their staff in Badghis province³³. At the time they provided assistance in 13 provinces with 80 international and 1400 Afghan staff members. Clinics were rapidly handed over to other NGOs and the MOPH, but not with sufficient budgets, for some resulting in rapid decline of quality of services. Comments from some local actors have been that NGOs come in with sophisticated plans and high cost interventions with huge budgets for a short time. When the money is gone, so is the NGO, and the local system is left with useless equipment and no maintenance.

3.2 The return of refugees and IDPs

People returning from living for years in neighboring countries are used to higher living standards and better health services than the population in Afghanistan. Returnees from Iran may have left

³³ Katz I, Wright A (2004): Collateral Damage – Médecins sans Frontières Leaves Afghanistan and Iraq. New England Medical Journal 351;25 December 16.

behind refrigerators and other electric appliances, coming back to settle in mud houses without tap water, electricity or latrines. Several of the aid providers interviewed have mentioned the attitudes and knowledge among the returnees as a positive change in creating an environment for health promotional activities. "Returnees from Iran are more interested in health and education. It was not like this four or five years ago", a UNICEF representative in Herat observed. One example is attitudes towards the usage of contraceptives, which is accepted in Iran, and clerics have issued progressive edicts indicating that poor families could practice family planning. Studies indicate that Afghan refugees exposed to Iranian life, have changed attitudes³⁴. Preventive health services, like usage of bed nets in against malaria transmission, has gained support through social marketing in refugee camps³⁵.

However, returnees both from Iran and Pakistan are used to higher standards of health service provision than what is currently available in Afghanistan, and may contribute to the general dissatisfaction with the situation. Returnees with chronic medical conditions find no treatment, and complicated medical cases in general remain unattended. As a doctor bluntly said: "The people with money go directly to Iran. The others are dying". The complete lack of modern, medical treatment has raised concern about the ethics of sending refugees back to Afghanistan from Iran when they depend on life saving treatment like dialysis³⁶. "Repatriation of dialysis patients and transplant recipients may be tantamount to their deaths". Although Iran as the host country may expect UNHCR to take care of these individuals, advanced tertiary, curative services are not on the current priority list of the GoA.

UNICEF is cooperating with UNHCR in order to identify professionals among the returnees in order to utilize the human resources they represent. Although statistical data were not presented to the evaluation team, the impact on the health service does not seem to be profound, compared to the burden on the same services the high number of returnees represents. Medical professionals have fled the country at a disproportionate rate, and seem to be reluctant to leave jobs in other countries. "There are about a thousand Afghan doctors and a few thousand nurses in Pakistan alone. Thousands also are in Europe and North America", Dr. Nayeem Azim, chairman of Afghan Medical Association states³⁷. The challenge lies in attracting them back to Afghanistan. The donor countries may be able to contribute by not withdrawing the status of asylum in the host country for health professionals willing to go back to Afghanistan, as suggested by the British Medical Association.³⁸ Very few of the doctors in Afghanistan have any information on updated diagnostic and treatment practices.

Health services in the IDP camps have been reduced (Zalmay Dasht) or closed (Mashlak) as a push for the IDPs to return to their home places. The rationale for this decision is questionable from a humanitarian point of view. A widow in Mashlak camp (originally from Faryab) said that: "We are lacking basic health facilities. People with simple illnesses have to go to the city and pay a lot of money". In Zalmay Dasht, a woman complained: "I am sick, and I got some tablets. I am still sick.

³⁴ Piran P. (2004): Effects of social interaction between Afghan refugees and Iranians on reproductive health attitudes. *Disasters*. 2004 Sep;28(3):283-93.

³⁵ Kolaczinski JH, Muhammad N, Khan QS, Jan Z, Rehman N, Leslie TJ, Rowland M (2004): Subsidized sales of insecticide-treated nets in Afghan refugee camps demonstrate the feasibility of a transition from humanitarian aid towards sustainability. *Malaria Journal*. 2004 Jun 10;3(1):15.

³⁶ Ghods AJ, Nasrollahzadeh D, Kazemeini M (2005): Afghan refugees in Iran model renal transplantation program: ethical considerations *Transplant Proc*. 2005 Mar;37(2):565-7.

³⁷ *British Medical Journal* 2002;324:319 (9 February) Nayeem Azim, chairman of the Afghan Medical Association, explains to Alex Vass the difficulties of reconstructing the Afghan healthcare service.

³⁸ Roger Dobson (2002): Afghan health workers should be allowed home to treat people. *BMJ* 2002;325:674 (28 September).

My children are also sick, and they are sick after getting the medicine too. We have different problems, but they give all of us the same medicine”.

3.3 Nation and state-building

MOPH clinics contracted to NGOs are from the beneficiaries' side seen as NGO activities, not services provided by the Government. People usually referred to the NGO operating the services if there was a clinic in the area, and did not know whether that was a result of the BPHS or other policies.

PRTs in the areas visited are not seen as significant contributors to the health care system, but offering practical assistance in concrete cases. They are observed when carrying out clinic construction in some districts and support the referral hospital in Herat upon request with fuel and technical assistance. It has, however, been noted that PRT representatives enter clinics on field visits, and coordination meetings in the MOPH fully armed, contrary to the habit of keeping health facilities as a no-weapon-zone. Some surveys carried out by PRTs result in local expectations, not necessarily followed by actions. This is, however, also the case with visiting NGOs or UN agencies.

3.4 Gender

The gender imbalance in Afghanistan is one of the factors contributing to ill health and early death among women. The majority of women in Afghanistan have never seen a doctor.³⁹ In rural areas 40% of health facilities do not have female staff at all⁴⁰, and when present, they are primarily TBAs (traditional birth attenders) or CHW (community health workers). It is a tendency to focus on reproductive health only when planning health services for women. However, women have less access to treatment of any diseases. 87 % of women in a survey in Herat⁴¹ (the most educated area in Afghanistan) had to obtain permission from their husband or male relative to seek health care. Male doctors may not even listen to a female patient's chest when making a clinical diagnosis in the more traditional areas, leaving female patients with poor diagnosis and possibly inappropriate treatments. Tuberculosis is an example of a disease affecting women at a disproportionate rate, for example 70% of detected TB cases occur among women⁴².

The gender imbalance in health is shown at early ages. In areas with difficult access to health services, like Badakshan or Nimroz, caretakers are less likely to bring girl children to clinics for treatment than boys⁴³. Lack of education and traditional early marriages lead very young women into high risk pregnancies, contributing to making maternal death the leading cause of death among women of reproductive age⁴⁴.

Some agencies have reported that they lost a lot of health staff in the first quarter of 2002, especially female staff suddenly in huge demand. This happened with the influx of hundreds of NGOs and

³⁹ Samar Sima (2004): *Despite the Odds – Providing Reproductive Health Care to Afghan Women*. New England Medical Journal 351;11 September 9.

⁴⁰ MOPH, ANHRA.

⁴¹ Amowitz LL, Reis C, Iacopino V: *Maternal mortality in Herat Province, Afghanistan, in 2002: an indicator of women's human rights*. JAMA. 2002 Sep 11;288(10):1284-91.

⁴² Ministry of Health (2003): *Project Document for National Tuberculosis Control Programme 1.3 Health & Nutrition AFG/03446*.

⁴³ *Afghanistan – progress of provinces. Multiple Indicator Cluster Survey 2003*. TISA and UNICEF.

⁴⁴ UNICEF/CDC (2002): *Maternal mortality in Afghanistan: magnitude, causes, risk factors and preventability*.

scaling up of UN agencies paying significantly higher salaries. Many ended up in the cities, primarily Kabul, and even working in other sectors than health.

3.5 Environment

Environmental factors represent important determinants for health. There is strong concern regarding health effects of rapid uncontrolled urbanization, poor sewage, lack of wastage disposal and lack of access to potable water. Malaria is an example of a disease spreading because of changes of climate and migratory patterns.

BOX 2.2.5.1-MALARIA

Malaria is endemic in large areas of Afghanistan, estimated by WHO to be 3 million cases per year in 2002, compared to 40-80 000 detected cases annually in the 1970s. The National Institute of Malaria and Parasitology in Kabul operated 240 laboratories for epidemiological surveillance and diagnosis in 1979. From 1980s the war caused a progressive breakdown of all malaria control activities, which in addition to diagnosis and treatment of patients included household indoor spraying, and various measurement of reducing the breeding of the larvae. Environmental deterioration, breakdown of irrigation systems, population displacement, insecurity and inaccessibility, emigration of health staff, and health service decline all contributed to the progressive rise in malaria burden. In addition, insecticide- and drug resistance has complicated the situation. Over 60% of the national population is now at risk from the disease – principally focused in 14 provinces.

The numbers of mosquito breeding sites are affected by environmental factors. The end of the draught has increased agricultural activities and irrigation, which empirically is known to increase the areas of stagnant water, and thus the mosquito burden. Lack of sewage and proper wastage disposal are also having a negative impact. The WHO "Roll Back Malaria" strategy for the prevention and control of malaria focuses on delivery of three key interventions: prompt diagnosis and early treatment; prevention of infection, primarily through the use of insecticide treated bednets; and, intermittent preventive therapy for pregnant women. The Ministry of health has approved and disseminated to all healthcare providers some basic national documents (strategies and guidelines) developed during 2003 through cooperation with UNICEF and WHO. The Malaria Treatment Protocol for Afghanistan, Guidelines on Malaria Outbreak Preparedness and Response. National Insecticide-Treated Nets (ITNs) Strategy for Afghanistan and a social Mobilization Strategy based on Communication-for-Behavioural-Impact (COMBI) approach. Laboratory confirmation of malaria infection is rarely available, and the treatment of the large majority of cases will be based on clinical criteria. A lot of training remains before health workers in Afghanistan accurately differentiate between malaria and non-malaria causes of fever.

However, malaria control is clearly not just a health intervention issue, and participation in efforts of controlling the problem need to be broadened and should incorporate agricultural and private sectors.

Sources: Malaria control in Afghanistan: progress and challenges, the Lancet February 2005.

Carroll D., Whalen C., Arnow P. (2003): A Strategic Framework for Action against TB and Malaria in Afghanistan: Guidance to USAID/Afghanistan.

Ministry of health: Project Document for Malaria and Leishmaniasis Control, AFG/03449.

4. Findings

4.1 The relevance of the interventions

Stakeholders agree that rapidly improving access to basic health services to the population is highly relevant and very important. Due to the magnitude of needs, the MOPH assisted by external advisors prioritized the key elements of services which they anticipated would have the greatest impact on the major health problems, services that were cost-effective in addressing the problems faced by many people and services which could be delivered to give equal access to both rural and urban populations. Adopting a public health approach is challenging in an environment of strong focus towards institution-based curative services, and few doctors are trained in population health.

None of the interventions can be said to be irrelevant or unnecessary, the problem is rather the magnitude of needs making it difficult to stick to strict priorities. The problems are so pervasive that it is difficult to allow sufficient patience in building capable systems instead of overloading them. Donors may be too eager in rapidly infusing huge amounts of money in an immature system, expecting short term and unrealistic results, a concern UNICEF raised in a meeting. The MoF took over the management of the MOPH budgets at an early stage, as there was no absorption capacity for implementing all the plans being funded initially.

Some experienced Afghan doctors complained that later revisions of the plans might have been unnecessary if Afghan voices had been heard properly initially. For example doctors should have been in the BHC (Basic Health Centre) from the beginning, and not just following a later revision. There are relatively many doctors in Afghanistan compared to nurses or other health workers⁴⁵. The concept of community health workers as VHV (village health volunteers) may also be challenging as long as these VHVs are not supposed to be paid. This may enforce the habit of paying for services without any quality control, and it may not be realistic that they will stick to the limited number of tasks they are allowed to do.

5. The framework of the interventions

5.1 Coordination

According to the MOPH on central level, and its own policy documents, the development of the BPHS was a participatory process with involvement of the major stakeholders. However, from the periphery it seems like a Kabul centered exercise, with project documents initially developed in English by external consultants, and some of the priorities based on experiences from other developing countries rather than reflecting realities in an Afghanistan. Seemingly most actors (whether PPA partners or not) gradually adapt their own protocols and standards towards the national standards and facilitate for collection of National data through the HMIS (Health Management Information Systems). The health sector is mentioned as a positive example when it comes to coordination in several of the provinces, in comparison with other sector coordination mechanisms.

The provincial MOPH departments have less knowledge and hardly any resources financially or in hardware (transportation, computers) to fulfill their monitoring roles, but are assisted on an ad hoc

⁴⁵ MOPH, ANHRA.

basis by NGOs in the sectors. MOPH facilitate for coordination through PCCs (provincial coordination committees) where all actors including PRT and coalition forces are invited.

The UNICEF priorities within health are fully compatible and supportive of the MOPH priorities. Some of the NGO actors are actively participating in MOPH consultative groups; especially SCA has played a key role in representing the NGO community in professional health task forces. To ensure the effective and efficient coordination between the central and sub-national levels, MOPH established the Grant and Contracts Management Unit (GCMU) under the General Directorate of Policy and Planning.

5.2 Coherence

The national health strategy and the national policy on health and nutrition are parts of the first pillar in the NDF (National Development Framework). On a “Government document level” it is clearly seen that many developmental issues are relevant for progress on the health sector and that coordination between line ministries required. The CGHN (Consultative Group on Health and Nutrition) is held on a monthly basis, and other line ministries consulted are Ministry of Women’s Affairs, Ministry of Finance, Ministry of Higher Education, Ministry of Rehabilitation and Rural Development, Ministry of Planning, Ministry of Martyrs and Disabled, and Ministry of Education. The focus on human development, reducing poverty and improving living standards and educational levels especially among women, are among the determinants for health. But a lot remains before these ministerial connections in Kabul mean anything on a district level.

5.3 Connectedness and sustainability

The health service delivery planning at the moment takes place on a central level, with increasing expectations from the central level that the provinces should contribute to making provincial plans. The ability of the provincial health authorities in assuming that role varies within the country. Some of the NGO implementing partners have a long history with health sector service provision in Afghanistan, and are used to interacting with local shuras and provincial authorities. Others have been given PPA contracts without any previous health experience (e.g. NGOs traditionally working with engineering or education), or without previous experience from working in Afghanistan. They may see themselves as the sole service provider, and do not want “interference” from what they see as a slow working or incompetent MOPH. Some contracts have been given to new NGOs in areas already well covered by others in agreement with the MOPH, but without having a PPA.

Sustainability financially is at the moment out of the discussion, it is very clear that the health system in Afghanistan will need external financing for a long time. The MOPH calculates: “However, to assess the financial sustainability of the Development Program, the overall costs by 2015/1394 are put into perspective by comparing these with the expected Public Health Budget originating from the Government’s domestic resources. For this assessment, it is assumed that:

1. The 2015/1394 GDP will have reached \$450 per capita per year⁴⁶;
2. That the Government’s own contribution to the health sector will amount to 1-1.5% of the GDP;
3. That 50% of the overall health budget by 2015/1394 will be funded by international donors (a situation not unlike that in other very poor countries).

⁴⁶ Budget calculations based on CSO data 2003 with a baseline of 22.2 million people, and an annual growth rate of 1,92%.

Using the lower (1%) share of the GDP accruing to the Health Sector, the total budget available to Health would be 238.5 M \$. Using the higher share (1.5%) would lead to a total budget of 375.75 M \$. The proposed health sector program, by year 12 (2015/1394), will cost an estimated 269.5 M \$. This forecast indicates that, even when given the lower share (1%) of the expected GDP, the Health and Nutrition Sector program is financially sustainable with a 50% donor contribution⁴⁷. However, these calculations are based on very modest population- and population growth figures (22, 2 million / 1, 92% growth in 2003 CSO), as compared to MICS (24, 5 million / 2, 5% growth in 2003), or USAID⁴⁸ (28, 5 mill / 4, 9% growth in 2004). Discrepancies in population projections for 2010 vary with nearly 10 million from these sources, making the budget projections at best guesstimates.

Although payment for services and cost recovery increasingly is on the agenda, the patient payments can not cover the expenses of implementation of services. The health reform is not introduced as a privatization project. Some NGOs have introduced 40% cost recovery of drugs, and use a standard admittance fee, but very few reports that it has a significant contribution to the budget except in a few urban clinics with high population density. If payment for services becomes the official norm, the question is how the poor are to be able to get the services they need. Preventive services of huge public health importance, for example vaccination, would be impossible to implement if based on payment for services. Even with free immunization, the coverage is still very low, and it takes a lot of social marketing for promoting vaccination. The MOPH they have contracted an external agency⁴⁹ for assessing a cost recovery/privatization system within health.

6. The interventions

6.1 Effectiveness

Expanding health services to rural areas is effective combined with community based services. However, reasonable access to the most basic health services cannot be ensured through facility-based care only. The traditional healing system in most cases the first-line of treatment. Improving the institution-based services will not impact the situation for those who can not reach these services, or for those who need referral when that is impossible. The focus on improved obstetric care in health facilities will probably have a slow or minor effect on the maternal mortality, unless the link with those assisting with most home deliveries is made⁵⁰. Focusing on health education is important, but its impact on altered behavior is not sufficiently investigated. Preventive services may gain less attention in a system evaluated on performance indicators measuring effectiveness in terms of costs per patient treatment.

Within the BPHS, there is no possibility to treat all conditions or provide medicines for all common problems within the specified standards. The doctor sometimes provides two sets of prescriptions, one for the hospital pharmacy (inside the BPHS), and one for the local shop for drugs not covered in the system. In reality the referral system may not function, and the treatment must be given by local level health workers instead of the intended level of the BPHS. Some health workers in basic health centers complain that they are not allowed to use injectables, while the alternative for the patient is to get it from an untrained person in a shop probably unfamiliar with hygienic practices. Impact

⁴⁷ Securing Afghanistan's Future (2004): Accomplishments and the Strategic Path Forward. Health and Nutrition. Technical Annex. January 2004.

⁴⁸ USAID Country Health Statistical Report Afghanistan Sept 2004.

⁴⁹ John Hopkins University.

⁵⁰ 93.1% of rural women deliver assisted by unskilled birth attendant (in last two years) UNICEF MICS 2003.

within vaccination coverage of polio with monitoring of reduction of registered polio cases has proven positive results, making it realistic to believe that polio can be eradicated from Afghanistan by the end of 2005. Some NGOs measure impact and cost effectiveness of targeted interventions like provision of clean water and health education linked to reduction of incidence of diarrhea.

6.2 Needs assessment and monitoring

Population morbidity and mortality indicators in the country create the basis for the choice of national health priorities. Description of needs in project documents by NGOs and UN are, with some exceptions, based on general knowledge about the situation in the country, rather than specific and local needs. But as an NGO worker observed: "A good proposal with a poor needs assessment does not mean there is no need!" The lack of reliable population data is a significant problem. Dupree noted in 1980 that statistics in Afghanistan are "wild guesses based on inadequate data"⁵¹. As an example, UN figures for the four provinces in the western zone are officially 2, 7 million, while results from the NIDs (National Immunization Days) indicate a population between 45 million. The provincial MOPH believes that the population in Herat province alone amounts to 3 million. UNICEF promotes the usage of birth registration cards in order to gain better knowledge about birth rates.

6.3 Efficiency

In the PPA coordination meetings evaluation data are presented ranking the financial performance of different contractors. The cost per capita of the BPHS is estimated at 4,4USD, while some providers are down to 3, 53,7USD, and others substantially higher. There is efficiency / equity dilemma, however, as the MOPH expresses an ambition towards equity of health services. In pursuing fairness in access, geographical and demographical differences between provinces have to be taken sufficiently into consideration in the evaluation of performance. Per capita allocations will not solve access or equity constraints.

Case-studies indicate that preventive health initiatives like vaccination⁵², latrine introduction⁵³ or deworming campaigns for children⁵⁴ are cost effective. The basis for the estimates of averted deaths as a result of targeted preventive interventions may be adopted from other countries, for example child malaria deaths averted per 1,000 children protected by bed nets⁵⁵. Some of the estimates may have limited relevance in Afghanistan, and a lot of field studies are needed before a real comparison between different service providers will be possible.

6.4 Performances of the main implementation channels

UNICEFs health and nutrition programme aims at decreasing infant, under five and maternal mortality through the use of proven and cost-effective interventions, by supporting MOPH efforts in cooperation with implementing partners through better delivery of a basic package of services⁵⁶.

⁵¹ Colombo, Sandro and Pavignani, Enrico: Afghanistan health sector profile 2002.

⁵² Fox-Rushby J.A, Kaddar M, Levine R, Brenzel L (2004): The economics of vaccination in low- and middle-income countries. Bulletin of World Health org. Sept 2004, 82 (9).

⁵³ Meddings D.R, Ronald L.A, Marion S, Pinera J.F, Oppliger A (2004): Cost effectiveness of a latrine revision programme in Kabul, Afghanistan. Bulletin of World Health Organisation April 2004, 82 (4).

⁵⁴ Government of Afghanistan / WFP / UNICEF: Deworming Campaign Documentation CD 2004.

⁵⁵ Child malaria deaths averted are based on 6 deaths averted per 1,000 children protected. Lengeler C Insecticide treated bednets and curtains for malaria control (Cochrane Review). In: The Cochrane Library 1998; 3.

⁵⁶ UNICEF consolidated donor report 2004.

The main programs include EPI, establishment of EmOC (Emergency Obstetric Care) centers in the provinces, and improving nutrition. UNICEF is using baseline data from the first national micronutrient survey conducted in June 2004, in order to strengthen monitoring of impact. UNICEF is planning the next country programme for 2006-08 incorporating recommendations from the Mid-term programme review.

ICRC has been working in Afghanistan since 1987 after assisting Afghan refugees in Pakistan for six years. Within health, ICRC supports medical services, improves water supply systems, is engaged in disability programs and prevention of mine injuries, and strengthens the work of Afghan Red Crescent. The ICRC limb-fitting centers remained principle providers of physical rehabilitation services in Afghanistan. ICRC has continued supporting the hospitals acknowledging that the BPHS has left gaps for high demand hospital services. Among other activities, ICRC has played an important role in maintaining surgical activities and operating blood banks. ICRC has pulled out of provincial hospitals adopted by NGO implementers under the BPHS. In Kabul, ICRC handed over the newly renovated national orthopedic referral hospital, Wazir Akhbar Khan, to the MOPH, who in turn agreed with an American private pay hospital to take over⁵⁷, illustrating the state's low ability to run the hospitals. ICRC has not seen overall reduced needs for its support to humanitarian work in Afghanistan following the fall of the Taliban.

SCA (Swedish Committee for Afghanistan) started providing humanitarian aid to Afghanistan in 1982⁵⁸ with support for medicines and health care, later expanding into other education and agriculture. SCA became a huge health care provider in Afghanistan on unprecedented scale, operating both curative and preventive health services. SCA still is one of the largest organizations in Afghanistan. The historical importance of SCA in contributing to keeping competent medical staff inside the country by providing employment and training can not be over estimated in the current situation. SCA has monitored and evaluated their health interventions closely against measurable output targets. Due to a long term strategy of capacity building, the health programme is not overly dependent on expatriate staff⁵⁹. The change of health policies has, since 2002, led to a huge transformation in the health work of SCA. For the first time SCA is working with a ministry and follow other guidelines than their own. SCA is operating PPAs in Kunduz and Wardak, and handed over clinics in 18 provinces to other NGO actors in the country. They use regional funds from SIDA in improving quality. SCA does not bid for projects funded by USAID.

SCA also manages a comprehensive disability programme called RAD (Rehabilitation of Afghans with Disability). From a joint operation between UNOPS and SCA called CDAP (Comprehensive Disabled Afghans Programme), in 2004 this became a separate SCA programme directly funded by SIDA. Originally it was established as a medical rehabilitation programme for mine victims and war wounded, but expanded in -94/95 to include mentally retarded and employment support. The RAD is now one of the biggest programs operating independently of the UN in Afghanistan. The work should be performed in accordance with the forthcoming National Strategy for Disability in cooperation with the MMD (Ministry of Martyrs and Disabled), and the cooperation between major actors in this sector is reportedly good. The National Disability programme is added to the Afghanistan financial budget "from 1385 (2006), \$0.25 per capita will be added to pay for community based disability and mental health care"⁶⁰.

⁵⁷ Reported in Kabul Weekly 300305.

⁵⁸ SCA Annual donor reports 2001 and 2002.

⁵⁹ SCA Annual donor report 2001.

⁶⁰ Securing Afghanistan's Future. Accomplishments and the Strategic Way Forward. Technical Annex January 2004.

DAC (Danish Afghanistan Committee) based in Herat province is providing health services on four levels in three districts. There is a strong focus on reproductive health and high quality obstetric services. DAC has always worked in cooperation and coordination with the provincial health authorities, and still supports the MOPH in Herat through payments of salaries and running costs for the primary health care unit, provision of transportation and professional capacity building. DAC also supported the education of nurses in Herat. The funding comes from DANIDA, a grant expiring in August 2005, but expected to be continued for the next 3 years. DAC applied for a PPA for its cluster of the BPHS, but that was granted to an American NGO without consultation with the local authorities. When DAC eventually phases out, their clinics will be handed over to MOPH.

Christian Aid is working through a partnership approach, and opened the field office in Herat in 1997. The ideology of working through local partners is supposed to have long-term impact, and makes implementation less vulnerable to security constraints affecting the expats. CA supports 6 core partners, training them in making base line surveys, impact assessments and capacity building in the field. Some partner NGOs are involved in health service provision through clinics in Western Afghanistan, and implement PPA through USAID/REACH.

DACAAR 3-day workshop on SAFE MOTHERHOOD April 2005

Participants to the workshop were 18 female social community workers for DACAAR in Herat province. The women are already living in the communities where they are working, and know the areas, the women and their needs well. DACAAR is operating both NSP and their own community development programme, focusing on reaching the women. They employ a son or a husband as a "mahram" for the female community worker in order to make movements between villages possible.

During the training the women first learned how to make a baseline survey for the villages they are working in, and methods on measuring impact. Every month they carry out three meetings with the female shuras with a pre-planned agenda. There should be one clear message at a time. They have faced many problems in the villages through the community work.

The main messages for the community women regarding safe motherhood are:

- Get TBAs to attend the births.
- Use clinics for referral.
- If possible attend ante natal check-up.
- Provide knowledge about immunizations and supplements.

The course subjects for the villagers are:

- Normal pregnancies and minor health problems.
- Danger signs in pregnancy and risk factors.
- Breast feeding.
- Birth spacing.

Increasing breast feeding is a high priority issue for child survival in Afghanistan. There are local practices preventing the usage of early breast feeding. The community workers are aware of the obstacles and use a lot of time with the women groups and discuss in a friendly way. The messages in the training focuses on positive sides for the child like: The milk is always available, it is clean, has the right temperature; it contains antibodies and balanced needs for the first four months. For the mother it reduces the risk of bleeding, reduces the fertility for a few months, and helps her regain shape more quickly. The community workers have key messages for all the different topics of priority.

Previously rural women only met during weddings or funerals, but now they meet on a regular basis in the group. The experience so far is that personal hygiene and home cleanliness have improved, there are less flies and other insects around the households. The women have learned about what to do when children have diarrhea, and the awareness regarding danger signs in health is improved. They expect the same progress when introducing these new topics.

7. Overall conclusions

- The health status of the population in Afghanistan remains among the worst in the world.
- The GoA's ambition towards expanding the essential health system in rural areas through PPAs has shown considerable progress from 2001-2004. There is agreement between all major donors as well as the health sector's major NGOs towards supporting the strategy of the MOPH.
- The traditional role of the MOPH is hugely transformed, requiring internal training and capacity building at all levels. So far the central and provincial health authorities have limited capacity (technically, financially, managerial) and ability of properly assuming their stewardship roles.
- The NGOs in the BPHS are transformed from being independent developmental agents, to being contractors for service delivery.
- Private actors (e.g. private doctors, midwives, laboratory services, pharmacies) play an increasingly important role in the health service delivery, but are not subjected to regulations or Government control.
- There are still huge unmet needs for preventive and curative services both in urban and rural areas. Important sectors of mental health, disability and referral hospital services need to be phased in and financed. The stakeholders, including the Government, are aware of these shortcomings. NGOs, UN and the Red Cross / Red Crescent Movement continue supporting projects and vertical programs outside the BPHS in their traditional sectors of engagement in order to address some of the unmet needs, more or less as a continuum of their involvement during previous governments in Afghanistan.
- Measurement of performance criteria of PPAs are lacking or unreliable due to scarcity of baselines and projectable population data, and influence on population morbidity and mortality can not be measured at this stage. Quantitative output indicators are emphasized.
- The lack of health professionals willing to work in rural areas is a constraint for the implementation of the BPHS. Unhealthy competition by implementing agencies for competent staff has led to massive turn over of employees, and loss of competence. Salary discrepancies between the Government and NGO/UN sector are also leading to staff turn over and instability.
- A new basic health centre built in an area does not necessarily mean that the catchment population has better access to health care. Cultural factors, gender roles, lack of education, seasonal variations, poverty and lack of transportation limit access for people in rural areas, necessitating service at referral hospital level when they finally manage to seek help.
- Introduction of "cost recovery" and other payment for services arrangements may adversely affect the access for the poor.
- Linkages between traditional healers and local community health workers to the health system are poorly developed, limiting expected effects of the institution-based services like Emergency Obstetric Centers.

8. Recommendations

- Donors supporting health care provision in Afghanistan on the basis of a keen interest in improving the population health need to plan for long-term commitment. The initial investments in construction, equipment upgrades and staff training are wasted unless maintained and resupplied. The new system needs consolidation, but also further expansion in order to keep up with the population growth.
- Stakeholders need to acknowledge that the health indicators of the population will improve slowly only, not pushing for unrealistic achievements.
- Effective coordination is required among donors and partners to achieve MDG targets. The tendency of urbanization and concentrating on Kabul is a hindrance towards reaching important goals, and one limitation is the lack of female health workers in the districts. Proper coordination where the actors look at overall goals and not just goals for their own time lines and projects, could contribute to better distribution of key personnel.
- The impact of the BPHS for the beneficiaries should be comprehensively assessed as soon as possible. The reform is massive and short-term, and the importance of properly analyzed (intended and unintended) impacts must be clarified. The potential need for the government to be involved in service delivery in the future can not be excluded at this point. Experiences from other countries having applied a similar reform must be taken into consideration.
- Donors should support health research, as there are too many assumptions and too little knowledge about health seeking behavior in Afghanistan.
- All actors involved in capacity building need to focus on the transfer of authority to Afghans, supporting the targets of the MOPH of managing without external consultants in a 10-year time frame.
- An improved link between the NSP and the health programs should be established. Test provinces could be selected, for example a province where the same agency is responsible for the NSP and the BPHS, to evaluate whether synergies of the two programs may be achieved.

9. Lessons learned

Health services delivery is dependent on an ideology of whether health care is a commodity governed by market forces or a public good⁶¹. The commodity position means denial of access to those who cannot afford health care. Thus health services are located where the most profits can be generated rather than community need. Some health planners consider health care a public good and propose a progressive approach to health policy in developing countries - engine leading the general economy to improved health care. Political will is needed to cause major changes in the health system in a reasonable length of time. Health policies need to expand and integrate services and stop corruption. Most poor countries have poor health statistics, but a few poor countries have achieved remarkably good health statistics at relatively low cost⁶². The experience from these countries suggest that the following conditions are required: i) political consensus on the high priority of education and health services ii) female autonomy iii) readily available education, especially for women iv) adequate nutrition, and v) available health services including preventive services. Lao PDR has promoted health care partnerships with the private sector, and cost recovery

⁶¹ Goldsteen RL, Pereira JC, Goldsteen K (1990). The engine or the caboose: health policy in developing countries. *Rev Saude Publica*. 1990 Dec;24(6):523-7.

⁶² Beaglehole and Bonita (1997): Public health at the crossroads. Achievements and prospects.

in public hospitals, to increase resources in the public sector, while at the same time attempting to ensure appropriate access to health care for those without means to pay⁶³. The social goals of this reform have not been achieved, and equity in health care remains theoretical rather than practical. People meet their health care needs in the private sector where what they receive is strictly limited to what they can pay for. For the poor, in most cases, this means drugs alone, i.e. no examination, no diagnosis and only limited advice.

Afghanistan has an opportunity in showing that the political commitment towards improving health statistics is followed by financing and human resources. In this process difficult dilemmas will arise concerning domestic budgetary priorities, for example public health spending versus military spending.

⁶³ Paphassarang C, Philavong K, Boupha B, Blas E: (2002):Equity, privatization and cost recovery in urban health care: the case of Lao PDR. Health Policy and Planning Dec;17 Suppl:72-84.

LIVELIHOODS

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1. Introduction

This livelihood's study has focused primarily on rural livelihoods with the added dimension of the drive to find alternatives to opium poppy cultivation. The rural livelihoods sector should not be seen in isolation to that of urban livelihoods, but the latter dimension was circumscribed by a relative lack of information or donor activities focused on urban areas during the period under review.

Livelihoods cannot be seen within a narrow focus on physical production processes, but rather as a complex chain of activities, resources and assets. This chain includes economic drivers, such as, access to inputs, access to investment capital and skills development, access to markets and information, and the physical infrastructure of transport and irrigation networks. These should be assessed along with the intricate strategies for diversification of incomes practiced by all poor households as a traditional coping mechanism in an exceptionally high-risk environment. This is particularly the case in the period under review due to the impact of over two decades of warfare, which caused extensive migration leading to the total abandonment of some villages, along with three years of drought up to 2002. It has often been stated that 80% of Afghans depend on agriculture, but this statement may have little foundation in reality. Clearly, whilst a large percentage of Afghans engage in agriculture and/or livestock production, it is likely that far fewer entirely depend upon these activities. Very little information is available on these coping strategies, although some recent research has been undertaken by the AREU¹.

1.1 A short of history of livelihood interventions

Most NGOs working in Afghanistan from the 1980's onwards engaged in a variety of livelihood interventions. These were funded both bilaterally and multilaterally. Their activities included a number of district-based integrated rural development programmes, which supported improved crops, income generating through craft production and infrastructure projects, such as the cleaning and repair of karezes and building of irrigation and road structures, as well as, support to education and health care facilities. Most interventions were initially planned in a top down manner often from offices based in Peshawar, and to ensure community involvement they were heavily subsidised. Virtually all such interventions provided initial success followed by ultimate failure due to their lack of both a genuine community buy-in, as well as, any underlying commercial rationale. Issues such as the communities' responsibility for on-going repair and maintenance of irrigation networks and roads were often addressed in a cursory manner by the NGOs' staff. By the mid to late 1990's responses to these shortcomings resulted in moves towards a more sophisticated delivery mechanism, focusing upon the direct engagement of traditional community structures, such as village or district *shuras*. These councils were, for example, invited to discuss and select their own priorities for assistance, conditional upon their willingness to contribute to implementation and subsequent maintenance using their own resources.

In addition to these integrated approaches, there were many discrete programmes, particularly popular with some UN agencies, working on reconstruction and rehabilitation of infrastructure, seed multiplication, locust control, primary health care, and much more.

In some ways these activities have changed little till today, and the NSP in particular has benefited from the improved delivery system piloted in the latter 1990's. The most evident change has been the dramatically increased level of funding now available, at least for the creation of infrastructure.

¹ Addressing Livelihoods in Afghanistan. Adam Pain and Sue Lautze. Afghanistan Research and Evaluation Unit. September 2002

There is also an increasing realisation that market forces are paramount in determining the final outcomes of all livelihood interventions.

However, the shift towards genuine community participation is not apparent throughout the sector and donors remain willing to fund activities that bear a striking resemblance to the earlier failures. This is perhaps due to the haste in which most interventions have been planned and the lack of immediately obvious alternatives. The absence of institutional memory due to very high staff turnover and the employment of younger, less experienced staff, are also factors in this slow learning process.

History Repeating Itself

Examples of failed projects repeating themselves are the numerous small projects funded by a very wide spectrum of donors aimed at training carpet weavers or raising incomes from craft production. In at least one such case the carpet weavers are also to be given computer training! The question; as to why anyone able to effectively use a computer would wish to spend endless exhaustive and minimally paid hours crouched by a carpet loom, appeared to be left unanswered. An Afghan NGO employee working in central Afghanistan in 1990 made a startling observation. He compared a carpet training programme for young adolescent boys to the work of Frederick Engels in his 1842 publication *The Condition of the Working Class in England*, which, being so terrible, he said, "I never thought it could really be true until I saw this project".

Rural livelihoods in the period immediately prior to and at the beginning of the period in question had been severely affected by at least three successive years of drought. Alongside this, over two decades of instability and considerable population migration had already resulted in the loss of all Afghanistan's export markets. These had been developed from the 1950's to 1970's for products such as dried fruit, almonds, sheepskins, etc. With contemporary developments in product standards, it will not be possible for Afghanistan to return to these export markets without an extensive programme of product enhancement.

Today, it is hard to buy even fresh fruit and vegetables in Kabul that have not been imported from neighbouring countries. There is therefore a considerable and immediate potential for import substitution, particularly when considering the increasing trend towards urbanisation. A rapidly increasing population (currently estimated at 3.9% increase per annum) is another factor that will exacerbate Afghanistan's food deficit.

2. Sector observations – livelihoods²

Throughout the period of drought in Afghanistan and immediately following the fall of the Taliban, WFP and ECHO averted the feared onset of famine by providing considerable food resources. Food was brought in and distributed as widely as possible to communities considered to be most at risk. In urban areas WFP established women's bakery projects, both as a source of income for female bakers and to ensure that bread was available to the most needy. Following the Bonn Agreement, emergency food supplies began to be converted into food/cash for work programmes. These programmes were aimed at ensuring that the most vulnerable groups throughout the country would have access to paid employment, with payment provided at the equivalent of \$2 per day, which was considered to be just below the minimum wage, and therefore self-targeted at the most vulnerable³. The work undertaken often involved gravelling rural roads but with the absence of compaction machinery that would make this work more durable. The dual aim was to increase accessibility to remoter rural and some urban areas, as well as, to provide an income safety net for the vulnerable.

² Unless otherwise stated all figures are taken from internal documents produced by the agencies described.

³ Inevitably, food/cash for work programmes do not reach all the vulnerable, such as, the physically disabled or the very old or the very young. Due to the prevailing culture, women are often also excluded.

There was little or no design work involved as by their nature these programmes were undertaken as an emergency response.

The massive expansion of opium production, both under the Taliban (with the exception of 2001 when it was effectively prohibited in much of the country) and under the subsequent Interim Government, has distorted livelihoods to a considerable degree. Conventional cropping of wheat declined until 2003 when the rains came and a record harvest was produced (this coincided with a record opium harvest also.) A possible indicator of the impact of opium on the rural economy is that the cost of labour has increased to where unskilled rural labour is now at a minimum of around \$3 per day. NEEP has had to change its casual labour strategy as contractors were unable to attract sufficient workers, or the workers were unmotivated to keep working according to schedule. Contractors now sub-contract groups of workers and pay according to the amount of work performed per group; this provides an incentive to finish the work ahead of schedule.

Today, Afghanistan imports wheat purchased on the commercial market in Pakistan, along with wheat imported by WFP (400,000 MT in 2004) as emergency food to vulnerable groups and as food for work. This indicates a potential for import substitution if the costs of production are favourable.

Campaigns to substitute for opium production through research into alternative livelihoods and to enforce sanctions against producers will be major activities in the coming years. Already, there are clear signs in Badakhshan that the donor community lacks the ability to coordinate its approach in this area, as will be discussed further below.

2.1 Policies and implementation strategies at sector level

With such a wide variety of livelihood activities being undertaken, it was necessary to focus specifically on the major funding channels through the ARTF, along with a small number of individual activities funded bilaterally.

NEEP, WFP and ECHO have all combined social protection; targeting income deficient (vulnerable) communities, with a drive to provide productive infrastructure in the form of roads, irrigation networks, etc. In the context of a complex emergency moving rapidly through to recovery and into the development phase, it is unsurprising to find that clear policies and implementation strategies were lacking, particularly in the period 2001/03.

To assist their targeting, agencies can access data collated by the National Surveillance System (under MRRD and funded by the EC), which aims to enable programmers to design and review policies leading to equitable targeting strategies. It also has an early warning system for the potential impact of natural and economic shocks. Other data is available from, the Central Statistics Office; the Opium Surveys conducted by the United Nations Office on Drugs and Crime, and the Government's Counter Narcotics Directorate. However, in 2002/03 the quality and quantity of data available was very limited. To address this, staff of the National Surveillance System are now being trained to carry out timely and regular poverty/livelihood data collection and analysis.

NEEP

NEEP has been criticized for operating within a policy vacuum during its first 2/3 years of implementation. Its programme was not part of any national rural development strategy and there was no overall transport policy or rural transport policy. NEEP did however attempt to dialogue with local communities in order to prioritise its investments.

It is clear that for NEEP, the dual objectives of social protection and provision of rural infrastructure could not be sustained in a political climate that demanded nationwide delivery, irrespective of levels of vulnerability, prior to the Presidential elections in the latter part of 2004. As a result, attention to the provision of a social safety net for very low-income families took second place. In the event, the improved harvests of 2003 and 2004, of themselves, provided a safety net. (The Afghan economy is estimated by the World Bank to have grown by 7% in 2004, which provides an indicator of casual employment opportunities, especially for workers able to migrate to where the best opportunities existed.)

WFP

Discussions with WFP's staff confirmed that in 2001/02 WFP saw its role as assisting in the prevention of large-scale migration. By 2002/03 WFP was criticised for continuing to work independent of the GoA and for failing to coordinate with other agencies. This was explained to be due to its staffing which was still emergency orientated, as it took time to alter the staffing profile by recruiting development orientated professionals. WFP has now put in place a new working arrangement that engages with the GoA and with the Livelihoods and Social Protection Consultative Group. But this is time consuming, where previously they had discussed with village elders and local commanders on an ad hoc basis.

On the controversy concerning their continued reliance of food⁴ rather than cash for work, WFP's Country Director for Afghanistan stated that donors are reluctant to provide cash, since they regard food as less fungible and believe that food is more likely to reach those in real need. Also, food distributions are more visible and therefore may be preferred for political reasons. All food is purchased by WFP on the open market and therefore it does not directly benefit US farmers; although they are the main producers. Studies show that cash or food may be preferred at different times of the year; immediately post harvest cash is preferred, but in winter months when vehicular access is poor, food may be more appropriate.

WFP's Evaluation Report⁵ states that "Impressive progress was made in risk and vulnerability assessment with the evolution of National Risk and Vulnerability Assessments [under the National Surveillance Programme], but the linkage between vulnerability assessment and programming remains weak. In spite of solid assessment work, the resources allocated to acutely and highly food-insecure districts are well below assessed requirements. The duration and timing of assistance is often inadequate to address the food gap, partly because of remoteness, insecurity, shortage of implementing partners and inadequate coordination with cash-based programmes".

ECHO

ECHO's strategy was to ensure a continuum of aid moving from humanitarian relief through to rehabilitation as the initial emergency conditions of 2001 improved through 2002, with some areas

⁴ Extract from an internal WFP report prepared by Daniel Molla, Head of Programmes for WFP, dated 2004: "Since 1996, WFP has been collecting weekly price data on selected commodities and unskilled labor in 6 cities of Afghanistan: Kabul, Jalalabad, Kandahar, Herat, Mazar and Faizabad. Analysis of wheat price trends in these markets over the past two years (2003/04) indicates that prices have remained generally stable despite the enormous increase in wheat harvest this year and substantial commercial imports of wheat and wheat flour from neighboring countries. The bumper harvest has resulted in an increase of about 1.7 million metric tons of wheat this year compared to last year. While some of this additional supply will substitute commercial imports, the rest will enter domestic markets with a potential to lead to declines in wheat prices in the coming months. There has been little evidence of this happening since the end of the major wheat harvest season in July (2004)."

⁵ Summary Evaluation Report of PRRO 10233.0 in Afghanistan. WFP/EB.1/2005/6-A 16th December 2004

moving forward at a faster rate than others. This strategy required excellent communication between the different agencies, such that free distribution would not coincide with food/cash for work programmes, but, as such, this was not always guaranteed. ECHO recognised a need to move away from food-for-work to cash-for-work as soon as possible to avoid suppressing the farm-gate price of wheat. This is contrary to the view of WFP.

MISFA

MISFA set out to be the national conduit for wholesale (micro) financial intermediation (i.e. to provide funds for on-lending) through NGOs and as such it received international loan finance for on-lending. In addition, grant funds were provided through the ARTF for capacity building to those same NGOs. MISFA also aims to act as an advocate and a vehicle through which policy/legislative and institutional developments can take place. It is owned and controlled by the GoA and aims to take financial services to the people and in so doing to promote enhanced and sustainable livelihoods. MISFA is described as having a particular focus on *the poor and most vulnerable* and on enabling them to better manage risk. This latter aim suggests some confusion since it is most unlikely, given the experience of micro-finance in other developing countries, that MISFA will be able to make financial services available to *the poor and most vulnerable*⁶. International experience indicates that it is the 'marginal poor' that benefit disproportionately from micro-credit provision. But the 'marginal poor' can be effective drivers of economic development and they might also provide employment opportunities to those in greater poverty.

MISFA intends that successful NGOs will separate off their micro-finance activities to create independent Micro-Finance Institutions (MFIs) in the future.

NSP

The National Solidarity Programme (NSP) is a primary vehicle for the GoA, s social capital building, with an objective "... to lay the foundations for a strengthening of community level governance, and to support community-managed sub-projects comprising reconstruction and development that improve access of rural communities to social and productive infrastructure and services".

Built on the WB's Community Driven Development concept it is an innovative programme that combine rehabilitation and development aims with those of nation building. All villages will receive uniformed support from the government, size of assistance depending on number of inhabitants, and there is a cohered effort to establish a common communal structure through the establishment of female and male Community Development Councils (CDC).

The programme initially targeted 8,000 villages in priority districts throughout the country, based on vulnerability criteria. Due to the extensive nature of the work involved and some delays in implementation the target was reduced to 4,000 for the first phase, reaching 6,985 CDCs by April 2005, though the plan is to expand to all Afghan villages, estimated to be 20 000. A total of 120 mill US dollar had been granted for the programme, while only 76 mill US dollar have so far been disbursed.

The programme is lead by MRRD, implemented by 21 Facilitating Partners (FPs), primarily NGOs, and supervised by the Oversight Consultant (OC). Through a facilitation process the CDCs develop

⁶ The very poor have a preference for access to secure savings facilities, which is not a service prioritised by MISFA at this stage.

a Community Development Plan, prioritising 3 projects for subsequent funding and committing themselves to contribute at least 10 % of the project value. The CDC's decide on project implementer, while the FP and OC oversee project implementation. The block grants are handed directly to the CDC, though the Da Afghanistan Bank. The aim is thus to ensure communal involvement and reduce corruption through larger degree of transparency at the village level and extensive control mechanisms.

At the Ministerial level the MRRD heads a Steering Committee, though this is neither well attended nor well functioning and thus a point of strong concern, The NSP has been selected for implement of a major school building projects, and in many villages the main priority is for projects demanding the approval of and interaction with other Ministries, as MoE for building of schools and MoH if communities wish to prioritise a health clinic. And while the MoF's recently has raised concerns about what is perceived as high initial implementation costs, while adoption of a strict NGO legislation will have severe implications for the project. And, moreover, other actors' interests in the NSP as a vehicle for disbursement of assistance, as in a drug eradication strategy, might lead Afghans to see it more as a political tool than a humanitarian and nation-building programme. Thus, intra-ministerial information exchange and dialogue with donors is of utmost importance.

The CDC election and project identification process is elaborate and well regulated, to the extent that villagers and FP complains about the extent of paperwork, causing a problem in the villages with a low education level. The demand for separate female and male CDCs in all villages is laudable, but the degree of women's influence over the final decision making varies largely. However, just ensuring the possibility for women to meet regularly within a village must be regarded as a major step forward. With the establishment of CDCs all humanitarian and development actors, including GoA ministries, have got a common village reference point to work with and through. And one that is perceived as more representative of these communities than those individuals or the range of *shuras* and committees they previously interacted with.

The programme is complex in terms of delivery at the national level, but at the village level its working methodology can be easily assimilated with the aid of community development workers and its apparent equality in distribution of development assistance is very appealing. A major concern is noted on the long time it takes the OC to process the applications and get the block grants delivered to the CDCs.

All communities and local authorities interviewed expressed a strong support for the NSP. Many underlined that it was the first time they had benefited from any governmental support, and they regarded this programme as fair as all villagers were informed and based on the number of families they knew exactly their financial allocation.

There are still reports of misuse and corruption, certainly where the CDC's are dominated by commanders and /or influential individuals. However, if the NSP is regarded as a developmental and nation building process the best way to address such challenges would be for the CDCs members to replace such individuals through new elections. Their disempowerment will then be through empowerment of the common villagers.⁷

While the general assessment of the NSP is positive there are some concerns that need to be addressed urgently to ensure best possible utilisation of its potential. The first relate to the nation-building process, where, given its initial success, many villagers are waiting for the NSP to be expanded to their villages. To avoid increased criticism on both the GoA and the FP, there is an urgent need to 'roll out' NSP to new districts. The speed of the next steps is less important than

⁷ MRRD is reportedly considering ways to establish a regulatory framework for the CDC.

people's knowledge that they eventually will benefit. However, a reduction of bureaucracy and the processing time will greatly enhance the appreciation, where a minimum requirement is for the CDCs to be told when they will receive the block grants.

Alternative livelihoods

Under the heading alternative (or sustainable) livelihoods a great variety of interventions have taken place. In fact, cash or food for work is often referred to as an alternative livelihood, albeit short term. During the period under review there was no sector-wide policy for any livelihood interventions and many of the small production related projects have exhibited a very wide spectrum of approaches, from those that demand full community buy-in and participation to those which are very heavily subsidised and lack any business planning. It is not practical to consider all these interventions, many of which have been of a pilot nature. Included within these has been on-going research into improved wheat and potato cultivation leading to increased yield, and poly tunnel cultivation of vegetables for early cropping. The reestablishments of vine and fruit rootstocks are also a priority.

2.2 Coverage and actors involved

Although originally designed as a safety-net programme that would also provide enhanced livelihoods from asset construction, NEEP was diverted to providing nationwide coverage in a total of 308 districts in all 34 provinces regardless of levels of vulnerability. To March 2005 NEEP reports that 6,000 Km of rural roads have been rehabilitated and/or constructed, including 11,000 running meters of culverts and bridges, etc. Small scale irrigation schemes amounting to 187 were also undertaken as well as 69 schools, 9 clinics, and 105 shelters, 26 government buildings and 29 nurseries were all constructed using a total of 11.2 million labour-days.

The deliveries of NEEP, WFP and ECHO are impressive during the period, given the many logistical obstacles that they faced, and for NEEP in particular where an entire delivery system had to be established. However, relatively small amounts of aid reached the South in the first two years due to political instability and the targeting of foreign aid programmes by insurgents. Due to inconsistencies in reporting formats, from agency to agency and, from year to year within some agencies, it is not possible to provide comparative information in this report.

MISFA made a good start but its figures are distorted by the exceptional performance of BRAC, which accounts for 60% of its delivery statistics. (See box below.) For a well-balanced market MISFA needs to ensure that BRAC has some viable competition in the future. Most of MISFA's other partner NGOs are still developing their working methodologies and training staff, such that their delivery and performance remains low. MISFA began with 8 NGO partners and that has now risen to 12. The micro-loans provided vary from NGO to NGO and range from \$50 to \$1000 for periods of 3 to 12 months. To March 2005 MISFA reports that a total of 140,000 clients (nearly 90% women) in 15 provinces had been supported, and an average repayment rate of 98.5% has been achieved. Activities financed include: shopkeepers, bakers, hairdressers, electricians, plumbers, tailors, embroiderers, carpet makers, animal husbandry, orchard establishment, blacksmiths and carpenters.

Women and Micro-finance

BRAC Bangladesh, is the foremost NGO of its home country in terms of profile and outreach, and is known particularly for micro finance, informal education and village health care. Originally formed in 1971 and still led by its founder, a Chartered Accountant, BRAC is known for its commercially orientated style of operation.

BRAC first registered in Afghanistan in June 2002. Since then it has captured more than 60% of MISFA's funds for on-lending to micro-finance clients. Consistently targeting almost exclusively female clients, BRAC has a style of its own amongst NGOs in Afghanistan and it seems to be relatively unhindered by internal debate concerning the appropriateness of interventions for Afghan women. Rather, it has imported its own tried and tested working methodology from Bangladesh. This has been adapted to suit the dramatically differing demographics in Afghanistan, which adversely affect its economies of scale, rather than for social/cultural distinctions. In Bamyán, BRAC's criteria for establishing a micro-finance operation have not been met due to low population density within a one hour walk of any proposed Branch Office. At the time of our visit they were appraising the possibility of revising their catchment area criteria. It was also interesting to note that BRAC maintained a low profile and employed no (visible) 4x4 vehicles despite working in the same terrain as all other aid agencies. (They were however involved in at least one project, not micro-finance related, which involved the distribution of yet more sewing machines.)

BRAC's style of delivery is simple to the point of a certain degree of rigidity, but very easy for staff to apply and for clients to understand. It has achieved a level of delivery that far exceeds its competitors, and this demonstrates that there is a real potential for micro-finance in Afghanistan, whilst also illustrating that micro-finance demands highly specialised, focused and strong management to ensure its success.

It is too early to judge to what extent micro-finance will impact on the lives of BRAC's female clients; to date most are financing the businesses of their male relatives, but it is opening a door for relatively poor and mostly illiterate Afghan women that has been firmly closed to them in the past. Women's ability to access funds must be seen in the context of the additional status that this can afford them within their households. Group membership also gives women access to other women beyond the confines of their families, which for returnee women is an important point of contact for rebuilding social networks in a new community.

The coverage of the many alternative (or sustainable) livelihood programmes cannot be assessed within the scope of this report. Many did not begin until the latter part of the period in question.

2.3 Relevance of the interventions

The major short-term focus on infrastructure investment combined with cash or food for work was very relevant to meet the needs of beneficiaries during the period under review. It is regrettable that the quality of the work undertaken has failed to meet the expectations of the beneficiaries, but in the adverse security and low human resource context of the time, this is considered to have been largely unavoidable.

The medium to long term interventions of MISFA, NSP and alternative livelihoods research are not necessarily targeting the most vulnerable and therefore have not contributed directly to social protection. However, in terms of providing future economic drivers it is considered that they are also very relevant and provide an appropriate linkage along the continuum from emergency to development.

A number of ad hoc livelihood interventions, mostly very small scale, have been funded, these include, carpet weaving, handicraft/tailoring, livestock production and other income generating activities. Many appear to be ill conceived in terms of business planning, market potential, and coherence with principles of sustainability. In this regard there has been a failure to learn from past

mistakes, with such activities setting a poor example and possibly detracting from participant's future willingness to engage with more appropriate interventions in the future.

Skills training, and all aspects of human resource development are much needed at all levels and at every point in the emergency to development continuum. To date, the record has been patchy and several respondents noted that insufficient funds had been made available to provide for training, since donors appeared interested in higher profile activities.

2.4 Efficiency and timing

Delivery of all aid was inevitably constrained by a lack of Government structures through which to channel the aid and the limited human resources of over-burdened NGOs. But despite this the reported delivery figures appear good. The release of funding by donor organisations was not reported to have been an issue causing delays in delivery. But delays have occurred on the ground, often associated with the time required to get approvals from Kabul, as many activities have been managed in a highly centralised manner with very little authority delegated to provincial officers, even when experienced foreign TA were involved in the delivery process at the provincial level. It does appear that ECHO may have been more efficient, or less bureaucratic, in this regard. In at least one report⁸ ECHO is complemented for its flexibility in responding to changing facts on the ground.

Implementation of all the projects discussed above has been through NGOs along with some private contractors. The vast majority of these were international NGOs (ECHO was working with 46 European NGOs in 2004). Such organisations have had many years of experience of working inside Afghanistan, but in the absence of an effective or recognised government they had been accustomed to having considerable leverage in the design and implementation of their own policies and strategies. With the establishment of an Internationally recognised Government they rapidly had to adapt to their new role; that of implementing projects that had been largely pre-designed, often without their participation, and then awarded to them through a process of competitive bidding. At the same time, they have suffered very serious staff losses due to the much higher salaries offered to their trained staff by the UN agencies as well as by some bilaterally funded programmes. NGOs such as Oxfam and Islamic Relief were well aware of their changed circumstances and were grappling with the process of change.

Other general issues on efficiency relate to the lack of attention to the sustainability of interventions, particularly asset management and maintenance of infrastructure programmes, and other livelihood initiatives that failed to address marketing issues, for example. Clearly corners have been cut in the rush to deliver within a very short timeframe and this has impacted on the overall quality of many projects. Much of the monitoring undertaken has been quantitative rather than addressing qualitative issues. Some of these shortcomings can also be explained by overall human resource limitations.

With regard to sustainable livelihood programmes a number of respondents reported that winter wheat seed had not been delivered until the spring in some instances, causing the plants to be sterile.

2.5 Transition from emergency to development

In most programmes the transition from emergency through reconstruction to development occurred in ad hoc steps as knowledge of the situation on the ground was emerging and changing rapidly. With the course of time, the pace of change has slowed to a more manageable rate and many

⁸ Evaluation of ECHO's Humanitarian Intervention Plans in Afghanistan. January 2004.

agencies are developing clearer strategies towards providing more comprehensive development programmes. For both WFP and ECHO this should result in a scaling back of their activities.

ECHO's long-term strategy looks towards a phasing down or possible phasing out of its activities; the ultimate decision will depend upon the will of member states to continue the funding. ECHO indicated that they would not be actively involved in counter narcotic activities (alternative livelihood programmes often involve cash for work), as they did not perceive this to be within their mandate, but that they would be prepared to provide assistance for disaster preparedness. In the medium term they will continue to support sustainable livelihood programmes to assist returnees in safe areas.

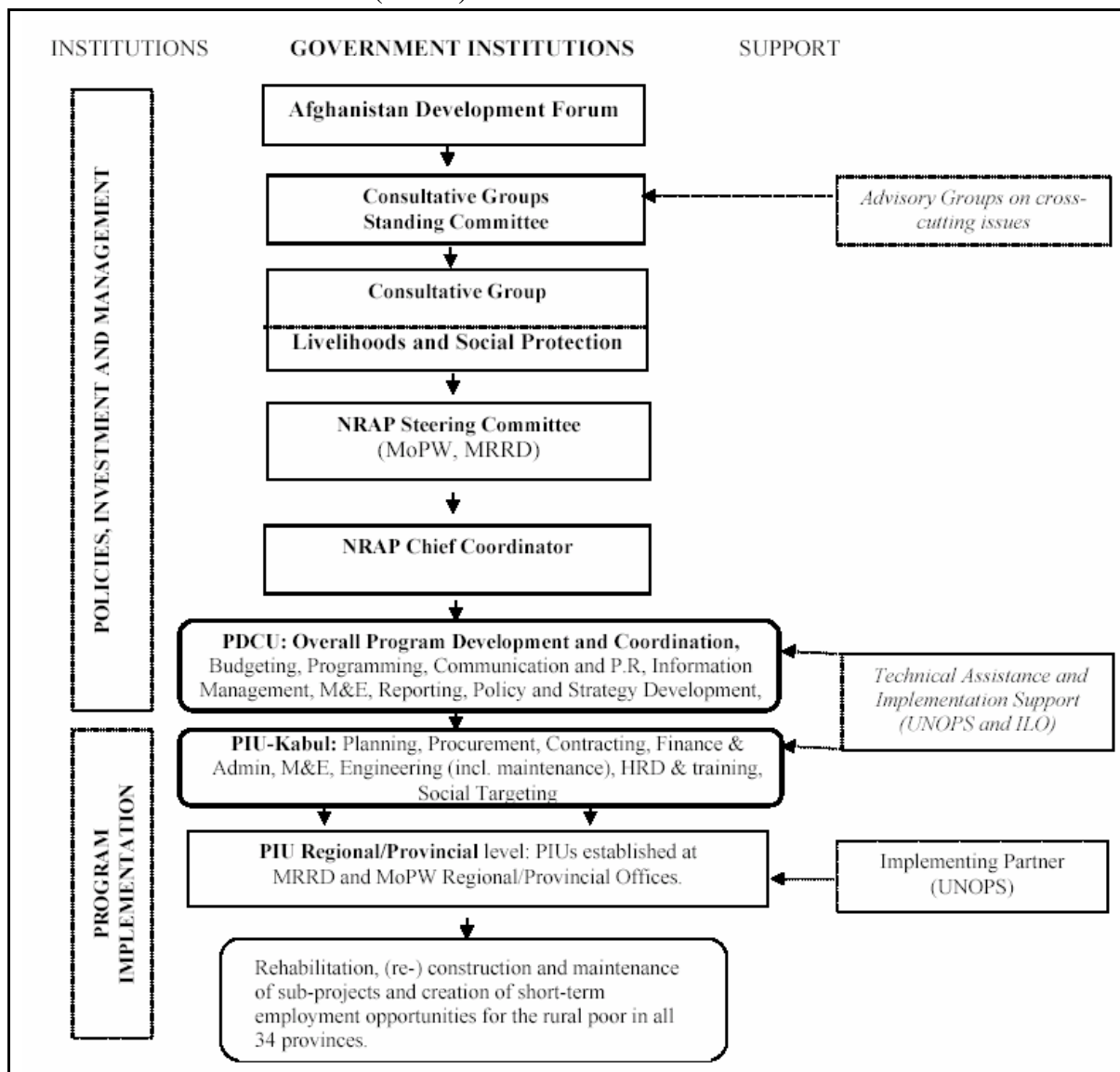
WFP has more ambitious plans and appears to be willing to move into long term development activities. The amount of food aid is decreasing and WFP supports this. For the 3 years to 2005 an average of 200,000 tonnes of food were delivered into Afghanistan. Over the next 3 years the average is planned at 150,000 tonnes per year. The reality, according to WFP, is that a very large number of people remain food insecure in Afghanistan. For emergency situations, such as earthquakes, WFP will make a separate appeal for food.

WFP's new strategy, still under review, looks at the following activities. It will decrease the amount of free food provided through humanitarian relief and will provide food for work on a reactive basis such that those areas in greatest need benefit and that the work does not clash with times when seasonal labour is in demand. Concerning alternative livelihoods, WFP notes that donors have diametrically opposing views on whether to work or not to work in poppy growing areas. Currently, for anti-narcotics they consider that there is no proper coordination and no clear strategy within Afghanistan. WFP will be involved but the modalities have yet to be decided.

NEEP has developed a clear forward strategy⁹ that sees it maturing into a programme focused on rural access, and with its management structure being based within the MRRD and MoPW, whilst the respective and separate mandates of these two ministries have yet to be agreed.

⁹ National Rural Access Program (Formerly NEEP) Strategic Framework and Workplan SY 1384 (April 2005 to March 2006) NEEP JPMU March 2005.

NEEP's (NRAP) Future Institutional Framework¹⁰



The support of UNOPS and ILO will be systematically phased out as skills are transferred to permanent civil servants.

The rationale for a single focused programme is that the capacities of other ministries dealing with irrigation and other rural infrastructure have increased and specialised national funding programmes are now operating. Road infrastructure provides significant scope for employment opportunities, particularly when projects are designed for large numbers of unskilled labourers and there is flexibility regarding the type, size and timing of construction activities in relation to the social safety net objective. Also, the design, management and monitoring of activities will benefit from economies of scale and their impact should be significant.

MISFA and the alternative livelihoods programmes originated as development orientated programmes. MISFA has been persuaded to extend its work into the provision of loans for the

¹⁰ As per note above.

repayment of farmer's indebtedness resulting from advances made for opium production. This is a high risk undertaking as poor repayment might undermine the willingness of other borrowers to make their repayments. For a micro-finance organisation to advance loans that are not underwritten by viable investment proposals, is not normally considered 'best practice'¹¹. MISFA will, in this instance, be committing its money to the refinancing of investments that have already failed, and which, since they are illegal, cannot be continued. It may be regrettable that MISFA is being drawn into the alternative livelihoods sector, when its focus should be firmly fixed on establishing a first-class micro-finance industry based on international best practice.

2.6 The role of DFID in the Livelihoods Sector

DFID's main programme funding has been through the ARTF, with a view to ensuring GoA ownership of interventions. It is intended that the GoA will pay recurrent costs. The primary investment windows under livelihoods have been NSP, NEEP and MISFA.

DFID's Rural Livelihoods Programme has three main activities, being:

- ⇒ Institutional capacity building within the ministries of MRRD and the Ministry of Agriculture. To this end they are supporting Planning for Rural Development in Afghanistan which is set up to define a strategic vision and plan for building capacity within the existing ministerial structures and coordination groups. The relevant coordination groups being, the Livelihoods and Social Protection group under the MRRD and the Sustainable Livelihoods group under the Ministry of Agriculture.
- ⇒ In 2003 NSP began its activities, after a long gestation period. DFID will support its future development and assist in reviewing its strategy and achievements.
- ⇒ Also in 2003, MISFA began the pilot stage of its work and this is continuing with support from DFID.

DFID does not wish to follow the USAID policy of bringing in foreign contractors but prefers to work within the framework of Government in order to achieve long-term capacity improvements. This strategy was not followed in the early part of the period in question and it is only comparatively recently that they have begun to work closely with the Ministry of Agriculture. DFID has recognised the need to feedback from the field into policy making and hence it is funding an FAO programme on sustainable livelihoods in Bamyan. This has focused on potato seed production and winter wheat, but this needs to make better linkages with NGOs and should be more integrated within the Ministry of Agriculture.

In 2004 there was increased political pressure on the counter narcotics agenda, which is DFID led, but they had no resident expertise on alternative livelihoods until that time. The focus had been on poverty reduction and DFID was supporting interventions, such as FAO's, which were looking for alternatives. With the increase in political pressure there was a need to show actual results and impact. The DFID funded Research Alternative Livelihood Fund (RALF) has invited bids for agricultural action research. But this is not currently considered by independent experts to be in a position to provide sustainable outcomes. DFID has also set up a Counter Narcotics Trust Fund that is owned by the Government and operates similar to the ARTF. The aims of the fund are the promotion of alternative livelihoods, along with eradication and interdiction, through, for example,

¹¹ "MFI's need to consider *debt capacity* as opposed to basing credit decisions on a *credit need* approach that risks future trouble for both lenders and borrowers. This is because the need for credit and the ability to repay debt cannot be assumed to match." From: Sustainable Banking with the Poor. Microfinance Handbook. An Institutional and Financial Perspective. Joanna Ledgerwood. The World Bank. Washington D.C. 1999.

the apprehension of traffickers. All donor funds could be channelled through this to the Ministry of Finance, with oversight provided by UNDP.

The issue of opium in Afghanistan cannot be ignored since it impacts on everything and needs a very structured response. It is necessary to break the poppy monopoly to prevent the rise of a dominant group that is beyond the law and this requires interdiction but at present law enforcement is too weak to achieve this. If results are not forthcoming it is felt that eradication will be imposed and DFID is opposed to this, especially aerial spraying, which could impact on other crops and have a considerable shock effect on rural incomes. Therefore, DFID strongly advocates investment in alternative incomes alongside the strengthening of internal security. But immediate results are not expected.

DFID is favourable to the possibility of scaling up NEEP as it is seen as having immediate short-term impacts without any negative long-term effects. Both MISFA and NSP are intended to have positive medium to long-term impacts on rural livelihoods and therefore should be given increased support also. In the long term, DFID wishes to support the creation of foundations for economic growth. This requires incentives for market penetration such as preferential priority markets in the EU and the USA for grains and fruits. It is also possible that export standards could be lowered for a period, but this is difficult to negotiate. Rebuilding of the horticulture industry will take some time due to the destruction of rootstock. Alternative crops are very limited and they take time to return a profit, for example, fruit and nuts need 3-4 years and for horticulture good transport is essential. For all crop substitution, including cotton, value chains incorporating marketing and processing need to be addressed.

MISFA must be enabled to work with the formal banking system to encourage engagement with entrepreneurs who require loans exceeding \$1000. For this risk management capacity needs to be established. There is a gap for medium and large scale lending which needs to be filled, as the production chain must have incentives built in and loan finance is a part of this. MISFA now has a three year strategy in place.

2.7 Coherence

The livelihoods sector, as explained in section one, covers a broad range of activities. To discuss policy and implementation strategy it is therefore necessary to break the sector down into its various components. Coherent policies understood and shared throughout the donor community or at the level of the GoA, were not apparent during the period, although individual players did have defined strategies¹². Consideration must however be given to the emergency/relief nature of most of the programmes and therefore the approaches followed often lack the level of coherence that would be expected from more mature interventions. As the donor community, in partnership with the Government, looks more closely at the long-term issues of livelihood promotion the coherence of the different programmes should begin to emerge.

2.8 Coordination

The consultative group mechanism incorporating all twelve sectors funded under the ARTF is excellent in principle, but all actors admit that it does not work in practice. Even within the MRRD, where three major programmes are managed, each programme effectively works in isolation. This has resulted in duplication of short-listed projects by NEEP, NSP and the National Area Based

¹² Understanding and Monitoring Livelihoods Under Conditions of Chronic Conflict: Lessons from Afghanistan. Adam Pain. Overseas Development Institute. December 2002

Development Programme. There are also internal communication shortcomings within the MRRD; between UN contracted local consultants and the permanent civil servants.

Sustainable livelihood coordination is also poor and divergent policies and strategies are very evident. Consultants working in the Ministry of Agriculture report that there is a clash between the majority of donors, including DFID, and The World Bank. The Ministry is still focused on central planning and direct government service-delivery, and this appears to be supported by the World Bank's recent strategy statement. Clearly, the Ministry requires a clearer philosophical understanding of the role of the Government in a modern agricultural sector. Whilst some coordination exists activities needs to be very well planned, especially with the imminent arrival of a large number of consultants working on different donor funded programmes. Their work should be focused concerning the development of the private sector in agriculture and on capacity building to achieve this.

2.9 Connectedness

It was apparent from field visits that communication at all levels is a significant shortcoming. Misunderstandings seem to punctuate all aspects of aid delivery. The NSP programme could in the future assist in overcoming some of these problems, but, as with all aid delivery, the timeframe for NSP appears quite unrealistic. It is perhaps the persistent push for delivery in quantity terms which underlies much of this disconnectedness.

Bamyan Centre's market road constructed under NEEP is a good illustration of people's expectations being very contrary to the organisational mandate of the concerned authority (in this case MRRD with UNOPS supervision). UNOPS engineers were able to clearly justify their choice of a cobbled road surface, in light of a combination of criteria that were in accordance with NEEP's mandate. For example, the stones were locally available, local labour could be used to dress and place the stones, the surface would be highly durable, it could be repaired using only labour and extreme winter temperatures would not damage it. They also stated that, as future funds became available the stones would be an effective subsurface for further treatments.

However, local people were unanimously furious concerning what they considered to be the imposition of a totally unacceptable, low quality road, which damaged their vehicles and created endless dust. It seems that they expected tarmac or concrete surfacing. But this would, according to UNOPS, have required specialised equipment from Kabul and the market road was less than half a kilometre in length. Further more, the NEEP programme had an insufficient budget for this, whilst its mandate was to undertake labour intensive works to provide emergency employment, as well as to upgrade infrastructure to support other livelihood activities. They also commented that the local labour had been very reluctant to utilise effective stone dressing techniques (hence the uneven surface) despite all their efforts in providing training along with arranging a field visit to another project using the same method.

It is difficult to see how such considerations can be effectively communicated in a prevailing environment where all communication is poor (see coordination above) and where so many accusations are made concerning the misuse of funds, which fuel distrust between the parties.

In none of the infrastructure projects visited had the issue of ongoing asset management and maintenance been discussed with community members. This applied equally to the NSP funded CDC projects. The CDCs involved expressed some willingness to assist with maintenance, but it was clear that they considered this to be primarily the Government's responsibility.

Income Generation for Women under NSP

In one income generating project under NSP, aimed at assisting female community members, it was found that some 20 sewing machines had been purchased. The first of two groups of 20 women were being provided with some basic training. They were asked questions, such as, why had they selected this project, which amongst them would own the sewing machines, and how would they earn income from them? None of the women, along with the NGO's staff, were able to provide answers to any such questions.

At the same time, these same women explained the dire problems faced by pregnant women due to the absence of trained birth attendants and the distance of their village from the nearest maternity facility. Had more time been allocated for project identification, perhaps this group of women would have chosen to fund training for local birth attendants, rather than deciding to participate in an income generating project which they did not understand.

2.10 Cross-cutting issues

Gender issues in livelihoods. Some issues have been mentioned above and others are included in the separate gender section.

Female Involvement in NEEP

NEEP was mandated to provide an income safety net for vulnerable men and women. However, social restrictions prevent women from working alongside men and/or out in the open on road projects. Therefore other activities were identified. Amongst these, weaving wire gabion baskets and planting tree saplings, both providing some environmental protection, appear to have been the only two to be implemented. NEEP undoubtedly lacked the specialist staff to effectively engage in such work and it seems inevitable that the good will and hard work expended by the available staff had no result in terms of meaningful impact.

In the case of gabion weaving, it was reported that after extensive planning to get the project off the ground, a small group of women struggled to learn how to do the weaving, whilst being watched intensely by a large audience of curious men and young boys. The men then complained that the women had been given work to do that was too hard for them.

This is one of very many instances where attempts to prioritise projects for women, although laudable in theory, can have negative consequences. The depth of research and planning required was not possible within the timeframe available.

Security. Security concerns played a negative role in preventing work in the Southern provinces. The continued appointment of former belligerents to powerful positions at both local and national levels counters against the consolidation of state legitimacy.

3. Findings (assessments)

The period under review began with a severe drought, which became a complex emergency following the Multinational campaign to oust the Taliban. This then moved rapidly to consideration of medium-term reconstruction interventions. The primary focus of this evaluation has been on shorter-term responses in the livelihoods sector. A few development orientated initiatives are now at an early stage of implementation, for example MISFA and NSP. Other longer-term interventions remained on the drawing board or were just in the initial start-up phase by early 2005. For instance, a number of economic and social protection programmes under ILO, along with promotion of inward investment supported by GTZ and USAID, are two areas where considerable funding is beginning to be targeted.

3.1 Needs of beneficiaries in relation to government policies and strategies

Government policy and strategy in this sector has not been clearly articulated in the period under review. Beneficiary needs have been assessed where possible using data collated by the National Surveillance Programme, and other information services. The quality of this information was not highly regarded in the initial stages but technical assistance is being provided to assist with data collection and analysis.

3.2 The interventions carried out by aid providers

Effectiveness

Results delivered in quantitative terms are undoubtedly impressive and the work of the many partner NGOs contracted by the implementing agencies must be acknowledged in this regard. However, given the very large sums of money involved and the absence of data regarding needs assessment, and, the absence of delivery monitoring or the measurement of impacts, it is simply not possible to determine the effectiveness of the end result. It must however be the case that the livelihoods of Afghan families were supported in a positive way. It is also likely that forced migration was prevented at a time when the media spotlight would have made this a very sensitive factor to deal with politically.

On the other hand, it appears evident that many male Afghans do migrate on a regular basis for seasonal employment to other parts of the country or to neighbouring countries, and that migration should not necessarily be regarded as a negative indicator. These workers are benefiting from a flexible labour market, which allows them to take advantage of differential wages at various locations on a seasonal basis.

The major programmes considered here appear to have been able to respond flexibly to changing circumstances, as is demonstrated in ECHO's move from food for work to cash for work, and NEEP's introduction of contract groups for workers employed on construction sites. It is clear that, despite a very rapidly changing situation and the many practical demands of getting delivery onto the ground, that they were able to effectively review their delivery mechanisms.

WFP's response is perhaps less transparent. Both, its continued reliance on food for work and its move into areas that are clearly development orientated, and therefore outside its normal mandate, must be questioned. They have responded with the justification that other agencies do not currently have sufficient capacity to cover all the areas that need to be addressed, and this view must have some validity given WFP's very well established and lengthy engagement with Afghanistan. The justification for such strategies these should be given further consideration by donor organisations as real needs become more apparent.

It is clear however, that the sheer volume of funds available following the Bonn Agreement could not all be effectively managed and that this resulted in the short-cutting of procedures such that not all contracts have been effectively monitored and much of the underlying quality of infrastructure is below standard. The issue of the sustainability of impacts (long term asset management and maintenance issues in the case of infrastructure work) has been consistently overlooked. This is widely acknowledged by NEEP and ECHO and is now beginning to be addressed, but it is a factor that will be compounded by the poor quality of the original investments.

MISFA is still at a pilot stage and cannot be assessed in detail at this time. Strong and very well focused management will be very essential to ensuring that this programme is able to reach its full potential. An effective, efficient and well resourced micro-finance sector in Afghanistan will be a central building block on which to establish other livelihood and social protection programmes.

Efficiency

WFP and ECHO worked well through their long established NGO partners (mainly international NGOs) to deliver food and cash for work projects in most parts of the country. This seems to have been efficiently managed in accordance with their tried and tested working practices.

In the case of NEEP, the challenge was far greater, since this programme was implemented through the MRRD and MoPW, with funding channelled via the World Bank through to the Ministry of Finance. All internal systems for these procedures had to be established, the paper work had to be developed, human resources had to be trained, and contracting procedures had to be introduced and understood, both by staff and potential bidders. A great deal of senior management time was expended on these issues, which it is easy to overlook in hindsight.

With all the above, it is not possible to overlook the issues of corruption which were raised so frequently by informants at all points in the aid delivery chain.

Many efficiency gains from human resource development by NGOs and implementing agencies have been negated by the poaching of their staff by better resources programmes; often UN agencies or contractors working on bi-laterally funded programmes. This constant drain of personnel has inevitably impacted on efficiency, and is again the result of the unrealistically high level of funding reaching Afghanistan within a short period of time, which clearly exceeded the country's absorptive capacity.

MISFA appears to have functioned in an efficient manner during its short period of operations.

With all programmes the absence of monitoring data negates any clear assessment of efficiency.

Impact

The immediate impact of the roads programme was enthusiastically described by the shuras visited, even though the community members had not actually been employed in the construction process. They stated that they were now able to bring in consumption goods and other items from the market centres. They were also able to trade their own produce that consisted mainly of wheat, potatoes and poplar poles for construction. The road now made it possible for children to reach schools further down the valley and for other family members, especially women, to obtain medical treatment. They also had better contact with the government authorities and neighbouring villages.

The NSP programme was also credited with bringing villages together and enabling old enmities to be put aside as they had to work together within a single CDC or they had to cooperate on NSP roads projects in order to have sufficient funds to reach a main access road.

The long-term impact of both these programmes will be compromised if the community cannot maintain or sustain these impacts. For NSP a supply of project funds should continue in order to provide a rationale for continued CDC meetings, and, more importantly, the level of contact with facilitating NGOs must be maintained in order for the benefits of the CDCs to be consolidated; this will be a very long-term commitment.

For longer term impacts to be sustained it will also be necessary of the donor community to invest in training programmes that will provide the skills necessary to undertake good quality interventions, these might range from artisan skills for the construction industry to all types of professional competencies.

In terms of environmental impacts, it was not possible to assess whether this had been negative or perhaps even positive. To the extent that a lot of construction work has been undertaken and wells drilled for drinking water, etc., without recourse to any environmental assessment, this creates a considerable risk that negative impacts will have resulted. The over-felling of trees for timber in the burgeoning construction industry, the impact on an already fragile water table and on neighbours of deeper wells being sunk, and, the effects of dams created for hydropower production, all create potential environmental impacts which cannot be assessed with the information available. Some tree planting has taken place but this is very limited and the survival rate of the saplings is not known.

The aid programme at large should have impacted upon the credibility and visibility of the GoA and this will therefore have affected the outcome of the Presidential elections. However, as with other impacts, this positive 'feel good' factor is unlikely to be sustained unless the quality of interventions is improved and unless the Government is able to tackle the increasingly negative responses from ordinary people who consider that corrupt officials and politicians, along with greedy but well connected businessmen, are pocketing an increasingly large percentage of the aid provided.

4. Overall Conclusions

The quantity of aid delivered is indeed impressive. However, numerous constraints inhibited the quality of what has been delivered. Security was a major issue in some areas, availability of reliable information, the time in which to undertake proper assessments and design work and planning, and above all, the overwhelming constraint on the availability of skilled and competent human resources were all severe obstacles to delivery. The primary motive for this push for delivery in the livelihoods sector was undoubtedly political, since presidential elections had been scheduled for 2004 and it was considered essential for the interim government to make its mark throughout the country prior to that time. As a result, a great deal of aid has been provided whilst many beneficiaries feel angry that they have not benefited in any meaningful way. Alongside this, these constraints also influenced financial and cost management, with inevitable accusations of corruption now becoming rife throughout the country. Due to the absence of reliable vulnerability data it is not possible to determine the extent to which the anticipated humanitarian disaster of 2001/2 was either overestimated or averted.

The Securing Afghanistan's Future¹³ document makes the following statement with regard to the livelihoods and social protection sector: "Greater consistency between Government execution policy and implementing partners (whether NGOs, UN Agencies, or the private sector) will be sought, and coordination within the budget and CG framework will be strengthened. Emerging analysis of poverty and vulnerability will be harnessed and key programmes closely monitored. In the immediate future the focus will be on ensuring that key programme pillars (NEEP, NSP, MISFA and Rural Water and Sanitation) are effective and that any major gaps are identified. Good policy will focus mainly on productive programmes rather than more narrowly on direct transfer payments, which will be reserved as a last resort."

¹³ <http://www.af/resources/mof/recosting/SECURING%20AFGHNAISTANS%20FUTURE.pdf>

5. Recommendations

5.1 Donors

Rather than being drawn into the rush for delivery it may have been more advisable for the donors to work together on planning the realistic absorptive capacity for aid in Afghanistan during the period 2001 to 2005, and prioritising it for the most urgent sectors. In light of this, the financial resources necessary could have been released in a planned, controlled and systematic manner. Remaining funds should have been placed into a genuine Trust Fund, which could have been professionally managed and invested for the future benefit of the Afghan people. This would have significantly reduced the widespread corruption which is now undermining the confidence of the Afghan people and diminishing the credibility of all those in positions of authority within the Government.

Research should be commissioned to determine the best policies for donor agencies to pursue in order to support an expansion of wheat production in Afghanistan, whilst at the same time ensuring that food deficit communities are protected by subsidised food provision. This research would therefore seek to clarify the controversy concerning the import of wheat by WFP for food for work programmes as opposed to cash for work which is provided by ECHO and NEEP.

5.2 Aid providers – The Government, UN Agencies and NGOs

The government's apparent campaign to blame the so-called 'NGO' community for the soaring levels of corruption now emerging, is disingenuous since they appear to seek to absolve themselves from responsibility. There is a strong case, however, for NGO legislation that can provide an unambiguous definition of what is required in order to register as an NGO and which the government is able to enforce in a transparent and equitable manner. This should effectively disbar many local organisations that registered as NGOs at the behest of the UN during the 1990's, and some even more recently.

WATER AND SANITATION

Richard Ellert

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Technical terms

- WP & Improved water source:** Water point is defined as any source which provides reasonable access to safe drinking water like:
Household connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. Reasonable access is defined as the availability of at least 20 litres a person per day from a source within one kilometre of the user's dwelling.
- AP** An aid provider is any humanitarian organisation either NGO, UN-organisation, international organisation which provides humanitarian services financed by the 5 donors. In general it refers to the following type of organization:
UN
INGO (e.g. DACAAR, SCA, etc.)
ICRC, IOM (International Organisations)
LNGO (FWO)
Government ministries (mostly subcontracting to LNGOs)

1. Introduction

1.1 State of the affairs at the beginning of the evaluation period

Water is one of the most important, if not “the” most important natural resource for Afghanistan. The country is literally a “creation” of the big rivers and the snow covered mountains which feed the old irrigation systems and replenish the aquifers. Traditionally the population of Afghanistan is using mainly surface water either from rivers or canals, and to a lesser extent ground water is abstracted through shallow wells, springs and karezes¹. Sanitation in rural areas is either through traditional latrines, open fields and / or designated places within the family compound. More sophisticated sewage treatment has not yet been introduced to Afghanistan. The key figures indicating the problems in this sector are almost common knowledge (status 2001):

- Only 19 % and 11 % of urban / rural population had access to an improved water source²
- Only 25 % and 8 % of urban / rural population used adequate sanitation facilities
- 25.7 % of children die before the age of 5 (latest surveys in 2003 showed 17.2%)
- Diarrhoea is one of the major cause of mortality among children³

Since mid of 1980ies the water sector in Afghanistan has been mainly dominated by DACAAR, UNICEF and SCA and together with MRRD and UNHCR they are the key-organisations (key aid provider) for this evaluation. Especially DACAAR⁴ and UNICEF became the lead agencies since 1990, initiating the development of a common hand pump (developed from the Afridev pump in cooperation with SKAT-Consulting (Switzerland), setting up a factory in Pakistan), working on common standards, driving coordination and preparing a comprehensive data base⁵. The draught

¹ Traditional underground water channels tapping into aquifer mainly for drinking water extraction and irrigation

² Source: <http://www.unicef.org/sowc01/tables/table3.htm> Unicef, MICS 2001

³ Source: UNICEF, MICS2 – 2000, Section E, Child health.

⁴ The existence of a lead agency is one of the main reasons why well construction and materials are standardized.

⁵ None of the 12.673 wells of SCA are in the DACAAR data base.

which has started in 1998 had a major impact on the interventions. Especially dug wells have been prone to failure⁶ and according to DACAAR reports app. 21 to 25 % of dug wells are presently dry in the country. The community well (for 20 families) is not the conventional⁷ standard of Afghans as traditionally families have shallow wells equipped with reel and buckets in their backyard⁸. However, this does not imply that the construction of communal wells has been a wrong approach. To provide drinking water to a rural population through individual wells is not economically feasible.

Activities of Aid providers (APs) focused essentially on the rural water supply sector while for urban water just emergency rehabilitation was carried out (ICRC, UN-Habitat and WHO). The technology used by APs was straightforward, either dug wells lined with concrete rings or tube wells drilled with percussion rigs. Both constructed with a concrete apron and channel to drain the surplus water. Three types of hand pumps have been installed depending on the ground water level (Kabul, Indus and Pamir). Selected wells which have fallen dry were deepened.

Where a cost-benefit analysis has justified it or the terrain necessitated it, gravity schemes were constructed but not in great numbers⁹. Water quality testing was reduced to assure the hand over of a hygienically safe well. A water quality monitoring system could not be established. In order to underline the numbers of water points (WPs) and sanitation facilities constructed in Afghanistan the output of DACAAR is presented in the following table¹⁰.

Taking the figures from the main actors (DACAAR – 25 380, SCA – 9 050) and adding an estimate of wells constructed by others (e.g. GAA, MRRD, AKDN, ACF, PMS) then the aid community had constructed app. 36 000 WP until the end of 2001 in Afghanistan¹¹. The main focus of interventions was more in improving access to water and quantity of water available than improving environmental health¹².

Activities in terms of sanitation have consisted of latrine construction (single / double vault) mostly in connection with implemented water supply project for demonstration purposes. In schools 4 to 6 compartment latrines have been built (UNICEF, SCA). More refined sanitation technologies have not been applied (septic tanks and / or sewage systems).

Aid providers introduced accompanying health and hygiene campaigns at an early stage, but these have never been fine-tuned based on assessments on behavioural change and had a rather limited effect¹³. In the same way, the impact of well and latrine construction was never measured against base-line surveys using practical indicators.

⁶ Because they have been constructed to have between 1.5 and 2.0 m water table available in the well

⁷ The impression from the interviews was that it is also not the **desired** standard

⁸ This is the reason common wells are hardly duplicated and repairs are very slow given the importance of water.

⁹ Around 3,8 % of WP in the DACAAR data base are stand post.

¹⁰ Information on latrines from the data base and received by DACAAR were different, however this table is used being the most credible.

¹¹ DACAAR alone 25.300 and SCA more than 9.000. For calculation see annex.

¹² In order to do this a functioning water quality monitoring system and effective health and hygiene education has to be assured. Even so water-borne diseases have certainly been reduced as well.

¹³ No person interviewed actually remembered any of the topics taught. Many even not the campaign itself.

Table 1.3-1: Water points / latrines installed by DACAAR since 1990, as of December 2004

Province	Water points installed			Latrines installed		
	Number	Beneficiaries		Number	Beneficiaries	
		Households	Persons		Households	Persons
Badghis	509	9,480	66,360	1,169	1,169	8,183
Farah	1,464	21,360	149,520	2,292	2,292	16,044
Ghazni	3,575	66,280	463,960	7,996	7,996	55,972
Ghor	1,099	15,140	105,980	2,010	2,010	14,070
Helmand	2,458	46,740	327,180	3,647	3,647	25,529
Herat	5,975	113,880	797,160	8,102	8,102	56,714
Kabul	1,133	18,880	132,160	2,160	2,160	15,120
Kandahar	2,019	39,420	275,940	1,238	1,238	8,666
Kapisa	186	3,700	25,900	296	296	2,072
Khost	1,623	31,640	221,480	1,716	1,716	12,012
Kunar	1,099	14,320	100,240	2,250	2,250	15,750
Laghman	925	14,940	104,580	1,580	1,580	11,060
Logar	1,861	24,980	174,860	1,490	1,490	10,430
Nangarhar	5,091	99,480	696,360	8,215	8,215	57,505
Nimroz	222	4,440	31,080	280	280	1,960
Nuristan	12	240	1,680	0	0	0
Paktia	433	24,900	174,300	3,516	3,516	24,612
Paktika	1,405	6,700	46,900	1,420	1,420	9,940
Parwan	162	1,920	13,440	385	385	2,695
Uruzgan	226	4,520	31,640	1,016	1,016	7,112
Wardak	1,310	25,420	177,940	2,152	2,152	15,064
Zabul	657	13,140	91,980	1,420	1,420	9,940
Total	33,444	601,520	4,210,640	54,350	54,350	380,450

Source: DACAAR ProDoc Annex 5

Box: 1.2-1

The traditional sanitation practice in Afghanistan is through latrines, though not every family would have one. The entrance to the latrine is on the first floor, with faeces being collected between the ground and first floors and with a manhole at the ground level that can be opened for emptying the latrine. Men stated they prefer to urinate and defecate in open fields and that it is mainly women and the smaller children who use latrines. As it is taboo for adult women to use open fields, in the absence of a latrine a designated place inside the compound is used. Faeces from the latrine or the compound are used as fertilizer and often sufficient time until mineralization of faeces is not allowed for. Even so people are to a certain extent aware of the health hazard associated with fresh faeces.

2. Involvement of donors in water and sanitation

During the funding period the total support from the 5 donors amounted to 1.062 Billion Euro, 791 Mio. Euro could be traced by the already mentioned aid flow study. Around 65 Mio Euro roughly 8.2 %, ¹⁴ have been spent for activities in the water and sanitation sector.

¹⁴ Information is taken out of the aid flow data base. For details see annex.

Donor	App. Amount in Million Euro
Sida	22,3
DFID	16,5
Danida	14,9
Netherlands	9,8
DCI	1,5
Total	65

From 2002 to 2004, approximately 29 000¹⁵ wells were constructed throughout the activities of humanitarian organisations. The primary focus of interventions during this latter period was on improving access to safe drinking water and increasing the volume of available water rather than on improving environmental health.

Table 1.2-2

Water points constructed in Afghanistan from 2002 to 2004

Estimates of wells built through the following organizations:

Agency	2002	2003	2004	Total
DACAAR	2.717	2.813	2.462	7.992
SCA	1.211	812	1.040	3.063
UNICEF	4.312	1.532	200	6.044
UNHCR	1.381	2.530	1.633	5.544
MRRD	200	600	2.400	3.200
Others	1.000	1.000	1.200	3.200
	10.821	9.287	8.935	29.043

2253 wells have been funded by UNHCR and implemented by DACAAR in 2002 / 2003
These wells have been put under DACAAR.

Source of information

DACAAR	DACAAR data base
SCA	SCA data base
UNICEF	submitted documents on achievables
UNHCR	submitted documents on achievables
MRRD	submitted documents on achievables
Others	estimates from documents and exp. of evaluator

¹⁵ MRRD estimates that a total of 45.000 wells were constructed until 2004, the evaluation find a figure of 65.000 as more realistic.

Estimates of wells built funded by 5 donors in Afghanistan

DANIDA	SCA	N-MFA	DCI	UK	
1.000					
	3.063				
400	200	300	200		
400	200	300	200	700	
400					
150	150	150	200	1.100	
2.350	3.613	750	600	1.800	9.113

The 5 donors have presumably¹⁶ been funding 31 % (around 9,000) of these WP with the majority (40%) provided through Sida (SCA). Figures on sanitary installation installed between 1990 and 2004 were difficult to obtain. Estimates would be around 75,000 latrines and the same number of bath.

DFID contributed the majority through funding of the NSP. DANIDA used mainly DACAAR but also the UN structure and the MRRD. The Netherlands supported mainly UNHCR and Ireland in principle their NGOs (Concern, GOAL, Troicare, etc.). The main recipient of Sida was SCA. ICRC, and through them interventions in urban water supply systems, have been funded mainly by Sida, DFID and Netherlands.

None of the donors have been actively involved in policy making or had any special initiative to boost interventions for water and sanitation although the importance of the sector has been recognized by everyone.

3. Observations

The following observations in essence refer to the case-study area (Nangarhar and selected districts). Wherever it is appropriate it of course includes and considers the “national perspective”.

3.1 Policies and implementation strategies, relevance of the interventions

Policies and strategies did not change after the ousting of the Taliban regime. The intervention concepts of APs in the water and sanitation sector have been still based on an emergency scenario implementing ad-hoc and demand-driven interventions.

¹⁶ Precise figures are extremely difficult to establish because of cross-financing and contradicting figures from documents received by aid providers.

While before 9/11 the policies of UNICEF, SCA and especially DACAAR within the WSG have been the common concept, the influx of new AP not only made the tracing of wells and latrine construction difficult but also had an impact on standards used¹⁷.

Box 4.1-1

Although some new agencies entered the WatSan sector in order to provide emergency drought relief, there was an even greater influx after the fall of the Taliban and the establishment of the new government.

A large number of new actors are now therefore active in the water and sanitation sector, which was once the monopoly of a few agencies, such as DACAAR, SCA, ACF, UNHCR and UNICEF.

Until recently the WatSan sector was, to all intents and purposes, guided and regulated by the Water and Sanitation Group (WSG) which was established in 1997 in Pakistan. The WSG was led at this stage, by UNICEF and DACAAR. Early in 2002, the WSG moved to Kabul and soon after leadership was transferred to MRRD. The transfer has not been entirely successful in that lack of capacity and even commitment within MRRD means that the WSG is still led by UNICEF and DACAAR. Despite these problems, however, MRRD is gradually playing a stronger role in the sector by developing guidelines, policies, setting targets and establishing coordination, monitoring and planning systems.

Source: DACAAR, ProDoc 2005

At the beginning of 2003 the MRRD started to take over the lead role in the water and sanitation sector¹⁸ from DACAAR and UNICEF. However, national policies with respect to rural and urban water supply and sanitation have only emerged recently¹⁹.

While up to 2003 the MRRD has been sub-contracted by APs to construct WP and latrines, since 2004 the MRRD sub-contracts LNGOs. The responsibility of the MRRD is quality control, monitoring and supervision. Even though it has limited capacities (manpower, know-how and logistics) and cannot warrant professional monitoring and supervision²⁰ the MRRD slowly gains momentum. UN organisation in principle subcontracted the construction of wells whereas INGOs mostly implemented themselves (only in few cases they subcontracted to LNGOs). Technologies applied for rural water supply have been simple:

- Dug wells
- Tube wells
- Deepening of wells (mostly through percussion rigs)

To a lesser extent:

- o Gravity schemes mostly consisting of a spring catchments with distribution piping and stand posts
- o Water supply for refugees and IDP camps (using productive wells including submersible pumps driven by a generator)
- o Rehabilitation of Karezes²¹ (traditional systems for drinking water and irrigation)
- o Spring protection

The physical construction of WP was rather similar for all APs and differences existed mainly concerning the degree of community participation and the introduction of an O & M system. This however has a significant impact on sustainability. Whereas some APs (e.g. DACAAR) stressed

¹⁷ Even different types of hand pumps have been used. Fortunately most of the new AP used the Afridev.

¹⁸ While in 2003 DACAAR constructed 935 wells for UNHCR, only 9 were implemented in 2004.

¹⁹ MRRD 5 year development plan for the rural water supply and sanitation sector. 2005; 100.000 WP, 1.000.000 latrines.

²⁰ The brain drain of capable professionals to IOs is quite significant in this respect.

²¹ Basically subterranean canals tapping into aquifers and conveying the water through gravity to the users

strong community participation (providing material, skilled labour only and expecting, provision of sand and aggregates, excavation, etc.) others remunerated the community for all services.

The standard O&M concept for water points is the “hand pump mechanic / care taker system”. The HPM is selected for an on-the-job training, implementing wells together with the AP as the future person responsible for repair in an area. He is on average responsible for 50 to 100 hand pumps and should ideally be an entrepreneur after the AP has finished the wells²². Payments of the HPM are either an amount of wheat and corn each harvest, a monthly cash amount, or cash per repair depending on the relative prosperity of an area. The CT is responsible for the maintenance of the individual well selected amongst the user group. Spare parts are mostly available in bazaars all over the country. Uniformity of the type of pump used (Afridev) has facilitated the setting-up of a spare part system.

Gravity schemes have been built under an emergency setting concentrating in essence on the construction of the physical elements of the system. Important aspects of sustainability have mostly been neglected²³ e.g. participatory workshop to discuss technology options, training in operation and maintenance, provision of tools, production of a system map, financing of the system and tariffs for water, etc.

Except ICRC and WHO all AP financed by the 5 donors have been mainly active in the rural water supply sector. ICRC as the only AP funded was and is profoundly involved in urban water supply mainly in Kabul, Kandahar, Herat and Jalalabad. The intervention in the urban water sector lacks coordination between the actors (WB Consultant, UN-Habitat, ICRC, KfW).

Sanitation was never really given the importance it deserves (in particular if compared with the water sector) and activities of APs concentrate on the construction of latrines for demonstration purposes, multi-compartment latrines for schools and H&H training. Hygiene education would be the key instrument for effectuating behavioural change and for generating demand for improved sanitation. APs are somehow still working on the design of an effective health and hygiene education campaign²⁴.

In general aid providers did not carry out needs assessments but reacted to requests from communities submitted mostly through their village shura to governors, RRD or direct to the aid provider. This is acceptable in an emergency and relief environment but was not valid for Afghanistan in 2004 anymore. An exception has been preliminary district surveys carried out by DACAAR²⁵. Monitoring was seriously hampered by security especially for the UN agencies. UN staff expressed its dissatisfaction of the extremely tight regulations which have been difficult to understand at times. Impact measurement was not carried out by any of the aid providers. The construction of wells and gravity schemes has been relevant and addressed the needs of the beneficiaries. Drinking water and water for irrigation have been the first priorities of communities interviewed. Also in the NSP the main focus is on the provision of safe water and water for irrigation. In general sanitation and the construction of latrines is not a priority for most of the villages²⁶. Hardly any of the villagers interviewed remembered that there was any health and hygiene education. Lack of sanitation facilities has never been mentioned as a major problem.

²² Interviews with HPM in Sokhrod district however showed that HPM could not live from repairing HP alone.

²³ This was experienced through a pipe scheme visited in Dur Baba.

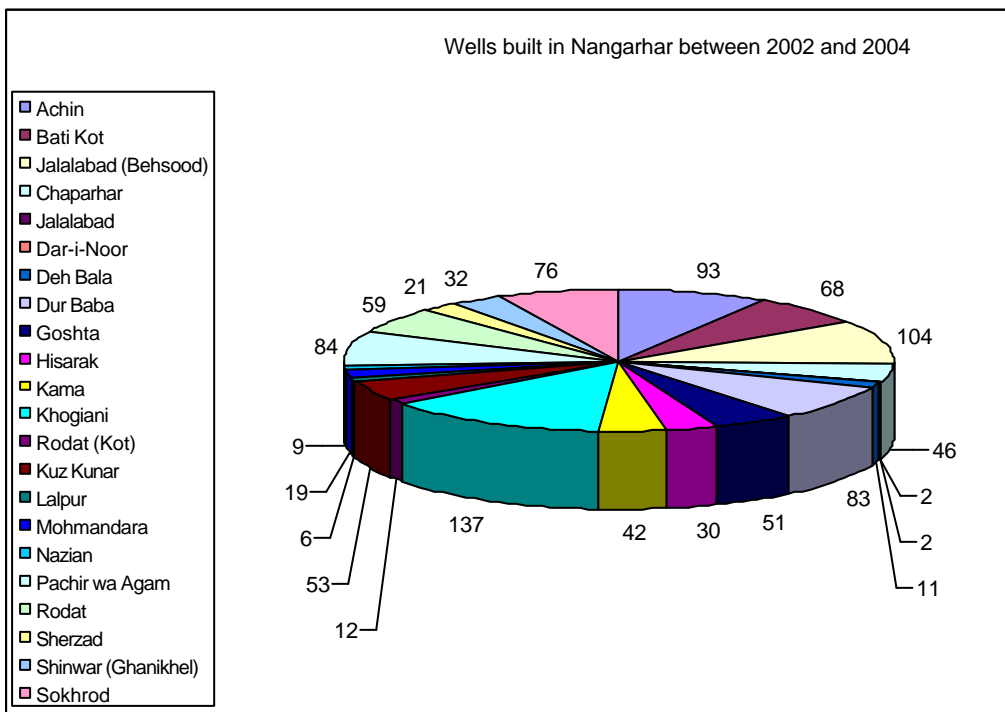
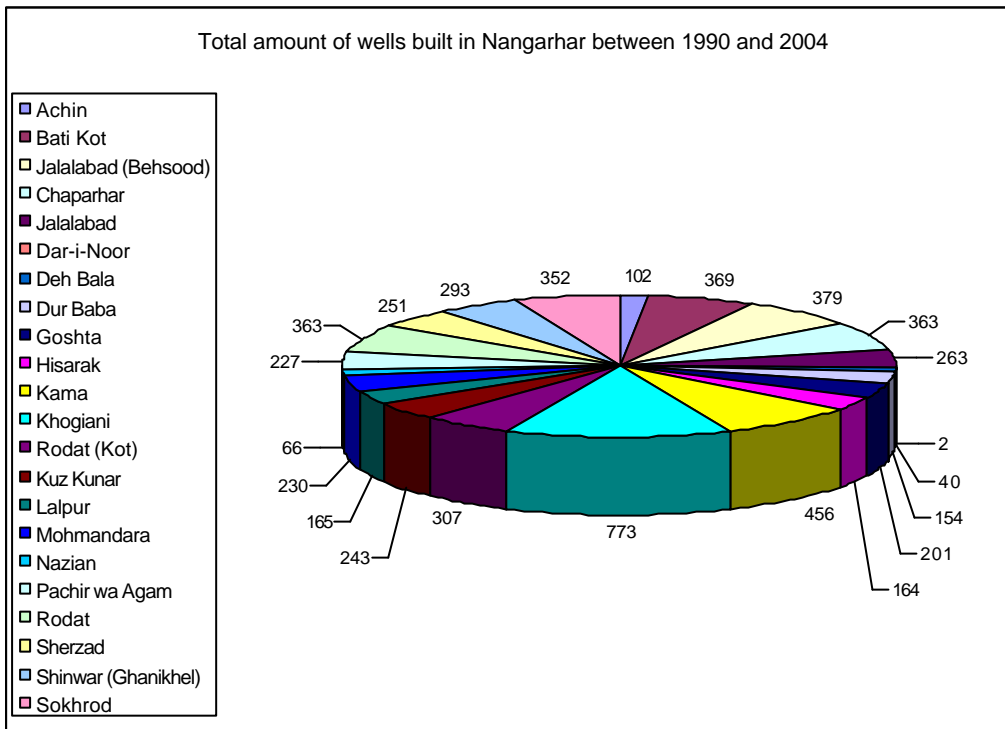
²⁴ The MRRD has recently disseminated a paper: Hygiene Education Guideline for trainers and supervisors

²⁵ A rather comprehensive survey concerning the status of rural water supply in a district

²⁶ According to information from the MRRD only 1 CDC within NSP included latrines

3.2 Main actors, coverage and effectiveness

The main APs financed through the 5 donors have been: MRRD, UNICEF, DACAAR, UNHCR, ICRC and SCA²⁷. SCA however has not implemented any WP during 2002 and 2004 in Nangarhar. *Important actors within the watsan sector in the region, PMS, GAA, Intersos, etc. are not included.*



²⁷ DACAAR has constructed 30,000 WP and SCA app. 7,500 over 10 years. In Nangarhar DACAAR has constructed app. 5.150 wells and SCA 812 wells, UNHCR around 1.600.

Unfortunately detailed information on the actual situation coverage and status of WPs is not yet available for the whole of Afghanistan. Many programs and projects are currently actively compiling information of the status of rural water supply and sanitation²⁸. (see annex for figures on distribution of wells in Nangarhar per district). Another problematic issue is that many of the organizations do not feed into the DACAAR data base²⁹.

Coverage was severely restricted by security, distance from the provincial capital, access to the area in terms of existing roads, technological problems and difficulties with monitoring and supervision. This resulted in uneven distribution of aid within the Eastern areas and also between the provinces (Nangarhar, Laghman, Konar, Nooristan, less covered according to sequence). One of the most significant (and neglected) districts in Nangarhar in this respect are Achin³⁰ and Dar-i-noor. The following 2 charts are showing the numbers of wells which could be traced through information from APs.

The total amount of WPs constructed during 1990 to 2004 in Nangarhar amounts to roughly 7,500³¹ (9.2 % of national figure) while concerning the evaluation period from 2002 to 2004 approximately 2,500 were installed in total (8.6% of national figure³²). However, through funding from the 5 donors approximately 850 WP have been constructed in Nangarhar.

With respect to latrines / bath numbers were difficult to establish. Figures from UNHCR, SCA, DACAAR and MRRD indicate approximately 3,450 latrines and 1000 bath (UNHCR) built in Nangarhar during the evaluation period. An approximation of the total amount built nationwide until 2001 was not possible because of lack and inconsistency of data (a rough guess would be 70,000 to 80,000).

It was not possible to gather figures concerning the coverage of the districts with latrines. Up to now latrines have either been connected to a school or health clinic or they were constructed as demonstration latrines. People in the villages do not see latrines as a priority³³. The recently published 5 years plan of MRRD foresees the construction of 1 Mio. latrines between 2004 and 2008.

Effectiveness of water points constructed could be confirmed in all interviews held in more than 16 villages in Nangarhar. In none of the communities visited beneficiaries showed any sign of taking up project activities and e.g. start construction of wells or latrines themselves.

3.3 Cost-effectiveness, efficiency and timing

Beneficiaries in general had little idea on costs and had very modest information on planned interventions and budgets which caused considerable complaints. National programmes have not even been known by district governors interviewed³⁴.

²⁸ The TWG – Nangarhar is preparing a detailed survey on existing WP being the first province in Afghanistan.

²⁹ Even so contracts of MRRD with IP demand that the new wells are reported to DACAAR

³⁰ Achin district, as the neighbour to Shinwar district, has poppy money.

³¹ DACAAR data base and information from aid providers..

³² This data is not absolute accurate but precise enough to show trends and tendencies.

³³ This is very much the view of men because they can use the open fields, whereas women and small children have to use either a traditional latrine or a designated place within the compound.

³⁴ Lalpur, Dur Baba, Goshta and Sokhrod

The majority of APs does not prepare their budgets in a way as to make it easy to assess the unit costs of investments. Figures in order to compare different aid channels have been difficult to obtain especially for UN agencies and government implemented programmes (except NSP). This refers especially to overheads, administrative costs for different organisations, also description of items in bill of quantities³⁵.

General costs for tube wells have increased more than 100 % to 150 % over the last 3 years. Costs for the construction of structures have been fairly similar for all aid providers but because of lack of uniform data on overheads and clear budgets, (except NGOs) comparisons with respect to cost-efficiency of aid channels are difficult to make.

A dug well is presently on average between 700 USD and a tube well between 1.500 and 2.500 USD depending on the depth and on the geological strata. In the following different prices for WPs are listed.

Timeliness is defined as the period until an aid provider reacted to the need of the beneficiaries. According to this definition the provision of safe drinking water was carried out in time by APs³⁶.

Aid provider	Dug well (30 m) USD	Tube well (35 m) USD	Latrine single USD	Latrine 6-comp USD	Pipe scheme USD
DACAAR	500	1.060	85		
SCA	500	1.100	100	1000	
UNHCR	700	1.650	100		12.4 / benef.
MRRD	1.100 / BoQ ³⁷ 650 prop ³⁸	1.350	83		
UNICEF	570	2.400 2.150 mix ³⁹	100	2.400	
LNGO (SADAAT)	650	2.200	120		
Private Company (Jalalabad)	500	1.300 – 1.600	---	----	

Source: Different proposals BoQs of AP in 2004. Note: Overheads not included.

3.4 Quantity and quality of aid as perceived by beneficiaries, impact

Naturally the physical output of wells and latrines has increased (during 2002 and 2004 almost the same numbers have been constructed as the years (1990 – 2001) before (36.000 WPs compared to 29.000 WPs).

In districts which have been very well covered (Sokhrod, Kama, Behsood) beneficiaries have been conscious that they have received more aid than others. Beneficiaries have been also aware that the reason for this was being close to Jalalabad only. Except in these districts all persons interviewed

³⁵ For example items could read: construct dug / or tube well followed by a unit price.

³⁶ Villages interviewed stated that it had needed 4 to 6 month until works on WP started

³⁷ Contract between MRRD and LNGO

³⁸ Proposal to DFID

³⁹ Proposal stated that either tube or dug well will be constructed

complaint that the aid was not sufficient, wells are dry, pumps not working. Especially in Achin people complaint bitterly that they have been neglected especially considering the fact that Achin is the most populous district in Nangarhar.

Beneficiaries have generally been satisfied with the quality of wells and latrines constructed. The problem of wells falling dry has been named but people have been aware that it is not the fault of the APs. However people stressed that in some cases that tube wells might have been better but they had not the choice to choose the type of well. Selection of technology was in general done by the engineers of the AP⁴⁰.

An issue constantly raised in all interviews was the *poor information policy* of APs. “Organisations are coming, collecting data, interviewing us and leaving never to be seen again”, said one farmer in Achin. But even if APs are active in a village, people do not feel sufficiently informed and being part of the project. Particularly worse is the information policy of the ASP (4 district governors criticized that they have no information which building is going to be constructed, what size, how much funding or any contractual details). The visible effect of this was that people felt neglected, not taken seriously and therefore loose interest to participate. An exception in this respect is the NSP.

There is no information on the NDF, NDB and individual national programmes on village level, only NSP is known to a certain extent. Information on NSP, however, is unclear. Villages have also expressed their wish to combine funds under the NSP for individual villages to finance bigger projects (e.g. factories) but this was not possible. Income generation was a focus for almost everyone interviewed. One farmer in Sokhrod said: “We could build wells and latrines on our own. We do not need this emergency projects anymore, *we need jobs, factories*”.

On village level Afghans are often not “in the driver’s seat”. They are still heavily dependant on favours given to them through the traditional structures (Malik, Waliswal, provincial governor) as requests are mostly channelled through them. The unsatisfactory information policy of AP adds on to this.

3.5 Coherence and connectedness

As already mentioned, the provision of drinking water was basically dominated by UNICEF, SCA and most of all DACAARs implementation strategy since the 90ies. One effect of this was that all aid providers used similar approaches and technologies (e.g. coherent utilisation of the Afridev hand pump).

Non-coherence between concepts of APs could be experienced with respect to community contribution and implementation of supporting measures (health and hygiene education, operation and maintenance system).

Concerning wells and latrines hardly any replication has taken place. People were not copying the facilities⁴¹. Also aid providers paid too little attention to traditional sanitation practices.

⁴⁰ The question whether APs should have reacted earlier and concentrate more on tube wells is valid.

⁴¹ Villages interviewed showed hardly any interest in latrines. Only 1 NSP project included sanitation

3.6 Coordination

On national level all actors in the water and sanitation sector are meeting monthly in the WSG meeting chaired by MRRD (see box 4.1-1). The meeting is most certainly one of the more efficient ones⁴². In the meeting agencies present their planned interventions and report existing problems. A technology development working group (TDWG) is part of the WSG.

On provincial level activities are coordinated to a certain extent in TWG, but not all aid providers are part of it. There are a number of coordination fora (technical working groups, provincial coordinating body, meeting between PRT and NGOs, interagency meeting) but their efficiency and effectiveness is not measured through indicators or bench marks. The existing coordination fora in Nangarhar are:

1. TWG for water and sanitation (in principle the WSG on provincial level)
2. Health and hygiene meeting
3. Civil engineering (on standardisation for construction work and material)
4. NGO coordination through ACBAR
5. PCB-Nangarhar

On district level there is no sector coordination.

With respect to general aid coordination there are major differences in coordination between the individual districts. In some the coordination of aid flow is quite efficient and communities are well informed. In others the Waliswal⁴³ decides basically with some strongmen (Khans) without any transparency.

4. Cross-cutting Issues

4.1 Transition from emergency to development

Transition from emergency to development has not taken place yet, but clear signs are showing that the process is starting. Especially the NGOs are seeing themselves more in the field of capacity building than implementing agencies⁴⁴, providing their expertise and experience to the future line ministries.

DACAAR data base on WP is going to be used as the national data base and its system of HIT teams might be sub-contracted by the MRRD for 2 years. The objective is to transfer the know-how to the staff of the ministry.

LNGOs (which are essentially contractors) are involved more and more in the construction of wells and latrines. Efforts are underway to mobilize the private sector in order to provide the required services to the government ministries.

However, truly development orientated projects are not yet on the agenda in Afghanistan and as one participant of the dissemination work shop to this evaluation has put it "...everything is still ad-

⁴² The author of this report participated regularly over 18 month in this meetings

⁴³ District governor.

⁴⁴ Statement in interviews made with SCA and DACAAR.

hoc. People only talk about development but it is nowhere to be seen. It is high times to start concentrating on development orientated projects⁴⁵”.

In complex emergencies and crisis like Afghanistan activities designed for long term strategies are mostly recognized as being “really important” but now one (also not donors) seem to lobby for them and encourage APs to start them.

4.2 Water resource management - Environment

The construction of water points must necessarily be seen within the framework of water resource management – the management of surface water, groundwater and its use for human consumption, agriculture and animal consumption as a whole.

At the moment there is no clear responsibility for the management of the water body as different ministries claim responsibility (MRRD, MoA, MoUP, MopW, MoM).

Discussions with FAO in Jalalabad confirmed the fact that at present no whatsoever IWRM is carried out. As a matter of fact it is not possible, because the necessary data collection tools in order to compile information on precipitation patterns, run-off data from rivers, (measuring gauges at rivers and intakes, rain water measurement devices, etc.) consumption figures of rural and urban population does not exist.

The issue of IWRM and the creation of a data base for water sources and water points should have been taken much more seriously at an early stage by the donors. This work is almost equally important to the physically provision of water to the population, because is a pre-requisite for sustainable management for the most important commodity of Afghanistan. It would have been better to use a percentage of the money for constructing wells to provide “additional funding” for an absolute essential activity. It is also not a question whether or not it has to be introduced. It is more the question how long it will take until the detrimental effects of not investing in IWRM will become visible.

Various farmers interviewed and also the FAO in Jalalabad reported that in reality „everyone with enough money can contract the drilling of a deep well equipped with a submersible pump”. This also has reportedly resulted in the draw-down of the ground water table which has caused wells and karezes to fall dry. The MRRD confirmed that the drilling of a productive well without submitting an application to the relevant ministry (acc. to information the Ministry of Mines) is forbidden by law but its enforcement is almost impossible.

It is difficult to assess whether it could have been expected by donors and aid providers to leave their path of short term thinking with respect to water and sanitation earlier. Also considering the impediments presented by the security situation.

- Re-forestation projects to increase the retention capacity of the soil and thus enlarge the recharge of the aquifers (still, such projects would show their impact after 10 to 15 years).
- Comprehensively designed, implemented, followed-up and evaluated health and hygiene training campaigns to boost the awareness of the population (accompanied by a study to measure the extent of behavioural change and collection of health data in parallel)
- Planning of interventions in water and sanitation using the ECOSAN principles trying to avoid mistakes made by developed countries.

⁴⁵ Sida will stop funding emergency projects in 2006.

At least now (beginning of 2005) all that is mentioned above should be supported by donors and considered for funding (based on “common sense”).

4.3 The role of the five donors

There have been no clear policies from the five donors concerning their water and sanitation intervention in Afghanistan. None of the ministries and aid providers interviewed had been aware of any special concept. For background information on donor and donor policies please see Annex.

4.4 DFID

Priorities for DFID have been the elections, public administration reform, education, alternative livelihoods (mainly in connection with poppy cultivation), health and community development. Within the latter two sectors water activities have been funded.

However, water and sanitation was not a priority for DFID having funded primarily the ARTF⁴⁶. Main contribution to water and sanitation activities were realised through funding of UNHCR, the NSP programme⁴⁷ and ICRC.

4.5 MFA-Netherlands

The Netherlands has been involved in Afghanistan for the past ten years. Since the mid-1990s, it has shared responsibility for the course taken by the international community, under the leadership of the United Nations, in the field of conflict management and humanitarian aid.

The Netherlands contributed €5 million to the Afghan Reconstruction Trust Fund (ARTF) in 2003. The Afghan government uses money from this fund mainly to pay salaries and fund development projects. The Netherlands also allocated more than €4 million in humanitarian aid in 2003, €5.9 million through UNHCR. Though the Netherlands believe that there is a gradual shift from humanitarian aid to reconstruction, humanitarian aid will still be needed for the next few years. The Netherlands has also contributed € million to ensure the elections proceeded safely, as well as € million for police training and €0.8 million to the Constitutional Loya Jirga.

The Netherlands is also looking into a possible military effort to help stabilise the country. Given its poverty, the need for continued international support to safeguard stability and development, the Netherlands' major political and military involvement in the country and commitment to its development, bilateral cooperation with Afghanistan will be continued.

Commitment of Netherlands to the water and sanitation sector was shown through funding of DACAAR (for development of applicable drinking water technology); even so funds have been limited. In addition to that the Netherlands have supported the UNHCR and ICRC. Through the latter intervention in the urban water supply sector.

4.6 Sida

The current strategy for development cooperation between Sweden and Afghanistan extended through 2004. In the future, too, Swedish support will deal primarily with education, health, food security, mine clearance and support to returning refugees.

⁴⁶ ARTF funded primarily recurrent costs of the GoA.

⁴⁷ DFID supported the NSP programme with 18 Mio.

As in the past, most of the support will be channelled through the UN, other international channels and Swedish NGOs (SCA). Sweden also provided support to the Afghan government development programmes. To track developments at close hand and participate in the dialogue in the field, Sida has opened an office in Kabul. The situation in Afghanistan could change rapidly, so development assistance must be flexible. If the trend towards peace holds, and the situation becomes more stable, humanitarian aid gradually will be replaced by more long-term efforts. Sweden plans to change from emergency funding to development cooperation starting from 2006.

Sweden has presumably invested the most in water and sanitation through primarily funding of SCA, UNHCR, UNICEF and ICRC.

4.7 Danida

Danida was and is the main funding channel for DACAAR. DACAAR applies for funds in 4-year terms through the so called Project Document submitted to Danida.

However as a result of the changes brought by 9/11 DACAAR used most of Danida funding for sector management and development activities such as strategy development, standard development, technology development, development of hygiene education systems, and maintaining the sector database. Therefore only 950 WP have been installed using Danida funding during 2002 and 2004 (between 1991 and 2001 a total of 10.470 have been constructed through Danida funding, 1.000 wells per year). This is a consequence of the fact that it has been easier to for DACAAR to achieve funding for physical implementation from other donors; especially in response to the drought situation from 1999 onwards and the post 9/11 influx of additional emergency assistance funding.

With the support of DACAAR, Danida has not only provided WP, but also supported coordination and the development of a coherent strategy for the water and sanitation sector. The direct funding of the MRRD shows the commitment of Danida with respect to rural water supply and sanitation⁴⁸. The water and sanitation sector was also strengthened through the supported of the NSP as water is one of the top priorities for communities.

4.8 DCI

Ireland presumably placed the most emphasize on their NGOs (Goal, Concern and Troicare) while also supporting UNICEF. Development Cooperation Ireland policy emphasises the integration of water, sanitation and hygiene education. Community participation and management is promoted, as are appropriate technologies that can be maintained from affordable user charges.

Gender and environmental issues are mainstreamed across all DCI programmes, but receive particular attention within the water and sanitation arena. This is shown through the specific objectives of DCI's support to the sector:

- To promote the development of structures, processes and policies for water and sanitation at national and local level.
- To strengthen the capacity within government to support communities in water and sanitation developments.
- To increase the financial organisation capacity at government and community level.

⁴⁸ According to the MRRD, DANIDA has been the only donor known to MRRD.

- To strengthen the awareness of the environmental impact of water supply, sanitation and waste water and on the long term sustainability of water resources for all users.
- To support communities in establishing priorities and making informed choices on the type and level of services.
- To promote changes in hygiene behaviour.
- To support operation and maintenance systems at community level.

5. Findings and Conclusions

5.1 Relevance and coverage of the interventions

Interventions in the water and sanitation sector are relevant as such especially in arid countries like Afghanistan. Presumably the strongest indicator from the evaluation was that drinking water was named as the first priority in all 16 villages interviewed. What is astonishing though is the relatively small amount of funds allocated for water and sanitation (app. 8 % to 9%, 65 million Euro) given its high importance both within the NDF / NDB and for the general population in the villages. It is the firm believe of the evaluator that too much funds have been allocated in order to strengthen the government structures in Kabul. Only now the NSP starts to efficiently channel funds down to village level.

Interviews with the MRRD confirmed that the Rural/Urban Water and Sanitation Program (RUWSP) is now a priority area for the government and a key focus under the NDB (Livelihoods and Social Protection Programme). The 5years plan of the MRRD has the ambitious goal to construct 100,000 WP and 1,000,000 latrines over the next 5 years. There is no doubt about the relevance of the funded interventions.

Whether interventions have been relevant with respect to donor policies has been checked against existing strategies (see also Annex donor strategies). In the following some text samples are mentioned from 2 donors:

DFID "...Every Afghan should have equal rights and opportunities. All should have access to water, electricity, housing and roads and...." Afghanistan, a changing nation, 2004.

Sida "The current strategy for development cooperation between Sweden and Afghanistan extends through 2004. In the future, too, Swedish support will deal primarily with education, health, food security, mine clearance....".

Analysing the strategies presented in annex to this report it can be stated that donor strategies with respect to water and sanitation have been taken into account by APs.

Nangarhar would have needed approximately 10,000 WP⁴⁹ for its population of 1,242,515 people⁵⁰. Assuming the 21 % of the WP are dry or not functioning based on the figures calculated under chapter 4.2 would result in the fact that 5.900 WP are producing water at the moment. This would be a coverage of 59 % with respect to WPs needed, considerably higher than the nationwide figure of 11 %⁵¹.

⁴⁹ 20 families, 6 persons each per well

⁵⁰ Latest population estimates CSO 2004

⁵¹ However the NVRA 2003, WFP reported that 24% of households have access to safe water points.

Donors have been responsible for roughly 850 wells in Nangarhar constructed between 2002 and 2004 (total figure app. 2,500). Consequently the 5 donor have been funding 34 % of the wells in Nangarhar and thus have covered roughly 20 % of the WP which are needed to have full coverage (20 families per well). Coverage in general has not so much been driven by actual need of the population, but rather by one or more of the following reasons (in sequence of importance). One might argue that on occasions not the needy people have been supported but the one which have been accessible:

1. Security within the area (especially the UN, but astonishing enough also INGOs⁵²)
2. Vicinity to the next urban centre (head office of the AP, under the existing needs of the population APs went for the easier option)
3. Access to the area in terms of condition of existing roads
4. Technological difficulties (geological hard strata, to permeable soils for latrines)

Differences in number of wells constructed varied from a few (Dar-i-Noor, Achin) till hundreds (Khogiani, Behsood, Sokhrod). Another reason for the uneven distribution is the lack of data on existing WP (even WSG to make a report on WP constructed mandatory for APs) which does not allow an analysis of needs.

There were no needs assessment carried out by any agency (except DACAAR prepares intervention through a district survey). In general the type of intervention has been pre-defined and community have been selected through collecting their requests either to district and / or provincial governors, the RRD or directly through them.

6. Framework for the Interventions

6.1 Coordination

The main coordination tool with respect to water and sanitation is the WSG which is held monthly in Kabul. All main actors participate in this meeting chaired by MRRD and mainly supported by UNICEF and DACAAR. It attempts to harmonize, synchronize and coordinate all activities concerning water and sanitation.

On provincial level there is the TWG – water and sanitation which basically does the same (in Nangarhar there is an additional engineering meeting on construction standards). In terms of quantity these coordination fora are sufficient to deal with the task at hand.

Nevertheless efficiency and effectiveness of technical coordination is not measured, also because no indicators or benchmarks are existing. In order to evaluate the quality of coordination one has to list the facts which are known in this respect:

- Technologies used are rather coherent
- Members participate reliably
- Information on who is doing what and where, gives a reasonable good overview
- Information sharing is done sufficiently
- Aid is not evenly distributed
- Actors do not all report reliably to the national (DACAAR) data base

⁵² This was not the case before 9/11. In general INGOs are not as concerned on security as the UN.

The points described above give a good impression on the quality of coordination within this sector. It is satisfactory, also compared to other sectors, but unless clear indicators for efficiency and effectiveness are developed and used its value for the sector cannot be identified.

6.2 Coherence

The fact that 2 actors dominated the water and sanitation sector in Afghanistan since some time (from 1990, UNICEF, DACAAR) has had an extremely positive effect concerning coherence. The interventions in the water and sanitation sector have been coherent with respect to implementation strategies of different APs.

Nevertheless, targeting and need assessment strategies have been different.

- UNHCR per se targets returnees and through their VRFs has very consistent data. UNHCR provides WP, shelter and attached to them latrines
- UNICEF targets primarily schools / children, returnees and draught effected areas and extremely vulnerable groups (Kuchi nomads)
- The MRRD is collecting requests from village elders coming to their offices and implements in certain areas according to donor preferences. MRRD states that they select areas based on vulnerability (VAM report, NVRA) however in practice it is often “connections” and family ties which determine the region to be supported.
- DACAAR works based on district surveys which provides the required data in order to decide on their interventions. Based on the funds available number of wells will be decided. Additionally DACAAR reacts to requests from beneficiaries
- SCA provides water and sanitation services in connection with their schools and health centres
- ICRC sees its intervention as part of protecting returnees to the urban centres. However ICRC admits that the main reason for targeting urban population was security and the firm believe that the present actors do not produce tangible results

APs have had complementary activities targeting different groups of vulnerable population. In general coherence was and is good for the interventions in the water and sanitation sector in Afghanistan.

6.3 Connectedness and sustainability

The aspects which are significant for the link between relief / emergency / rehabilitation and development in the Afghan context have been:

- The established data base on wells (and partly latrines) constructed including mapping of water levels, coverage etc (in future maybe the national data base).
- A standard type of hand pump used countrywide
- Successful attempts to standardize well and latrine construction and materials used
- Initiating of an operation and maintenance system including the system of the HIT-teams designed for countrywide use
- A water quality monitoring system has not been established

It was certainly not a neglect of AP that issues like water resource management have not been put earlier at the agenda. In this respect donors should have been the driving force.

Nevertheless especially the data base should have been taken more seriously (also by donors and the MRRD) in order to up-date it and assure that it covers the status quo on wells and sanitation facilities more precisely. In Afghanistan like in other emergency situations repeatedly the influx of agencies results in a excess of activities which are not properly recorded⁵³.

In essence rural communities still see it as the desired living standard to have “their own well in their backyard”. This might have been the main reason why, over all these years, communities never took up the initiative to construct common wells on their own. None of the communities interviewed even had any intention to do so. Latrines are still not a priority and communal latrines met strong cultural resistance. In this respect, there appears to be unmet challenges as how to connect intervention strategies with local traditions as traditional reluctance within Afghan society against (forced) communal activities and the sensitive nature of the sanitation topic (especially in pashtun areas). IN addition, it does reflect the national policy of the responsible ministry (MRRD) and common wells are certainly the standard which should be promoted in the foreseeable future.

The main requirements in order to promote sustainability, initiate a functioning operation and maintenance, was carried out satisfactory by aid providers (INGOs were more consistent than others) under the existing framework conditions. However, problems do exist. HPM cannot live from repairing pumps alone, salary through in-kind is frequently not paid and sometimes the hand pump mechanic and caretaker have moved or taken up other jobs. Data are still not reported to the data base even it is a contractual obligation of implementing agencies. Cut-price versions of the Afridev hand pump are entering the market in Kabul endangering quality and the use of a uniform pump nationwide.

The evaluator has experience from more than 20 countries, and one challenge occur in almost every country: data on number of wells built in which location is difficult to collect.

The massive influx of aid has also influenced the willingness of communities to take their development into their own hands – “they sit back and wait”. There is a noticeable difference in willingness to contribute between communities in remote areas (less covered) and areas close to Jalalabad (good coverage).

7. The Interventions carried out by aid providers

Main focus in the following is put on UNHCR, DACAAR, MRRD and ICRC. The Irish NGO Concern only operates in the North (Taloqan) and SCA has not constructed WP during the evaluation period.

7.1 Effectiveness and timeliness

Effectiveness was differently for the various activities of APs.

The construction of WP has certainly been effective and has been on time. This was clearly stated by all persons interviewed. Aid could have always been more, but a time of 2 to 4 month between approaching an AP till the moment water runs from a well into the bucket of the first beneficiary is good by all standards.

⁵³ The evaluator has experiences from more than 20 countries and this problem creates almost a deja vu effect because it repeats itself in every country. – nobody knows precisely enough how much wells have been built where.

The situation is slightly different for gravity schemes, because here aspects of sustainability are crucial. The absence of O&M training, introduction of O&M routines, provision of tools, proper mapping of the constructed scheme, the assurance that the re-investments can be done from water sold or through organisation of user groups seriously reduces the effectiveness of the system build (similar issues are valid for intervention in the urban sector). Karzezes rely on traditional and proven techniques and interventions have been effective.

Not much is effectively known concerning the construction of latrines. They are built because common sense dictates that it will improve the unhygienic situation and as such reduce diseases. Certainly it will do, but whether the technology applied has been the right one, whether traditional techniques have been taken into account sufficiently was never really tested⁵⁴. The same applies to health and hygiene education. APs carry out the campaigns and then “tick-off” beneficiaries from their list. This appears to be the main achievement. No AP ever tried to do an assessment on the degree of behavioural change which was triggered by the campaign and subsequently re-designed and adapted the campaign accordingly. All of the AP confirmed this in the interviews.

Structures built are cost-effective in comparison with international figures. A dug well in Afghanistan is financed through app. 4.8 Euro / beneficiary and a tube well between 7 and 14 Euro / beneficiary⁵⁵. A latrine would be between 6 and 12 Euro / beneficiary. Even using 100 % support costs per structure would be still within acceptable limits⁵⁶. The gravity schemes visited had invested 18 Euro / beneficiary a very economic value. The figures mentioned refer to material costs only (for information on support costs see next chapter).

7.2 Efficiency

Efficiency is as usual different between various APs even diverse between various offices of the same AP in different regions. It depends on the professionalism, dedication and training of staff, equipment available, applied management information system, economic procurement, etc. In addition monitoring and supervision will enhance efficiency because it assures quality.

The evaluator could not collect financial data / project proposals which have been differentiated and most of all comparable enough to allow a detailed analysis of overheads, running costs and administrative costs necessary for the interventions.

Proposal and documents submitted have been structured very differently or have only provided very general lump sums. Therefore efficiency, the assessment up to what extent and how economically resources and inputs have been converted into results⁵⁷ was extremely difficult.

The following figures on percentage relations between support costs and total costs were taken out of proposals by APs:

UNHCR:	between 18.5 and 30 % ⁵⁸
UNICEF	No data

⁵⁴ Even so 2003 figures of UNICEF indicate that under 5 mortality has been reduced from 25.4 to 17.2 %. The reasons however are not known

⁵⁵ Assuming 1 well serves 20 families or 120 persons.

⁵⁶ For example ECHO financed operations in Sri Lanka had min. 18 Euro and max. 130 Euro investment cost per beneficiary (2002 to 2004).

⁵⁷ According to Sida Evaluation Manual

⁵⁸ 18.5 % to 30 % of the total costs have been support costs (office, salary, transport, communication, etc.)

MRRD	1 proposal, 9.5 %
SCA	(not possible based on their annual donor report)
DACAAR	20 %
LNGO	9 %

Based on the criteria and information listed above it is the professional opinion of the evaluator that under normal circumstances and with respect to costs and quality most probably INGOs are the most efficient aid provider when it comes to the construction of water points and latrines. In all probability LNGO would be more economic, provided the organisation has commitment and experience in provision of humanitarian assistance. UN organisations are generally 10 to 20 % more expensive⁵⁹ than other APs.

7.3 Impact

Impact of the provision of wells or gravity schemes, the construction of private latrines or multi-compartment latrines, the implementation of health and hygiene training has not systematically been measured. “We are working under emergency and this is not required” was the standard reply of almost all APs. DACAAR would have had a straightforward possibility of comparing one district survey with “the next one”, but this has not been done. During the interviews the following effects of well construction were named by beneficiaries:

- Reduction of time for water collection
- Reduction of diseases (no specific diseases were mentioned)
- Water available for festivities and guests
- Time for women to work on something else (*questionable impact?*)
- Prevented people from leaving the village and encouraged return

The wells have certainly had a very significant impact on the communities, however people without much “*difficulty*” returned back to their practice of drinking water from the irrigation canals or rivers. A significant quote in this respect was “...our forefathers have drunk that water. Why should we not drink it?” The question whether safe drinking water really has reduced water borne diseases can only be answered based on common sense⁶⁰ but it is very likely. Health data in order to measure the impact however, have not been collected before and after the interventions.

The visited gravity scheme in the village near Torkham (Gorgoro) had a remarkable impact. It prevented the people from leaving (because of draught) and brought people back. It provided the basis for the live of 2,500 families.

As already stated in this report, the final impact of latrines is not really known.

8. Performance of the Different Aid Channels

8.1 Government of Afghanistan

The relevant aid channels of the government were mainly the MRRD and funding of the NSP. The NSP project was experienced in Achin in Nangarhar. People in the villages seemed to be very

⁵⁹ R&R of UN staff is not common for other APs.

⁶⁰ It is also the question whether pollution has not mainly taken place during collection, transport and storage.

satisfied, especially with the forming of the CDC and the fact that projects have been developed and identified by themselves and not by others. Beneficiaries had the feeling that they are the decision makers and development is in their hands and finally they are not dependant on a governor, khan, strongman or even an AP⁶¹.

The MRRD is presumable the ministry which has the best reputation amongst donors because it has visions and works somehow transparent producing results. It actively shows any intention to take on the lead role in the sector and sees itself as a service provider to the population.

In contrast to this stands its limited capacity in terms of resources and capacity of staff. The evaluator would like to point to an important finding in this respect. Government departments and ministries in Kabul but even more on provincial level are suffering from the brain drain caused by the organizations which are paying much higher salaries. Though understandable, donors (and also APs) have to acknowledge that this causes a serious drawback with respect to capacity building and is contra-productive to the objective of the donors that “Afghans should be in the driving seat”.

8.2 UN

The UN-agencies involved in the water and sanitation sector are UNICEF, UNHCR, UN-Habitat, WFP (through food for work initiatives) and UNOPS. WFP and UNOPS (being more active in irrigation) are neglected. UN-Habitat is mainly involved in urban water supply. This leaves basically UNICEF and UNHCR.

UNICEF has 3 objectives when it comes to water and sanitation: schools, draught affected areas and extremely vulnerable groups (e.g. Kuchi nomads). UNICEF is implementing through implementing partners (IPs) which at present are LNGOs. Physical monitoring and supervision of activities is done randomly because the number of construction activities would require a significant amount of site engineers and technicians. Therefore quality control is basically carried out through the target group which, “hopefully”, ensure that the wells and latrines constructed are of the quality required.

UNHCR targets returnees and implements similar to UNICEF. What restricts the movements of both organisations is security. From one day to the next a district can be off limits for UN staff. Both UN organisations do not always have water engineers employed in order to manage the activities for water and sanitation (this however is valid for all organisations).

UN organisations are influential and as such are able to negotiate and broker deals which are out of reach for other organisations. On the other hand UN organisations are prone to restrictions imposed by security and in addition its huge apparatus makes them rather inflexible.

8.3 NGO

INGOs are still regarded as the most reliable APs at least by villages interviewed in Nangarhar. This is also based on their long term presence and visibility in the field. In the water and sanitation sector DACAAR is the most known organisation – DACAAR literally stands for water.

The strength of NGOs is their flexibility and the fact that their monitoring and supervision system is much more rigorous than that of UN-organisations or the government. The UN simply lacks staff compared to the size of its interventions and the government sufficient resources and capacity.

⁶¹ This however has also limitations. In Achin district people had to use the drilling contractor and the workers proposed by the district governor which increased the costs for the wells built.

Compared to this NGOs have more possibilities, because they employ the number of personnel based on the size of their activities and can use “own funds⁶²” if need be. LINGOs are under suspicion of misusing funds and producing inferior quality. Nevertheless, the organisations visited and interviewed in Jalalabad most certainly appeared from the administrative set up and procedures quite professional⁶³ and not so much different to any INGO. They would certainly be the most economical option for service provision.

8.4 International Organisations

From the international organisation funded by the 5 donors ICRC is relevant within the water and sanitation sector. As already said they are heavily involved in the urban water supply sector.

A problem of this sector is the lack of coordination between the actors involved (UN-habitat, ICRC and the World Bank-Consultant, KfW-Consultant).

Negative results of this could be experienced in Jalalabad (details would be too long to present here, but problems of hydraulics, design parameter and standardisation of material will cause considerable problems for the future system). In addition activities in order to assure the sustainability of the structures are not planned to the extent necessary (operation and maintenance training, mapping of the scheme, provision of tools, water tariffs, etc.).

The reason why ICRC focuses on urban water supply is (based on their own statements), firstly security (after the death of an ICRC employee in Kandahar) and secondly that no progress is being made by other actors (in principle World Bank projects are not showing results). Whereas the first reason is understandable the second one is quite unusual to be stated as a justification for an intervention⁶⁴.

9. Miscellaneous

9.1 Water resource management - Environment

The construction of water points must necessarily be seen within the framework of water resource management – the management of surface water, groundwater and its use for human consumption, agriculture and animal consumption as a whole.

At the moment there is no clear responsibility for the management of the water body as different ministries claim responsibility (MRRD, MoA, MoUP, MopW, MoM).

Discussions with FAO in Jalalabad confirmed the fact that at present no whatsoever IWRM is carried out. As a matter of fact it is not possible, because the necessary data collection tools in order to compile information on precipitation patterns, run-off data from rivers, (measuring gauges at rivers and intakes, rain water measurement devices, etc.) consumption figures of rural and urban population does not exist.

The issue of IWRM and creating a data base for water sources and water points should have been taken much more seriously at an early stage by the donors. This work does not represent a “fancy” add-on to the more important work of actually physically providing water to the population, but is a

⁶² From public donations

⁶³ At least FWO and SADAAT

⁶⁴ A constructive dialogue with the other actors should be more the way of addressing this problem

pre-requisite for sustainable management for the most important commodity of Afghanistan. The question is not to cut money which was used to construct wells, but to provide “additional funding” for an absolute essential activity – providing the basis for sustainable management of the water body as whole. It is not a question whether or not it has to be introduced. It is more the question how long it will take until the detrimental effects of not investing in IWRM will become visible.

Various farmers interviewed and also the FAO in Jalalabad reported that in reality „everyone with enough money can contract the drilling of a deep well equipped with a submersible pump”. This also has reportedly resulted in the draw-down of the ground water table which has caused wells and karezes to fall dry. The MRRD confirmed that the drilling of a productive well without submitting an application to the relevant ministry (acc. to information the Ministry of Mines) is forbidden by law but its enforcement is almost impossible.

It is difficult to assess when it could have been expected by donors and aid providers to leave their path of short term thinking with respect to water and sanitation earlier. Also considering the impediments presented by the security situation. Re-forestation projects to increase the retention capacity of the soil and thus enlarge the recharge of the aquifers (still, such projects would show their impact after 10 to 15 years). Comprehensively designed, implemented, followed-up and evaluated health and hygiene training campaigns to boost the awareness of rural population (in cities sanitation is quite technical and health and hygiene education campaign would presumably not have a similar impact). Planning of interventions in water and sanitation using the ECOSAN principles trying to avoid mistakes made by developed countries. At least now (beginning of 2005) all that is mentioned above should be seriously promoted by donors and considered for project planning (under the background of “common sense”).

10. Overall Conclusions

Under the prevailing condition and cultural background of Afghanistan the aspect of clientelism had a seriously impact of aid distribution. More powerful maliks, commanders, district and provincial governors even individual decision makers always managed to a certain extent to direct the flow of aid to their clientele (even employees within NGO influenced decisions of organisations to prefer one village to another). This naturally leads to the effect that aid is not distributed according to need.

In order to counteract this, systematic need assessments should have been started at an earlier state (DACAAR at least had their system of district survey). In addition elaborated monitoring and supervision strategies should have been developed by aid providers but also demanded by donors.

Even so coordination fora are plenty on various level their effectiveness and efficiency is never measured. It seems that “to meet” is already sufficient. In complex emergencies the quality of coordination is a key to address needs and to start an early link between, relief rehabilitation and development. Donors have to develop practical tools which allow them to measure whether coordination is efficient and effective and does what it is supposed to do.

The enormous amount of wells which are dry asks for the question whether or not it would have been possible to adapt the technology used to the circumstance, in this case to the draught. The problems mainly refers to the dug wells which as a result of the lack of drainage pumps could not be dug deep enough below the static water level (max 1 m to 2 m, in comparison tube wells have 15 m water column). Assuming 12,000 wells dry and costs of 1,000 Euro for deepening them this results in 12 million Euro in damage. Whatever the solution would have been the evaluator is of the

opinion that APs should have taken this problem more serious and develop an adequate technical solution to react to this dilemma.

11. Recommendations

The following recommendations are resulting from the observations and findings in the previous chapters. They have been structured to address both donors, aid providers and subsequently grouped into short, medium and long term action.

12. Donors

Short Term

- Donors should make sure that sector expertise is available for their representatives in the country to allow for a better judgment of proposed interventions and proposals submitted by aid providers
- Donor should make a lead agency mandatory (like DACAAR in Afghanistan) in the water and sanitation sector in complex emergency. A dedicated UN-agency should be made responsible for water and sanitation in a country being the interface between the UN and this lead agency.
- The preparation (and of course funding) of a comprehensive data base on structures build at an very early stage should be standard in complex emergencies to allow for an easy overview and follow up (a problem prominent in many crisis interventions throughout the world). This will facilitate need assessment and assure that an overview on coverage would be much easier.
- The drilling of productive wells without permission from the relevant ministry must be counteracted immediately in order to protect the ground water. An immediate solution to the problem of the authorities of not being able to enforce the existing law must be found. Setting the necessary framework conditions is here simply not enough: Action is required.
- The present interventions in urban water supply have to be coordinated more efficiently in order to assure that impact is maximised and funds are not wasted.
- Water resource management and especially the protection of the ground water aquifer against over exploitation and pollution must be given highest priority within donor policies in order to safeguard the future of Afghanistan. This should have been done at an earlier stage

Medium Term

- Donors should insist on setting up indicators in order to get more information on the quality of coordination and its effectiveness
- Donor should ask for an increased transparency from UN-agencies in terms of details on funds spent including break down of costs for sector interventions
- Coordination amongst donors and aid providers is vital in complex emergencies and indicators for efficiency and effectiveness of coordination should be developed
- The fact that capable and professional personnel for rebuilding the country is not available because they are all working in international organisation must be taken much more seriously in a complex emergency like Afghanistan Donor should stop ignoring this issue because it is clearly one reason why capacity building is so slow and as a consequence donors have to stay longer in a country.

Long Term

- The emergency and relief phase is definitely over in Afghanistan and activities focusing on sustainability, comprehensive approaches, capacity building must be more in the focus.
- Funding of long term strategy for integrated water resource management in Afghanistan
- Donors should insist on a code of conduct by all organisations involved in humanitarian works (size of cars, houses, salary, etc.). The perception of the general population has to be taken into account in this respect.

13. Aid Providers

- Basic and simple need assessment including impact measurements should be carried out by aid providers
- Interventions strategies and development plans have to be communicated down to village level in order to make sure that beneficiaries are really “taken on board”.
- Systematic impact measurements are crucial for activities and programmes which have behavioural changes as its objective (health and hygiene education) even under an emergency / relief background.
- Improved data management and hand over to new personnel from the beginning must be implemented more stringently
- Working and practical concepts to include women in the projects have to be developed much more. It should be ascertained that inclusion of women is not only a “lip-service” paid to donors and used for public relation purposes

14. Lessons learned

If one lesson has been central as a result of this valuation, then it is the importance of coordination not only amongst aid providers but also amongst donors. But not only coordination itself is important but most of all to ensure that it actually has an impact (“the quality of the meeting culture”). There is a plethora of meetings taking place especially in Kabul and any organisation could have a full time employee for meetings. But “to meet” is not sufficient. A meeting should be seen like it would have to deliver a product not only a free afternoon for the participants. Sector coordination meetings should be constantly checked whether they produce tangible result. Participation should be made mandatory for any organisation or else activities in a certain sector should be made impossible.

Another lesson refers to data management. It took the evaluator considerable effort to receive simple data from organisations on their interventions. Precise figures on how much structures have been build for whom and where – almost impossible. Especially challenging are the requests, if a long term employee on a key-position leaves. It almost seems that all the knowledge and even somehow the data leaves with him⁶⁵. Quite often during the evaluation the sentence was heard “...this was before my time. I have absolutely no clue....”. This does not reflect professional standards. After 40 years of humanitarian and development work, organisations are still not able to have proper knowledge management, data management based on structured and thorough hand-over from one person to the other.

⁶⁵ Because nobody knows where it is stored.

Another issue concerning data is a general data base e.g. on wells / latrines constructed. The evaluator is sure that the similar problems existing in the “epicentres” of the humanitarian crisis right now (e.g. Indonesia, Sudan, etc.) data is not properly recorded. After a while nobody knows, who did what and where. Donor should make sure that in emergency interventions a coordinating body or organisation is entrusted with collecting all necessary data and additionally make it absolute mandatory for any aid provider to report to this organisation. Or else, like for coordination, work should be restricted for an aid provider.

Finally it must be said that the amount of funds which have been put for an important sector like water and sanitation has definitely not been sufficient (8% to 9%) especially in an arid country like Afghanistan. The political process of nation building and state building has used up the majority of funds and has left crucial sectors under-funded.

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SUMMARY

The Chr Michelsen Institute (CMI) (Lead agency), Copenhagen Development Consultants (Copenhagen DC) and the German Association of Development Consultants (AGEG) undertook during 2005 a Multidonor Evaluation of emergency and reconstruction aid to Afghanistan (2001 to early 2005) on behalf of Denmark, Ireland, the Netherlands, Sweden and the United Kingdom. The full report (in English) and a short version (in English, Dari and Pashtu) are available from Danida Evaluation Department.

This evaluation included in-depth studies of the main sectors supported by the five donors, being education, health, livelihoods and water and sanitation, and of two cross cutting issues: gender and environment.

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Chr. Michelsen Institute (CMI) is an independent, non-profit research institution and a major international centre in policy-oriented and applied development research. Focus is on development and human rights issues and on international conditions that affect such issues. The geographical focus is Sub-Saharan Africa, Southern and Central Asia, the Middle East, the Balkans and South America.

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