

Caritas Australia in Afghanistan September 2012

This brief provides recommendations to continue support for effective NGO development approaches in Afghanistan in order to protect the investments made in Afghanistan over the past decade and ensure that development gains made to date are not lost. In the context of transition Caritas is looking retrospectively at their development achievements in Afghanistan and how their projects have contributed to delivering on the MDGs. The brief also looks forward to the 'transformation decade' (2015-2025) and the implications and challenges this may have on NGO activities and development.

Recommendations

Improving Service Delivery for the Poorest through Partnerships

The reliable provision of essential basic services, particularly in health and education can serve to build trust between communities and authorities at all levels. Whilst civil society certainly has a role in questioning the role of the state it is important that they also have faith in the state to deliver on their social contract. The legitimacy of the government could hinge in part on the successful continuation of service provision throughout and after transition; in addition failure to deliver on services can cause instability. Key services such as healthcare and education are currently almost entirely funded by international donors. As a result of this investment, considerable achievements have been made towards the MDGs and a solid foundation for service delivery has been established. However these gains will be threatened if the Afghan Government has no strategy for ensuring an uninterrupted delivery of essential services to the Afghan people. It is also crucial that the donor community supports the delivery and development of basic service provision in well-coordinated ways both through the Government and through bilateral partners. One way of achieving this is through partnerships between communities, civil society, government, donors and NGOs. The Caritas network is currently working through its network partners to deliver on a number of health and education programs in partnership with the government that has delivered successful results. These include community based education (CBE) and the Basic Package of Health Care Services (BPHS).

Role of Civil Society in the Transformation Decade

In light of withdrawal Caritas supports an increased focus on the poorest and most marginalised segments of Afghan society as opposed to one largely focused on the Australian diggers. In particular Caritas see value in highlighting the role that civil society has to play in ensuring a successful transition. The success of withdrawal relies upon the transition to Afghan leadership, much of which must be exercised at the local level given the decentralized nature of the Afghan political structure. Civil society engagement and participation are therefore necessary to encourage government transparency and in order to make programs more responsive to people's needs. An active functioning civil society is essential to the delivery of equitable development and the achievement of the MDGs.

However civil society capacity building needs to happen in conjunction with local and national governance recognition of their value; since regardless of their capacity civil society will be ineffective if they are omitted from decision making, planning and implementation processes. In light of the fact there will be increased on-budget funding to ministries there is a strong need to build the capacity of line ministries and Afghan institutions and to build stronger connections between district, provincial and federal bodies and civil society. In view of the light footprint of central government outside Kabul this should be a priority to ensure effective transition. Ensuring that civil society – often supported by NGOs – has a voice in advocating for these linkages and improved service delivery is a vital step in improving governance. NGOs are well placed as impartial, independent agencies to work with local communities, in particular women, to build their capacity to engage in local level decision making forums. Caritas have a long term presence within Afghanistan and are highly regarded for their close relationships with Afghani communities in both rural and urban areas. The partnership approach exemplified by Caritas network partners through BPHS and CBE demonstrates the valuable role of NGOs in supporting government agencies to eventually assume the management of services with the support and involvement of communities.

Humanitarian Needs and Building Resilience

Due to increasing insecurity and Afghanistan's recurrent exposure to hazards such as drought and flooding, a vast majority of the country's 30.4 million people are chronically or acutely vulnerable. As many as three million individuals are affected by natural disasters, including 2.8 million by recurrent drought. In this context food security is a primary concern for many Afghans especially for the 85% who rely on agriculture for their livelihoods. While humanitarian work should be resourced adequately this should also be accompanied by the expansion of disaster preparedness and disaster risk reduction activities in order to build the resilience of communities, particularly those in rural areas relying on agricultural livelihoods and integrated water security. The weak resilience of affected populations heightens vulnerability making them more susceptible to shocks and increasing humanitarian need. The Caritas network is delivering resilience activities in rural areas within regions that are particularly susceptible to environmental hazards. By investing in resilience donors will reduce the impact of disasters and protect the development advances already made thereby building Afghanistan's chances of delivering on targets related to MDG1 regarding poverty and hunger.

Caritas and the delivery of MDGs in Afghanistan

For over 110 years, Caritas has worked towards the creation of a just world. Caritas is the Catholic Agency for International Aid and Development and was established in Australia in 1964. Currently the Caritas network has three partners that have a well-established presence in Afghanistan. These agencies have been delivering development and humanitarian projects over the last 17 years with the support of agencies like Caritas Australia. Catholic Relief Services (CRS) (the US agency), Caritas Germany and Cordaid (the Dutch Caritas network agency) currently have a presence in Herat, Ghor, Bamiyan, Kabul, Parwan, Uruzgan, Kandahar, Nangarhar, Daykundi and Balkh. This section outlines the development achievements of the Caritas network in contributing towards the MDGs and demonstrates the inclusion of good development practice as outlined in the Recommendations above.

MDG 1 – Poverty and Hunger

The Afghanistan MDG Report (2010) states that poverty rate remains high in rural areas where round 85% of the population live in rural areas and are dependent on agriculture. Unfortunately food insecurity is not uncommon due to the fact that livestock based livelihoods, dependent on rain-fed crops and pasture, are frequently destroyed as a result of recurring drought and flooding. In 2011 Afghanistan experienced its 8th drought in 11 years which exacerbated food insecurity and poverty. Certain regional areas are more prone to disasters and the central highlands, with its harsh climate and remoteness is an area where the poverty level is as high as 45%. Caritas Germany observes that in Daykundi Province, in the central highlands, there exists a long term chronic emergency situation. While they initially worked in the region to provide humanitarian support they have recently started an EU funded three year project to build the resilience of agricultural communities. The project is focused on improving food security and disaster resilience for 4.900 households in Daykundi; a key objective is to generate increased agricultural production by introducing new farming techniques as well as improved seeds. Additionally, natural resource management will be a key point to reduce some of the hazards faced by the population in this mountainous area. This focus on resilience is a key feature of the work of Caritas in order to reduce the vulnerability of populations living in rural areas so that they are better able to deal with shocks such as natural disasters and conflict.

MDG 2 - Education

Over the last nine years, the education sector has experienced a number of achievements unprecedented in the history of the country, particularly in terms of enrolment rates. Today more than 7.3 million children attend primary school compared to 1 million in 2001; 38% or 2.7 million are girls. However enrolment does not equate to attendance or completion and the Ministry of Education is struggling to keep up with growing demand for education, especially in rural areas. Since 2007 Caritas Australia has supported community based education (CBE) and early childhood programs in Afghanistan to complement and supplement state-based services. Community based schools provide basic education to children in remote rural areas who cannot access formal, government support schools. They are particularly valuable for girls who are not permitted to

travel long distances to government schools where teachers are unknown to parents. This education model uses the national educational curriculum and is designed to integrate into the national school system through a handover process to the MoE. Over the past 5 years, roughly 15,728 students (63% girls) have participated in these efforts in 340 rural communities in 14 districts across 4 provinces in Kapisa, Panjshir, Herat and Ghor. In 2008, of 312,600 students enrolled in community-based schools, 64% were girls¹. The Afghanistan MDG Report (2010) proposes that from an analysis of the trend the targets in the education sector appear achievable however it is worth noting that this trend considers existing levels of international aid to Afghanistan which is likely to decrease post transition. The British and Irish Agencies of Afghanistan (BAAG) group report that it is unlikely that Afghanistan can meet MDG2 by 2020 and in order to do so the essential components will be teacher training and CBE.

MDG 4 – Child Health

Cordaid has been delivering a large scale basic health care project in Uruzgan since 2003 called the Basic Package of Health Services (BPHS), supported by the Essential Package of Hospital Services (EPHS). The EC funded project is implemented through Cordaid's partner AHDS in partnership with the community and government. BPHS is community focused with service provision integrated into the community; it also builds the capacity of government service providers who work in partnership with communities, civil society, donors and NGOs; an approach known to be efficient and effective. As a result of this Cordaid project, health care is available in all 7 districts of Uruzgan, including remote and insecure areas and the number of clinics has grown in 8 years from 13 to 21. BPHS is currently being delivered by contract with nongovernmental organizations (NGOs) in 31 of the 34 provinces in Afghanistan² and is attributed to health improvements in Afghanistan. The Caritas network is particularly concerned about the improvement of health services to contribute to child health and focuses on malnutrition and enabling mothers to deliver healthy babies. Achievements in MDG 4 related to a reduction in child mortality and improved maternal health have been reported. Afghanistan's health sector has made a remarkable recovery after years of war and neglect, and the impressive reduction in infant mortality rates counts among the country's success stories however it should also be noted that Afghanistan remains a country with one of the highest infant mortality rates in the world. In order to build upon hard won gains in health and deliver on some of the indicators in the health MDGs there is a need to scale up partnership approaches like the BPHS that are proven to be successful.

Another example of successful partnerships is demonstrated by Caritas Germany's engagement in the mental health sector with a focus on psycho-social counselling for traumatised Afghan men and women. When Caritas Germany started work in this sector in 2004 there was almost no government institution or NGO providing services for people with mental health problems. In the following years, Caritas Germany and its partners set up seven counselling centres in Kabul and 10 more in Herat, Bamyan, Mazar and Jalalabad. In Kabul alone the centres registered an average of 1.500 counselling session per month. While providing direct services to clients, Caritas Germany and its partners also strongly advocated with the Ministry of Public Health (MoPH) to increase its focus on mental health issues. As a result Caritas Germany, relevant stakeholders and the MoPH jointly developed a curriculum for training psycho social counsellors, which is mandatory. In addition the MoPH is currently in the process of including psycho-social counselling into its BPHS.

Challenges post transition

Below is not an exhaustive list of the challenges facing Afghanistan in the coming 'transformation decade' however these have been selected as the issues most likely to impact on the activities of NGOs and the delivery of the MDGs. These factors will be key considerations in Caritas' future engagement in Afghanistan.

While there have been significant achievements in relation to health and education enormous challenges remain - Whilst radical improvements have been achieved in education less than half of school age children are not yet enrolled in school and educational parity exists between boys and girls. It is also worth mentioning that data collection and monitoring of the MDGs in the Afghanistan context is extremely challenging and there

¹ Adam Smith Institute (2010) Education Sector Analysis: Afghanistan

² Afghanistan Mortality Survey (2010)

are major data constraints. The Afghanistan MDG Report (2010), states that the health sector weaknesses due to a weak health system severely slowdown MDG progress in general as the largest number of MDGs and targets are related to health. Therefore investment in effective health programs, in order to achieve the MDGs, should be a priority.

MDG achievements during the ‘transformation decade’ – UN member states have agreed to achieve the MDGs by 2015; Afghanistan was late to sign MDG commitments and has therefore set its MDG targets for 2020 as opposed to 2015. Scrutiny around the extent of Afghanistan’s MDG targets will fall within the ‘transformation decade’. This will be an invaluable opportunity for donor agencies to re-assess the impact of transition on the MDG targets in Afghanistan.

Civil society must be recognized as a key actor - Afghanistan has a vibrant civil society however there is still extensive debate within Afghanistan over the meaning of the concept, in addition women’s engagement in civil society has been limited due to patriarchy and poor education. Investing in women’s leadership is essential to ensure that the gains made by women to date are not lost. NGOs are in an excellent position to nurture civil society, particularly those, such as Caritas, who have been embedded within communities in Afghanistan for many years. The value of investing in civil society to ensure a smooth transition and a stable ‘transformation decade’ should not be underestimated.

Afghanistan is heavily dependent upon foreign aid - According to studies by the World Bank the GDP of Afghanistan is 95% covered by international support composed of international military funds and development aid. Given the dependency of the Afghan economy and Afghan social sectors on foreign aid, there is a risk that after 2014 development gains - notably in health and education will be compromised after military withdrawal. The anticipated reduction of foreign aid is likely to bring economic consequences which must be mitigated by investing in service provision that works and viable livelihoods.

Afghanistan’s system of government is highly centralised - The capacity of the Afghan Government, at national, provincial and district levels, is low and Central Government has little influence outside Kabul and the major provincial capitals. Poor levels of education and qualified personnel, underdeveloped budget planning and implementation capacity, and weak transparency and accountability mechanisms are features of the Afghan Government. These weaknesses directly affect the Government’s ability to deliver services to the population therefore partnerships between NGOs, government and communities to deliver services are essential.

Security in Afghanistan post withdrawal is uncertain - Withdrawal of troops in Afghanistan will have an impact on security; ex-combatants must be reintegrated, women’s rights protected and the accountability of the Afghan National Security Forces (ANSF) is yet to be seen. The International Community at present works on the assumption that the government in Kabul will remain in place in one form or another, either through power sharing or peace agreements. The fact that the former Taliban regime is welcomed in some areas of the country needs to be considered from a security perspective. There will be ongoing challenges for NGOs operating in insecure environments however many like Caritas have been embedded within communities for many years and are highly regarded for their understanding of the local context enabling them to operate more safely.

Afghanistan is challenged by recurrent natural disasters - The Consolidated Appeal for Afghanistan for 2012 calls for US\$448 million to implement 165 projects across the country however half way through 2012, it was only 30 per cent funded. Disaster preparedness and DRR must be expanded to build the resilience of communities so they are better able to respond to shocks. The current lack of clarity within the UN appeal process between ‘chronic vulnerability’ and ‘pure humanitarian needs’ means that there is a grey area where those that are chronically vulnerable are neither eligible for humanitarian nor development funding. A focus on resilience is required and needs a commitment from donors in order to ensure those who are chronically vulnerable can cope with the impact of shocks.