THE QUALITY PROJECT IN AFGHANISTAN

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As in previous Quality Project reports, this document presents information and lessons learnt during the third mission in Afghanistan. It should be used as a means of stimulating debate, capitalising on aid actors' experience and also committing this knowledge to institutional memory.

This report will also serve as a basis for the Quality Project's ongoing research, especially for the design of the Quality Management Method.

ACKNOWLEDGMENTS

The Quality Project research team would sincerely like to thank colleagues from NGOs (Solidarités, AMI, ACTED, MSF, ACBAR, MADERA), international organisations (CICR, WFP, UNAMA, UNICEF), the Afghan Research and Evaluation Unit (AREU), as well as Afghan authorities, representatives from ECHO, from the European Commission, from the French Embassy and the Coopération Suisse for their warm welcome, advice and valuable support.
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<th>Description</th>
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<tbody>
<tr>
<td>AACA</td>
<td>Afghan Aid Coordination Agency</td>
</tr>
<tr>
<td>ACF</td>
<td>Action Contre la Faim</td>
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<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>ACBAR</td>
<td>Agency Co-ordinating Body for Afghan Relief</td>
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<td>AIA</td>
<td>Afghan Interim Authority</td>
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<td>AIMS</td>
<td>Afghanistan Information and Mapping System</td>
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<td>AKDN</td>
<td>Agha Khan Development Network</td>
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<td>AMI</td>
<td>Aide Médicale Internationale</td>
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<tr>
<td>AREU</td>
<td>Afghanistan Research and Evaluation Unit</td>
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<td>BPHS</td>
<td>Basic Package for Health Services</td>
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<td>BDA</td>
<td>Banque de Développement Asiatique</td>
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<td>BSC</td>
<td>Beneficiary Selection Committee</td>
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<td>CE</td>
<td>Commission Européenne</td>
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<td>CF</td>
<td>Community Forum</td>
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<td>CHW</td>
<td>Community Health Workers</td>
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<td>CICR</td>
<td>Comité International de la Croix Rouge</td>
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<tr>
<td>CNS</td>
<td>Centre de Nutrition Supplémentaire</td>
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<tr>
<td>EC</td>
<td>European Commission</td>
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<tr>
<td>ECHO</td>
<td>European Commission for Humanitarian Aid Office</td>
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<td>FAO</td>
<td>UN Food and Agriculture Organisation</td>
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<tr>
<td>GCMU</td>
<td>Grants and Contracts Management Unit</td>
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<tr>
<td>Groupe URD</td>
<td>Groupe Urgence Réhabilitation Développement</td>
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<tr>
<td>HMTF</td>
<td>Hospital Management Task Force</td>
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<td>HNI</td>
<td>HealthNet International</td>
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<tr>
<td>ICARDA</td>
<td>International Centre for Agricultural Research in Dry Areas</td>
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<td>ICRC</td>
<td>International Committee of the Red Cross</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>INGO</td>
<td>International Non Governmental Organisation</td>
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<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
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<td>MDM</td>
<td>Médecins du Monde</td>
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<td>MICS</td>
<td>Multiple Indicators Cluster Survey</td>
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<tr>
<td>MOA</td>
<td>Ministry of Agriculture</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MoHUD</td>
<td>Ministry of Housing and Urban Development</td>
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<tr>
<td>MRCA</td>
<td>Medical Refresher Courses for Afghans</td>
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<td>MRRD</td>
<td>Ministry of Rural Rehabilitation and Development</td>
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<tr>
<td>MSF-E</td>
<td>Médecins Sans Frontières Spain</td>
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<td>MSF-F</td>
<td>Médecins Sans Frontières France</td>
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<tr>
<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>NSP</td>
<td>National Solidarity Programme</td>
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<td>OMS</td>
<td>Organisation Mondiale de la Santé</td>
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<td>ONG</td>
<td>Organisation Non Gouvernementale</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PMI</td>
<td>Programme de santé Maternelle et Infantile</td>
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<td>PMSS</td>
<td>Paquet Minimum de Services de Santé</td>
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<td>PNS</td>
<td>Programme de Nutrition Supplémentaire</td>
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<td>PPA</td>
<td>Performance-based Partnership Agreement</td>
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<td>PRT</td>
<td>Provincial Reconstruction Team</td>
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<td>QP</td>
<td>Quality Project</td>
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<td>REACH</td>
<td>Rapid Expansion of Afghanistan Community based Health care</td>
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<td>RUTF</td>
<td>Ready-to-Use Therapeutic Foods</td>
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<td>SFC</td>
<td>Supplementary Feeding Centre</td>
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<td>SFP</td>
<td>Supplementary Feeding Programme</td>
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<tr>
<td>TFU</td>
<td>Therapeutic Feeding Unit</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNAMA</td>
<td>United Nations Mission for Afghanistan</td>
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<td>UNCHS</td>
<td>UN Commission for Human Settlements</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Fund for Children</td>
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<td>UNMAPA</td>
<td>United Nations Mines Action Programme for Afghanistan</td>
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<td>UNPICD</td>
<td>United Nations Programme for the International Control of Drugs</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNO</td>
<td>United Nations Organisation</td>
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<tr>
<td>UNT</td>
<td>Unité de Nutrition Thérapeutique</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WATSAN</td>
<td>Water and Sanitation</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WFP</td>
<td>World Food Programme</td>
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INTRODUCTION

1 OBJECTIVES

The third Quality Project mission in Afghanistan comprised two main objectives:

Repeated evaluation with mini-seminars
- Monitoring certain trends within the humanitarian aid system and their impact on Afghanistan, documenting lessons learnt and circulating this information to a large audience. Unfortunately, a variety of circumstances prevented us from holding a mini-seminar during this mission.

Designing the Quality Management Method
- Developing the Quality Management Method;
- Identification of ‘critical points’, upon which quality issues, which will guide actors’ reflection and decisions, are hinged;
- Testing a preliminary draft of the Quality Management Method with certain partners.

2 METHODOLOGY

The Quality Project research team is multidisciplinary, covering the main sectors within the humanitarian aid system: health care, shelter, food security, water and sanitation, protection, conflict analysis, etc.

As for previous missions, the research team visited numerous projects in the field, interviewing expatriate and Afghan teams, and beneficiaries. Interviews were also conducted with Afghan authorities at a central and departmental level, as well as with United Nations’ agencies, the CICR and a certain number of donors. The research team also attended inter-agency coordination meetings.

The team conducted its research in Kabul, the Shamali plain, the Panshir valley, in Bamyan and Jallalabad. Information gathered by one of the team members during a mission in the Badakshan and Ghor provinces in June further enriched our data. We were able to revisit certain projects and actors that we had seen during our previous missions (and thus draw up evolution curves for projects and impact), but also expand into new horizons, thus diversifying our fields of enquiry and observation.
The Quality Project methodology includes an analysis by sector and an attempt to comprehend how a series of cross-cutting issues affect both the procedures and impact of humanitarian aid.

<table>
<thead>
<tr>
<th>Health care</th>
<th>Food security, agriculture, food aid and nutrition</th>
<th>Shelter and town planning</th>
<th>Water and sanitation</th>
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<tr>
<td>Coordination</td>
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<td>Socio-economic impact</td>
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<td>Impact on conflict dynamics</td>
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<td>Protection of civilian populations</td>
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<td>Security for actors</td>
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<td>Gender</td>
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<td>Environment</td>
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<td>Population displacement</td>
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At the current phase in the Quality Management Method’s development, it is important to include wide-angled observation (examining several projects over a short period) and to zoom in on other aspects (analysing one project over a certain length of time). Combining these two approaches has enabled us to refine information already compiled on quality issues and to gather new information.

Thus, for this third mission, the Quality Project research team requested the collaboration of two NGO partners, namely AMI and Solidarités. Thanks to a ‘zoom’ type examination of their projects, a certain amount of information was gathered and discussed, before being fed into the Quality Management Method database. Additionally, a series of meetings was conducted with both teams.

3 CONSTRAINTS

Logistical complications and deteriorating security conditions continue to impose limitations on fieldwork, especially since the war commenced in Iraq.

The research team tried to work within the same operational context facing NGOs, in order to reproduce as true a picture as possible. However, complicated working conditions inevitably reduce efficiency and the energy required to overcome them can lead to a severe Joule effect (thermodynamic term whereby resistance in a wire causes energy loss as heat).
CHAPTER 1:
CROSS-CUTTING ISSUES
1 COORDINATION

1.1 GENERAL OVERVIEW OF TRENDS

In terms of coordination, there are few significant advances of note, apart from the fact that the international aid community no longer appears to be focusing its attention on Afghanistan. This has meant that highly experienced aid workers are being transferred to other operations, particularly Iraq.

Just when coordination is becoming paramount, due to the departure of those representing institutional memory, a certain 'meeting fatigue' is tangible among some actors.

Sector-level coordination appears to function relatively well, although concerns regarding the efficiency of the Advisory Groups continue to linger.

1.2 MULTILATERAL DONORS PLAYING A CENTRAL ROLE

Large international donors, in particular the World Bank, seem to be playing an increasingly important role, imposing their opinions, methodology and solutions.

Two examples of this tendency stand out: Performance-based Partnership Agreements (PPA) in the health sector and the National Solidarity Plan (NSP). Both the PPA and the NSP have adopted strategies put forward by the World Bank, despite severe criticism from NGOs and certain bilateral and multilateral donors (European).

It will be interesting to examine how these strategic decisions affect operations over the next few years. Chapter 2 on Health and Consultation and participation) will examine what is at stake within the NSP.

2 SECURITY AND PROTECTION OF CIVILIAN POPULATIONS

2.1 SECURITY IN AFGHANISTAN REMAINS VOLATILE

Since the last Quality Project mission in January, security conditions in Afghanistan have deteriorated, due in part to:
Iraq war. Although the Afghan population could never be considered pro-Sadam Hussein, the US-led invasion of Iraq is seen as an attack on the Arab-Muslim world. Widely diffused scenes of ‘collateral damage’ in Iraq have brought back memories of some of the botched operations during the al-Qaida hunt. Some of the propaganda spread by those opposed to President Karzai has obviously reinforced this opinion.

- Political stakes related to the possible departure of humanitarian actors. A number of humanitarian aid workers have been killed recently in Afghanistan, including an ICRC delegate in Kandahar, personnel from DACAAR association in Ghazni and members of the Afghan Red Crescent in Uruzgan, illustrating all too clearly how aid workers have become targets. These attacks are not aimed at Westerners in particular (victims include Afghan NGO workers), nor Coalition sympathisers (North American NGOs are not particularly targeted above other aid organisations) but appear to be part of a strategy to destabilise the current political regime.

- Rise in drug production and trafficking, with a proliferation of money and arms, have severely impacted security conditions in some regions.

These different causes are both interlinked and self-perpetuating. The opposition is attempting firstly to discredit the current regime by exposing its inability to control the situation, secondly, to attack any structure linked to the ‘world of infidels’; and thirdly, to levy funds to finance their combat. During our field mission, many people voiced concerns regarding the worsening security situation and the future of local politics. At the time, the Constitution was in the process of being drafted, a Loya Jirga was due to be held and elections were being prepared. These events provoked heated debate, especially regarding what role and references would be reserved for Islam and the Sharia in the Constitution and what position would local and regional warlords hold in the election process.

2.2 SECURITY COORDINATION FOR AID WORKERS

The Agency Co-ordinating Body for Afghan Relief (ACBAR) could have played a key role in coordinating security issues for humanitarian actors, especially for small organisations or those that have recently arrived in Afghanistan. However, ACBAR experienced operational problems which prompted the creation of a separate entity, the Afghanistan Security Unit (ANSU), whose performance does not appear to meet actors’ expectations, nor justify the resources invested in it, notably by ECHO. On the whole, this organisation seems to double up on existing United Nations networks, without really contributing any added value. This demonstrates just how difficult it is to set up operations that are both efficient and effective for a highly complex issue, especially when different families of actors hold differing points of view that are neither coherent, nor compatible.

2.3 SECURITY AND HUMANITARIAN ASSISTANCE

This result of this situation is fairly dramatic: at least half of the South and East of the country is essentially inaccessible. Although the withdrawal of humanitarian actors is understandable, it nevertheless provokes frustration amongst populations who have to resort to poppy cultivation as a means of survival and tolerate being governed by underground groups opposed to a democratic and tolerant Afghanistan.
Protecting civilian populations remains a pressing issue in Afghanistan, with renewed outbreaks of violence linked to the ever-increasing number of ‘commanders’ emerging from the past. In some regions, it may well be possible to measure this development by the increasing numbers of women wearing the Chadri (burqua) again, particularly young women. Collateral damage is still occurring in eastern and southern mountainous regions, and this continues to affect the perception that Afghans have of Westerners, and North Americans in particular.

On a global scale, since the majority of international organisations have withdrawn from the South and East, actors are no longer in a position to monitor and protect an important part of the population. They no longer benefit from humanitarian interventions and actors are unable to lobby for their cause. This increasingly tense context illustrates just how difficult conditions have become for humanitarian actors since 11 September.

3 THE CIVILIANS-MILITARY DEBATE AND PROVISIONAL RECONSTRUCTION TEAMS

The negative aspects of joint civilian-military interventions that were observed during our two previous missions continue to be the rule rather than the exception. Although some positive points deserve a mention, such as the fact that joint civilian-military interventions are no longer carried out by troops in civilian clothes but by army personnel in uniform, the standoff between coalition forces and a large proportion of the humanitarian personnel remains fairly entrenched. Agreements that were drawn up between Coalition army headquarters and the United Nations Mission for Afghanistan (UNAMA) are seldom respected in practice. Once again, Coalition army headquarters have launched a communications campaign aimed at NGOs, embassies in Kabul and journalists in an attempt to create a favourable public opinion vis-à-vis the humanitarian approach adopted by Provisional Reconstruction Teams (PRT).

Humanitarian workers are concerned that the presence of soldiers in health care interventions blurs the distinction between military intervention and humanitarian action. Indeed, we identified a measles vaccination programme which was carried out without having informed the Ministry of Health and more worrying still are the increasing numbers of military advisors who are proposing their services to the national health authorities.

4 CONSULTATION AND PARTICIPATION

While many programmes are looking to move beyond emergency relief, so are participatory methods becoming more sophisticated. However, difficulties persist as many international actors lack sufficient expertise in participatory approaches, processes and tools, and are stuck in ‘emergency mode’.

The National Solidarity Programme (NSP), which closely resembles local development approaches, has received the World Bank’s support and is slowly being implemented. The various provinces are being allocated to different actors, so that they can help communities to organise themselves and set up Community Forums.
The United Nations Human Settlements Programme (UN-HABITAT), who launched the Community Forum concept, has of course ensured that it is primarily responsible for deciding which actor works where.

This programme consists of three mainstays:
- Budget, including provisions of US$20,000 for each Community Forum;
- Network of animators working on a province and district basis;
- A new organisational structure, the Community Forum, will be created and will function democratically, thus ensuring technical efficiency and good governance. The time span for creating Community Forums is short (a few months) and this has provoked some doubt as to feasibility and real efficiency.

5 \textbf{GENDER}

This issue remains very sensitive, despite efforts from the Ministry for Women in Kabul to make its mark and set up decentralised structures in the provinces.

Although it appears that some progress has been made in Hazaradjat, thanks to a combination of the Hazara culture, significant enthusiasm within the UNAMA for this programme and a motivated Afghan team in the Governor’s office, in most other regions, Afghan women remain the ‘voiceless minority’.

History can be seen to repeat itself as Kabul remains a special case, where the urban elite is most open to change and evolving gender roles. In Kabul alone, certain Afghan newspapers are giving column space to female journalists.

6 \textbf{ENVIRONMENT}

There is no significant development to mention concerning environment issues. In many cases, State institutions and humanitarian organisations still have to examine the recommendations put forward in a United Nations Environment Programme report.

It will be interesting to hear the conclusions of the ‘environmentalists’ following their highly publicised field trip with the Raid Paris-Kabul.
CHAPTER 2: ANALYSIS BY SECTOR

In this chapter, health and nutrition, food security, shelter and water management sectors will be examined, focusing in particular on aspects that have changed significantly from observations made in July-August 2002.
HEALTH AND NUTRITION

1 INTRODUCTION

The main purpose of this section is to capitalise upon the current evolutions and trends within the health and nutrition sectors via an analysis of main issues and challenges. In addition, the previous mission identified the importance of considering the role of NGOs in the transitional context of Afghanistan and the challenges they face on the quality of their interventions. Complementary information that has been collected will help us to identify critical points within the project cycle for the development of the Quality Management Method.

An attempt was made to incorporate a wide spectrum of views. Information was gathered via participatory observation – interviews with local authorities, with international and national NGO aid workers, field visits – and documents produced by the Ministry of Health (MOH), donor agencies and international NGOs (INGOs) were reviewed. Discussions were also conducted with health workers during field trips in the Eastern and Central regions.

2 CURRENT STATUS OF HEALTH POLICIES IN AFGHANISTAN

2.1 THE BASIC PACKAGE OF HEALTH SERVICES

Much progress has been made when one compares the picture that emerged from the first mission in 2002 with the situation one year later. During this period, and to its credit, the MOH has made many achievements. The Basic Package for Health Services (BPHS)\(^1\) has been finalised and a new set of policies is being implemented. The Grants and Contracts Management Unit (GCMU) represents one attempt to provide a coherent management framework for coordinating and rehabilitating existing health services.

Within the basic package, emphasis has been placed on Primary Health Care (PHC) and increased equality of provision through a standardised system of health facilities. The BPHS vision builds on an ideal situation where each district manages a complete district health system from health post to district hospital. The reality is however quite different. Given the complex demography and geography of the country, differences in population density and access, and trends in services utilisation, some questions were raised as whether a standardised package will be sufficient to respond to the variety of situations throughout the country and to capture the real needs.

Ultimately, the BPHS is primarily a supply led approach. It is based on the assumption that once services are in place, people will use them but this does not fully account for a population’s demands for health care. As elsewhere, the determinants of health facility utilisation in Afghanistan are far more complex than the mere availability of health infrastructure.

In addition, its actual implementation will pose considerable challenges, with planning taking place at an inappropriate speed in relation to the requirements of the context (e.g. human resources) and with the risk that this rapid expansion of services will not be sustainable in the long term. For many

\(^1\) A basic Package of Health Services for Afghanistan, Transitional Islamic Government of Afghanistan, MOH, March 2003/1382
operators in the field, intentions expressed in the BPHS are admirable. However, its content has been described as ambitious in terms of large catchment areas, number of health infrastructures and staffing requirements.

The choice of health infrastructures is also difficult. Although the ongoing census should provide more reliable figure on which to base resource allocation, wide variations in population estimates are a major constraint. For instance, the estimated health coverage plan for Kunduz province (estimated population of between 768,000 and 1,283,000), include as follows:

- 4 – 6 District Hospitals
- 17 – 29 Comprehensive Basic Health Centres
- 34 – 75 Basic Health Centres
- 615 – 1,026 Health Posts

Based on the BPHS standard list, each district hospital will require a number of highly qualified staff, far exceeding the current capacity of human resources. There are also concerns about the many tasks Community Health workers (CHWs) are supposed to perform and on their follow up and supervision.

In its costing, it is suggested that the basic package could be provided for US$4.55 per capita per year, an amount that has been challenged as being too low to include services up to district hospital level. To date, official documents still adhere to the official policy of ‘free health services’ although the last Joint Donor meeting held in April presented health service financing as a key priority for the future.

2.2 PROVINCIAL AND REGIONAL HOSPITALS

The BPHS has not made a commitment regarding higher-level referral layers, including provincial and regional hospitals whose roles have not yet been defined. While the content of the essential services they should provide is currently under debate, evidence suggests that provincial and regional hospitals, in the absence of structural reform, are running with serious difficulties. Most provincial hospitals, described as over-supplied and under-equipped, appear to function mainly as first-level district hospitals. Furthermore, in some areas, it appears that local politicians or ‘commanders’ exercise their authority on provincial hospitals and interact with health authorities to steer resources towards their geographical constituencies. Interviews also suggest that over-prescribing and the subjecting of patients to non-emergency investigations and elective surgery (hernia, prostate, etc...) is widespread. However, the latter may indicate a return to normality in terms of supply and demand in the provision of health care.

In Kabul, geographic distribution of hospital capacity has been described as highly inequitable. According to a review conducted in 2002, the hospital system is large and inefficient. It is estimated that 50-70% of qualified health professionals available countrywide are concentrated in Kabul’s hospitals. In addition to management issues, quality issues play an important role. There is

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2 According to the Central Statistics Office; 830,761 inhabitants; based on the National Immunisation Days data: 1,283,103 inhabitants; based on pre-census February 2003: 768,835 inhabitants.
3 The total staff number for district hospital comprises 37 people, including among others 2 doctors, 2 gynaecologists, 1 paediatrician, 1 surgeon, 1 anaesthetist, 4 midwives and 10 nurses.
4 “Health care and hospital referral system in Kabul”, French Expert Mission, May 2002
increased evidence of poor quality of hospital care which can be measured by reported and actual diagnosis and treatment practices, and inadequate equipment.

In some hospitals, aid workers point out that insufficient cleaning staff further aggravates the deteriorating hygiene standards. In the South, the new salary scale endorsed by MOH has already created market distortions. Provincial hospitals supported by INGOs have lost well-trained and qualified staff who are lured by attractive salaries into joining NGO contractors.

On the one hand, the MOH expects large INGOs to support hospital management although doubts remain as to whether humanitarian health organisations are best qualified to manage provincial hospitals. On the other, INGOs are willing to engage in a hand-over process. Two of them have successfully identified partners to take over provincial hospitals. This experience illustrates the openness to other partners, the benefit of coordination, and the commitment to a gradual hand-over but does not correspond to the future of provincial and regional hospitals.

According to aid workers, lasting solutions are not likely to be found in patchwork approaches to building or rehabilitating hospitals but by developing strategies that simultaneously deal with political, structural and managerial aspects. To complement information already available and help design a strategy for the hospital sector, Management Sciences for Health (MSH) will carry out a nationwide and comprehensive survey of district, provincial and regional hospitals in September. Quantitative data will be collected on bed capacity, infrastructure conditions, budget, human resources, equipment and drugs supply, and general hospital administration. In addition, the Hospital Management Task Force (HMTF) with members from the MOH, NGOs, UN agencies and donors is currently responsible for defining hospital priorities. It has been argued, however, that the exercise is more academic rather than an approach based on true field experience.

2.3 NUTRITION AND HEALTH

The nutrition sector has witnessed a major push in terms of strategy development and capacity building. By end-2003, the aim is to ensure that Afghans contribute to policy implementation at lower levels. Thirty-two provincial nutrition officers are being recruited and their role will be to link policies to the field, monitor Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Units (TFUs), and collect data for food security.

In order to integrate nutrition into the BPHS, the MOH and relevant Task Groups are currently reviewing what has been developed so far for public nutrition. Assessment of malnutrition, prevention and treatment, surveillance and referral will be the main areas strengthened in the basic package.

As for management of severe malnutrition, concerns have been raised that the high cost of TFUs will not be covered by the BPHS estimate of US$4.55 per capita. The community-based component with in-patient care as the first phase and home-based as the second phase is still being discussed.

The relevance, effectiveness and impact of Supplementary Feeding Programmes (SFPs) in the Afghan context have been called into question in previous Quality Project reports. Although the
current MOH policy is to discourage any new SFP initiative. Interviews and field observations revealed that some NGOs were starting up SFPs without prior MOH consultation. SFP programmes are impacted by insufficient funds, high staff turnover, and a general lack of understanding on the range of issues related to malnutrition. In order to increase awareness and encourage NGOs to adhere to national policy, the MOH has drawn up a series of protocols for SFPs.

3 CURRENT TRENDS

3.1 THE AID CONTEXT

The MOH and donors have worked towards a coordinated plan of action for the health sector. Clearly, the choice of a common goal is a crucial factor. Afghanistan’s health reconstruction, with support from the World Bank and other donors, aims to rapidly increase access to services in rural areas. Policy development has involved an intensive programming exercise, which has proved to be invaluable. Over a 3-year period, the policy proposed in the BPHC seeks to expand access for disadvantaged populations and to rationalise the distribution of health facilities and human resources in remote areas. It will receive unprecedented levels of financial support from the World Bank, USAID and the EC.

The influence of the World Bank in the health sector has continued to rise. A contract-based strategy, also known as performance-based partnership agreement (PPA), has been put in place to develop the appropriate conditions for transition. Based on the principles of a free-market economy, emphasis is placed on the private sector which is, in Afghanistan, totally unregulated. Critics argue that the set of policies do not allow for a combination of possible and realistic health reconstruction measures (e.g. piloting PPA in two or three provinces, postponing ambitious programmes until capacity building at provincial level ensures that the MOH is at least capable of managing them), and that long-term development and peace-building efforts may not always be compatible with the need to produce tangible results rapidly.

While the MOH’s role will be transformed from direct service provider to financer and regulator, most donors adopted a policy-based approach to health sector reconstruction where the range of interventions will largely comprise private and NGO-led interventions at the micro-level. Contracts, signed between donors, operators and MOH, will provide selected NGOs with the opportunity to supply health services within a national policy framework.

To date, donors have chosen to concentrate resources within a particular geographical area. The benefits of such an approach include coherent external support and fewer players with whom local authorities will have to negotiate. The World Bank will fund PPAs in ten provinces and the EC Support to Health Delivery System in Afghanistan will, in at least six provinces, ‘pave the way for new types of contract between the MOH and the NGOs for the delivery of BPHS’. USAID, via Rapid Expansion of Afghanistan Community based Health Care (REACH), is also pursuing the same objective, targeting 13 provinces. Other large donors include the Asian Development Bank (ADB) and the Agha Khan Development Network (AKDN). The latter will not use contracting as a possible tool to improve health service delivery but will rather focus on a phased capacity-building approach.

Despite the benefits achieved by zoning, some provinces appear to be well catered for, whereas others seem to have been overlooked. For instance, in one province where the pattern of resource allocation highlights the presence of many donors and NGOs, some voiced concerns as to whether external assistance leads to fragmentation rather than cooperation. There is a real concern that
assistance will continue to be delivered by many different organisations that will implement projects according to their different mandates, organisational cultures and political objectives.

3.2 DISCREPANCY BETWEEN POLICIES AND FIELD REALITY

A cluster of expertise and good achievement has emerged at a central level, enabling the MOH to relate to other systems such as international organisations and donors. Within the Afghan context where skills are scarce, this show of strength is likely to benefit the health system but will not be sufficient to convert theory into practice. It is apparent that gaps exist between the relatively sophisticated environment of Kabul, where technology and logistics work, and the depressed landscape existing at provincial and district levels.

The need to further develop appropriate relationships between the national MOH and the provinces has been described as critical if any successful change is to be brought about. Despite workshops held in Kabul on BPHS implementation, communication between national and local levels often remains problematic. Many recognise that weak institutional capacity at local level may be the most important hindrance to the process of transforming policies into practice.

The general opinion at NGO level is that provincial authorities have little to contribute with regard to the planning process at central level, which may result in a lack of involvement and inadequate ownership of policies. It appears, at local level, that understanding of the overall scope of the policies and how crucial the provincial role will be in the process are limited. This situation calls for caution, thus ensuring that expectations of change remain modest.

Within the PPA framework, provincial authorities will be involved in monitoring and evaluation processes while, at the same time, their capacities will be enhanced by contractors. This delineation of roles may create an uncomfortable situation and certain ambiguity. This could be further exacerbated by the fact that the provincial authorities will have limited control over financial and human resources.

Some also began to note that what appears to be a process of modern state building was not necessarily characteristic of the reality on the ground. The situation in many provinces remains highly problematic: illegal activities linked to increasing poppy cultivation, internal unrest and corruption, considered by many to be necessary survival strategies, constitute major political and economic constraints to the Government, and also the MOH.

3.3 THE CONTRACTING APPROACH: A RATIONAL OR EXPERIMENTAL ANSWER?

As the contracting approach will be implemented in large parts of the country, the coming period will see a rapid expansion of the role of NGOs in health provision. A year ago, the key issue which emerged was whether and how humanitarian actors could be integrated in the transitional period and within a national health system. From the very outset, contracting generated heated discussions and debates among the NGO community. A few NGOs have called for caution regarding the major challenges associated with PPA's implementation. At a later stage, interviews suggested that many NGOs preferred to wait for calls of proposals and tenders before taking a position.

Many NGOs have been explicit on the potential advantages offered by contracting. The approach is seen as an attractive mechanism to secure funding and to increase coverage and implementation capacity. The position of some is that contracting will provide a learning opportunity for NGOs and
researchers interested in health reforms in transitional contexts. Nevertheless one is left with the sinking feeling that Afghanistan is becoming a new playground for the international aid community.

Contracts will be awarded to profit and non-profit international and national organisations via tendering process, creating stiff market competition. The BPHS vision was originally conceived within the PHC framework which is based on an egalitarian perspective. Ironically, the way it will be implemented will be based on a utilitarian approach by comparing proposals and calculating which bidder will achieve the most results for the least input. A bid evaluation committee comprised of MOH, donors and NGO representatives will select the best proposals.

From discussions and field observations, the international community remains sceptical as to whether the PPA programme is feasible. Outlined below is a summary of the concerns that have been raised.

<table>
<thead>
<tr>
<th>Critical points</th>
<th>Concerns</th>
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| Relevance         | ♦ Are PPA's adapted to the reality on the ground? Can a 'blueprint' approach be successful if minimum preconditions are not fulfilled?  
♦ Are PPA's adapted to cultural and social circumstances?                                                                                                                                                   |
| Sustainability    | ♦ What lies beyond the 2 or 3-year timeframe?                                                                                                                                                                                                                             |
| Ownership         | ♦ What provisions have been made for provincial authorities that would like to resume their position of power and authority?  
♦ By handing over an inequitable health system to NGOs, the issue of redistribution will become even more sensitive. How will this process be received by local populations and frontline health care providers? |
| Efficiency        | ♦ The necessity of rapidly measurable results may lead to quick and visible actions at the expense of quality.  
♦ Availability of drugs can be considered as one of the key factors to the success of any health programme. In the absence of a central pharmacy, and given the frequent stock-outs experienced by NGOs, how will the system cope with supplying large amounts of drugs?  
♦ Is there sufficient evidence that a private health system is more efficient than a public one?                                                                                                                |
| Accountability    | ♦ The process of setting up PPAs is accompanied by substantial pledges of money. While relatively large sums of money will be released in the near future, accounting and financial systems may be weak and vulnerable to malpractice.  
♦ In the end, who is accountable if problems arise?                                                                                                                                                       |
| Transparency      | ♦ By involving NGO representatives in the evaluation bid committee, is the evaluation of proposals objective enough, especially if those same NGOs are simultaneously competing?  
♦ There are great differences between contractors in terms of mandate, financial and technical capacity, agenda, approach and freedom to manoeuvre. What constitutes a 'good' or a 'non-performing' contractor? |
| Nature of relationships | ♦ PPAs imply that health workers become employees working under an NGO contract, offering no lifetime guarantees and little protection against discretionary firing. This represents a complete shift in traditional relationship structures between NGOs and Afghan health professionals.  
♦ NGOs will have no control over provincial authorities. Will the latter be willing to collaborate?                                                                                                           |

3.4 IMPLICATIONS ON HEALTH INTERVENTION QUALITY

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5 Including political stability, security, provincial capacity, experienced NGOs and operational capacity of contractors.
3.4.1 Driven by funding?

Over the last months, the new agenda for health policies has forced NGOs to question their role in the reconstruction of the health system. Those highly dependent on external resources have run into difficulties due to the decline in donor funding. Indeed, certain NGOs have also had to downsize their operations. For instance, the integration of nutrition within the broader health sector and the gradual withdrawal of international support outside contracting both pose considerable challenges to organisations involved in nutritional programmes.

While broadening the scope to water and sanitation interventions and strengthening nutrition surveillance, practices still tend to focus on nutritional assessments. This calls into question once again the relevance of collecting quantitative data in areas where food security is not a problem.

Although there is recognition that many elements of equity may not be well served by applying performance and cost-effectiveness criteria, most NGOs felt trapped with few remaining choices. The fact that many of those engaging in contracting are emergency-oriented, with top-down operating practices and with little experience in health system development, entails a complete transformation of their strategy, human resources’ requirements, and thinking and management practices.

Because the PPA approach is contrary to their mandate, a small number of NGOs have withdrawn from the contracting process. However, to date, there is little concrete policy to guide those who have chosen not to adopt the PPA model. Furthermore, during the field visits, a number of organisations were identified, whose mandates were unclear and who lacked transparency. These organisations who may not be solely driven by a humanitarian imperative, tend to escape regulatory controls as they can offer local health authorities large amounts of drug donations and computer courses. Experience in Afghanistan shows that NGOs empowered with relatively substantial resources could ignore policy prescriptions and guidelines developed by the MOH. The extent to which practices within the BPHS framework and the PPA will be monitored and regulated remain unclear.

3.4.2 Critical points during the project cycle

a) Needs assessment and programme design

In relation to contracting, there is a tendency for health organisations to move swiftly into new regions and present themselves as candidates; some NGOs also applied for multiple provinces or for several clusters.

As selected NGOs are competing with one other, the needs assessment phase has been driven by the estimated needs in terms of number and location of health infrastructures which may conceal substantial variations across the country. Given the outdated official census figures, accurately determining the population’s catchment area has been a difficult exercise. Consequently, there could be significant differences in the target populations, resulting in over-estimated or under-estimated budget calculations.

Quite often, needs assessments are poorly understood by the communities and can raise expectations that NGOs will not be able to meet. The issue of transparency and communication as a responsibility shared by all operators is therefore crucial. Over the past few months, a mushrooming of locally based initiatives (forums, committees, etc.) has led to confusion, and in some instances ‘population fatigue’, resistance, and even hostility. This calls for a cautious approach at community level.
Some NGOs have disseminated information on needs assessment processes and spent a considerable amount of time explaining to local populations the rationale behind the BPHS. However, on many occasions, the imperative to submit different applications within a limited timeframe compelled health organisations to bypass good practice, particularly consultation with populations on the location and choice of health infrastructures. For instance, it is not sure whether the strategy to use standardised and pre-built kits for health infrastructures has been adequately thought through. Experience elsewhere demonstrated that these attempts at substitution often turned out to be poorly adapted. Will the kits be appropriate for the geographical and climatic conditions and to the culture? Will they take advantage of the experience of operators familiar with building techniques in the Afghan context?

b) Implementation

The issue of scaling up was discussed in the first report. Again the actual capacity of the NGOs to deliver health services on a large scale is questioned. Competition is likely to produce some startling results; for instance several NGOs with limited field implementation experience will be drafted in as key players at a provincial level. Overall, there are serious concerns that the approval of projects will exceed the managerial capacity of moving beyond a higher level of intensity, e.g. a whole province.

While some NGOs claim that their longer-term presence in Afghanistan allows them to respond effectively to the population's needs, there is a tendency to operate in panic mode, characterised by staff burnout and high turnover rate of expatriates. With these recurrent constraints, the technical capacity to manage the PPA process and re-orientate health facilities towards a competitive environment will require continuity in key personnel and new skills. Experience elsewhere stressed the need for highly experienced managers who possess knowledge in public-private mix issues, quality assurance and health financing.

As contractors are not required to elaborate proposed technical solutions in great detail, ambiguities exist concerning implementation methods. However, in the pre-proposal conferences, the design of pilot cost-recovery schemes, with the objective to gain experience with different models, has been strongly recommended by donors. The sustainability of the supply system will be crucial for contractors. Without a central pharmacy, and in the absence of pharmaceutical supply regulation, ensuring a regular supply of essential drugs in large amounts and on a large scale, as well as quality control will be far from straightforward.

Drugs availability will also require the support of continuous strategies in the aim of increasing rational use. Usually a health system takes time to design, and the same applies for educating key actors and the public about how it is supposed to work. In many areas, encouraging patients to use lower levels of the system rather than hospital services will continue to be a major challenge. Furthermore, the implementation of health projects focused on quality are arduous tasks often involving structural and behavioural changes over a long period. Will sufficient consideration be paid to the time and effort needed to improve the quality of care (e.g. examination, diagnosis and treatment) in weak and overburdened health infrastructures?

Ultimately, at this phase, prospects of contracting may be greatly handicapped by high levels of insecurity and the lack of an efficient banking system, which may severely limit fund disbursements.

c) Monitoring and evaluation

As part of the technical assistance package funded by USAID and implemented through a private foreign contractor.
Credible monitoring of contractual obligations relies on the development of explicit accountability mechanisms between the MOH, contractors and a third party to be nominated. However, there exists, among the NGOs, certain confusion regarding monitoring and evaluation processes. There are also insufficient details on whether a baseline has been determined against which to measure contract performance. Furthermore, criteria and systems to evaluate and reward health centres for their performance or penalise them for under-performance have not yet been clearly defined.

The Monitoring and Evaluation (M&E) unit within the MOH is tasked with the development of the Health Management Information System. Following the nationwide multiple indicators cluster survey (MICS), the target indicators as defined by MOH may be subject to review and changes. It is hoped that, in addition to quantitative indicators, sufficient consideration will be given to the development of qualitative indicators in order to better monitor changes in health needs and priorities.

In other countries, experience has demonstrated the importance of establishing a solid institutional capacity at provincial levels to effectively monitor programmes of such magnitude. Again interviews stressed the need for provincial authorities to be equipped with proper management instruments in order to function within a competitive market, a capacity-building process that can rarely be achieved in a short timeframe.

4 CONCLUSION

In Afghanistan, the imperatives of political transition have created a demand for rapid change in health provision. Government and donors are investing heavily in expanding access to basic health care services. The main targets are services dealing with highest levels of disease, located in remote areas. While a strategy targeting hospitals and urban health care has not yet been designed, one may already question whether future NGO involvement in the management of provincial and regional hospitals is feasible and desirable.

After more than twenty years of conflict, a health system adapted to the country's needs will take time to develop. Obviously some of the changes cannot be achieved by merely introducing more capital, and careful attention must be paid so that international aid does not contribute to future conflicts.

NGOs following the contracting approach will have to make the shift from direct intervention to capacity building, to find a balance between developing capacity at a local level, and being able to quickly expand activities. In this environment, will there be time and space to preserve the quality of health interventions?
FOOD SECURITY AND AGRICULTURE

1  ISSUES RAISED DURING PREVIOUS FIELD MISSIONS

The aim of this mission was to assess how the sector has evolved and put forward a certain number of responses to issues raised during previous field missions:

- How has the guide drawn up during ‘Seed Committee’ meetings been received by NGOs and what is its impact?
- Have local authorities and international organisations made any progress in drought management?
- What attempts and initiatives have been made in favour of micro-credit?
- Is enough attention being paid to extremely fragile agricultural systems, such as high-altitude and rain-fed regions?
- How is the problem of system viability, linked to the withdrawal of implementing organisations, being tackled? This is particularly true for seed multiplication, the implementation of activities both up and downstream of production, the presence of experienced management staff and setting up an autonomous agricultural development system.
- What progress has been made in reducing poppy cultivation?
- What are the selection criteria for Food for Work and Cash for Work?
- How should the issue of food security in urban centres be tackled, for example food supply for Kabul?
- Have the three ministers involved in agricultural issues (Agriculture, Rural Rehabilitation and Development, and Irrigation and Environment) clearly divided up their fields of responsibility?
- How have NGOs devised their action strategy for Afghanistan, and are they coherent with donor strategies?
- How have donors devised their strategy for Afghanistan, and does it relate to that of NGOs?

2  GENERAL OVERVIEW

2.1  THE RAINS RETURN AND … INSECURITY LEVELS RISE

Fortunately, the concern that the droughts in 2003 would persist did not occur. Shortly after the research team returned to France after the second mission (January 2003), there was a period of heavy snowfall, followed by abundant rainfall in most regions. Apart from the Ghor region, where a combination of late frosts and insufficient rainfall produced mediocre harvests, the rest of the country enjoyed record harvests in 2003. Field surveys and flights over rain-fed crops indicate very satisfactory cereal production.
Improved harvests will have an important impact on both the economic and psychological outlook for rural populations, and they have arrived just in time, given that numerous agro-pastoral systems were stretched to the limit. It remains to be seen whether this improvement is sustainable in the long term.

Refugees and IDPs are increasingly returning to their home villages, often leading to heightened pressure on available property. In some cases, farmland and houses have been taken over by other families. The shuras and other systems that promote inter-community dialogue, as well as local law courts, spend much time resolving local property disputes. The risk is that these local disputes will escalate into more serious security issues.

Thus, when one talks about the general situation in Afghanistan, four problems, that incidentally are interwoven, are frequently raised.
- Property disputes
- Rising insecurity
- Increase in poppy cultivation and traffic
- Pressure of the phenomenon of urbanisation on national food security.

2.2 FARMER SELF SUFFICIENCY AND PARTICIPATION OF BENEFICIARIES

Some NGOs are trying to initiate commercial networks by encouraging farmers to buy agricultural inputs themselves at the local market. Rather supplying farmers with inputs, NGOs ask farmers to forecast what their needs will be as a group and then a delegation is dispatched to buy vegetable seeds, for example.

For many years, the only way NGOs encouraged participation was by communicating with the shuras. They are now supporting technical programmes, such as seed multiplication, by helping communities to set up farmers associations. They mainly support communities by helping set up and run the association and by pledging to buy part of the production, depending on certain quality specifications. It appears however that these activities may prompt the creation of a completely artificial sector entirely based on a captive and lucrative market, that of NGOs.

It is evident that as yet not all farmers can aspire to self-sufficiency. NGOs often prioritise families who have recently returned to their villages and they benefit from housing programmes, but also distribution of seeds of improved varieties, or even the possibility of hiring a threshing machine for less than half the price of that offered by Afghan landowners (5% of the harvest, instead of the usual 10%).

There is no doubt that this example of social targeting is judicious. However, current programmes run the risk of overlooking landless farmers and farm labourers who seek work on a day-to-day basis. The latter are excluded from agricultural and house rebuilding projects and have difficulty reintegrating into their village.
2.3 FROM EMERGENCY RELIEF TO RURAL DEVELOPMENT

In this context, one example is frequently quoted and that is the setting up of testing procedures for varieties of corn. Indeed, given that last year, NGOs made the mistake of distributing seeds that were poorly adapted to the climate, the majority are now aware of the need to test seeds prior to distribution. The FAO is partially responsible for setting up a national coordination network for actors involved in comparing the different varieties, since the Ministry of Agriculture has insufficient personnel with the appropriate technical expertise.

The majority of actors foresee the long-term solution (i.e. assistance for local administration so that they may set up grain stores again, thus facilitating a true selection process, and the emergence of a commercial production system and marketing of different varieties) places improving genetic potential of seeds at the very heart of cereal crop practices.

There is one problem facing efforts to improve seeds and that is that farmers are not used to buying seeds. Farmers will try to obtain varieties promising higher yields from their neighbours rather than spontaneously purchasing them at the bazaar.

Another commonly raised problem is the way in which farmers reimburse the seeds that have been distributed. Reimbursements are often made in kind at harvest time but this represents a lot of work for NGOs many of whom had not included this element in their budget. The experience of collecting seeds via the shuras network will be assessed during the next mission.

Alongside agricultural technical programmes, it has also been proposed that NGOs direct their activities towards re-launching commercial networks, such as supplying inputs, supporting processing techniques and marketing cereal crops and other produce (fruit, potatoes, etc.). Micro-credit programmes have begun to be implemented, allowing farmers to buy tools, livestock or inputs. This subject will be further developed in a future mission.

IDPs and refugees still flood into towns on a regular basis, especially Kabul, with inevitable repercussions on security issues, and food security/economic security in particular. There is obviously a pressing need to create an employment sector which is not based on agriculture. This was mentioned in previous missions, including the evaluation of the ‘Uprooted populations’ budget line which involved several members of the current research team. However, it appears that this issue may not really lie within NGO capacity. What is needed is to add new life to services, construction, industry and commerce. However, it is clear that towns still represent a certain attraction for a whole fringe of extremely vulnerable people, and NGOs in liaison with municipal authorities and social representatives, should remain vigilant for this tendency.

In a context of reconstruction and development, it is essential that expatriate teams are relatively stable, that they acquire a good knowledge of the country and that this knowledge is then put to use, for the good of the country.


3 APPROPRIATE PROGRAMME AND ORGANISATION

Numerous programmes are prepared and implemented by teams of Afghan technicians and engineers, under the responsibility of an expatriate worker. There are many examples of sub-offices, or remote bases, which function without a permanent expatriate presence. Expatriate workers may come for a few days a month to be briefed on the activities underway. This system can work very well, on condition that the organisation knows how to stimulate and delegate responsibility to the team. It is also essential that monitoring activities are detailed and involve true listening mechanisms, with activity reports that highlight advances made towards project objectives.

Programmes show a tendency of concentrating their activities on farmers located near the sub-offices, to the detriment of populations living higher up in the valleys, where incidentally poverty levels are often higher. This temptation is even greater when teams of Afghan workers are left to their own devices and programme director's visits are infrequent and poorly organised. The reason put forward for this is the lack of transport links to the remote regions, which only serves to increase the sense of isolation.

Thus, in reality there are:

- Regions that remain extremely vulnerable and could maybe even benefit from a specific type of aid, such as an emergency-type injection of resources. However, for logistical reasons actors rarely visit these regions and this limited exposure prevents them from creating innovative programmes for these forgotten lands.
- More easily accessible regions surrounding the sub-offices where urgent needs have been partially satisfied, thanks to international aid or the populations themselves. One might imagine that the transition towards more development-type programmes might have been made in these regions, yet international actors continue to implement emergency relief programmes, which is partly due to the difficulty organisations have in motivating experienced management staff to work in cut off areas. Indeed, expatriate workers based in remote sub-offices are often young with emergency relief backgrounds.
- Offices in Kabul, where experienced and highly competent management staff are based but who are de facto obliged to spend much of their time in meetings and drawing up 'policy' documents. Field workers would benefit greatly from their increased input.

4 COLLABORATING WITH ADMINISTRATION

Local administration often speak out about their dissatisfaction regarding NGOs, who are accused of wasting resources and sometimes even producing technical errors. The example of a village where hundreds of complaints were generated regarding poor seed quality is often raised.

High-ranking Afghan officials also underline that involving administrative officials in their activities should be a priority for NGOs, but they are also the first to regret declining levels of expertise amongst their staff – 'the Ministries are loosing their grey matter'. There are numerous administrative officials who have been posted in the field but they have insufficient resources to carry out their work. The majority are young, have been trained in Pakistan and have very little experience.

Older and more experienced administrative staff have been recruited by international organisations in Kabul.
Those in charge of agriculture in the provinces would like State officials to be involved in activities as soon as the needs assessment phase commences. Some NGOs inform and involve local officials in vaccination programmes for livestock and State-employed vets are responsible for providing drugs. State administration relies on this collaboration with NGOs in order to steadily acquire equipment and tools.

5 **OPIUM PRODUCTION**

Fifteen years following the withdrawal of the Red Army and ten years after the collapse of Dr. Najibulha’s communist regime, opium production has now expanded into practically all of Afghanistan’s provinces. This boom in poppy cultivation is a relatively new development for Afghanistan and as such, is extremely worrying. The question is how has this been able to occur and how should this problem, which threatens stability on many fronts, be dealt with?

Farmers have turned to opium crops throughout the country. In the northern provinces, where production was already well established, land surface given over to opium crops has increased threefold in some areas, and in some villages in Badakshan, poppy cultivation has replaced cereals and alfalfa on at least two thirds of agricultural land. In regions where poppy cultivation was previously absent, it now represents an important part of the landscape, for example regions north of Bamyan province, central Wardak, the high plateaux in Ghor, etc. Farmers have begun to alternate poppy crops and apple orchards in the magnificent valley of Jalrez.

National authorities are trying to curb this phenomenon but unfortunately the eradication scheme has so far been disappointing and eradication teams have come up against severe security problems. As in other countries, this illustrates that one must not expect immediate results from the drive to wipe out illicit crops. Alternative crops and viable livelihoods are not yet available and when they exist, they are often specifically related to a particular micro-region.

At present, attempts to temper Afghan opium output have failed as opposing forces are by no means negligible. Farmers who are promised compensation in exchange for destroying opium crops often sow large areas of land with poppies merely to benefit from cash incentives. Additionally, poppy cultivation generates substantial revenues for small landowners (US$3,000/season) who would otherwise have to rely on three tonnes of corn (US$450) to feed a family. But there are also negative effects. During the summer of 2003, competition for farm labourers soared with disastrous consequences: US$9-10/day for work in poppy fields versus US$2-3/day in cornfields. In many cases, seed producers were not able to hoe their land, a procedure which is essential for preserving seed quality and purity. In many villages, some of the children no longer attended school, but were busy cutting open poppy heads and harvesting opium resin. In Ghor province, the situation is catastrophic. Farmers obtained seeds, fertilisers and processing products on credit but late frosts caused widespread damage to poppy flowers, seriously affecting harvests. Farmers do not know how they will reimburse their debts, unless it is by selling their land and promising their girls in marriage. Opium production generates substantial amounts of money and this whets small landowners’ appetites. Already, in some districts, old conflicts between local commanders have flared up again and Kalashnikovs are visible once more.
This represents a major challenge for the Afghan State. For farmers, economic conditions are so harsh that they are left with no real alternative and indeed, in some mosques, it is said that given the current economic crisis, farmers are allowed to produce opium for a short period (although not consume it), in the same way that it is possible for travellers to drink during Ramadan.

Experience shows that only an integrated strategy has any chance of successfully creating a climate whereby a policy that encourages farmers to explore alternative livelihoods has any chance of working. This strategy must be based on:

- Identifying niche markets. The current trend is saffron cultivation, which can be highly profitable. However, there are also inherent risks and it requires considerable manpower (it involves collecting pollen from flower stamens), so saffron production is not the solution for everyone.
- Focusing on education and winning the support of religious leaders, via the Mollah, and those in charge of the Shuras.
- Continuing the fight against narcotics consumption which is beginning to emerge in Kabul.

The effectiveness of this strategy will depend upon whether simultaneous efforts are made in order to stem ‘demand’ and repressive action is carried out, not against farmers, but rather mafia networks. This will obviously require a lot of time.

6 CONCLUSIONS AND RECOMMENDATIONS

The recommendations for this sector cover two main elements:

- Management and human resources;
- Technical aspects.

6.1 MANAGEMENT AND HUMAN RESOURCES

It now seems obvious that if an activity is to be sustainable, sustainability has to be an objective from the outset of the programme. One way of achieving this is by ensuring that teams include local managerial staff.
High staff turnover within NGO expatriate teams causes a loss of institutional memory and is all too often bemoaned. In order to counter this decapitalisation, there are two possible options:

- Setting up a system in order to register NGO activities, the methods they employ, local staff and project results, as soon as NGOs arrive in the country;
- Handing over responsibility as soon as possible to the most competent local members of staff.

While logistical constraints remain critical, it is important to avoid setting up sub-offices with unmanageably large geographical sectors. The impracticalities of half-a-day’s travel between the base and agricultural programmes and limited visits from expatriate staff (for example, twice a month) hinder programme efficiency, as previous experience of this kind of system has highlighted. If the organisation cannot ensure permanent supervision for each base, then management systems for local staff must be extremely rigorous, including precise definitions of programmes, continual registration of all activities and frequent briefing with a highly motivated and competent staff.

6.2 TECHNICAL ASPECTS

As soon as the emergency phase is over, free distribution of food, seeds or other agricultural inputs should cease and instead activities should support attempts to start up local economic networks again. Conditions permitting, an interesting solution would be to help local producers organise themselves by setting up farmer associations for example. Priority should also be given to working with local groups, whilst ensuring that the type of organisation is adapted to local traditions. For example, it is important to be aware of the negative connotations linked to ‘cooperatives’ in countries that have come out scarred from the Soviet episode.

Emergency relief should not result in situations of deadlock. The problem of distributions of untested seeds, which led to catastrophic harvests, has produced two main consequences. Firstly, these seeds have not enabled populations to improve their situation, and secondly, NGOs who distributed these seeds have lost all credibility.

There is however another important question and that is how to adapt programmes to a country where equality is somewhat lacking and how to ensure that landless labourers benefit from agricultural security.

Finally, the problem of how to integrate activities into existing economic networks has been raised on several occasions, especially in relation to the recovery of distributed seeds in 2002-2003. Systems controlled by the shuras will be examined in detail during a future mission.
1 INTRODUCTION

Implementing water and sanitation programmes in Afghanistan is still extremely complex, given the highly sensitive socio-cultural implications and variable context. It is an area however where links with other sectors, such as health, agriculture and shelter are of utmost important.

The Water and Sanitation Working Party’s efforts to better harmonise approaches will in the long term have a considerable impact, provided that coordination efforts do not clash with the need to adapt programmes to local conditions.

2 DIFFERENT APPROACHES

Current debate revolves around the two following questions:
- Decision making and technological choices in relation to variable contexts;
- Sustainability and social organisation.

2.1 DECISION MAKING AND TECHNOLOGICAL CHOICES IN RELATION TO VARIABLE CONTEXTS

One of the current debates concerns the choice of technology. Several organisations have invested in providing support for local production of hand pumps, following a similar experience in Pakistan. The idea is excellent in principal, as spare parts can be provided locally. However, options are for the moment limited to one type of pump, and thus certain contexts. It is essential that more options be made available to hydraulics engineers in Afghanistan, by introducing alternative models, but this will inevitably come at a certain cost.
2.2 SUSTAINABILITY AND SOCIAL ORGANISATION

This aspect of water and sanitation programmes remains fraught with difficulties, including:
- Technology. How to choose between the different technologies available in order to limit risks and/or maintenance costs (given that the latter two strategies are not always compatible)?
- Organisational. What system should be set up for managing water points, given that populations are accustomed to free handouts and furthermore, aid organisations often only have a very restricted (if not inexistent) access to women.

3 CONCLUSIONS AND RECOMMENDATIONS

Given the arid and complex hydro-geological context in Afghanistan, water and sanitation programmes will be studied in greater depth during a future mission before drawing any conclusions.
INTRODUCTION AND REMINDER

The two previous Quality Project missions highlighted both the advantages and limitations of reconstructing shelter in Afghanistan via a purely ‘architectural’ approach.

During the reconstruction process, NGOs responsible for shelter were obliged to take into account guidelines imposed by certain donors and international agencies when designing their programmes.

The main ‘critical points’ in the reconstruction process involve the identification of ‘extremely vulnerable people’, the fact that participatory practices are often limited to reducing a project’s recurring costs (unskilled work force, transport) and insufficient levels of monitoring.

International solidarity organisations find in emergency situations that in order to respond to the range of needs, their functions are limited to a vast network of logistical operations. During the first eighteen months of reconstruction operations, the housing situation was so extreme that actors had no choice but provide building materials in exchange for beneficiary participation. These activities were indeed part of a more extensive aid system aiming at assisting returnees and encouraging refugees to return.

Various studies carried out on refugees and IDPs who returned to Afghanistan in the very first waves indicate that the majority were poorly integrated in the social and economic fabric in the host country (farmers, unskilled labourers). This group often lost all their possessions during exile and therefore shelter projects represent an indispensable support for their reintegration. Meanwhile, many were motivated to return for economic reasons and support consisting only of shelter kits proved to be insufficient if the area of return offered few openings for employment.

In 2003, despite the recommendations put forward by some operators in their activity reports, the composition of shelter kits tend to depend on goods supplied by international organisations. Nowadays, in some regions, these projects are struggling to find beneficiaries due to insufficient demand. Furthermore, having launched this type of project on a wide scale, the main donors have induced a certain inertia amongst NGOs who otherwise might have adopted a different approach. However, for some organisations, especially the UNHCR, the recommended strategy for 2003 focuses on improving beneficiary participation in the projects.

LESSONS LEARNT FROM THE THIRD MISSION

Observations that were made during the two preceding missions are still applicable.

On the one hand, beneficiary selection does not always correspond to the criteria established by donors who are trying to reach ‘most vulnerable people’. Vulnerability remains a vague notion, insofar as it is based on a multitude of indicators, including economic situation, health, social integration, etc.

Within the framework of reconstruction in Afghanistan, owning property, on which a family’s development is based, is still one of the main criteria determining whether families benefit from
shelter projects or not. As a result, a whole stratum of financially vulnerable people (the unemployed, the landless) is excluded, although a sense of family solidarity may partially compensate for the effects of this exclusive selection criteria (many families offer lodging, albeit temporarily, to extended family members).

Economic vulnerability also depends upon whether a family has access to land. According to a study carried out in 2003\(^7\) in central Afghanistan, 24% of families do not possess any land and roughly 30% own less than one jerib\(^8\). Only 12% of the population possesses more than six jeribs.

In urban contexts, and Kabul in particular, for returnees seeking accommodation the process is even more complex. For those who have lost everything, reinstallation commences by renting a house, generally in the east of the capital (District 6). But over the past 18 months, rent has risen dramatically (+300%), thus excluding a large part of the population. Families who do not own their own property and who rent houses are extremely vulnerable, as they have no security preventing landowners from increasing the rent arbitrarily and evicting them at will.

Faced with such pressing accommodation problems, returnees tend to lodge with family members (staying in an overcrowded family house or in a tent installed on the property) or to squat in abandoned public buildings. Interviews carried out in District 3 and 7 of Kabul indicate that if a family member receives a shelter kit, this, along with better job opportunities in the capital, incite other members of the family to return from exile. Studying these survival strategies in urban areas\(^9\) and understanding what prompts people to return from exile should provide an interesting basis for future shelter projects implemented by NGOs.

From an institutional viewpoint, the main actors involved in shelter, namely the MUDH (Ministry of Urban Development and Housing) and the World Bank, have developed respectively, a normalisation policy for individual housing (distribution of standard kits), and the programme for the improvement of housing and urban infrastructure in three cities in Afghanistan. This latter programme, still in development phase, is exclusively aimed at the private sector, yet, given the exponential rise of Afghan NGOs (as private non-profit institutions), it is highly probably that many NGOs will submit tenders to this programme, for fear of seeing their role reduced to one of project manager or contractor.

Finally, the decision to operate beneficiary selection via community structures, such as the Community Forums, has negatively impacted the process of reintegrating hamlets. Many small villages undergoing a reconstruction process do not have sufficiently large populations to constitute a CF and therefore tend to be overlooked by NGOs.

Several beneficiary selection processes have been employed by aid actors, each pertaining to a restricted field of validity.

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\(^7\) Social and economic survey on five districts of central Afghanistan, UNAMA-Solidarités, 2003

\(^8\) Jerib, the Afghan unit of land, donating a fifth of a hectare.

\(^9\) Kabul case study, *Towns at war, wars in towns*, December 2003
Table 1: Comparative advantages of different beneficiary selection methods

<table>
<thead>
<tr>
<th>Intermediary</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Leader (Wakil)</strong></td>
<td>Support for and recognition of traditional decision making structures</td>
<td>High risk of patronage</td>
</tr>
<tr>
<td><strong>Project management committee</strong> <em>(Shura + Administration + NGO)</em></td>
<td>Responsibility handed over to communities</td>
<td>Does not allow for control of building material quality</td>
</tr>
<tr>
<td></td>
<td>Flexibility: families select their own building materials and housing layout; beneficiaries negotiate purchase prices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rapid implementation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enables the NGO hand over part of the logistics, thus liberating resources for monitoring</td>
<td></td>
</tr>
<tr>
<td><strong>Self-registration + survey + management committee</strong></td>
<td>System based on multiple controls which guarantees that beneficiary selection conforms with NGO criteria</td>
<td>Highly complex system which lacks clarity according to beneficiary populations</td>
</tr>
<tr>
<td><strong>Survey carried out with all families</strong></td>
<td>Reliable selection system</td>
<td>Lengthy and costly procedure</td>
</tr>
<tr>
<td><strong>Community Forum</strong></td>
<td>Allows population to validate and understand a system put in place by aid actors</td>
<td>Danger of overlooking isolated communities</td>
</tr>
</tbody>
</table>

Analysing some of the pilot projects has uncovered new lessons:

- Including a donation of money within a shelter kit is a pertinent decision. It enables people who do not have the capacity of carrying out their own building work (single women, disabled persons) to hire skilled labourers and to provide meals for those who volunteer to help them.
- Certain building materials are more important for beneficiaries than others, for example beams. Other materials can often be acquired by the beneficiaries without NGO support.
- Building work: yet again, many projects highlight the fact that rehabilitation and reconstruction work cannot be carried out without an intricate and continuous monitoring system. Much construction work is still of very poor quality and in areas where anti-seismic techniques should be employed, many buildings are still well below standard.

3 REINSTALLATION OF LANDLESS POPULATIONS

The most vulnerable households include landless labourers, families who do not own their own house or those living in areas where eviction procedures are underway. This last scenario is occurring in Bamyan where some of the population live in caves located close to the famous Buddha statues.

One of the solutions put forward for these families is to re-house them in ‘new human settlements’, created and built entirely by NGOs.

In the case of the re-housing scheme for some Bamyan inhabitants, human settlements are composed of 105 standard adjoining houses and latrines. Other types of infrastructure are not included in the plans. A standardised approach and principals have been adopted for developing this neighbourhood, practically identical to that used for designing refugee camps.
This 'camp' will provide permanent homes for several hundred people, yet its location on an arid plateau, several kilometres from the town of Bamyan, has been dictated by property opportunities. In order to estimate how viable this site is, several factors must be taken into consideration. Firstly, access to a labour pool is essential, so that families without access to land can travel to the bazaar in search of work.

Other questions which should be raised include whether the configuration of the houses and the way in which the site has been developed allow families to expand or to build on additional rooms. Does the site permit water provision or will residents have to invest in a water supply system, in which case the price and upkeep would have repercussions on water rates? In this type of context, the recommended solution is to build water reservoirs that will be managed by a cooperative or the inhabitants in general. In any case, this presupposes a certain level of social organisation, technical support and a public awareness campaign. In addition, given that site is located on a plateau in a mountainous region where temperatures drop well below freezing in winter and the houses do not have protective walls, will this development provide suitable living conditions for the inhabitants? And finally, it is also important to take into account Afghan family traditions. For example, houses are generally surrounded by walls that are sufficiently high to prevent people from looking in, which is linked to purdah\(^\text{10}\) (reclusion of women). Preserving family intimacy is at the heart of shelter design and construction.

Placing high concentrations of extremely poor families in a somewhat hostile environment might provoke its rapid decline into an underprivileged neighbourhood. At the time of our site visit, families had not yet moved into their new accommodation. Further observations of this type of project, which is indeed a pilot project in the case of Afghanistan, would shed light on how populations develop and adapt to their new environment.

4 UNDERSTANDING CONTEXTS, ADAPTING PROGRAMMES

Conflict related population displacement generally has long-term repercussions, provoking widespread population redistribution and significant economic changes. At the current phase of reconstruction in Afghanistan, a good understanding of how the hardest hit regions have been transformed by the conflict, and of town-country relationships is essential for ensuring a greater efficiency, thus enabling development.

In the study area (Bamyan and Shibar districts), on balance, overall migration is showing a negative tendency, indicating that the most vulnerable populations in economic terms (landless peasants, small landowners from rural areas) are tending not to return to their homes. In each of the villages visited, roughly half of the inhabitants have returned home.

\(^{10}\) Purdah manifests itself both structurally, by building walls around houses, and socially, by restricting visual or physical contact between the sexes.
In many cases, people have chosen to remain in urban areas, where they moved to during the conflict, as employment opportunities are better (Kabul, Mazâr Charif, Pulikhunri). Rebuilding economic activity in central Afghanistan is hampered by stiff international competition (exports from Pakistan and Iran) and a complete transformation of the principal trading centres (trading has swollen in towns that were less affected by the conflict to the detriment of those that were). This new context leaves few openings for rural economies in the central region which is struggling to recover from the conflict. This has had several visible effects:

- Landless rural populations have become increasingly dependent on neighbouring towns, as indicated by high levels of commuting. Given experience in other similar contexts, in the long term this type of back and forth displacement could well lead to permanent settling in towns.
- Agricultural produce is barely competitive. The productivity of small-scale farmers (potatoes, rice, fruit) is so low that their produce cannot be exchanged on urban markets (for example Bamyan bazaar), but is restricted to the villages (barter). There are numerous obstacles facing local development, such as insufficient water for irrigation, lack of available farmland, prevalence of small plots of land with low productivity, loss of capital previously invested in rural development (for example, irrigation systems, etc.), unsophisticated agricultural and artisan techniques. The rural economy in central Afghanistan has suffered from the consequences of the conflict and much of the region’s potential (natural resources such as coal, salt, marble, medicinal plants, etc.) remains largely underdeveloped.

As illustrated, it is essential to understand a town in relation to its hinterland, and vice versa. This implies above all that urban developers should look beyond the town to the surrounding countryside, and similarly, rural development (agriculture, infrastructure, etc.) must also take into account changes occurring in towns. For a region such as central Afghanistan, urban centres must find a way of restructuring rural economies, especially subsistence and commercial farming, which have the most significant impact on medium-sized towns.

5 CONCLUSION

The second half of 2003 will be pivotal, as emergency shelter programmes draw to an end. In this transitional phase between emergency relief and development, shelter should not be overlooked as it constitutes an important element for Afghan families, in terms of health, economy and social development.

Reconciling support and reintegration via employment and targeting extremely vulnerable people for cash donations is what is at stake for reconstruction programmes. Retaining a flexible approach has often proved the key to success for shelter reconstruction projects. The first indications of improved beneficiary participation and delegating responsibility represent a step in this direction. This dynamic should be pursued and development-type approaches proposed (see annexe B, Quality Project in Afghanistan, First Mission Report).
Experience in Afghanistan has shown that shelter projects represent an opportunity to stimulate local economy (support provided for setting up small business\textsuperscript{11}) and that they are also instrumental in generating mutual aid amongst communities. This has prompted some organisations\textsuperscript{12} to bolster existing support systems, giving them the title of ‘Mutual Help Groups’. They are responsible for managing individual savings and credits for improving shelter, whilst simultaneously boosting local economy\textsuperscript{13}.

Other activities should be carried out in parallel in order to stimulate job creation on a local level and enable populations to progressively work towards rehabilitating and improving their habitat, which in turn requires social measures, a fine understanding of the region’s potential and an in-depth analysis of economic processes.

\textsuperscript{11} North of Kabul, in the Shamali plain, 4 of the 6 carpentry workshops which were created when a shelter project of 3,000 houses was implemented, were still running even once the project had terminated.

\textsuperscript{12} UNDP, UN Shelter, Ministry of Rural Rehabilitation and Development, \textit{Shomali Plain Shelter Recovery Programme}

\textsuperscript{13} See Quality Project in Afghanistan, Second Mission Report.
CONCLUSION
I OVERVIEW

Afghanistan finds itself once again at a crossroads, teetering between peace and war, democracy and obscurantism, emergency relief and human development.

Although there is a real risk that other crises and priorities (such as Iraq) might cause budget lines to dry up, making it virtually impossible for pledges made in Berlin or Tokyo to be fulfilled on time, it is essential that Afghanistan does not slide into second or third place on donor and NGO agendas.

Additionally, it would appear that some of the main donors, such as the World Bank, have selected Afghanistan in order to test certain approaches. New methods, yet to be proven legitimate in the Afghan context, are being imposed in a fairly determined manner, sometimes against the will of Afghan Ministers. As it was once the adventure playground for young humanitarian actors in the 1980's, is Afghanistan in the process of becoming a research laboratory for donors?

Unfortunately insecurity levels continue to rise rendering working conditions increasingly difficult. In the current situation, only the courageous or the foolhardy are prepared to work in Kandahar or Ghazni.

As soon as the government is once again able to dispatch administrative officials to the provinces, it is advisable that NGOs ensure that they are fully involved in their activities. NGOs are often reluctant to integrate public officials into programmes because of lack of necessary skills and the possibility of corruption. Yet even if it tends to slow programmes down initially, involving local officials appears to be an important factor influencing programme sustainability once the NGOs have departed.

2 NEXT STAGE FOR THE QUALITY PROJECT

Four main points should be highlighted for future observation.

- With each mission, the information that is gathered increasingly focuses on points that require developing and issues that have not yet been explored.

- Increasingly complex trends that accompany the country’s political evolution, changing population needs, and finally the partial transition from emergency relief to development, have prompted us to adapt our observation techniques, so as to better understand and account for these changes. The main topics to be analysed are undoubtedly the PPAs, the NSP, town and country planning, and finally the many aspects related to the transition from free aid to more sustainable practices (cost recovery programmes in health care, input marketing systems, granting credit facilities, etc.).
It is important to give some thought as to how to improve the relationship between our observation methods (repeat evaluation with mini-seminars) and the development of the various components of the Quality Management Method which the team is currently in the process of designing. Some extremely interesting and productive work sessions have been carried out with AMI and Solidarités teams. In future missions, more of these sessions will be carried out with other actors.

It is necessary to install a methodology support system for field workers, in particular Afghan NGOs and Ministerial technical departments where demand is high.

3 THOUGHTS FOR THE PRELIMINARY DRAFT OF THE QUALITY MANAGEMENT METHOD

A tentative framework for the Quality Management Method was prepared prior to the third mission, including an analysis of the first few stages of humanitarian aid (decision making and needs assessment phases) and this preliminary draft formed the basis for discussions with field workers. Some of the most poignant observations are outlined below.

When drafting the final version and especially when diffusing the method for quality management, it is essential to bear in mind the main targeted users, that is expatriate workers.

- They tend to be merely passing through the humanitarian aid system
- They rely heavily on spontaneity and their feelings
- They are generally young and inexperienced

The Quality Management Method must be very practical, tangible, even recreational.

This method concerns humanitarian interventions throughout their lifetime, from preliminary analysis to final evaluation. This implies that the Quality Management Method is aimed at all actors within an organisation, from the Director (experienced, professional humanitarian aid worker) to expatriate workers (young, voluntary, temporary positions). This also will have an impact on the format of the Quality Management Method, in that it has to be extremely user friendly.
# ITINERARY AND LIST OF INTERVIEWS

## Health and nutrition team

<table>
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<tr>
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<th>Activity</th>
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<td>Paris – Dubai</td>
<td>Preparation of departure for Jallalabad</td>
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<td>11/08</td>
<td>Dubai – Kabu</td>
<td>Contact with MADERA and preparation of field visits</td>
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<tr>
<td>12/08</td>
<td>Kabul – Jallalabad</td>
<td>Interview with H. Gibson, Head of PMI, HNI; Dr A. Tirawal, Health coordinator, OMS</td>
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<tr>
<td>13/08</td>
<td>Jallalabad – Kabul</td>
<td>Interview with Dr H. Kadir, HNI; Dr N. Zahir, Ministry of Health; Dr S. Ahmad, Ibn Sina</td>
</tr>
<tr>
<td>14/08</td>
<td>Kabul – Bamiyan</td>
<td>Interview with Dr. A. S Bahrami, HNI</td>
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<td>Discussions with expatriate personnel, AMI</td>
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<td>16/08</td>
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<td>18/08</td>
<td>Bamiyan – Yakawlang</td>
<td>Interview with M. Pomarel, Programme coordinator, MDM</td>
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<td>Interview with E. Daly, Health coordinator, CICR</td>
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<td>Organising interviews, Bamiyan</td>
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<td>21/08</td>
<td>Bamiyan – Kabul</td>
<td>Interview with M. Hamanullah, Ibn Sina; MSF-F team; N. Strudder, Nursing manager, CICR</td>
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<tr>
<td>22/08</td>
<td>Bamiyan – Kabul</td>
<td>Visit of Shuhada hospital, Yakawlang</td>
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<td>24/08</td>
<td>Kabul – Dubai</td>
<td>Organising interviews</td>
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<tr>
<td>25/08</td>
<td>Kabul – Dubai</td>
<td>Interview with Dr R. Bupathy, Head of health sector, AKDN; X. Crombe, MSF-F</td>
</tr>
<tr>
<td>26/08</td>
<td>Kabul – Dubai</td>
<td>Workshop on Quality Management Method, AMI and MRCA</td>
</tr>
<tr>
<td>27/08</td>
<td>Dubai – Paris</td>
<td>Interview with I. Hemming, Coordinator (Hospital survey), MSH</td>
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</table>

## Food security and shelter team

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<th>Location</th>
<th>Activity</th>
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<tr>
<td>13/08</td>
<td>Jallalabad</td>
<td>Madera - Meterlam, with Engineer Moqamuddin, Rabi Shafizad, Agricultural director Jallalabad, Niaz Mohamed Shahed</td>
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<tr>
<td>14/08</td>
<td>Kabul</td>
<td>Team briefing</td>
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<tr>
<td>15/08</td>
<td>Kabul</td>
<td>FAO, Head of emergency agricultural activities</td>
</tr>
<tr>
<td>16/08</td>
<td>Bamiyan</td>
<td>FAO, Head of emergency agricultural activities</td>
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<tr>
<td>17/08</td>
<td>Bamiyan</td>
<td>Solidarités, Engineer Mayar</td>
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<td>18/08</td>
<td>Bamiyan</td>
<td>Solidarités, Engineer Mayar</td>
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<tr>
<td>19/08</td>
<td>Bamiyan</td>
<td>Field visits, shelter, discussion with beneficiaries</td>
</tr>
<tr>
<td>20/08</td>
<td>Bamiyan</td>
<td>Field visits, Solidarités, agronomist Sylvain</td>
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<td>21/08</td>
<td>Bamiyan</td>
<td>Director of agricultural services</td>
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<tr>
<td>22/08</td>
<td>Bamiyan – Kabul</td>
<td>Shobar agriculture base, AKDN shelter programme, discussion with beneficiaries</td>
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<tr>
<td>23/08</td>
<td>Kabul – Dubai</td>
<td>Field visits, Solidarités, agronomist Sylvain</td>
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<tr>
<td>24/08</td>
<td>Dubai – Paris</td>
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1. INTRODUCTION

Groupe URD’s multidisciplinary team is carrying out an operational research programme: the “Quality Project”. This project is implemented in partnership with several humanitarian NGOs and based on a continuous interaction with international institutions. One of the objectives of this research is the conception of a self-evaluation and self-learning tool, designed, above all, for aid workers. Its objective will be to improve the implementation of a project cycle as a whole. This tool shall be based on a questioning process, in that the Quality Project seeks to identify the key questions to ask at each critical phase of a project cycle. The overall goal of this operational research is to improve the service provided to aid beneficiaries. It is important not to confuse the process for the elaboration of the Quality Project tool linked to the IEMS, and a typical evaluation process.

In order to implement this operational research, the Quality Project team is carrying out several missions in Afghanistan, as well as in other countries. This makes it possible to meet aid agencies working in various sectors and various contexts. The missions consist of project visits, interviews with project staff, with local authorities, with aid recipients, as well as workshops to provide feedback and initiate debates, and the dissemination of mission reports. These are all modalities for the collection of information necessary to elaborate of the Quality Project tool.

Following the Quality Project's first missions in July/August 2002 and January/February 2003, a number of feedback sessions took place in Kabul and Paris. At the end of both missions, mission reports in French and English were circulated.

The content of these reports is the raw material on which the Quality Project Team is currently developing the Quality Management Method. Additional information is still required on the impact of programmes and on the diversity of strategies. The Quality Project Team is therefore planning to conduct a third mission in Afghanistan. The present document describes the Terms Of Reference of this mission.

2. GENERAL OBJECTIVES OF THE THIRD MISSION

The Quality Project is based on two pillars:
- developing the Quality Management Method, inspired by the ‘Quality Insurance’ approach;
- iterative evaluation with mini seminars (IEMS).

The characteristics of these pillars are presented below:

<table>
<thead>
<tr>
<th>IEMS</th>
<th>Quality Management Method</th>
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<tbody>
<tr>
<td>Why?</td>
<td>Inter-agency learning</td>
</tr>
<tr>
<td>By whom?</td>
<td>External evaluation</td>
</tr>
<tr>
<td>For whom?</td>
<td>Several NGOs</td>
</tr>
<tr>
<td>When?</td>
<td>Three separate visits</td>
</tr>
<tr>
<td>How?</td>
<td>Collection of lessons, Learning through mini-seminars, Capitalisation through reports</td>
</tr>
</tbody>
</table>

This mission aims to meet a number of objectives.

2.1. Objective No1: To continue the process of IEMS.

2.2. Objective No2: To collect complementary information to support the identification of the critical points and the development of the questioning tool.

2.3. To share and discuss the result of this mission and the preliminary elements on the Quality Management Method.

3. TEAM MEMBERS' SPECIFIC OBJECTIVES

3.1. Cross cutting issues to be treated by all team members
- Analysis of exit strategies and IRRD;
- Interactions between NGO and Afghan Authorities;
- Sectoral Coordination;
- Gender;
- Protection,

3.2. Health, nutrition and sanitation
- Follow-up of the PPA process;
- Integration of nutrition within national health policies and programmes;
- Integration of water and sanitation within national health policies and programmes.

3.3. Food security and food aid
- Preparation and implementation of “seed” programmes for autumn 2003 and spring 2004;
- Evolution of FFW/Food Ac/Cash for Work programmes;
-Evolution of diversification programmes and strategies;
- Efforts concerning substitution activities to reduce poppy production;
- Analysis of the surveillance and early warning systems.

3.4. Habitat and Shelter
- Adaptation of programmes to massive population arrivals;
- Analysis of the sustainability of programmes for the strengthening of local production and construction capacities;
- Situation analysis on the specific case of Kabul (shelter and urban organisation, management of population arrivals, etc.).

4. METHODOLOGY
The team will:
- visit projects;
- meet beneficiaries;
- discuss with aid actors;
- discuss with national and local authorities.

5. CALENDAR
5.1. Preparation of the mission
This preparation has started with the mission team’s internal workshop, at the end of July 2003, leading to the present Terms of Reference and to the initial phase of the design of the prototype of the Quality Management Method. Various tasks have also been planned for the period before departure:
- Communication of the draft Terms of Reference in French and English to NGOs, to obtain potential feedback;
- Logistic organisation of the mission;
- Updating of the literature review.

5.2. Mission implementation
The mission has set itself the following calendar:

<table>
<thead>
<tr>
<th>Week</th>
<th>Location</th>
<th>Team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-17/08</td>
<td>Kabul / Shamali/ Jalalabad</td>
<td>C. Bouquet, C. Dufour, E. Levron, F. Grunewald, B. DeTorcy</td>
</tr>
<tr>
<td>18-23/08</td>
<td>Badakshan</td>
<td>C. Bouquet, F. Grunewald</td>
</tr>
<tr>
<td>18-23/08</td>
<td>Narhin / Bamyan</td>
<td>E. Levron, B. de Torcy</td>
</tr>
<tr>
<td>25/7</td>
<td>Workshop in Kabul</td>
<td>C. Bouquet, E. Levron, F. Grunewald, B. DeTorcy</td>
</tr>
</tbody>
</table>

5.3. Post-mission activities
The team will then take one month to prepare the mission report in French and English. A feedback session will take place with partner NGOs in Paris, about 6 weeks after the mission’s return.