

**Evaluation of Danish Humanitarian
Assistance to Afghanistan
1992-98
Final Report**

Peter Wiles
Louisa Chan
Christopher Horwood
Nicholas Leader

October 1999



Overseas Development Institute
Portland House, Stag Place
London, UK, SW1E 5DP.
Tel: (+44)20 7393 1600.
Fax: (+44)20 7393 1699.
Email: hpg@odi.org.uk
Website: <www.oneworld.org/odi/hpg/>

ACKNOWLEDGEMENTS

Many people contributed to the production of this report. Our thanks go to the many staff of the UN agencies, NGOs, ICRC, the International Federation of Red Cross and Red Crescent Societies, the Royal Danish government and the Taliban authorities, who contributed by answering our many questions, providing documentation and generally helping our work. Special thanks go to the ICRC for facilitating the team's travel to and in Afghanistan and giving us every support during our visit to Kandahar. In Kabul, Jolyon Leslie and the staff of UNOCHA and UNICA were extremely helpful. In Islamabad, Mr de Mul, Mr Donini and Mr de Wulf and their staff gave us every support, and particular thanks must go to Ms Brigitte Neubacher for her patient and efficient organisation of our meetings and logistics in Islamabad. In Peshawar, Niels Harild and Christine MacFadden of DACAAR provided the team with an immense amount of support and help. Birthe Nautrup and Pia Nielsen of T&B Consult in Copenhagen provided the indispensable Danish connection and input, giving us excellent support with documentation and media searches and analysis, translations and arrangements for our many meetings. In London, the Afghanistan Peer Group of Koenraad van Brabant, Peter Marsden and Elizabeth Winter provided us with invaluable briefings on Afghanistan, drawing on their immense range of knowledge and experience. They also provided helpful comments and suggestions on early drafts of this report. Elizabeth Winter's preparatory trip to Pakistan over the Easter holidays 1999 was extremely helpful. The interaction with our colleagues on the ODI Sudan case study was also very helpful and Margie Buchanan-Smith's support and advice were unfailingly positive and valuable throughout. Finally, many thanks must go to Kanwal Amara-Bangali for her commitment, care and good humour in terms of support throughout the whole evaluation process.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS.....	v
GLOSSARY	viii
EXECUTIVE SUMMARY	xi
1. INTRODUCTION AND METHODOLOGY.....	1
2. OVERVIEW OF THE COMPLEX POLITICAL EMERGENCY IN AFGHANISTAN	3
3. OVERVIEW OF THE INTERNATIONAL HUMANITARIAN RESPONSE	5
4. OVERVIEW OF DANISH HUMANITARIAN ASSISTANCE	13
5. HEALTH PROGRAMMES SUPPORTED BY DANIDA	15
5.1 Introduction and Context	15
5.2 Effectiveness and efficiency	17
5.3 Appropriateness and relevance	19
5.4 Targeting	21
5.5 Coverage	22
5.6 Adequacy	24
5.7 Monitoring and evaluation.....	25
5.8 Coordination within the sector.....	27
5.9 Connectedness.....	30
5.10 Advocacy	31
5.11 DANIDA’s Support	31
5.12 Main findings	32
5.13 Recommendations.....	33
6. MINE ACTION PROGRAMMES SUPPORTED BY DANIDA.....	35
6.1 Introduction and context	35
6.2 Effectiveness	36
6.3 Appropriateness and relevance of mine action assistance	40
6.4 Targeting	40
6.5 Coverage	41
6.6 Adequacy	42
6.7 Quality.....	45
6.8 Coordination within the sector.....	46
6.9 Efficiency of responses	47
6.10 Connectedness.....	49
6.11 Coherence	50
6.12 Advocacy	51
6.13 DANIDA’s support.....	52

6.14	Conclusions.....	52
6.15	Recommendations.....	52
7.	UN COORDINATION	55
7.1	Introduction.....	55
7.2	UN Coordination in Afghanistan	55
7.3	Programme Coordination.....	58
7.4	Coordination and principles.....	62
7.5	Strategic Coordination and the Strategic Framework.....	67
7.6	The Role of Donors.....	70
7.7	The Question of Mandates	71
7.8	DANIDA’s involvement in UN coordination in Afghanistan	72
7.9	Conclusions and recommendations.....	73
8.	NGO COORDINATION	75
8.1	Introduction.....	75
8.2	Context.....	75
8.3	Coordination structures.....	76
8.4	NGO Coordination in practice	77
8.5	UN/NGO coordination.....	78
8.6	NGO Coordination and the PCP	79
8.7	ACBAR.....	80
8.8	Danish NGOs in Afghanistan	82
8.9	DANIDA’s involvement in NGO Coordination	83
9.	PROGRAMME PLANNING, MONITORING & EVALUATION	85
10.	HUMANITARIAN ASSISTANCE AND CONFLICT PREVENTION	87
11.	ADVOCACY AND THE MEDIA	89
12.	DANIDA’S MANAGEMENT OF ASSISTANCE TO AFGHANISTAN	91
13.	CONCLUSIONS.....	97
14.	RECOMMENDATIONS TO DANIDA.....	101
	REFERENCES	103
	APPENDIX I : TERMS OF REFERENCE FOR EVALUATION OF DANISH HUMANITARIAN ASSISTANCE TO AFGHANISTAN.....	117
	APPENDIX II: NOTES ON AGENCIES.....	121
	APPENDIX II/1: UNHCR Afghanistan	122
	APPENDIX II/2: WFP In Afghanistan.....	127
	APPENDIX II/3: The International Red Cross/Red Crescent Movement In Afghanistan	134
	APPENDIX II/4: UNOCHA Flight Operations.....	137

APPENDIX III: LIST OF INTERVIEWEES AND EVALUATION TIMETABLE	141
APPENDIX IV: CHRONOLOGY: POLITICAL, ECONOMIC AND SOCIAL DEVELOPMENTS IN AFGHANISTAN	147
APPENDIX V: DETAILS OF DANIDA 'S FINANCIAL APPROPRIATIONS TO AFGHANISTAN	155
Table V/1: Overview of DANIDA Appropriations: 1992-1998. United Nations Organisations - Afghanistan	156
Table V/2: Overview of DANIDA Appropriations: 1992-1998. Danish NGOs - Afghanistan	157
Table V/3: Overview of Danish Humanitarian Appropriations to UN Organisations	159
Table V/4: Overview of Danish Humanitarian Appropriations 1992-1998 to NGOs and Red Cross Societies	160
Table V/5: DANIDA NGO Budget Line Development Appropriations (STS3) 1992-1998.....	161
Table V/6: DANIDA Funding To Agencies In Afghanistan 1992-98.....	162
APPENDIX VI: DANISH MEDIA REVIEW.....	163

FIGURES

FIGURE 1.1 Map of Afghanistan	x
FIGURE 1.2 Overview of Danish Humanitarian and Development Appropriations 1992-98	13

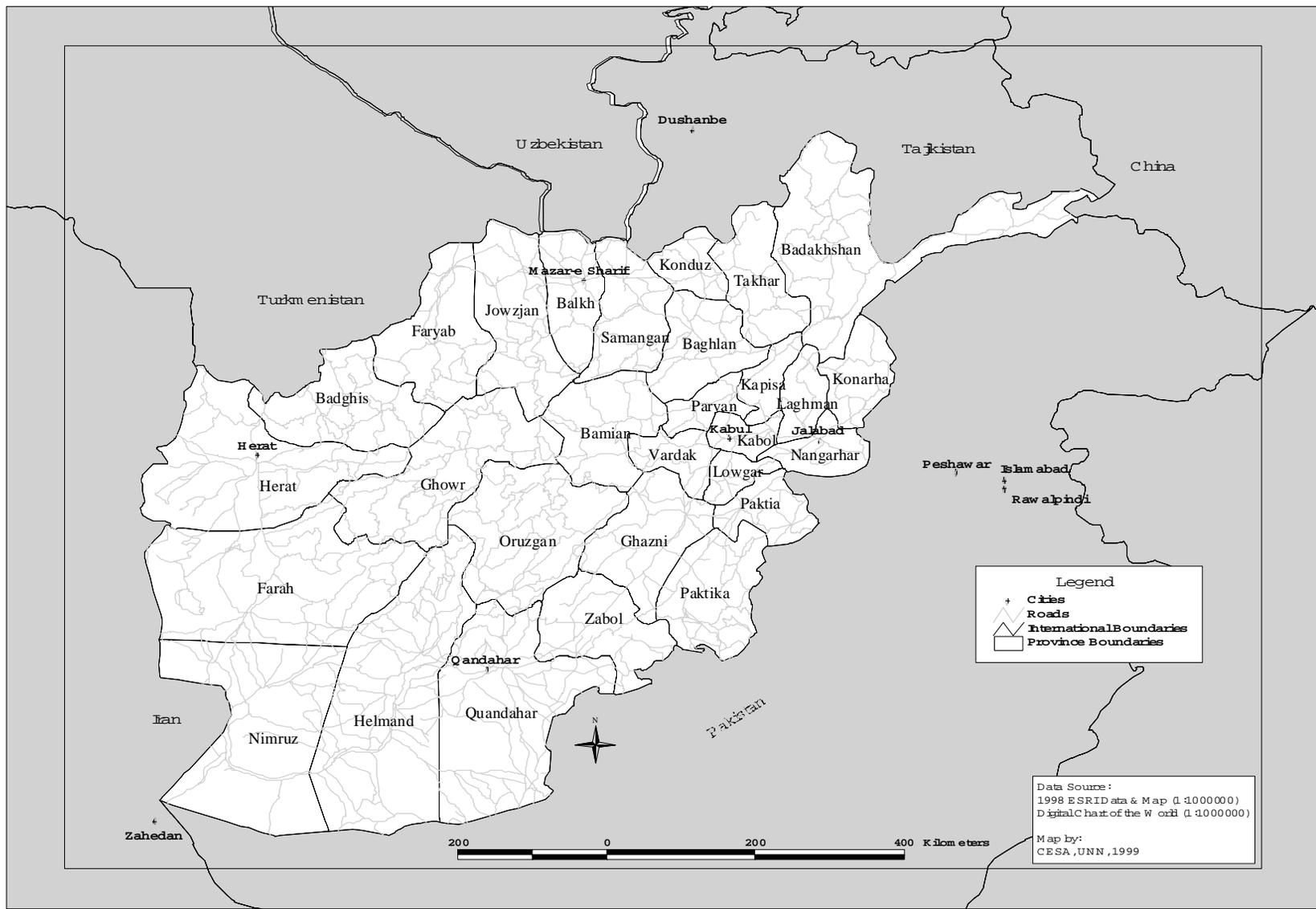
TABLES

TABLE 3.1: Vital statistics, 1998.....	5
TABLE 5.1: Discrepancies between reported and surveyed measles coverage	18
TABLE 5.2: Regional distribution of Midwives and TBAs	23
TABLE 6.1: MAPA Clearance Targets and Results.....	38
TABLE 6.2: Mined Areas by Type and Areas Cleared, 1998 (sq Km)	42
TABLE 8.1: Overview of Afghanistan Coordination Bodies – Membership and Location	77

GLOSSARY

ACBAR	Agency Coordinating Body for Afghan Relief
ACC	Administrative Committee on Coordination
ACF	Action Contre la Faim
ADA	Afghan Development Association
AFP	Acute Flaccid Paralysis
AHDS	Afghan Health Development Services
AMAA	Afghan Mine Awareness Agency
AMI	Aide Médicale Internationale
APB	Afghanistan Programme Body
ARCS	Afghan Red Crescent Society
ASG	Afghan Support Group
ATF	Afghanistan Task Force
ARI	Acute Respiratory Infections
AVICEN	Afghanistan Vaccination and Immunisation Center
ATC	Afghan Technical Consultants
CIET	Community Information and Epidemiological Technologies
DAC	Danish Afghanistan Committee
DACAAR	Danish Committee for Aid for Afghanistan Refugees
DAFA	De-mining Agency for Afghanistan (previously SWAAD)
DDG	Danish De-mining Group
DFID	Department for International Development (of the UK Government)
DRC	Danish Red Cross
ECHA	Executive Committee on Humanitarian Affairs
ECHO	European Community Humanitarian Office
EPI	Expanded Programme for Immunisation
EOD	Explosive Ordnance Disposal
EU	European Union
FAO	Food and Agriculture Organisation
HIS	Health Information System
HNI	Health Net International
ICRC	International Committee for the Red Cross
IFRC	International Federation of the Red Cross and Red Crescent Societies (or Federation)
IDP	Internally Displaced Person
IMC	International Medical Corps
MAPA	Mine Action Programme in Afghanistan
MCI	Mercy Corps International
MCH	Maternal and Child Health
MCPA	Mine Clearance and Planning Agency
MDC	Mine Dog Centre
MDM	Médecins du Monde
META	Monitoring and Evaluation Training Agency
MOPH	Ministry of Public Health
MSF	Médecins Sans Frontières
NAC	Norwegian Afghanistan Committee
NCA	Norwegian Church Aid
NID	National Immunisation Days

ORT	Oral Rehydration Therapy
OMAR	Organisation for Mine Clearance and Afghan Rehabilitation
PCP	Principled Common Programme
PHC	Primary Health Care
RMAC	Regional Mine Action Centre
SCA	Swedish Committee for Afghanistan
SCF/US	Save the Children Fund, United States
Sida	Swedish International Development Cooperation Agency
SF	Strategic Framework
SMU	Strategic Monitoring Unit
TB	Tuberculosis
TBA	Traditional Birth Attendant
TCC	Technical Coordinating Committee
UNCDAP	United Nations Comprehensive Disabled Afghan Project
UNCHS	United Nations Centre on Human Settlement (Habitat)
UNDP	United Nations Development Programme
UNFPA	United Nations Family Planning Agency
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Assistance to Afghanistan
UNSMA	United Nations Special Mission to Afghanistan
USAID	United States Agency for International Development
UNSECORD	United Nations Security Coordination Office
WFP	World Food Programme
WHO	World Health Organisation



EVALUATION OF DANIDA HUMANITARIAN ASSISTANCE TO AFGHANISTAN 1992 – 8

EXECUTIVE SUMMARY

1. Introduction

The humanitarian programmes in Afghanistan supported by DANIDA during the period 1992 – 8 involve a wide range of agencies and activities. This study concentrates on the areas of health, mine action and coordination.

Conditions for the people of Afghanistan are typified by underlying chronic poverty, insecurity, ill health and population displacements. Subsistence takes place within an economy dominated by war and with vestigial health and education services. Afghanistan has some of the worst human development indicators in the world, ranking 170 out of 174 in UNDP's 1995 Human Development Index. The human rights situation has been very poor throughout the 1990s. Health indicators for women are bleak. Human rights, particularly for urban women, have worsened since the advent of the Taliban, with draconian restrictions on employment, education, movement and dress.

International assistance to Afghanistan during the 1990s has been dominated by a range of key issues and processes:

- The development of a **Strategic Framework** which aims to produce an effective peace-building strategy with no 'disconnects' between political, human rights, humanitarian and developmental aspects of the international response.
- The development of a **Principled Common Programme (PCP)** structure, whereby assistance actors can work together more efficiently in order to agree on overall needs, programmes and policies.
- **International assistance** was severely disrupted in 1998 by a number of events, including the departure of NGOs from Kabul in July, the stopping of ECHO funding to Kabul and the evacuation of UN international staff in August, following the US cruise missile attack. At the time of the evaluation the humanitarian agencies were still recovering from these events. It seems possible that the sanctions applied since July 1998 may have had adverse humanitarian impacts. In this context there appears to be no mechanism for donor accountability for such impact.
- **Conditionalities** imposed by donor agencies have been inconsistent and sometimes contradictory. NGOs have expressed concerns about the politicisation of humanitarian assistance. A substantial body of opinion within the aid community believes that confrontational conditionalities, not based on an analysis of the Afghanistan context and an understanding of the Taliban's position, are unlikely to have any impact on the authorities and will achieve little for the intended beneficiaries.

- The aid agencies have continued to work at finding the most appropriate ways to engage with the **Taliban authorities**, while taking a principled stand on matters such as women's rights.
- Within the discussion on conditionalities, **gender** has become a major international issue since the Taliban came to power. Probably in no other country has the gender issue sparked so much passion, debate and international humanitarian and political reaction. There seems a danger that, because gender has become an international political issue, work on the ground in practical ways to improve programmes may have been overshadowed.
- Not surprisingly, **security** is a key factor governing the provision of humanitarian assistance. The most striking development has been the politicisation of security, which is being used by the UN system and donors as part of imposed conditionalities.
- In terms of overall **standards of humanitarian work**, the evaluation team found little evidence of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief or the SPHERE Humanitarian Charter and Minimum Standards in Disaster Response being considered as benchmarks for agency operations.

2. Health Programmes Supported By DANIDA

DANIDA has supported a wide range of health activities during the period with continuous funding to ICRC and the IFRC, as well as contributions to UNICEF and WHO programmes.

Health agencies have assisted tens of thousands of Afghans and numerous achievements have been made in these years, in very difficult circumstances. However, in the absence of effective central government, health inputs have been fragmented. This, together with other factors, has accounted for the lack of overall impact of programmes on the health of Afghans, despite the achievements made.

In the absence of a functioning state, donors and agencies have played a significant role in shaping a policy framework for health, but there is an expressed need for a common strategy in the health sector, which has lacked leadership. Short-term emergency funding is not an appropriate aid policy in Afghanistan. Health agencies engaged in rehabilitation activities have been hampered in their efforts by short-term, project-based funding. This donor policy has contributed to the fragmented inputs by different agencies.

There is a lack of evidence of the overall impact of programmes on the health of Afghans. Few evaluations have been carried out and agencies have not systematically shared their results or pooled knowledge and technical resources to promote shared learning to improve overall effectiveness. The scarcity of reliable data remains a serious problem.

The report recommends an overall strengthening of the monitoring and evaluation processes within agencies, backed by an epidemiologist located in the proposed Strategic Monitoring Unit as part of the Principle Common Programme structure. DANIDA should support these initiatives and should consider contributing to a field study of the role of the private sector in health service provision.

3. Mine Action Programmes Supported By DANIDA

During the 1990s Afghanistan has remained one of the most seriously mined countries in the world, with an estimated 5-7 million abandoned landmines scattered in 28 of its 29 provinces. During the period of this evaluation, mine action operations have been of primary relevance in terms of humanitarian assistance and will continue to be so in the short to medium term.

DANIDA has part-funded the UNOCHA mine action programme (MAPA) continuously since 1992 and the Danish Demining Group, a new consortium of Danish NGOs, since its establishment in 1998.

In terms of mine awareness, over 4 million people are reported to have received training and there is some evidence to suggest that mine awareness does contribute to reduced accident rates.

The role of MAPA and UNOCHA in effective coordination and direction is indicated by the fact that all operating mine action NGOs in Afghanistan, both national and international, work, either contractually or voluntarily, under their aegis and with high levels of 'common programming'.

UNOCHA's mine action programme functions effectively and efficiently and has had a significant impact on mine hazard reduction in Afghanistan. It has also created a substantial Afghan mine action capacity. The programme operates at a high level of professional competence. In terms of relevance and impact it maintains high standards and achievements, which have increased annually in recent years. From the perspective of humanitarian impact the programme appears, in selected areas of its operations, to be significantly reducing mine accidents.

Given this positive picture, DANIDA's decision in 1998 to fund, in addition to the UNOCHA programme, the newly established Danish Demining Group (DDG) independent of UNOCHA/MAPA is questioned. It is recognised that the setting up of DDG is an initiative to create a *Danish* capacity and visibility in humanitarian demining. However, in terms of mine action outcomes strictly related to Afghanistan, it would have been more cost-effective for DANIDA to channel additional money to the UNOCHA programme, rather than to a new NGO.

4. UN Coordination

The development in Afghanistan of a Strategic Framework and Principled Common Programming represents the most ambitious attempt yet, in a complex political emergency, at bringing coherence and consistency to international humanitarian, human rights and peace-building systems.

Progress has been made in shaping the concept of the assistance programme from a series of unrelated interventions into themes. Also the UN agencies have to an extent acted together on common principles.

However, mandates and institutional interests continue to frustrate efforts to coordinate at all levels. Programme overlap, mandate creep and lack of shared strategies mean that programmes can, at worst, undermine each other.

While donors have coordinated effectively in terms of putting considerable pressure on the UN system for reform and improved coordination, they have failed to coordinate over other issues

such as security of staff. Humanitarian assistance, including field security, has become politicised. Some donors have also resorted to micro-management.

The sheer number of agencies, and the lack of consistent agreement, both within the UN system and between the UN and NGOs and donors, over ends, means and principles, and therefore the type of coordination needed, has led to an over-emphasis on coordination and coordination structures as ends in themselves. There is a danger that process has been substituted for content.

There appears to be lack of a shared analysis of the political, economic and social conditions in Afghanistan and the nature of the humanitarian needs to which these give rise.

In efforts to impose conditionalities on the Taliban, attempts to distinguish between life-sustaining activities (permitted) and institutional assistance/capacity-building activities (not permitted until the Taliban changes its human rights policies) have generally proved unproductive.

Although the Strategic Framework process has been useful, the tensions between humanitarian principles and imperatives and political, human rights and other considerations remain unresolved. In part this is because, in the absence of effective political progress, in particular, concerted action by the regional powers, political action is being delegated to the assistance sphere.

The ultimate goal of the UN in Afghanistan is peace through mutually reinforcing political and assistance initiatives. It remains unclear how this reinforcement can take place and what contribution the assistance programme can make to peace-building, given the disparity in levels of economic activity between US\$ 300 million per annum for aid US\$2.5 billion for smuggling and US\$1.25 billion for the illegal drugs trade.

There appear to have been occasions when DANIDA's funding decisions may have been at odds with the priority it gives to coordination. For example:

- funding a new Danish NGO for mine action work in Afghanistan, when DANIDA has already consistently supported the well-coordinated and effective UNOCHA programme;
- resumption in 1999 of DANIDA funding for UNHCR's repatriation programme after a break of two years. In view of its concern about human rights abuses, DANIDA stipulated that its money should only be spent if there were international UNHCR staff inside Afghanistan to supervise and monitor refugee returns. This seems sensible, but sends a somewhat contradictory message to that coming from some other donors.

Given DANIDA's policy interest in coordination and UN reform, there are strong arguments for it to become more engaged in the pioneering efforts at coordination of the humanitarian system which are being attempted in Afghanistan.

A greater DANIDA involvement would be welcomed by many interviewees in both UN agencies and NGOs, recognising the Danish government's commitment to multilateralism, coordination and UN reform, and its less politicised humanitarian aid programme. It is perceived as a moderate and objective actor.

5. NGO Coordination

NGOs, both international and Afghan, underpin the assistance effort to Afghanistan, delivering an estimated 60 to 80 per cent of programmes, either directly or as implementing partners of UN agencies and the EU. The NGOs contain a considerable body of knowledge and experience about working in Afghanistan.

In spite of the difficulties of coordinating a large and very diverse sector, there have been many positive examples of NGO coordination, particularly when there have been practical problems to be solved and positive outcomes can be seen.

As might be expected from the diversity of both NGOs and the UN agencies, coordination between the two groupings has been very variable. Since the advent of the Taliban, they have been forced to work together, in response to the human rights and gender issues and the challenges to agency operations that have arisen. Development of the Principled Common Programme has been a major focus of NGO/UN discussion and joint work. While many NGOs appear to remain committed to the process of developing the PCP, there is frustration that there is little to show for it so far, and fears that the proposed centralised funding and project approval could limit flexibility and responsiveness.

DANIDA has consistently supported the work of the NGO coordinating body ACBAR since 1991. ACBAR has made an important contribution to developing assistance to Afghanistan, particularly by providing a forum in which issues can be discussed and common positions, when agreed, taken forward. This has been particularly important in relationships with and responses to the Taliban and in the development of Principled Common Programming.

ACBAR, along with other NGO coordinating bodies, faces a critical period, particularly in the light of the development of the PCP structure.

In the context of the PCP and the need for robust and effective NGO coordination and representation, donors in general should support a stable mechanism for funding NGO coordination which does not simply rely, as at present, on a small group of donors.

The Danish NGO, DACAAR, plays a significant role in Danish assistance to Afghanistan, given its longevity, size and reputation and the absence of a significant involvement by the Danish embassy in Islamabad. It fulfils an important advisory function to DANIDA.

In view of the substantial involvement of Danish NGOs in Afghanistan there would seem to be scope for attempting to develop a broader view of the country for the Danish public and decision makers.

6. DANIDA'S Management of Assistance to Afghanistan

There are a number of positive aspects in the way in which DANIDA manages its humanitarian assistance to Afghanistan:

- it has been a committed donor, generally providing funds in a non-bureaucratic and unearmarked way which enables agencies to concentrate their energies on programme implementation;

- agencies appreciate that DANIDA has generally not imposed political agendas or conditions on the use of its funds during a period when humanitarian funding for Afghanistan has become highly politicised.

In terms of weaknesses, this evaluation notes that:

- DANIDA does not have a strategic approach to its humanitarian programme in Afghanistan;
- it lacks the tools to guarantee a quality programme because of the absence of clearly stated policies and standards and an acceptance of poor reporting from major, long-term implementing partners;
- it has a low level of engagement in Afghanistan policy debates internationally and at the Islamabad level. As a result, it has missed opportunities to pursue some of its key global priorities such as coordination, human rights and evaluation.

7. Conclusions

In the period 1992-8, DANIDA has contributed to humanitarian programmes which have impacted positively on the lives of hundreds of thousands of Afghans.

DANIDA's choice of partners and programmes has generally been highly **relevant** to humanitarian needs in Afghanistan. Within the difficult operating context of Afghanistan, programmes supported by DANIDA have generally been **effective** in delivering planned outputs. Its funds have, for the most part, been well spent. However, agency monitoring and evaluation systems do not allow an assessment of programme **impact** to be made.

At the level of principled and strategic **coordination**, it is too early to judge the outcomes of the PCP and Strategic Framework processes. Important progress has been made. But there is a danger that an excessive concentration on sophisticated coordination structures, in part a product of the number of agencies and mandates, may detract from the end objectives of delivering quality programmes for the benefit of the Afghan population and bringing peace to the country. NGO coordination is at crucial stage, given the need for existing bodies to adjust to the new circumstances and structures of the PCP.

Donor performance and conduct are also serious concerns. There has been effective coordination on some issues but inconsistencies on others. Politicisation of assistance, micro-management, and failure to provide a stable funding climate together with an apparent lack of accountability have also been problems.

Coverage of humanitarian programmes has been mainly dictated by security factors, although agencies have generally found ways of responding, albeit sometimes after delays. However, obtaining **protection** for populations has not always been possible in all situations.

The politicisation of **security** and, in the UN's case, its long-distance management from New York, have been major causes for concern which may well have seriously affected the overall humanitarian operation in Afghanistan and, at least temporarily, undermined progress in developing the Principled Common Programme.

Agencies have generally not implemented **gender-sensitive programmes** and are struggling to develop pragmatic but principled approaches in the face of the Taliban's harsh and unjust policies towards women.

With regard to **connectedness**, agencies face severe difficulties in developing programmes which retain or build capacity for the future in the absence of functioning and internationally recognised government structures. Agency attempts to build longer-term perspectives and capacity-building into their work have been set back by conditionalities imposed during 1998/99, including an embargo, now relaxed, on anything except 'life-saving' assistance.

The evaluation did not look in depth at **disaster response and preparedness**. Responses to the earthquakes in 1998 and 1999 have been reviewed and an inter-agency effort continues to take the lessons learnt and translate them into practical measures for training and improved disaster preparedness.

At the micro-level some agencies are developing strategies to avoid humanitarian assistance fuelling conflict, and to contribute to **peace-building**. Programmes such as the UNOCHA mine action programme have facilitated a return to normal conditions in some areas.

Those Danish NGOs involved with Afghanistan have generally played a small **advocacy role** in Denmark. The Danish **media** do not appear to have played a major part in influencing DANIDA's decisions about assistance to Afghanistan.

With the exception of DACAAR and the UNOCHA mine action programme, this evaluation found that most agencies are weak in the area of programme cycle management, particularly monitoring and evaluation.

Recommendations to DANIDA

1. DANIDA should develop policies and guidelines for responding to complex political emergencies.
2. DANIDA should develop a strategy for its overall response to Afghanistan.
3. DANIDA should play a more engaged role in relation to Afghanistan within the donor community, possibly looking to specialise in areas of special interest such as:
 - coordination within the humanitarian system;
 - gender;
 - programme planning, monitoring and evaluation.

Work on these issues could feed and underpin DANIDA's existing global priorities, including active multilateralism, providing case study material for wider policy work.

4. Recognising limitations in terms of human resources, DANIDA should find ways to increase its engagement with Afghanistan, including considering the placement of a humanitarian aid officer or adviser in Islamabad.
5. Although a more pro-active engagement with Afghanistan is recommended, DANIDA should resist any trend to micro-management of its humanitarian programmes or excessive earmarking of funding.

6. DANIDA should consider funding mechanisms for long-term programmes in the 'grey zone' between relief, rehabilitation and development. These mechanisms should be more stringent in terms of planning, monitoring and evaluation than those currently relating to humanitarian assistance, but should recognise the difficulties that implementing partners have in operating in Afghanistan.
7. DANIDA must retain its capacity to respond quickly to sudden-onset disasters.
8. Within the donor community DANIDA should consider stimulating discussion about donor accountability and transparency, so that the humanitarian impact of donor decisions, procedures and policies can begin to be studied.
9. DANIDA, with other donors, should work to establish a stable funding mechanism for NGO coordination when the outcomes of a review underway in mid 1999 are known.

Appendices II and V give more detailed information on DANIDA's assistance.

1. INTRODUCTION AND METHODOLOGY

The portfolio of humanitarian programmes in Afghanistan which were supported by DANIDA during the period 1992–8 is wide in terms of both agencies and activities. In line with the terms of reference (Appendix I) this report concentrated on the following areas:

- Health (section 5)
- Mine action ¹ (section 6)
- UN and NGO coordination (sections 7 & 8)

Within the time constraints, the team also looked in less depth at other programme work which was significant either because of the financial investments made by DANIDA or because of the need to build up a rounded picture of humanitarian assistance to Afghanistan. Information about some of the implementing agencies supported by DANIDA can also be found in Appendix II.

As requested by the terms of reference, two substantial DANIDA-funded NGO programmes were noted but not analysed in detail, namely:

- Danish Committee for Aid to Afghan Refugees (DACAAR) – rehabilitation of agriculture, infrastructure and water supplies (DKK 177 million between 1988 and 1998);
- Danish Afghanistan Committee (DAC) – primary health care programme in Gozarah, Herat Province (DKK 16 million between 1997 and 2000).

The funding for both these programmes has come from DANIDA's STS3 NGO budget line. DACAAR receives a small amount of humanitarian budget money each year, which is channelled to the Agency Coordinating Body for Afghan Relief (ACBAR). This study, therefore, looks primarily at DACAAR in the context of agency coordination and co-operation.² (section 8).

The evaluation was undertaken by a four person team from the Overseas Development Institute, London, during the period March to June 1999. The teams' work included 9 days in Afghanistan (Kandahar and Kabul) and 14 days in Islamabad and Peshawar.³ For security and logistical reasons, the team was unable to visit any areas held by Northern Alliance forces. The team briefed and debriefed the heads of UN agencies in Islamabad at the start and finish of its mission. Some team members also visited agencies in Copenhagen, Geneva and New York. Appendix III contains a list of key informants and details of the team's schedule.

Mention should be made of constraints encountered by the team, namely:

¹ The term 'mine action' is generally used in this report as a broad description of programme activities which include de-mining, mine awareness work and advocacy. It also includes explosive ordnance disposal (EOD).

² It should also be noted that DACAAR was the subject of a major, and positive, external evaluation in 1998 (Ramboll and Tebodin, 1998). For operational reasons, the team was not able to visit Herat and so DAC could not be visited.

³ Most NGOs and UN agencies working in Afghanistan have their country offices in Peshawar or Islamabad.

- the Kosovo crisis meant that access to the staff of DANIDA's humanitarian department and the Danish Red Cross was limited;
- DANIDA's filing and archive systems made it difficult to retrieve documents related to specific programmes;
- the rapid turn-over of field staff in many agencies and in DANIDA and the difficulty of obtaining key historical documents limited the extent to which a full picture for the period 1992-8 could be reconstructed;
- planned visits to Herat and Jalalabad could not take place because of flight problems and time constraints;
- DANIDA's contributions to ECHO/EU funding for Afghanistan are not part of this evaluation. Therefore, to a certain extent, the overall picture of DANIDA's humanitarian assistance to Afghanistan is incomplete.

Finally, it should be noted that this evaluation looks at programmes where DANIDA has been one of many contributors. Since DANIDA generally does not earmark its contributions, it is not usually possible to track the use of its funds at the field level.

2. OVERVIEW OF THE COMPLEX POLITICAL EMERGENCY IN AFGHANISTAN

This section summarises some of the key features of the crisis in Afghanistan. Appendix IV provides a chronology of events from 1973, the year when the Afghan monarchy ended with Daoud's overthrow of King Zahir Shah.

Historical perspectives of the Afghan conflict tend to start in 1978 with the seizure of power from Daoud by the People's Democratic Party of Afghanistan, and the Soviet military invasion the following year. However, it is a truism to say that the roots of the conflict go back into Afghanistan's history. Key factors include:

- the divide between the traditionalist rural areas with long-established power structures and the modernising urban political elites. Rural-based resistance to the emancipation of women, for example, has been a recurring theme which should be borne in mind when contextualising the positions and behaviour of the Taliban;
- the ethnic diversity of the country, including the recurring theme of the balance of power between the Pashtuns of the south and the northern ethnic groups.⁴ Many commentators regard the Afghan conflict as having become more ethnic in nature towards the end of the 1990s, exemplified by the persecution of the Hazaras;
- although in some ways a unifying factor, Islam has also been used to create divisions, particularly between the Sunni Muslim majority and the Shia Muslim, mainly Hazara, minority which aligns itself with Iran. While the Mujahidin parties are Islamist and traditionalist, the Taliban has introduced a radical interpretation of the religion, reacting to the chaos following the fall of the Najibullah government in 1992 and the perceived loss of spiritual and moral values (Marsden, 1998a);
- from the days of the 'Great Game' between Britain and Russia, Afghanistan has been subject to continued external interference because of its position on the political, religious and economic fault lines of Central and South Asia and West and East Asia;
- while it is convenient to talk of the collapsed Afghan state, the conventional idea of a Western-style government has never been strong in Afghanistan with the remit of government structures often effectively limited to the urban areas. Van Brabant and Killick (1999) see the current confrontation between the West and the Taliban in the context of contesting visions of 'state and society' and of 'modernity' and 'fundamentalism', as symbolised by the role of women;
- another influence is the massive Afghan diaspora outside the country, most notably the millions of refugees who fled to Pakistan and Iran and who have been exposed to other cultures. Many of them have been recipients of international aid.⁵

⁴ Out of a population roughly estimated at 20 million, approximately 40% are Pashtun, 20-30% Tajik and the balance made up of Hazaras, Uzbeks, Aimaq, Turkmen, Baluch, Nuristani and Kuchi nomads.

⁵ Out of a total of 6.2 million Afghan refugees, 4.2 million have returned home, but 2.6 million are still in exile in Pakistan and Iran.

Despite the pressures for fragmentation and the fact that many Afghans associate themselves primarily with their families and clans, the notion of Afghanistan as an entity appears to remain strong, exemplified by the Taliban's determination to conquer the remaining 10 to 20 per cent of the country still not under its control.

Humanitarian aid inputs are estimated to be worth US\$300 million a year, although only a proportion of this is spent within Afghanistan. Trade with Pakistan, mainly smuggling, is conservatively estimated at US\$2.5 billion. The value of Afghan drug production at the point of export to Pakistan is estimated at US\$1.25 billion per annum.⁶ Put in this context, the economic leverage of aid is very limited.

Economically Afghanistan is not inherently of great regional or international interest, particularly in view of the destruction of the last twenty years. However, it is of increasing strategic economic interest as the route for trade between Central and South Asia and a potential export route for Central Asia's reserves of oil and gas.

In international political terms, interest in Afghanistan faded with the end of the Cold War and the subsequent fall of the Najibullah regime. However, the coming of the Taliban reversed that trend by raising Western concern about illegal drugs, international terrorism and Islamic 'fundamentalism'. Added to this agenda, are concerns about human rights, particularly for women, and the need for a 'broad-based' government. A lesser but noticeable concern of Western governments is the outflow of asylum seekers from Afghanistan.

The August 1998 cruise missile attack by the United States against reported terrorist bases marked the point at which the complex political emergency of Afghanistan, arising from the Cold War, had matured into a New World Order international conflict. The implications for the provision of humanitarian assistance have been substantial, particularly in terms of conditionalities imposed on the Taliban authorities by donor governments.

⁶ Afghanistan is estimated to produce about 40% of the world's supply of opium and heroin (Marsden and Samman, 1998)

3. OVERVIEW OF THE INTERNATIONAL HUMANITARIAN RESPONSE

Living conditions for the people of Afghanistan are typified by underlying chronic poverty and ill health. Subsistence takes place within an economy dominated by war and with vestigial health and education services. Life can be punctuated at times by displacement caused by upsurges in fighting. Afghanistan has some of the worst human development indicators in the world, ranking 170 out of 174 in UNDP's 1995 Human Development Index.

TABLE 3.1. VITAL STATISTICS, 1998

Vital Statistics	
• Total population	20.1million
• Life expectancy	43 years
• Literacy rate	Men 45% Women 13%
• Under -5 mortality rate	257 per 1,000 live births
• Infant mortality rate	165 per 1,000 live births
• Access to safe drinking water	Rural 5% Urban 39%

(Source: UN 1998 Consolidated Appeal)

As would be expected, the prospects for women in Afghanistan are particularly bleak. Maternal mortality rates have more than doubled since 1990 to 170 per 10,000 live births (WHO, 1998a). Conditions for urban women have worsened since the advent of the Taliban with its draconian restrictions on women's work, education, movement and dress.

The general human rights situation in Afghanistan has been very poor throughout the 1990s, with all factions responsible for extra-judicial executions, disappearances, detention and torture. Some of the worst abuses took place during fighting in Mazar and Bamyan in 1998 and 1999. For example, Amnesty International reported that the Taliban had 'deliberately and systematically killed thousands of ethnic Hazara civilians during the first three days after the Taliban took Mazar on 8 August 1998' (Amnesty International, 1999). The Danish Immigration Service Asylum Department report (1998) notes that violations are probably worst in Herat, Kabul and Hazarajat, as well as in areas occupied by the Northern Alliance.

Humanitarian needs can be classified as follows:

Emergencies: Emergency needs mainly arise from the fighting or from natural disasters such as earthquakes. Major emergencies during the period 1992-8 included the large-scale exodus from the fighting in Kabul in early 1994, leading to 300,000 people in camps in Jalalabad, Mazar and Pul-I-Khumri, and two earthquakes in the north-east Badakshan province in 1998 which killed a total of over 6,000 people.

Livelihoods: In many areas of the country now under the control of the Taliban, the relative peace and stability has meant that rural livelihoods have to a certain extent been re-established. Aid strategies in the rural areas have tended to concentrate on the rehabilitation of agricultural production and infrastructure, particularly in those areas to which refugees from Pakistan and Iran have been returning. Some agencies give an emphasis to working with and strengthening community structures. The most vulnerable are mainly to be found in the urban areas, in particular, female-headed households. In the urban areas, particularly Kabul, and where there

are internally displaced populations, relief programmes such as subsidised bakeries and food distributions for widows have continued.

Social services: In the absence of a functioning government, health and education provision is largely dependent on NGOs, the Red Cross/Red Crescent Movement and the UN agencies.

A number of features related to humanitarian assistance in Afghanistan can be noted:

- the **difficulties and dangers** of delivering humanitarian assistance must be emphasised;
- in general terms, there is a **lack of reliable data and assessments** about human conditions, social structures and coping mechanisms. As one interviewee, an international NGO director, put it, ‘Afghanistan must be the most under-researched humanitarian operation in the world’. Work in hand on the integrated UN information system, PROMIS, and also the work at regional level of the UN regional coordinators, where these exist, may help to improve this situation;
- the lack of information makes it difficult to assess the extent to which assistance **coverage** has been adequate in terms both of types of beneficiaries and of geographical reach. Access to areas controlled by the Taliban is better than it has been for many years, but access to northern areas held by the Northern Alliance has been problematic, particularly since 1997. Access in Afghanistan is and always has been governed by security considerations;
- figures in terms of numbers of agencies and volume of assistance show that the Eastern region together with Kabul has benefited most from international assistance. While this may be justifiable in terms of size of population and numbers of returning refugees, it seems likely that some other areas may have been neglected. However, the evaluation team has not seen any analysis to substantiate this assertion;
- debate about assistance to Afghanistan tends to suffer from a **Kabul bias**, partly because it has been the centre for confrontations between the aid agencies and the Taliban. Many agency staff emphasise, however, that in many ways Kabul, with only about 5 per cent of the population, is atypical;
- another feature of the discourse is the **lack of many Afghan voices**. This is certainly true in the literature and documentation, partly reflecting the effect of many years of brain-drain from the country, as well as the fact that many agencies are managed in senior positions by international staff.

The assistance ‘community’ in Afghanistan comprises a UN grouping of 13 UN agencies with UNOCHA as the coordinating body, the Red Cross/Red Crescent Movement (ICRC, IFRC, Afghanistan Red Crescent Society) and approximately 150 NGOs, about one third of whom are international NGOs.⁷ Section 8 on NGOs, as well as the chronology (Appendix IV), give more details about the development of the humanitarian response to Afghanistan.

A noteworthy feature of the assistance programme has been the ability of the ICRC to be based in Kabul from 1987 and to operate without a break in most of the country, irrespective of which authorities have been in control.

⁷ In practice there is probably a core of about 40 to 50 key national and international NGOs.

Significant governmental donors by ranking of reported contributions between 1996 and 1998, are the European Union, The United States, Sweden, the UK, the Netherlands, Canada, Japan, Germany, Norway and Denmark. In addition WFP, the ICRC, UNDP and UNICEF are also important in terms of their financial contributions to the overall assistance to Afghanistan (Van Brabant and Killick, 1999).

International assistance to Afghanistan as measured by responses to the annual UN Consolidated Appeals, has declined since 1996, although according to other estimates the trend in overall aid flows from 1993 is flat (ibid). In 1997 an estimated US\$217 million worth of aid was provided, of which US\$56 million came through the Consolidated Appeal.⁸ The UN suggests that donor fatigue has been brought on by the never-ending conflict and concern about gender discrimination, human rights abuses and the Afghan authorities' interference in aid agencies' operations (UN Afghanistan Appeal 1999).

Donor support for Afghanistan may be flagging in 1999 at a crucial time during the implementation of important reforms of coordination processes, for which the donors themselves have been pressing. At the same time, some donors, through structures such as the Afghanistan Support Group, have pressed for increased conditionalities on humanitarian assistance (see below).

It seems possible that the absence of UN international staff from the country since August 1998 and the stopping of ECHO funding to projects in Kabul may have had adverse humanitarian impacts. What is noteworthy in this context is that there appears to be no mechanism of donor accountability for this.

International assistance to Afghanistan has been dominated by a range of key issues and processes:

- i. The development of a **Strategic Framework** (SF) for Afghanistan which aims to produce an effective peace-building strategy with no “disconnects” between political, human rights, humanitarian and developmental aspects of the international response. It is a major experiment for the UN system in attempting to synchronise the work of its constituent agencies and other relevant organisations.
- ii. The other major, and closely linked, initiative is the development of a **Principled Common Programming** (PCP) structure for Afghanistan, involving the UN agencies, NGOs and donors. The overall goals of the PCP are derived from the Strategic Framework process. It is a mechanism whereby aid operators are enabled to work more efficiently together in order to agree upon overall needs, programmes and policies⁹. Both the SF and the PCP are dealt with in more detail in section 7.
- iii. **International assistance** was severely disrupted in 1998 by a number of events including the departure of the NGOs from Kabul in July, the stopping of ECHO funding to Kabul and the evacuation of UN international staff in August, following the US cruise missile attack, as well as the subsequent killing of UN staff members. By May 1999 the agencies were only just beginning to recover. At least one major donor took

⁸ ibid. The UN estimates of total aid to Afghanistan are thought to be low. The total for 1997 could be over US\$300 million.

⁹ See ‘Making a Reality of Principled Common Programming’, UN Afghanistan, 1998

advantage of the cessation of activities to ‘weed out’ the low-priority elements in its portfolio of programmes. Severe bureaucratic delays in grant approvals by the EU have also been a major concern for NGOs. During 1999 a number of major NGOs were laying off staff because of funding uncertainty, resulting in yet another drain of skilled Afghans forced to leave for economic reasons.

- iv. The aid agencies have continued to debate the most appropriate ways to engage, or not, with the Taliban authorities, while taking a principled stand on matters such as women’s rights. There are widely varying interpretations of the principles that should be maintained as well as suitable strategies to implement them. A number of NGOs, including DACAAR, have developed well-thought out positions with regard to working with the Taliban which involve pragmatic, principled engagement¹⁰.
- v. **Conditionalities** imposed by donor agencies have also been inconsistent and sometimes contradictory. These conditionalities have included restrictions on expatriate movements into Afghanistan for security reasons and the avoidance of any work which could be construed as building the capacity of the Taliban authorities. NGOs have expressed concern about the politicisation of humanitarian assistance.¹¹ A substantial body of opinion within the community argues that confrontational conditionalities, which are not based on an analysis of the Afghanistan context and an understanding of the Taliban’s position, are unlikely to have any impact on the authorities and will achieve little for the intended beneficiaries.¹² In contrast, there are a number of examples where principled engagement and negotiations between agencies and the Taliban at a local level have achieved results and caused Taliban positions to **change**.
- vi. Within the discussion on conditionalities, **gender** has become a major international issue since the Taliban came to power in most of the country. Probably in no other country has gender, including the position and treatment of women, sparked so much debate and international humanitarian and political reaction. This important topic can only be briefly dealt with in this report, but the following factors appear to be significant:
 - the rights of women in Afghanistan, including their access to medical care and education were severely limited before the Taliban came to power. For most Afghan women, particularly those in rural areas, there has been little change, except that many areas are now more secure;
 - the Taliban’s edicts concerning women have, therefore, mainly affected urban Afghan women who had experienced a degree of freedom, particularly in education and the work place;
 - the record of the aid agencies in addressing gender issues in their programmes in the pre-Taliban era was generally poor. Even in 1997 the UN Interagency Gender Mission to Afghanistan noted that UN ‘agencies and their implementing partners

¹⁰ See for example ‘Working in Taliban areas – the DACAAR experience’. DACAAR, 1999a

¹¹ See for example ‘Politicisation of Aid to Afghanistan’ a document written by a number of NGO directors in February 1999.

¹² It can be noted that while the West may know little of the Taliban and understand less, the Taliban has had ample opportunity to observe closely the working of the international humanitarian aid system while in refugee camps in Pakistan and more recently in Afghanistan itself.

remain uncertain about their roles in promoting gender equality...Despite the attention paid to discrimination against women, and lip service to their importance in rehabilitation and development assistance, most programmes and projects ignore women at all stages of their design and implementation'. WHO introduced gender disaggregated statistics only in 1997, and then after external pressure.¹³ In the records of ACBAR's work, there is little evidence of NGOs looking seriously at gender as a mainstream issue in their work.¹⁴

- In spite of the promulgation of ECHA guidelines on a principled-centred approach to the gender issue in Afghanistan, the above-mentioned Mission and an excellent UNDP Kabul report (Le Duc and Sabri, 1996) there are few signs of progress on the gender question. The UN appointed a gender adviser in 1999, but there is little evidence that the recommendations of the above documents have been consistently followed up. Indeed, there seems to be a danger that, because gender has become an international political issue, work on the ground in practical ways to improve programmes has been overshadowed.

In recognition of the importance of human rights issues, UNOCHA appointed a human rights adviser in 1999 to 'mainstream' rights issues in programming. There is also a separate proposal for UN human rights monitors to be posted within the country.

The evaluation team found little open discussion or documentation about issues of **aid diversion or corruption** within assistance programmes. However, a number of informants reported this as an important issue which, they felt, was often swept under the carpet. It certainly never seems to find its way into reports to donors. It is also an issue raised by the Taliban, who felt somewhat unfairly picked on after 50 metric tonnes of WFP wheat was looted in Bamyan, when little appears to have been done on previous similar occasions with earlier regimes and power groupings.

The evaluation did not look in detail at agency **emergency responses or disaster preparedness**. However, it should be noted that responses to the February and May 1998 earthquakes in Badakshan and the subsequent one in Logar and Wardak in February 1999 have been well documented.¹⁵ The response to the first earthquake in particular revealed a general lack of agency preparedness and regional preparedness planning and training. UN coordination was also found to be weak, in contrast to coordination between the UN and the Red Cross/Red Crescent Movement, which has been described as excellent.¹⁶ The lessons learnt from this and subsequent earthquakes have been documented and also followed up in a series of inter-agency workshops.

¹³ The November 1997 Joint Fact-Finding Mission noted the absence of gender-disaggregated information and analysis in available WHO reports. This statement is disputed by WHO which maintains that it has always collected gender-disaggregated data (communication to the ODI evaluation team)

¹⁴ An evaluation of the Swedish Committee for Afghanistan in 1997 noted that the agency still had no gender strategy and that a gender expert had only been appointed in 1996 (SCA 1997).

¹⁵ See various reports including Benini and ICRC, 1998; Longford, 1998.

¹⁶ Longford (1998) notes that this good cooperation was due to a clear division of labour and mutual recognition of capacities and mandates, shared objectives, existing close working relationships and friendships between UN and ICRC individuals.

Not surprisingly, **security** is a key factor governing the provision of humanitarian assistance. The most striking development in Afghanistan has been the politicisation of security. One of the conditions imposed on the Taliban for the return of UN international staff to Afghanistan after the August 1998 exodus has been assurances of safety and security for aid personnel. As this is one of a number of political conditionalities, it means that field security for UN staff in Afghanistan is managed from New York. This is highly unusual and flies in the face of accepted wisdom that field security is best handled as near to the field as possible, provided that the proper management structures and security guidelines, communications equipment, evacuation plans, etc are in place.

The UK government has gone so far as to rule that NGOs sending international staff into Afghanistan will no longer be eligible for DFID funding. A number of NGOs, including DACAAR, have been obliged to forgo DFID funding in order to preserve their rights to manage their programmes as they see fit. Quite exceptionally, the UN agreed to respect UK and US pressure that British and US UN staff should not go back in the phased return which started in 1999, breaking the normal practice that UN staff are UN staff, irrespective of their countries of origin.

In terms of overall **standards of humanitarian work**, the evaluation team found little evidence of the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief or the SPHERE Humanitarian Charter and Minimum Standards in Disaster Response being considered as benchmarks for agency operations. Surprisingly the two evaluations of the February 1998 earthquake in north-eastern Afghanistan (Benini and ICRC 1998; Longford, 1998) made no mention of these standards. The various coordinating bodies in Afghanistan should be able to play a role in promoting these international standards and relating them to the Afghan context.

Finally, the evaluation team noted from its investigations that there appeared to be a number of factors that helped to support **quality programmes** and also enabled them to be somewhat resistant to the shocks which are inevitably experienced in Afghanistan due to sudden changes in the political and military situations. These include:

- a programme which is run by senior Afghan staff and/or implemented by Afghan NGOs so that the recurrent expatriate evacuations cause less disruption (UNDP/OPS' Comprehensive Disabled Afghans' Programme; FAO; UNOCHA Mine Action);
- strong management based as near to the project work as possible (DACAAR; ICRC; UNOCHA Mine Action)
- stable funding (DACAAR¹⁷; ICRC);
- long-term planning which takes into account that there will be unforeseen changes and events (DACAAR);
- programmes based on sound research and analysis, including a full understanding of local economic, social and political structures;

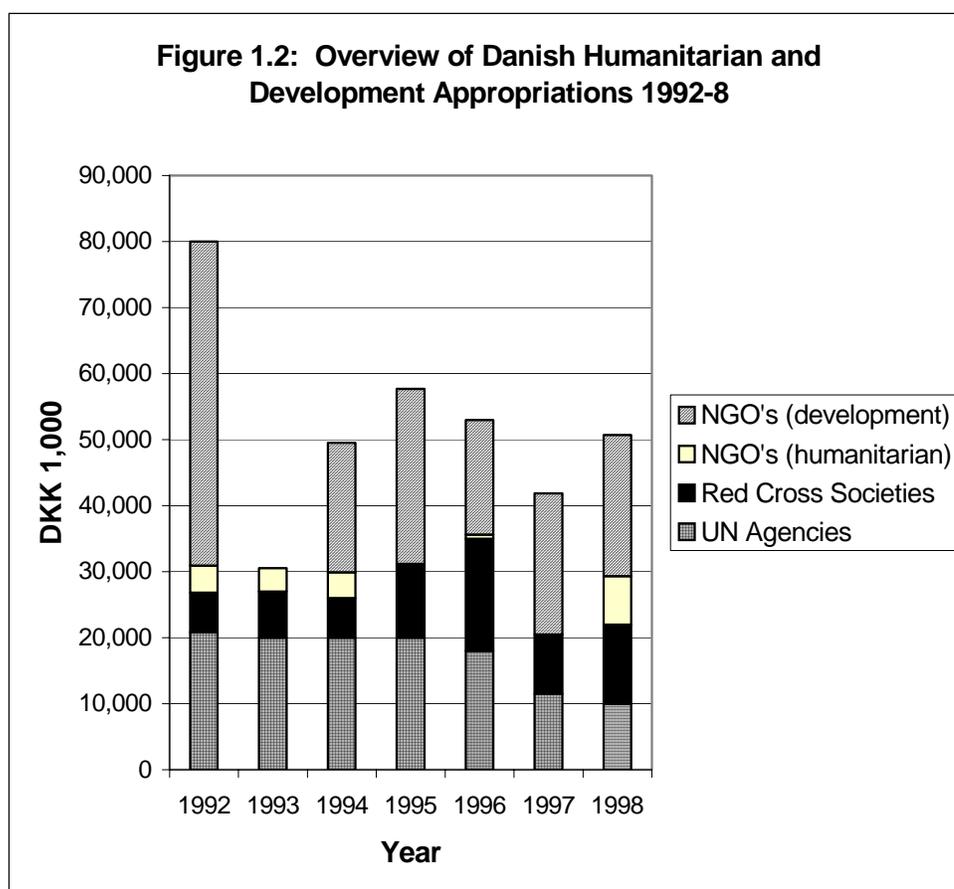
¹⁷ Although in 1999 DACAAR experienced funding delays from the EU which resulted in laying off about 10% of the Afghan staff.

- a large enough programme so that enforced closure in one area for security reasons can be cushioned by redeployment to other project areas (DACAAR; UNOCHA mine action);
- sound technical expertise (DACAAR; FAO);
- a pragmatic but principled approach to programming which involves principled engagement with the authorities at the appropriate levels (ICRC; DACAAR);
- an appropriate system of programme planning, monitoring and evaluation (DACAAR, UNOCHA Mine Action);
- professional security management to safeguard Afghan and international staff (ICRC).

The work of DACAAR, UNCDAP, FAO and a number of other agencies has shown that it is possible to carry out good quality long-term rehabilitation and development work in Afghanistan.

4. OVERVIEW OF DANISH HUMANITARIAN ASSISTANCE

The details of DANIDA's contributions to programmes in Afghanistan are given in Figure 1.1. During the period 1992-8 DANIDA provided a total of DKK 197,3 million in humanitarian assistance to Afghanistan, an average of DKK 28.2 million per year and representing 2.8 per cent of its global total for the period. Further details are given in Appendix V¹⁸.



In addition, it also provided funds totalling DKK 119 million for rehabilitation projects from the NGO development budget line to the Danish NGOs, DACAAR and DAC (see Figure 1.2).

Although there have been variations in the overall annual expenditure, there has been no discernible trend. Expenditure in 1997 was significantly below the average, perhaps reflecting concern about human rights violations following the nearly complete take over of the country by the Taliban. A decrease of funding to UN agencies in 1997 and 1998 is due to the cessation of appropriations to UNHCR. Funding resumed in 1999.

¹⁸ This analysis, and that in Appendix V, is based on figures supplied by DANIDA.

The ratio of allocations between NGOs, plus the ICRC and IFRC, and UN agencies has been approximately 60:40.

In the NGO sector, the choice of agencies for DANIDA to fund in Afghanistan is limited to the current selection, namely the Danish Red Cross, as a channel to the ICRC and IFRC,¹⁹ the Danish De-Mining Group, DACAAR and DAC. Other Danish NGOs do not have programmes in Afghanistan. DANIDA's support for UN agencies falls into two categories. It has provided mainly continuous support for the UNHCR repatriation and UNOCHA mine action programmes.²⁰ Other agencies, WFP, WHO and UNICEF, have been supported more sporadically (see Appendix V). Section 12 discusses in more detail the way in which DANIDA manages its assistance to Afghanistan.

According to figures supplied by UNOCHA, DANIDA ranked tenth in terms of overall contributions to the Afghanistan assistance in the period 1996-8.²¹

¹⁹ Although not NGOs, the members of the Red Cross / Red Crescent Movement are classified and treated as such by DANIDA in their funding arrangements.

²⁰ Funding for UNHCR was interrupted in 1997 and 1998 by DANIDA concerns about the human rights situation in Afghanistan, particularly for women, but has been resumed in 1999.

²¹ These figures are based on information supplied by donors and agencies.

5. HEALTH PROGRAMMES SUPPORTED BY DANIDA

5.1 Introduction and Context

During the decade following the Soviet invasion in 1979, government health services were highly centralised and consisted essentially of hospital care in the large cities. In the early 1980s, a small numbers of international NGOs started cross-border operations from Pakistan, providing mostly medical areas controlled by the Mujahadin. The ICRC opened its office in Kabul in 1986, and its relief operations centred around surgical services for the war wounded in Kabul, with first-aid posts on both sides of the border to evacuate the wounded to its hospitals in Kabul, and in Peshawar and Quetta in Pakistan.

Health programmes in the Mujahadin areas expanded in the mid-1980s with USAID funding a significant number of primary health care interventions, including the Expanded Programme for Immunisation (EPI). Health facilities in the provinces and districts were constructed at that time with US funds.

The number of international and Afghan NGOs active in the health sector increased to over one hundred in the period following the Geneva Accords of 1988. At the same time, WHO and UNICEF, directly or through NGOs and government structures, implemented health programmes within the UN 'Operation Salaam'. In 1991, WHO launched an ambitious rehabilitation plan for the health sector, addressing repatriation and reconstruction needs. However, the plan never materialised because of the ensuing fierce factional fighting.

A sudden withdrawal of US funding in 1993 created a serious gap in the health sector. Subsequently, EPI coverage for under two-year olds dropped to below 10 per cent from a reported 91 per cent in 1993 (UNOCHA 1994a).

Following the withdrawal of USAID, the EU played a key role in getting the UN and NGOs together to agree on a common framework for health programmes. In 1994, health agencies agreed on a Project Framework for Minimum Primary Health Care. This framework remains the basis for health programmes and has been adopted by successive Afghan regimes since its inception. Also in 1994, the EPI programme was revitalised with the participation of UNICEF, WHO, the NGOs and the then Ministry of Public Health (MOPH).

The emergence and then expansion of the Taliban movement resulted in greater stability in large parts of the country. Health agencies seized the new opportunities and agreed to move towards rehabilitation programmes. By 1995 the ICRC had started to look at longer-term strategies and closed down its own hospitals in Peshawar, Quetta and Kabul to support existing public hospitals in Kabul, Kandahar, Jalalabad and Ghazni.²² Support for the first-aidposts and the Afghan Red Crescent Society (ARCS) clinics was transferred to the IFRC in the early 1990s. Preventive care activities were gradually started in the clinics with the introduction of EPI, health education and, since 1998, maternal and child health services.

By 1998 the number of, NGOs working in the health sector had dropped to around 50 according to the ACBAR directory. Of these fifteen (both international and Afghan), provide assistance exclusively in the health sector. The ACBAR directory also shows that the largest

²² The rehabilitation of Jalalabad hospital and training programmes were started in 1992, in preparation for the closure of the ICRC hospital in Peshawar.

proportion of NGO budget allocations has been for health²³. In fact, external aid has subsidised almost 100 per cent of the public sector health services²⁴(WHO 1998b).

The Taliban MOPH has lacked the means and the will to run a public health administration. Key posts within the Ministry have been occupied by mullahs or ex-commanders. In addition, the MOPH has frequently failed to honour promises of salary payments, while, at the same time, the Ministry of Defence has completely financed the Military Hospital in Kandahar.

Nevertheless, health agencies have managed to develop working relationships with the Taliban MOPH, formalised in some cases by memoranda of understanding. This is because almost of them are working within the MOPH structures. Even so, NGOs, and the ICRC, in particular, have to a large extent been able to maintain their independence from the authorities and to resist attempts at manipulation.

Positive developments have been observed within the MOPH. One example is some softening of the Ministry's position on gender issues. The health sector is the only one in which women are officially allowed both work to and to be trained. In spite of continuing constraints, in Kabul women now have access to hospital services²⁵ and female interns are trained in the Wazir Akbar Khan Hospital. Male doctors are treating female patients in the ICRC surgical hospital in Kandahar and reportedly at all other ICRC surgical hospitals.

However, there are still serious obstacles to improving women's health. These obstacles pre-date the Taliban (Le Duc, 1996) and are related to Afghan traditions and culture and high illiteracy rates amongst women. Aid agencies have perhaps not paid adequate attention to gender issues in their relief programmes over the years. Paradoxically, the Taliban's stance regarding women has actually boosted gender awareness amongst international agencies. Activities to improve services for, and the training of, women may have increased in the past three years.

There have been **achievements** in the health sector despite the years of war. Over 300 health facilities are now providing free or affordable health services with support from aid agencies. EPI services are operating in 280 of the 330 districts. The water and sanitation infrastructure has improved with the installation of thousands of hand pumps and latrines in the cities and villages. Thousands, physically disabled by war injuries and chronic illness, have received prostheses and have been rehabilitated in orthopaedic and community-based programmes.

In the absence of government leadership, however, health inputs have been fragmented. Together with factors beyond the control of the agencies, this has accounted for the lack of overall impact of programmes on the health of the population²⁶, despite the achievements made.

²³ US\$33 million in 1998 for NGOs health activities quoted in the ACBAR 1999 Directory. The next highest allocation of US\$20 million, went to the Mine Action sector. It is also worth mentioning that the largest proportion of the IFRC budget throughout its operations in Afghanistan has been for health.

²⁴ The MOPH reported a annual budget of \$1,1 million (WHO 1998b). According to agencies interviewed, this is a 'phantom' budget.

²⁵ The number of hospital beds for women in the Central Region, which includes Kabul, is still only half of the beds of men.

²⁶ Some NGOs have reported positive impact of programmes on health using 'soft' data, for example in interviews with villagers in the Farah province in July 1997, Merlin noted that families themselves reported 'there are very few children dying now whereas before the war, 85% of children were dying...benefited from proximity to the vaccination centre'. (BAAG/Refugee Council, 1997)

The figures below illustrate this point.²⁷

- The maternal mortality rate increased from 64/10,000 live births in 1990 to 170/10,000 in 1997 (WHO 1998a)
- A 1999 survey by Action Contre la Faim shows increasing levels of global acute malnutrition amongst 6-59 months old children in Kabul in the last three winters. Z-Scores: 5.1% in 96, 7.5% in 97, 8.7% in 1999. (ACF 1999)
- There are 120,000 active TB cases, 70% cases amongst women (WHO/MEDAIR)
- Severe malaria cases (p. Falciparum) increased from 50,000 in 1978 to over 300,000 in 1998.(WHO Annual Report on Communicable Diseases 1998)
- Amongst under one year olds, between 0-13% are fully immunised from childhood diseases (WHO/UNICEF EPI Review June 1998, ACF EPI survey June 1998)
- Reports of measles outbreaks in 1998 and 1999 (SCA/MSF/B)
- Reports of repeated cholera outbreaks confirmed by laboratory tests in 1993,1997,1998 (WHO/UNICEF)

5.2 Effectiveness and efficiency

At its inception, the **ICRC's** surgical programme aimed to assist as many war-wounded as possible in an impartial way. Review of surgical statistics attest to the **flexibility** of the ICRC operations in adapting to the field situation and to responding rapidly to the needs of the war wounded at the changing frontlines. For example, with the frontlines moving to the north as of 1996, the ICRC shifted its operations to support 40 local health structures on both sides of the conflict. In Mazar that year, 6,000 war wounded were assisted, and in 1998, 7,000 wounded were evacuated from ICRC supported frontline first-aidposts to hospitals in Kabul (see ICRC surgical statistics, 1996-9). ICRC's **extensive field presence** of international staff, its **tight management structure** based in Kabul, its knowledge and **contacts** with local authorities, and its **professional security management** have further enhanced its capacity to respond effectively to the needs of the wounded.

Regarding technical capacity, the ICRC has developed a recognised expertise in war surgery over the last 15 years. It has also conducted annual war surgery seminars for the surgical teams recruited by Red Cross and Red Crescent national societies. The latter have standby arrangements with the ICRC for emergency field missions at short notice.²⁸

The ICRC has also developed its **logistics capacity** to achieve the objectives of its surgical programme. A six-month supply of surgical materials is stockpiled in several locations inside Afghanistan, to avoid possible delays in clearance procedures on the Pakistan side.

In contrast, **UNICEF's** operational set up, has hampered its efficiency and effectiveness. UNICEF runs its Afghanistan field operations from Islamabad²⁹. With DANIDA's 1998

²⁷ Most of the available published data is unreliable (agency credited where no published report). The team found little evidence of data based on reliable survey results, or from systematic surveillance at the national level.

²⁸ Interviews with ICRC medical/health department, and ICRC war surgery publications

²⁹ Prior to 1998, UNICEF ran its operations from Peshawar

contribution, it organised a national winter campaign to reduce the morbidity and mortality from acute respiratory infections (ARI) amongst children. This was not an emergency activity, as high incidence of ARI has been a persistent problem in Afghanistan. The programme involved NGOs and MOPH staff from several regions in the country. Advance planning was required for activities in the 'pre-campaign' period, i.e. to recruit hundreds of trainees and volunteers and to select participating health facilities to which medicines for treating children would be sent. Apparently, for this particular operation, most of the supplies and even the monitoring forms had to be sent to each UNICEF regional office from Islamabad.

The planning failed to take account of the dates of Ramadan which coincided with the timing of the pre-campaign activities. UNICEF field staff reported that, as a result, the actual campaign took place only after the onset of winter (UNICEF 1998c). Other UNICEF documents reported that the medicines and monitoring forms did not arrive in time for the campaign³⁰ (no security problems were reported). Although hundreds of health workers and volunteers were trained³¹, field reports confirmed the impression that UNICEF fell short of fully achieving its objectives. Staff indicated that no plans had been made to evaluate the overall effectiveness of the campaign.

The problem of **data** reporting was cited in the EPI Review of June 1998³². Immunisation rates were regularly reported by regional EPI teams to WHO, UNICEF and the MOPH. A survey using the two-stage cluster sampling method (210 children from 12 to 23 months old in 30 clusters) showed that coverage rates as reported in UNICEF 1997 data were significantly different from those of the survey.

TABLE 5.1: DISCREPANCIES BETWEEN REPORTED AND SURVEYED MEASLES COVERAGE³³

	Reported	Surveyed
Kabul	72%	68.6%
Herat	104%	31.9%
Ghazni	50%	20.5%
Nangarhar	124%	52.4%
Kandahar	102%	12.6%

Prior to the survey, the effectiveness of the EPI programme could only be assumed on the basis of unverified data. The results of the survey demonstrated the need to strengthen the supervision and management of the EPI teams. This measure was recommended by the Review team to improve the overall effectiveness of the EPI programme. Documents from the most recent immunisation campaigns (February to April 1999) revealed a persistent problem in reporting. One WHO staff member analysing the weaknesses of these 1999 campaigns pointed

³⁰ ARI files, UNICEF, Kabul, and UNICEF 1998c

³¹ During the campaign in 8 regions, 348 male and female, 102 health professionals, and 458 volunteers were trained, according to UNICEF reports

³² The review (WHO and UNICEF, 1998) was carried out by UNICEF, WHO, CDC Atlanta, donors (including a technical consultant from DANIDA), MOPH staff and independent consultants in 6 regions in Afghanistan.

³³ From EPI survey of 5 provinces: (Monique L'Hussier, June 1998), as part of the EPI Review

to the delays in training and the lack of supervision (again) as the principal problems. It should be noted here that the evacuation of UN international staff in mid-1998, and the subsequent travel restrictions (into Afghanistan) imposed by UNSECORD New York, have prevented WHO and UNICEF staff from implementing the recommended measures.

The **IFRC's** health clinics programme illustrates that **objectives and goals may not be compatible**, thus making it difficult to measure its overall effectiveness. IFRC has been achieving its objective for its health programme, namely, 'to provide good quality health services to meet the needs of the most vulnerable groups' (Tailhardes, 1998). In 1998, statistics from the 46 clinics show that almost 900,000 consultations were carried out in five regions. The overall goal of IFRC in Afghanistan is to build up the capacity of the Afghanistan Red Crescent Society (ARCS) through joint project implementation. However, one review³⁴ of the health activities of IFRC pointed to the 'total lack of commitment of the ARCS to the programme'³⁵. Hence, to be effective in its health programme, IFRC has to take complete responsibility for its implementation, forcing it to abandon its goal of developing the institutional capacity of the ARCS within the health programme.

It sometimes appears that agencies do not want to **overcome institutional obstacles to increase the cost-effectiveness** of operations. The ICRC purchases more than 80 per cent of its medical supplies in government certified outlets in Pakistan, and has developed a mechanism for quality control. At the same time, the IFRC imports all its medical supplies from Europe because it lacks the capacity to assure the quality of local purchases. It would seem likely to be more cost-effective to merge the two logistics systems which are both located in Peshawar (see also Appendix II/3).

5.3 Appropriateness and relevance

A minimum primary health package which includes EPI, reproductive health, integrated child/health care and essential curative care has generally proved to be cost-effective and has resulted in high health gains in a number of poverty stricken countries (Murray and Lopez, 1994). Health agencies, donors and the MOPH³⁶ agreed in 1994 on the framework of decentralised **minimum primary health care package** to improve the health of Afghans, 70 to 80 per cent of whom live in rural areas. In general, the agencies funded by DANIDA have been working within this primary health care framework, and overall, the programmes have been both appropriate and relevant.

In the context of Afghanistan, which has an estimated 500,000 physically disabled from war and landmine injuries and from other chronic diseases, rehabilitation programmes have also been, and will remain highly relevant. DANIDA's non-earmarked funds for the ICRC contribute to this programme³⁷.

The **appropriateness of strategies** selected *within* programmes is also critical to their success. The EPI programme in Afghanistan has been based since the mid-1990s on routine

³⁴ In March 1999 by the IFRC and Norwegian, Swedish, Swiss, and British societies.

³⁵ Although IFRC staff note that commitment to the clinic programme can be found at ARCS branch level.

³⁶ According to WHO, the Taliban MOPH has also endorsed the primary health care package.

³⁷ The internal ICRC reports on the sources of funding for specific activities were not available to the DANIDA evaluation team.

immunisation of children and women from ‘fixed centres’. In 1994, the strategy of using National Immunisation Day (NID) campaigns³⁸ to boost polio immunisation was introduced. The campaigns were aimed only at polio and were designed in line with the global polio eradication objectives. Questions were raised about the appropriateness of this strategy given the low coverage rates³⁹ of other EPI diseases such as measles.

Polio eradication experts argued that the **NID campaign strategy** was appropriate for Afghanistan because the health structures would be strengthened. NIDs were said to have a positive impact on routine EPI, mainly by:

- (i) increasing utilisation of services (awareness);
- (ii) boosting the technical competence of national staff in planning and organisational management;
- (iii) increasing national political support for health because of the high visibility of the campaigns.

Other experience has shown that the impact of NIDs (or campaign strategies) on Afghanistan’s very weak health service is likely to be limited, unless there is specific planning to link NIDs to improving health services.⁴⁰ However, in Afghanistan NIDs have been shown to provide added value in other respects. The EPI Review team and the DANIDA technical consultant for EPI (Spannow, 1998) found the following:

- social mobilisation for NIDs did raise awareness for EPI;
- there was political support from the authorities, as seen in the cease-fire agreements in 1996 and 1997 for NIDs (although not the case for 1998 and 1999) and in the endorsement by local *mullahs*;
- acceptance of women’s participation in the campaigns, in both urban and rural areas, to provide services and to get their children vaccinated.

Since 1996 large parts of Afghanistan have become more stable and priorities have shifted to rehabilitation programmes. In this context, the campaign strategy has become questionable. During interviews, UNICEF, the Minister of Health and the NGO IbnSina, a key partner in EPI, expressed doubts about the cost-effectiveness of NIDs (in 1998, US\$2.3 million were spent on NIDs, as compared with US\$1.8 million on routine EPI services) and campaigns in general, and their concerns about the diversion of resources (human and financial) from routine EPI services.

The DANIDA contribution to the EPI programme (to WHO for 1997-9) has been used for a campaign strategy aimed at boosting the immunisation coverage of children and women of child-bearing age against all the main EPI diseases (‘EPI acceleration’ campaigns). Despite the current controversies around this campaign strategy, these acceleration campaigns can be justified by the alarmingly low EPI coverage rates and can be seen as urgent measures to prevent

⁴⁷ NIDs were adopted by the World Health Assembly in 1988 as one of the principal strategies for global polio eradication (by year 2000).

³⁹ A June 1998 EPI coverage survey in 5 provinces by ACF showed that only 0-13% of under one year olds were fully immunised by routine EPI services

⁴⁰ A study done on Tanzania concluded that although NIDs had the *potential* for strengthening the health sector, there was *no evidence* that it was the case in Tanzania, due to lack of specific planning towards this end. In fact, disruption of normal health services was documented. (Mogedal et al., 1998)

deaths. Campaigns, then, can be used as a fall-back strategy when routine services are disrupted, for example, by conflict. However, as a long-term strategy, they run the risk of undermining routine health services in stable situations.

The same arguments can be made about the appropriateness of the ARI campaigns organised by UNICEF. Resources would be more appropriately used in strengthening and sustaining quality primary health care services to manage ARI and other childhood diseases.

With the decreasing numbers of war wounded⁴¹ over the last three years, questions have been raised (by both ICRC and non-ICRC staff) about **the appropriateness of ICRC's full support for surgical hospitals** in areas not affected by conflict⁴². The argument against sustaining the surgical hospitals is supported by the fact that in the past three years morbidity and mortality have principally been attributed to communicable diseases and maternity-related causes. In addition, where the authorities do spend resources on health, it has been in support of hospital surgical services. The ICRC has been addressing this issue by gradually reducing its inputs to the surgical hospitals in non-conflict areas, and shifting resources to areas in the north where there have been higher numbers of war injuries.

The ICRC's war surgery programme in Afghanistan has assisted thousands of wounded. Although the 'epidemiology of war wounded' has never been studied in Afghanistan, ICRC surgical statistics show that over 100,000 war wounded have been assisted and 30,000 disabled fitted with orthopaedic devices since the 1980s. Given the importance (in terms of resources) of the ICRC surgical programmes in Afghanistan, an in-depth evaluation of the surgical programme would perhaps be warranted in order to determine its appropriateness in the current Afghan context.

5.4 Targeting

It appears that, with the frequent shifts in the Afghan context (level and geographic spread of the conflict, changes in society and power structures, population displacements), general assumptions about vulnerable groups have had to be verified by surveys of beneficiaries and systematic monitoring of coping strategies and needs.⁴³ The problem of identifying the most vulnerable groups is illustrated by the ICRC's attempt to improve the targeting of its relief programme for widows in Kabul. In the winter of 1997, changes in Kabul (the IDP's, the arrival of the Taliban) prompted the ICRC to do a household survey to reassess needs and vulnerabilities⁴⁴. The survey found that 80 per cent of households surveyed were vulnerable, according to indicators such as household assets, earning capacity, debts, food consumption patterns and food availability. Data gathered amongst families headed by widows were not found to be significantly different from other groups, and CARE and WFP were also targeting widows for food assistance.

⁴¹ ICRC statistics show a steady decrease in war-wounded admissions to the five ICRC fully supported hospitals in Kabul, Kandahar, Jalalabad and Ghazni to between 8 and 30% of total admissions in 1998.

⁴² It has been difficult for the ICRC to limit surgical services only for the wounded or emergency cases. For example, the ICRC expatriate and Afghan surgeons have been pressured into performing elective surgeries for the most destitute groups, such as correction of club foot deformities, commonly found amongst beggars in Kandahar.

⁴³ It has been shown in other contexts that assumptions of vulnerability without consideration of coping strategies led to missed targeting and over-distribution of free food. See MSI on the targeting during the southern African Drought, in Borton and Macrae, 1997.

⁴⁴ See the survey mission report of an ICRC nutritionist, January 1997.

As a result, 75 per cent of widows (and their families, which made up 12 per cent of the surveyed households) were receiving food from agencies. The study concluded that improvements in targeting might be achieved by asking the widows themselves to identify the most vulnerable amongst the group and by the neighbourhood concept (developed by an NGO, Agency for Technical Cooperation and Development) of community involvement rather than externally imposed criteria. It is not clear if the ICRC acted on the conclusions, but widows continued to be targeted (in close cooperation with CARE and WFP) in Kabul. Subsequently, it was noted⁴⁵ that, over the years, ID cards for widows had been sold in the market and were circulating amongst the population. This pointed to a need for in-depth monitoring of the changing coping strategies of households to achieve more precise targeting. In consequence, two consultants have been assigned by the ICRC to assess nutritional and health needs against household economic coping strategies, consumption patterns and market trends.

Limited resources sometimes require agencies to make **trade-offs in targeting for the sake of cost-effectiveness**. This was the case for the IFRC and the Swedish Committee for Afghanistan (SCA), which targeted rural populations in remote areas in their clinics programmes. The joint EC-SIDA 1997 evaluation of the SCA health programme (SCA 1997a) pointed to the high costs of operating in remote under-populated villages, and recommended a consolidation of clinics to easily accessible areas with high population density. Similarly, IFRC's proposals to start rural clinics were abandoned because of the high costs of operating in remote areas⁴⁶. This kind of trade-off may lead to dire humanitarian consequences, as demonstrated in the recent epidemic of influenza resulting in more than 200 deaths in remote villages in Badakshan (NE Afghanistan). WHO investigation teams found no health services within accessible distances from the affected villages. The disparities between rural and urban health coverage would be further widened if cost-effectiveness considerations alone were taken into account.

5.5 Coverage

Overall, the coverage of the population's health needs has been poor, in terms of better quantity and distribution of services. WHO and UNICEF estimated in 1997 that only **33 per cent of the total population was covered by primary** of the population in rural areas.

Coverage of health services has been influenced by:

- the **political interests** of agencies and donors, for example the exclusive coverage of Mujahiddin controlled areas by 'solidarity' NGOs, and NGOs driven by US Cold War interests in the 1980s and early 1990s;
- working conditions, such as the degree of **cooperation on the part of the authorities**. In the south, the Taliban authorities imposed undue restrictions on agencies, leading to the withdrawal of the UN from that region. In 1996, for instance, only 6 NGOs were working in the health sector in Kandahar and Helmand (in the south) as compared with 28 NGOs in Kabul, and 34 in Nangahar province in the east (ACBAR, 1997a). This could be one explanation of the extremely low EPI coverage in the south;

⁴⁵ ICRC, Geneva, personal communication

⁴⁶ See the Health Development Plan for Afghan Red Crescent Society 1995-1996 (ARCS, 1999) and Tailhardes, 1998

- **security constraints** have influenced the distribution of aid. For example, fighting in the north prevented the full implementation of EPI activities, and led to an overall drop in polio immunisation coverage, from 87 per cent in 1996, to 51 per cent in 1998 (WHO and UNICEF, 1998). Since fighting started in the North, only 3 health NGOs and the ICRC have persisted, without interruption, with their health programmes in the last two years.

One of the most demanding challenges for health agencies in Afghanistan is **health care for women**, particularly reproductive health services. The biggest constraint on providing services for women has been the scarcity of female health professionals and workers. Maternity services in Afghanistan are mainly provided by traditional birth attendants (TBA) and midwives. Table 5.2 below shows the problem of shortages of these two categories of health workers, in terms of numbers and distribution in different regions in Afghanistan,⁴⁷ as revealed in the EPI Review of June 1998.

TABLE 5.2: REGIONAL DISTRIBUTION OF MIDWIVES AND TBAS/ 10,000

REGION	Midwives %	TBA %
EAST	137 (0.7)	1088 (0.6)
CENTRAL	353 (0.7)	388 (0.8)
SOUTH EAST	3 (0.0)	319 (0.2)
SOUTH	16 (0.1)	326 (0.1)
WEST	28 (0.1)	174 (0.1)
NORTH	107 (0.4)	265 (0.1)
NORTH EAST	10 (0.0)	150 (0.0)

Source: WHO and UNICEF 1998

This problem is now being addressed. The IFRC and NGOs are training women TBAs in their **MCH programmes**, using the standard training module developed by WHO. The ICRC has started **midwifery services** and training in the hospital in Kandahar, in the South, where one of the lowest numbers of midwives has been reported.

One strategy which health agencies have adopted to increase politically acceptable access for women is the **segregation of health services**. For example, the IFRC designated a number of clinics for women only, and organised women's days in the others. This arrangement has increased the utilisation of services by women. The IFRC clinic statistics showed that 78 per cent of those receiving treatment in the 46 clinics were women and children. This trend will continue to increase with the planned expansion of MCH services in the IFRC-run clinics.

Reports about overall **health care for IDPs** were not available for the evaluation team. Records show that, over the years, the ICRC, UNICEF, WHO and the NGOs have all provided health assistance to IDPs. For instance, UNICEF and NGOs provided the water supply and sanitation in IDP camps in Jalalabad and northern Afghanistan in 1994 (UN Annual Consolidated Report for 1994). The ICRC provided clinical care to IDPs in camps in Herat in 1997 and 1998.

⁴⁷ The recommended number of TBAs is 10/10,000 population

The prominence of the gender issue has overshadowed other discriminatory practices, such as those against **ethnic minorities**, under Taliban rule. The blockade of the Central Highlands by the Taliban in 1997 and 1998, predominantly aimed at the Hazara Shia population, is one glaring example. Other more subtle indications are access to MOPH health structures in Taliban-controlled areas. One Afghan informant working in a surgical hospital indicated that the authorities put pressure on hospital staff to give priority to the Pashtun and to report admissions of non-Pashtun patients to the MOPH. Now that gender-disaggregated data are being collected to monitor the access of women to health services, closer monitoring of ethnic discrimination should perhaps also be considered.

5.6 Adequacy

UN annual consolidated reports show that UNICEF and WHO spent around US\$60 million on health from 1992 to 1997. In 1998, the UN Mid-term Review showed a shortfall of US\$8.3 million against a requirement of US\$16.2 million for UN health sector activities. In the same year, the combined budgets of the 10 largest health NGOs was US\$20 million (ACBAR, 1999a). The health sector has generally been well-funded. However, the evaluation team found little analysis of priority needs and the total available resources and allocations to meet those needs.⁴⁸ The USAID-supported mapping of health facilities collapsed after the withdrawal of US funding in 1993. Since then, a master plan of available health services, matched to health data indicators, has not been drawn up, possibly because of lack of donor support and agency consensus.

As regards critical unmet needs, NGOs cite shortages of funds for reproductive health and MCH programmes in general. They also expressed the need for a reliable and independent **health information system**. The ICRC, WHO and NGOs all point to the need for tuberculosis treatment and control. Currently, of the estimated 120,000 active TB cases, only 6,000 are receiving therapy.

For the national EPI programme, UNICEF and WHO estimate budget requirements of US\$4.5 million (1998 estimates) per annum. The EPI programmes have generally been well-funded, but funding has been biased towards polio eradication activities. There has been a shortage of funds for routine EPI activities. For 1999, the EPI budget is adequately covered for both WHO and UNICEF.⁴⁹

The IFRC has had persistent funding problems with all its operations in Afghanistan. There is no core funding, and all the programmes, including the health clinic programme depend on responses to its annual appeals. Recently, the MCH clinics programme received a grant from UNFPA. However, funding for the other clinic activities has not been assured for 1999.

⁴⁸ An exception is the WHO Report of Health Planning Workshop, Kabul, 15 February – 2 March 1998 (WHO 1998b).

⁴⁹ Interviews with the WHO Representative, and UNICEF health programme officer.

5.7 Monitoring and evaluation

UNICEF's integrated oral rehydration therapy (ORT), hygiene education and sanitation programme⁵⁰ demonstrates that **surveys of beneficiaries and systematic assessments** can enhance programme quality. The programme aims at decreasing morbidity from diarrhoeal diseases. Inputs include the installation of latrines and handpumps and the construction of bore wells, with particular emphasis on community participation. Activities also included the training of men and women to provide household and community health education. Detailed surveys were carried out using indicators such as the incidence of diarrhoeal diseases, history of cholera epidemics, and accessibility to potable water. Disaggregated population data were also collected, and the communities were consulted about their needs and practices during the surveys. A visit by the evaluation team to one of the project sites⁵¹ revealed a high degree of compliance and community engagement, in both the utilisation and maintenance of the water and sanitation installations.

Similarly, the **IFRC's MCH programme** sought the views of women (and their husbands) regarding acceptable forms of birth control, and hence enhanced the utilisation of contraceptives. IFRC statistics showed a seven-fold increase (from 250 consultations in August to 1,720 in December 1998) in the utilisation of reproductive health services (including birth control measures) during the course of the programme.

Very few health agencies have based their interventions on sound evidence and epidemiological data. Healthnet International (HNI), supported by WHO, proved that **operational research and knowledge about the beneficiaries**, all normal features of long-term development work, can significantly improve programme quality. Based on research, field trials and evaluations, HNI, with the support of WHO, developed a malaria control package consisting of insecticide treatment of bed covers and chadors, treatment of mosquito breeding sites with larvivorous *Gambusia* fish, and cattle sponging, ie the periodical superficial application of insecticides on livestock. Acceptance of the package was demonstrated by the active participation of farmers and the demand for impregnated nets (over 30,000 in 6 months sold in the community cost-sharing scheme). Randomised control trials showed the added benefit of protection against cutaneous leishmaniasis. This re-enforced the utilisation of impregnated nets and chadors.

Accurate assessments, beneficiary surveys and operational research have been possible in the last three years with increased stability in most parts of the country. For **acute emergencies in unstable areas**, where there are large population movements, adequate procedures have not always been possible. The ICRC, for example, admitted that it had been impossible to make accurate needs assessments of the war wounded in every situation.⁵²

As pointed out in Study 3 of the Joint Evaluation of the Rwanda emergency (Borton et al, 1996), one of the ways to improve monitoring and evaluation is by **epidemiological surveillance**. Data collection has been carried out by individual agencies in Afghanistan, for purposes of programme monitoring and reporting to donors. However, few MOPH and agency staff are collecting data in an epidemiologically sound way (e.g. with laboratory confirmation or accurate clinical diagnosis), leading to false assumptions of the magnitude of the problem or of

⁵⁰ Partly funded by the DANIDA 1998 contribution to UNICEF.

⁵¹ Dabsabz district, Kabul province.

⁵² Information from interviews with ICRC medical and relief staff in Geneva and Kabul.

the effectiveness of the programme (cf: the EPI Review of June 1998). In addition, there is very limited reporting of communicable diseases by hospitals.⁵³

Besides the limits of technical capacity, there may have been other reasons why epidemiological surveillance and data sharing have been problematic:

- agencies such as the ICRC claim that it has been futile to report data, as there has been no reliable central structure to analyse the data reported by agencies, provide feedback and then take the necessary actions;
- NGOs are reluctant to report data to WHO and UNICEF who, they claim, report NGO data as 'their own', giving a false impression to donors in particular;
- a genuine problem with population figures has also been a factor. The last official census was taken in 1975, and current demographic data of districts, for example, have been extrapolated from the 1975 figures.

There are encouraging signs in the quality of surveillance of certain diseases. The *WHO-led* surveillance of Acute Flaccid Paralysis (AFP), has been effective in detecting polio cases. WHO intends to expand the surveillance to include measles and neonatal tetanus. An international epidemiologist, funded by DANIDA, has been assigned to this task. The AFP surveillance network, using sentinel surveillance sites based in hospitals, clinics and other health facilities, could be the basis for overall improved surveillance of EPI diseases. If the surveillance activities are to be fully successful, the participating agencies will need to build up trust and collaborate fully with WHO, UNICEF and the MOPH, which must in turn address the current credibility gap.⁵⁴

One field of activity which needs to be assessed is **health education**. Several agencies are carrying out health education activities, some using standardised messages and others adopting innovative ways to communicate, despite the Taliban ban on human images. With the plethora of programmes and messages, agencies agree that both the content of the messages and the means by which they are communicated should be assessed.

Monitoring, management and quality go together. A recent example illustrates this point. Three different NGO sources⁵⁵ reported the distribution by WHO of expired drugs. The evaluation team found no evidence of expired drugs in WHO's storage room (except for a stock of permethrin, an insecticide used for impregnating bed nets for malaria control, which expired in 1997). WHO refutes these allegations, claiming that recipients had left the medicines unattended beyond the expiration dates. Given the consistency of the accusations, however, a review by WHO and the recipient agencies of its supplies management would nevertheless be warranted.

⁵³ ICRC, for example, has not reported to public health officials the incidence of Hepatitis B seropositivity detected in the blood banks of the ICRC-operated hospitals.

⁵⁴ An indication of positive developments in this area was demonstrated by the March 1999 AFP surveillance workshop, jointly sponsored by WHO and UNICEF, which other agencies attended.

⁵⁵ Personal communication and internal reports from NGOs in Kabul, Peshawar and Islamabad.

5.8 Coordination within the sector

The earliest mechanism for health sector coordination was the **Coordination of Medical Committees (CMC)** set-up in the mid-1980s. This body was later absorbed into the Sub-Committee for Health of ACBAR, when the latter coordinating body was created in 1988 in Peshawar, Pakistan. ACBAR records⁵⁶ show that the meetings were attended mainly by NGOs. Donors such as the EU and USAID, the UN agencies (WHO, UNICEF) and the ICRC participated only occasionally. The Sub-committee was a forum for information sharing and for technical discussion.

In 1994 a group of agencies led by UNICEF and the European Commission, with the involvement of the MOPH (under the Rabbani Government), formulated and agreed upon the project framework for minimum primary health care for Afghanistan.⁵⁷ In parallel, the **government's (MOPH) health coordination bodies** at central and local levels were supported by WHO and UNICEF. In 1994, the MOPH divided the country into eight administrative regions. Theoretically, each of these regions was to have a health management team, which would coordinate aid activities. In reality, these **decentralised coordinating bodies** functioned only in certain regions,⁵⁸ depending on the motivation and competence of the MOPH regional health manager. These government bodies were maintained by the Taliban MOPH. Some NGOs quoted problems with this regional coordination structure. Among the various NGOs and UN agencies there have been different geographic interpretations of what a 'region' consists of in terms of provinces and districts⁵⁹.

Following the arrival of the Taliban in Kabul in 1996, the health NGOs' distrust of the authorities **widened the gap between the MOPH and the NGO coordinating systems**. Most international and Afghan health NGOs found the ACBAR forum useful for discussing common positions towards the Taliban edicts. ACBAR records show that from 1996, the topics of the meetings shifted from technical and programmatic matters to issues regarding **common principles and positions**. One example is the health NGOs' united stand⁶⁰ on the hiring practices of the MOPH, expressed in a common document signed by several NGOs. This stated that recruitment of MOPH staff paid for by the NGOs should be based on professional qualifications and not on political considerations.

Whilst the ACBAR-sponsored health coordination meetings, held in Peshawar, were useful for information sharing, and for discussions on common positions towards the Taliban, NGOs found it impractical for **operational** coordination. Meetings were then held at the regional or provincial levels, inside Afghanistan, sponsored by the larger health NGOs, or by the MOPH regional health teams, supported by WHO and UNICEF.

However, even though operational coordination and information sharing were taking place, health **programmes** in general remained fragmented in the absence of a single central coordination body.

⁵⁶ Minutes of every meeting since 1988 are still kept in the ACBAR files.

⁵⁷ This group included WHO, SCA, MSF, AVICEN, the ACBAR Health Committee and USAID.

⁵⁸ The East and Western Regions, for example, are reported by NGOs as having effective coordinating systems.

⁵⁹ Personal communication from SCA.

⁶⁰ See Health NGOs Common Standard of May 1999, ACBAR Sub-committee for Health.

One country-wide activity which had a cohesive effect on programming was EPI. Revitalised in 1994, the EPI programme was coordinated by the **Technical Coordinating Committee (TCC)**, established exclusively for this purpose. Coordination was probably strengthened by UNICEF's policy of subcontracting NGOs as implementing partners. As a result of the participation of a number of NGOs in the programme, the TCC became a useful forum for overall EPI planning.⁶¹

In the late 1980s, the NGOs agreed on technical standards and guidelines for the health problems of refugees and returnees, in line with UNHCR, WHO, UNICEF and Pakistan MOPH⁶² standards. These standards appear to have been replaced by individual agencies, without co-ordinated revision in the ACBAR publication. This may have been due to the shift in focus from Pakistan to Afghanistan (from refugee assistance to assistance inside Afghanistan) and the high turnover of NGO staff.

Apart from EPI, the coordination of **technical standards** has been problematic between NGO and the UN health agencies. During most of the 1990s, the NGOs complained of the lack of response from WHO and UNICEF to their requests for technical guidelines.⁶³ The international health agencies, in particular, have been using the standards endorsed by WHO for the treatment and control of the most prevalent **communicable diseases**, such as tuberculosis, malaria, cholera, and cutaneous leishmaniasis. This may not, however, have been due so much to the strength of country coordination mechanisms, as to the availability of these standards worldwide. There has also been a problem with standardised case definitions⁶⁴ for some common diseases. The IFRC, for example, has been using the Médecins sans Frontières case definitions for its health information system. NGOs also developed their own training modules and drug lists for clinics and hospitals.⁶⁵ **On nutritional surveillance**, some agencies have used the Mid Upper Arm Circumference (MUAC) measurements exclusively, whilst others used the Weight for Height index.⁶⁶ Different sampling methods have also been used, leading to a confusing picture of the nutritional status of population groups.

Given these problems, WHO, UNICEF, the MOPH and NGOs started in 1998 to use the **TCC** as a forum to address general **technical and related programmatic issues**, in addition to EPI matters. At present, the TCC appears to **fall short of providing effective technical coordination** for two reasons. First, because of the absence of heads of agencies from most of

⁶¹ The EPI Review of June 1998 agreed that the TCC had a positive impact on EPI coordination, but recommended increased support to the regional EPI and NGO teams.

⁶² From ACBAR Health Standards and Guidelines.

⁶³ Minutes of the ACBAR Health Sub-Committee meetings record several occasions where NGOs urged the participation of WHO and UNICEF for technical support, eg during cholera outbreaks. The WHO disputes the accusation of not providing adequate technical support to other agencies citing, *inter alia*, a range of technical guidelines and advisory material available.

⁶⁴ Case definitions are standardised criteria for the clinical diagnoses of diseases. The problem of standardising case definitions for reporting is not unique to Afghanistan. A WHO study in the refugee camps in Uganda, Tanzania and Kenya showed that health staff had to file different reports to the MOPH, UNHCR, NGOs or the Red Cross. (Connolly)

⁶⁵ For example, the Federation, MSF, ICRC, IbnSina have different drug lists

⁶⁶ MUAC measurements are a good predictor of mortality risks from malnutrition amongst infants, whereas the WFH index is more commonly used in surveys, and is an indicator of the prevalence and severity of malnutrition.

the meetings, decisions have usually been deferred. The second reason is the continued lack of confidence in the Taliban administration. Suspicion of its motives deter some key international health agencies from participating meaningfully.

In terms of the current situation, the **most significant coordination problem is the absence of an *agreed* strategy as to where health resources should best be placed.** Even with the agreed policy framework of 1994, strategic planning has been patchy. The **PCP** process has yet to provide added value to coordination in the health sector. Contributing to the lack of common strategies is the **scarcity of reliable data** to indicate what and where the priority needs are (cf sections 5.4 and 5.5). Consequently, agencies appear to be planning in a vacuum.

Previous evaluations have already mentioned the problem of data, and have recommended a **Health Information System (HIS)**⁶⁷. Recently, WHO, UNICEF, and the health NGOs (MSF, SCA, HIS, IbnSina) have jointly established a HIS Task Force, the role of which is to establish a common information system for strategic planning and monitoring.

The ICRC has expressed its intention to recruit a senior technical/health systems adviser to support health coordination⁶⁸ at the central level, within the MOPH. Two NGOs and UN agencies interviewed in Kabul were not aware of this particular initiative, and would not comment further as to its eventual merits.⁶⁹ As the ICRC has seldom participated in any health coordination forum in the past, it would be timely for it to become more engaged in coordination with other agencies.

The ICRC initiative is perhaps an indication of the lack of leadership, in the absence of a functional MOPH, from the UN agencies involved in health, i.e. WHO and UNICEF. A number of health issues have aggravated the poor relations between the health NGOs and the UN agencies. One has been the perception of WHO, in particular, as failing to stand up to the Taliban MOPH in a principled way, illustrated by the widely publicised case of its support for Rabia Bahki women's hospital. WHO and UNICEF field staff have generally been seen by NGOs as unhelpful in providing technical support, either due to lack of capacity or interest. The fact that almost all the agencies interviewed questioned the validity of WHO and UNICEF data (see section 5.10), and the effectiveness of WHO/UNICEF operations, further confirmed the erosion of these two agencies' credibility over the years. Although some notable achievements have been made by both in the health sector, this credibility gap needs to be vigorously addressed.

As pointed out in the EPI Review of June 1998, the lack of clarity about the roles of WHO and UNICEF has created confusion amongst NGOs and the MOPH staff. Between the two agencies there has been duplication of roles, overlapping of activities, competition for visibility, and public disagreements on technical issues and strategies. The EPI Review concluded that '...the present roles of UNICEF and WHO in support of EPI are unclear, and institutional and administrative constraints should be resolved as a matter of the highest priority' (WHO and UNICEF, 1998). There are indications that the two newly appointed representatives of the two agencies have taken steps towards addressing this recommendation.

⁶⁷ 1997 EU-Sida Evaluation of the SCA Health programme, and the EPI Review of 1998.

⁶⁸ The intended plan is to use the model of CoCom in post conflict Cambodia. The post was advertised in the Economist in 1999.

⁶⁹ The ICRC points out that it had mentioned this initiative at the 1998 TCC meeting and at the ASG meeting in London in May 1998.

5.9 Connectedness

National staff training and capacity building have consistently been components of health assistance programmes in Afghanistan. The ICRC trained Afghan hospital staff even in the midst of the conflict. UN annual reports show that both UNICEF and WHO have conducted training courses since 1992, with hundreds reportedly trained⁷⁰. The impact of training programmes has been limited, however, by forced or voluntary displacement of qualified professionals, and by the agencies' fragmented approach to training.

Nevertheless a critical mass of qualified Afghan health workers, have remained in the country. It appears now that the deliberate strategy in 1990 to support Afghan NGOs has paid off in the health sector. One of the most effective independent Afghan health NGOs, IbnSina, is headed by an Afghan doctor who was trained by an international NGO in Peshawar.⁷¹ IbnSina emerged from AVICEN, when this international NGO collapsed (due to funding and management problems), and continued working in the EPI programme.

Another issue is providing livelihoods for trained health staff. All the agencies working in health (apart from WHO) are paying **incentives** to MOPH staff. This has been necessary in view of the MOPH's failure to pay salaries. There is a risk, however. Instead of agreeing on incentive scales, agencies have had to set incentives in a competitive way to attract and retain qualified Afghan staff.⁷² This may lead to standards that a future legitimate public administration will find impossible to meet.

On the positive side, almost all the health agencies have been investing in the existing MOPH framework, which will very likely provide the foundation for the eventual reconstruction of the health system. With this longer-term view in mind, the creation of a parallel system of health services, as in the case of the IFRC and the ARCS, may actually undermine the investments being made in the public health structure.

Along with the longer-term perspective, some NGOs⁷³ and UN agencies have introduced community cost-sharing programmes. The malaria and cutaneous leishmaniasis programme is one such programme which has been successful. (see section 5.7). Experiences in other conflict-affected countries, however, have shown that the cost sharing schemes have their limitations (Bernander et al., 1995, quoted in Borton and Macrae, 1997). Amongst the most destitute there will still be a need for cost-free services. Even in poor countries not affected by conflict, basic health services are difficult to sustain without external aid (Murray and Lopez, 1994).

⁷⁰ For example, in 1995 alone, WHO and UNICEF conducted 690 courses for over 1000 doctors, 900 mid level health workers, and 650 volunteers. See the UN Annual Report for 1995.

⁷¹ IbnSina is a major partner of UNICEF and WHO in the EPI programmes. It is supported by the EU, and UNICEF and its funding has increased from US\$300,000 in 1996 to \$750,000 in 1998.

⁷² For example, per month, a clinic doctor is paid US\$80 by MSF, \$100 by IbnSina, \$120 by MDM, \$35 by the IFRC. UNICEF pays \$46 to the Regional EPI manager. The MOPH salary for the EPI manager is US\$8.

⁷³ The AMI run hospital in Laghman charges patients for a health pass, a nominal fee for consultations in the outpatient clinic, and for special examinations. IbnSina clinics charge a small fee for consultations, and patients pay 30% of the cost of medicines.

Bearing in mind the importance of cost-effectiveness in a future health system for Afghanistan, agencies could probably do more about connecting the vertical programmes. Health economists have shown that 'clustering' services increased overall cost-effectiveness by using resources for several purposes (Bodadilla et al). For example, the outpatient departments of surgical hospitals, and clinical services in general, could be exploited to provide immunisation (EPI) services for mothers and children. There may also be opportunities in the private health sector. There are an estimated 3000 private pharmacies in the country (WHO 1998b), some of them operated by MOPH and NGO staff. As recommended in the EC-SIDA Evaluation of the SCA Health Programmes, and the EPI Review of June 1998, more analysis should be undertaken about the role of the private sector in health services provision, with the aim of involving it in essential primary health care programmes. Another reason to look more closely at the private pharmacies is that they feed the voracious Afghan demand for medicines and 'serums', which agencies refuse to provide for sound medical reasons.⁷⁴

5.10 Advocacy

UNICEF and WHO have used the local media, such as the locally popular BBC radio programme and the official Taliban Radio Sharia, for health education and promotion. As observed by the EPI Review of June 1998, the use of the media for the NID campaigns has effectively increased the awareness amongst communities of the need for polio vaccination.

In some cases, advocacy has been perceived as a means to increasing visibility for fund-raising purposes. A case in point is WHO's circulation of epidemic alerts⁷⁵. For WHO, it was a way of raising awareness about the health situation in the country. Other agencies perceived it as a fund-raising strategy. This contradiction has seriously undermined the credibility of the messages WHO wants to convey.

5.11 DANIDA's Support

DANIDA's humanitarian aid for Afghanistan supported the following agencies' health programmes:

- Expanded Programme for Immunisation (EPI) for women and children (to WHO, 1997-9)
- winter campaign for the prevention and control of Acute Respiratory Infections (ARI), and the Integrated Oral Rehydration Therapy (ORT), Sanitation, and Hygiene programme (to UNICEF, 1998)
- preventive and curative health services (to IFRC, 1992-8)
- surgical and orthopaedic assistance for the war-wounded and nutrition and environmental programmes (general contributions to the ICRC, 1992-8)

Except for the contribution to WHO in 1997, DANIDA funds have not been earmarked for specific projects. In the case of the ICRC and the IFRC funding has been on an annual basis between 1992 and 1998.

⁷⁴ From BAAG's 'Return and Reconstruction, Report on a study of economic coping strategies, Farah Province'

⁷⁵ For example, the cholera outbreak throughout the country in 1998, and the epidemic of influenza in Badakhshan in 1999

DANIDA set conditions on the contribution to WHO for EPI activities in 1997. In this case, DANIDA stipulated that gender disaggregated data had to be collected and that an international consultant for surveillance had to be assigned to the WHO Afghanistan country office. The funds were kept 'on hold' until these conditions were met. These conditions and other factors such as the evacuation of UN staff in mid-1998, caused a delay of one year before the DANIDA-funded activities were started. The impact of this delay is difficult to assess, as most of the operational funds for EPI came from UNICEF sources.

In the context of Afghanistan, DANIDA's short-term emergency funding for health may not be appropriate. For example, the contribution to UNICEF was pledged in September 1998, with the initial stipulation that the funds had to be committed by the end of the year.⁷⁶ The UNICEF country team was obliged to allocate the funds to areas where absorption was possible within this short time-frame namely, the ARI winter campaign and the on-going rural water and sanitation programme. Although DANIDA subsequently agreed to an extension of the contract to September 1999, the initial haste in planning probably had a negative impact on the programme, in particular, the ARI winter campaign (see section 5.1).

There are proven benefits of building capacities and essential infrastructure even in the midst of war. The EU donor mission to Afghanistan in April 1998 (EU, 1998) recommended that assistance programmes should take a 'medium-term approach, rather than the present short-term view'. DANIDA may wish to review its current humanitarian funding policies and consider a more flexible and longer-term approach, which may prove more beneficial to the Afghans, and cost-effective in the long run.

5.12 Main findings

1. Health agencies have assisted tens of thousands of Afghans over the 20 years of war, and numerous achievements have been made in these years, in very difficult circumstances.
2. In the absence of a functioning state, donors, together with health agencies, have (in the first half of the 1990s) played an important role in shaping a policy framework for health. The common framework was the first step towards reform in the Afghan health system from tertiary centralised services, to primary decentralised health-care services.
3. There is an expressed need for a common strategy in the health sector. There has been a level of operational synergy amongst health agencies for meeting emergency (and less urgent) needs. However, neither operational collaboration nor the existence of a coherent framework has led to strategic planning for assistance in the health sector, as recognised by the participants at the Afghanistan Support Group meeting in London in May 1998.
4. There has been a notable lack of leadership in the health sector. Past and current MOPHs have lacked the capacity, the will, and the legitimacy (in the case of the Taliban) to run an independently functioning public health administration. The two UN agencies working in the health sector, WHO and UNICEF, have not provided effective leadership in the sector.
5. Short-term emergency funding is not an appropriate aid policy in Afghanistan. With a few exceptions where quick emergency funds are required (e.g. earthquakes) the health needs of Afghans are best met by longer-term inputs. Health agencies engaged in rehabilitation

⁷⁶ The funds were received by the UNICEF country office in November 1998. The contract was later extended to September 1999.

activities have been hampered in their efforts by short-term, project-based funding. This donor policy has contributed to the fragmented inputs by different agencies.

6. There is a lack of evidence of the overall impact of programmes on the health of Afghans living in the country. Very few evaluations have been carried out. Agencies have not systematically shared evaluation results or pooled knowledge and technical resources to promote shared learning to improve overall effectiveness.
7. The scarcity of reliable data remains a problem. This has had an adverse effect on monitoring, evaluation, strategic planning, and funding decisions.
8. More analysis should be undertaken of the role of the private sector, for the purpose of exploiting this resource for the most essential health programmes.

5.13 Recommendations

1. **UNICEF** should consider a joint NGO, MOPH, WHO, IFRC evaluation of the ARI programme, with particular attention to the winter ARI campaigns. The evaluation should include technical aspects of the strategy, operational management, coordination, links to other vertical programmes and cost analysis.
2. **WHO**, in reporting epidemiological data, should consider acknowledging the sources of information and showing the methodologies used for data collection and analysis. The EPI bulletin published by the MOPH, WHO and UNICEF should be widely disseminated.
3. **ICRC** should consider an independent evaluation of the surgical and orthopaedic programmes in terms of short and medium-term impact and strengths and weaknesses of strategies, including 'exit strategies' for ICRC's engagement in urban surgical hospitals in non-conflict areas.
4. **IFRC** should analyse the risks and benefits of integrating the ARCS/IFRC health clinics into the MOPH system, and, based on these findings, consider tripartite negotiations between IFRC (and ICRC), the ARCS and the MOPH for improved linkages between the two systems.
5. **Principled Common Programming;** Within the proposed Strategic Monitoring Unit, consideration should be given to the recruitment, in consultation with WHO and UNICEF, of an epidemiologist to liaise with NGOs, WHO, UNICEF and the Red Cross, to provide independently analysed data and information on health resources and priority needs, to support data collection for monitoring of health activities and to facilitate evaluations in the health sector.
6. **UNOCHA** should consider systematic monitoring of the impact of withdrawal of UN expatriate staff, and the security restrictions imposed by UNSECORD New York.
7. **DANIDA** should consider funding the Strategic Monitoring Unit within the PCP framework.
8. **DANIDA** should consider joint funding with other donors (eg EC SIDA) of a field study on the role of the private sector in providing health services in the country, with the aim of informing and advising agencies about the quality of private health care, household health

spending, costs and waste, and the possibilities of exploiting private health services in public health programmes.

9. **DANIDA** should consider developing more flexibility in humanitarian aid allocations, particularly in countries where there are chronic conflicts, in terms of longer-term project life span and funding, with the possibility of diverting funds quickly to meet urgent needs when the case arises.
10. The **UN Secretariat** should consider defining the role of the UN development agencies (UNDP, WHO, FAO, UNICEF) in the absence of a legitimate government, including their level of engagement with the authorities, in providing humanitarian and rehabilitation assistance.

6. MINE ACTION PROGRAMMES SUPPORTED BY DANIDA

6.1 Introduction and context

During the 1990s, Afghanistan has remained one of the most seriously mined countries in the world, with an estimated 5-7 million abandoned landmines⁷⁷ scattered in 28 of its 29 provinces, threatening both rural and urban populations and affecting almost all sectors of economic and social activity⁷⁸. With approximately 8,000 accidents per year (20-24 per day), in the early 1990s, the rate of injury and death among the rural and urban population was the highest of all mine-affected countries. Subsequently the accident rate has dropped to a still very high 4,000 per year, 10-12 per day.

DANIDA has funded the UNOCHA Mine Action Programme in Afghanistan (MAPA) continuously since 1992 and in 1998 also funded the Danish De-Mining Group (DDG), a new consortium of Danish NGOs, to start work in Afghanistan. When it began in 1989, the Afghan mine action programme was **the first humanitarian initiative** to address the threat of landmines to civilian populations. As such, it is the longest running programme of its kind, but closely followed by similar initiatives in Cambodia and North Iraq (initiated 1991/2), and then Angola and Mozambique (initiated 1993/4).

The Afghan mine action programme was developed in the **special conditions** of continuing warfare and the absence of a national government. Its initiation and justification were directly linked to the massive repatriation programme planned after the withdrawal of Soviet troops in 1989 and following the Geneva Accords of April 1988. Under the leadership of the then UN Under-Secretary General, UNOCA (renamed UNOCHA in 1993) was given an extensive mandate for the coordination of humanitarian affairs inside Afghanistan, including the organisation and direction of 'special tasks' not included within the mandate of other UN agencies. In the absence of alternative agencies or initiatives, UNOCHA became the *de facto* 'governing authority' for mine action activities including the coordination and implementation of operational activities in this new sector of humanitarian assistance.

From the start there was a consensus in UNOCHA on the need to develop an Afghan capability to address the landmines threat facing, the returning Afghan refugees in particular.⁷⁹ Between 1989 and 1990 the core Afghan mine action NGOs were established with direct encouragement and support from UNOCHA,⁸⁰ which assumed the role of 'national mine action authority' and defined overall policy and direction. Initially, UNOCHA spearheaded the idea of establishing Afghan mine action NGOs on the premise that such a capacity would be absorbed or utilised by

⁷⁷ These are the current estimates referring to landmines. Earlier estimates in 1988 considered the threat to be 20-30 million in terms of both landmines and Unexploded Ordnance (UXO). From a humanitarian perspective the number is less important than the level of socio-economic threat and disruption caused by mined or suspected areas.

⁷⁸ Surveys conducted by the Mine Clearance Planning Agency (as part of MAPA) since 1993 indicate that over 859 sq km of agricultural and grazing lands, irrigation systems, residential areas and roads were contaminated by mines. Over 1,580 villages were directly affected. (See section 6.6 for details)

⁷⁹ Approximately 3 million in Pakistan and 2 million in Iran in 1988.

⁸⁰ Only the independent British mine-clearance NGO, Halo Trust operated in Kabul outside of the coordination of UNOCHA throughout the 1990's coming under its aegis (and receiving funding) in 1999 for the first time.

any future Afghan central government. There was general optimism that a new government would soon emerge and that UNOCHA's direct involvement in mine action could then cease.

From 1989, therefore, UNOCHA became responsible for the development of the Afghan de-mining NGOs, programme planning, resource mobilisation, provision of technical assistance, procurement, monitoring and coordination of the mine action sector. It was also instrumental in **mobilising donor support** for a coordinated mine action programme, through the annual consolidated appeal, ensuring that external funding was provided in a way that supported a cohesive approach.⁸¹ From the start the NGOs operated as contractors and implementing partners within the UN institutional structure, being allotted grants under standard agreements based on UNHCR procedures developed to fund NGO work in refugee return areas.

These were the special conditions in which Afghan mine action NGOs developed under the close supervision of UNOCHA and its designated office for the Mine Clearance Programme. By 1993, when the first DANIDA contribution for mine action was committed, there were already five Afghan NGOs operating with approximately 2,500 operators throughout Afghanistan.⁸² Mine awareness teams, de-mining teams, mobile dog units, Explosive Ordnance Disposal (EOD) teams and mechanical clearance capacity combined with a developing information data base and survey capacity to form the operating profile of mine action in the country. The current mine action programme coordinated and controlled by UNOCHA has built on the foundations set in place by the time DANIDA began direct funding to mine action.

6.2 Effectiveness

Operational and organisational effectiveness

In terms of developing an **indigenous mine action capacity** the UNOCHA Mine Action Programme in Afghanistan has been effective. Since 1990 five core NGOs have been operating to clear mines and spread mines awareness education, namely;

- Afghan Technical Consultants (ATC) ;
- De-mining Agency for Afghanistan (previously SWAAD) (DAFA);
- Mine Clearance and Planning Agency (MCPA);
- Mine Dog Centre (MDC);
- Organisation for Mine Clearance and Afghan Rehabilitation (OMAR);

By 1994 the total staff of these organisations comprised approximately 3,500 Afghans. Each NGO has maintained from the start a completely Afghan-staffed management structure, led by Afghan directors. The same directors who started these NGOs in 1990 under the auspices of the UN remain the heads of their respective agencies, maintaining strong institutional memory

⁸¹ The Afghan Emergency Trust Fund (AETF) was established in June 1988 to cover different humanitarian initiatives including mine clearance and mine awareness activities.

⁸² It should be noted that the very first idea of training 15,000 Afghan returnees in basic de-mining skills and giving them basic equipment to work independently in whatever areas they returned to was aborted and discredited at an early stage. This initiative was being attempted at the same time as the NGOs were being encouraged and was soon to be eclipsed by the second and preferred option.

and organisational loyalty. The same applies to senior management in almost all these NGOs. The number of expatriate specialists (technical or administrative) attached to MAPA over the years has ranged between 6 and 10 persons only. In comparison with other UN and NGO mine action programmes, this is a strikingly low ratio. (See section 6.6 for an outline of the physical achievements of the programme.)

The **operational profile** over recent years has included manual mine clearance teams, technical survey teams, mine dog clearance teams, mechanical excavation teams, EOD teams, monitoring, evaluation and training teams and various different mine awareness training teams. The information database is maintained by the technical survey NGO (MCPA) but is available to the whole programme. Mine awareness teams and MCPA have also been active in relation to advocacy and involvement with the International Campaign to Ban Landmines.

MAPA has not only coordinated the Afghan NGOs, but has acted as the **umbrella organisation** for other international mine action organisations which have recognised the importance of unity and common programming within the sector. These agencies include Save the Children USA, Handicap International, the BBC, the Afghanistan Red Crescent Society, the Refugee Relief Group of Ansar, as well as the Danish De-Mining Group, all independently financed. Furthermore, MAPA has encouraged the establishment and development of two additional Afghan NGOs in the area of mine awareness (AMAA: Afghan Mine Awareness Agency in 1998⁸³) and an alternative approach to mine clearance (AREA: Agency for Rehabilitation and Energy Conservation in Afghanistan, since 1997⁸⁴), partly to encourage diversification and experimentation in response to changing contexts within the country.

Two further agencies deserve mention. Since its inception in 1990, **Halo Trust** (the British de-mining NGO) has always operated in Kabul, as opposed to cross-border, and has adopted a non-cooperative approach to UNOCHA and MAPA. This style of operation was generic to the organisation globally, but was more pronounced in Afghanistan. Independent financing of its ever-increasing operations meant Halo had no need to participate in UN annual Appeals. Attitudes and funding conditions have changed over the years and in 1999, for the first time, Halo Trust joined up with MAPA, increasing the total mine action staff operating under MAPA to approximately 4,700. The main incentive for Halo joining with UNOCHA is a major US donor's insistence that its support for Halo is channelled through the Afghan Emergency Trust Fund.

A second agency is the **Danish De-Mining Group** formed in 1998. Funded by DANIDA, DDG has been setting up operations in Quetta and Kandahar. Its initial aim is to establish three manual mine clearance teams. Funding was allocated in 1998 but discussions continue between DDG and MAPA concerning the terms of their relationship. DDG seeks to be included under UNOCHA's coordinated structure but wants to maintain independent funding direct from the Danish government.⁸⁵ The issue of DANIDA's dual funding of DDG and MAPA from the same department is discussed in section 6.11.

⁸³ In an innovative response to the gender dimension facing educators in Afghanistan, AMAA use husband and wife mine awareness teams.

⁸⁴ AREA is attempting to create a sustainable village-based de-mining capacity in Jalalabad.

⁸⁵ The significance of this is that UNOCHA does not receive any percentage of the funds with which DDG will operate even though MAPA will be expected to support and assist the programme both through coordination as well as support services including procurement and logistics. OCHA and MAPA conventionally take 6.5% each (13% total) from all mine action contributions to participating NGOs.

In respect to **resource mobilisation** the tight control and coordination practised by UNOCHA / MAPA over their implementing partners have given the programme a transparency and credibility that has consistently attracted donor funding, even at times when other sectors have found it difficult to interest donors with humanitarian assistance to Afghanistan. Despite the relatively high administrative costs of working through UNOCHA (a total of 13 per cent of all mine action contributions cover UN and MAPA costs) the mine action sector enjoys consistently high donor support with projected operational plans either fully funded or only marginally under-funded during the past 10 years.⁸⁶ The UN consolidated inter-agency appeals (CAP) and the Afghanistan Emergency Trust Fund have been the primary mechanisms to secure these contributions.

If mine action NGOs had developed in an ad hoc way with low levels of strategic coordination and independent soliciting of donors, it is highly unlikely that donor confidence would have led to such high levels of annual funding. This has been repeatedly confirmed by donors. UNOCHA has been able to show how project support costs can be tracked to specific functions by the different offices and positions within UNOCHA and MAPA. It can also demonstrate the level of support given to participating NGOs in logistics, procurement, technical expertise, management and other sectors.⁸⁷ High levels of donor support for mine action programmes may also be attributable to the international profile that this activity has adopted during the 1990s.

At an operational level, in terms of mine clearance and mine awareness, Table 6.1 below shows that the MAPA programme has been effective, in most areas, in **meeting its annually planned targets**.⁸⁸

TABLE 6.1: MAPA CLEARANCE TARGETS AND RESULTS

Year	Clearance a) targets (sq km)	Clearance results (sq km)	BAC b) targets (sq km)	BAC results (sq km)	Mine awareness targets (no. of people trained)	Mine awareness results (no. of people trained)
1994	12.5	20.4	N/A	22.7	350,000	647,400
1995	20.3	24.8	N/A	18.6	900,000	500,000
1996	26.5	21.5	20	34.1	600,000	443,000
1997	28	32.6	20	49.2	600,000	986,500
1998	38	33.5	31.5	39.1	1,100,000	758,000
Totals	125.3	132.8	71.5	163.7	3,560,000	3,334,900

c)

⁸⁶ The DHA 1997 multi-Country report, concerning mine action in Afghanistan, found that ‘the overall donor response to the Consolidated Inter-agency Appeal Process (CAP) was averaging less than 50% of the fund requested while meeting around 90% of the amount requested for mine action activities’ (UNDHA 1997: p.22).

⁸⁷ See Bullpitt, I ‘UNOCHA Programme Support Costs’, May 1999.

⁸⁸ Table 6.2 in section 6.6 gives details of total areas of land mined and cleared.

- a) Here 'clearance' refers to all mine clearance using either dogs, manual teams and mechanical devices.
- b) BAC refers to Battle Area Clearance: a visual search process in an unmined area where Unexploded Ordnance are suspected.
- c) The totals here are only from 1994-1998 inclusive: the overall totals are higher than these and can be found in the section concerning effectiveness (section 6.2).

A **dissenting perspective** in relation to the high levels of output, often transcending planned targets, suggests that MAPA statistics are exaggerated and sometimes false. This evaluation could find no evidence to support such a criticism, particularly in an environment where MAPA itself has instituted various objective checking mechanisms through the regional mine action centres (RMACs), the Monitoring, Evaluation and Training Agency (META), international technical advisers and the survey assessments by MCPA.

The development and coverage of **mine awareness education** in Afghanistan have been considerable throughout the decade. Various agencies have been established over the years, using different educational techniques and targeting different sections of the Afghan population, in the effort to spread mine awareness. The essential objective of all mine awareness is to reduce the threat of loss of life and limb by educational initiatives, in target communities, concerning the risk of mines (and UXO) and to encourage modified behaviour in mined environments to reduce accidents. It is by no means certain that mine awareness can achieve this objective but different processes have been employed by different agencies towards these goals. The largest and oldest agency in mine awareness in Afghanistan has been OMAR (also fielding mine clearance teams). Other agencies such as Save the Children US, Handicap International, the Afghan Red Crescent Society, Afghan Mine Awareness Agency, the BBC and the Asar Relief Institute all work in mine awareness under the coordination of MAPA.

As in other fields of education, different organisations support different educational approaches. Between 1991 and 1995 all mine awareness education was conducted by OMAR using a predominantly traditional and didactic approach. Since 1995, MAPA has supported the diversification of approaches through new agencies to broaden the impact of awareness, while experimenting with alternative methods to communicate the same central core of information. MAPA currently supports community-based awareness training, mobile teams, husband and wife teams, radio broadcasts, and specific projects targeting children using games and role-play. Although most of the 'messages' are the same, the approaches are now more sophisticated in their design and differ according to target group. Returnees, pastoralist groups (*Kuchi*), children and women are examples of particular target groups.

The Taliban has forced the mine awareness sector to rethink and reproduce much of their material and operations, because of the ban on full-body images of living creatures, as well as the difficulty in accessing women and girls. The gender restrictions under the Taliban do not damage the impact of mine awareness and action as much as other sectors. This is partly due to the fact that national averages indicate that approximately 3.6 per cent of all casualties are female (itself a function of the limited movement of women both before and since the rise of the Taliban) and that mine awareness programmes are mainly directed at men and children. With 34.2 per cent of all mine/UXO accidents involving children under 18 years of age, mine awareness among school children is vital. However, the vast majority are boys and they continue to receive mine awareness education without restriction in Taliban Schools. MAPA does, however, work with specific NGOs that aim to teach women and girls (e.g. SCF-US and AMAA).⁸⁹

⁸⁹ Statistics in this paragraph taken from the MCPA/MAPA 1997 report.

This evaluation finds that in regard to effectiveness the MAPA has responsibly fulfilled all its objectives and continues to perform to high levels of operational effectiveness. It continues to surpass its own annual targets and almost certainly out-performs other national mine action programmes.

6.3 Appropriateness and relevance of mine action assistance

Removing the landmines and unexploded ordinance and providing mine awareness education continue to be both urgent and crucial to the country's recovery, rehabilitation and development, and continued support of **mine action operations remains highly relevant**. Mine action initiatives have been particularly relevant to returning refugees and IDPs throughout the years of DANIDA's funding. UNOCHA's mine action programme has consistently targeted land related to returnees as a high priority. The issue of prioritisation, the *socio-economic* impact of the mines' threat, as well as that of mine action operations, are discussed below (see section 6.6: Adequacy).

The finding of this evaluation is that throughout the DANIDA funding period of 1992-8, mine action operations were of primary relevance in terms of humanitarian assistance. Furthermore the relevance and urgency of interventions in this sector will continue to be high in the short to medium term.

6.4 Targeting

MAPA has been effective in *gaining a general and specific understanding of the scale of the problem* facing Afghanistan in respect to mines and unexploded ordinance. Within MAPA the **Mine Clearance and Planning Agency (MCPA)** has been instrumental in conducting nationwide surveys that have enabled MAPA and all participating mine action NGOs to understand the problems they face. The first general survey in 1993 (including the northern provinces) was repeated in 1997 and has served as the basis for strategic planning and prioritisation up to the present. An indication of the effectiveness of the surveys can be seen in the fact that the new global survey network based in Washington (Level One Global Survey at the Survey Action Centre, Washington) will be surveying most mine-affected countries but will not include Afghanistan. Other long-established country programmes such as in Cambodia and Mozambique will be re-surveyed due to the poor quality of the initial surveys.

Communities and tasks are prioritised at regional and head office levels. Land is categorised by type and risk and therefore urgency. In the targeting process, the qualitative data collected by the MCPA survey teams provide crucial information that enables the Regional Mine Action representatives to discuss prioritisation with local leaders, other NGOs and UN agencies as well as the implementing NGO itself. Monthly and bi-monthly regional coordination meetings enable the RMAC representatives to offer other UN agencies and others the opportunity to ask for clearance.

In addition to documenting the technical data about minefields the MCPA conducted in 1998 the first **socio-economic impact study** in relation to landmines. This evaluates the economic cost of landmines to the country, as well as the economic value of mine clearance operations.⁹⁰ This study is the first of its kind in the mine action sector worldwide and could be seen as a

⁹⁰ See MCPA / MAPA , (Oct 1998), Socio-Economic Impact Study of Mine Action Operations; Afghanistan.

strong general performance indicator for the countrywide MAPA programme. MCPA uses computerised mapping programmes and holds extensive current and archival operational information, enabling the programme managers to monitor individual team, NGO or system-specific clearance progress.

A weakness of MAPA is that, despite nine years of operations, with considerable archival documentation and on-going **data gathering mechanisms** in relation to mines and UXO, it does not have a comprehensive understanding of the human death and injury rate country-wide. The MCPA/MAPPA 1998 study confirms this, stating, ‘...it is not possible...to find the exact number of landmine victims in Afghanistan as systematic records have not been kept by any source’. The MCPA general surveys of 1993 and 1997/8 have led to estimates of daily accident rates, but these are based on extrapolations and not hard data. MCPA collects data during survey work, the ICRC collects information from certain clinics and hospitals, Handicap International and SCF-US collect data during their programmes, but the overall effort is piecemeal and unscientific. This evaluation considers this a weakness in MAPA’s otherwise comprehensive approach to mine action. A more detailed and scientific collection of data concerning actual rates of death and injury could be of significant value for prioritisation and targeting as well as providing a baseline from which future progress could be judged. The evaluation finds that despite having a high quality of survey information, MAPA continues to operate with a weak overall understanding of casualties in terms of numbers and location. Nevertheless, prioritising and responsiveness within the current information parameters of information were found to be excellent.

6.5 Coverage

The **geographical coverage** of the MAPA programme has developed over the years in response to prioritised needs and as a function of accessibility and climatic conditions. Some provinces are too hot or too cold to work in at different times of the year. A summer and a winter programme are developed as part of the annual operational planning process for clearance operations to accommodate the extremes of heat and cold in the country.

In 1988/9 MAPA was operational only in the eastern provinces but by 1992 it had teams operating in all regions except the north. Fighting has rarely interrupted on-going clearance work as teams can be relocated at short notice, but MAPA has not operated in the northern provinces throughout the life of the programme, for reasons of insecurity as well as choice, because of higher priority minefields elsewhere. Halo Trust (now part of MAPA) has operated in the northern provinces since 1990 and continues to do so in 1999. MAPA has contingency plans to deploy survey and clearance teams in the north as soon as security improves. From the 1993 general mines survey it is clear that there are some high priority minefields in different northern provinces but in terms of number and size they are far less than those in other parts of the country.

It must be assumed that on-going fighting in the northern region has resulted in new minefields and that updated survey information will be required, as well as a cessation of conflict, before clearance in the north can be targeted. In terms of coverage MAPA appears to be concentrating on the highest priority minefields in the worst affected areas of the country. Clearly it is keen to access the northern provinces as soon as possible, although it must be assumed that this increase in demand will result in its having to spread its resources more thinly or expand its capacity (with the attendant increased costs). It was suggested during the evaluation that the ethnic origins of MAPA’s NGOs may act as a barrier to its operating in certain areas of the north. Halo Trust has a wider ethnic mix in its 50 teams, comprising Hazara, Tajiki, Uzbeki and

Pushtoon personnel. MAPA denies this and points to the high ethnic mix of its various de-mining teams.

MAPA's coverage, considering its resources, was found to be extensive and comprehensive both geographically and in terms of programme content and operational profile. Qualitatively, this evaluation can not recommend any changes. In terms of quantity, MAPA could increase its coverage through further expansion of its teams.

6.6 Adequacy

Quantity

As at the end of 1998, the impact of MAPA in terms of areas cleared against mined areas remaining was as summarised in Table 6.2.

TABLE 6.2: MINED AREAS BY TYPE AND AREAS CLEARED, 1998 (SQ KM)

Land Type	Total mined area	Total Cleared	Remaining mined
Agricultural land	223	54	169
Irrigation system	9	6	3
Residential area	33	21	12
Roads	63	21	42
Grazing areas	532	44	488
TOTALS:	859	146	713

In the land types of irrigation, residential areas and roads MAPA is close to completing the clearance of all identified mined areas. In agricultural and grazing areas there are large areas outstanding, but it should be noted that only a minority of these categories of minefields are designated as high priority. MAPA's own calculations indicate that all high-priority mine fields will be cleared by 2007. The visible impact of the programme's clearance effort is remarkable in terms of statistical definition, and especially in terms of its speed compared with other national mine action programmes world-wide.

By the end of 1998 MAPA had destroyed almost 200,000 mines and over 710,000 pieces of UXO. These items were located within the 164 sq. km of contaminated battlefields and the 146 sq. km of minefields cleared since the start of the programme. The areas represent over 3,000 separate locations benefiting thousands of different communities. By the end of year 2000 MAPA plans to have completely cleared the central urban areas of Kandahar and Kabul.

In terms of **mine awareness**, over 4 million people are reported to have received mine awareness training, including all returnees before they re-enter Afghanistan. This evaluation is unable to ascertain the standard and depth of the training, but with an estimated population of approximately 20 million this coverage is a major achievement. The precise impact cannot be judged and certain groups of people will have received more comprehensive education than

others, but overall the CIET report, discussed in the following section suggests that mine awareness *does* contribute to reduced accident rates.

Impact

There are various direct and indirect benefits of the MAPA programme that should be considered as positive indicators of *impact*.

The Socio-Economic Impact Study of Mine Action Operations (SEIS) (MCPA/MAPA 1998) has attempted to quantify the impact of MAPA between 1989 and 1998. This is the first study of its kind conducted in Afghanistan or elsewhere. The study was not conducted by external experts but by the MCPA with retrained survey personnel. Critics suggest that the calculations converting statistical information into dollar values are somewhat simplistic in some areas of the study, but overall it is a credible and useful contribution to understanding the impact of the mine action programme.

This evaluation finds that in the absence of alternative attempts to quantify the impact of mine action in Afghanistan or any other mine-affected country, the report offers donors and analysts very useful information, particularly because of the difficult working and data-gathering conditions in Afghanistan and the complex nature of the scope of the study.

Salient findings of the SEIS analysis are as follows;

- (i) Approximately 93 per cent of all the land cleared during the programme is in productive use, which corresponds to more than 9,200 farmers re-entering productive employment.
- (ii) There is an estimated 50 per cent drop in the number of daily casualties country-wide from 20-24 in 1993 to the current estimate of 10-12.⁹¹
- (iii) The annual economic benefits are estimated to be:
 - a. from cleared agricultural land US\$ 3.37 million;
 - b. from clearance of irrigation systems US\$ 1.06 million;
 - c. from clearance of grazing areas/livestock products US\$ 43.36 million;
 - d. from clearance of roads (savings) US\$ 6.36 million;

Total of US\$ 54.42 million

(based on clearance totals at June 1998. Clearly as the total output of MAPA increases so too does the economic benefit.)

- (iv) Using weighted formulae, the report calculates that the MAPA programme has already benefited Afghanistan by US\$153.6 million through income generated in cleared areas. It suggests that the non-measurable multiplier effects of many of these benefits mean the total is higher than this figure.⁹²

⁹¹ Other reports suggest that in some previously dangerous areas (e.g. in certain wards of Kabul city) the accident rate has dropped to zero following clearance and mine awareness.

⁹² The total contributions towards MAPA from 1991 to 1998 inclusive totalled approximately US\$130 million. According to the SEIS study, therefore, irrespective of the issue of reducing the human threat of mines and UXO the programme has already yielded economic benefits greater than the total investment.

- (v) Over 530,000 people are now living in residential areas cleared of landmines, including over 174,000 who were previously IDPs or refugees. Also more than 3,500 public buildings such as clinics, schools or public service buildings, have been cleared of mines or UXO, benefiting approximately 86,000 people.

The implications of these findings are significant. They suggest that even if all MAPA's operations were curtailed, the economic benefit of the programme would still yield US\$54 million per annum. As long as funding and clearance continue, these economic benefits will only increase.

Casualties

If point number (ii) above is correct, that accident rates have dropped by 50 per cent, and if this is mainly due to mine action, then the MAPA programme deserves the major credit. However, the factors influencing accident rates are numerous and complex and this cannot be assumed unless proven. Certainly in many areas where mine action has occurred, the accident rate has fallen dramatically (particularly in Kabul and Kandahar) and should be seen as a significant and positive impact of the programme. How much the programme has influenced the countrywide accident statistics cannot currently be measured.

In terms of creating a **national resource and capacity** of over 4,700 Afghans (MAPA including Halo Trust) working at different levels in the mine action sector, the impact of MAPA is considerable. With minimal expatriate involvement, the Afghan NGOs plus some international NGOs are producing the results highlighted throughout this evaluation. Technical expertise, management, monitoring and organisational capacity are high and will prove to be an important resource to Afghanistan as it continues to eradicate the threat of mines and UXO throughout the country.⁹³ Globally the Afghan programme has the highest level of indigenisation when compared with other national mine action programmes, such as those in Angola, Cambodia and Mozambique. The securing of employment for 4,700 Afghans should be considered an additional benefit and 'impact' of the programme.

An indirect benefit of MAPA's work over the years has been its impact **on other mine action programmes globally**. Directors of programmes in other countries have visited the programme and certain elements of the programme, such as its use of dogs, have encouraged a wider use of dogs in other countries. The programme and senior managers of MAPA have also moved on to other national programmes such as Laos and North Iraq as well as to New York (e.g. UNDP Mines Department), taking with them the lessons they have learnt from Afghanistan and MAPA. Although it is the opinion of the evaluation that many more lessons from the success of the Afghan programme could have benefited other national programmes, factors limiting this were beyond the control of MAPA. It is an endemic problem in the international humanitarian mine action community that it fails to share widely '*good practices*' and lessons learnt.⁹⁴ This evaluation would urge donors to capitalise on the effective and efficient successes of the Afghan programme by encouraging other national programmes to adopt 'good practices' learnt from mine action in Afghanistan.

⁹³ 'Many of the de-miners have been clearing mines six hours a day for six days a week for more than 5 years. Some have been working as long as 7 years. Such experience is unique and bodes well for the future.' (Girardet E, Walter J, 1998: 77)

⁹⁴ This was the main incentive for DHA to conduct the multi-country mine action study looking at Afghanistan, Angola, Cambodia and Mozambique. (UNDHA, 1997)

Clearly there have been various measurable indicators of the success of the programme. DANIDA should consider its investment in this sector to have been highly cost-efficient and effective in addressing the general threat of mines and UXO. However it should also be seen in the context of work-in-progress; there remains an enormous threat to civilian populations and the socio-economic basis of Afghanistan in a state of recovery.

6.7 Quality

META, (Monitoring, Evaluation and Training Agency) is a specialised NGO, created by MAPA in 1996, with specific responsibility to monitor, investigate, evaluate and give advanced or refresher training to the other implementing NGOs on a regular basis. All agencies have to co-operate with META as a condition of funding from UNOCHA. This is an example of MAPA's approach whereby management and quality control responsibilities are devolved to Afghans by supporting the creation of an impartial and independent agency to carry out these duties. META works closely with the senior managers of MAPA and appears to be an effective management tool. An example of its work is that as a result of its findings in respect to the high level of accidents among de-mining operators, MAPA has strengthened team supervision in the NGOs. This was implemented throughout 1998 resulting in a 50 per cent drop in de-mining accidents and at no extra cost - a remarkable reduction in a programme that sustained an average of over 70 accidents per annum in the previous five years. A dissenting perspective concerning META was expressed in an evaluation conducted in 1997 by an external donor.⁹⁵ Novib's advisers found that, while META was an important management tool, it needed substantial revision if it was to deliver useful and meaningful monitoring systems.

A dissenting criticism concerning MAPA's achievements suggests that the high output of cleared land has been achieved at the **expense of the safety** of de-mining personnel as well as of the communities because the number of '**missed mines**' following clearance. This evaluation found that there is supporting evidence to suggest that the number of de-mining casualties has been remarkably high in comparison with both Halo Trust in Afghanistan and international averages. It has also been a major concern for MAPA, and during 1998, as already noted, the average annual number of casualties was reduced 50 per cent with the assistance of META. The MAPA Programme Manager admits that the high accident rate could be connected with the agencies' desire to reach output targets in the past, but the predominant reason has been shown to be a lack of strict supervision within the operating teams and a failure to adhere to Standard Operating Procedures (SOPs).

From 1994 to 1998 MAPA received only 29 official reports/complaints about missed mines. When these reports were investigated, the majority of them were found to be mistaken and unfounded. However, MAPA does admit that in the process of locating and destroying 910,000 items of UXO and mines over the years, there may well have been some missed mines. Humanitarian mine action aims to clear land totally, but this is clearly an ideal that cannot be automatically guaranteed by any mine clearance system currently in use.

The issue concerning 'missed mines' and **quality control** deserves further comment: Apart from low-level (infrequent) technical verification of cleared areas by META, in its monitoring capacity, MAPA do not use an outside technical quality control mechanism to verify the clearance standards of its operating NGOs. All complaints from local communities or other parties are documented and investigated, but there is no systematic quality control function. In defence of this, MAPA explains that the process used to identify and clear mined land (the

⁹⁵ See MacGrath, R, 1997, *Field Assessment of OMLAR Programmes in Afghanistan.*, for Novib.

SOPs) is so thorough and systematic, with overlapping and repeated passing over the area under clearance, that this is a form of quality assurance inherent in the clearance process itself. Furthermore, all teams, when completing a task and handing the land back to the local communities, demonstrate their own confidence in their work by walking, *en masse*, across the area cleared. The same is done with vehicles on road areas, once cleared.

A major evaluation of **mine awareness** in Afghanistan was conceived by UNOCHA/MAPA and implemented by the international consultancy CIET, in 1997. Its report, produced in December 1998, represented the first large-scale study of its kind and incorporated considerable fieldwork and household surveys. Overall it concludes that, 'there is evidence that MAPA does contribute to reduction of the risk of mines and UXOs' and that it does so 'under extremely difficult field conditions and a culture that is not at all conducive to evidence-based planning'. (CIET, 1998) However, it also concluded, somewhat vaguely, that there is '*space for improvement*'.

On the basis of the report's findings, MAPA is reviewing its mine awareness programme during 1999. This evaluation found that the coverage since 1990, in terms of numbers of people exposed to mine awareness, has been impressive both in respect to the numbers of communities at risk and the total population, and in comparison with the progress of mines awareness programmes in other countries. In terms of content and impact, this evaluation must reserve comment and direct those interested in these aspects to the CIET evaluation. Supporters of the positive effects of mine awareness claim that CIET's sampling techniques in the course of the study were inappropriate for gauging the impact of the training. The CIET study was not generally well received, or respected, within MAPA and the NGOs implementing mine awareness.

In terms of 'adequacy', this evaluation finds MAPA highly proficient in terms of quality and quantity. The programme serves Afghanistan in a context of political, geographical and logistical difficulties, and continues to improve its output while maintaining a strong commitment to innovation and the development of new systems and structures. Internationally, no other mine action programme compares with MAPA in terms of its scope and impact.

6.8 Coordination within the sector

The role of MAPA and UNOCHA in **effective coordination and direction** of mine action in Afghanistan was firmly established in 1989/90. It has steadily increased to the current situation where all operating mine action NGOs, both national and international, operate, either contractually or voluntarily, under their aegis and with high levels of 'common programming'. This is a considerable achievement when compared with the difficulties other countries' mine action programmes have faced in attempting to achieve a similar objective. And, when compared with the considerable international efforts and difficulties in developing the Principled Common Programme.

In terms of **decentralising** the role of MAPA and **deepening the indigenous capacity** within Afghanistan, Regional Mine Action Centres (RMACs) have been established in four regions of the country since 1996⁹⁶. All RMACs were operational by the end of 1997, with Afghan staff reporting directly to MAPA in Islamabad. This has caused some discontent among the Afghan NGO directors, who feel their authority and independence has been challenged by the RMACs. However, this evaluation found that their complaints were weak in comparison with the increased effectiveness RMACs contribute to the overall cohesiveness of the mine action sector

⁹⁶ These are the Eastern (Jalalabad), Southern (Kandahar), Western (Heart) and Central (Kabul) regions.

itself, and its contact with NGOs and UN agencies that represent the wider humanitarian programme. This view was confirmed by mine action agencies in the field as well as other humanitarian agencies which considered it a benefit to have a single focal point representing mine action in the respective regions. It is interesting to note that the job descriptions of the RMAC officers clearly express their roles as *supervisory* and *representational* in respect to mine action, and go far beyond general coordination or facilitation responsibilities. The RMACs are important mechanisms enabling MAPA to deepen its management effectiveness in mine action within Afghanistan.

As a sector, mine action operates with maximum coordination via strict line management hierarchies and contractual commitments from the implementing partners. It is a model that may be unique and not replicable in other sectors of humanitarian aid in Afghanistan because of lack of Taliban interest to establish a viable governmental counter-part to MAPA. Working without bureaucratic restrictions and with centralised management and funding, MAPA can operate a 'tight ship' and *enforce* coordination towards a common goal.

6.9 Efficiency of responses

Diversity of tools used: From the start of the programme in 1990, MAPA has worked towards a *preventative* (mine awareness and risk reduction) and *curative* (removal of landmines and UXO) approach to mine action. A later addition as part of a wider and long-term curative approach has been its active involvement in campaigning for a global ban on landmines. In terms of mine clearance and UXO removal, MAPA has sought to employ different technologies to address the mines threat.

Machine technology: In 1990 Aardvark Flail machines were purchased from Scotland, later to be followed by 'Tank Roller' machines (ex-Soviet military 'gifts in kind'), in order to speed up the clearance. Both types of systems were found to be inefficient, cumbersome and expensive and their use was initially limited and later curtailed. In 1995 MAPA staff began customising excavator machines in an effort to develop mechanical support for the arduous work of clearance in residential areas and irrigation canals. The subsequent successful development of the 'back-hoe' has trebled the clearance speed of residential areas, while increasing the safety of operating personnel. In 1998, eight customised back-hoes were in operation in the MAPA programme.⁹⁷ In terms of metal detectors the mine clearance teams (manual and dog-supported) use a standard detector for normal tasks (Schiebel AN 19/2) but have access to more powerful detectors (Foerster MINEX) for specific situations. The EOD teams use Ebinger Bomb Locators.

Dog technology: In 1990 the US-funded mine dog detection centre in Peshawar developed the resource of trained explosive-sniffer dogs and trained Afghan handlers that was to form the basis of the current Mine Dog Centre (MDC). The progress of the MDC and the efficiency of its teams illustrate an outstanding use of this technology. Having started with 100 dogs in 1990 in an experimental approach, the MDC has now developed advanced systems of dog-use in survey and clearance using 29 Mine Dog Sets (survey dogs in combination with MCPA survey teams) and 17 Mine Dog Groups (MDC stand-alone clearance teams).⁹⁸

⁹⁷ It should be noted that Halo Trust has also been developing mechanical support through the customisation of commercial bucket-loaders. In 1998 Halo had 7 bucket loaders and one road grader in operation.

⁹⁸ A Mine Dog Group consists of 4 dogs supported by 4 handlers and 12 de-miners. The Mine Dog Sets use only 2 dogs and handlers.

With steady advancement over the years the MDC currently operates with 153 dogs while a further 58 are under training. Within their breeding programme a further 25 puppies will soon be in training. The 17 Mine Dog Groups of 1998 cleared over 60 per cent of the total area cleared by all MAPA operations combined. Dogs are more suited to certain areas where they are used appropriately by the RMAC (and initially MCPA during the survey process) to maximise their comparative advantage over manual teams and mechanical devices in these areas.⁹⁹

Apart from this 'tool-box' approach (i.e. the use of different technologies for different environments), MAPA has shown increased efficiency through the **development of minefield management systems**. The system or method by which any technology or resource is used can yield significantly different results. As table 6.2 above confirms MAPA's output in terms of land cleared has increased dramatically between 1992 and 1998. The total number of staff and supporting resources has remained fairly constant since 1994, but the configuration of teams and operator responsibilities has changed as well as the use of particular teams in particular areas or land types. A clear example of this is the change from using three-men breaching teams to two and now to a situation where a single de-miner performs the operations previously conducted by three. Another example is that of combining dogs and de-miners with survey teams not only to speed up the operation but to perform 'area reduction' at the same time.¹⁰⁰ Other changes, in terms of 'time and motion' improvements, and cutting down of time-wasting logistical aspects, have all contributed to increased annual output in terms of area cleared and returned to rural and urban communities.

Using the Mine Dog Centre as an illustration of increased efficiency, this evaluation found that the results from 1994 and 1996 were dramatically different where Mine Dog Groups (MDG) were deployed. Taking into consideration the different categories of land type as well as the density of contamination¹⁰¹ it was found that the change in use and methodology resulted in considerable advances in speed, over the two years. For example, in 1994 a single MDG would clear agricultural land with visible evidence of landmines at 233 sq m per hour. In 1996 the same team with just 4 additional deminers would clear the same area at the average speed of 603 sq m per hour. In the case of road clearance where no mines were seen or found by survey teams (but which is suspected to be mined i.e. category 'C'), the MDG would clear the road at a speed of 341 sq m per hour. In 1996 the speed had jumped to an average of 906 sq m in the same conditions. In all categories this evaluation found considerably higher speeds in 1996 than in 1994. A similar exercise was not made between 1996 and 1998, although total clearance figures suggest that the same level of resources is resulting in yet higher output.

A review of the overall cost of the MAPA programme since 1992 indicates **increased cost benefits** through on-going efficiency and rationalisation of resource-use and programme management. In the latest completed year of operations, 1998, the total cost of the programme was approximately US\$21 million. Clearance totals for 1998 were at 33.5 sq km and (39.1 sq km

⁹⁹ A full investigation of the development and comparative advantage of dogs in MDC and other mine action initiatives using dogs world-wide can be found in Handicap International's 1998 report *'The Use of Dogs For Operations Related to Humanitarian Mine Clearance'*

¹⁰⁰ New Standard Operating Procedures were developed in 1996/7 for this style of survey whereby the survey teams have the capacity to simultaneously survey and clear some minefields, or greatly reduce the area where clearance is required.

¹⁰¹ MAPA divides land type for clearance as Grazing, Agricultural, Irrigation, Road and Residential. It uses a further categorisation of A, B and C to denote the visible or surveyed density of mines within the land type category.

BAC). Clearly the total cost of the programme included mine awareness projects, survey work and other non-clearance operations, so comparison of these figures can only give an indication of levels. Nevertheless, the calculations indicate that between 1993 and 1998, while the annual cost of the programme rose by approximately 20 per cent, the annual output, (in terms of area cleared) increased by approximately 65 per cent. Similar increases could be found in the other mine action activities such as surveying, battle area clearance, and mine awareness. In 1999, MAPA expects to push output yet higher and further increase the cost-benefits of the programme. At an average cost of US\$0.60 to clear one sq m. of contaminated land, the Afghan mine action programme is the most cost-efficient in the world¹⁰².

This evaluation collected extensive data to substantiate evidence suggesting the considerable increase in the programme's efficiency over the years. For the purpose of this review the above examples should suffice without further elaboration.

Clearly the results of **mine awareness education** cannot be evaluated or quantified in the same way as area clearance. A recent countrywide and multi-agency assessment of mine awareness in Afghanistan confirmed the difficulties facing evaluators in this sector. Many aspects of knowledge acquisition, human psychology, behavioural changes and choices defy quantifiable analysis and any attempt at a cost-benefit review of mine awareness would be meaningless so long as the *quality* of the different approaches cannot be fully assessed. MAPA has encouraged diversification within the mine awareness sector by supporting different educational styles and techniques.

Generally it should be noted that MAPA's support and commitment to **research and development** in all aspects of mine action directly enhance efficiency. Often the presence of international technical advisers, apart from the day-to-day operations of the mine action NGOs, has contributed to MAPA's ability to test and try out new technologies and approaches in clearance and mine awareness. Technical Advisers also perform important 'fine tuning' and unofficial monitoring. Examples of this can be seen in the development the mechanical devices and Battle Area Clearance teams, the new structures and procedures using dogs, the socio-economic impact study of 1997/8 and the CIET assessment of mine awareness.

Enhanced coordinated management structures using the Regional Mine Action Centres, the establishment of the independent Monitoring, Evaluation and Training Agency (META) and rationalised administrative and logistical systems have contributed over the years to the current streamlined organisation operating with increased efficiency. As with any organisation of this size, there is always space to improve and enhance the operational efficiency of the programme. During this evaluation the impression gained from the NGO management and the international staff was one not of complacency but of striving to improve an imperfect structure. The tension inherent in holding so many independent NGOs together is mitigated by the strong control exerted by the MAPA Programme Manager and his senior staff.

6.10 Connectedness

As mentioned in other parts of this evaluation, MAPA has developed a strong **Afghan managerial and technical resource** that will, without doubt, be closely involved in all future

¹⁰² Users of these figures should be warned that they are approximations designed to indicate the reality of increased efficiency overall. An exact calculation would be more complex, because of the different activities and shared costs etc in the mine action sector. However, this evaluation considers it valid, for this report, to give this rough numerical illustration of the programme's efficiency.

activities in mine action. The capacity now available, involving over 4,700 staff, over 200 sniffer-dogs, mechanical clearance devices and all additional equipment, is a major contribution to the long-term perspective regarding the threat of mines and UXO. With only a few exceptions the organisations that make up this capacity are 100 per cent Afghan. In comparison with all other sectors engaged in humanitarian assistance in Afghanistan today, this is a unique situation.

In terms of long-term prioritisation and inter-agency coordination, MAPA has built-in mechanisms to enable it to respond to refugee and IDP operations, rehabilitation and development projects or any other longer term initiatives. MAPA's main cooperation to date has been with UNHCR in repatriation-related clearance priorities. Mine clearance has rarely been programmed in tandem with other agencies' activities or needs. This evaluation suggests that this says more about other UN organisations' lack of in-depth planning than about MAPA's inability to connect with other agencies. MAPA attests that it is always available for precisely this kind of cooperation but is rarely asked to do more than an emergency clearance of single items or small areas.

An area of concern that relates to connectedness is MAPA's relationship to the Department of Mine Clearance (DMC) in Kabul. The DMC pre-dates the Taliban, but despite being dysfunctional and without technical expertise or equipment, is the official organ for addressing mine action. It is based in the Prime Minister's office and is not attached to any Ministry. Although MAPA has engaged in dialogue with the DMC for some years, as has Halo Trust in Kabul, no concrete efforts have been made to enable the DMC to move towards a position where it assumes control of mine action within Afghanistan. The DMC seems content to let MAPA continue in its role, an anomaly given the Taliban's wish to control other humanitarian assistance sectors.

This evaluation is ambivalent on this issue of institution-building. On one hand it seems logical to suggest that the DMC should be encouraged, sooner rather than later, to assume the responsibilities that the UN is currently overseeing. However, MAPA programmes are working very well and within seven years the top priority minefields should be totally cleared¹⁰³. Why tamper with the current structure if donors are willing to continue contributing funding and if both the Taliban and UNOCHA agree to accept the *status quo*? The reality is that there is a considerable disconnection here, which does not exist in other sectors, but that this disconnection does not undermine the goal of reducing the threat of mines.

This evaluation finds, therefore, that in relation to 'connectedness' the development of the DMC and a future government capacity has to be addressed by MAPA and the contributing donors.

6.11 Coherence

The preceding sections have argued that the UNOCHA mine action programme functions effectively and efficiently and has had a significant impact on mine hazard reduction in Afghanistan. It has also created a substantial Afghan mine action capacity.

¹⁰³ The need for on-going mine action beyond 2007, however, cannot be over-emphasised. There will remain some years/decades of mine action requirements in Afghanistan and at some point the Afghan government will have to take a central role. MAPA estimate that it will take between 3 and 5 years to develop the appropriate capacity among Afghan government officials. No start, to date, has been made on this.

Given this positive picture, DANIDA's decision in 1998 to fund, in addition to the UNOCHA programme, the newly established Danish Demining Group (DDG) which is independent of UNOCHA/MAPA must be questioned.

On the positive side, the setting up of DDG is an initiative aimed at creating a global *Danish* capacity and visibility in humanitarian demining.¹⁰⁴ Operations have also been started in Somalia. It may also be useful for the DDG to learn from Afghanistan, which possesses, as already noted, a good model of mine action programming. In addition, there may be some synergies from collaboration with DACAAR in the Kandahar region. The DDG is itself an example of agency collaboration, being a consortium of three Danish NGOs, ASV (Danish People's Relief Organisation), Caritas Denmark and the Danish Refugee Council, set-up along the lines of DACAAR.¹⁰⁵

However, in terms of mine action outcomes related strictly to Afghanistan, it would have been more cost-effective for DANIDA to channel any additional money to the UNOCHA programme, rather than to a newly established international NGO. In terms of coordination, the funding of the DDG seems inconsistent with DANIDA's previous support for a well coordinated programme centrally funded through UNOCHA. In the last two years MAPA has made considerable efforts to discourage donors from funding NGOs independently or even through tripartite agreements, which it previously tolerated as a compromise¹⁰⁶. As mentioned in earlier sections, MAPA / UNOCHA cannot operate as a free service. According to UNOCHA's Programme Support Costs analysis, it is essential for donors to use UNOCHA as a channel for funding if the level of management, technical expertise, procurement and logistics (as well as resource mobilisation) are to be maintained.

More generally, experience of coordination in Afghanistan shows that it can function most effectively where there is management through the control of funding. In this context it would seem to make sense for DANIDA to fund the DDG through UNOCHA and the Afghan Emergency Trust Fund. A broader question is whether DDG's Afghanistan operations should remain outside MAPA or at some stage be subsumed within it. This evaluation strongly recommends that DANIDA's current level of support for the UNOCHA mine action programme should continue and should not be affected by the DDG's funding needs. The evaluation was not able to comment on DDG's work because, at the time of the evaluation, it had not yet started operations on the ground.

6.12 Advocacy

For some years UNOCHA, and certain Afghan mine action NGOs in particular, have been actively involved in the **International Campaign to Ban Landmines**. The director of MCPA is on the steering committee of this campaign while MCPA acts as the focal point in MAPA for campaign activities inside Afghanistan. MAPA and the NGOs have been active at various conferences and in campaign activities both internationally as well as within Afghanistan. The

¹⁰⁴ The Danish government also funded, through DHA, and hosted the first international conference on demining in 1996.

¹⁰⁵ DANIDA also gives as a reason for supporting DDG the importance of building support for development assistance with the Danish public. However, the evaluators noted that DDG has no plans for a public education programme.

¹⁰⁶ A tripartite agreement was made between the donor, the NGO being funded and MAPA. Essentially they ensured that even though the NGO would be funded independently they had to adhere to MAPA's SOPs, coordination and operational tasking etc.

Afghan section of the campaign was instrumental in persuading the Taliban to express strong support for the 1997 Mines Ban Treaty ¹⁰⁷.

In terms of advocacy, therefore, MAPA has had a positive impact and continues to take a strong lead in national and international campaigning.

6.13 DANIDA's support

DANIDA contributed funds to the UNOCHA Mine Action Programme as follows:

July 1992	US\$400,000
December 1994	US\$202,823
December 1995	US\$900,000
October 1997	US\$587,070
July 1998	US\$729,639

DANIDA contributed the following funds to the Danish Demining Group (DDG):

1998	US\$1.5 million
------	-----------------

6.14 Conclusions

The UNOCHA mine action programme was conceived and initiated in special circumstances which led to a distinct organisational structure and tight management control. This has resulted in the programme's exceptional effectiveness both in respect of achieving its own objectives and in comparison with other international mine action programmes.¹⁰⁸

The programme operates at a high level of professional competence. In terms of relevance, efficiency and impact it maintains high standards and achievements, which have increased annually in recent years. From the point of view of humanitarian impact, the programme appears, in selected areas of its operations, to be significantly reducing mine accidents.

6.15 Recommendations

It is recommended that DANIDA should continue to fund mine action in Afghanistan. MAPA can clearly illustrate that investment in mine clearance activities yields directly valuable socio-economic benefits;

¹⁰⁷ The evaluation mission was assured by the Deputy Minister of Foreign Affairs that since Mullah Omer's October 1998 statement endorsing the treaty the Taliban has outlawed the use of mines among its forces. He claimed that the forces of the Northern Alliance, however, continued to lay mines. Afghanistan is registered by the Landmine Monitor 1999 as a non-signatory as the Taliban is not recognised as the representatives of Afghanistan.

¹⁰⁸ A 1997 UNDHA Multi-country study on the development of indigenous mine action capacities examined the programmes in Afghanistan, Cambodia, Angola and Mozambique. The study found that in terms of national coordination, effectiveness and coverage the Afghan programme was highly developed and the most advanced of those programmes studied. (UNDHA 1997)

That DANIDA should continue to fund MAPA through the Afghan Emergency Trust Fund and that, unless it has very clear reasons for funding the Danish De-mining Group separately, it too should be funded through the same channel.

7. UN COORDINATION

7.1 Introduction

In its 1994 policy paper *A Developing World - Strategy for Danish Development Policy towards the Year 2000*, DANIDA stresses the need for strengthening the coordination of international humanitarian assistance. This priority was emphasised by the Minister for Development Co-operation in speeches made in 1995. DANIDA has supported NGO coordination in Afghanistan with core funding for ACBAR (see section 8.7). Up to 1995, it also supported UN coordination with grants to UNOCHA, including contributions to the UN aircraft which provide access to Afghanistan from Islamabad (see Appendix II/4).

Coordination in Afghanistan is of wider interest to the humanitarian community. The development of the Strategic Framework and Principled Common Programming represents the most ambitious attempt yet in a complex political emergency at bringing coherence and consistency to international humanitarian, human rights and peace-building action.

This section will first provide a brief historical account of the evolution of UN coordination which will then be analysed in terms of the following levels of coordination: programme coordination, coordination on principles, and strategic coordination¹⁰⁹.

7.2 UN Coordination in Afghanistan

UN coordination in Afghanistan began with the setting up in 1988 of **UNOCA** (United Nations Office for the Coordination of Humanitarian and Economic Assistance Programmes relating to Afghanistan). This office was responsible for coordinating both humanitarian and development activities and controlled its own resources through the Afghan Emergency Trust Fund (AETF). UNOCA also carried out various service and support functions for other UN agencies, such as providing aircraft, radio communications and guest-houses, and took operational responsibility for mine action and some assistance to internally displaced persons.

Initially, UN assistance and political functions were separate. Parallel to UNOCA a separate office, the **Office of the Secretary General for Afghanistan and Pakistan (OSGAP)**, had responsibility for political tasks. However, in 1991 the Secretary General's Special Representative, the head of OSGAP, also took on responsibility as the Coordinator for assistance following the resignation of Sadruddin Aga Khan.

In 1992, UNOCA was placed under the auspices of the newly formed UN Department of Humanitarian Affairs (DHA) and in 1993 was renamed **UNOCHA (UN Office for the Coordination of Humanitarian Assistance to Afghanistan)**. Its mandate was revised in line with the DHA's global mandate and restricted to coordination of humanitarian activities only. After 1992 UNDP took on responsibility for the coordination of rehabilitation assistance. Other UN operational agencies established themselves in Afghanistan, and donors switched funding from the AETF to the UN operational agencies, such as WFP, UNICEF and UNHCR.

As a result of these changes, UNOCHA's role shifted from one of leadership to a more minimalist one of information sharing and facilitation, including the provision of common

¹⁰⁹ See also Van Brabant, K (1999) for a framework for understanding and evaluating coordination.

services such as the aircraft. 'Agencies (and donors) were much less dependent on UNOCA and, while continuing to coordinate **with** UNOCA (and others), were less ready to be coordinated **by** it' (Donini et al, 1996, emphasis in original). Thus two parallel coordination and funding mechanisms evolved; the UNOCHA annual Consolidated Appeals (CAPs), which began in 1988, and, from 1992, the UNDP-led Rehabilitation Steering Committee (RSC), which progressively developed a rehabilitation plan based on a series of regional plans, culminating in 1995 in the production of a detailed seven-volume rehabilitation plan for the whole country. However, the dividing line between development and humanitarian assistance activities remained blurred.

By 1996, the record of UN coordination was patchy. According to a lessons-learned exercise on coordination in Afghanistan, UNOCHA had 'played a useful role in fundraising, in negotiating for access for humanitarian assistance and in maintaining channels of communication with the different political factions'. However, the UN system as a whole had 'no clear vision of what it is trying to achieve and how it intends to do it' and the various UN agencies behaved with 'relative autonomy, minimal Coordination'. (Donini et al, 1996).

From 1997 onwards, the picture becomes more complex owing to the convergence in Afghanistan of two separate attempts at improving UN coordination:

- (i) a UN headquarters-driven process known as the **Strategic Framework**, initially nothing to do with Afghanistan but an attempt at UN reform
- (ii) a field driven process known as **the Common Assistance Strategy**, or later **Principled Common Programming (PCP)**.

The Strategic Framework: The idea of a 'Strategic Framework' reflected broader shifts within the wider humanitarian system; the function of the UN system in the 1990s, and of humanitarian aid in conflict, was changing to include broader conflict reduction as well as humanitarian goals.

At headquarters level, by the mid-1990s it had become increasingly clear that the interventionist tide of the post-Cold War years was retreating, leaving the UN and humanitarian agencies as the prime instruments of conflict policy in what were now un-strategic conflicts. In this changed context the overall UN operation often suffered from significant disconnects, both between the various UN humanitarian agencies and between the humanitarian and the political. Such disconnects both reduced the UN's ability to assume its rightful leadership role and enhanced the likelihood that assistance would be manipulated by the forces sustaining the conflict.

In 1995 a UN-commissioned review proposed the idea of a UN wide 'Strategic Framework' as a way of reducing disconnects and improving performance. The idea was to bring assistance, human rights and political objectives into one overall, UN strategy. Afghanistan was selected as the first test case for this new approach by the Administrative Committee on Coordination (ACC) in April 1997. Following a mission in September 1997, a first draft of the Strategic Framework for Afghanistan was produced in November 1997. After much consultation and redrafting, the final version was issued by the Deputy Secretary General's office in September 1998.

Principled Common Programming: Meanwhile, independently of the development of the Strategic Framework, agencies in Afghanistan were facing continuing problems of working in highly fluid, often dangerous, situations in which categories of relief and development made

little sense. From 1994 they faced the additional dilemmas posed by the Taliban. This produced its own momentum for rethinking approaches and for institutional reform.

Major problems identified at the field level included:

- mandate protection and mandate creep amongst UN agencies;
- scarcity of funds, leading to competition;
- patchy coordination amongst both UN agencies and NGOs;
- confusions between the role of the two UN Coordinators arising out of the inappropriateness of 'relief' and 'development' distinctions;
- donor governments urging coordination but undermining it in their funding practices and their behaviour on UN agency executive boards.

There was a widespread feeling that these problems had produced confusion and lack of direction in terms of policy, principle and programmes.

From late 1996, a number of sometimes unrelated initiatives were undertaken in the field to try and improve the problems listed above:

- following the departure of two long-serving Coordinators, the posts of the Resident Coordinator (UNDP) and Humanitarian Coordinator (UNOCHA) were merged into one;
- a conference involving all the major actors was held in Ashkabad in January 1997 attended by senior representatives from the UN, NGOs, the World Bank, and the Red Cross;
- the Ashkabad conference produced a greater sense of community, and emphasised the need for common strategies and approaches in tackling shared problems. It produced two new bodies to help with this, the **Afghanistan Task Force (ATF)**, an informal group of NGOs and UN agencies, and the **Afghanistan Support Group (ASG)**, formed as a mechanism to coordinate donors and UN agencies and NGOs. The ASG first met in Geneva in May 1997;
- UNDP decided to bring its projects together into the PEACE (Poverty Eradication and Community Empowerment) programme;
- in June 1997 the Executive Committee on Humanitarian Assistance (ECHA) produced a set of recommendations, later endorsed by the Secretary General, for a '**principle-centred approach to the gender issue in Afghanistan**'. The Secretary General's endorsement which explicitly stated that 'UN and implementing agencies will take a consistent approach ...Heads of UN agencies, funds and programmes will no longer make unilateral declarations

on UN policies and practices relating to human rights observances in Afghanistan' (Annan, 1997).¹¹⁰

In other words, **the role of UN coordination was changing from the sharing of information to the development of common principles, approaches and a common purpose.**

As part of this process, a UN-wide Draft Assistance Strategy was formulated. By the third meeting of the ASG in London in May 1998, the UN Coordinator had produced a document entitled '**Making a Reality of Principled Common Programming**', with considerable consultation amongst all assistance actors. This document asserted that 'Common programming is a mechanism for establishing the assistance community's priorities, programmes and projects, based upon agreed goals, principles and the expressed needs of Afghan'. (UN Afghanistan, 1998). In other words, common programming is to be interpreted as a coordination *structure* rather than a *strategy*.

This document refers to the 'Strategic Framework for Afghanistan' and seeks to work within the broad strategy set out in that document, but it applies only to assistance, whereas the Strategic Framework applies also to political and human rights concerns. 'Making a Reality' elaborated a set of principles and a proposal for a coordination mechanism which would include all assistance actors, centred on seven Regional Coordinating Bodies at the field level and an Afghan Programming Board (APB) at the national level. It was endorsed by the May 1998 meeting of the ASG, at which donors also committed themselves to funding in accordance with the strategy and supporting the principled approach through their seats on the executive boards of UN agencies.

Unfortunately, the series of problems encountered by the UN in 1998, the Mahram edict, the assault on a UN official in Kandahar, the row with the NGOs over the Polytechnic, the missile strike, the murder of UN staff and then the withdrawal of UN international staff severely restricted the scope for making practical progress with Principled Common Programming (PCP). The less that was going-on on the ground, the more the discussion suffered from an unhelpful level of abstraction. At a practical level, a considerable amount of time and effort went into making the 1999 Consolidated Appeal reflect a more coherent and thematic approach to assistance in Afghanistan, in contrast to earlier shopping lists of projects from agencies. Five thematic areas were determined as priorities, and indeed an unusually coherent document was produced, although most observers agree that further improvements are needed for the 2000 CAP.

7.3 Programme Coordination

The **institutional aspects of UN coordination** in Afghanistan have suffered from three main problems:

- **fragmentation:** Twenty years of war have left the Afghan state and society fragmented. The lack of a functioning central government and the plethora of agencies makes coordination all the more important. They place unusual responsibilities on the UN, which in some respects is called upon to act as a 'surrogate government' or, at least, as a

¹¹⁰ This was followed up by a mission from the Secretary General's Special Adviser on Gender in November 1997. See Report of the UN Interagency Gender Mission to Afghanistan 12-24 November 1997, Office of the Special Adviser on Gender Issues and the Advancement of Women, New York.

'Ministry of Planning in waiting' (Donini et al, 1996). This means that, in this type of situation, the UN agencies have a coordination and standard-setting role within their own sector as well as ensuring coordination between sectors.

- **the relief/development divide:** The UN's institutional divide between humanitarian coordination, performed by UNOCHA, and rehabilitation/development coordination, performed by UNDP, has been unhelpful in terms of producing an overall coordinated UN response. By 1995 the relationship between UNDP and UNOCHA had improved, but remained uneasy. The administrative reform that brought UNDP and UNOCHA together in early 1997 was certainly helpful in this respect, but the two bodies remain 'joined at the head' rather than merged in terms of programmes.
- **numbers:** A third institutional problem has been the sheer number and variety of agencies, both UN and NGO, working in Afghanistan. This has led to inevitable problems of overlap and competition.

The Coordination process

Positive examples of UN coordination have undoubtedly occurred at all levels, such as the Kabul Emergency Programme. Coordination has tended to work better when it has been field-led and action-orientated to solve specific problems, rather than attempts at coordination at higher levels such as planning. Even in the field, coordination has lacked consistency, depending mostly on the existence of individuals with commitment and skills and the will of the UN team leaders to make it work. Membership of coordination fora was often random and exclusive. There were also problems of rank within the system. The team leaders' coordination responsibilities were additional to their normal workloads. Thus, according to a 1996 UNHCR review coordination between UN agencies tended to be by 'working in different geographical areas rather than finding ways for programmes to effectively complement each other' (Mayne et al, 1996).

Agencies have tended to see coordination more in terms of what is in it for them and their programmes, rather than in terms of improving the overall impact of their work on the problems of Afghanistan. Personalities have also been important factors in attempts at UN reform at senior levels.

However, in recent years reform via the development of the PCP has definitely improved the coordination process. In the words of one long serving UN staffer 'coordination in Afghanistan has transformed itself over the last few years; it has come of age'. But it is a slow process. In early 1998 one donor mission was still complaining that 'Contrary to the clear desire of donors and the decision of the last ASG meeting in New York, inter-agency coordination remains weak' (EU, 1998).

Many commentators see the reason for this slow pace of reform as being the UN's dependence on consensus rather than authority, which gives an effective veto to individual agencies. Many analyses have called for greater power to be vested in the UN Coordinator¹¹¹.

Funding, prioritising and planning

Coordination should attempt to ensure joint planning and prioritisation. However, owing to the agencies' desire for a minimalist interpretation of coordination, it tended to focus primarily on

¹¹¹ See eg EU donor mission (1998), Donini et al, (1996), Witschi Cestari et al (1998)

information sharing and on producing lists of activities rather than strategic planning (Donini et al, 1996). As one interviewee put it the agencies did not see it as a UNOCHA's role to do any more than make lists. Even when the field reps co-operated, headquarters developed their own programmes and put them into the CAP. Fundraising, as opposed to planning, often dominated UN coordination meetings, as a review of the minutes of the heads of inter-agency meetings for much of the period shows. The 'shopping-list'¹¹² approach to the appeal inevitably led to credibility problems with donors (see for example Kapila et al, 1996).

A significant part of the problem has been the **lack of a broader understanding within the UN (or the NGOs) of the political economy of Afghanistan or a shared analysis of needs**. Similarly, there is a widespread feeling that there is little understanding of the **impact** assistance projects have had at a technical or a wider economic and social level. There have been many complaints that outputs are used as substitute indicators for impact.

The common programming process, with its emphasis on shared analysis, has improved performance here, with the 1999 CAP appeal being notably more coherent than previous appeals (or indeed than appeals in other countries). However, a number of projects were still designed outside the process and shoehorned into the thematic categories. Some NGOs put projects into the appeal only 'to cover themselves', knowing that they would probably be able to get money from the EU. There remains a lack of quality control on projects which appear in the CAP. The powerlessness of the UN Coordinator to coordinate is revealed by the fact that he was only able to reject the inclusion of a handful of projects. Donors were thus offered highlighted priorities rather than a fully integrated package or at least projects ranked in order of importance. Even doing this caused resentment amongst other UN agencies. The UN Coordinator stated at the December 1998 ASG, 'despite improvements, the Appeal process this year has shown how isolated agencies are from each other in programming'. The institutional and mandate-driven origin of the project development process tends to undermine attempts at overall strategic planning.

Programme implementation

A particular programming problem has been the same activities carried out by different UN agencies, but in different ways. UNICEF, UNHCR, UNOPS and UNCHS have all been involved in integrated community-based projects but with differing philosophies and procedures.

There has also been considerable 'mandate creep' and overlap in the programmes implemented and run by the UN agencies, and it has been difficult for them to agree sectional responsibilities. In irrigation, for example, no agency has had a clear lead role, the activity being carried out by UNDP, FAO, WFP, UNDCP and UNHCR at various times without clear definitions or operational guidelines. In education too, by 1995, attempts to develop a single policy were undermined by piecemeal approaches (Kapila et al 1996). Similar problems in health coordination and planning are reviewed in section 6.8.

Different agencies doing the same work in different ways is not necessarily problematic. It can provide flexibility, innovation and opportunities for learning. It is not clear that this has been the case. If impact is determined by output, learning is unlikely to take place.

¹¹² This 'shopping list' approach to the appeal by agencies is remarkably similar to the phenomenon, often complained about by aid workers, of communities coming up with 'shopping lists' of what they want during needs assessments.

In the case of UNHCR for instance, a 1996 review identified problems with the Quick Impact Programme (QIP) approach, undermining UNDP's and Habitat's developmental approaches. UNHCR was 'using its relatively easy access to project funds to provide direct assistance to poorly selected groups in ways which contracted, rather than reinforced, the efforts of other agencies' (Mayne et al, 1996). It was offering food for work, as opposed to encouraging community involvement, contradicting UNDP's approach of setting up *shuras* (local committees of elders) by working with communities directly.

An interesting contrast is the mine action sector. The UNOCHA programme is generally regarded as having been highly effective (see section 6.8). Part of the reason for this seems to be the fact that the UNOCHA approach to coordination has been highly managerial and directive, rather than based on consensus. Its ability to do this has been ensured by the fact that it controls the funds.

Another problem area, as in many countries, has been deciding on responsibility for IDPs. In the early 1990s UNHCR had responsibility for IDPs, but in 1994, following the flight of over 100,000 IDPs from Kabul, UNOCHA, at the request of UNHCR and WFP, assumed responsibility for the camps in Jalalabad. Apart from having little operational experience of this kind of work, becoming an operational agency also reduced its ability to coordinate. More recently coordination over IDPs has improved with the signing of a memorandum between ICRC, WFP, UNHCR and UNOCHA in May 1997. Confusion over responsibility for IDPs is not a problem unique to Afghanistan, but it is a good example of the difficulty of mandate-driven coordination, resulting in some people falling through the gaps between mandates.

Partly as a result of the PCP process, there has recently been a rise in the number of projects implemented jointly, such as the UNHCR-led Azro Tezin initiative in Eastern Afghanistan and the planned joint food security programme in Hazarajat. These joint programmes have not yet been properly evaluated, and there is some scepticism about their performance in terms of reducing disconnects and improving synergies, but they do offer possible ways forward. Joint programmes, though, may be more popular in the field than headquarters; according to one agency headquarters staffer 'you can have a common principled framework but not common programmes, as agencies have their own mandates, policies and practices'.

As a result of these problems, the ambitions for common programming have been scaled down and are based on a pragmatic approach, rather than trying to impose a large-scale plan. This approach sensibly makes a virtue of necessity by acknowledging the structural and attitudinal obstacles that still face common programming.

Despite the definite progress that has been achieved by the UN in the common programming exercise, NGOs noted at the December 1998 ASG meeting that 'there is an urgent need to narrow the gap between the rhetoric of common programming and the reality of what is being achieved on the ground'¹¹³.

Personnel issues

The quality and attitudes of staff are important for coordination. The quality of UN staff in Afghanistan and their willingness and ability to coordinate have not always been adequate, while

¹¹³ See also a document produced in early 1999 by a number of NGOs called 'The Perils of Common Programming'.

experience and competence have been variable. This problem of staff calibre tends to reduce the ability of the UN to assume a lead role, as it affects its credibility with other agencies.

7.4 Coordination and principles

The challenge the UN has set itself in Afghanistan is to develop a principled approach. This difficult balancing act requires developing programmes that promote the realisation of rights, responding to violations of rights, and minimising any possible negative impacts of intervention. However, in the words of the UN Coordinator, 'A principled approach must be maintained but this will only work if there is solidarity among UN agencies and donors' (December 1998 ASG.). In other words, coordination on principles, though by no means enough in itself, is an essential pre-requisite for a principled approach.

The coordination of a principled approach is even more important than coordination on programme issues. The difference between the two concepts may, in fact, be small, given that all programming should be principled, hence the UN's emphasis on 'Principled Common Programming'. The point of making the distinction here is to illustrate the fact that failure to coordinate on issues such as community development may at worst result in ineffective interventions. Failure to coordinate on issues such as gender, or food diversion, or relations with the authorities, can lead to strengthening the forces sustaining the conflict or perpetuating discrimination.

After a brief examination of the UN and principles, coordination on principles will be looked at in terms of gender, diversion, capacity-building, conditionalities and rights-based programming.

The discovery of principles

From the point of view of classical 'humanitarian principles', much of the solidarity-based cross-border assistance in the 1980s was 'unprincipled', with some NGOs giving assistance directly to military commanders. Indeed, issues of rights and principles remained relatively under-examined by the UN system in the early and mid-1990s. The UNDP/UNOCHA split was again unhelpful, with agencies such as UNDP and WHO traditionally needing to work with 'the authorities' - a highly contested term in Afghanistan - and UNHCR and UNOCHA used to a more neutral stance.

An indicator of the lack of attention to principles in the early and mid-1990s is the modest amount of analysis that was undertaken on the impact of assistance on the conflict or on issues of gender equity. Consequently there was little awareness of there even being a problem. Generating this understanding is by no means easy, but other UN operations have attempted to do so. Operation Lifeline Sudan in South Sudan, for instance, has attempted to develop a more sophisticated understanding of the complex interactions between aid and conflict and has created a specific Humanitarian Principles Unit for these issues.

The recent discovery of principles in Afghanistan has put the UN at a disadvantage when trying to take a more principled stance. When it complained to the Taliban about 50 tonnes of wheat 'going missing' in Bamyán in September 1998, the response, according to one interviewee, was 'You did not complain before, why are you doing so now?'

Similarly, with gender inequity, which did not begin in Afghanistan with the arrival of the Taliban, the aid community's moral stance is weakened by its earlier inattention to this issue of

discrimination. On the broader human rights front too, the Taliban can rightly point to abuses in the past that were not challenged by the UN, or indeed the donors.

In many ways, it took the advent of the Taliban and its excesses, such as its harsh edicts on women, to force the UN agencies into taking these issues seriously. Though it must be said it was not only the agencies that suffered from rights amnesia; the donors too did not seem to have been particularly concerned about principle issues before the negative publicity the Taliban received in the Western press¹¹⁴.

However, despite a considerable amount of impressive 'doctrinal' work in terms of developing principles, there is still some confusion within the UN system in Afghanistan over what its core principles are. Perhaps the most striking demonstration of this is that the sets of principles in the Strategic Framework and the 'Making a Reality' document are similar, but different.

Gender equity

It was the international reaction to the Taliban's gender policies that really put rights and principles issues on the UN agenda. The Taliban's swingeing restrictions on women reduced the ability of women to earn livelihoods and access education. It also limited the ability of aid agencies to assist women. This discrimination was a direct challenge, not only to the rights enshrined in the UN's human rights declarations and conventions, but to the principle of impartiality on which humanitarianism rests.

The first UN response to the gender issue was a statement on 7 October 1996 by the Secretary General of a system-wide policy on gender. However, this statement did not provide practical guidance and as a result was prone to contradictory interpretations (Newberg, 1998).

In June 1997 ECHA issued a more specific set of gender guidelines for Afghanistan which starts with the sentence 'It is recommended that organisations of the UN system adopt a principle centred approach to the gender issue in Afghanistan'. It goes on to make a distinction between '**life-sustaining activities**' and '**institutional assistance programmes**' and includes the phrase 'benefits women and men equally in participation and results'. These phrases were to bedevil the UN system for months. In November 1997 a mission led by the Secretary General's Special Adviser on Women visited to analyse the issue further and make specific recommendations¹¹⁵.

UN agencies in the field reacted in different ways to the gender issues. For example, WFP and UNICEF suspended programmes in response to Taliban policies as early as late 1996. WFP took an explicitly conditional line, declaring that it would suspend rehabilitation activities and continue only with what it defined as 'humanitarian relief activities' until the Taliban improved its policies towards women¹¹⁶. UNICEF suspended support to schools in Taliban areas if they did not include both girls and boys.

¹¹⁴ For example compare the ODA 1995 review of British Aid to Afghanistan (Kapila et al 1996) with the report of an EU donor mission in 1998 (EU, 1998).

¹¹⁵ Report of the UN Interagency Gender Mission to Afghanistan 12-24 November 1997, Office of the Special Adviser on Gender Issues and the Advancement of Women, New York.

¹¹⁶ Eg 'should the Taliban respond favourably to United Nations appeals on basic rights for women, WFP assistance would widen to include additional recovery activities'. Projects for Executive Board Approval, Oct 1998.

UNHCR on the other hand was more equivocal and continued to build schools in Taliban areas under its Quick Impact Programme initiative, while attempting to get guarantees from the Taliban that girls would be allowed to attend. The outstanding and well publicised example of complicity, however, is WHO's support (initially with UNHCR and WFP) for the Rabia Balki hospital in 1997. The report of the Joint Fact-finding mission to investigate this in late 1997 found that WHO's actions were unhelpful in securing equal access of women to quality hospital care in Kabul, and it 'could not clearly ascertain' whether or not WHO's actions were in line with the 1997 ECHA recommendations. However, the report did conclude there was inadequate consultation between WHO and other UN actors on the issue¹¹⁷.

In short, the implementation of common UN principles was undermined by differing interpretations of their implications.

The Joint Fact-finding mission was in itself a remarkable occurrence, demonstrating both the problem of differing interpretations of principles and also the determination of the UN and donors to show that this was increasingly unacceptable. Since then, there have been no major disagreements, the range of permitted interpretations has effectively been reduced.

Diversions

In terms of diversion, the massive looting of assets and food in Mazar in 1997 does not seem to have promoted the kind of response which similar events have promoted in Liberia, for example, despite commanders in Kandahar reportedly driving around in looted vehicles. Looting is to an extent beyond an agency's control, but according to a number of interviewees it was at one stage not uncommon for food agencies to bargain food for access with commanders who controlled the roads. In the past quite a lot of food was also distributed in food for work projects that were not well monitored (see Appendix II/2). The WFP supply line was described by one interviewee as not so much a pipeline as a sprayer. This is a controversial area but there have been some published examples of corruption in Afghanistan, where it can be assumed that warring elements were those who chiefly benefited.

Coordination in this area is notable by its absence. Until the advent of PCP, there do not seem to have been attempts by the UN in Afghanistan to set inter agency codes of conduct or minimum standards to try and avoid these problems, though the UN has tried mechanisms in other parts of the world, such as the Ground Rules in South Sudan or the Principles and Protocols of Humanitarian Operation in Liberia¹¹⁸. In the Strategic Framework one of the principles is that 'rehabilitation and development assistance shall be provided only where it can be reasonably assumed that no direct political or military advantage will accrue to the warring parties'. However, with regard to food aid at least, this principle has received markedly less attention in terms of analysis or guidelines for implementation than those regarding gender and capacity-building.

Capacity-building

Institution and capacity-building is also seen to be a problematic area of relations with the Taliban. Normally, capacity-building is considered a central part of good rehabilitation or development practice. However where the authorities are not seen as legitimate or meeting

¹¹⁷ Report of a Joint Fact-finding Mission to Afghanistan, Islamabad 14 November 1997 (no agency or author credited)

¹¹⁸ One finding of the 1996 lessons learnt study was that the UN in Afghanistan did not even know, for instance, about the Ground Rules initiative, undertaken by the UN in South Sudan in 1994.

international standards, capacity-building becomes problematic¹¹⁹. Thus the ECHA guidelines on gender determine that ‘UN agencies will not engage in institution-building efforts with the Afghan authorities as long as their discriminatory practices continue’. As with gender, this has led to a variety of not necessarily consistent approaches.

Again, the particular UN agencies’ mandate and approach appears to be the dominant factor in determining the position taken to capacity-building rather than core principles. WHO’s mandate for instance determines a close relationship with government., and this must be partly what lay behind the decision to rehabilitate the Rabia hospital. UNICEF too works with the Ministry of Public Health on the formulation of EPI policy, but not with the Ministry of Education because of the policy on girls’ education. UNDCP has to work with the authorities as drugs control requires policing. UNCHS/Habitat works with the municipalities. UNOCHA, however, perhaps because its mandate and tradition are rooted in humanitarianism, is less concerned about the government and has created a mine action programme that relies exclusively on Afghan NGOs rather than government structures.

Broadly, agencies have tried to make a somewhat tenuous distinction between local and central authority and between technical and political parts of government, the idea being that they can then focus on the local and the technical in order to facilitate programme implementation, while trying to minimise the possibility of strengthening what are seen as illegitimate structures.

The development of greater consistency is not helped with donors also taking different lines on what is an acceptable relationship. The UK Department for International Development (DFID), for instance, has taken a robust line, even going so far as to lay down detailed guidelines as to what it considers acceptable. For instance, ‘obtaining unavoidable consent’ is permitted but ‘strengthening departments in Ministries’ through training or equipment is unacceptable, (DFID 1999). Other donors, though, have taken a different view and have invested considerable amounts in some ministries. Indeed until recently, the MOPH was, as one interviewee put it, a ‘wholly owned subsidiary of the EU’. This approach from donors, as well as being uncoordinated, is in danger of forcing agencies to be dishonest, as it refuses to accept what they have to do in terms of relating to official structures in order to implement programmes. The schizophrenia of the donor approach is perhaps most evident in drugs control, an area which is a donor priority and in which government action is necessary for policing, but yet capacity-building is unacceptable to many donors.

Conditionalities and the politicisation of aid

Confusion and disagreement over principles is also evident in the UN’s attempts to square the circle between the humanitarian imperative and the ‘principled centred approach’ of the ECHA guidelines. The UN simultaneously holds that a humanitarian approach dictates the unconditional provision of assistance and that a human rights approach implies the use of conditionalities to promote respect for rights, notably women’s rights. The attempt to reconcile the two was undertaken by making a distinction between life-saving activities, which are unconditional, and life-sustaining or ‘non-life-saving’ activities to which conditionalities may be imposed¹²⁰. The UN also withdrew all international staff in 1998 in response to the growing security problems and used their possible return as a lever to try and extract concessions from the Taliban.

¹¹⁹ There appears, however, to be significant variety and little consistency in what donors consider to be legitimate in different contexts.

¹²⁰ See what is known as the ‘Next Steps Paper’, produced by the UN in several versions in early 1999.

The situation was further complicated by donors imposing their own conditionalities on the Taliban, though some, such as the US and the UK more explicitly than others¹²¹. Donors also imposed conditionalities on UN agencies in an attempt to impose certain policies. These were sometimes contradictory. DANIDA, for instance, insisted that UNHCR have international staff inside Afghanistan, while DFID insisted that any NGOs it funded should not send in any international staff at all.

Several coordination problems arose from these various conditionalities. Firstly, the UN tried to define precisely what ‘life-saving activities’ covered, and, predictably, each agency was concerned to protect its own activities by defining them as lifesaving. This distinction also flies in the face of accepted wisdom in the Afghan context that there is no significant distinction between relief and rehabilitation. Secondly, some agencies were more conditional than others. WFP, for instance, was more explicitly conditional in declaring it would increase food delivery in response to improvement in Taliban policies than, for example, UNHCR.

The imposition of conditionalities also contributed to the growing perception that aid delivery was becoming politicised. Whereas aid agencies claim that their conditionalities are based on human rights, and imply that those of donors are based more on foreign policy concerns, the Taliban is unlikely to make such distinctions. In that conditionalities are an attempt to influence power relations within a society, be they between factions or between women and men, any conditionality is political, whether imposed by agencies, such as WFP, or donors. But even if aid conditionalities had been coordinated, it is doubtful if they would have had much effect on the Taliban, given its lack of concern for public welfare. The withdrawal of international staff, on the other hand, may have had some impact, though more for reasons of recognition than an aid delivery. See Van Brabant and Killick (1999) for a fuller discussion of this issue

On the positive side, the UN has been able to ‘speak with one voice’ on a number of occasions. Notably, the negotiation of the Memorandum of Understanding with the Taliban had UN-wide agreement. And in late 1998 when voluntary repatriation of refugees and expulsions of Afghans from Iran led to serious protection issues in Herat, the UN security rules meant that UNHCR did not send in international staff, despite there being strong pressure within the organisation to do so and apparently a real need for protection. At the time all UN international staff had been evacuated from the country and it was decided at the highest levels of UNHCR that it would be giving the wrong message to the Taliban to send in international staff when the rest of the UN had withdrawn its international staff. In this instance, the mandate of the organisation was overridden by its desire to ‘speak with one voice’ with the wider UN.

By early 1999 the UN was moving away from the distinction between life saving and institution-building. The second draft of the Next Steps paper recognises that ‘the life-saving vs capacity-building conundrum has proved unhelpful’.

Rights-based programming

This is still a relatively new approach in Afghanistan and it would be premature to offer detailed comments. The idea is that all programmes should be assessed and designed in terms of their contribution to the realisation of rights, especially of the marginalised. The recent appointment of a gender and a human rights adviser in the UN Coordinator’s office should assist the UN to ‘mainstream’ issues of rights and principles into programming decisions (though some point out

¹²¹ The US representative declared at the December 1998 ASG “it should be made clear that donor response is tied to progress in Taliban policies and practices”.

that their greatest contribution may not be in the field, but in the bringing of some realism to headquarters thinking

Principles in theory and practice

Perhaps two main themes stand out in terms of the UN's coordination over principles. Firstly, there is still not a strong, UN-wide and instinctively understood, set of principles. Secondly, in the absence of this, at best the individual UN mandates, or at worst pure pragmatism, takes precedence. This is what lies behind the common expression that 'we agree over the principles, just not over their application'. For instance, in the difference between UNHCR and UNICEF over schools, each agency was in effect arguing about its mandate as much as the core principles. Broadly, however, despite some well-publicised problems, the UN in Afghanistan is moving towards greater coordination over common principles and a principled approach.

7.5 Strategic Coordination and the Strategic Framework

The final element of UN coordination to be examined is the Strategic Framework itself. This attempts to coordinate programmes, rights and principles and the UN's political work.

In the early and mid-1990s, the coordination between the UN's assistance work and its political work was minimal, despite the fact that at times the formal head of both was the same person. This distance came from the political side rather than the humanitarian, as one interviewee put it 'the political side did not want to be contaminated by the humanitarian' the feeling was that 'they can not be trusted and they do not understand politics'. On the humanitarian side too, it was felt that a healthy distance was needed between the humanitarian operation and the political and that political interference would compromise the humanitarian imperative, reducing the appearance of neutrality and impartiality on which access depended. Indeed, the existence of the UN political actors caused tensions between the UN agencies, the ICRC and the NGOs; the non-UN agencies questioned UNOCHA's and UNDP's mandate to coordinate and lead the international aid effort.

However, the role donors expect of humanitarian assistance in conflict has changed and the political/humanitarian divide is increasingly under challenge. In this context the UN was increasingly aware of disconnects between its political and assistance operations. According to the final draft of the Strategic Framework, 'the overarching goal of the UN in Afghanistan is to facilitate the transition from a state of internal conflict to a just and sustainable peace through mutually reinforcing political and assistance initiatives'. In a letter of 3rd March 1998 to the members of the ACC, the UN Secretary General reminded his colleagues that 'the credibility of the entire United Nations system will be enhanced if we are able to show collective and coherent improvement in our approach to the problems of countries in need'. The converse is also true. However, as the final draft of the Strategic Framework points out, to do this 'a quantum leap is required in the way in which external assistance actors operate in Afghanistan and a more structured, coherent, coordinated and principled approach is required'. Thus, improved coordination has become of central importance to UN reform.

In mid-1999 it would be premature to attempt a conclusive evaluation of the strengths and weaknesses of the Strategic Framework for Afghanistan as it is still in its formative phase. Three important questions seem likely to determine its success:

- (i) What exactly is the link between the humanitarian and the political?
- (ii) Given the importance of coordination for success, can greater UN coordination be achieved by consensus and not control?
- (iii) Perhaps most importantly, though it is beyond the capacity of the UN to determine, can a UN Strategic Framework work if the Security Council and regional powers do not reach a consensus on Afghanistan?

Political and humanitarian linkages

In spite of many calls for the UN's humanitarian and political work to be better coordinated, there is perhaps less clarity on what exactly should be coordinated. Perhaps three areas of coordination can be identified: sharing of information and analysis, speaking with one voice to the Taliban, and then the deeper level of the coordination of the impact of assistance programmes and the political work.

The sharing of analysis is perhaps the easiest to achieve and to a large extent this appears to be happening, partly because of the recognition by the political side that "in many ways the humanitarians know more than we do". UNSMA now shares information with the UN Coordinator, something that did not happen previously, and the UNSMA head of office routinely attends UN agency coordination meetings. In terms of dealing with the Taliban, there also appears to be considerable advances in terms of "speaking with one voice", notably over the withdrawal of international staff in the summer of 1998. Interviewees argued that the Strategic Framework has strengthened the hand of the political side, for example over staff going back, as the Special Envoy was trying to use the return of staff as a lever with the Taliban.

The most complex area though is the contribution that the assistance programme overall will make to peace-building, over and above its impact on meeting relief and rehabilitation needs. The Strategic Framework asserts that the UN will contribute to peace-building 'directly through peace initiatives and indirectly by creating the conditions that make recovery and reconstruction a viable option for those who, at present, see no option other than to make war'. The original idea of the Strategic Framework was to unite the UN system in a joint commitment to provide a target number of livelihoods if the factions stopped fighting. This, it was hoped, would make the opportunity cost of continued war clear to the Afghan factions, their supporters and the wider society and thus increase the pressure on them to make peace. However, the idea was resisted by the main UN agencies. The potential impact of the UN in presenting alternative livelihoods for those currently supported by the war economy is anyway limited. The World Bank, for instance, estimates that the value of the cross-border smuggling trade is US\$2.4 billion, but the annual CAP raises around US\$100 million. The proposal did however, provide a unifying idea for building peace that brought together UN political, rights and assistance activities.

However, given the agencies' lack of interest in the livelihoods idea, the comparative economic powerlessness of the UN, and the lack of interest amongst donors in getting involved in 'high politics' in Afghanistan, it is hard to see quite what current links between the political and the economic might deliver, apart from the minimalist idea of 'speaking with one voice'.

Consensus or control

Can the Strategic Framework work with an architecture that is reliant on consensus amongst a variety of agencies and not control? Certainly, in the view of some of the main advocates of reform, relying on consensus is highly problematic¹²²:

From the inception of the Strategic Framework, serious objections to it were raised from the headquarters of the main UN agencies. Many people, both in the field and at headquarters, seem to have seen it not as an attempt at reform but as empire building, and as a consequence several agencies reacted defensively and territorially¹²³. In the end, the donors forced it on the agencies, notably at the London ASG. Even then, responsibility for managing the process had to be placed with the office of the UN Deputy Secretary General, i.e. at a level above the heads of agencies, in order to see it through.

There were, however, significant alterations to the original proposal that considerably weakened it. The removal of the idea of livelihoods has been mentioned. Three institutional proposals that would have enhanced central UN control were also diluted or removed: the idea of a Common Fund, the Afghan Programming Board and the Strategic Monitoring Unit.

The original draft of the Strategic Framework proposed a common fund to be controlled by the UN Coordinator. However, this proposal was strongly resisted by the main agencies. As regards the big agencies, a number of interviewees felt that they saw it as 'a line in the sand', and that it would be a precedent that would undermine their independence and flexibility. A number of UN staff interviewed felt that this severely hampered the potential to achieve greater coordination. The agencies were assisted in this by the fact that there were reservations among many donors about the concept of a common fund.

The original draft of the Strategic Framework also proposed a strong role for the Afghan Programming Board as the keystone of the field architecture. But in the end donors, UN agencies, and NGOs all appear to have objected to an APB with any real decision making authority and it has been renamed the Afghan Programming Body to remove any hint of this and will have only advisory powers. As a result there is a danger that it will become little more than a talking shop.

The Strategic Monitoring Unit has also languished. As the first draft of the Strategic Framework pointed out, 'in simple terms, we do not know what the impact of external assistance has been'. It argued for a substantially increased reallocation of resources for strategic monitoring and learning and this was endorsed by the donors and successive ASGs. However, by June 1999 this institution was still not funded or established.

The UN and the broader political context

Can a UN Strategic Framework work without significant progress on developing a regional geopolitical consensus, a process over which the UN has no control? This is not really a question of coordination, but is crucial to the success of the Strategic Framework nevertheless. Many have pointed out the comparative powerlessness of the UN, or the amount of money the entire assistance effort brings to Afghanistan compared with, for instance, the value of the cross-

¹²² Afghanistan presents the most extreme example of the need for strong coordination, and, thus far, the near impossibility of achieving it. The UN Coordinator is expected to lead the movement for change, but cannot force compliance (Witschi-Cestari, et al 1998).

¹²³ WFP and UNHCR, for example, signalled that they had problems with the Strategic Framework in the December 1997 ASG and in a number of internal memos and correspondence on its content.

border smuggling trade. Ambassador Brahimi has also pointed out the disinterest of the international community as a whole in helping to end the conflict in Afghanistan (December 1997 ASG), and that it is not possible for the UN to engage in the peace process alone (May 1998 ASG).

Indeed, in some ways the Strategic Framework, rather than representing the dominance of politics over assistance, in fact represents the delegation of responsibility for political progress from the political to the assistance sphere. One of the outcomes of the architecture of coordination in Afghanistan, notably the ASG and the APB, has been to blur the lines between the foreign policy concerns and the assistance concerns of states. In the absence of serious effort in the political sphere to solve the Afghanistan conflict, the ASG has encouraged donors to view these concerns through an assistance lens rather than a political one, hence the recourse to conditionalities - the use of assistance tools for political ends. There is the danger that in the absence of any political progress, the call for greater coordination of the aid and the political spheres will result in further use of assistance tools for political goals. It is notable that the assistance 'leg' of the Strategic Framework, the Principled Common Programming process, has received much more attention from donors than from the political side, hence the common tendency to confuse the latter with the former.

7.6 The Role of Donors

Donors play an ambiguous but key role in the UN humanitarian system. Much of the focus of attempts at reform is on the agencies; the donors are seen as a 'force without which who can push the agencies into reform. But in fact donors are very much part of the system themselves,' they have in many ways, perhaps unconsciously, crafted it to suit them. Yet they escape much attention; debates about accountability, for instance, rarely encompass donor accountability, for failure to reform inefficient and ill-designed funding procedures, or the humanitarian impact of conditionalities. The story of UN coordination in Afghanistan demonstrates two problems with donor policies, firstly the failure to coordinate amongst themselves, and secondly and relatedly, their ambiguous relationship to the UN system, both as member states and as donors to the UN agencies. This can lead to problems when the two roles are not clearly defined.

In the early 1990s it appears that donors did not coordinate on a systematic basis. There were no regular donor meetings. In 1995 only the Japanese had a post in the embassy in Islamabad dedicated to Afghanistan. Donors did not play a very proactive role in coordination.

An example of donors not fully coordinating their efforts is the role of the EU, itself a creation of some of the major donors who favour greater UN coordination, yet a body that has in some ways undermined and competed with the UN. The 1995 UK ODA report (Kapila et al) asked whether Afghanistan is best 'served by the marginalisation of the UN and a replacement by EU hegemony' but did not provide an answer.

This ambivalence to the UN has characterised many donors' attitudes, with the exception perhaps of the Nordic governments which have been more consistent in their support. Whether or not the EU undermines the UN coordination role through its programming decisions, the recent attempts by the EU to impose 'coordination' on NGOs by getting them to form consortia is a very good example of how donor priorities, in this case mainly bureaucratic, can hinder problem-based coordination. It is also an example of just how unaccountable donors can be.

The impact of donors on coordination since the advent of the Strategic Framework and the PCP process is similarly ambiguous. On the one hand, as a group, they have put consistent and firm pressure on the UN agencies to coordinate better, ‘The only thing that saved the Strategic Framework was the donors’ is a common view outside the agencies. The donors indicated their strong support particularly at the London May ASG, and a senior British aid official then warned that ‘donors might have to use sanctions [on the agencies] to ensure a common approach.’ Indeed, some observers even see the experience as setting a precedent for donor pressure on the UN system. Certainly the Danish mission in New York sees the ASG as ‘the most operational mechanism we [i.e. the donors] have.’

Yet, on the other hand, donors are also responsible for much of the confusion in the system. Donors have created and maintained the independent agencies and they continue to ‘cherry pick’ projects rather than support an overall strategy. Despite donor commitments to fund within the appeal so as to support the PCP process, this does not always happen. In 1998 more than twice as many pledges were made outside the 1998 appeal as were made within it (OCHA 1999 Consolidated Appeal). This also causes UNOCHA problems with tracking the funding going into the country, an elementary function of coordination but one which is apparently nearly impossible. One donor representative admitted to the evaluation team that UNOCHA was deliberately not told about some funding decisions in order to avoid those grants being publicised. Donors cannot demand better coordination without being prepared to support it on the ground.

Donors appear to have lost confidence in the UN system behaving in a principled way, hence the pressure on the system for the PCP and Strategic Framework process. But donors are also trying increasingly to micro-manage the agencies, in both principles and programmes. Given the capacity of donors in the field, this is bound to be a patchy and incomplete process. Another route, independent monitoring, reviews or evaluations, which might be a more useful accountability mechanism than attempting to micro-manage, does not seem to have received the attention it deserves, as exemplified by the languishing of the Strategic Monitoring Unit.

In short, the donors need to look to their own policies and coordination to explain part of the UN system’s problems with coordination. Donors too must be held accountable for their policies and decisions on humanitarian issues.

7.7 The Question of Mandates

The role and purpose of UN coordination in Afghanistan have changed significantly over the evaluation period. In the earlier period, in the absence of a demand for system-wide common goals, coordination was a lowest common denominator model of information sharing and common services. But as the demands on the UN in Afghanistan to simultaneously relieve suffering, encourage rehabilitation, promote human rights and build peace have increased, this has made the importance of coordination, and the cost of its failure, much more significant.

This development has brought into focus perhaps the single greatest obstacle to greater UN coordination - the existence within the UN family of a variety of huge institutions with their own mandates, structures, and funding sources which often have no real desire to coordinate, indeed, which sometimes regard anything more than minimalist coordination as a threat to their individual existence. Increasingly in recent years, this lack of coordination has been seen by many as undermining just not the UN’s programme activities, but the very principles on which the UN is founded.

The big question for UN coordination, and not just in Afghanistan, is whether or not the methods currently being tried, essentially reorganising the relationships between the agencies, is sufficient to deliver the ‘quantum leap’ in levels of coordination needed to fulfil this new role in conflict. This questions the very existence of the agencies in their current form, if greater coordination is to be achieved. The various experiments with coordination in Afghanistan are significant because they are some of the most ambitious attempts at greater coordination in the whole UN system.

As argued above, the existence of these separate institutions and mandates lies behind many of the problems of UN coordination in terms of programme coordination, principled coordination and the development of the Strategic Framework¹²⁴. Though considerable progress has been made through the Strategic Framework and the PCP processes in terms of technical, programme and principle coordination, mandates and institutional interest continue to hamper efforts to coordinate at all levels. What is most striking is that what on the face of it is a relatively simple and obvious idea - that the UN’s overall efforts should be better coordinated - seems to be so complex in execution. As noted by the Norwegian representative to the May 1998 ASG ‘Norway advised that its government had worked on UN reform for a number of years and that it was, perhaps, not appreciated how revolutionary the common programming approach was.’ That this simple idea is so ‘revolutionary’ is surely a serious indictment of the individual agencies. Whereas in theory responses should be determined by needs, while mandates and institutions determine planning and funding, individuals, not UN-wide policy goals, will determine coordination.

7.8 DANIDA’s involvement in UN coordination in Afghanistan

DANIDA made the following financial contributions to UNOCHA for general support to coordination, as part of grants which also included support for the UN flights (see Appendix II/4) and the mine action programme:

1992 DKK1.55 million;

1994 DKK 0.5 million.

In spite of the global policy priority given by DANIDA to the coordination of international humanitarian assistance, its involvement in the Strategic Framework and Principled Common Programming processes for Afghanistan has been low-key (see section 12 for further details and discussion).

There appear to have been occasions when DANIDA’s funding decisions may have been at odds with the importance it gives to coordination, for instance;

- funding a new Danish NGO for de-mining work in Afghanistan, when DANIDA has already consistently supported the well coordinated and effective UNOCHA programme (see Section 6.11 for further details);

¹²⁴ See also Witschi-Cestari et al 1998, who state that, up to 1996 anyway, ‘mandate protection, mandate jealousy, and mandate creep foiled almost every attempt to Coordinate within the UN system, lessened the capacity of the UN system to formulate and absorb policy, and offered ample opportunity for faction leaders to take advantage of discord for their own political purposes’.

- resuming funding for UNHCR's repatriation programme in 1999 after a break of two years. In view of its concern about human rights abuses, DANIDA stipulated that its money should only be discussed if there were international UNHCR staff inside Afghanistan to supervise and monitor returning refugees. This seems sensible, but sends a message somewhat at odds with that coming from other donors. The overall impact of the donor community, acting through the ASG, has been to delay the effective return of UN staff in 1999 because of imposed conditionalities.

These two examples appear to underline the need for DANIDA to engage more closely in the Afghanistan coordination processes, both in order to avoid contradictions or inconsistencies in its own programme and also so as to influence the impact that donors overall have on humanitarian assistance to Afghanistan.

7.9 Conclusions and recommendations

Overall UN coordination in the period 1992 has tended to be patchy, *ad hoc* and lacking in vision, not unlike coordination in many operations in other countries at the time. UNOCHA's achievements were not so much in coordination as in service provision, such as the flights service, or programmes such as exemplified by the mine action programme. Coordination tended to be limited to information sharing and documentation, rather than common programming or strategic planning

The period from 1997 onwards has seen some of the most ambitious and impressive attempts yet made at coordination in the UN system. Progress has been made in re-shaping the concept of the assistance programme from a series of unrelated interventions into themes. Also the UN agencies have to an extent acted together on common principles and started to develop a rights approach.

However, there are still significant systemic problems. Mandates and institutional interests continue to frustrate efforts to coordinate at all levels. Programme overlap, mandate creep and lack of shared strategies mean that programmes can, at worst, undermine each other. It remains uncertain whether strategic coordination can work just by consensus. Even the modest proposals within the PCP for asserting unified approaches have been weakened by the apparent ineffectiveness of the APB and disagreement about what role a Strategic Monitoring Unit should play.

While donors have coordinated in order to put considerable pressure on the UN system for reform and improved coordination, they have not coordinated in other areas and have disagreed about the implementation of some principles. Humanitarian assistance, including field security, has become politicised. Some donors have also resorted to micro-management.

The lack of agreement, both within the UN and between the UN and NGOs and donors, over ends, means and principles and therefore the type of coordination needed, has led to an over-emphasis on coordination and coordination structures as ends in themselves. There is a danger that process has been substituted for content.

There appears to be a lack of a shared analysis of the political, economic and social conditions of Afghanistan and the nature of the humanitarian needs to which these give rise. In efforts to impose conditionalities on the Taliban, attempts to distinguish between life-sustaining activities

(permitted) and institutional assistance / capacity-building activities (not permitted until the Taliban change their human rights policies) have proved unhelpful.

The tensions between humanitarian principles and imperatives and political, human rights and other considerations remain unresolved. In the absence of effective political progress, particularly a consensus and concerted action by the regional powers, political action is being delegated to the assistance sphere.

The ultimate goal of the UN in Afghanistan is peace through mutually reinforcing political and assistance initiatives. It remains unclear as to how this reinforcement can come about and what contribution the assistance programme can make to peace-building, given the disparity in levels of economic activity between US\$300 million per annum for aid against US\$2.5 billion from smuggling and US\$1.25 billion from drugs.

There are strong arguments for DANIDA to be more engaged in the path-finding efforts at humanitarian system coordination which are being attempted in Afghanistan.

A greater involvement would be welcomed by many of those interviewed in both UN agencies and NGOs, recognising the Danish government's commitment to multilateralism and its less politicised humanitarian aid programme. Denmark is perceived as a moderate and objective actor. Coordination and UN reform are important priorities for DANIDA.

8. NGO COORDINATION

8.1 Introduction

DANIDA has provided annual core grants since 1989 to the Agency Coordinating Body for Afghan Relief (ACBAR), shortly after its foundation in 1988. Before looking specifically at ACBAR's work, this section will deal briefly with the wider history and context of NGO involvement in assistance to Afghanistan as well as other coordination structures and processes which are of importance. It also looks at the Danish NGO DACAAR in the context of coordination mechanisms.

8.2 Context

Historically, the development of NGO assistance has taken place in stages mirroring the various phases of the Afghanistan conflict and the humanitarian needs which have arisen from it. (See Bennett, 1995, Nicholds and Borton, 1994).

- In response to the massive refugee outflow following the Russian invasion in 1979, UN agencies, mainly UNHCR, WFP and UNICEF, worked under the coordination of the Pakistani authorities. In the early 1980s some established international NGOs also began working in the refugee camps in Pakistan;
- In the mid / late 1980s there was a growth of 'solidarity' and Afghanistan-specific NGOs working in the camps as well as cross-border, in support of the Mujahidin and populations under their control. Substantial funding from USAID began in 1986. In relation to cross-border assistance, this period was notable for the lack of normal levels of accountability, programmes often being negotiated direct with military commanders (Nicholds and Borton, 1994). Levels of aid diversion were probably high. Almost no agencies worked in government-held areas.¹²⁵ During the 1980s, the bulk of assistance within Afghanistan was delivered by NGOs, with the UN and ICRC largely absent from within the country;¹²⁶
- Following the 1988 Geneva Accords, the UN was able to start substantial relief and rehabilitation programmes. Funding to NGOs increased as did donor requirements leading to an increased professionalisation of NGO work. The NGO coordinating bodies ACBAR and SWABAC (South-Western Afghanistan and Baluchistan Association) were set up in 1988,¹²⁷ partly in response to the arrival of UN agencies and the establishment of UNOCA.

In the early 1990s UNOCA started an 'Afghanisation' programme by promoting the development of Afghan NGOs. This was partly a genuine attempt to build indigenous Afghan capacity, as well as a move to diversify assistance channels from international NGOs. By 1993 150 Afghan NGOs had been created. The ANCB (Afghan NGOs Coordination Bureau) was

¹²⁵ The Afghanistan Red Crescent Society was probably the only national humanitarian organisation that continued to function in the government-controlled urban areas during this period. In 1987 the ICRC was able to obtain permission to open a delegation in Kabul.

¹²⁶ Prior to 1986 the ICRC was not able to obtain permission to operate from all the warring parties.

¹²⁷ ACBAR was partly modelled on the Committee for Coordination of Services to Displaced Persons in Thailand (Bennett, 1995)

created in 1991. In the April 1992 interim government in Kabul eight of the 19 ministers had been senior staff members of Afghan NGOs. Nicholds and Borton (1994) typified NGOs in the early 1990s as follows:

- already established international NGOs (including USAID contractors);
 - NGOs formed specifically in response to the needs of Afghans (including international NGOs, such as DACAAR, and Afghan NGOs.
- In 1993 USAID abruptly stopped its assistance programmes, mainly as a result of a post Cold War reassessment of its regional policies. This caused a major funding crisis for NGOs. Substantial agriculture, education and health programmes came to an end. Earlier USAID-supported efforts at genuine capacity-building of Afghan NGOs were not sustained. The EU began to take over a leading funding role. Some international NGOs converted successfully into Afghan NGOs.¹²⁸ As conflict between Mujahidin groups continued, solidarity groups fell away or changed into professional relief and rehabilitation organisations.¹²⁹

ACBAR lists 154 NGOs in its 1999 directory, 97 of which are Afghan and 57 international.¹³⁰

NGOs, both international and Afghan, underpin the assistance effort to Afghanistan delivering an estimated 60-80 percent of programmes, either directly or as implementing partners of UN agencies and the EU. The NGOs contain a considerable body of knowledge and experience about working in Afghanistan. While some observers remain concerned about the size and diversity of the NGO community, others point out that the value of such organisations should lie in their diversity and innovativeness. The emphasis on quality improvement and capacity-building of NGOs remains an important priority in the provision of humanitarian aid to Afghanistan.

8.3 Coordination structures

Prior to 1988 a number of coordinating groups existed¹³¹, mainly concerned with refugee assistance. The signing of the Geneva Accords in 1988 prompted the establishment of ACBAR as the first overall coordination body. There are currently four main NGO coordination bodies¹³²:

- ACBAR, founded in 1988, to coordinate those NGOs based in Peshawar, (See section 8.7 below for further information);

¹²⁸ For example AVICEN became Ibsina and the Salvation Army became the Afghan Development Agency.

¹²⁹ For example, Swedish Committee for Afghanistan, as noted in the 1997 EC – SIDA evaluation (SCA 1997).

¹³⁰ The directory includes agencies, which are not members of any coordinating body. Some agencies are also members of more than one body.

¹³¹ Such as the Voluntary Agency Group and the Committee for Medical Coordination.

¹³² In addition, there is a separate coordination body for Herat the NCB.

- the Afghan NGOs Coordination Bureau (ANCB), also based in Peshawar, was founded in 1991 to promote the interests and coordinate the activities of Afghan NGOs, reflecting the growth in the number of those bodies as a result of the UN's 'Afghanisation' policies of the early 1990s (see section 8.2). A significant number of Afghan NGOs are members of both ACBAR and ANCB.
- the Islamic Coordination Council's (ICC) members comprise international Islamic organisations. Founded in 1985, the ICC is based in Peshawar.
- the South-Western Afghanistan and Baluchistan Association (SWABAC), like ACBAR, was founded in 1988. It acts as the coordinating body for agencies operating in south-western Afghanistan and with refugees in Baluchistan. Originally based in Quetta, it now mainly works from Kandahar. Its activities are similar in nature to those of ACBAR and include providing training programmes for members and also monitoring services for WFP and UNOPS projects.

TABLE 8.1: OVERVIEW OF AFGHANISTAN COORDINATION BODIES MEMBERSHIP AND LOCATION

	Afghan NGOs	International NGOs	Total No. of Members	HQ	Sub-offices
ACBAR	40	33	73	Peshawar	Kabul, Herat, Jalalabad ^a
ANCB	95	-	95	Peshawar ^b	-
ICC	5	6	11	Peshawar	-
SWABAC	57	-	57 ^c	Kandahar	Quetta

Source: ACBAR, 1999a, unless otherwise stated.

Notes

- ACBAR's Kabul office has been closed during 1999 because of lack of recognition by the Taliban authorities.
- ANCB's offices opened in Kabul and Jalalabad in 1993 but have since been closed due to lack of funding.
- SWABAC membership list, dated 26/1/1999

Both ANCB and SWABAC mainly rely on membership fees for their core income, in contrast to ACBAR which has been able to continue to attract core funding from donors, including DANIDA.

Mention should also be made of information sharing and liaison structures which exist outside the region. These include the British Agencies Afghanistan Group (BAAG) and the European Network for Afghanistan.

8.4 NGO Coordination in practice

As can be seen from the preceding section, the NGO coordination scene is complex. While some would argue that there is not room for four different coordinating bodies, others point out that each body has its own specific constituency and role. The different bodies do coordinate among themselves, but this tends to be on an *ad hoc* and occasional basis. In 1999 a

consultancy, financed by UNOCHA from Norwegian government funds, is reviewing the NGO coordination scene, particularly in view of the development of the Afghanistan Programme Body (APB) and the Regional Coordination Bodies as part of the PCP structure.

One NGO director described NGO coordination as a contradiction in terms, given the numbers and diversity of the agencies involved. The UN agencies may have some advantage, in theory, at least, in belonging to the same overall structure and ultimately responsible to the member nations.

In spite of the problems, there have been many examples of NGO coordination as cited by informants to this evaluation (see also Marsden, P, no date). Functional coordination reportedly has been most successful at lower levels – regional and below – when there are practical problems to be solved and positive outcomes can be seen.

Some of ACBAR's technical sub-committees have also been useful in coordinating agency actions and setting technical standards. Those sub-committees have also at times been fora for NGOs and UN agencies to discuss technical issues (see section 5.8 for health coordination). However, the work of these technical bodies has often been hindered by factors such as agency staff turnover, short-term funding for programmes and lack of follow-up in the field.

From a UN perspective it has been noted that NGO coordination has been plagued by insufficient financial and human resources. Also NGO mandates sometimes seem at odds with the contractual relationships which NGOs often have with UN agencies (Witschi-Cestar et al. 1998). The latter issue presumably depends on the nature of the relationship, whether of equal partners or as a contractor.

NGO coordination has also been stimulated by donors, most notably the EU which has encouraged such ventures as an integrated community-based programme in Nangarhar involving nine NGOs. Unfortunately more recently the EU has been pushing NGO consortia primarily for reasons of administrative convenience.

8.5 UN/NGO coordination

As might be expected from the diversity of both the NGO scene and the UN agencies, coordination has been very variable. Prior to the development of the PCP, the UN system set up Rehabilitation Steering Committee meeting at regional level, but NGOs were not members of these bodies.

However, at both practical and strategic planning levels there have been examples of good collaboration between NGOs and the UN agencies. These include FAO participation in the ACBAR agricultural sub-committee and the Framework for Educational Rehabilitation in Afghanistan in June 1994, the latter being drawn up by 11 NGOs, UNHCR and UNICEF. The Danish NGO DACAAR and UNICEF drew up national guidelines for water supply and sanitation. The earthquake responses of 1998 and 1999 have also been occasions when the two groupings have had to respond quickly to events.

It seems that coordination has often functioned best when driven by practical conditions, such as:

- adverse security conditions and times of emergency and crisis;
- funding relationships which have dictated the terms of relationships;

- the proximity of agencies at field levels in difficult circumstances which has led to improved communication and coordination;
- the existence of inter-personal attitudes and skills conducive to positive coordination.

UN/NGO relationships have been strained at times, for a number of reasons, including:

- NGOs feeling that the length and depth of their experience at field level have not always been acknowledged, particularly taking into account the rapid turnover of UN staff;
- frustration with funding relationships in which NGOs have felt treated simply as contractors, rather than partners;
- lack of acknowledgement by the UN agencies, that most of their work is implemented by NGOs;
- on the UN side, frustration with the plethora of agencies and the absence of a single coordinating body speaking with one voice;
- concern about the status and professional capabilities of some NGOs.

Since the Taliban took over Kandahar in 1994 and subsequently spread its control to most of the country, the NGOs and the UN agencies have been forced to work together, responding to the human rights and gender issues and challenges to agency operation which have arisen. The Memorandum of Understanding signed by the UN with the Taliban in May 1998 was, however, a particularly controversial document. It was not negotiated without consultation with the NGOs, and many NGO directors felt it undermined the positions of their organisations. The NGOs have pressed the UN to have the MoU re-negotiated.

One practical obstacle to better coordination between the NGOs and the UN agencies has been their almost complete physical separation between Peshawar and Islamabad. It seems that this problem will only be overcome when both groups move to Kabul. One sign of a maturing relationship was the presentation of a joint position paper to the 1999 ASG meeting in Stockholm, 'Principled Common Programming: Challenges and Opportunities'.¹³³

8.6 NGO Coordination and the PCP

Elaboration of the Principled Common Programming Initiative has been a major focus of NGO/UN discussion and joint work. While many NGOs appear to remain committed to the process of developing the PCP, there is frustration that there is little to show for it so far and fears that the proposed centralised funding and project approval could limit flexibility and responsiveness.¹³⁴ There is particular concern about the role of donors, perceived in the ASG meetings as being uncoordinated and increasingly politicising humanitarian aid.¹³⁵

Some NGO directors have devoted a lot of their time to the development of the PCP. At least two estimated that it had taken 30-40 per cent of their time. The discrepancy in resource levels,

¹³³ Discussion paper reflecting the consensus of the UN country Team and the NGO community, Islamabad, 14 June 1999.

¹³⁴ See for example 'The Promise and Perils of Common Programming (Feb 1999) paper produced by a group of NGOs, no issuing authority or author credited.

¹³⁵ See for example 'The Politicisation of Aid to Afghanistan' (Feb 1999) paper produced by a group of NGOs, no issuing authority or author credited.

both human and financial, between the NGOs and the UN agencies has been a source of frustration for both parties.

8.7 ACBAR

ACBAR's objectives are:

- a) to maximise the benefits of available resources to assist the Afghan people
- b) to minimise unnecessary duplication of NGO/Contractor activities and services (ACBAR, 1999b)

To achieve these objectives, ACBAR's function is:

- to facilitate contact among NGOs, and between NGOs and governments, inter-governmental organisations and Afghan representatives;
- to provide assistance, services and advice to its members in the performance of their work for the Afghan people;
- to produce and solicit information materials which are of interest to the membership, donors and the wider public.

ACBAR's main activities include:

1. **Advocacy and coordination work on behalf of its members.** This has included representations to the Government of Pakistan and to the authorities in Afghanistan on issues affecting agencies. Since 1996 ACBAR has played a leading role in providing a mechanism by which agencies could respond to the issues arising from Taliban edicts relating to women, and the registration and the relocation of NGOs in Kabul. It has also been active in the development of the Principled Common Programming initiative, including representing NGOs at the ASG meetings.
2. **Sectoral coordination.** ACBAR sub-committees have met on matters such as agriculture, health, shelter, veterinary work, women's affairs and education. UN agencies have participated in some of these sub-committees, in some cases chairing them. Apart from exchanging information, the committees have attempted to set operating standards for programmes. As early as 1989 ACBAR had formulated standards and guidelines for health programmes. The work of the technical sub-committees appears to have weakened in recent years for reasons which are not clear.
3. **Regional coordination.** Meetings of agencies working in the same provinces in order to avoid overlap and improve coordination have mainly been held in Peshawar. This is now changing as ACBAR has tried to establish its regional offices inside Afghanistan.
4. **Provision of publications and information.** ACBAR maintains a database of NGOs working in Afghanistan which produces a number of publications including the important annual Directory of Humanitarian Agencies Working for Afghans. The directories seem to be valued, particularly by donors, but there is a need to look at the balance between the work involved in producing them and the use made of them.

5. **The ACBAR Resources and Information Centre (ARIC)** is a unique and extensive collection of documents on Afghanistan which also provides a small mobile library extension service for agencies and other bodies in Afghanistan. Ways will need to be found to expand the use of the material in the centre, possibly through information technology and further expansion of resource dissemination within Afghanistan. It will also be necessary to see how ARIC can best fit with the comprehensive database system PROMIS being developed by the UN.
6. **The Survey Unit** carries out monitoring and survey work for NGOs and UN agencies. The work of this unit has included monitoring the WFP bakeries project in Jalalabad.
7. ACBAR supports and provides an umbrella for the Afghan Women's Network and the Cooperation for Peace and Unity (CPAU)

ACBAR's work has been affected by a number of internal factors:

- the diverse membership, and the one organisation - one vote system, irrespective of an agency's programme size, tend to facilitate political distortions which can weaken the overall effectiveness of the body;
- in spite of efforts, ACBAR's presence within Afghanistan remains weak. This has limited its effectiveness at the regional level, partly due to the Taliban's negative stance towards ACBAR and partly due to the lack of senior experienced international staff;
- the steering committee (executive) has not always provided sufficient guidance and support to the director and staff;
- loss of Afghan staff seeking asylum in Europe and North America;
- the organisation has lacked management tools such as annual plans;
- ACBAR has over time expanded its activities, including taking over an out-of-date printing press. Income generation activities absorb management time and reportedly do not generate much money.

At the time of this evaluation ACBAR was facing a critical period for a variety of reasons:

- its role and that of the other coordinating bodies urgently needs to be reviewed in the light of the development of the Principled Common Programme structure. What will be the needs and role for NGO coordination in the future?¹³⁶
- A new Executive Director will be appointed in 1999;
- There should be a resolution of the impasse with the Taliban authorities about ACBAR's operation in Kabul.¹³⁷

¹³⁶ An external consultancy is being undertaken in mid-1999 to study this and other issues.

¹³⁷ The Acting Minister of Planning made clear to the evaluation team that ACBAR was not acceptable as the NGO coordinating body in Kabul. The reasons for this appear to include ACBAR's perceived role as leader of an anti-Taliban stance by NGOs.

In looking to the future, it is suggested that ACBAR should consider a number of issues:

- (i) the importance of focusing the organisation on its key tasks and developing strategic and operational plans which can be monitored and evaluated.
- (ii) becoming more pro-active with the membership in stimulating discussion and research on policy issues and programme quality, commissioning work, bringing in experience from other countries. The issue of gender analysis within programmes would be an important area to look at, as well as the use by agencies of the Codes and international standards which are being developed¹³⁸ and the development of monitoring and evaluation techniques;
- (iii) the need to continue work already started after the May 1996 to tighten up criteria for membership.
- (iv) the shift of the NGO database and the resource database and material into electronic form, accessible by CD and by the Internet, would seem to be urgent priorities.

Coordination of a large and diverse group of NGOs is never going to be easy and the results will never be perfect. Nevertheless it seems clear from informants to this evaluation that ACBAR has made a contribution to developing assistance to Afghanistan, particularly by providing a forum in which issues can be discussed and common positions, when agreed, taken forward. This has been particularly important in relationships with and responses to the Taliban and in the development of Principled Common Programming. Work at the technical programme and in regional coordination has also been important, as has the updating and dissemination of information from the NGO database.

In the context of the PCP and the need for robust and effective NGO coordination and representation, donors in general should look for stable mechanisms for funding NGO coordination which do not simply rely on a small group of donors.

8.8 Danish NGOs in Afghanistan

As mentioned in the introduction, DANIDA funds two Afghanistan-specific Danish NGOs from its NGO budget, DACAAR and DAC. Both are dedicated to long-term rehabilitation/development programmes. The team was not able to visit the DAC health project in Herat.

Although DACAAR's programme falls outside the scope of this evaluation because it is not funded from DANIDA's humanitarian budget, it is important to note the role it plays more generally in Danish assistance to Afghanistan. It is a substantial Danish NGO which has been functioning since 1984 and, in the absence of a significant involvement by the Danish embassy in Islamabad (see section 10), and because of its longevity, size and reputation, in many ways it flies the Danish flag in Afghanistan. DACAAR fulfils an important advisory function for DANIDA, providing the intelligence and analysis which is lacking within DANIDA itself. It has

¹³⁸ For example, the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and the Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response

also lobbied for DANIDA support to other agencies, for instance, for a resumption of funding to UNHCR in 1998.

DACAAR also plays an important role in NGO coordination. It is itself a consortium of four Danish NGOs, the Danish Refugee Council, Danish People's Relief Organisation (ASV), Caritas Denmark, and the Danish Committee for International Cooperation (MS).¹³⁹ In terms of responsibilities, all the agencies are represented on the management committee, the Danish Refugee Council provides the secretariat and Coordinator and the financial management, MS provides volunteers and training and ASV has special responsibility for the handicraft project in Peshawar.

DACAAR's constituent members remain very positive about the organisation, believing that it is an effective way for Danish agencies to manage a substantial programme dedicated to Afghanistan. They also feel that they themselves have benefited from DACAAR's creation, particularly from the introduction of skilled development professionals with programme management skills.

Obviously there is a benefit to DANIDA from this consortium model in that it is saved from having to deal with a number of different NGOs. The DACAAR consortium model has been replicated with the Danish Demining Group (see section 6).

DACAAR has played a full role in agency coordination within Afghanistan and has made important contributions to the development of the PCP.¹⁴⁰

8.9 DANIDA's involvement in NGO Coordination

DANIDA has consistently supported ACBAR's core budget since 1989. The grants relevant to this evaluation are as follows:

1992 DKK165,000

1993 DKK235,000

1994 DKK214,000

1995 DKK245,000

1996 DKK295,000

1997 DKK325,000

1998 DKK348,000

The continued support to ACBAR has been very important. DANIDA has been the third largest core donor after the UK and the Netherlands, with Sweden / SCA and Norway also

¹³⁹ Until the end of 1999 Caritas Denmark is also a member of DACAAR, leaving for reasons of organisational re-prioritisation rather than any discontent with DACAAR or its performance.

¹⁴⁰ For example, the DACAAR coordinator was a member of the Danish government delegation at the Tokyo ASG in December 1998.

being key contributors (ACBAR 1998a). DANIDA's money has been channelled through DACAAR in a non-bureaucratic arrangement which suits all parties.

As indicated above, ACBAR in 1999 is at a crucial point in its existence and it is important that donor support continues throughout period of review and change.

In the longer term, in conjunction with other donors, DANIDA should consider longer-term funding arrangements for NGO coordination structures with three-yearly external reviews.

9. PROGRAMME PLANNING, MONITORING & EVALUATION

The implementing agencies studied during this evaluation have monitoring procedures in place which enable them to measure outputs and to fulfil the requirements for financial reporting to donors. However, beyond this minimum the evaluation team was rarely able to find evidence of monitoring and evaluation systems which could provide information about the quality of programme work or the impact on beneficiaries. The number of independent programme reviews or evaluations made available to the team was very limited, even in cases where programmes had been running for much of the period under review.

In the list of reports received by DANIDA from implementing agencies during the period 1992-8 only one programme review/evaluation is included (Mayne et al, 1996)¹⁴¹. This fact reflects the low level of evaluation activity, although other evaluation documents were located by the team during the course of its work.

The agency coordination bodies, such as ACBAR, have not, apparently, engaged in awareness raising or training on issues of project cycle management for their members. Neither UNOCHA nor ACBAR appears to have established interlinked planning, monitoring and evaluation systems¹⁴².

Exceptions to this overall picture are the UNOCHA mine action programme (MAPA) and DACAAR. MAPA has its own monitoring, evaluation and training units (see section 6.7). DACAAR has been externally evaluated at three-year yearly intervals because its funding comes from an NGO development budget within DANIDA which operates on a three year funding cycle. Internally DACAAR is developing good practice in impact monitoring techniques, building on technical monitoring systems established in the early 1990s.

A number of agencies have recently established headquarters evaluation units, including UNHCR and ICRC. In the case of ICRC, the team had access to only one external evaluation carried out for the February 1998 Rostaq earthquake (Benini and ICRC 1998). The agency is known to carry out quite rigorous annual internal reviews of its programmes and has recently introduced a 'planning for results' management system. There is a similar lack of evaluations available from the IFRC although the clinic programme was reviewed in 1999 (Teilhardes et al, 1999).

The Principled Common Programming structure includes provision for a Strategic Monitoring Unit (SMU) which would coordinate monitoring and evaluation standards amongst agencies and carry out evaluation activities, including monitoring the development of the PCP itself (see section 7.3). Unfortunately, at the time of this evaluation the terms of reference for the unit had still to be agreed and no funding had been secured.

This report recommends that DANIDA should be more active in relation to Afghanistan (see section 13). It is suggested that the promotion and support of monitoring and evaluation as part of project cycle management could be a special area of interest given that, globally, DANIDA is one of the leading agencies promoting the evaluation of humanitarian assistance programmes.

¹⁴¹ This comment excludes a 1998 evaluation of DACAAR's programme which is not part of this review.

¹⁴² In ACBAR's case an independent consultant carried out a one-off review in 1996.

10. HUMANITARIAN ASSISTANCE AND CONFLICT PREVENTION

It seems clear that in the late 1980s and early to mid-1990s aid agencies in Afghanistan were not giving significant priority to the impact of programmes on the conflict itself. Indeed, as has already been noted in section 2, agencies working cross-border into Mujahidin-held areas prior to 1992, were often directly or indirectly supporting military commanders, whether or not by choice, in order to reach the populations under their control.

Donini (1996) notes that later on NGOs and UN agencies often failed to see, or chose not to see, the way in which relief activities were manipulated for political motives. He suggests that assistance fuelled discord in the community. There was no conscious and substantial effort by the humanitarian organisations to promote a culture of peace.

However, he also notes that by 1995, agencies were becoming sensitised to the issues. He cites the **demining programme** as one which facilitated a return to normal conditions and signalled to refugees that the time to return had come. Other examples include village and urban community-based operations by agencies such as UNDP/OPS, UNCHS and a number of NGOs which attempted to work with local community structures without excluding sections of the population. The cease-fires which have sometimes been achieved for **national immunisation days** have, for short periods of time, illustrated the importance of humanitarian access over military advantage (see section 5).

A number of agencies, including the ICRC and DACAAR, pointed out that they take care to reach all sections of a population, including all ethnic groups, when providing assistance in an area.

The Afghan NGO ADA has taken peace-building forward in a sustained way with communities on the Pashtun/Hazara ethnic fault line in Southern Afghanistan. A recent case study (Goodhand and Hulme, 1999) has noted that Afghan communities are very sensitive to attempts at social engineering, since they are associated with the communist period. It stresses that work of this kind is extremely sensitive and needs a long-term perspective and project staff with deep understanding of local leadership, tribal and ethnic structures.

A conference in 1998 on the role of aid in local peace-building in Afghanistan noted some of the limitations which aid providers may face (Atmar et al, 1998):

- insufficient community contact and trust / limited or no social base;
- perceived political background and affiliation;
- degree of corruption / projects without consistent quality;
- insufficient rehabilitation / development skills;
- insufficient understanding of Afghan society, especially at the grass roots;
- limited understanding of the dynamics of the conflict at community, national and international levels and the role aid providers can play in this regard.

Work of the type referred to above takes place at the micro level. The objective of the Strategic Framework is to develop an approach to peace-building which coordinates the humanitarian and political sides of the international community's work in order to bring about peace at a national level. Further discussion of this issue, including the dangers of the politicisation of humanitarian assistance, can be found in section 7.

11. ADVOCACY AND THE MEDIA

This section looks briefly at two related areas. The first is advocacy work carried out by Danish NGOs; the second the profile that Afghanistan has had in the Danish media and the relationship, if any, to DANIDA humanitarian responses.

The Danish NGOs with an involvement in Afghanistan are DACAAR and DAC.¹⁴³ Through its consortium structure, DACAAR's member agencies, the Danish Refugee Council, Caritas Denmark, ASV and MS, are also indirectly involved. DACAAR's advocacy work has mainly been limited to low-key lobbying of DANIDA and members of Parliament, as well as some work with the few journalists who have an interest in Afghanistan.¹⁴⁴ Mention has already been made in section 8 of DACAAR's close working relationship with DANIDA. DACAAR plans to develop some public information and advocacy work, including a web site, with a new officer provided by MS.

Judging from their annual reports, the member agencies of DACAAR have not given a particularly high profile to DACAAR's work in Afghanistan. Perhaps it is a consequence of the DACAAR – type consortium approach that, on the one hand, the member agencies delegate the work to the central structure and therefore are likely to give it a lower profile in information and advocacy than work which is entirely their own. On the other hand, DACAAR, by its very nature, does not have its own public constituency in Denmark.

DAC adopted a solidarity approach to Afghanistan during the 1980s which included public information and campaigning work. It continues to raise money from the public and hold occasional meetings on Afghanistan.

In trying to get some indication of the profile that Afghanistan has had in the media in recent years, the evaluation commissioned a search of three Danish newspapers for the period 1995-8.¹⁴⁵ The scope of the evaluation did not allow for a similar survey of radio and television.

A summary of the results are shown in Appendix VI. The main findings from this search are follows:

- predictably, coverage tended to be clustered around events such as the Taliban's takeover of Kabul (most of the 'war' coverage in 1996), the expulsion of NGOs from Kabul and the US cruise missile attack in July and August 1998 (most of the coverage on all issues);
- there were very few stories focused on drugs, land mines or refugees in Europe. The number of Danish human interest stories of the 'Danish nurses stay in war zone' variety was also quite limited;
- there were some stories about aid, including a public debate in 1996 at the time of the Taliban takeover of Kabul about whether aid agencies should continue to work in Afghanistan. DAC and DACAAR responded to this with letters. Stories were picked up,

¹⁴³ The Danish Demining Group (DDG) is also starting work in Afghanistan in 1999 (see section 6).

¹⁴⁴ In November 1998 DACAAR organised a public conference in Copenhagen on aid to Afghanistan.

¹⁴⁵ Berlingske Tidende, WeekendAvisen and BT.

probably from UN sources, linking the UN appeal to the fact there were too many aid agencies in Afghanistan;

- there were a smaller number of articles specifically on the gender issue in Afghanistan (9 out of 156) than perhaps one might have expected, given the subject's high international profile.

As far as can be judged from this rudimentary search, the main profile of Afghanistan provided by these newspapers was one of war, terrorism, the Taliban and regional politics. Predictably, stories about disasters were almost totally focused on the earthquakes in 1998.

There appears to be no evidence that any media coverage on Afghanistan played a particularly strong role in influencing DANIDA's humanitarian responses. DANIDA's concern about women's rights under the Taliban appears to stem from its strong global commitment to the rights and well-being of women, rather than from particularly strong public pressure via the media.

Given the substantial involvement of the Danish NGOs, including the recently formed Danish Demining Group, in Afghanistan, there would certainly seem to be scope for attempting to develop a broader view of Afghanistan for the Danish public and decision-makers. However, decisions on this would need to be based on a more detailed, strategic look at the issues and the objectives of such an initiative.

DANIDA has stated that one of its reasons for supporting Danish NGOs is 'to build up and maintain the Danish resource base and to **strengthen public support and interest in the development efforts of the Government**' (emphasis added).¹⁴⁶ However, this evaluation found little evidence of a public communications strategy by DANIDA or the NGOs in relation to Afghanistan.

¹⁴⁶ Communication from DANIDA S3 department to the evaluation team.

12. DANIDA'S MANAGEMENT OF ASSISTANCE TO AFGHANISTAN

The scope of DANIDA's humanitarian assistance to Afghanistan has been outlined in section 4 and details are available in Appendix V. This section looks at the way DANIDA has managed its assistance and how it deals with a long-term complex political emergency.

A number of key features emerge from the study:

- (i) DANIDA's distribution of humanitarian funds is primarily managed in terms of **annual global allocations to agencies**, be they UN agencies or NGOs. In the case of Afghanistan the NGO allocations are mainly to the Danish Red Cross for ICRC and IFRC. Based on yearly negotiations with DANIDA, the Danish Red Cross receives a grant with funds earmarked for various countries.¹⁴⁷
- (ii) the result of this process is that assistance to Afghanistan is not viewed as an entity, but is rather the result of a series of **separate agency negotiations** taking place during the year. In this context, the fact that DANIDA increases its allocation to an agency one year, or stops it to another, is not necessarily related to needs in Afghanistan and may be the result of the agency's own prioritisation of funding needs in other countries.
- (iii) **DANIDA does not have a policy or strategy for Afghanistan.** It relies mainly on the recommendations of its implementing partners. Interestingly, the government department which appears to have investigated Afghanistan most thoroughly is the Danish Immigration Service (DIS), reflecting, it seems, domestic concerns about asylum seekers. DIS recently produced a comprehensive 136 page report (DIS,1998)¹⁴⁸.
- (iv) **Responsibility for Afghanistan is shared** between DANIDA's humanitarian department (S3), the NGO department (STS3) and the Asia desk (S6), with S3 normally taking the lead. S6 is kept informed about programmes, but is primarily concerned with DANIDA's twenty programme countries in which there are major bilateral development programmes. STS 3 deals with longer-term rehabilitation funding to the Danish NGOs, DACAAR and DAC.
- (v) **The embassy in Islamabad is not significantly involved** in monitoring the situation in Afghanistan or making recommendations about humanitarian assistance, although staff members do attend donor meetings in Islamabad. The Chargé d'affaires does not attend the international ASG meetings. Communications about Afghanistan between Islamabad and Copenhagen and vice versa are not considered by either party to be strong. It was made clear to the evaluation team that the small staff at the embassy in Islamabad did not have the capacity to be more involved with Afghanistan, its main

¹⁴⁷ For example the 1998 appropriation to UNICEF of DKK 5m was part of an overall contribution to six other countries totalling DKK 30m; 1998 appropriations to ICRC and the IFRC in Afghanistan were part of a multi-country package totalling DKK 58m.

¹⁴⁸ As a result of this report, for the time being, Afghans refused asylum status in Denmark are not being returned to Afghanistan. According to the 1998 DIS Statistical Overview, there were 1,982 persons of Afghan nationality in Denmark in 1998; 332 Afghans applied for asylum in 1998. A total of 307 Afghans were granted refugee status in the same year.

work being of a consular nature.¹⁴⁹ However, it should be noted that the previous Charge d'affaires was more actively involved in Afghanistan matters.¹⁵⁰ It seems that this was a matter of personal choice, rather than policy laid down by Copenhagen.

- (vi) The **Danish Permanent Missions in Geneva and New York** are involved in relations and communications with agencies which have their headquarters in those cities. Involvement with Afghanistan reportedly tends to be generally reactive and often without specific guidance from Copenhagen.
- (vii) DANIDA's **application procedures and reporting requirements are light**, a fact welcomed by agencies. Agencies also welcome the fact that DANIDA normally makes a general contribution to a country programme and does not earmark it for a particular activity. DANIDA accepts the standard reports issued by agencies at the end of each year.
- (viii) In the case of **rapid onset emergencies**, DANIDA's response can be very rapid, as exemplified by the grant to DRC/ICRC for the February 1998 Rostaq earthquake which was approved within 24 hours.
- (ix) DANIDA supports the development of the **Strategic Framework for Afghanistan and Principled Common Programming**. However, it appears not to have taken an active role in the development of these frameworks, either at the Islamabad level or at the six-monthly ASG meetings. At both the December 1998 Tokyo and the June 1999 Stockholm ASG meetings, DANIDA was represented by middle level STS3 or S3 staff; this raises issues of both the appropriate level of representation and lack of continuity. This is surprising, given that DANIDA puts a global emphasis on improving coordination within the donor community. Afghanistan is the leading test case for concerted attempts by both the UN system and NGOs to develop coherent responses to a complex political emergency.¹⁵¹

In response to the above issues, the following factors were stressed to the evaluation team as relevant:

- DANIDA's policy towards the UN agencies is governed by its active multilateral approach which involves work with the agencies on key issues of concern to DANIDA at headquarters and executive board level, rather than at field level;
- as a committed multilateral player, DANIDA works within and supports EU statements as the basis for its policy towards Afghanistan;
- DANIDA's staffing levels in Copenhagen, the permanent missions and Islamabad limits its active involvement in Afghanistan affairs.

¹⁴⁹ The embassy does not have a local grant fund, a facility available only for those embassies located in the 20 DANIDA programme countries.

¹⁵⁰ During the period 1994-8 the previous Charge d'affaires visited Afghanistan on a number of occasions and, for example, participated in the Joint Fact-Finding Mission on WHO in Afghanistan in November 1997.

¹⁵¹ DANIDA played a key role in the formation of DHA, now OCHA.

In addition to the above findings, a number of general comments can be made about DANIDA's management of its humanitarian assistance:

- DANIDA's humanitarian funding is noteworthy for the absence of general guidelines and policies. It is not clear, for example, whether implementing agencies are expected to comply with the Red Cross / NGO Code of Conduct or the Sphere guidelines. Policy statements are limited to general statements in the 1994 Strategy 2000, (DANIDA 1994a) the 1996 Plan of Action for Active Multilateralism and speeches by the Minister for Development Cooperation.¹⁵²
- There is no statement as to whether or to what extent the cross-cutting priorities contained in the Strategy 2000 document, (the role of women, environmental impact and democratisation and human rights), are applied to humanitarian assistance.
- There is no requirement for humanitarian assistance applications or reports to be assessed by technical specialists.
- Decisions sometimes appear to be taken without a written record. There does not appear to be a system for recording funding requests which are turned down.¹⁵³

As stated earlier, DANIDA rarely puts conditions on its humanitarian grants. However, when it does, as in the case of WHO in its response to Taliban gender policies in 1997, it raises the issue as to how it decides on the appropriateness of such conditionalities, given that:

- it does not have a policy on gender and human rights in humanitarian assistance;
- it does not have a technical advisory capacity or of detailed knowledge on gender issues in Afghanistan.¹⁵⁴

Appropriate responses to humanitarian need in Afghanistan fall into the **'the grey zone'** between relief, rehabilitation and development. The type of appropriate response will vary in time and place according to the fluctuating political, military and economic contexts.

DANIDA has coped with this dilemma by the flexible use of both humanitarian and NGO development budget lines. Afghanistan programmes are funded from both lines. How well it has coped is difficult to gauge, given that it is not known whether any funding requests have been turned down because they did not fit into one of the funding boxes.

It was proposed at one stage that funding for ACBAR, channelled through DACAAR, should be transferred from the humanitarian to the NGO development boxes. Although ACBAR is concerned with the coordination of NGO humanitarian assistance, in many ways it is a development organisation doing development work with its member agencies. Support for it should certainly be treated in a long-term development context. However, reportedly its

¹⁵² In November 1995 on humanitarian assistance and on programming relief for development in February 1995.

¹⁵³ The evaluation team was not able to see any correspondence with UNHCR or WHO relating to DANIDA's concerns or conditions.

¹⁵⁴ In this case the *Chargé d'affaires* in Islamabad took part in the mission.

funding remained in the humanitarian box because it would not fit as part of DACAAR's major rehabilitation programme.

Within the UN programmes in Afghanistan, it is noteworthy that DANIDA has not funded any of the Poverty Eradication and Community Empowerment programmes (P.E.A.C.E), such as the Comprehensive Disabled Afghans' Programme, the FAO Crops and Livestock programmes or the UNCHS urban community development work. Is it that these are more developmental programmes which do not fit in the humanitarian box? In the absence of a policy for Afghanistan, it is not possible to tell.

In 1990, Afghanistan was labelled by DANIDA as a transitional assistance country, a category of countries perceived to be moving out of conflict or readjusting to sudden political and economic change. In the 1996 evaluation report of this type of assistance,¹⁵⁵ grants to DACAAR between 1990 and 1995 were included. The report noted that the means of intervention and the sectors to be given priority were never defined in detail. It also noted a certain amount of confusion surrounding the delivery of transitional assistance to Afghanistan, but remarked that Afghanistan provided an illustrative case of the movement in the grey zone between humanitarian and development assistance projects. By 1995 Afghanistan had been removed from the list of transitional assistance countries and funding for DACAAR was shifted to the NGO unit (STS3).

The category of transitional assistance funding results from an analysis which sees a linear progression from conflict to peace, from economic and political turbulence to stability and democracy. The reality for Afghanistan is that conflict, instability and a chronic humanitarian crisis are likely to continue.

In 1995 the Minister for Development Cooperation acknowledged the importance of flexibility, but emphasised that the distinction between emergency and rehabilitation / development assistance 'will continue to be necessary – at least from a donor's point of view'.¹⁵⁶ While the flexible use of funds from both S3 and STS3 can continue to support programmes in Afghanistan ranging from immediate emergency response to rehabilitation activities of a developmental nature, it is not ideal for the following reasons:

- in practice DANIDA has been supporting a number of ongoing programmes, such as those of ACBAR, ICRC, IFRC, UNHCR and UNOCHA (mine action) year after year (Appendix V). There seems no reason why it should not begin to apply some of the requirements that it insists on for developmental funding in terms of programme planning, monitoring and evaluation. The donor responsibility would then be to assure funding for two to three years, rather than on the basis of the current, rather sterile, annual appeal process;
- however, it would not be satisfactory to move to the requirements which apply to the STS3 NGO development funding which DACAAR receives. The rigidity of the three-year funding model seems inappropriate for the Afghanistan context where circumstances in project areas can change rapidly.

¹⁵⁵ Evaluation Report, Danish Transitional Assistance, Volume 1, Synthesis Report, Carl Bro Management, October 1996 (DANIDA, 1996b)

¹⁵⁶ Speech at workshop on programming relief for development, February 1995.

The issue therefore is whether DANIDA can develop a **funding stream** within the humanitarian department's mandate, which will respond to programming in the grey zone by combining flexible and light systems with a higher quality of programme planning, monitoring and evaluation than is currently apparent from this study.

At the same time, DANIDA must retain its current capacity for response to sudden onset emergencies.

Conclusions and recommendations about DANIDA's management of its humanitarian assistance programme to Afghanistan can be found in the following sections of this report.

13. CONCLUSIONS

In the period 1992-8, DANIDA has contributed to programmes which have had a positive impact on the lives of hundreds of thousands of Afghans. DANIDA's choice of partners and programmes has generally been very **relevant** to humanitarian needs in Afghanistan. Support for refugee repatriation, mine action, a variety of health actions and food security has been important. Support for the ICRC's programmes of protection and relief has also been important. Continued core support to ACBAR has recognised the importance of NGO coordination. However, the previous section notes that DANIDA's portfolio of programmes has been the result of a variety of processes which have been generally extraneous to an analysis of the specific situation in Afghanistan.

In the health sector, the evaluation raises questions about the **appropriateness** of the campaign approach to EPI and ARI and also ICRC's continuing emphasis on surgery in hospitals, to the exclusion of other health priorities, particularly in areas not affected by conflict.

Within the difficult operating context of Afghanistan, programmes supported by DANIDA have generally been **effective** in delivering planned outputs. Agencies such as ICRC and MAPA, which have strong, well-resourced, field-based management systems can be particularly effective. Programme effectiveness can be limited if the partner agency is weak, as is the case with the IFRC's clinic programme and the Afghanistan Red Crescent Society.

In general, agency monitoring and evaluation systems do not allow for an assessment of programme **impact** to be made. **Efficiency** is also difficult to judge in these conditions and is an area, together with impact monitoring, which needs further work by implementing agencies.

More effort has probably been put into the mechanisms for agency **coordination** in Afghanistan than in any other complex political emergency. The results have been patchy throughout the period covered by this evaluation. At programme and technical levels there do seem to have been some examples of good practice which have resulted in gains in efficiency and consistency. But more could have been achieved if agencies had been able to subdue some of their institutional agendas.

At the level of principled and strategic coordination, progress has been made, but it is too early to judge the outcomes of the PCP and Strategic Framework processes. Mandate issues have hampered progress here too. There is a danger that an excessive concentration on sophisticated coordination structures may detract from the final objectives of delivering quality programmes for the benefit of the Afghan population and bringing peace to the country. NGO coordination is at a critical stage, given the need for existing bodies to adjust to the new circumstances and structures of the PCP.

Donor performance and conduct are also serious concerns, including inconsistent coordination, politicisation of assistance, micro-management and failure to provide a stable funding climate.

The **coverage** of humanitarian programmes has been mainly dictated by limitations on access caused by the conflict. The ICRC and UN air flight services have been important in providing communications with remote locations and to locations which are cross-line. There have been times when programme coverage has been poor, for example in Hazarajat in the early/mid - 1990s and more recently in areas held by the Northern Alliance, but agencies have generally found ways of responding.

However, obtaining **protection** for populations has not always been possible in all situations, such as the conflict in Mazar-i-Sharif in 1997 and 1998 and in Hazarajat in 1998. Persecution of the Hazara ethnic group is of particular concern.

Agencies have generally not implemented **gender-sensitive programmes**. They are struggling to develop pragmatic but principled approaches in the face of the Taliban's harsh policies towards women, recognising that for many rural women their rights and status may have changed little during the 1990s. At the same time, the Taliban is not a monolithic authority and opportunities for principled programme work at provincial and district level can exist.

When considering **connectedness**, agencies face severe difficulties in developing programmes which retain or build capacity for the future, in the absence of functioning and internationally recognised government structures. In the health sector it is suggested that more effort at clustering vertical programmes could improve cost-effectiveness and therefore the possibilities of sustainability. Agency efforts to build longer-term perspectives and capacity-building into their work have been set back by the rise of the Taliban and the subsequent conditionalities imposed during 1998 / 1999, including an embargo, now relaxed, on anything except 'life-saving' assistance.

The evaluation did not look in depth at **disaster response and preparedness**. Responses to the earthquakes in 1998 and 1999 have been reviewed, and an inter-agency effort continues to take the lessons learnt and translate them into practical measures for training and improved disaster preparedness.

Throughout the period, **security** has been a major factor in controlling access to some areas of the country. In general, agencies such as the ICRC have been able to gain access to most regions in need. Good security management is important for the successful operation of programmes in Afghanistan. The politicisation of security and, in the UN's case, its long-distance management from New York have been major causes for concern, which may well have seriously affected the overall humanitarian operation in Afghanistan and, at least temporarily, undermined progress in developing the Principled Common Programme.

At the micro level some agencies are developing strategies to avoid humanitarian assistance fuelling conflict and to contribute to **peace-building**. Programmes such as the UNOCHA demining programme have facilitated a return to normal conditions in some areas.

Those Danish NGOs involved with Afghanistan have in general limited their **advocacy work** to interactions with MPs and DANIDA staff. The coverage of Afghanistan in the newspapers surveyed for this study has mainly been about war, terrorism, the Taliban and regional political and economic interests. **Media coverage** does not seem to have played a special part in influencing DANIDA's assistance to Afghanistan.

With the exception of the UNOCHA mine action programme, this evaluation found that most agencies are weak in the area of programme cycle management, particularly **monitoring and evaluation**. Programmes are often launched with inadequate data and analysis and then judged only in terms of outputs, rather than attempting to look at impact.

There are a number of positive aspects of the way in which **DANIDA** manages its humanitarian assistance to Afghanistan:

- (i) It has been a committed donor generally providing funds in a flexible, unearmarked way which enables agencies to concentrate their energies on programme implementation;
- (ii) Agencies appreciate that DANIDA has not imposed political agendas or conditions on the use of its funds during a period when humanitarian funding for Afghanistan has become highly politicised. They would like to see DANIDA become more involved with Afghanistan because of its perceived neutrality and its emphasis on humanitarian values, rather than politics;
- (iii) DANIDA has maintained a close and generally positive working relationship with DACAAR and the Danish Red Cross. In particular, it has drawn on DACAAR's well-developed analysis and its depth of practical knowledge of Afghanistan.

In terms of weaknesses, this evaluation has noted that:

- (i) DANIDA does not have a strategic view of its humanitarian programme in Afghanistan;
- (ii) It lacks the tools to guarantee a quality programme because of the absence of clearly stated policies and standards and an acceptance of poor reporting from major, long-term implementing partners;
- (iii) DANIDA has missed opportunities to pursue some of its key global priorities such as coordination, gender and evaluation, by a lack of engagement with the Afghanistan programme at all levels, including Copenhagen and Islamabad;
- (iv) DANIDA's funding system has coped somewhat uneasily with 'grey zone' humanitarian assistance as typified in Afghanistan.

14. RECOMMENDATIONS TO DANIDA

- i) DANIDA should develop policies and guidelines for its humanitarian response to complex political emergencies.
- ii) DANIDA should develop a strategy for its overall response to Afghanistan within the context of, and in support to, the Strategic Framework for Afghanistan.
- iii) DANIDA should play a more engaged role in relation to Afghanistan within the donor community, possibly looking to specialise in areas of its special interests such as:
 - Coordination within the humanitarian system
 - Gender
 - Programme planning, monitoring and evaluation, including support for the proposed Strategic Monitoring Unit.
- iv) Recognising its limitations in terms of human resources, DANIDA should find ways to increase its engagement in Afghanistan, including considering the placement of a humanitarian aid officer or adviser in Islamabad, part of whose duties, would be to increase DANIDA's engagement at that very important level. This officer's role would be to strengthen DANIDA's understanding and analysis of the emergency and feed it into the development of strategy and policy.
- v) Although a more pro-active engagement is recommended for DANIDA, any trend towards micro-management of its humanitarian programmes or excessive earmarking of funding should be resisted.
- vi) DANIDA should consider funding mechanisms for long-term programmes in the 'grey zone' between relief, rehabilitation and development. These mechanisms should be more stringent in terms of planning, monitoring and evaluation than those currently relating to humanitarian assistance, but should recognise the difficulties that implementing partners have in operating in Afghanistan. The mechanisms should not therefore be over-onerous or inflexible. An element of these mechanisms would recognise that programmes need, wherever possible, to have stability of funding, even if they operate in highly unstable conditions.
- vii) DANIDA should retain its capacity to respond quickly to sudden-onset disasters.
- viii) Within the donor community DANIDA should consider stimulating discussion about donor accountability and transparency so that the humanitarian impact of donor decisions, procedures and policies can begin to be studied.

REFERENCES ¹⁵⁷

- ACBAR (1993) *Annual Report 1992/1993*
- ACBAR (1994) *Annual Report 1993/1994*
- ACBAR (1995) *Annual Report 1994/1995*
- ACBAR (1995) *NGO Programs in Wardak*
- ACBAR (1996) *Annual Report 1995/1996*
- ACBAR (1997) *Annual Report 1996/1997*
- ACBAR (1997a) *Summary of the Database of NGO Activities*
- ACBAR (1998) *Proforma Protocol Agreement between the Islamic Emirate of Afghanistan and NGOs*
- ACBAR (1998a) *Annual Report 1997/1998*
- ACBAR (1998) *News Summary on Afghanistan 1997*
- ACBAR (1998) *Summary of the Database of NGO Activities*
- ACBAR (1999a) *Directory of Humanitarian Agencies Working for Afghans.*
- ACBAR (1999) *News Summary on Afghanistan 1998*
- ACBAR (1999) *Statutes of Operation, 4th edition*
- Action Contre la Faim (1996) *Nutritional Survey, Kabul, Afghanistan*
- Action Contre la Faim (1998) EPI survey
- Action Contre la Faim (1999) *Nutritional, Vaccination Coverage and Mortality Survey: Kabul City, Kabul Province*
- Afghan Development Association (undated) *Strengthening Peace in Afghanistan through Sustainable Human Development, ADA's Experience 1991 - 1996*
- Afghan Red Crescent Society (1998) *Community Based Disaster Preparedness Programme*
- International Federation of Red Cross and Red Crescent Societies Afghanistan Delegation.
- Afghan Red Crescent Society (1998) *ICRC FFW Co-operation Guidelines*
- Afghan Red Crescent Society (1999) *Draft Health Development Plan for Afghanistan Red Crescent Society 1995-1996 - A Proposal.*
- Afghan Red Crescent Society (1999) *Integrated Primary Health Care Strategy from 1997 to 2000.*
- Afghanistan Support Group (1998) *Summary of Meeting of Afghan Donor Support Group held 5/05/98, London.*
- Afghanistan Support Group (1999) *Final Minutes of the Tokyo ASG Meeting 7-8 December 1988 and Chairperson's Summary.*
- Afghanistan Programming Body (1999) *Minutes of Afghanistan Programming Body Meeting, 5/03/99.*
- Afghanistan Programming Body, (1998) *Security, Rights, Aid and Coordination in Afghanistan.*
- Amnesty International (1999) *Afghanistan - Detention and Killing of Political Personalities.*

¹⁵⁷ The authors had considerable difficulty referencing the mass of grey literature they collected for this evaluation. Copies of most of the documents in this list are held at ODI should clarification be required.

- Andersson N, Whitaker C, Swaminathan A (1998) *Afghanistan: The 1997 National Mine Awareness Evaluation*, UNDP and UNOCHA
- Annan, K. (1997) *Letter from The Secretary-General to the ACC Members endorsing the ECHA Gender Guidelines for Afghanistan*. July 21
- Anwari H *et al* (1997) *Political Economy in Afghanistan District Profiles – a report submitted to UNDP Afghanistan*
- Atmar H, Barakat S, Strand A (1998) *From Rhetoric to Reality - The Role of Aid and Local Peacebuilding in Afghanistan - report from workshop held in York 12-15 January 1998*. BAAG/University of York
- Baitenmann H (1990) *NGOs and the Afghan War: the Politicisation of Humanitarian aid, Third World Quarterly* Vol 12, No 1
- Barker P (June 1999) *Principled Engagement: Making a Difference for Afghan Women* – paper for UNDP seminar on Afghanistan and Aid
- Bassani Dr F, W. (May 1, 1997) *Letter to DANIDA WHO - Summary of Proposal for Extra-budgetary Funding*
- Baz, A. and Bashir, M. (1999) *Bakery Expenses and Recovery*.
- Benini Aldo A and ICRC (1998) *The ICRC response to the Earthquake in Rostaq, Afghanistan February 4 1998*.
- Bennett J., (1995) *Meeting Needs – NGO Coordination in Practice*, London, Earthscan.
- Bernard M, Deret H, Fenn B, Labidi N(1996) *Socio-Economic Household Survey, Food Security Department, Kabul - December 1996*
- Bodadilla *et al*., World Bank Population, Health and Nutrition Department, in *WHO Bulletin*, 72 (4)
- Borton, J., Brusset, E., and Hallam, A. (1996) *Humanitarian Aid and its effects: Study 3, The International Response to Conflict and Genocide: Lessons from the Rwanda Experience*. Steering Committee of the Joint Evaluation of Emergency Assistance to Rwanda..
- Borton J, Macrae, J. (1997) *Evaluation Synthesis of Emergency Aid*, London, Report for Department For International Development
- British Afghan Agencies Group 'Return and Reconstruction, Report on a study of economic coping strategies, Farah Province' (no date)
- British Agencies Afghanistan Group (1999) *Principled Programming - Record of Workshop 19th January 1999*.
- British Agencies Afghanistan Group (undated) *NGOs and the Common Programming Process, a Consideration of the Ways in which NGOs operating in Afghanistan can best engage with the Common Programming Mechanism*
- British Afghan Agencies Group/Refugee Council, 1997 'Return and Reconstruction, Study of Economic coping Strategies, Farah Province' July 1997
- Bruderlein C, Adeel Ahmed and UN (1997) *Report of the DHA Mission to Afghanistan 30 March – 5 May 1997*, UNDHA
- Bullpitt, I (1999) 'UNOCHA Programme Support Costs', UNOCHA, May 1999
- CARE (undated) *Afghanistan's Household Livelihood Security Assessment*
- Chipman E, U. (Dec 7, 1995). *Letter to Ole Moesby, Danish Ministry of Foreign Affairs on UNHCR 'Standard Report to the Government of Denmark on its 1994, Special Purpose Contribution of DKK 10million'*.

Cholmondeley H (1999) *The Design and Formulation of a Strategic Framework for Recovery*.

Christensen A (1995) *Aiding Afghanistan – the Background and Prospects for Reconstruction in a Fragmented Society*, Nordic Institute of Asian Studies, No 26

CIET (1998) *The 1997 Afghanistan Mine Awareness Evaluation*.

DAACAR (1996) *Annual Report - Programme Overview*

DACAAR (1994) *Annual Report 1993*

DACAAR (1995) *Annual Report 1994*

DACAAR (1996) *Annual Report 1995*

DACAAR (1997) *Annual Report 1992*

DACAAR (1997) *Annual Report 1996*

DACAAR (1998) *Annual Report 1997*

DACAAR (1999) *Programme Document 1999-2003*

DACAAR (1999a) *Working in Taliban Areas – the DACCAR Experience*

DANIDA (1994) *Evaluation of the Framework Agreements Between DANIDA and four Danish NGOs*, pp.1-60.

DANIDA (1994) *Evaluation of the Implementation of DANIDA's WID Policy*, Volume 1, Main Report

DANIDA (1994a) *A Developing World – Strategy for Danish Development Policy towards the Year 2000*, Copenhagen, Ministry of Foreign Affairs

DANIDA (1994b) *Evaluation Report – the Local Grant Authority of Danish Embassies* Volume 1 Main Report

DANIDA (1995) *Comments on the Report Review and Pre-Appraisal of the DACCAR Rehabilitation Programme in Afghanistan: Transition to Development (Draft)*

DANIDA (1995) *Review and Pre-Appraisal of the DACCAR Rehabilitation Programme in Afghanistan: Transition to Development (Draft)*

DANIDA (1996) *Danish Transitional Assistance - Volume 1- Synthesis Report 1996/1997* Copenhagen, Carl Bro Management

DANIDA (1996a) *Plan of Action for Active Multilateralism*.

DANIDA (1996) *Strategies for the Individual Organisations Annex to the Plan of Action for Active Multilateralism*

DANIDA (1996) *Capacity Assessment of Danish NGOs in Relation to Humanitarian Assistance: Danish Red Cross (Part A)*, COWI consult

DANIDA (1998) *Report on Review of Danish Committee for Aid to Afghan Refugees (DACCAR), Afghanistan*

Danish and Dutch Governments (1998) *UNICEF Integrated Water, Sanitation and Hygiene Project for Four Districts in Afghanistan – Project Summary*

Danish De-mining Group (1998) *Articles for Association for the consortium Danish De-mining Group*.

Danish De-Mining Group (1998) *Mine Clearance in Afghanistan Project Proposal*.

Danish De-mining Group (1999) *General Operating Procedure*

Danish Government and WFP (1999) *Report on Utilization of Danish Government Contribution to WFP Afghanistan*

Danish Immigration Service (1998) *Statistical Overview*

Danish Immigration Service Asylum Department (1998) *Fact-finding Mission to Afghanistan 1 November - 29 November 1997*

Danish Institute of International Affairs (1999) *UN, the World, and Denmark.*

Danish Red Cross (1993) *Sustainable Recovery – Programming Disaster Relief for Development (draft), COWIconsult, June 1993*

Danish Red Cross (1999) *Strategy for International Work*

Department for International Development (1999) *Aid Policy to Afghanistan Review - Guidance Notes for NGOs.* London, DFID

DHA-UNDP Workshop and UN (1997) *Building Bridges Between Relief and Development*

Donnie A (1996) *The Policies of Mercy: UN Coordination in Afghanistan, Mozambique and Rwanda* Occasional Paper no. 22 of the Thomas Watson Institute, Providence, Thomas Watson Institute

Donini, A., Dudley, E. and Ockwell, R. (1996) *Afghanistan - Coordination in a Fragmented Society*

Dupree N H (1996) *The Women of Afghanistan*

Dupree NH, Fange, Hyman A, Keating M Roy O (1999) *Afghanistan, Aid and the Taliban: Challenges on the eve of the 21st century*

European Union (1998) Report of a donor mission (no author or location)

European Union (January 1999) *Common Position of the Council on Afghanistan*

Fange A (1999) *Difficulties and Opportunities: Challenges of Aid in Afghanistan*

Federation Health Delegate (1997) *Evaluation of the Basic Health Teachers Training Programme in Afghanistan*

Food & Agriculture Organisation (1997) *Livestock Development for Food Security Afghanistan: Integrated crop and food production in Afghanistan.*

Food and Agriculture Organisation/UNDP (1998) *Food Security through Sustainable Crop Production/ Livestock Development for Food Security – Report on the Midterm Internal Evaluation Mission*

Gentiloni F., et al, *Afghanistan Earthquake of 4 February 1998 Rustaq – Mission Report of the UN Disaster Assessment and Coordination Team (UNDAC), OCHA, March 1998*

Girardet E, Jonathan Walter (ed) (1998) *Essential Field Guides to humanitarian and Conflict Zones - Afghanistan*, ICHR Crosslines Communications Ltd

Goodhand J., Hulme D (July 1999) *NGOs and Peace Building in Complex Political Emergencies: Afghanistan Study (first draft)*, University of Manchester/INTRAC

Griffiths M, (May 15, 1998) *Letter to Sergio Vieira de Mello, OCHA on Final Report of the Humanitarian Negotiation Mission - 15/05/98*

Handicap International (1998) *'The Use of Dogs For Operations Related to Humanitarian Mine Clearance'*

Hauglin et al (March 1999) *Review of the Health Activities of Afghan Red Crescent Society and the IFRC in Afghanistan*, IFRC

IASC/ECHA Secretariat (1999) *Next Steps in Afghanistan: March to June 1999*

ICRC (1994) *ICRC Emergency Appeal 1995 - Afghan Conflict*

ICRC (1996) *Afghan Conflict - 1996 Budget*

ICRC (1996) *ICRC Emergency Appeal 1997*

ICRC (1997) *Afghan Conflict - 1997 Budget*

ICRC (1997) *Afghanistan: A forgotten and Exhausted Population: Winter 1996-97* - ICRC Special Report

ICRC (1997) *ICRC Emergency Appeals 1998*

ICRC (1998) *Asia and the Pacific - July to September 1998* - ICRC Quarterly Donor Report

ICRC (1999) *ICRC Emergency Appeals 1999*

ICRC (1999) *ICRC Headquarters Appeal 1999*

ICRC (1999) *Access to conflict victims: A Major Challenge for the ICRC*

ICRC (1999) *Agro Programme in Afghanistan.*

ICRC and IFRC (1997) *Co-ordination of the Joint Support provided by the Federation and the ICRC to the Afghanistan Red Crescent Society branches in Afghanistan*

ICRC *Quarterly Donor Reports, Asia and the Pacific, July – September 1998, October – December 1998*

ICRC *Update No 98/09 on ICRC Activities in Afghanistan*

ICRC *Update No. 98/10 on ICRC Activities in Afghanistan*

ICRC *Update No. 99/02 on the 1998 ICRC Special Appeal "Assistance for Mine Victims"*

IFRC (1998) *Annual Report 1997*

IFRC (1993) *Operations Report*

IFRC (1994) *Emergency Appeal 1994 - Refugees, Relief and Rehabilitation, Federation Operations Worldwide*

IFRC (1995) *Afghanistan Assistance Programme - Emergency Appeal 1995* Programme 01.22.95 Situation Report 1.

IFRC (1995) *Emergency Appeal 1995 - Refugees, Relief and Rehabilitation, Federation Operations Worldwide.*

IFRC (1995) *Afghanistan Assistance Programme - Emergency Appeal 1995 - Appeal No. 01.22.95 Situation Report No. 2*

IFRC (1996) *Afghanistan Assistance Programme - Emergency Appeal 1996, Appeal No. 01.19.96, Situation Report No. 1.*

IFRC (1996) *Afghanistan Assistance Programme - Emergency Appeal 1996*

IFRC (1996) *Operations Report 1993 -1994: Afghanistan*

IFRC (1997) *Afghanistan Assistance Programme - Emergency Appeal 1997*

IFRC (1997) *Emergency Appeal 1998 - Emergency Response and Capacity Building Worldwide (Financial Annex) - Afghanistan*

IFRC (1998) *Emergency Appeal 1998 - Emergency Response and Capacity Building Worldwide.*

IFRC (1998) *Afghanistan Assistance Programme - Emergency Appeal 1998, Appeal No. 01.29.98, Situation Report No. 2.*

IFRC (1998) *Afghanistan Assistance Programme - Emergency Appeal 1998, Appeal No. 01.29.98, Situation Report No. 2.*

IFRC (1998) *Afghanistan Earthquake, Information Bulletin No. 02*

IFRC (1998) *Afghanistan Earthquake, Information Bulletin No. 3*

- IFRC (1998) *Afghanistan/Tajikistan Border: Earthquake*, Information Bulletin No. 1
- IFRC (1999) *Afghanistan - Health, Disaster Preparedness and Response - Emergency Appeal 1999*, Programme No. 01.29.99.
- IFRC (1999) *Afghanistan: Integrated Community Health Care Programme & Disaster Preparedness - Emergency Appeal 1999*, Appeal no 1.29.99, Situation Report No. 1.
- IFRC (1999) *Emergency Appeal 1999 - Asia and Pacific Region*
- IFRC, *Improving the Situation of the Most Vulnerable – Strategic Work Plan for the Nineties, updated 1995*
- IFRC, *Learning from the Nineties: Evaluation Report – main findings (draft)*
- IFRC. *Afghanistan : Flood Relief*, Information Bulletin No. 1
- IFRC. *Afghanistan : Integrated Community Health Care Programme & Disaster Preparedness*, Emergency Appeal 1999, Appeal No. 1.29.99, Situation Report No. 1
- IFRC. *Afghanistan Assistance Programme*, Emergency Appeal 1995, Appeal No. 02.22.95, Situation Report No. 3
- IFRC. *Afghanistan: Landslide*, Information Bulletin No. 1
- IFRC. *Afghanistan: Landslide*, Information Bulletin No. 3
- Inter-Agency Mission to Islamabad and Afghanistan (1997) *Draft Strategic Framework for International Assistance in Afghanistan*
- International Federation (1998) *Statistics on 46 ARCS Clinics Activities in 27 Provinces of Afghanistan: January to December 1998*
- International Federation of Red Cross and Red Crescent Societies (1998) International Federation of Red Cross and Red Crescent Societies, *Afghanistan Delegation CBDP programme - Annual Report 1998*
- International Federation of Red Cross and Red Crescent Societies (1999) *Afghanistan Annual Report 1998*
- International Federation of Red Cross and Red Crescent Societies (1999) *South Asia: a Region of Challenges and Potential.*
- Islamic Coordinating Council (1995) *The Islamic Coordination Council Directory*, Pakistan.
- Islamic Emirate of Afghanistan (March 1998) *Statute on the Activities of the Domestic and Foreign Non-Governmental Organisations (NGOs) in the Islamic Emirate of Afghanistan*, the Cabinet
- Johnson, C. (1998) *Afghanistan: A Land in Shadow*, Oxford: Oxfam.
- Kapila, M., Temper, G. and Winter, E. (1995) *Review of British Aid to Afghanistan*, London, Overseas Development Administration
- Khan IH (1997) *WFP Afghanistan Bakery Project evaluation*
- Louts S and Dr John Hammond (1996) *Coping with Crisis; Coping with Aid: Capacity Building Coping Mechanisms and Dependency Linking Relief and Development*
- Le Duc C., Sabri H (1996) *Room to Manoeuvre: Study on Women's Programming in Afghanistan*, UNDP Kabul, July – September 1996
- Le Duc C A (1996) *Female Human Rights in Afghanistan Issues and Options for Bilateral Donors*, Bilateral Donors Working Group, Islamabad, May

- Longford S (1998) *Study of the UN System-Wide Response to the Earthquake in Rustaq, North Eastern Afghanistan, 4 February 1999*, OCHA
- Madera (1998) *Home for Good? An evaluation of the "Seven Target Zones" Initiative to encourage repatriation to Eastern Afghanistan*
- Magnus R.H., Nay E (1998) *Afghanistan – Mullab, Marx and Mujahid*, Westview Press
- Maley W (eds) (1988) *Fundamentalism Reborn Afghanistan and the Taliban*, Vanguard Books.
- Mansfield I and UN OCHA (1993) Afghanistan Mine Clearance Programme for 1993, *Annual Report 1992*
- Mansfield I and UN OCHA (1994) Afghanistan Mine Clearance Programme for 1994, *Annual Report 1993*
- Mansfield I and UN OCHA (1995) Afghanistan - Mine Clearance Programme, *Annual Report 1994*
- Marsden p. (No date) 'NGOs and the Common Programming Process', paper for BAAG.
- Marsden P (1998a) *The Taliban: War, Religion and the New Order in Afghanistan*, London, Zed Books Ltd
- Marsden P (1998b) Dilemmas facing agencies in the urban centres of Afghanistan. *Forced Migration Review*
- Marsden P., Samman E (1998) *Conflict in Afghanistan: The Economic and Social Impact* – Paper for Workshop on Economic and Social Consequences of Conflict, Queen Elizabeth House, University of Oxford, October
- Mayne A, Murata K, Chichereau P A. and Matthys P(1996) *Mid-Term Review of UNHCR Programme for Reintegration Assistance in Afghanistan* , UNHCR, Geneva
- McGrath R.(1997) *Field Assessment of OMAR Landmine & Unexploded Ordnance Eradication and Community Awareness Programmes in Afghanistan*. Report for NOVIB
- MCPA / MAPA (Oct 1998), Socio-Economic Impact Study of Mine Action Operations; Afghanistan.
- Medair (1999) *Aiming at the Ethical Delivery and Receipt of Humanitarian Assistance in Afghanistan*
- Minear L (1997) *Report to the Headquarters Colloquium on the Inter-Agency Strategic Framework Mission to Afghanistan*
- Ministry of Public Health, Islamic Emirate of Afghanistan, *Memorandum of Understanding between the Ministry of Public Health (IEA) and International and National NGO's*
- Mogedal, S. et al (1998) *Study of the Impact of Polio Eradication on Health Systems: The Tanzania Case*
- Mougne, M. and Crisp, J (1994) 'Repatriation under Conflict: A review of the encashment programme for Afghan refugees in Pakistan'. UNHCR, Geneva
- Murray and Lopez (1994) Global Comparative Assessments in the Health Sector; Disease Burden, Expenditures and Intervention packages, WHO, Geneva
- Nadazdin N and Deborah Hicks (1999) *WFP Emergency Report*, No 7 and No 14.
- Newberg P (1998) *Principles, Capacity Building Gender in Afghanistan and Monitoring and Evaluation for a Common Programme*
- Newberg P (1999) *Politics at the Heart - Organizing International Assistance to Afghanistan (Draft)*
- Newberg P et al (1997) *Political Economy in Afghanistan District Profiles*

- NGO Representatives of the Afghanistan Programming Body (1999) *Constraints confronting Principled Common Programming*
- Nicholds N, and Borton J (1994) *The Changing Role of NGOs in the Provision of Relief and Rehabilitation Assistance: Case Study 1 - Afghanistan/Pakistan*, Overseas Development Institute
- Nielson, P. (1995) *Speech by the Minister for Development Co-operation, given to the Council for Development Co-operation*
- Non-Governmental Organisations (Feb 1999) *Politicization of Aid to Afghanistan*
- Non-Governmental Organisations (1999) *NGOs and the Common Programming Problem - A Consideration of ways in which NGOs operating in Afghanistan can best engage with the common programming method*
- Non-Governmental Organisations / Afghanistan Programming Body (Feb 1999) *The Promise and Perils of Common Programming*
- Ostrom, K. (1997) *Understanding the Economy of Afghanistan*, SIDA
- Presidency of EU (1998) *Afghanistan: Report of Donor Mission*
- Project Framework: Minimum Primary Health Care for Afghanistan, May 1994
- Ramboll and Tebodin 1998
- Red Cross/Red Crescent Movement, *Agreement on the Organisation of the International Activities of the Components of the International Red Cross and Red Crescent Movement*, Seville, November 1997
- Report of a Joint Fact-Finding Mission to Afghanistan, WHO and the Governments of Denmark, Finland, France, Italy, Netherlands, Norway and the United Kingdom*, December 1997
- Save the Children/UNICEF Afghanistan (1998) *Education for Afghans – a Strategy Paper*
- Secretariats of the FAO and WFP and WFP (1999) *FAO/WFP Crop and Food Supply Assessment Mission to Afghanistan*
- Sellick P (1998) *The Impact of Conflict on Children in Afghanistan*, Save the Children Fund, UNICEF and Radda Barnen
- Shoham J and O'Reilly F (1998) *Humanitarian Crisis and Conflict: Food Assistance and Nutritional Security Issues*
- Spannow, K. (1998) Report to DANIDA on EPI Afghanistan, July.
- SPHERE Project (1998) *Humanitarian Charter and Minimum Standards in Disaster Response*
- Swedish Committee for Afghanistan (1997) *A Gender Perspective on SCA*, . SCA, Stockholm
- Swedish Committee for Afghanistan (1997a) *A Joint EC-SIDA Evaluation of support to the Health and Education Sector programmes*. SCA, By Luxen, J.P., Pehrsson, K., Ostrom, K. Stockholm
- Swedish Committee for Afghanistan, (1998) *Annual Report January – December 1997* . SCA, Stockholm
- Tailhades, et al (1999) Review of the Health Activities of the Afghan Red Crescent Societies and International Federation of Red Cross and Red Crescent Societies in Afghanistan, March 1999.
- Tailhades Dr (1998) *Report on Afghanistan*, IFRC May 12-21
- Tailhades, Dr. (1997) *Mission Report – Afghanistan*, IFRC March 27 - April 14, 1995.
- Tanner, V. (1999) *Rationale for an Independent Strategic Monitoring Unit (SMU)*

Task Force of representatives of 11 NGOs, UNHCR and UNICEF (1994) *Framework for Educational Rehabilitation in Afghanistan for 1995-1996*

Telford/Smits Engineering S.A (1999) *Evaluation of Humanitarian Aid financed by the European Commission from 1/1/91 to 30/6/96, Synthesis Report (Final Version)*

The Refugee Council (1997) *A Population on the Move*

The Refugee Council (1997) *Return and Reconstruction*

The World Bank (1999) *Proposal for Funding under the DGF Post-conflict Program: Afghanistan Watching Brief Report*

Udsholt L (1997) *Danish Aid Policies for Poverty Reduction*, ODI

UN (1990) *Afghanistan - United Nations Plan of Action 1990*

UN (1992) *Afghanistan - Consolidated Appeal by the Secretary General of the United Nations for Emergency Humanitarian assistance for Afghanistan, June - December 1992*

UN (1993) *Afghanistan - Consolidated Appeal by the Secretary General of the UN for Emergency Humanitarian Assistance, January -September 1993*

UN (1996) *Afghanistan: An Enduring Tragedy*

UN (1997) *Afghanistan - Consolidated Appeal for Assistance 1997 Volume II - Compendium of Project Activities*

UN (1997) *Afghanistan Consolidated Appeal for Assistance 1997*

UN (1997) *Afghanistan 1997 Consolidated Appeal for Assistance Mid-Term Review*

UN (1997) *Briefing by Special Adviser on Gender issues on her visit to Afghanistan*

UN (1998) *Afghanistan - Mid Term Review of the 1998 Consolidated Appeal*

UN (1998) *Afghanistan 1998 Compendium of Project Proposals*

UN (1998) *Afghanistan 1999 Appeal*

UN (1998) *Afghanistan: Next steps for the UN*

UN (1998) *Next Steps for the United Nations in Afghanistan - 24/09/1998*

UN (1998) *Strategic Framework for Afghanistan, Towards a Principled Approach to Peace and Reconstruction*

UN (1998) *The Situation in Afghanistan and the UN Response Inter-Agency Meeting Summary of Conclusions*

UN (1998) *Consolidated Appeal for Afghanistan 1998*

UN (1998) *Generic Guidelines for Strategic Frameworks for Response to and Recovery from Crisis - 23/02/98 (Draft)*

UN (1999) *Generic Guidelines for a Strategic Framework Approach for Response to and Recovery from Crisis*

UN (1999) *Strategic Framework for Afghanistan 1998*

UN Afghanistan (1998) *Making a Reality of Principled Common Programming*

UN and Islamic Emirate of Afghanistan (1998) *Memorandum of Understanding between The Islamic Emirate of Afghanistan and The United Nations - 13/05/98*

UN and Office of the Special Adviser on Gender Issues and Advancement of Women (1997) *Report of the United Nations Interagency Gender Mission to Afghanistan, 12 - 24 November 1997*

UN and Report of the Secretary General (1997) *The Situation in Afghanistan and its Implications for International Peace and Security*

UN Country Team (1999) *Humanitarian Action in 1999: Where do we go from here? Discussion paper for the Afghanistan Support Group Meeting, June 1999*

UN Country Team/NGO Community (1999) *Principled Common Programming – Challenges and Opportunities, Discussion Paper for Afghanistan Support Group Meeting, Stockholm June 1999*

UN DHA (1997) *The Development of Indigenous Mine Action Capacities*

UN DHA (1995) *Afghanistan - UN Consolidated Inter-Agency Appeal for Emergency Humanitarian and Rehabilitation Assistance, Volume I*

UN DHA (1995) *Afghanistan UN Consolidated Inter-Agency Appeal for Emergency Humanitarian and Rehabilitation Assistance, Volume II*

UN Development Group (1998) *Joint Meeting of the Executive Committees Peace and Security Humanitarian Affairs and the UN Development Group Distribution List and Minutes*

UN Mine Clearing Planning Agency (1998) *Mine Action Programme for Afghanistan MAPA: Socio-Economic Impact Study of Mine Action Operations Afghanistan*

UN OCHA (1999) *May 10, 1999, Generic Guidelines for Strategic Framework.*

UN OCHA (1991) *Afghanistan - Operation Salam - Programme for 1992*

UN OCHA (1992) *Afghanistan - Operation Salam - Report for 1991*

UN OCHA (1993) *Afghanistan - Consolidated Inter-Agency Appeal for Humanitarian Assistance*

UN OCHA (1993) *Afghanistan - Operation Salam - Report for 1992*

UN OCHA (1993) *Report to the Government of Denmark on the Utilisation of Contributions*

UN OCHA (1993) *Report to the Government of Denmark on the Utilization of Contributions to the Afghanistan Emergency Trust Fund*

UN OCHA (1994) *Afghanistan - Consolidated Inter-Agency for Emergency Humanitarian Assistance*

UN OCHA (1994a) *Afghanistan - Consolidated Report for 1993 on Humanitarian Assistance*

UN OCHA (1996) *Afghanistan - Mine Clearance Programme Annual Report 1995*

UN OCHA (1996) *Consolidated Annual Report for 1995 on Humanitarian Assistance to Afghanistan*

UN OCHA (1996) *Afghanistan Report: Coordination in a Fragmented State*

UN OCHA (1998) *Afghanistan 1999 Appeal*

UN OCHA (1998) *Mid-Term Review of the 1998 Consolidated Appeal - Afghanistan*

UN OCHA (1998) *Responses to the 'Making a Reality of Principled Common Programming' Document, Supplement II*

UN OCHA (1998) *Responses to the 'Making Reality of Principled Common Programming' Document*

UN OCHA (1998) *Responses to the 'Making Reality of Principled Common Programming' Document, Supplement I*

UN OCHA (1998) *Afghanistan: MOU and Mission Report of UN Negotiation Team*

UN OCHA (1998) *Mine Action Programme, Workplan 1998*

UN OCHA (1999) *Report to the Government of Denmark on the Utilization of its 1993 - 1998 Contributions to UN OCHA*

UN OCHA (1999) *Afghanistan Outlook*

UN OCHA (1999) *Next Steps in Afghanistan: March to June 1999*

UN OCHA (1999) *Responses to the Earthquakes in northern Afghanistan 1998, February 1999*

UN OCHA and Department for Humanitarian Affairs (1996) *Afghanistan - Consolidated Annual Report for 1995 on Humanitarian Assistance*

UN OCHA and Department for Humanitarian Affairs (1996) *Afghanistan - 1996 Consolidated Annual Report on Humanitarian Assistance*

UN OCHA and Department of Humanitarian Affairs (1995) *Afghanistan - Consolidated Report for 1994 on Humanitarian Assistance*

UN OCHA and Department of Humanitarian Affairs (1996) *Afghanistan: Consolidated Annual Report for 1995 on Humanitarian Assistance*

UN OCHA and Review Seminar Stockholm (1998) *Humanitarian Coordination: Lessons Learned*

UN OCHA and UN (1994) *Afghanistan - UN Consolidated Inter Agency Appeal for Emergency Humanitarian Assistance*

UN OCHA and UNDP (1999) *UNOCHA Activities in Afghanistan and the UN's Programme Support Costs*

UN OCHA and UNDP (1999) *Independent Strategic Monitoring Unit*

UN OCHA, UN and Department for Humanitarian Affairs (1996) *UN Consolidated Annual Report for 1995 on Humanitarian Assistance to Afghanistan*

UN OCHA. (1992) *Afghanistan - Progress Report on Operation Salam Programme*

UN OCHA/UNDP Afghanistan (1998) *Joint UN Project for Azro/Tiz'in funded by Japan*

UN Security Council (1999) *The Situation in Afghanistan and its Implications for International Peace and Security*

UNDCP and United Nations International Drug Control Programme (1998) *Afghanistan: Annual Opium Poppy Survey 1998*

UNDP (1997) *Poverty Eradication and Community Empowerment: Afghanistan Peace Initiative 1997-1999*

UNDP (1997) *Report on Afghanistan Support Group Meeting held 3/12/97 New York.*

UNDP (1999) *Building Bridges Between Relief and Development: A Compendium of the UNDP Record in Crisis Countries*

UNDP (1996) *Afghanistan: Rebuilding a War Torn Society*

UNDP/UNOPS (1998) *Comprehensive Disabled Afghans' Programme Mid-term Performance Evaluation May 1998*

UNHCR (1994) *Repatriation under Conflict: A Review of the Encashment Programme for Afghan Refugees in Pakistan*

UNHCR (1996) *Mid-Term Review of UNHCR Programme for Reintegration Assistance in Afghanistan*

UNHCR (1997) International Forum on Assistance to Afghanistan (IFAA) Working Paper 8: *Repatriation and Reintegration*

UNHCR (1998) (CASWAME Unit) *Sub-Regional Consultations on Afghan Refugees in South West Asia, Tehran, Iran, 16-17 June 1998 - Report & Proceedings*

UNHCR (1998) *Second Regional Consultations on Refugees and Displaced Populations in Central Asia, South West Asia and the Middle East.*

UNHCR (1998) (CASWAME Unit) *Sub-Regional Consultations on Refugees and Displaced Populations in Central Asia, South West Asia and the Middle East - Report & Proceedings*

UNHCR (1998) *The Second Round of the CASWAME Consultations, Ashgabat, Turkmenistan, 3-4 March 1998 - Fact Sheet*

UNHCR (1999) *1995 Voluntary Funds Contributions to UNHCR for Repatriation to Afghanistan*

UNHCR (1999) *Country Operations Plan - Afghanistan*

UNHCR (1999) *1992 Voluntary Contributions to UNHCR for Repatriation to Afghanistan.*

UNHCR (1999) *1993 Voluntary Funds Contributions to UNHCR for Repatriation to Afghanistan*

UNHCR (1999) *1994 Voluntary Funds Contributions to UNHCR for Repatriation to Afghanistan*

UNHCR (1999) *1996 Voluntary Funds Contributions to UNHCR for Repatriation to Afghanistan*

UNHCR (1999) *1997 & 1998 Voluntary Funds Contributions to UNHCR for Repatriation to Afghanistan*

UNHCR (1999) *Contributions to Afghan Programme 1988 to 1999*

UNHCR. *Background Papers on Refugees and Asylum Seekers from Afghanistan*

UNHCR. *Country Profile of Afghanistan*

UNICEF (1998) *Mid-Term Review of the 1996-1999 Programme of Co-ordination (Draft)*

UNICEF (1998a) *Summary for Integrated Water, Sanitation and Hygiene Project in Four Districts of Afghanistan*

UNICEF (1998b) *Afghanistan Country Office 1998 Annual Report*

UNICEF (1998c) *Report on the Campaign on ARI Control and Management, Southern Region, December 1998*

UNOCHA/UNDP/UNHCR/WHO/FAO/UNOPS (1999) *Status Report for the Joint UN Project for Azra and Tezin 1998*

US Department of State (January 1998) *Afghanistan Country Report on Human Rights Practices for 1997*

US Department of State (March 1999) *US State Department Testimony on Afghanistan*

Van Brabant, K. (1999) *Opening the Black Box: An outline of a framework to understand, promote and evaluate humanitarian coordination.* Overseas Development Institute, London. Available at www.oneworld.org/odi/hpg

Van Brabant K., Killick T., (1999) *Workshop on the Limits and Scope for the use of Development Cooperation Incentives and Disincentives for influencing Conflict Situations, May 1999*, Document no. 4, Case study: Afghanistan, OECD/DAC, April 1999

Van Brabant K., *Opening the Black Box: An Outline of a Framework to Understand, Promote and Evaluate Humanitarian Coordination*, ODI, June 1999

Vieira de Mello Dergio (Aug 4, 1998) *Letter to LASC Members on Afghanistan Life-Saving Activities*

Vieira de Mello Sergio (1998) *Mission Report: Afghanistan 20-27 February 1998*

Vieira de Mello Sergio (May 15, 1998) *Letter to LASC Members on Afghanistan: MOU and Mission Report on UN Negotiation Team*

Vieira de Mello Sergio (Sep 30, 1998) *Letter to LASC Members on Next Steps for the United Nations in Afghanistan (30/09/98)*

Villumstad S *et al*, (June 1996) *Between International Relief on a Local Scale and Local Relief on an International Scale – evaluation of the emergency relief programme in Afghanistan of NCA/NRC, Peshawar*

Wetlesen S W (1998) *Report from initial assessment mission to the Rustaq Earthquake Area*

WFP (1996) *Evaluation of Afghanistan Project 5086*, Executive Board, Third Regular Session, Rome, October 1996

WFP (1996) *Updated Afghanistan Interim Policy*

WFP (1997) *WFP Policy on Afghanistan*

WFP (1997) *Annual Report 1996 WFP Afghanistan*

WFP (1997) *UN Policy on Afghanistan*

WFP (1997) *World Food Programme - Information Update: Bamyan Emergency Operation - 3/12/97*

WFP (1998) *Annual Report 1997: WFP Afghanistan*

WFP (1998) *Commitments for Women, July 1998*

WFP (1998) *Concept paper - Thematic Study on 'Food for Stability'*

WFP (1999) *WFP Review Mission to Afghanistan and Pakistan: 27 May to 13 June 1997*

WFP (1999) *Annual Report 1998: WFP Afghanistan*

WFP (1999) *Food Prices from 1996 to March 1999: WFP Afghanistan*

WFP (undated) *WFP in Afghanistan – Methodology and Implementation Strategies*

WFP and FAO (1996) *WFP Protracted Emergency Humanitarian Relief Food Aid: Toward Productive Relief*

WFP and UNHCR (1995) *Joint WFP/UNHCR Refugee Food Supply: Assessment Mission to Pakistan and Afghanistan with Donor Participation*

WFP Executive Board (1998) *Relief and Recovery in Afghanistan Protracted Relief and Recovery Operation Afghanistan 6064.00*

WFP VAM (Afghanistan) (1999) *Kabul City, Baseline Report*

WFP(Afghanistan) (1999) *WFP Afghanistan Quarterly Report*

WFP, *Mission Statement, April 1998*

WHO (1998a) *Annual Report*

WHO (1998b) *Report of Health Planning Workshop (Kabul, 15/02 - 2/03, 1998)*

WHO (1999) *Assignment Report on Visit to Afghanistan*

WHO (1999) *Poliomyelitis Eradication through Regional OPV3 Catch-up Campaigns: Project Inception Report to the Royal Government of Denmark*

WHO (1999) *Report on the Consultative Workshop on the Implementation of EPI Review Recommendations WHO Afghanistan, Briefing on Policies and Strategies in Afghanistan 1999*

WHO Afghanistan, *Nutrition Survey in Kabul, Bamyan and Balkh Provinces*, November 1996

WHO and UNICEF (1998) *EPI Programme Review in Six Regions of Afghanistan*, By: Battersby, Tangerman, Spannow, Marx and others, August

WHO and UNICEF (1999) *Report of the Consultative Workshop on the Implementation of EPI Review Recommendations*

Witschi-Cestari, A. (Apr 6, 1998) *Letter to Sergio de Mello on Life-Saving Activities*

Witschi-Cestari, A., Newberg, P. and Keating, M. (1998) *Coping with Complexity*

WriteNet . (February 1996). *Afghanistan: The Forgotten Crisis*

APPENDIX I : TERMS OF REFERENCE FOR EVALUATION OF DANISH HUMANITARIAN ASSISTANCE TO AFGHANISTAN

19. January 1999

Background

The share of total aid budgets spent on humanitarian assistance has increased in recent years. During the five years 1992-7 the Government of Denmark contributed an average of DKK 993 million (US\$ 145 m.) per year to emergency relief and various other forms of humanitarian assistance. This constituted about 9 per cent of total development aid.

Danish official humanitarian assistance is administered by the Ministry of Foreign Affairs and channelled through a multitude of implementing organisations (percentages reflect the 1997 distribution): 58 per cent through 16 UN agencies; 30 per cent through 17 Danish NGOs; 4 per cent through international NGOs; and 8 per cent through Danish Government institutions (the International Humanitarian Service (IHB) 4 per cent, Embassies 3 per cent and peacekeeping forces' humanitarian activities, 1 per cent).

In view of the volume of humanitarian assistance, the complexity of the emergencies, the numerous actors involved and the dearth of systematic documentation of effects and impact it has been decided to carry out an overall evaluation of Danish humanitarian assistance during the period 1992-8 in accordance with the attached overall terms of reference.

The focus of the evaluation will be on the empirical analysis of a sample of completed and ongoing emergency relief operations where several implementing agencies have been funded wholly or in part by the Government of Denmark. Cases have been selected to represent agencies' current policies and strategies and to be representative of the portfolio of each agency in terms of: (a) mode of operation; (b) type of assistance offered; (c) type of disaster: The Great Lakes, Angola, Former Yugoslavia, Sudan, the Caucasus and Afghanistan. These cases represent approximately 40 per cent of total humanitarian aid during 1992-7.

The case studies will have identical Terms of Reference; the priority of issues to be covered will, however, vary according to the specific case context and the scope of DANIDA - funded activities. This does not imply that issues which have lower priority in the particular case study are not important for the humanitarian assistance as such, only that the issues have not been targeted by DANIDA-funded assistance. Such issues should in the evaluation be treated as contextual rather than being subject to in-depth study.

The humanitarian assistance to Afghanistan is characterised by its long duration and multitude of conflicting parties. During 1992-1997¹⁵⁸ DANIDA has provided 38 grants totalling DKK 178 mill. (app. US\$ 27 mill.) The grants have been provided to (see also the attached list).

UNHCR: refugees and repatriation

OCHA: co-ordination, transport and de-mining

WFP: food aid

¹⁵⁸ Data for 1998 will be available shortly

WHO Immunisation

DRC: refugees and IDPs, health, de-mining

DACAAR: co-ordination (ACBAR)

DAC: health

In addition, DANIDA is financing two rehabilitation projects: Primary Health Care in Gozarah, 1997-2000, DKK 16 mill. (DAC). and Rehabilitation of agriculture, infrastructure, and water supply, 1989-1998, DKK 177 mill. (DACAAR). These projects will not be analysed in detail.

Objectives

The major objective of the case study is to:

- Assess and document the relevance, effectiveness, efficiency and impact of Danish humanitarian assistance to Afghanistan.

Scope of Work

- Assess and analyse co-ordination – are there adequate mechanisms for, and are actors willing/able to engage actively in, co-ordination of relief operations? Is the need for visibility balanced with the need for co-ordination and co-operation?
- Assess and analyse coverage – does the humanitarian assistance reach major population groups facing life-threatening suffering wherever they are, providing them with assistance and protection proportionate to their need and devoid of extraneous agendas (political, ethnic, religious, gender bias)?
- Assess and analyse coherence - are the humanitarian activities carried out with an effective division of labour among actors, maximising the comparative advantages of each and strengthening local capabilities?
- Assess and analyse connectedness – are activities of a short-term emergency nature carried out in a context which takes longer-term and interconnected problems into account, such as refugees'/IDPs dependence and future possibilities, relief for development, the consequences of any emergency action for local communities (economic, environmental, etc.)?
- Assess and analyse disaster preparedness – what are agencies doing in practical terms to foresee emergencies and what are they do to be prepared, including building local capacities?
- Assess how security influences humanitarian action e.g. choice of area of intervention, mode of implementation and possible cessation of the assistance?

- Assess and analyse activities in conflict prevention and mitigation, both free-standing activities and those integrated in humanitarian relief operations, including the extent to which the assistance may affect the conflict.
- Assess and analyse advocacy: how are agencies contributing to informing the public about humanitarian issues and to fundraising?
- Assess the role of the media for humanitarian action: how are the media and the need for visibility influencing agencies' priorities and selection of operations and mode of implementation?
- Assess the development and use of performance measures and indicators for humanitarian assistance.

In this case study special emphasis should be placed on the consortium DACAAR, on co-ordination by OCHA and by ACBAR, on health services, and on de-mining.

Concurrent with the case study a separate team will prepare working papers on individual implementing agencies covering the following issues:

- Assess performance against the policies and code of conduct of the agency such as the NGO Code of Conduct for Disaster Relief.
- Assess the contribution of the agency to the effectiveness of the international humanitarian system, in particular in terms of co-ordination of activities and complementarity of inputs (at Danish, international and local level).
- Assess the potential gap between attention to inputs and concern for results. Do the agencies give adequate attention to effects and impacts of their humanitarian assistance on recipients and local (surrounding) communities?
- Assess the relationship to local partners. What are the most effective ways to work with local partners? How do agencies identify and support the existing capacities of local partners and, at the same time, help them develop new approaches and outlooks (e.g. programming relief for development, disaster prevention and preparedness, conflict resolution, gender analysis, etc.) and the capacities to pursue these?
- Assess the relationship to local communities (authorities and populations) in host areas. What measures are taken to protect or mitigate damage to local communities – economic and environmental?
- Assess and describe the strengths and weaknesses of the agency in order to identify comparative advantages and possible areas in need of improvement.

The case study team will be required to provide input to this analysis in the form of brief notes on the above issues and participation in one or two workshops.

Approach

The case study will be carried out in an objective, sensitive and perceptive manner with varied and balanced consideration of both positive and negative aspects. The report should be presented in a solid, concise and readable form and be structured around the issues in the study in order to facilitate preparation of the overall evaluation report.

The case study will require extensive review of existing documentation with particular attention to evaluations and evaluative studies, consultations with senior and operational managers and field staff of involved agencies, as well as consultations/interviews with a sample of beneficiaries. Fieldwork will be planned and organised in close collaboration with the agencies concerned so as not to interfere with emergency relief activities and not duplicate existing or ongoing surveys and studies. Workshops will be organised by the consultants with participants from all agencies involved in the delivery of humanitarian assistance to Afghanistan during the early stage of preparation of the case study and again before drafting the case study report. These workshops will be held in Denmark. The purpose of these workshops is to ensure that stakeholders' knowledge and views are incorporated in the analysis.

The limited availability of impact data on which to base measurement of effectiveness place constraints on the extent to which a conventional impact analysis can be conducted. Where data exist, impact assessment will be undertaken, but emphasis will also be placed on identifying good practice in performance monitoring.

Work Plan

(staff input in brackets are estimates)

February	Contracts
March	Preparatory Studies 25 th /26 th Workshop on Methodology (Copenhagen)
April	Preparatory workshops (Copenhagen)
April/May	Desk studies/document reviews (8 person weeks)
May/June	Field studies (10 person weeks)
June	Workshop – report back
July	Draft report (8 person weeks)
September	Synthesis draft available
October	Synthesis workshop, final reports + final synthesis (2 person weeks)

Composition of Team

A team of four consultants will be required with a broad mix of skills covering all aspects of humanitarian assistance: policy, strategy, planning and needs assessment, logistics, shelter, health, water and sanitation, food and nutrition, refugee protection, and de-mining. For all team members, experience of evaluation and/or operation in emergency programmes as well as knowledge of Afghanistan is highly desirable. As part of the documentation (applications for funding, appropriation documents etc.) are written in Danish, at least one team member should be proficient in Danish. The team should include a nominated member from ETC who will have responsibility for the synthesis report. The team leader should have good management and interpersonal skills and a strong evaluation background.

APPENDIX II: NOTES ON AGENCIES

II/1 UNHCR - Afghanistan

II/2 WFP in Afghanistan

II/3 International Red Cross/Red Crescent Movement in Afghanistan

II/4 UNOCHA Flight Operations

APPENDIX II/1: UNHCR Afghanistan

The outflow of refugees from Afghanistan since 1979 became the largest single caseload in the history of UNHCR, reaching over 6.2 million people by 1990¹⁵⁹. Repatriation started after the 1988 Geneva accords but only gathered pace after the fall of the Najibullah government in 1992. In 1992 and 1993 more than 2.4 million people returned. Subsequent years, though, have seen repatriation drop off significantly and it was down to 86,700 by 1997. This was due to a number of factors including the 1994 fighting in Kabul which left much of the city destroyed, continuing fighting in other parts of the country, the ravaged infrastructure and economy, and the lack of educational and employment opportunities.

The rise of the Taliban since 1994 has had mixed effects on refugee flows. On the one hand, it led to a further exodus of around 50,000 refugees to Pakistan, mostly from the middle classes in Kabul. Taliban policies towards women have also discouraged a number of refugees from returning. The number of returnees from Iran, many of whom were from western areas of Afghanistan in which the Taliban is seen as an army of occupation, has also fallen dramatically since the Taliban capture of Herat. On the other hand, rural Pashtun refugees in Pakistan are not so concerned about these issues and Taliban areas have seen reduced insecurity. Apart from refugees, however, continuing fighting has also caused regular flows of displaced.

In total, by 1998 around 4 million refugees had returned, leaving about 1.2 million in Pakistan and 1.4m in Iran, still the single largest refugee caseload in the world. In recent years both the Pakistani and Iranian governments have been increasingly anxious for refugees to return, putting pressure on UNHCR to promote repatriation and on the refugees to leave.

UNHCR has had a programme for this caseload in the whole region. However this report looks at the Afghan repatriation programme as this is where DANIDA contributions have been focused. UNHCR was the largest single recipient of DANIDA humanitarian funds for Afghanistan for the period 1992-8 (DKK 60m; US\$ 8.57m). Denmark supported UNHCR's Afghanistan programme from 1991 to 1996, but withheld contributions in 1997 and 1998. DANIDA's contribution has ranged from 4 per cent of total contributions in 1992 to 12.5 per cent in 1996.¹⁶⁰

As with all UN agencies, UNHCR has suffered from the confusion the international community has been thrown into by the Taliban. It has been part of the Strategic Framework and PCP process, though sometimes reluctantly (see section 7 of the main report). Like other agencies, it has seen a significant decline in funding for its Afghan programme in recent years. In 1992 the agency was virtually fully funded but in 1998 received only 36 per cent of its appeal¹⁶¹.

¹⁵⁹ Around 3.3 million in Pakistan and 2.9 million in Iran.

¹⁶⁰ Over the period 1988-99, there is a core group of four large donors: the US, the EU, Japan and the UK. Denmark is in a second group and gave a similar amount to the Netherlands, Canada and Sweden.

¹⁶¹ OCHA 1999 Afghanistan Appeal.

Relevance

The continuing conflict and absence of a political solution in Afghanistan puts UNHCR in a very difficult position. Traditionally UNHCR *promotes* organised repatriation when the conditions in the country of origin are safe enough to do so. In Afghanistan, as in a number of other chronic conflict countries, a reassessment of this policy has been forced. The country is obviously not 'safe' but a number of refugees do want to return and there is pressure from host governments for them to do so. Other refugees do not want to return. In this context UNHCR's overall policy has been to *facilitate* voluntary repatriation¹⁶², to monitor the conditions for refugees once they have returned and to maintain a presence in the camps sufficient to provide some care but not such that it provides a strong retention factor¹⁶³.

The three components of UNHCR's repatriation programme have been: providing grants of cash and wheat¹⁶⁴ (from WFP) to families who want to return (known as encashment); assisting reintegration through rehabilitation of infrastructure such as schools and irrigation (done largely through Quick Impact Projects) and promoting protection through monitoring and promoting knowledge of laws and rights.

Return rather than integration in the country of asylum is seen as the long-term solution for the bulk of the refugees, but there will be substantial numbers of refugees, particularly in Pakistan, who will not want to return.

Efficiency and effectiveness

From 1988 to 1997 UNHCR assisted 1,923,000 refugees to return from Pakistan and 568,000 from Iran. This represents about 73 per cent of the total returnees from Pakistan and 41 per cent of those from Iran. The sheer scale of the operation must be borne in mind, being significantly greater than many other repatriation programmes.

Broadly, during the 'good times' of 1992/3 when security conditions encouraged return, the encashment programme was a relatively effective and cost-efficient way of meeting UNHCR's goal of facilitating voluntary repatriation (Mougne and Crisp, 1994). It maximised choice by allowing refugee families to choose if and when to return and also how to spend the money given to them. It also had low overheads, provided an unusually direct transfer of resources from donor to beneficiary and benefited the host country in that much spending occurred there. It also relied on individually arranged transport rather than a large UNHCR logistical operation.

On the negative side the system, based as it was on a flawed registration system carried out in the 1980s, was open to significant levels of abuse. It was also, of course, only really suitable for those able and active enough to return unaided. A further problem has been encashment and then resettlement in Pakistan. In 1997 UNHCR attempted to reduce the likelihood of this by providing a repatriation grant and wheat inside Afghanistan rather than in Pakistan. While the

¹⁶² 'Prospects for voluntary return of Afghan refugees' in Report on Second Regional Consultations on Refugees and Displaced populations in Central Asia, South west Asia, and the Middle East, May 1998

¹⁶³ The care and maintenance programme in Pakistan has been run down since 1991 with general food rations stopped in 1995, it now concentrates on community services such as education, water, health, income generation and electricity.

¹⁶⁴ Returning families from Pakistan receive about \$110, 300kg wheat and plastic sheeting. Individuals from Iran receive \$40, 5kg wheat and plastic sheeting.

availability of the grant in itself is unlikely to have encouraged those who would otherwise not have returned to return, this is in line with the policy of facilitating rather than promoting return.

However, the second component of the strategy, reintegration assistance inside the country has been less successful. The objective of this operation was to create conditions conducive to return, assist returnees with survival and immediate needs and so contribute to stability. Communities with a high rate of return would be the focus and UNHCR's approach would be to fill the gaps and act as a catalyst for other agencies before withdrawing.

Since 1993 the primary mechanism of the programme has been the implementation of Quick Impact Projects (QIPs) usually through partners, local or international NGOs or local authorities. In 1993-4 the programme was hampered by insecurity with only 139 QIPs in 1994. The programme expanded in 1995 with 360 QIPs being implemented. In 1996 408 were implemented to a value of \$4.2m through 20 international and 140 local NGOs. In 1997 around 250 were implemented. UNHCR also contributed funds to larger rehabilitation schemes such as the Logar water project and micro-credit schemes.

A 1996 mid-term review of the reintegration assistance programme (Mayne et al 1996) found that, while the overall approach was valid, implementation was deficient. It found that sub-offices had too much freedom, and that project assessment, selection and design were inadequate (Mayne et al, 1996). As a result too many QIPs were *ad hoc* and selected more for ease of implementation than benefit to the community, with too great a focus on construction and material output rather than on meeting the needs of beneficiaries. Since then declining funding and especially the security problems faced by the UN in 1998 have made significant progress in this area difficult. The evaluation team found that the QIP programme was still focused on output.

A notable attempt at trying to integrate the encashment and the reintegration programmes has been the development since 1997 of **group repatriation programmes**. These involve identifying groups of potential returnees in the camps in Pakistan and working with them to identify needs and constraints regarding return to their home villages. Though still small-scale, this is an interesting initiative that deserves attention. Another recent development has been a joint programme with other UN and NGO partners in the Azro/Tezin programme in eastern Afghanistan, funded by the Japanese government. This aims to provide integrated service to returnees. 1998 was a pilot year and it will be expanded in 1999. The team was unable to visit the project site.

Coordination

In the early and mid-1990s there were problems of coordination within UNHCR between its Pakistan office and the Afghanistan office (Mougne and Crisp, 1994). By the time of the evaluation however, this had improved no doubt in part because of the focus on group repatriation which requires greater co-ordination, and of course because of the much reduced flow of returnees.

Coordination with other agencies has also not always been as good as it might be. Coordination is especially important for UNHCR, given that its QIPs programme involves engagement in a wide range of work often within the mandate of other agencies and that its goal is to act more as catalyst than implementer. Coordination has been closest with WFP, which has provided wheat for encashment and Food For Work on many QIPs. With UNDP, UNICEF and WHO, though, the picture is more mixed, despite a Memorandum of Understanding being signed with

UNDP in 1994. Broadly, UNHCR's flexible funding and desire for quick results have to an extent undermined the longer-term approach of other agencies (Mayne et al, 1996).

In terms of the Strategic Framework, UNCHR was initially a somewhat reluctant partner and though it has since become more involved it still has serious reservations, notably about the potential for political concerns to dominate humanitarian action and its ability to fulfil its mandated role of refugee protection. It was also opposed to the proposed common fund. In late 1998 UNHCR resisted breaking the UN embargo on international staff despite there being serious protection issues in western Afghanistan concerning forced expulsions from Iran, as it wanted to be seen to be 'speaking with one voice' with the rest of the UN. But there have been some differences over issues of principle with other UN agencies, notably with UNICEF over education. UNHCR has continued to build schools in Taliban areas where it can get an assurance from the authorities that girls will be allowed to attend but UNICEF has suspended education activities in Taliban areas. Education is one of the prime demands of returnees and so school reconstruction may well be a significant contributor to their return, but the problems with the approach are demonstrated by the evaluation team's visit to one school in Kandahar that received UNHCR funds but is now used exclusively for men.

Monitoring and evaluation

Despite being one of the largest UN programmes in Afghanistan, there are surprisingly few UNHCR evaluations. The team could only locate three, a review of the encashment programme (Mougne & Crisp 1994), a mid-term review of the reintegration programme (Mayne et al, 1996) and an audit in 1995 (which the team was unable to see). Both evaluations, notably the reintegration one, emphasise the importance of analysing and monitoring broader impact and not just output, this would have been particularly useful to correct the deficiencies of the reintegration programme. DANIDA has been one of a number of donors urging UNHCR at headquarters level to improve its evaluation policy.

Relations with DANIDA

From 1992 to 1996 DANIDA was a consistent and generous funder, its policy of allowing UNHCR to determine where it would spend the money allowing the agency to compensate for drop in donations after the peak years of 1992/93. Reporting to DANIDA was also light, DANIDA being content with the standard report which spells out only in very broad terms the progress of the programme. Written by the fundraising department on the basis of internal reports, these reports are short, not particularly self-critical and are perhaps not a particularly useful accountability mechanism¹⁶⁵.

In 1997 and 1998 DANIDA suspended funding, because of insecure conditions in Afghanistan and because of the Taliban's gender policy¹⁶⁶. Given that UNHCR's policy has been to facilitate rather than promote return and that security had been worse during periods when DANIDA was funding (1994, for example), the logic of this approach is not entirely clear. UNHCR staff in the field that who were interviewed were also unaware of it. It has not been possible for the evaluation team to see any documents connected with this cessation.

DANIDA funding of the repatriation programme was resumed in 1999.

¹⁶⁵ For example it is interesting to compare the rather bland standard report for 1994 with the much more self-critical 1996 Mid Term review.

¹⁶⁶ Interview with Danish Mission in Geneva

A trusting, 'hands-off' approach to agency funding has many advantages for both donor and recipient. It allows the agency to determine priorities and does not encumber donor or agency with unnecessary bureaucracy. However, this approach must be backed up with sound and demonstrable accountability through, for example, external monitoring and evaluation and a constructive and on-going relationship with the donor on quality improvement.

Departure from a 'hands-off' policy by the donor must be based on sound first-hand understanding of the context and of the likely impact of suspending funds. Conditions imposed must similarly be backed up by an understanding of the possibility of fulfilling them. They must be properly monitored and reported on by the agency if they are not to be empty gestures.

APPENDIX II/2: WFP In Afghanistan

Overview of WFP programme and approach.

Throughout the evaluation period 1992-8 WFP has been the lead UN agency with regard to food security and coordinated food aid. Working closely with UNHCR, other UN agencies and numerous NGOs, WFP has consistently succeeded in providing significant annual food supplies for relief and rehabilitation in Afghanistan. Initially supplying food to assist in the massive repatriation of Afghan refugees in the early 1990s, the programme has expanded and diversified to deal with medium and longer-term needs of rehabilitation and development through different initiatives utilising food.

WFP's country strategy for food utilisation and dispersal has included:

- Food for Work projects (infrastructure / rehabilitation / disaster prevention etc)
- Food for Seeds
- Food for Training
- Humanitarian Relief (including IDPs, returnees, natural disasters, bakery projects)
- Institutional feeding programmes.

WFP categorises its operations as **'relief'** or **'rehabilitation'** activities, with relief work predominating in all years except 1996. A quick breakdown of the data illustrates this:

YEAR	per cent USED FOR RELIEF	per cent USED FOR REHAB.
1993	65	35
1994	53	47
1995	60	40
1996	49	51
1997	68	32
1998	74	26

Quantity of food allocated to Afghanistan since 1995, expressed in terms of operational expenditure:

YEAR	1995	1996	1997	1998
US\$m.	30.95	42.0	50.5	44.0

WFP's use of DANIDA's contributions ¹⁶⁷

DANIDA has made three contributions to WFP during the evaluation period:

09/09/94	5 million DKK
27/03/96	8 million DKK (including 1,770.9 MT of wheat flour)
10/12/97	4 million DKK

The in-kind contribution of Danish wheat flour (1,770.9 MT) was used in the bakery project in Mazar during February to May 1997. The bakery project is designed to respond to the rise in urban poverty by offering subsidised bread on a daily basis to 'destitute' individuals and families. These include widows, the elderly, IDPs with no reliable source of income, the unemployed and orphans not cared for by institutions. It acts as a safety net.

During the 3-month period WFP estimates that 181,380 people benefited from the daily distribution of bread. (Of course the bakery project continued throughout the year; DANIDA's contribution was for 3 months). Reportedly, 2,600 people benefited indirectly through employment opportunities created by the establishment of this project. The Mazar bakery project was part of a wider bakery project operating in Kabul, Mazar and Kandahar in 1997, which was later extended to Jalalabad.

Despite difficulties concerning monitoring the hundreds of bakeries and the various implementing partners, the bakery project was commended in the 1997 WFP evaluation; 'In general the project has achieved its socio-economic objectives and the importance of its contribution cannot be over-emphasized.'¹⁶⁸

The cash donation in 1997 of DKK 4 million was used for the purchase of potatoes in the surplus areas of Hazarajat which were distributed to vulnerable people in Bamyan city. Following the Taliban blockade of the region and the severe food shortage due to the continued fighting, WFP conducted a needs-assessment mission to determine the extent of vulnerability. 159,000 people were identified as at risk of starvation during the latter part of the 1997/8 winter. In response, and following protracted negotiations with the Taliban, WFP initiated the purchase of 1,702 MT of the potato surplus in order to enable the people to buy wheat and other badly needed commodities. The potatoes were then distributed to other designated vulnerable groups in Bamyan city and its surroundings. WFP considered this initiative as an emergency life saving project that benefited a total of 131,577 people.

In both cases DANIDA contributions were used in emergency / relief scenarios classified as 'life-saving' in WFP's terminology.

This evaluation finds that DANIDA's contributions in 1996 and 1997 appear to have been used in life threatening environments of severe food insecurity. As such, DANIDA's WFP contributions served to reduce starvation and destitution in two locations for discrete periods of time.

¹⁶⁷ Report On Utilization of Danish Government Contribution to WFP Afghanistan, WFP, April 1999

¹⁶⁸ Ihsan Ullah Khan, (June 1997) WFP Afghanistan Bakery Project., WFP

Relevance of WFP's Programmes.

The WFP relies heavily on the annual food assessments conducted by FAO and the findings of other agencies that seek to measure agricultural and nutritional levels in Afghanistan. It also works closely with the UNHCR in terms of responding to the latter's assessments of refugee and IDP requirements for emergency food distributions. The annual WFP appeal is gauged in part against the estimated level of food deficit. In general the total food deficit in Afghanistan is relatively small compared with other countries suffering chronic political emergencies. The 1998 WFP/FAO Crop and Food Assessment mission estimated a cereal deficit of 680,000 tonnes, of which 560,000 tonnes would be met through commercial imports, and 120,000 tonnes through food aid.

The food security problem is more a function of supply, access and purchasing power for the Afghan population, particularly those living in urban areas. Food security has remained low in Afghanistan during the 1990s. Despite food being smuggled through from Pakistan and continued food aid, the central issue has been the increased inability of Afghans to purchase the required minimum food levels. Dramatic price rises, increased unemployment, Taliban restrictions on female employment and the continuing conflict, have severe implications for the different sectors of Afghan society. The increase in IDPs and the inability of returnees and IDPs to find gainful employment have contributed to the rise of poverty and malnourishment.¹⁶⁹

In addition to targeting emergency relief food to returnees, IDPs and selected pockets of regional needs, WFP has attempted to use food for various rehabilitation projects throughout the decade. As one of the poorest countries in the world emerging from a period of protracted war, and with conflict continuing, Afghanistan faces a colossal challenge to rebuild and develop basic health and education services, infrastructure, sanitation and communal facilities, roads, irrigation systems and more. WFP has engaged in a wide variety of food-for-work, food-for-seeds and food-for-training projects, in close collaboration with Afghan and international NGOs. The great need for targeted emergency and rehabilitation assistance in Afghanistan is firmly established and has been present throughout the period under review.

However, the relevance of WFP's response to these undeniable needs raises important questions. Issues of inefficiency, poor management and diversion will be discussed later. The more fundamental question concerning WFP's use of food has to be considered. Critics of WFP claim that in the past the majority of WFP food was often monetised by recipients and that the value of food aid was based on its market value and rarely on its nutritional value. WFP food aid acted as an important engine driving different activities due to the monetary value of the food, but it did not directly address the food / nutritional needs of the people (notwithstanding the role these needs play in specific emergency relief assistance). This is, of course, a scenario which occurs in many other emergency situations and the problem in Afghanistan has now been minimised by a reliance on the bakery projects.

The question therefore arises would it be more efficient and effective to provide cash payments or, if wheat is appropriate, consider purchasing it from Pakistan? WFP argues that many recipients do consume its food aid and that monetisation is not the norm. This evaluation was not in a position to assess this claim, but considers that WFP needs to develop a fuller understanding of the post-distribution use of food aid, and to re-think its food aid strategies on the basis of this.

¹⁶⁹ Documented in Action Contre La Faim (ACF) nutritional studies in Kabul as well as the on-going WFP Vulnerability Assessment Mapping (VAM) reports.

The evaluation finds that donors should be in closer dialogue with WFP concerning issues such as the post-distribution use of its food aid.

Despite the general high need for humanitarian assistance in Afghanistan, WFP should be strongly encouraged to deepen its understanding of the context in which it works and design reliable mechanisms to measure the impact of their programmes, rather than just see themselves as a logistical / delivery system.

Politicisation of WFP food aid.

The severe criticism by the international aid community of the Taliban's domestic policies has resulted in various agencies and programmes operating on the basis of 'conditionality'. This is the politicisation of humanitarian assistance which is discussed in the main report in sections 3 and 7.

WFP has attempted to use its leverage concerning food supply to influence the Taliban particularly with regard to its policies concerning women and girls. Communications from the UN Secretary General to WFP, internal WFP communications, internal reports and specific memos from the Executive Director of WFP since 1996 indicate WFP's commitment to its version of 'principled programming' in regard to gender as well as human rights issues.¹⁷⁰

The current 1999 country programme proposal document, prepared in the field, offers the WFP Executive Board (and the Taliban) two scenarios. Firstly Relief with limited recovery where the focus is only on life-saving activities. The second is Relief with recovery where both life-sustaining and life-saving activities are performed (with a subsequent higher tonnage of food and higher programme budgets). However, the second scenario is only possible; '...should there be an improvement in the overall security and human rights situation...and should the Taliban respond favourably to UN appeals on basic rights for women [WFP assistance would widen]'¹⁷¹.

With strict programme conditions, set from Rome, on gender equality at both the project participation level as well as beneficiary level various programmes have been curtailed or restricted because of the inability to fulfil Rome's conditions. In many cases field staff consider the conditions too rigid and impractical in the field. The country and regional offices in Islamabad have lobbied their head office to adapt or redefine the terminology of the conditions to enable important recovery work to take place.

Coordination.

The nature of WFP's operations is such that it works in extensive co-operation with other UN agencies and numerous implementing partners. As the largest supplier of food aid, WFP uses numerous channels to distribute its food products inside Afghanistan. Throughout the reporting period WFP has continued to maintain strong coordination with its implementing partners and UN agencies. FAO (food-for-seeds projects) and UNHCR (Food-for-Work/ Food-for-Training quick impact projects) are close partners with WFP. WFP works with UNCHS (Habitat) in urban rehabilitation projects and in collaboration with WHO and UNICEF in the health sector (health delivery systems, sanitation, mass immunisation campaigns).

¹⁷⁰ Copies of various memos and policy statements held in ODI London following information gathered during this evaluation.

¹⁷¹ Protracted Relief and Recovery operation Afghanistan, WFP, Oct 1998, p4

In the absence of central government authorities, NGOs are WFP's preferred channel for distribution and project implementation. Previously WFP worked with a wide range of local and international NGOs, many of which 'mushroomed' into existence directly in response to its need for implementing partners. Partly in response to diminished need, but also because of the bad management of some of the earlier NGOs, WFP has improved its screening of partner NGOs and in 1998/9 is working with larger agencies such as ACTED, Oxfam, MSF, CARE and MDM. These agencies act as its first level of implementing partner (the NGOs often sub-contract Afghan NGOs to execute the WFP programmes) and are seen by WFP as its 'eyes and ears' grassroots partners.

WFP cannot operate without close collaboration with numerous NGO and UN agencies. However, in addition to this operational co-operation, WFP is closely engaged with the UNOCHA coordinator in the development and dialogue concerning the Strategic Framework and Principled Common Programming (PCP).

This evaluation finds that WFP has been successful in its close co-operation with local authorities, NGOs and UN agencies. Most of its 'cooperation', however, is based on contractual partnerships with implementing partners. The current reduced collection of partners appears to be more manageable and efficient. At the level of the Strategic Framework and PCP, WFP seems to be participating fully with the family of UN agencies and donor groups.

Impact and Effectiveness.

A distinction should be made between WFP's ability and efficiency in raising awareness and contributions for Afghanistan and its ability to transport, store and deliver food and the actual effectiveness of the food to Afghanistan. It seems clear that WFP can perform the former functions with considerable expertise but the latter, achieving and monitoring the impact of the food aid, appears to be weak.

The recent (1998) introduction of Vulnerability Assessment Mapping (VAM) teams in Afghanistan is the first and only structural WFP mechanism designed to track and monitor food security in urban centres. WFP can deliver large amounts of food efficiently but its use of that food (via its implementing partners) can only be assessed in terms of numbers of beneficiaries. No further qualitative analysis has been undertaken in the past. This is currently recognised as an internal weakness of WFP, and the new management in Afghanistan is looking into ways of measuring the impact and effectiveness of their work. Recent studies by VAM and other NGOs studies have shown, for example, that food security as well as health indicators have displayed a negative trend in Kabul, a city where over 20 per cent of the population receive daily WFP bread rations and where the majority of NGOs and international agencies concentrate much of their contributions.

This evaluation was unable to establish whether the WFP programmes were effective beyond a logistical and operational level. There is clearly a lack of data and mechanisms to measure this impact and effectiveness and, as such, this a significant deficiency.

Monitoring and Evaluation

Although there appear to be some recent improvements, for a number of years, WFP's performance in the area of monitoring and evaluation has been poor, as has the quality of its management. At best this has been due to the structural lack of staff and the difficulty of the Afghanistan context, but at worst there appears to have been, at times, persistent misuse and

diversion of resources. This was confirmed in all interviews with WFP and non-WFP staff as well as in some internal WFP documentation.

All sources also point to the fact that since 1997/8 programme monitoring and management control has improved, mostly in response to internal evaluations and numerous external criticisms from NGOs, other UN agencies and even the Taliban.

Monitoring programmes involving food aid distributed through implementing partners, particularly in a wide range of locations in a politically unstable country such as Afghanistan, will always present organisations with formidable challenges. Nevertheless, it is clear that monitoring was of such poor quality that the credibility of the programmes was damaged as was the positive impact of the food aid. Broadly speaking, it appears that between 1990 and 1994, when WFP was heavily committed with food aid and supporting repatriation and rehabilitation, monitoring was at its poorest.

During 1995/6 the nature of the problem was surfacing through criticism, evaluation and internal assessment, but was still not tackled. Only since 1997 has management become stronger and the programmes stricter with regard to monitoring. An example of the changes is that in 1996 WFP attempted to implement approximately 500 projects while in 1999 it was implementing the reduced number of 68. A main reason for the reduction in projects is WFP's present insistence on close control and monitoring of all projects and implementing partners.

Various assessments made available to this evaluation highlighted numerous management and monitoring weakness.¹⁷² Internal memos and interagency communication archives from 1996 also illustrate the problems,¹⁷³ one evaluation, from the Office of the Inspector General (1996/7), was not made available to this evaluation, because of its extensive criticism of WFP's management and its particularly damning analysis of a certain staff members.

Beyond the issue of programme monitoring and implementation control, WFP has also been weak in terms of evaluating its own impact. Reports have highlighted the lack of accountability of implementing partners, the lack of qualitative data received from sub-offices and the imprecise identification of certain activities compounded by an absence of tracking following the implementation of the activity¹⁷⁴. WFP has a weak grasp of nutritional levels in its project areas and until 1998 had set up no mechanism to measure either baseline food deficiency in relation to individuals or the subsequent changes among beneficiary communities following its projects. WFP has used FAO data concerning regional and national food deficiency levels but relied on NGOs for detailed nutrition data in so far as they exist. Normally these NGOs surveys are Kabul-or city-based only. As of 1998 WFP introduced its Vulnerability Assessment Mapping unit at the Islamabad office and subsequent studies are being conducted concerning nutritional levels in Kabul and other major urban centres. This appears to be a well-received and necessary initiative, although the absence of such mechanisms during the past 10 years raises the question of how WFP has both prioritised and measured its operations in the past.

¹⁷² Summary Report of Conclusions and Recommendations: Joint WFP/UNHCR Refugee Food Supply Assessment Mission to Pakistan and Afghanistan. April/May 1995. Also the WFP Review Mission to Afghanistan and Pakistan May/June 1997.

¹⁷³ For example Catherine Bertini's memo to WFP regional Manager and Country Director of 24th December 1996, and the letter from The WFP Regional Manager and Country Director to the UNOCHA Coordinator of January 30th 1997.

¹⁷⁴ WFP Review Mission to Afghanistan 1997 (p.5)

It is recognised that WFP does not claim a mandate to conduct widespread nutritional surveys and relies on the work of UNICEF and other agencies in this respect. It is also recognised that no agency in Afghanistan has successfully conducted nutritional surveys on a nation-wide scale.

APPENDIX II/3: The International Red Cross/Red Crescent Movement In Afghanistan

In line with the terms of reference, this study has mainly looked at the health programmes of the ICRC and the International Federation. These notes should therefore be read in conjunction with the main text, particularly section 5. The team did attempt to get an overall picture of the work of both agencies in Afghanistan, but was unavoidably limited by time factors and staff availability. One meeting was held with staff of the Danish Red Cross in Copenhagen. The Afghanistan Red Crescent (ARCS) was not studied.

Danish Red Cross

The DRC has no direct operational involvement in the work of the RC/RC Movement in Afghanistan. Throughout the period covered by this evaluation it has provided delegates, mainly in the health sector, to the ICRC and the IFRC under the usual arrangements of the Movement. The balance in terms of proportions has shifted towards IFRC during the decade.¹⁷⁵

The DRC's main role in relation to Afghanistan is therefore to act as a channel for DANIDA funds to the ICRC and IFRC. It does not make a management charge for this work, although this fact may not be entirely clear to its partners. Decisions about funding levels for Afghanistan are taken in the context of a global appropriation negotiated with DANIDA each year which is then allocated between countries according to the DRC's proposals, after discussions with the two agencies in Geneva.

As for other countries, the DRC does not have a dedicated staff member dealing with Afghanistan, which is dealt with by the Relief Coordinator. Probably the DRC's most active recent involvement with Afghanistan has been its participation as one of the donor national societies in the review of the IFRC/ARCS clinic programme. The DRC hosted the follow-up meeting to the review in June 1999. The DRC does not have its own health specialist.

The DRC has been very involved in the 'from relief to development' debate, hosting the conference held in Copenhagen in 1995. It does not appear to have pursued that policy discussion in relation to Afghanistan.

International Committee of the Red Cross

In one of its largest programmes in the world, the ICRC has been able to operate in Afghanistan continually from 1987. Unlike most other agencies, it has been able to do this by maintaining its delegation as the management centre in Kabul. The report has already noted that, among other features, tight management structures, good security management and a stable level of funding have all contributed to the effectiveness of the ICRC's work in Afghanistan. The two ICRC aircraft are a crucial part of its operation and also play a major role in facilitating access by mainly NGO staff from Peshawar into Afghanistan.

Because of its substantial and tightly managed infrastructure, the ICRC plays a key role in disaster response, as demonstrated during the responses to the earthquakes in 1998 and 1999 (Benini, 1998; Longford, 1998).

¹⁷⁵ DANIDA funds the DRC's placement of delegates through a separate global appropriation.

The ICRC has developed major programmes in non-emergency areas such as agricultural, irrigation, water supply and veterinary programmes. This has happened in response to needs analysis, including an assessment that other agencies are not meeting those needs. The ICRC also has the logistical capacity to carry out such programmes.

The ICRC generally sees these programmes as ‘one-off’ boosts to households and communities, rather than longer-term developmental-type engagements. The work is carried out directly by ICRC staff or with the ARCS (see below). This evaluation did not study any of these programmes in depth and therefore the points raised are ones which would need further investigation. It seems that the following questions may be relevant:

1. What has been the impact of the programmes undertaken? For example, who within the community, has benefited from the renovation of irrigation schemes? Did they have an impact on the poorer sections of the community and what impact, if any, was there on women?
2. Is the concept of ‘one-off’ rehabilitation inputs of this kind a useful concept, or is there a need for longer-term community involvement?
3. When moving into areas in which other agencies, both UN and NGO, are already active and some will already have many years of experience, is the ICRC liaising with these agencies and fully participating in the coordinating structures which may exist?
4. Some ICRC staff noted that this work requires delegates with skills and experience in areas such as project management, and this requires changes in ICRC’s recruitment and training procedures.

International Federation of Red Cross and Red Crescent Societies

Because of limitations of time and unavailability of staff at times, through no fault of theirs, the team’s contact with the IFRC in both Geneva and Afghanistan was somewhat limited. IFRC’s two main programmes, apart from the clinic programme, are in the area of community-based first aid, disaster preparedness and institutional development of the ARCS.

The main factor which seems to dominate the work of IFRC is uncertainty about and actual shortage of funding. This appears to make the development and management of what are, in Red Cross terms, development programmes very difficult. In particular, it seems likely to weaken IFRC’s relationship and credibility with its partner the ARCS.

Working as a Movement

The three components of the RC/RC Movement in Afghanistan, the ARCS, the ICRC and IFRC operate within the framework of the 1997 Seville agreement.¹⁷⁶

This agreement aims to regulate the often complex relationships within the Movement.

The responses to the earthquakes in 1998 and 1999 were seen as some of the first tests of the Seville agreement in action. There seems to be a positive view of those experiences, although a full independent assessment of the actions has not been carried out.

¹⁷⁶ Agreement on the Organisation of the International Activities of the Components of the International Red Cross and Red Crescent Movement, Council of Delegates Seville November 1997

The more demanding area of cooperation is that relating to the development of the ARCS. From information provided to the team by both the ICRC and IFRC, this is clearly a very difficult area. The ARCS is reportedly weak and, in contravention of RC principles, is staffed at senior levels by Taliban appointees. The ICRC and IFRC are effectively supporting a staff over 1,000 people.

Prior to the conflict, the ARCS was a strong national society and it remains the only Afghan national organisation with some kind of presence in most parts of the country. Its future development and well-being are very important. However, it was not clear to the team that the ICRC and IFRC shared a common vision, strategy or plan in this area, nor that the division of labour was clear.

Finally, the team noted that both agencies could look at more effective sharing of resources and services. Section 5 of the report notes that the ICRC has a medicines procurement system established in Pakistan, whereas IFRC imports its drugs from Europe.

APPENDIX II/4: UNOCHA Flight Operations

DANIDA contributed funds to the UNOCHA flight operations in Afghanistan as follows:

July 1992	DKK	1.53m
Dec 1992	DKK	0.4m
June 1993	DKK	3.968 m
Dec 1994	DKK	3.25m
Dec 1995	DKK	3.0m
TOTAL:	DKK	12.148m (US\$1.7m)

These contributions were often part of larger appropriations to UNOCHA for mine action or general administrative support for coordination.

Relevance

The operational conditions of the Afghanistan humanitarian assistance effort throughout the 1990s have been complicated and extraordinary for a number of reasons:

- it was a cross-border operation with most agency head offices located in Pakistan;
- up to 1996/7 the road access into the country from Peshawar and Quetta was highly insecure;
- major urban centres, and most rural regions within Afghanistan are infrequently accessible by road;
- with continued fighting and insecurity (including the threat of mines) there has been an on-going necessity for a capacity to execute immediate staff evacuations.

In addition to the presence of the major UN agencies operating mainly out of Islamabad, there are over 200 international and national NGOs requiring regular transport within Afghanistan and, internationally, to Pakistan. Journalists, observers, evaluators and head office visitors have also all required transportation into and around the country. Mail transport and the movement of light cargo have also been an important support requirement for operations within Afghanistan.

Despite the existence of roads (often in poorly maintained or insecure condition), the geography of Afghanistan is unusually challenging to any operation, with seasonal extremes and on-going warfare compounding the problem.

Effectiveness

The aircraft operation was initially taken over from WFP in June 1991. The aircraft used have changed in terms of numbers and size over the last eight years and have been leased from a Danish commercial aviation company. From September 1996 UNOCHA has operated with one Beech King 200 (10 pax or 1000 Kg cargo) and one Beech 1900 c-1 Airliner (19 pax or 2600 Kg cargo).

UNOCHA's flight operations have been effective in responding to the growing demands from UN agencies, NGOs and other visitors / workers in Afghanistan to develop regular flight schedules to include a wide variety of destinations. The current destinations covered (from Islamabad) include:

- a) Afghanistan Jallalabad, Gardez, Khost, Kabul, Faizabad, Yakaolang, Mazar, Shibergan, Heart, Kandahar, Bamyan, Khawaja Ghar.
- b) Iran Mashad, Theran.
- c) CIS Main centres of: Uzbekistan. Tajikistan, Turkmenistan, Kirgizistan, Kazikastan.
- d) Pakistan Islamabad, Peshawar, Quetta

Apart from the normal monthly schedule UNOCHA carries out charter flights, medical evacuation flights, specialised peace mission flights, relocation flights and emergency relief operation flights (e.g. earthquake victims).

In terms of effective use of the aircraft, UNOCHA reports that the quantity of cargo and passengers using its facilities up to April 1998 were as follows:

Passengers (NGO and UN)	45,500 pax
Cargo	1,074 MT

Throughout the 1990s the UN has provided a stable transport service into Afghanistan and related locations. The Red Cross (ICRC) since 1995 has operated two planes with the same capacity as the UN, but operating on a more limited flight schedule. A new agency called Paktec has now begun operations in Afghanistan offering highly subsidised flights to NGO staff but it has a very low capacity and flies irregularly to a limited selection of locations.

The total DANIDA contribution from 1993,1994 and 1995 was US\$ 1,705,801, and this was spent on covering some of the costs related to the UN flight operations for those years.

Monthly flight schedules are issued regularly and daily manifests are maintained. Users have to pay set charges for seats or cargo space, but normally at considerably subsidised rates. Consequently the cost of the ticket depends upon the level of donor funding for the flight operation during any given year. The actual costs of the flight operation are very high¹⁷⁷ and need to be subsidised by donors, if the tickets are to be affordable to NGOs, in particular. In April 1999 the freeze on British funding of the flights operation had a dramatic effect on ticket prices, with the price of an Islamabad to Kabul seat at NGO rates rising from \$190 to \$1000.

The ICRC flights are fully funded at a cost of approximately US\$2 million per annum. Seats and cargo space are offered free of charge within the following priority structure:

¹⁷⁷ US\$3.346 million in 1998 alone.

Top priority:	ICRC staff / cargo
2 nd	IFRC / donors and diplomats
3 rd	Bilaterally funded NGOs
4 th	Afghan NGOs
5 th	Journalists

Paktec, an American NGO / Christian mission with the 'largest light aircraft organisation in the world', has recently started operations in Afghanistan. It currently has a 5-seater plane (Cesna) which it charters from Islamabad to Kabul at only \$250 (\$50 per head). It is currently planning to bring in a larger additional plane because of the high demand.

Users of the aircraft available in Afghanistan are faced with seating and cargo prices of considerable and somewhat absurd extremes. For example, the single ticket between Islamabad and Kabul would be free with IRCR, cost \$50 with Paktec and \$1000 with the UN. This price rise has put the UN flights beyond the financial reach of many NGOs.

The UNOCHA flight operation has made an enormous contribution to the humanitarian assistance operation over the years, during difficult and insecure times, in facilitating movement in and around Afghanistan.

The evaluation team was not able to assess the flight operations from a cost benefit or technical perspective. However, it did encounter a certain degree of criticism from other agencies concerning the cost and efficiency of the flight operations.

A number of questions need to be raised:

1. Given the length of the Afghanistan operation, would it be more economical for the UN to consider running its own planes rather than using a leasing company?
2. The UN Special Mission to Afghanistan (UNSMA) has a designated aircraft which is apparently used infrequently but is never made available to other UN or NGO staff. Reportedly it often travels with very few passengers, while the UNOCHA flights can be over-booked. Is there not some scope for rationalisation of UN resources here?
3. With the huge 1999 increases in prices, it seems likely that the UNOCHA flight service will mainly be used by UN and diplomatic personnel. Can UNOCHA diversify its funding base to avoid dependence on one donor?
4. It was suggested by some informants that the presence of the UN and ICRC flight encouraged a far greater dependency and use of the flights than was necessary. In other cross-border humanitarian operations, agencies rely on road access where there are no flights. With improved security on the roads is the need for flights so great? Does the presence of flights encourage more frequent visits to Pakistan than are necessary?

For the purposes of this evaluation it is important to comment on the period 1992-8 and not be too distracted by what it is hoped will be a temporary 1999 crisis in the funding of the UN flight

operations. It appears that UNOCHA has offered a reliable and subsidised transport system that has benefited a huge number and range of passengers into and around Afghanistan. It has also facilitated the movement of documentation and mail as well as cargo. In certain cases, its transport of emergency food supplies, medical evacuation and personnel evacuation have been crucial.

If DANIDA intends to support the UNOCHA flight operations in the future, this evaluation recommends that it should seek a comprehensive technical analysis of the flight operations which should include a comparative analysis of the other operators in the region as well as other UN operations in similar humanitarian assistance programmes.

APPENDIX III: LIST OF INTERVIEWEES AND EVALUATION TIMETABLE

PERSONS INTERVIEWED:

PEER REVIEW GROUP

Peter Marsden, BAAG
Koenraad van Brabant, ODI
Elizabeth Winter BAAG

COPENHAGEN

DANIDA

Geert Aagard Andersen head of S3
Karen Camacho, S3
Soren Bollerup, S6
Niels Dabelstein, Head of evaluation unit
Grethe Dittme, STS3
Charlotte Kanstrup, technical advisor gender
Gert Meinecke, head of section
Ole Moesby
Caspar Nervil, S3
Morten Kovgaard Hansen, Head of section
Margit Thomson, head of NGO division (STS3)
Lone Thorup, S3
John Kierulf, Peace & Stability Fund
Mikael Winther S3

NGOs and the Red Cross

Viggo Fisher, DAC chairman
Thomas Thomsen, DACAAR
Arne Vagen, Danish De-mining Group
Siri Melchior-Tellier, Danish Red Cross international director
Henrik Nedergaard, Danish Red Cross deputy international director
Birte Hald, Danish Red Cross head of relief
Lars Pitter Nissen, Danish Red Cross relief coordinator
Anders Ladekarl, Danish Refugee Council head of international department
Jesper Juel Rasmussen, Caritas Denmark

UK

Roger Clarke, DFID
Jon Bennett, former director of ACBAR
Jonathan Goodhand, University of Manchester, research officer
Michael Keating, DFID
Tim Porter, Halo Trust desk officer for Afghanistan

GENEVA

Anne-Marie Sloth Carlsen, Counsellor, Deputy Permanent Secretary, Danish Permanent Mission to the UN
Viviane Cagneau, ICRC, External Resources
Andreas Leindorff, ICRC, Head of External Resources
Pascal Mauchle, ICRC, Deputy Head of Operations for Central and South Asia
Marcus Michael, ICRC Health and Relief Coordinator, Asia Zone
Olivier Durr, ICRC, Head of Operation for Central and South Asia
Michel Tailhades, IFRC, Relief Health Officer
Ernest Chipman, OCHA, Chief, Complex Emergency Response Branch
Darka Topali, UNHCHR, Human Rights Officer,
Dag Andreassen, UNHCR
Daniel Bellamy, UNHCR, Head of Desk I, CASWANAME
Lowell Martin, UNHCR, Evaluation Coordinator
Christiane Blessing-Win, UNHCR, Associate Officer, Funding and Donor Relations Service
Pirkko Kourula, UNHCR, Head, Inter-Organization Affairs and Secretariat Service,
Khalid Shibib, WHO, Emergency and Humanitarian Action
Rudi Tangermann, WHO, Polio Eradication Programme
Bjorn Melgaard, WHO Chief of EPI

NEW YORK

Hugh Cholmondeley,
John Renninger, DPA, Deputy Director, Asia and Pacific Region
Kiyotaka Kawabata, DPA, Political Affairs Officer, West Asia Division
Michael Møller, DPA, Special Assistant Under-Secretary-General
David Bassiouni, OCHA, Coordinator IASC/ECHA Secretariat,
Martin Griffiths, OCHA, Deputy to the
Bruce Jones, OCHA, Humanitarian Affairs Officer, Policy Development Unit
Martin Barbour, OCHA, Policy Development Unit
Yohannes Mengesha, Office of the Deputy Secretary-General, Principal Officer,
Thore Hansen, UNDP, Programme Specialist, Regional Bureau, Asia and the Pacific
Nils Arne Kastberg, UNICEF, Director, Office of Emergency Programmes,
Shamsul Farouq, UNICEF, Office of Emergency Programmes
Hasselbach(sp?), Economic Councillor, Danish Mission to the UN

ISLAMABAD

Ann Freckleton, British High Commission, First Secretary, Prog. Coordinator - Afghanistan
Linda Thomas-Greenfield, US Embassy, Councillor for Refugee Affairs
Mikael Lindvall, Embassy of Sweden, Second Secretary
Rashid Chowdhury, Embassy of Sweden, Second Secretary (Humanitarian Assistance)
Sven Bille Bjerregaard, Royal Danish Embassy, Chargé d'Affaires
John Heywood, ECHO coordinator, Afghanistan programme
A.M. Aboul Naga, FAO representative
Hans Brink, FAO programme manager

Laurent Thomas, FAO Senior operations officer, Rome
 Samantha Reynolds, UNCHS, Prog Manger, Afghanistan
 Louis Georges Arsenault, UNICEF, Representative for Afghanistan
 Ershad Karim, UNICEF Water, Environment Sanitation Project Officer, Afghanistan
 Aliu Bello, UNICEF Health Project Officer, Afghanistan
 Paula Claycomb, UNICEF Information/Communication Officer, Afghanistan
 Dr Sharif, UNICEF Health Project Officer, Afghanistan
 Wali Ullah, UNICEF water and sanitation specialist, Afghanistan
 Ershad Karim, UNICEF project officer, Afghanistan
 Alan Brimelow, UNOCHA Head of Field Security
 Antonio Donini, UNOCHA & Deputy Head of UN Afghanistan
 Maurice de Wulf, UNDP & Deputy Head of UN Afghanistan
 Maysoon Melek, UNDP, Gender Advisor to the UN System
 Bradley Forster, UNOCHA Programme Coordinator, Afghanistan
 Norah Niland, Office of the UN Coordinator, Snr Programme Advisor
 Ian Bullpitt, UNOCHA/MAPA, Programme Manager, Afghanistan
 Polly Brennan, UNOCHA, Mine Awareness Advisor
 Kim Brandt, DDG director, Afghanistan
 Eng Saddah, DAFA Director
 Said Aqa, MCPA Director
 Tariq Asiz, UNOCHA, flights officer
 Michael Sackett, WFP Afghanistan, Country director
 Rahman Chowdhury, WFP, Head of Programmes, Afghanistan
 Broniek Szynalsky, WFP, Manager of Regional office
 Mohammed Jama, WHO Representative, Afghanistan
 Astrid Permin, WHO consultant for EPI
 Wyn Wyn Kiu, WHO Jalalabad Office Health Officer
 Paul Bonnard, ICRC Head of Delegation, Pakistan
 Paul-Henri Arni, ICRC Deputy Head of Delegation, Pakistan
 Peter Iseli, ICRC Delegate, Pakistan
 Andrew Wilder, SCF US, Field Office Director, Pakistan/Afghanistan
 Nilgun Gurel Ogun, SCF/US, Director Administration and Finance, Afghanistan
 Cyrus Shahkhalili, UNHCR, Officer-in-Charge - Mazar, Afghanistan
 Mohammed Abdi Adar, UNHCR, Senior Programme Officer, Afghanistan
 Yusaku Hanyu, UNCHR, Deputy Chief of Mission, Afghanistan
 Andrew Tesoriere, UNSMA, Acting Head of Mission,
 Govert Visser, Royal Netherlands Embassy, Second Secretary (Afghanistan),

PESHAWAR

Ms Partawmina Hashemee, Afghan Women's Resource Centre
 Jamila Akbarzai, Afghan Women's Welfare Department
 Afifa Azim, Radda Barnen Training Unit
 Palwasha Hassain, Centre for Street Children and Women
 Charles Macfadden, ACBAR Director
 Liz Spenser, ACBAR
 Abdul Razique Samadi, ADA managing director
 Eng. Sayed Rahim Sattar, ANCB chairman
 Niels Harild, DACAAR, Director
 Ewen Macleod, EU Programme Coordinator

Stuart Worsley, CARE Assistant Country Director
Denis de Poerck, HNI Malaria/cut. Leishmaniasis Programme
Dr Ahmad Jan Ahmad, Islamic Coordination Council Executive coordinator
Abdulqadir Adam, Islamic Coordination Council
Steen Wetlesen, IFRC Head of Delegation, Peshawar
Terry Dessimoz, ICRC Head of Administration
Lars Meyner, ICRC Head of Logistics
Anwarulhaq Jabbarkhail, IbnSina , Director General
Aziz Qarghah AHDS Director
Odd Bratlie, NAC Director
Torild Elisabeth Borud, Norwegian Church Aid deputy director
Olivier Mathieson, MSF-Holland, Head of Mission Afghanistan
Jean-Pierre Courtain, MADERA, Director
Fazel Karim Fazel, OMAR director
Mohammad Younus, META director
Mr Ludin, AREA director of operations
Anders Fange, SCA, Country Director
Inger Andersen, SCA, Health Coordinator
Carol Le Duc, SCA, Consultant for Gender Programming
Yves Bourny, AMI, Head of Mission
Arne Strand, Consultant, University of York Research Fellow
Erasmus Willie Ibom, UNOCHA field officer
Marie-France Sevestre, UNHCR, Head of Sub-office, (Peshawar)
Stuart Worsley, CARE, Asst Country Director Afghanistan

KANDAHAR

Roland Nobs, ICRC Deputy Head of sub-delegation
ICRC cooperation delegate
ICRC dissemination delegate
Mirvais Hospital – ICRC Head Nurse, Hospital Head Nurse, ICRC Hospital Administrator,
ICRC Master Surgeon, ICRC surgical team, ICRC Midwife training consultant, ICRC nurses
training officer
SWABAC members
Ata Nazar, UNICEF Water, Sanitation Project Officer
Dr Mubarak, UNICEF, Health Project Officer
Dr Shahwhali. Popal, WHO Health Coordinator
Nazar M Karyar, WFP officer in charge
Abdul Latif Dawalit, WFP assistant logistics officer
Khaju Paopal, IbnSina Regional Director
Bashir Ahmadi, AHDS Project Coordinator, Health net International Kandahar Office
Hayatullah Wahdat, UNCDAP Information Officer
Dr Rehmatullah, MOPH Regional EPI Manager
Dr Assadullah Tareen, MOPH Deputy Minister of Public Health
Reuben McCarthy, Handicap International director
Shoab Hakimi, Mine dog centre director
Mr Asalti, UNOCHA MAPA regional manager
Mohammed Younis, UNHCR, Admin Asst
Shah Hussain UNHCR, Field Asst
Asil Khan, UNHCR, Field Asst

Ahsanullah, UNHCR, Protection Asst

KABUL

Mullah M. Abass, acting MOPH Afghanistan
Mullah Mawlawi, Rural Rehabilitation Department President
Dr Sharafmal, RRD Health Education focal person
Minister of Planning, Islamic Emirate of Afghanistan
Marcus Dolder, ICRC Head of Delegation
Christian Bosson, ICRC agronomist
Christophe Luedi, ICRC Deputy Head of Delegation
Pascal Hundt, ICRC Health Coordinator,
Edwin Louvel, ICRC Hospital Coordinator
Christine Hundt, ICRC Health Delegate, Wazir Akbar Khan Hospital
Maria Guerloff, ICRC consultant for vulnerability survey
Marjo Heinonen, ICRC Orthopaedic Centre Physical Therapist
Jean Francois Pinera, ICRC Environment Project delegate
Bernard Pigny, ICRC mines delegate
ICRC Orthopaedic Centre – Deputy Orthopaedic Coordinator
Taj M. Yarmand, IDEA coordinator
Mohammad Masoom, Agency for Rehabilitation and Energy Conservation in Afghanistan
Eric Donelli, UNICEF Resident Project Officer
Khalil Kakar, UNICEF Water Sanitation Engineer
Jolyon Leslie, UN coordinator Kabul
Henning Scharpff, WFP emergency coordinator
Dr M. Momen, WHO Health Coordinator, Kabul
WHO EPI Officer, Bamyan
Selva Sinnadurai, IFRC Head of Delegation
Takao Suzuki, IFRC Health Coordinator
Maggie Duncan, IFRC Maternal Child Health Delegate
Kiros Sereke, IFRC Health Delegate
Dr Dadgar, IFRC Health Officer for the Health Information System
Juriaan Lahr, IFRC Administration Delegate
Erling Brandtzaeg, IFRC logistics delegate
IFRC development delegate
David Thomson, MEDAIR, Project Director,
Kathy Fiebert, MEDAIR Health Officer for Tuberculosis programme
Georges Dutreix, MSF-France Head of Mission, IAM
David Brooks, PACTEC Director Flight Operations
Dr Farid Homayoun, Halo Trust director
Abdul Latif Martin, UNOCHA MAPA regional manager
Habibullah Rodwell, Operations, International Organization of Migration
Habibullah Rowdall, IOM, Operations
UNHCR Kabul

FIELD VISIT SCHEDULE

March 23 – 26

Stakeholders' workshop, Copenhagen and interviews

April

Interviews in Copenhagen, Geneva and New York

April 29 – May 4

Islamabad – interviews / initial briefing session with heads of UN agencies

May 5 – 9

Peshawar – interviews

May 10 – 12

Kandahar – interviews and project visits

May 12/13

Peshawar

May 13 – 18

Kabul – interviews and project visits

May 18 – 22

Islamabad – final interviews, team analysis and report back to heads of UN agencies

May 26 – 28

Copenhagen - final interviews

June 16

London – ODI peer review group meeting

June 21 – 22

Copenhagen – feedback workshop to DANIDA and other study teams

July 13

Draft report to stakeholders for comments

September 1 – 2

Copenhagen – feedback to stakeholders' workshop and initial discussion of synthesis report

APPENDIX IV: CHRONOLOGY: POLITICAL, ECONOMIC AND SOCIAL DEVELOPMENTS IN AFGHANISTAN

1973-1998

- July 1973** King Zahir Shah overthrown by Daoud in a military coup, thus bringing the monarchy to an end.
- April 1978** People's Democratic Party of Afghanistan seize power through a coup; Daoud is killed. New government seeks to impose reform programme on the rural areas, but insensitive and often brutal methods provoke backlash and beginnings of resistance movement.
- United States fuels conflict by providing covert support to the resistance.
- Declaration of Jihad, combined with military activity, provokes beginning of refugee exodus to Pakistan and Iran.
- Refugees in Pakistan are housed in camps and provided with rations and services, but those in Iran, although benefiting from free health care and education and subsidies on essentials, have to be largely self-sufficient.
- December 1979** Soviet troops invade Afghanistan.
- Refugee exodus accelerates.
- Solidarity committees established in Europe and North America, in sympathy with the Mujahidin and, over the next few years, most of these develop aid wings, to deliver food, cash and medical support to Mujahidin-held areas.
- October 1980** Refugee population in Pakistan reaches 1.5 million.
- January 1983** Refugee population in Pakistan reaches 2.3 million.
- September 1986** Refugee population in Pakistan reaches 2.8 million.
- April 1988** UN-facilitated peace agreement in Geneva provides that the Soviet Union will withdraw its forces on 15th February 1989.
- Refugee population in Pakistan reaches 3.1 million.
- June 1988** UN launches appeal to facilitate refugee return and reconstruction process.
- February 1989** Soviet troops withdraw from Afghanistan.
- April 1989** Refugee population in Pakistan rises to 3.3 million. Taking account of the 2.85 million Afghan refugees in Iran, this brings the total of refugees to 6.15 million.

- July 1989** UNHCR launches project to provide limited assistance package to individual refugees and their families returning to Afghanistan. This complements aid aimed at rehabilitating the areas of refugee origin. NGOs have a key role in implementing these but are constrained by poor security created by inter-Mujahidin tensions.
- UN undertakes limited cross-line operations from urban areas.
- January 1990** Gulf War results in deteriorating security environment for Western agencies and their staff in Peshawar.
- UN actively encourages the formation of new Afghan NGOs from 1990 onwards.
- March 1990** Failed coup attempt against President Najibullah by Defence Minister, General Tanai of Khalqi faction, who is later rumoured to be providing support to the Taliban.
- Spate of assassinations of Afghan intellectuals in Peshawar.
- May 1990** Mob attacks on all premises of Shelter Now International at Nasirbagh camp near Peshawar, in response to rumour fuelled by religious leader that the NGO is engaged in proselytising.
- March 1991** Spate of serious incidents affecting NGOs in Peshawar provides further indication of the tense security environment which has persisted since the Gulf War.
- May 1991** Mujahidin capture Khost from the Najibullah Government.
- September 1991** US and Soviet Union agree to halt arms supplies to the parties to the Afghan conflict with effect from 1st January 1992.
- March 1992** Jozjani and Ismaili militias, with Mujahidin support, capture Mazar.
- April 1992** Soviet-backed Government collapses and Mujahidin Government takes power in Kabul, with Mujadidi as interim President. However, Hekmatyar adopts independent position and starts to launch rockets on Kabul from a base to the south of the city.
- Ismail Khan establishes semi-independent fiefdom in Herat and Dostam and holds similar position in Mazar.
- Period of anarchy in Kabul and Kandahar, leading to the departure of professionals, in particular, to other parts of Afghanistan and into exile.
- Refugees return to rural areas of eastern Afghanistan in large numbers over the spring and summer of 1992. 1.5 million have returned by the end of the year.

With the ending of the conflict between the Mujahidin and the Soviet-backed Government, NGOs now theoretically able to operate in the urban areas of Afghanistan, although poor security in Kabul and Kandahar severely limits NGO presence in these centres.

Improved security in eastern Afghanistan gives NGOs greater access to their project areas and quality of rehabilitation programmes is consequently improved.

UN agencies and NGOs scale up operations in western Afghanistan, particularly in Herat.

UN actively promotes community-based approach.

- June 1992** Rabbani takes over as interim President.
- August 1992** Intensive rocketing of Kabul by Hekmatyar leads to 1,800 deaths and exodus of 55,000 people to Mazar and 42,000 to Pakistan.
- December 1992** UNHCR-assisted repatriation programme starts in Iran, leading to significant return over the spring and summer of 1993, particularly to Herat and Farah. 344,420 have returned by the end of 1993 through the programme. Many more return independently of it, including bulk of Farah population.
- 60,000 Tajiks flee to northern Afghanistan in response to the civil war in Tajikistan. Camp established near Mazar-i-Sharif.
- Rabbani elected as President for two-year period.
- February 1993** Heavy onslaught on Hisb-e-Wahdat area of Afshar in western Kabul by Jamiat and Ittihad-i-Islami forces, with high casualties. Fighting continues for some months, with Hisb-e-Islami joining forces with Hisb-e-Wahdat.
- January 1994** Large-scale exodus of refugees from Kabul to Jalalabad and Pakistan in response to rocketing of Kabul by Hisb-e-Islami and Dostam. Nasirbagh camp near Peshawar absorbs the initial outflow and, over the following year, two camps are established outside Jalalabad to relieve the pressure on the city and take in those continuing to leave Kabul. By February 1995, the population of these camps has risen to 300,000.
- November 1994** Taliban takes Kandahar. Bans introduced on female access to education, employment and health care. NGOs able to negotiate reversal of ban on female access to health care and on the employment of women in health care programmes.
- February 1995** Taliban ousts Hekmatyar from his base at Charasyab, to the south of Kabul, from which he has been rocketing Kabul.

- March 1995** Hisb-e-Wahdat rockets Rabbani-held areas of Kabul from Karte Se area of south-western Kabul. Rabbani's forces launch fierce attacks on Karte Se. Hisb-e-Wahdat allow Taliban to enter Karte Se to assist in defence. Rabbani's forces drive both Hisb-e-Wahdat and Taliban out of Karte Se and also seize Charasyab from Taliban. Hisb-e-Wahdat leader dies in Taliban custody. Kabul out of rocket range for the first time since April 1992. UN and NGOs increase the scale of their operations in Kabul as a result. Structures created to facilitate joint working arrangements between UN, NGOs, ICRC and administrative structures of the government, particularly Ministry of Health, Municipality and Water Supply Department.
- September 1995** Taliban captures Farah and Herat. The ban on female education and employment has a major impact on Herat Province, which has had a relatively high level of female employment and operated a large number of schools. However, female access to health care and to employment in the health sector continues, although somewhat constrained by climate of fear.
- UNHCR and WFP end rations for refugees in Pakistan.
- October 1995** Taliban captures Charasyab and other key positions to the south of Kabul, thus bringing the capital again within rocket range. Taliban proceeds to launch regular rocket attacks on the city. 74,000 leave Kabul over the following three months.
- January 1996** ICRC mounts airlift to Kabul in response to food shortages created by blockade of the city and extremely severe winter.
- March 1996** In the midst of continuing rocketing of the capital, shell explodes in crowded market, killing 18 people and injuring many more.
- Rabbani and Hekmatyar agree to form alliance against the Taliban.
- May 1996** Rabbani and Hekmatyar agree to work together through the formation of an interim government. Dostam chooses to remain independent.
- September 1996** Taliban gains control of Jalalabad and Kabul.
- New exodus of refugees to Pakistan in response to declining economy, non-payment of salaries, termination of government employment, particularly of women, and restrictions on mobility, behaviour and dress.
- Creation of religious police in Kabul makes it more difficult for NGOs, ICRC and NGOs to negotiate binding agreements with the Taliban, because of the risk that the police will take retaliatory action and so render the agreements ineffective.
- NGO, ICRC and UN programmes continue, in spite of the difficulties, in response to worsening humanitarian conditions, backed by substantial funding from ECHO. However, the activities and influence of the

religious police make it increasingly difficult to ensure female access to health care and to employ women in the health sector.

- October 1996** Taliban takes Badghis
- December 1996** Taliban captures Shomali Valley north of Kabul.
- January 1997** Taliban evacuates Shomali Valley of its population, resulting in displacement of over 100,000 people to Kabul. ICRC provides temporary support to those unable to stay with relatives.
- UNOCHA convenes conference in Ashkhabad to discuss strategic planning and coordination. It is agreed at the conference that a single coordinator will be designated for all the UN agencies operating in Afghanistan to cover both emergency and long-term work. It is also agreed that the aid effort will be coordinated with the UN's involvement in the peace process.
- April 1997** UN's Administrative Committee on Coordination selects Afghanistan as test case for Strategic Framework approach to complex emergencies.
- May 1997** Taliban takes Mazar-i-Sharif, only to lose it almost immediately when attempt to disarm Hazara group results in mass uprising. Taliban soldiers killed in large numbers.
- Law and order situation deteriorates in Mazar and surrounding provinces, making it extremely difficult to deliver aid.
- Afghanistan Support Group meets in Geneva.
- June 1997** Peace agreement signed in Moscow between the parties to the conflict in Tajikistan.
- July 1997** Opposition forces re-take most of Shomali Valley from Taliban and establish new positions 25km to the north of Kabul. Approximately half those displaced to Kabul earlier in the year now return. ICRC plays key role in providing assistance to returnees, including agricultural support.
- September-October 1997** UN undertakes Inter-Agency Mission to Islamabad and Afghanistan and produces 'Draft Strategic Framework for international assistance in Afghanistan'.
- European Union's Commissioner for Humanitarian Affairs, Emma Bonino, held for three hours by the Taliban in Kabul after the religious police objected to accompanying journalists filming in a women's hospital.
- UNHCR facilitates the repatriation of the remaining 7,000 Tajik refugees.

- Looting of WFP warehouse and of many agency premises in Mazar leads to closure of most aid programmes in the city.
- November 1997** Angela King, the UN Special Adviser on Gender Issues and the Advancement of Women, visits Afghanistan to make an assessment of the extent to which the UN's principles can be reconciled with the cultural, religious and political realities on the ground.
- December 1997** Afghanistan Support Group meeting in New York considers draft Assistance Strategy for Afghanistan arising out of Strategic Framework for Afghanistan.
- February 1998** Earthquake hits northern Afghanistan.
- March 1998** UN withdraw from Kandahar as a result of 'an increasing tendency on the part of the authorities to interfere in programme design and implementation and an upsurge in harassment of UN staff, which culminated in three physical assaults on UN officials in UN offices'.
- Women in Afghanistan selected as the focus for International Women's Day on 8 March.
- May 1998** UN signs Memorandum of Understanding with the Taliban
- Earthquake hits northern Afghanistan.
- Afghanistan Support Group in London endorses Principle-Centred Common Programming, arising out of the Assistance Strategy for Afghanistan.
- July 1998** ECHO halts funding for Kabul in response to growing restrictions on access and employment of women and to the demand by the Taliban that NGOs relocate to a derelict Polytechnic building, which NGOs view as unacceptable on security grounds. Taliban expel-NGOs from Kabul after negotiations fail.
- August 1998** Successful capture of Mazar-i-Sharif by the Taliban. Amnesty International reports that Taliban targeted Hazara residents and killed them in large numbers. It also reports that eyewitnesses had seen the bodies of eleven Iranian diplomats and an Iranian journalist outside the Iranian consulate in Mazar.
- US launches air strikes on training camps for Islamic militants in eastern Afghanistan. Osama bin Laden assumes high profile and is seen as a threat to US and British nationals.
- UN official killed in Kabul the day after the air strikes and the UN withdraws expatriate staff from Afghanistan in response to this and the murder of two Afghan members of staff. UN demands security guarantees of the Taliban before it will restore its expatriate presence.

- DFID and the European Commission begin to review their policies in the light of developments. European Commission also introduces structural changes relating to the processing of grants, which create major delays in the decision-making process. Scale of UN and NGO operations is reduced.
- September 1998** Taliban gains control of the Hazarajat.
- UNHCR completes repatriation of all Tajik refugees from Afghanistan.
- October 1998** Iran undertakes large-scale military manoeuvres along the Afghan border to exert military and political pressure on the Taliban in response to the killing of Iranian diplomats in Mazar, the alleged massacres of Hazaras in Mazar and the capture of the Hazarajat.
- November 1998** New repatriation programme established for Afghan refugees in Iran. However, large numbers of Afghans expelled outside the repatriation programme.
- December 1998** Afghanistan Support Group in Tokyo adds to growing consensus amongst donors that expatriate presence in Afghanistan should be tightly restricted. ICRC also reduces its own expatriate numbers.
- March 1999** Taliban and Northern Alliance agree, in principle, to share power, following talks in Askhabad. However, no details are agreed and these are left for discussion at a date to be arranged.
- Deportations of Afghans from Iran increase significantly.
- Partial and gradual return of UN international staff to Afghanistan starts.
- March 1999** Amnesty International issues report on the detention and killing of political personalities, thus drawing attention to a new wave of assassinations of moderate Afghans.
- April 1999** Hopes for resumption of peace talks fade as both sides prepare for hostilities.
- June 1999** Afghanistan Support Group meeting in Stockholm.

APPENDIX V: DETAILS OF DANIDA'S FINANCIAL APPROPRIATIONS TO AFGHANISTAN

Source – Information provided to the Team by S3

Table V/1: Overview of DANIDA Appropriations: 1992-1998. United Nations Organisations – Afghanistan

Table V/2: Overview of DANIDA Appropriations: 1992-1998. Danish NGOs – Afghanistan

Table V/3: Overview of Danish Humanitarian Appropriations to UN Organisations

Table V/4: Overview of Danish Humanitarian Appropriations 1992-98 to NGOs and Red Cross Societies

Table V/5: DANIDA NGO Budget Line Development Appropriations (STS3) 1992-98

Table V/6: DANIDA Funding to Agencies in Afghanistan 1992-98

Table V/1: Overview of DANIDA Appropriations: 1992-1998. United Nations Organisations - Afghanistan

Reproduced from information provided to the Team by S3

Project	Appropriations		
	Agency	Date	Amount DKK 1000
Repatriation and reintegration of returnees; assistance to refugees and IDPs	UNHCR	17/06/92	5,000
Repatriation and reintegration of returnees; housing heating; assistance to refugees and IDPs	UNHCR	16/12/92	7,000
Repatriation and reintegration of returnees; assistance to refugees and IDPS	UNHCR	19/05/93	10,000
Repatriation and reintegration of returnees, housing heating, assistance to refugees and IDPs	UNHCR	08/12/93	6,000
Repatriation and reintegration of returnees, food parcels and financial support, rehabilitation of local communities; assistance to refugees and IDPs	UNCHR	16/08/94	5,000
Support for repatriation, QIPs, assistance to refugees and IDPs	UNHCR	07/12/94	5,000
Community rehabilitation, transport, water supply, shelter, life sustaining activities, assistance to refugees from Tajikistan	UNHCR	09/08/95	12,000
Support for repatriation, going home parcels, wheat, plastic sheeting and financial support	UNHCR	06/11/96	10,000
Nutrition; health care, water and sanitation projects for ISPs and refugees	UNICEF	19/08/98	5,000
Administrative support	UNOCHA	07/02/92	1,550
Aid for victims of conflict, focus on women, mine clearance; running of a small plane, secondment of Danish expert in rehabilitating and maintenance of roads	UNOCHA	21/07/92	6,925
Support for air transport	UNOCHA	15/12/92	400
Support for air transport	UNOCHA	03/06/93	3,698
Extra instalment for Danish expert	UNOCHA	14/07/93	17
Support for air transport, mine clearance and co-ordination	UNOCHA	05/12/94	5,000
Support for air transport, mine clearance and co-ordination	UNOCHA	06/12/95	8,000
Mine clearance programme	UNOCHA	02/10/97	4,000
Mine clearance programme	UNOCHA	26/06/98	5,000
Purchase and transportation of rice for IDPs and refugees	WFP	09/09/94	5,000
In-kind contribution and transportation of Danish produced wheat flour	WFP	27/03/96	7,903
Purchase and transportation of food aid	WFP	10/12/97	4,000
Vaccination Programme	WHO	22/07/97	3,493
		TOTAL	120,256

Table V/2: Overview of DANIDA Appropriations: 1992-1998. Danish NGOs - Afghanistan

Reproduced from information provided to the Team by S3

Project	Appropriations		
	Agency	Date	Amount DKK 1000
Extension and running of refugee hospital, training of refugee staff	DAC	29/01/92	3,920
Support for ACBAR, co-ordination and information	DACAAR	17/09/92	165
Support for ACBAR, co-ordination and information	DACAAR	13/10/93	235
Support for ACBAR, co-ordination and information	DACAAR	22/11/94	214
Support for ACBAR, co-ordination and information	DACAAR	13/09/95	245
Support for ACBAR, co-ordination and information	DACAAR	21/06/96	295
Support for ACBAR, co-ordination and information	DACAAR	01/07/96	325
Support for ACBAR, co-ordination and information	DACAAR	13/07/98	348
Rehabilitation of County hospital in Herat	DAC	01/09/93	3,317
Rehabilitation of County hospital in Herat	DAC	25/05/94	3,715
Mine clearance activities. Co-operation between DRCouncil, Caritas and ASF	Danish De-mining Group	18/06/98	7,000
Relief aid for refugees and ISPs: medical and surgical assistance; protection and tracing activities	DRC/ICRC	17/06/92	5,000
Relief aid for IDPs and returnees: medical and surgical assistance; visiting detainees; protection and tracing activities	DRC/ICRC	11/08/93	5,000
Medical and surgical assistance, protection, visiting detainees, tracing	DRC/ICRC	16/08/94	5,000
Medical and surgical assistance, protection, visiting detainees, tracing, distribution of food parcels, tents and blankets to IDPs	DRC/ICRC	31/05/95	4,000
Medical and surgical assistance, protection, visiting detainees, tracing, distribution of food parcels, tents and blankets, seeds and farming tools; special assistance to most vulnerable groups	DRC/ICRC	06/12/95	5,000
Medical and surgical assistance, protection, visiting detainees, tracing, distribution of relief aid	DRC/ICRC	15/05/96	5,000
Medical and surgical assistance, protection, visiting detainees, tracing, distribution of relief aid; self reliance activities	DRC/ICRC	06/11/96	6,000
Medical and surgical assistance, protection, visiting detainees, tracing, distribution of food aid	DRC/ICRC	30/04/97	6,000
Medical and surgical assistance, production of prosthesis, protection, visiting detainees, tracing, distribution of food aid; improvement of water and sanitation	DRC/ICRC	03/06/98	8,000
Assistance to mine victims and information	DRC/ICRC	03/07/96	2,000
Assistance to victims of earthquake, 2 mio. were allocated, but it was not possible to spend the money for this purpose, so it was returned	DRC/ICRC	18/02/98	2,000

Assistance for refugees and IDPs: medical assistance to hospital and clinics, medical training for some refugees	DRC/IFRC	17/06/92	1,000
Continuation of assistance for refugees and IDPs: medical assistance to hospital and clinics, medical training for some refugees	DRC/IFRC	11/08/93	2,000
Continuation of assistance for refugees and IDPs: medical assistance to hospital and clinics, medical training for some refugees.	DRC/IFRC	16/08/94	1,000
Continuation of assistance for refugees and IDPs: medical assistance to hospital and clinics, medical training for some refugees	DRC/IFRC	31/05/95	2,000
Continuation of assistance for refugees and IDPs: medical assistance, medical training; disaster prevention and rehabilitation activities; capacity building of local Red Cross	DRC/IFRC	15/05/96	2,000
Continuation of assistance for refugees and IDPs: medical assistance, capacity building of local Red Cross	DRC/IFRC	06/11/96	2,000
Continuation of assistance for refugees and IDPs: medical assistance, capacity building of local Red Cross	DRC/IFRC	30/04/97	3,000
Continuation of assistance for refugees and IDPs: medical assistance, capacity building of local Red Cross	DRC/IFRC	03/06/98	2,000
		TOTAL	87,779

Table V/3: Overview of Danish Humanitarian Appropriations to UN Organisations

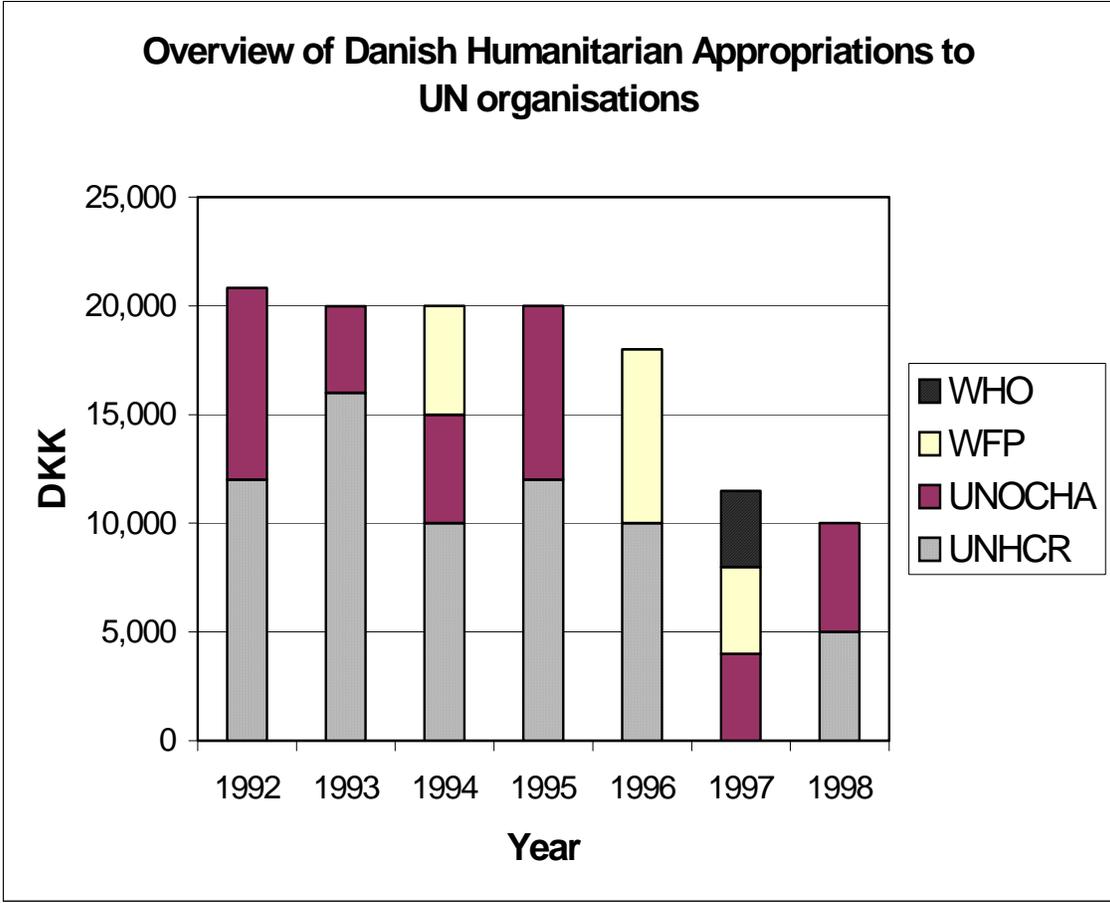


Table V/4: Overview of Danish Humanitarian Appropriations 1992-1998 to NGOs and Red Cross Societies

Please Note: NGOs include DAC, DACAAR and Danish De-Mining Group.
 Red Cross Societies include DRC/ICRC and DRC/IFRC.

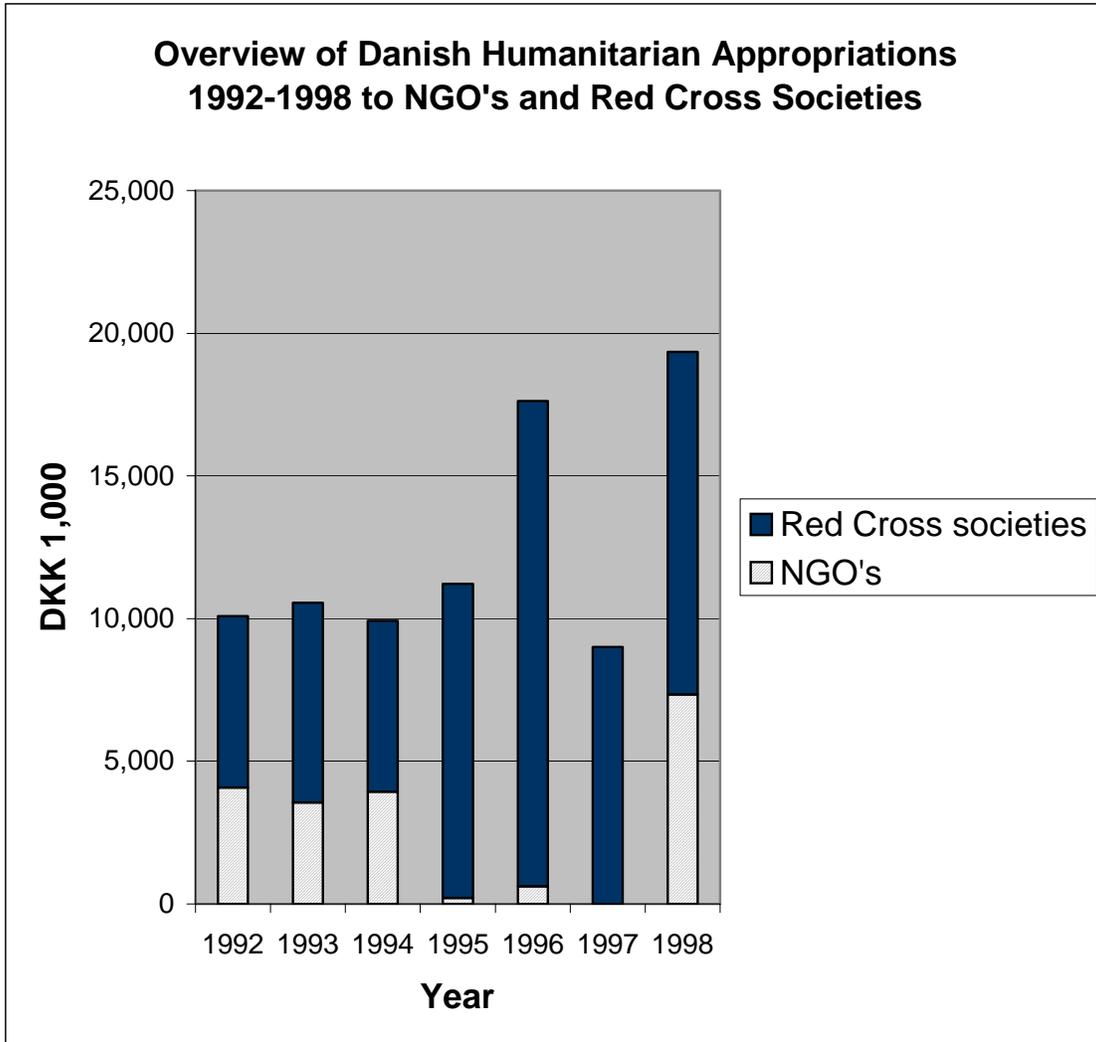


Table V/5: DANIDA NGO Budget Line Development Appropriations (STS3) 1992-1998

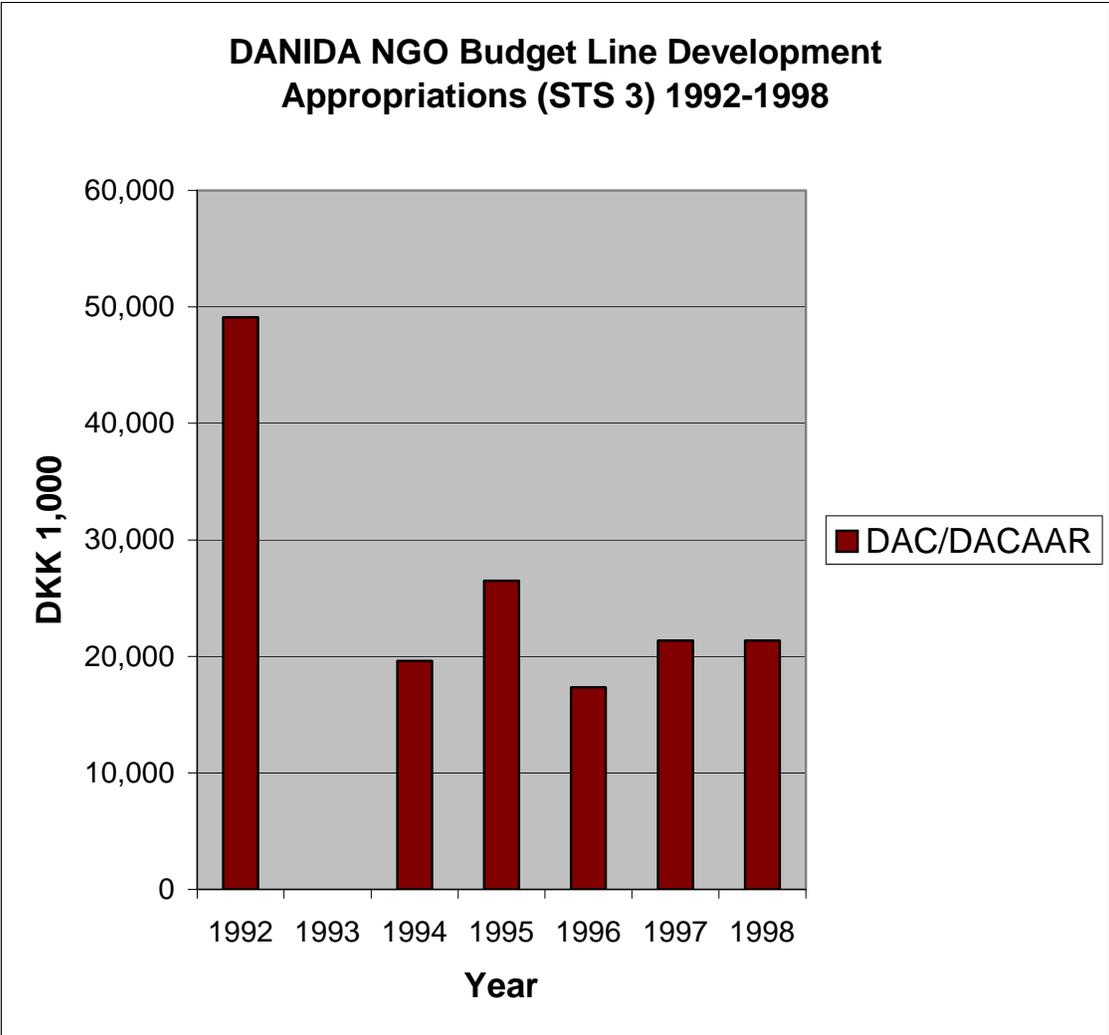


Table V/6: DANIDA Funding To Agencies In Afghanistan 1992-98

	1992	1993	1994	1995	1996	1997	1998
UNHCR							
UNOCHA							
WFP							
WHO							
UNICEF							
ICRC							
IFRC							
DACAAR (ACBAR)							
DAC							
DDG							

APPENDIX VI: DANISH MEDIA REVIEW

Numbers of Mentions of Afghanistan in Selected Danish Newspapers

	War / Peace	Internat- ional terrorism/ US missile strike	Illegal drugs	Land mines	Regional Politics (Pakistan Iran etc)	Taliban	Gender	Human- itarian aid	Disasters	Refugees in Europe	Danish links	Misc- ellaneous
1995	5			1					1	3		
1996	19			2	2	9	5	7			1	
1997	8			1		5	2	4		1		1
1998	9	28	3		15	1	2	5	13	1	2	
Total:	41	28	3	4	17	15	9	16	14	5	3	1

Notes: (1) The selected newspapers were *Berlingske Tidende*, *Weekend Avisen* and *BT*.

