AFGHANISTAN IN TRANSITION:
PUTTING CHILDREN AT THE HEART OF DEVELOPMENT

Save the Children

About **Save the Children**

Save the Children is the leading independent organization for children with programs in 120 countries. Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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Save the Children in Afghanistan

Save the Children is an independent non-governmental, non-profit organisation that fights for a world in which every child attains the right to survival, protection, development and participation. Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives. We work in 120 countries worldwide.

Save the Children has worked in Afghanistan since 1976 and we currently reach over 3 million children per year through our programmes. We work directly in 9 provinces, providing protection, health and nutrition and education programming in the northern provinces of Faryab, Jawzjan, Sari Pul, Balkh and Samangan; the central province of Bamyan and Kabul; the eastern province of Nangahar, and in Kandahar and Uruzgan in the south. We work in a further 10 provinces through partners.

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On the Cover:
An Afghan boy raises his hand in a mixed class in Dehsabz District, just outside Kabul, Afghanistan. Photo credit: Mats Lignell

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Letter from Jasmine Whitbread, Chief Executive Officer, Save the Children

Launched a decade after the international intervention began, this report, Afghanistan in Transition, encourages the international community to take heart from achievements whilst acknowledging the challenges that remain.

Afghanistan is a country with a history of conflict. But in spite of the difficult circumstances, we are in a position to change the lives of many by improving access to health and education. Many more children are surviving to the age of five, access to health care has improved and the number of children going to primary school has increased sevenfold, albeit from a very low base. Many of those who have entered education for the first time are girls, and women are now well represented in parliament.

Afghan children have seen progress in the last 10 years, but too many of them still suffer from poverty and disease. One in five children will not make it to their fifth birthday and there is a long way to go until all children get the quality education they deserve.

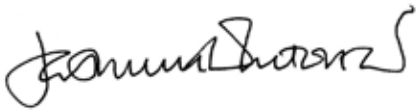
As military troops withdraw and global political attention wanes, the transition period will be a crucial time for the children of Afghanistan. Development efforts must be consolidated and accelerated in the next few years during the transition, especially as there is a real risk that progress will slow down or slide backward.

Support from international donors may weaken before the Afghan government is able to take over, which would leave gaps in basic services. Development may continue to be unequal across the country favoring certain provinces and certain projects leaving the most vulnerable children behind. Key lessons about how to use aid effectively to make the most positive impact may not be learnt.

We must not let this happen.

Save the Children has worked in Afghanistan for 35 years. In that time we have seen how effective development can work in practice. This report makes recommendations based on our decades of experience.

The future of Afghanistan hangs in the balance, so we must not take our eye off the ball during this transition. We must build on the progress that has been made in the last 10 years and make sure that today's children growing up in the streets of Kabul or Kandahar, or in remote villages of Uruzgan, truly fulfill their potential.



Jasmine Whitbread
Chief Executive Officer
Save the Children

Glossary

AHS	Afghanistan Health Survey	INGOs	International Nongovernmental Organizations
AIHRC	Afghanistan Independent Human Rights Commission	MDGs	Millennium Development Goals
ANDS	Afghanistan National Development Strategy	MoE	Ministry of Education
BPHS	Basic Package of Health Services	MoPH	Ministry of Public Health
CDCs	Community Development Councils	NGOs	Nongovernmental Organizations
CERP	Commanders Emergency Response Program	ODA	Official Development Assistance
CERTs	Community Emergency Response Teams	PACE-A	Partnership for Enhancing Community Education in Afghanistan
CHWs	Community Health Workers	PRTs	Provincial Reconstruction Teams
CSOs	Civil Society Organizations	PTSAs	Parent Teacher Student Associations
DFID	(UK) Department for International Development	UNAMA	United Nations Assistance Mission in Afghanistan
GAO	(US) Government Accountability Office	UNESCO	United Nations Educational, Scientific and Cultural Organization
GDP	Gross Domestic Product	UNICEF	United Nations Fund for Children
GIRoA	Government of the Islamic Republic of Afghanistan	UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
IDPs	Internally Displaced Persons	USAID	United States Agency for International Development
IEC	Independent Election Commission	WFP	World Food Programme

Executive Summary[1]

"2014 is not going to be like 1989."

— Staffan de Mistura, UN Security Council (UNSC), 6 July 2011, referring to the 2014 date by which "transition" is slated to be completed and the 1989 Soviet withdrawal from Afghanistan that led to the Afghan Civil War[2]

In October 2001, in the aftermath of the 9/11 terrorist attacks, a US-led international intervention began in Afghanistan with the stated aim of toppling the Taliban regime and supporting the development of a stable, peaceful and prosperous country. At the time, Afghanistan suffered from chronic underdevelopment; a lack of effective state institutions and widespread violations of human rights. Over the next decade, in addition to military aid, international donors have provided tens of billions of dollars[3] for development. Development aid has been donated to combat poverty in Afghanistan and to equip the Afghan state to build institutions and provide basic services to the Afghan people. The tenth anniversary of the international intervention should be a moment for the Afghan government and international community to take stock. All stakeholders should use this occasion to assess their efforts, consider their record in improving the lives of the Afghan people and focus on lessons learned for future assistance programs.

In the last 10 years, significant progress has been made. For example, vaccine coverage for children against the childhood diseases of diphtheria, tetanus and whooping cough is at 83 percent, and over 2.5 million girls are in school. The danger is that just when this progress needs to be accelerated, Afghanistan will step back instead of move forward. Significant challenges remain. One out of every five children born in Afghanistan dies before the age of five. Every day, 550 children die of preventable causes.[4] More than four million children, the majority of them girls, do not have access to education[5] and around half of lessons are not conducted in classrooms, but under trees or in tents[6]. Unfortunately, Afghanistan remains one of the most difficult places to be a child.

Today the focus is on "transition." Although the handover of responsibility for security to Afghan national forces is the most publicized and deliberated aspect of transition, other areas need to be examined. Discussions of transition should also refer to development; the need to build the capacity of the Afghan government, including by channeling funds through government ministries; and the likely gradual phase down of international financial assistance as international military forces disengage. A focus on a successful security transition should not come at the expense of getting development right in Afghanistan. **Giving due attention to development and governance during transition will contribute to its success.** As a top UN official in Afghanistan has argued, transition "should not be only about security… to be successful, it must be underpinned by the socio-economic development that the Afghan people so desperately need and deserve."[7]

Children make up more than half the population of Afghanistan and their rights must be given priority, as committed to by the Afghan government.[8] Together, the Afghan people, Afghan government and international community should advance a vision of the future where no child dies needlessly of preventable illnesses, education and health care are accessible to the most marginalized communities, and the needs of the people are at the heart of government policy through effective local, provincial and national government and a vibrant civil society.

This virtuous transition will take place if at least two major risks are avoided. Despite repeated assurances of long-term commitment to the Afghan people, the risk remains that as military forces withdraw, global political attention to Afghanistan will diminish, and, in turn, donor support will decrease. The other risk is that donors and the Afghan government will not derive and apply lessons learned about what constitutes good development.

This report will assess the record of the international community in its efforts to achieve development success in Afghanistan. The first section will assess the progress in the last 10 years through achievements made in key social sectors, such as health, education and child protection. The second section will look at the reasons that progress has been slow; arguing that geographic inequity in donor funding, lack of adequate funds to basic services and misappropriation of aid has stunted progress. Finally, the third section will look at the transition period and make recommendations regarding development and governance to both the Government of the Islamic Republic of Afghanistan (GIRoA) and the international community. It suggests a sustainable agenda for development in Afghanistan that focuses on a needs-based and community-led approach, promotes accountability to the Afghan people and donor public, and builds government capacity.

The report will draw upon Save the Children's 35-year experience in Afghanistan to highlight the interventions that work, showing that transformative cost-effective development is well within the GIRoA and the international community's reach. By championing effective development practices, the international community will be better equipped to ensure that the potential of every Afghan child is realized.

1. Assessing the record of the last decade

Following the fall of the Taliban in 2001, a firm commitment was made by the international community, with the interim authority in Afghanistan, to provide long-term support for the reconstruction and recovery of the country. The socioeconomic challenge was a daunting one. At war for over 20 years, Afghanistan had seen widespread destruction to its infrastructure and the wholesale neglect of human development. Women and minority groups had been particularly marginalized. Ten years ago, only one million children (about 8 percent of all children) were in formal government schools. Very few of these were girls. Only 9 percent of the population, mostly those in city centers, had any access to health care. There was virtually no state infrastructure and both the civil service and civil society were weak. Against this backdrop, Afghanistan was experiencing its latest international intervention only 12 years since the Soviet withdrawal.

Significant progress has been made in the last 10 years. The efforts of the Afghan people, the Afghan government and international donors have substantially improved some of the shocking obstacles to human development. Afghanistan today is in many ways a more progressive, pluralistic society than it has been for decades. Women represent a quarter of both houses of parliament[9] and, though much work remains to be done, women's civil society groups have grown in influence and credibility. A free and vibrant media, made up of hundreds of TV and radio stations and newspapers provide a vehicle for civil society at large to hold the government and international community to account.

Noorullah, 12 years old, in a mixed class in Dehsabz District, just outside Kabul, Afghanistan. The accelerated learning centre started three weeks earlier and is the first school in the village. The closest school is 10 kilometres away and only for boys. Photo Credit: Mats Lignell

Despite this progress, Afghans today are questioning why more has not been achieved, especially given the large volumes of aid allocated to the country.[10] Afghanistan in 2001 represented an extraordinarily low base for development efforts. Many gains, whether in access to health care, vaccine coverage or the number of girls in school, have not necessarily reached the most marginalized and hard-to-reach communities, and some are no better off than they were in 2001.[11]

In a heterogeneous country with ethnic, geographic, political and socioeconomic divisions, progress has been far from equitable. International donors have undertaken development efforts in Afghanistan to coincide with the global timetable for the Millennium Development Goals (MDGs)[12]; Afghanistan is off-schedule for all the MDG targets and has been given an extension to 2020.

Achievements in the Last Decade:

- There has been a 26 percent reduction in child mortality over the past decade.[13]
- Today 85 percent of the population has access to primary health care, up from 9 percent in 2001.[14]
- The number of Community Health Workers has increased to 20,000 (by the end of 2008), compared to 2,500 in 2004.[15]
- Vaccine coverage for children against the childhood diseases of diphtheria, tetanus and whooping cough is at 83 percent, compared to just 31percent in 2000.[16]
- In 10 years primary school access rates have jumped from 1 million to 7 million.
- A decade ago not a single formal girls' school was functioning; now over 2.5 million girls are in school.[17]
- The promotion and protection of child rights has improved. Afghanistan ratified the UN Convention on the Rights of the Child in 1994 and submitted its first report in 2008.

A. Health

In 2001 more than one in five children died before reaching his or her fifth birthday.[18] Largely due to efforts to bring care closer to communities, the child mortality rate has dropped from 257 deaths per 1,000 live births in 2000[19] to 191deaths per 1,000 live births in 2006[20]. Additionally, while the maternal mortality ratio in Afghanistan remains unacceptably high, the tally has dropped from 1,600 deaths per 100,000 live births in the year 2000[21] to 1,400 live births per 100,000 today,[22] showing that genuine progress can be made.

There have also been marked improvements in access to health care and in combating major diseases. In contrast to 2001, when only 9 percent of the population was able to access primary health care, today 85 percent can.[23] Vaccine coverage is a particular success story, with 83 percent of children now vaccinated against the childhood diseases of diphtheria, tetanus and whooping cough, compared to just 31 percent in 2000.[24]

However, despite a 26 percent reduction in child mortality over the past decade, Afghanistan remains one of the worst places in the world to be a child and a mother. One out of every nine children dies before his or her first birthday and one out of every five dies before the age of five.[25] Every day 550 children die of preventable diseases, primarily pneumonia and diarrhea. Afghanistan remains one of only four polio-endemic countries in the world.[26]

For mothers, Afghanistan's maternal mortality statistics are at the bottom of global measurements.[27] The lifetime risk of maternal death is one in 11[28], a figure directly related to the fact that only 14 percent of births occur in the presence of a skilled health worker.[29] Given the young age at which females marry in Afghanistan, many of the mothers dying are themselves children.

With cost-effective treatments and more Community Health Workers (CHWs) that, with an average of $300 of training, can save thousands of children's lives, Afghanistan's mortality rates could be dramatically reduced. Women's access to health care would increase rapidly if the lack of female health workers was resolved. Additionally, training midwives is critical. Some 2,400 midwives have been trained since 2002, but 4,000 more are needed to ensure a dramatic rise in attended births, with associated health dividends for new mothers.[30]

The disproportionate lack of access to health care for women and girls is one of many glaring and pervasive inequities in Afghanistan. Figures that are cited on access to primary health care can be particularly misleading. Donors and the GIRoA have demonstrated the progress in the past decade by citing that over 85 percent of the Afghan population now has access to primary health care.[31] In reality, given the distances that many people in remote areas must travel for health care, access is likely to be more constrained and less equitable. [32] A recent UNICEF report argues that only 52 percent of the rural population has access to a health facility within one hour walking distance.[33]

B. Nutrition and Food Security

A significant number of child deaths can be attributed to malnutrition. Over half of children under the age of 5 are underweight and 16.7 percent are acutely malnourished;[34] this constitutes grounds for an emergency under World Health Organization guidelines.[35] Severe food insecurity, affecting as much as 68 percent of the population, contributes to the high levels of malnutrition.[36]

Afghanistan has traditionally been food self-sufficient.[37] The province of Samangan, historically one of the breadbaskets of Afghanistan, illustrates how mismanagement, poor development, drought and climate change have resulted in severe food shortages for local populations.[38] Without the establishment of labor-intensive production and trade policies, Afghanistan will continue to suffer such reverses. Despite widespread production of onions and potatoes, a shortage of warehouses means that much of the produce is exported to Pakistan where traders sell it back to Afghanistan in the winter months at double or triple the price.[39] Technical assistance should focus on investment in agriculture value-added industries that help to increase revenues from agriculture products and to investment in warehouses and logistics that help to serve a domestic market.

C. Education

Education is often cited as an example of rapid progress in Afghanistan. In 10 years primary school access rates have jumped from 1 million to 7 million. A decade ago not a single formal girls' school was functioning; now over 2.5 million girls are in school.[40] Community acceptance of girls' education of girls has increased and in some major urban centers [41] there are now more girls than boys in school. In Badakhshan and Herat provinces, the ratio of girls to boys in school is almost 9:10, but in Zabul and Uruzgan it is still only 1:10.[42] The GIRoA-UNICEF Back to School campaign, launched in 2002, has seen impressive results increasing access to schools. Training of more teachers, especially female teachers, and community dialogue, has assisted in higher enrollment.

Girls' Education

"The worst violence Afghan families are doing to their daughters is not letting them go to school."

—A female Afghan Member of Parliament[43]

Championed by the international community over the past 10 years, progress in girls' education in Afghanistan has been a collective effort. The increase in female enrollment over this period — from almost no girls to over 2.5 million[44] — has the potential to have a transformative effect. Education can provide girls' acceptance as active members of local communities, equipping them with the skills to participate in Community Development Councils for example. As well, evidence shows that girls are more likely to survive when the mother is educated.[45]

Obstacles remain however: of the over 4 million children out of school, over 60 percent are girls.[46] Although community acceptance and harassment continue to be issues of concern in some areas, the overwhelming causes of lack of access to classrooms are poverty and the absence of female teachers.

"'In Bamyan, people are very keen for their girls to go to school — the obstacles are a lack of infrastructure and a lack of female teachers — children must often walk for up to three hours to get to school."

—Dr. Habiba Sarabi, Governor of Bamyan[47]

In a recent NGO coalition report, poverty was identified as the "single biggest barrier to girls' access to education," with 41.2 percent of parents, teachers and girls interviewed citing this as the main reason girls were not in school.[48]

In remote areas, girls may walk for hours to attend the nearest school. Given incidences of harassment and violence and the cultural taboos limiting the travel of girls and women, this can prove dangerous. Almost a quarter (23.7 percent) of people interviewed for the 2011 High Stakes report on Girls' Education in Afghanistan "saw distance as a major obstacle to girls' access to education".[49] A teacher in the rural province of Parwan commented: "In our village, the schools are very far. Girls are harassed on their way to school so a lot of families don't send them."[50] The GIRoA and donors must invest in innovative approaches to bring education to girls across Afghanistan.

Only around 29 percent of teachers are women,[51] and they are concentrated in major urban centers. Dropout rates for girls at secondary level are particularly high due to this shortage of female teachers. Existing initiatives require further support to address this situation. The GIRoA, for example, has an incentive program to pay men to relocate to their villages so their wives can be trained as teachers.[52] One Save the Children program works in concert with the Ministry of Education's (MoE) Teacher Education Department to recruit teachers locally. It trains girls in secondary school with a guarantee of MoE employment in their district upon graduation.

Despite 10 years of investment, with education a focus for several key donors, the UN still talks of a "silent crisis for 5 million children (42 percent of all children) not in school due to poverty and vulnerability and an acute shortage of funding due to a very low response to education projects […]."[53]

The figure of 7 million children in classrooms is an enrollment figure only, which belies severe disparities in access, and reveals little about the quality of education that children receive - or whether they stay in school. Levels of enrollment and retention for girls reflect a more nuanced measure of progress. Girls only account for 35.5 percent of primary school enrollment and only 4 percent of girls are in 10-12 grades[54]. Measures between provinces and urban and rural areas differ sharply. In Uruzgan, for example, only 0.3 percent of women can read.[55] Poor retention rates for girls result, in part, from a severe lack of female teachers: almost 48 percent of rural areas do not have a qualified female teacher.[56]

Given the jump in enrollment rates, an enormous strain has been put on a system that barely existed a decade ago. There are few appropriate facilities available for education: around 50 percent of schools are not located in proper buildings. Instead, lessons are being conducted under trees or in tents[57]. The quality of education is often poor; a Save the Children evaluation study in 2010 found that only 43 percent of a sample of children in grade 3 could read with comprehension.[58] Moreover, schools are not consistently safe spaces to ensure children are able to learn in a protective environment. Many children confront an abusive environment in school, with 100 percent of boys in one Save the Children assessment reporting that they had encountered physical and humiliating punishment.[59] Attacks on schools by armed groups remain a major threat (see box).

Attacks on Schools

The volatile security situation in Afghanistan remains an obstacle to education. Attacks on schools by armed groups have increased over the past five years. In 2006, 242 attacks on schools were recorded, as opposed to 610 attacks in 2009.[60] The Afghan government and international military forces should ensure that risks for children are minimized.

Understanding the reasons for attack

- **Use of schools as polling places.** When schools are used as election facilities, the risk of attack is high. There were 249 attacks on schools during the month of the 2008 elections, up from an average of 40-50 attacks per month the rest of the year.[61] Despite work by the UN Monitoring and Reporting Mechanism committee and acknowledgment by national and international actors of this link, the Independent Election Committee approved the use of schools as polling places during the 2010 provincial elections.

- **Schools associated with political and military actors.** The United Nations Education, Scientific and Cultural Organization's (UNESCO) 2011 Global Monitoring Report argues that "involving the military in school construction can put children directly on the front line."[62] Communities are generally aware of the sources of funding for school construction. Evidence suggests, for example, that involvement by Provincial Reconstruction Teams (PRTs) may increase the risk of attack.[63] International military forces should limit their involvement with schools, avoid PRT engagement and halt all military occupation, including partial occupation of schools and operations with close proximity to schools. Where government-run schools are at risk of attack, community-based education can provide a means of maximizing children's access to education in insecure environments.

Supporting communities should:

- **Recognize the perception of threat.** The real or perceived threat of insecurity may encourage parents to keep their children at home for their safety or to save money in case of future conflict rather than spend it on education (particularly on girls' education).

- **Implement community mechanisms to protect schools.** Communities can contribute to decisions around school construction and management and may even contribute financially to school-building. Evidence suggests that involving communities in school-related decision-making often results in successful negotiation with armed groups.[64] Community Development Councils can be trained to monitor threats and attacks on schools and respond through negotiation or reporting through state mechanisms. Networking and experience sharing are also critical in responding.

- **Hold perpetrators to account.** UNSC resolution 1998[65] recognized that attacks on schools and hospitals are a "grave violation of child rights."[66] This is an important step forward in ensuring that perpetrators are held to account. Afghanistan recently signed a Plan of Action with the Office of the Special Representative of the Secretary General on Children and Armed Conflict, where it is required to bring perpetrators to account.

D. Child Protection & Child Rights

Over the past 10 years, institutional mechanisms for child protection have been established. Child trafficking, child labor, and the common use of physical and humiliating punishment in schools and in the home, are all widespread violations of child rights in Afghanistan. The creation of the Child Protection Network by the Ministry of Labor and Social Affairs in 2003 was a notable step forward.

There have been improvements in the promotion and protection of child rights at the level of national policy, with the government agreeing to adhere to international standards. Afghanistan ratified the UN Convention on the Rights of the Child in 1994 and submitted its first report in 2008. This report recognized that "the right to life, survival and development of the child is central to both family and society. According to Article 23 of the Constitution, life is a gift from God, and is the natural right of all human beings."[67] The GIRoA should also be congratulated on its recent signature of an Action Plan with the office of the UN Special Representative of the Secretary General for Children and Armed Conflict. Effective implementation of this plan would reduce the number of children recruited into armed groups, including the country's police and armed forces, and would end harmful and abusive practices, such as "bacha bazi" (literally, 'boy play' — a ritual where young boys are made to entertain older men with music and dance, which can sexualize them and lead to sexual assault).[68]

"The Afghan Government and the international community haven't paid enough attention to the promotion and protection of child rights"

—Afghan Independent Human Rights Commission employee[69]

Notwithstanding these commitments, violations of child rights remain common. The situation for marginalized children, discriminated against on the basis of ethnicity or disability, is particularly dire. It is widely believed that Afghanistan suffers from a lack of legal and police referral mechanisms and a culture of impunity around such issues.

Poverty remains an underlying cause of many violations of child rights. It contributes to child trafficking and child labor. Many families send their children to work, especially in households headed by women unable to enter the labor market themselves, or by fathers unable to work due to disability. Many of the 37,000 street working children in Kabul are working because of such family situations.[70] Kabul reflects a trend of declining rural security and income opportunity leading to growing urbanization. Children often work in unsafe environments in order to support their families.

Poverty is also a contributing factor to early marriage. According to the Afghanistan National Development Strategy (ANDS), 57 percent of girls are married before the age of 16.[71] Early marriage and early childbirth can have a negative impact on the health of girls and young women, as well as increasing the risk of child mortality. They also limit girls' access to education and economic opportunity.

Children continue to suffer the consequences of the ongoing conflict. The number of civilian casualties in Afghanistan continues to increase, with 2010 recording the highest level since the international intervention began in 2001. In 2010, the UN recorded 2,777 civilian casualties as a result of the conflict, with two children dying a day on average.[72] Children are at risk from landmines, improvised explosive devices, aerial bombardment, attacks on schools and hospitals, recruitment, the use of children as suicide bombers and other gross violations of their rights. In one recent incident an 8-year-old girl was used as an unwitting suicide bomber by an Armed Opposition Group (AOG) in the Char China district of the country.[73]

E. Humanitarian Issues

Afghanistan has focused on post-conflict reconstruction and consistently ignored widespread humanitarian needs.[74] Current rates of displacement are an example of the difficult humanitarian situation. Internal displacement in Afghanistan continues to increase, recently reaching 472,601 internally displaced people (IDPs) in August 2011.[75] This includes a 52 percent increase in conflict-related displacement in 2010, although many IDPs remain unaccounted for, given poor levels of access to insecure areas.[76] More than 54 percent of IDPs registered since 2009 are children[77], and children also account for 60 percent of forced displacement victims.[78] The return of 5 million people to Afghanistan since 2002, approximately 20 percent of the current population[79], has added a strain, with livelihoods and conflict further affected by land disputes. After 30 years of conflict, only 27 percent of mined areas have been cleared.[80]

The lack of humanitarian funding has exacerbated the fragility of the Afghan population. The UN's 2011 humanitarian appeal predicted that 7.8 million people would need assistance in 2011, revised to 10 million by the World Food Program (WFP) because of a drought in the country's north and central highlands.[81] Despite this urgent situation, WFP faces a funding shortfall of $250 million in responding to these needs.[82]

The UN's humanitarian appeal for Afghanistan has been underfunded over the past few years. Just two donors, the governments of United States and Japan, account for over 65 percent of current humanitarian funding.[83] Without more consistent funding from a wider base of donors, humanitarian needs in Afghanistan will continue to go unmet.

The accelerated learning center outside Mazar-i-Sharif in Balkh Province in Northern Afghanistan is in a tent. It is the first school the village ever had. The center is supported by Save the Children and was established in March 2010. Photo Credit: Mats Lignell

2. Why has progress been so slow?

"'In 2001, no one had a clear idea of what should be done."

—Official of Japan in Afghanistan.

The ongoing conflict and high levels of insecurity are major impediments to effective development in Afghanistan: they prevent access for humanitarian and development actors and threaten the sustainability of development projects. Moreover, Afghanistan began its reconstruction in late 2001 from a low base, including nonexistent civil service and civil society capacity. The sheer scale of the challenge in 2001 was extraordinary and views differed about what course to take.

Given the volume of aid that has been allocated to Afghanistan, many Afghans and donor publics are questioning why more has not been achieved over the past decade. In comparison to other aid recipients, the funding allocated to Afghanistan has been unprecedented. One study found, for example, that in 2007-2008, Afghanistan "received more aid than the combined total disbursed to the Democratic Republic of Congo, Liberia and the Sudan."[84]

The reality of Afghanistan in 2011 does not reflect the high aspirations of donors or the Afghan government, nor is it an adequate outcome in terms of the funds allocated. This section of the paper will analyze why progress has not been faster over the past decade. It will address why aid has not been allocated and spent more effectively, and outline the lessons that should be learned to see a better return on investment of international aid to Afghanistan.

A. Aid has not been responsive to the priorities of Afghans

"'Donors focus on the provinces where they're militarily engaged. Bamyan is a peaceful province, so it's forgotten; but it's still very poor."

—Governor Habiba Sarabi of Bamyan[85]

One of the greatest missed opportunities in development efforts of the past decade has been the widespread sector and geographic inequity in donor funding, which has often followed military and immediate strategic concerns rather than responding to the needs of ordinary Afghans. The missed opportunities take several forms:

Aid has been allocated to areas where there has been significant conflict, rather than in response to needs.

One of the ways in which Afghanistan has presented a unique development situation over the past decade is that most of its major donors are also belligerents to the ongoing conflict.[86] This has skewed development funding in several ways. Not only have donors focused their funding on the most insecure

In Dawlat Abad District of Balkh Province, there is no permanent source of irrigation. Severe water shortages have meant water levels have decreased by around 50 percemt. Photo Credit: Mats Lignell

Boys taking water from the school's new well in Guldara District just outside Kabul. The well was completed three weeks earlier with the support of Save the Children — funded by the Khalifa Bin Zayed Al Nahyan Foundation. Photo Credit: Mats Lignell

parts of the country, but most have also focused their contributions on the specific provinces in which their national forces are militarily engaged (e.g., the British in Helmand, the Dutch in Uruzgan or the Canadians in Kandahar). In fiscal years 2009—2010, the United States Agency for International Development (USAID) allocated approximately 77 percent of its aid budget to the south and east of the country; it is anticipated to increase to 81 percent in fiscal year 2011.[87]

While creating a secure environment is critical for development, allocating aid in insecure provinces with the stated aim of "winning hearts and minds" has had the effect of penalizing "peaceful but poor" provinces — such as those of the central highlands —and led to extraordinary disparities in funding. World Bank evidence shows that poverty levels in the insecure provinces of Helmand and Kandahar are actually below 30 percent, while poverty rates in the peaceful province of Bamyan are as high as 58 percent.[88] Despite these clear indicators of need, Kandahar and Helmand continue to receive far more international support. Twenty percent of all current UK funding is directed to Helmand, for example[89].

"Ghor is a forgotten province because it's very poor, but not strategic. The perception of the people of the central highlands is that they're forgotten; that they are victims."

—Embassy of Japan[90]

A number of major studies have effectively demonstrated that allocating aid with an agenda of stabilization or winning hearts and minds is a misguided enterprise[91]. A recent report by the US Senate Foreign Relations Committee concluded that the evidence base for political and military gains from military-led development was often weak[92] and demonstrated that "[US] stabilization projects have raised expectations and changed incentive structures in Afghanistan."[93] The reality and perception of distorted funding has a strong impact on community assessment of international assistance.[94] A belief that community structures are bypassed and the perception that corruption is widespread in government and PRTs[95] has severely

undermined the sustainability of development efforts, as well as their contribution to winning the appreciation of the population.

The model of choice for many international donors with military forces has been the PRTs, which have been widely criticized for not only failing to achieve hearts and minds objectives[96], but also putting beneficiaries and humanitarian actors at risk by blurring the lines between military and humanitarian - development activities.

There are a number of key differences between PRTs and traditional development activities, one of which is a lack of sustainability in military-led development. Often, PRTs have focused on quick impact projects to demonstrate tangible gains to local populations, and have been unable to deliver more than basic infrastructure projects.[97] Ironically, these activities have disturbed traditional, effective development projects. The recent US Senate Foreign Relations Committee report argues that "the constant demand for immediate results prevented the implementation of programs that could have met long-term goals and would now be bearing fruit."[98] Where traditional development projects undertaken by traditional actors have been the norm, the results have been more successful.

There has been a lack of adequate funding to support basic services

Donors have provided inadequate support to the provision of basic services in Afghanistan. For example, there continues to be a dire humanitarian need that persists in the country. Just as funding has not followed needs geographically, the focus of aid by sector has also been skewed. In the UN's 2010 Humanitarian Action Plan for Afghanistan, education in emergencies was only 2 percent funded (a gap of $32.5 million), a startling figure given the billions of dollars available, primarily for infrastructure projects. Consistent underfunding of humanitarian needs is a salient example of lack of focus on the basic needs of ordinary Afghans. As already pointed out, the UN humanitarian appeal also remains underfunded.[99]

Gulsum, 10 years old, attends the boys and girls mixed class in Dehsabz District, just outside Kabul, Afghanistan. Photo Credit: Mats Lignell

Cost-effective interventions in maternal, newborn and child health programs could save lives. Community Health Workers are typically men and women from rural areas who have received basic training to promote maternal and newborn health and treat common childhood diseases. Despite the relatively simple nature of this kind of intervention, the GIRoA still faces a $28 million funding gap[100] to implement its recent Child and Adolescent Health Policy and Strategy 2009-2013, the government action plan for meeting MDGs 4 and 5 on child and maternal mortality respectively.

Aid has been misappropriated and misallocated

Appropriate allocation of aid and minimizing waste must be a priority. Perceptions of wasteful interventions and corrupt officials are furthered when projects are delivered with little concern for quality or are abandoned prior to completion. Communities become disillusioned when the powerful few make decisions for the voiceless many, and worse, when implementers allow development funding to be defrauded without consequence due to poor oversight.[101] A recent report from the European Parliament estimated that as little as 20 percent of EU money reached the Afghan people, arguing that "most of this [wasted] money… is not due to the corruption of the Afghan government, but is due to waste, duplication, over-invoicing, excessive and unnecessary expenses for consultancies and security."[102] The recent US Senate Foreign Relations Committee report found that "donor funds can be lost to corruption through multiple subcontractors over which the US Government has little or no control."[103]

While contractors do important work (building the roads that are crucial for humanitarian access, for example), they are often less effective than civil society in conducting traditional development work. Their work is less likely to be rooted in communities, tends to be over-reliant on international technical assistance and is output- and short-term results-driven. Additionally, Afghan authorities and civil society have had little oversight over contractors.

Donors also need to do more to hold corrupt contractors to account. In the US, some firms that have faced financial penalties as a result of malpractice have been able successfully to bid for new contracts.[104]

There is a deficit of genuine donor coordination

Further compromising the effectiveness of aid is inadequate donor coordination at both the international and Kabul levels. UNAMA has the mandate to convene weekly aid coordination meetings in Kabul; these are ostensibly information-sharing exercises to promote strategic coherence. However, these meetings are not regular, and therefore they do not provide a forum for genuine coordination, which would prevent duplication and minimize waste. During the transition period, not only does the UN need to consider how to convene a genuine forum for ongoing aid coordination, but donors need to constructively engage with this as a valuable process, rather than view it as burdensome.

B. A lack of government and civil society capacity has undermined accountability and fostered corruption

In this environment of waste, the Afghan government has largely lacked the capacity to monitor the international aid effort and has been circumvented by donors, which has prevented it from playing this role. The Kabul Conference of 2010 encouraged donors to provide funds "on budget," [105] through the core budget of the Afghan government.[106] Governance was and remains one of the major challenges in Afghanistan, but over the course of the past decade, too few donors have been genuinely committed to building the capacity of the Afghan government.

Under the Kabul Process, a commitment was made by donors to provide 50 percent of funds on-budget by 2012.[107] There is concern now, however, that donors will channel funds through the government as a development "exit-strategy" without making the effort and giving the time needed to build the capacity of line ministries and develop adequate budget control and management systems. In order for this scale up to translate into improving the lives of the Afghan people, both donors and the GIRoA must be responsive to the need for rapid improvement in delivery of basic services by the responsible line ministries. Equally, they must be far more transparent in the way they allocate and disburse funds.

C. Afghanistan's war economy is unsustainable

Looking forward and assessing the unsustainable war economy, the transition risks forcing more Afghans into poverty once the international community begins to withdraw in earnest. Total aid to Afghanistan is equivalent to 97 percent of GDP.[108]

Afghanistan's economy suffers from missed opportunities to stimulate job creation (unemployment stands at 36-40 percent). An over-reliance of service-sector jobs based on the presence of international actors (e.g., guards, drivers, and the property letting market) has grossly distorted the urban economy in the capital. According to one report, over the past decade, rents in one upscale neighborhood in Kabul have increased from approximately $300 per month to $4,500 per month.[109] In combination with the lack of a national economic and trade policy, these factors threaten to be a macroeconomic time bomb, which will see real declines in disposable incomes for Afghans in the coming years, not only for the middle class but also, through a fall in demand, for 70 percent of the population already living below the poverty line.

The social consequences of this fragile economic situation could be enormous. At the end of the transition period, the first generation of children to have completed the new school system will be graduating. Many will compete for university places, but few will find them. For example, in 2010, 140,000 students competed for 18,000 places[110]. However, due to a lack of vocational training and job creation, many graduating students will also face unemployment and a lack of economic opportunity. They have this in common with many of their peers around the world, but in Afghanistan, where education is still finding a foothold, the lack of opportunity could be a severe impediment to families willingly sending their children to school rather than into the labor market earlier in life. The international community and GIRoA need to plan now to correct the economic imbalances in the country.

3. A sustainable agenda for development in Afghanistan

As military troops withdraw and security responsibilities are handed over from international forces to national actors, both donors and the Afghan government will want to point to positive outcomes of transition, including visible development gains. It is vital that last decade's lessons about effective development are not lost, and that in the search for quick wins, donors and the Afghan government do not repeat mistakes.

Transition must refute short-term benefits and approaches, which have slowed the sustainable development effort over the last decade. Transition should promote development which is needs-based, community-led and accountable to Afghans and donors alike. The international community should support building the capacity of both the Afghan government and Afghan civil society organizations (CSOs) to enable an effective transition in Afghanistan.

A. Prioritizing Smart Development[111]

Nongovernmental and civil society actors have been pursuing a "smart development" model in Afghanistan for decades and will continue to do so after international forces have left. This model focuses on communities and their needs. It is sustainable because it is driven and implemented by Afghans. To maximize investment and benefit the greatest number of Afghans, international donors and the Afghan government should prioritize the following principles.

Needs-based development

Donor funding must be transparent and respond to the needs of Afghans, as identified by the people. It must also be predictable and sustainable, in order for the Afghan government and donor implementing partners to plan long-term interventions. Donors should learn from interventions that have had the greatest impact and apply their lessons to programs developed and implemented during transition.

The Basic Package of Health Services (BPHS), rolled out by the Afghan government in 2003, provides one such example. It created six categories of health services: Health Posts, Sub Health Sub-Centers, Basic Health Clinics, Mobile Heath Teams, Comprehensive Health Centers and District Hospitals. These provide primary care or referral mechanisms implemented through local partners to bring lifesaving treatments closer to communities. The most rudimentary level of BPHS, the health post, is based on two Community Health Workers (CHWs) serving 100-150 families at the village level. They visit families in their homes and provide health education and family planning assistance; this has been extremely effective as poor health and hygiene knowledge correlate with child mortality.

At present, BPHS is supported by USAID in 13 provinces, the European Commission in 10 provinces and the World Bank in 11 provinces. It is directly implemented by the Ministry of Public Health (MoPH) in only three provinces. One challenge for international donors during the transition period will be to sustain direct support of successful initiatives like BPHS and ensure necessary capacity is in place before transferring management of funding and implementation to the Afghan government. Donors should be sensitive to the impact of rapid transitioning to on-

Smart Development

Four principles of Smart Development:

AFGHAN DRIVEN — Smart Development uses Afghans' knowledge and acceptance, complemented by community-driven programming methods, to design and deliver development efficiently. It ensures resources are targeted at projects that are appropriate, feasible and sustainable, with close oversight to mitigate the ever-present risk of corruption.

ACCOUNTABLE — Smart Development is accountable to donors and communities. By working in partnership with Afghan communities, NGOs jointly maintain mechanisms to ensure that program funds are spent transparently, resulting in projects that meet real needs and are valued by communities.

IMPARTIAL — Smart Development in Afghanistan is independent of stabilization efforts and impartial, providing assistance based on genuine need to all populations. It translates development dollars into assistance that is accepted and makes a meaningful difference to the lives of Afghans.

SUSTAINABLE — The impact of Smart Development can be seen long after NGO support has been phased out. Success is measured by the increased ability of Afghan institutions to deliver and deepened resilience of Afghan communities. By delivering vital services to the most vulnerable in collaboration with Afghan government institutions, Smart Development simultaneously provides much-needed assistance while at the same time empowers the institutions to fulfil their responsibilities to the Afghan people. NGOs work together with government and civil society partners to strengthen Afghan institutions' ability to meet the needs of the Afghan people. This allows NGOs to transition away from providing direct assistance.

budget funding and be ready to fill gaps created by other donors that may reduce assistance on different timescales. This will necessitate proactive donor coordination.

As discussed above, by investing in CHWs and teachers at the community level, donors can maximize the impact of a relatively small investment and reap results that have multiplier effects. A gap of 10,000 Community Health Workers[112] and 3,650 midwives[113] across Afghanistan has been identified. Investing in recruiting and training these health professionals is one example of how relatively small volumes of international funding could have a dramatic impact on key indicators like child nd maternal mortality.

Community-based development

When built on a principle of partnership and support, community-based development responds to the needs of communities and is led by them. It places communities in a leadership role, fosters broad-based community engagement with development projects and enables communities to hold development actors to account for the success or failure of projects. For NGOs like Save the Children, with a longstanding presence in Afghanistan, community-focused development also means Afghan-led development, with an emphasis on leadership by Afghan staff that understand local power structures and have consistent access to and acceptance by communities.[114] Save the Children's staff is 98 percent Afghan.

The low-profile presence of local staff facilitates access and means that the communities, and the development projects they require, do not attract the attention and threats of armed groups. Equally, in implementing development as a process, projects are considered with long-term perspectives, making them sustainable and more resilient to future changes.

Community-Led Development

Health

The Basic Package of Health Services (BPHS) has helped bring health care access to communities by providing funding training for CHWs and midwives. Bringing primary health care closer to newborns will save 50 percent of the lives of the 550 children who die in Afghanistan every day.[115] A key task for development actors is to increase knowledge and promote the referral mechanisms that exist. Only 32 percent of pregnant women saw a skilled antenatal health provider during their most recent pregnancy.[116] Donors play a key role in effecting elemental change.

Education

Community-based education implemented by NGOs and local civil society partners can play a crucial role in providing marginalized groups, especially girls, with education in areas where discrimination may prevent it, or where the distance to the nearest formal school proves insurmountable. The lack of female teachers, a problem in rural areas, is also alleviated in community-based classes, where there are a higher proportion of female teachers than in the country at large.

Focusing on the role of the community and participation has been successful in increasing access to education and girls' enrollment in school. By harnessing the power of Student Councils and Parent Teacher Student Associations (PTSAs), girls, boys, women and men have been able to advocate for girls' education and change perceptions. In Save the Children assessments, girls have reported that through participation, they gained confidence to talk to their fathers about the importance of their education. Indeed, with women's PTSAs in place, communities are provided with a platform for discussing wider issues including women's rights, child protection and conflict resolution.

Where Save the Children has supported these associations, female enrollment has increased rapidly; between 2008 and 2009, the increase in girls' enrollment in Save the Children-supported schools was threefold as compared with that of boys.[117]

Reducing Disaster Risk

Community-based Disaster Risk Reduction is an important way of building the resilience of communities in emergencies. Through the creation of Community Emergency Response Teams (CERTs), Save the Children provides training as well as basic equipment like hygiene kits. Afghanistan is particularly prone to disasters, including droughts, floods and earthquakes, and building local level capacity is critical to promote preparedness and train community members to be first responders. Once established, CERTs train other groups, creating a snowball effect.

Though community-based development is an important way of ensuring that communities identify priorities and lead on project implementation, it is also important to ensure that communities are not unnecessarily burdened by these tasks. The GIRoA, national and international partners should provide necessary support in training and financial resources.

Accountability

"Donors want the Afghan Government to be transparent. The Afghan Government wants donors to be transparent, but neither seems willing to lead by example."

—Karolina Olofsson, Integrity Watch Afghanistan

Afghan oversight should not stop at government monitoring mechanisms. Fundamentally, development should be accountable to the Afghan people.

At the community level

Monitoring by international actors, including donor implementing partners, is important. However, more important are mechanisms that enable communities to monitor and evaluate the progress of development projects, ensuring that program resources are used effectively and that funds are allocated appropriately. One way this is achieved is by displaying project expenditures in the community.[118] Across Afghanistan today there are numerous examples of community monitoring processes that encourage demand for quality.

When monitoring projects are rooted in communities, the chances for corruption in evaluation processes are minimized. Community members live in their village, whereas external evaluators may visit temporarily, be presented with an artificial story of success by an implementing organization, and then depart. In some cases, it is difficult to ensure that the photos taken of projects are actually of those for which funding has been provided.[119]

At the government level

The GIRoA's national budget process has been constantly delayed donor priorities, which have taken precedence over Afghan priorities. The Afghan government needs to establish structures that reflect its accountability to the people of Afghanistan, especially because donors will transition away from large-scale support over the next few years. The GIRoA will have to become accustomed to operating with fewer international resources, further emphasizing the importance of development and accountability to the Afghan people. Community Development Councils and district and provincial level authorities often better reflect local priorities. Accountability mechanisms need to strengthen ties from national to local levels.

A man and his child at the district hospital in Aqcha district in Jawzjan province in Northern Afghanistan. Photo Credit: Mats Lignell

At the donor level

There are simple measures that donors can undertake to increase their transparency, thereby increasing their accountability both in domestic markets and to Afghan beneficiaries. Several key donors already publish project level data; however there are gaps in what is published on Afghanistan. The UK's Department of International Development (DFID) now publishes project level data on all countries, in line with the International Aid Transparency Initiative. However, the information DFID publishes on Afghanistan is much less detailed than the data published on their projects in other countries. In Afghanistan DFID rarely provides the name of the organization implementing the project and does not provide any information on the actual amounts disbursed. This makes it difficult for civil society actors to measure the effectiveness of DFID's funding. Similarly in the US, a Government Accountability Office report concluded that USAID's risk assessment policies were inadequate given recent increases in the volume of assistance, especially in terms of increasing allocations to the World Bank administered Afghanistan Reconstruction Trust Fund.[120]

Through improved transparency, the UN's accountability hierarchies should also be refocused to stress accountability to the Afghan people, rather than primarily to Member States, donors and the GIRoA.

B. Building Government Capacity

In line with the Kabul Process, donors aim to channel 50 percent of their funds through the GIRoA core budget by 2012 and to align their spending priorities with those of the government. Building the capacity of the Afghan government at national and sub-national levels is an important step toward improving governance in Afghanistan. In the rush to move funding on-budget, donors must ensure that they simultaneously build national capacity and allocate funds. To build incentives for implementation capacity for the Afghan government, donors need to develop conditions around capacity building when allocating funds and conduct assessments of key ministries before awarding funds. Donors should award funds to ministries in tranches and set benchmarks for the Afghan government; much in the same way that donors provide operational NGOs with funds. Initiatives are also needed to standardize government salaries, reducing the "brain drain" of qualified personnel to international agencies.

While such recommendations may strike many development actors as standard good practice, the record of transition to date is not encouraging. Both donors and the GIRoA have demonstrated a tendency to rush into channeling funds and implementing programs through the national government, without ensuring that the necessary implementing capacity is in place. Even where government policies are laudable, as in much of the health sector, a deficit of implementation capacity should be a signal to donors to stagger their transition plans.

Education Programs: A cautionary tale for transition

A recent decision by a major donor over the future modality of its support for education provides a cautionary tale of the risks in transitioning to Afghan government implementation too rapidly.

The handover of Partnership for Enhancing Community Education in Afghanistan (PACE-A) from an NGO consortium to the MoE was due to occur when government absorption capacity was in place. In practice, the handover occurred too rapidly and programs were transferred to the MoE notwithstanding a lack of implementation capacity. In some areas this resulted in termination of classes and children lost access to education.[121]

In another example, Save the Children was a partner on the Building Education Support Systems for Teachers (BESST) project, a large-scale teacher training that was closed out in early 2011. Funding is now being channelled through the Teacher Education Department (TED) in the MoE. Acknowledging their lack of capacity, TED has requested support to manage donor funds. There needs to be a bridge for BESST between the former programming structure and the new one. With these gaps, all trainers that are currently delivering the service training and the accelerated learning program for teachers could be lost. Additionally, the impact on communities is a concern. Projects they have counted on have been pulled at short notice; leaving beneficiaries in limbo. Overall, disengaging with communities due to lack of capacity will lose benefits gained in the past.

Sub-national governance

Direct provincial funding has been discussed as a way of bypassing line ministry bottlenecks and fraud at the national level. There are significant obstacles preventing widespread adoption of this solution. Donors generally lack interlocutors below the central level and local government does not consistently provide information about local needs. Although the current practice of allocating funds at the central level and hoping it will flow down to the provinces through line ministries is flawed, there is a need to create an effective governance mechanism below the national level.

Strengthening line ministries at the center can in turn provide more effective line ministries at the provincial level. Focusing on the community level is once again key. Building links between different levels of government is fundamental to a more effective operation of the Afghan state.

C. Building the Capacity of Afghan Civil Society

In Afghanistan's nascent democracy, Afghan Civil Society Organizations (CSOs) are key in holding government to account and representing priorities of the Afghan people. Supporting civil society in this role has not been sufficiently prioritized by the GIRoA or by the international community over the past decade. Recently international donor interest in supporting civil society has surged. During transition, the role of civil society is paramount, but there are also risks of fragmentation and lack of independence. The GIRoA and international partners should take concrete steps to ensure Afghan CSOs effectively fulfill their role.

Role of the Afghan government

The Afghan Government should create the necessary space for civil society involvement (e.g., through its National Priority Programs). The government's implementation capacity will take many years to develop and much of the current delivery work is undertaken by partners, including Afghan CSOs and INGOs. The role of civil society in contributing to policy formulation is key given they can draw on the lessons that implementation provides.

Recently, there has been progress in increasing the involvement of Afghan CSOs in government decision-making, notably through the establishment of Standing Committees on Governance, Security and Development and the high-level Joint Coordination and Monitoring Board. This involvement has increased the voice and effectiveness of CSOs, yet challenges remain. Channels for engagement remain inaccessible to many organizations and take place at a very high level.[122] Alternatively, CSOs can lack the understanding of policy process and may not take initiative. A 2010 study conducted on behalf of USAID found that CSOs were "conspicuous by their absence [in] being proactive in engaging in law and policymaking efforts."[123] More efforts are needed to involve CSOs in policy discussions of a practical nature and to undertake long-term trainings to enhance their capacities.

Independence and collaboration

Afghan CSOs need to be genuine representatives for the larger community. Both the Afghan government and international donors have a role to play in promoting the independence of grassroots organizations, including through support for CSOs at district and provincial levels and through Afghanistan's pluralistic media.

Genuine civil society independence hinges on ensuring that CSOs are not politicized through policy-level discussions and that they do not become disconnected from their constituents. Measures should be taken to incorporate the perspectives of all groups, including those of children.

Donor responsibility

Donors should support building the capacity of CSOs. They must avoid fostering the fragmentation that can stem from competition for funding. All actors should work to promote coherence of CSOs, increase their collective voice and impact, and avoid fragmentation.

As they increase their support to civil society, donors should create mechanisms that provide core budgets to CSOs and ensure that allocations are not donor driven. To date donors have funded targeted actions, instead of enhancing capacity and investing in staff.[124] Similarly, consultations with CSOs around program design have often been purely cosmetic. One way that donors can build the capacity of both government and civil society is by directing funds through the government with a facilitating partner.[125]

Beyond service delivery, CSOs should build expertise in advocacy and around accountability and transparency norms. Instead of focusing on the volume of funding to CSOs, donors should concentrate on fostering quality.

Facilitating the growth of a vibrant, independent and coherent civil society is critical for both donors and the Afghan government. During transition there will be a significant scale down of the international presence in Afghanistan and the GIRoA and donors must ensure that Afghan CSOs are ready to play a key role in 2014 and beyond.

D. Looking Ahead

Afghanistan has made significant progress in key areas of development, but there remain challenges. Prioritizing governance and security is key. However, continuing to invest in development during the transition and ongoing peace process remains critical. The international community and the GIRoA must take a step back to consider their record in improving the lives of Afghan children, and assess how best to support Afghanistan's future development by building on successes and correcting failures.

4. Recommendations

To International Donors

1. **Ensure that children's rights and needs in Afghanistan are respected and fulfilled, and invest in girls' and boys' education, protection and healthcare.**

2. **Allocate funds based on need**, rather than in pursuit of military, political and strategic interest. Funding should be provided to the sectors that require support, as well as to the regions of the country with serious humanitarian and development needs.

3. **Channel more support to basic services,** especially to health and education. Donors should make commitments to support these sectors given the consistent lack of investment.
   a. **In education,** provide support for the training of more female teachers and community-based education.
   b. **In health,** support recruitment and training of health workers, who bring care closer to communities.

4. **In committing to the Kabul Process of on-budget funding, support government capacity building and ensure that capacity to implement projects exists before funds are allocated.**

5. **Make long-term investments** to increase the sustainability and predictability of funding, including through multi-year funding allocations.

6. **Ensure that aid is accountable** to the Afghan people and the donor public by increasing transparency and improving results measurement.

7. **Support the strengthening of Afghan CSOs** and promote independence and coherence.

8. **Improve aid coordination and harmonization mechanisms** and ensure coordination meetings on development incorporate CSO/NGO perspectives as Humanitarian Country Team meetings do.

To the Government of Afghanistan

1. **Increase focus on children,** who represent the majority of the population, and invest in girls' and boys' education, protection and healthcare.

2. In the transition to a more limited funding environment, **begin to decrease reliance on international assistance** and focus attention on key objectives:
   a. Building the capacity of key line ministries with basic service delivery functions
   b. Prioritizing areas where implementing partners and communities can lead, either during the transition or in the long-term.

3. **Ensure that aid is accountable** to the Afghan people by increasing transparency and improving results measurement.

4. **Invest in statistical capacity and quality of data.**
   a. In concert with donors and the UN, invest in situational analysis of the country to direct donor funding to the needs, especially children's needs.

To Afghan Civil Society Organizations

1. **Enhance policy and advocacy capacity** in the interest of monitoring government efforts and holding government to account at national, provincial and local level.

2. **Promote collaboration** to increase CSO effectiveness and facilitate CSO representation in aid coordination.

3. **Emphasize independence** and genuine representation of grassroots constituents.

To International Nongovernmental Organizations

1. **Improve interagency coordination.**

2. **Develop evidence base of best practices** to effectively advocate toward donors, the Afghan Government and the UN.

3. **Develop exit strategies** to transition to community, government and private sector implementation of projects in the medium to long term.

4. **Invest in the capacity of Afghan national staff.**

APPENDIX 1

Afghanistan in 2011 Key facts

Children

550 — the number of children who die every day in Afghanistan of preventable causes, primarily of diarrhoea and pneumonia[126]

37,000 — the number of street working children in Kabul[127]

1 million — the number of children in school in 2001[128]

4 million — the number of children out of school, accounting for 42% of the school-age population[129]

8.3 million — the number of children in school today[130]

1 child in 5 dies before reaching his or her fifth birthday[131]

57% — the number of Afghans under the age of 18 (68% under 25)[132]

44 years — average life expectancy at birth[133]

Funding

$300 — the cost of training one Community Health Worker, who can save thousands of children's lives[134]

$26.7bn — Aid (ODA) disbursed (2002-09)

$70bn — the total sum committed by the international community for security, governance and development in Afghanistan since the intervention in 2001[135]

$259.8bn — Foreign military operations, peacekeeping and security related aid disbursed (2002-09) [136]

97% — total aid equivalent to Afghanistan GDP [137]

Millennium Development Goals

0 — the number of MDGs (of a total of 8) that Afghanistan is on-track to meet

13 years, beginning in 2001 — the length of time international community will have been 'on the ground' and allocating large-scale development funding by the time the military 'transition' is due to be completed

14 years, beginning in 2001 — the timescale set by the international community for the realisation of the Millennium Development Goals

Civilian Casualties

2,777 — the number of civilians killed during the conflict in 2010[138]

1,462 — the number of civilians killed in first 6 months of 2011, an increase of 15% on the same period in the previous year[139]

Six month old Samyullah is weighted by mother child health officer Sharifa. Photo Credit: Jeff Holt

APPENDIX 2

External Assistance to Afghanistan[140]

Figures in US$ Millions

Donor	Funds Pledged 2002–2013	Funds Committed 2002–2011	Funds Disbursed 2002–2010
United States of America	56,100	44,356	37,118
Japan	7,200	3,152	3,152
Germany	5,029	2,130	762
European Union/European Commission	3,068	2,883	2,594
Asian Development Bank	2,200	2,269	1,005
United Kingdom	2,897	2,222	2,222
World Bank	2,800	2,137	1,700
Canada	1,769	1,256	1,256
India	1,200	1,516	759
Norway	938	775	636
Netherlands	864	1,015	1,015
Italy	753	645	540
Iran	673	399	377
Denmark	533	438	438
Sweden	515	635	635
Australia	369	744	656
Spain	308	220	194
United Nations	305	446	182
Saudi Arabia	268	140	103
China	252	139	58
Russian Fed.	239	151	147
Switzerland	197	118	102
Agha Khan Development Network	190	140	140
Finland	152	160	160
Turkey	143	213	180
France	134	323	174
Other (28 donors)	886	630	500
Total	**89.982**	**69,252**	**56,805**

Endnotes

1 This report draws on statistics cited by the Government of Islamic Republic of Afghanistan (GIRoA), donors, the UN and civil society. While they are not perfect, they are the best available. More investment is required in Afghanistan's data collection capacity. All actors in Afghanistan, including donors, the UN, the Afghan government at all levels and international NGOs suffer from lack of verifiable data, and all need to take significant steps to be more transparent with the data they do have.

2 de Mistura, Staffan. "Statement of Staffan de Mistura, Special Representative of the United Nations Secretary-General in Afghanistan, to the Security Council." UNSC. New York City. 6 July 2011. http://www.afghanistan-un.org/2011/07/statement-of-staffan-de-mistura-special-representative-of-the-united-nations-secretary-general-in-afghanistan-to-the-security-council/ (accessed September 27, 2011)

3 Between 2002-2010, donors pledged around $90bn, of which $62.9bn has been committed and $51.6bn disbursed. Refs: Aid Management Directorate (AMD) of the Ministry of Finance (MoF) of the GIRoA. *Development Cooperation Report*. Kabul: GIRoA, 2010

4 Ministry of Public Health (MoPH), GIRoA, *National Child and Adolescent Health Policy*. 2009 – 2013. July 2009

5 Ayobi, Shamshad. "Where We Are Now ." Islamic Republic of Afghanistan Ministry of Education. 12 January 2010

6 Ministry of Education (MoE), GIRoA, *Education Interim Plan* 2011–13. Kabul:GIRoA, 2011 pp 26

7 de Mistura, Staffan "Statement of Staffan de Mistura, Special Representative of the United Nations Secretary-General in Afghanistan, to the Security Council."

8 The GIRoA ratified the UN Child Rights Convention in 1994.

9 The percentage of women represented in parliament in Afghanistan is 27.6%. For comparison in Pakistan this percentage is 19.6%, in the UK it is 20.5% and in the USA 16.85%. These percentages are based on an average of the percentage of female representatives in both the Upper House or Senate and the Lower or Single House. See the Inter-Parliamentary Union, Situation as of 31 July 2011 at http://www.ipu.org/wmn-e/classif.htm#2 (accessed September 22, 2011). The statistics are based on information provided by National Parliaments.

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Jamila, 12 years old, attends the boys and girls mixed class in Dehsabz District, just outside Kabul, Afghanistan. The accelerated learning center helps boys and girls who have missed grades catch up and join a formal school. This class and many others that Save the Children is establishing in works with funding from the Khalifa Bin Zayed Al Nahyan Foundation. Photo credit: Mats Lignell

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