



REPORT

AFGHANISTAN: BACK TO THE REALITY OF NEEDS



September 2014



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Legal registration: September 2014

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INTRODUCTION

Afghanistan is in the midst of a chronic crisis that has been underway for 35 years. Despite the billions of dollars of aid that has been poured into the country, livelihoods continue to be lost and families are reaching the limits of their coping strategies. In the 1970s, every Tadjik family in the Dar-e-Suf valley owned an average of one hundred goats, one cow and two oxen. Today, this average stands at seven goats and less than one bovine per family¹. Why does the aid system in Afghanistan not function as effectively as it should and why have Afghans' living conditions, particularly in rural areas, improved so little? This report, based on 35 years of ACF experience delivering aid in Afghanistan and interviews on the ground with some thirty international and Afghan stakeholders including NGOs, state agencies, donors and diplomatic missions, attempts to answer these questions. A second line of investigation, however, rapidly emerges: what is the aim of foreign aid in Afghanistan? The primary objective of a large proportion of the aid sent to Afghanistan is not to assist the Afghan people, but to build a State and a civil service which will, indirectly, support the population. Although these two objectives are not necessarily contradictory, working towards the second does not necessarily mean achieving the first. Although humanitarian motivations are often implied, state-building is above all a political aim. The actions implemented in the name of state-building do not respect the principles of humanitarian action, notably in terms of impartiality and targeting the needs of the most vulnerable.

As a result of the NATO military intervention in Afghanistan in the early 2000s, foreign aid

entering the country took on an unprecedented political dimension. Although the bulk of coalition forces are now pulling out, this aid is still heavily influenced by political agendas. The agreements entered into at the Tokyo Conference in 2012 saw the country enter a new, less military but more political chapter in its history, placing even more importance on these political objectives. Under the agreements, the withdrawal of troops is to be accompanied by the withdrawal of the aid community through a rapid "Afghanization" of the system that concentrates uniquely on governance and the growing financial pressure on basic service delivery. If Afghanistan should certainly take back greater responsibility for the foreign aid it receives, we are concerned with the speed at which this transition is being implemented. Far greater consideration is being granted to the process rather than the outcomes, and in detached from the realities of a far-from-stable context.

Although aid programs are now effectively being managed by the Afghan State and in function of national priorities, the funding continues to come almost exclusively from outside the country's borders. Afghanistan is a long way from generating enough revenue to finance its own development. In the health sector alone, 85% of the funding is external. Health care services are also not funded by the Afghan Government, but are all, except for in one province, run by private national or international service providers. The huge doubt over the sustainability of a system such as this looms over Afghanistan like a black cloud and in the long-term, the Afghan population is likely to be the first victims.

1 - ACF - Dar E Suf - Food Security and Livelihoods assessment report - June 2013.

EXECUTIVE SUMMARY AND RECOMMENDATIONS

The extreme politicization of aid by foreign governments and the stripping of all of Afghanistan's responsibility and sovereign power during the first decade of the international military intervention is a globally accepted fact. Theoretically speaking, the 2012 decision to hand back responsibility for aid and particularly for the delivery of public services to the State is one that cannot be disputed. The reality, however, is more complex.

In a very short space of time, the Afghan State was suddenly managing and administrating huge budgets and huge numbers of projects. The transition was extremely rapid, and entirely disconnected from the realities of the context. Little consideration has been given to service quality or as to whether these services were reaching the people the most in need. The Afghan Government was not prepared to manage such huge budgets and so many projects simultaneously, some in zones controlled by opposition forces.

As a result, the gap widened between the aid proposed on paper and the reality and quality of the services delivered. The focus was entirely on governance and management. A deeper analysis reveals that the quality, coherence, impact and relevance of the services proposed to the Afghan population are being sacrificed on the altar of rapid implementation and acceptance of the State.

The international community however is unwavering on its political position, keen to be able to say that it has handed back the reins of the aid system, in the same way it has handed back the reins of the country's security management. A technical representative of one of the donors we interviewed told us: *"Technically, we are all convinced that we must slow down the machine and focus more on improving quality and monitoring;*

as soon as any one of us tries to raise this with our Embassy, it is met with flat refusal. There is no question of changing the political line." The Afghan State is a long way from recognizing its shortfalls in the management of this influx of aid and is even requesting that more be channeled through the state budget.

Consequently, there is a pressing need to maintain a genuine arena for apolitical and non-governmental action while accepting that, given the chronic nature of the needs in Afghanistan, the scope of this action will not be limited to emergency interventions. Every humanitarian organization must, more now than ever before, clearly define the extent to which it is prepared to cooperate with the political sphere.

The quality and efficiency of aid will improve if true humanitarian criteria are reinstated: relevance to the context and to the population's vulnerabilities. The time required must be taken to truly support the Afghan administration to deliver quality public services and to implement effective systems to monitor and evaluate the impact and quality of their actions.

What is called for today, particularly with the imminent review of the Tokyo Mutual Accountability Framework (TMAF) and the so-called London Conference scheduled for the end of this year, is an end to the use of aid for political goals. We must return to a more coherent and rational approach to the aid delivered in Afghanistan, in particular working to contextualize, evaluate and adapt it to local needs and to implement independent monitoring systems focusing as much on project quality and impact as on good management.

RECOMMENDATIONS

To the governments that will participate in the London Conference on the TMAF at the end of 2014:

- Move out of a sole financial vision by ensuring that objectives in terms of technical, organizational, and financial capacity building of local actors (administrations, LNGOs) are included in the implementation of national sectorial policies and programs in order to **improve the quality of services delivered to the population and extend their coverage to the most remote areas.**
- **Maintain pluralism in funding mechanisms** to deliver aid to the Afghans and to Afghanistan in order to guarantee greater flexibility and better adaptation to the Afghan context.
- **Regarding budgetary support, ensure Government departments' absorption and execution capacities are not exceeded**, as currently observed with 50% of aid channeled through the state budget, and prioritize a consolidation phase rather than a new acceleration of the process.

To donors:

- **Implement a monitoring and impact assessment mechanism for the System Enhancement for Health Action in Transition (SEHAT) program:** the integration in 2015 of the provinces monitored by USAID into the SEHAT should be an opportunity to review and improve the program, returning the focus to the quality of care and not simply the respect of financial management processes. This will require the provision of greater support to the Ministry of Public Health (MoPH) in the monitoring of Basic Package of Health Services (BPHS) activities with evaluation criteria related to quality and quantity and through the implementation of external complaint and monitoring mechanisms.
- **Address the chronicity of certain emergency needs** by funding medium/long-term humanitarian projects (3 years minimum) with a focus on community resilience and disaster risk reduction, especially in the areas of livelihoods and water resource management.

- **Allocate specific humanitarian funding to improve access and humanitarian response in highly insecure areas** that will allow flexible planning systems, a strengthened and comprehensive community approach, and management based on windows of opportunity.

To the United Nation agencies, in their role as humanitarian cluster leaders and coordinators:

- When drafting the 2015 Strategic Response Plan (SRP) and Common Humanitarian Action Plan (CHAP): **establish a three year multi-annual strategy to provide a comprehensive and structural response to chronic humanitarian needs**, focused on vulnerabilities, risks and disasters in Afghanistan and reinforcing the link between emergency strategies and responses, rehabilitation/resilience and development.
- **Ensure the entire humanitarian community is involved in the definition of the criteria applied to prioritize sector-based and geographical needs**, right down to the district level (there is great disparity between the districts, province-level information will not necessarily reflect the reality).

To NGOs:

- In light of the elevated risks of the politicization of humanitarian action, **NGOs should ensure they apply the professed principles of neutrality, impartiality, independence and humanity to their intervention choices**, via a systematic analysis of the objectives of proposed projects and by ensuring that needs assessments are systematically carried out following professional standards.
- NGOs should not settle for the role of implementing partner, but **position themselves instead as independent civil society members with a responsibility to identify, evaluate, report, monitor and capitalize on the problems and difficulties observed in the field**, in order to influence a constant improvement of the accountability of aid actors towards the population they serve and of the mechanisms and instruments of the aid system.

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AID OF AN EXTREMELY POLITICAL NATURE

I / ACCOMPANYING STABILIZATION: AID UP UNTIL 2012

In the wake of the international military intervention launched in response to the 11 September attacks, foreign aid injected into Afghanistan by the contributing nations was intended primarily to return stability to the country and to win over the population with actions that would assist them. Much has been written² about this initial politically-influenced aid which translated on the ground to a shift towards military-driven development projects, particularly in the south of the country. As these actions were neither conceived with sustainability in mind, nor planned based on a needs assessment, some actually intensified regional disparities, in some cases even fueling local conflicts.

Most international non-governmental organizations (NGOs) whose actions respect the principles of impartiality and independence refused to participate in these joint civilian-military operations, preferring to remain as far as possible from military forces. Many sought to establish projects in the north³, and consequently, much of the NGO activity in the country is still concentrated in this region while the needs in the south are increasingly neglected.

The priority for foreign governments at the time was to make their mark, implementing aid projects in their particular area of influence. One representative from a donor based in Kabul described it like this: *“There was so much funding available and so many projects – it was on an altogether different scale to other crises. Governments and donors were concerned more*

with how to secure and coordinate their projects internally as how to coordinate with the rest of the aid community.”

Since the withdrawal of troops was announced in 2010 and enacted for a number of contingents in 2012 and 2013, aid determined by military objectives has been on the decrease as governments no longer need to “win hearts and minds” on the ground. Security, however, remains an important priority. In 2011, 68% of the \$13 billion of foreign aid disbursed was attributed to security⁴. The foreign aid policies of governments with a presence in Afghanistan leave little doubt, as illustrated by the current strategic position of the UK aid agency DFID: **Objective 1.** To support peace, security and political stability; **Objective 2.** To support economic stability, growth and employment; **Objective 3.** To assist the Government to deliver improved services.⁵ “

2 - Read in particular the Feinstein International Center reports on this subject “Winning Hearts and Minds? Examining the Relationship between Aid and Security in Afghanistan” published in 2011 et 2012.

3 - Ibid.

4 - Development Cooperation Report, Ministry of Finances, Islamic Republic of Afghanistan, 2012.

5 - Operational Plan 2011-2015, DFID Afghanistan, updated in June 2012.

II / TOKYO CONFERENCE: THE TURNING POINT

The decision to withdraw international troops and gradually hand over responsibility for the country's security to the Afghan authorities was to be accompanied by a transition of a similar nature in the field of public services and assistance. In a similar vein, the strategy is to progressively withdraw international aid and encourage the Afghan Government to take back responsibility for the welfare of its population. The transition is to be complete by 2024, by which time Afghanistan will be economically independent.

This u-turn from an aid system for the most part decided and managed by the international community to one managed by the Afghan State was decided with the signature in 2012 of the Tokyo Mutual Accountability Framework (TMAF). The objective is to move progressively away from international aid and to provide greater support to building the Afghan State and the civil service. As well as securing \$4 billion of aid per year for Afghanistan until 2015, it was also decided that 50% of foreign aid should be channeled through the Afghan government budget, that 80% should be aligned with national priorities and that the management of a certain number of programs should be transferred to the Government. This is the case for example for the National Solidarity Program (NSP) and for basic healthcare services (Basic Package of Health Services and Essential Package of Hospital Services – BPHS-EPHS).

Prior to 2012, a very large majority of the abundant foreign aid entering the country was transferred directly from donors to service providers. After a two-year transition, funds are now transferred from donors to the Ministry of Finance, to then be distributed to other ministries before finally being allocated to service providers.

In 2010 and 2011, only 18% of aid disbursements were channeled through the national budget⁶. In 2012, this figure had risen to 46%⁷ and today, it is likely to have reached 50%. In 2014, the BPHS-EPHS program underwent the same transition from a system in which funds were transferred from the donor (European Union, World Bank or

USAID) directly to the service providers to one in which they are managed by the Health and Finance Ministries.

In just two years, the aid system has undergone a complete transformation. The political goal to build an Afghan State and civil service has, at least in financial terms, been achieved. A similar pattern can be seen in the allocation of development assistance. The sector receiving the most support by far is governance and infrastructure⁸ (46% of development assistance in 2012). The ambitions of aid in Afghanistan then have shifted from the political-military objective of stabilization to the political objective of state-building.

6 - Development Cooperation Report, Ministry of Finances, Islamic Republic of Afghanistan, 2012.

7 - Joint Report for the first Senior Officials' Meeting, TMAF, July 2013.

8 - Ibid.

CONSEQUENCES OF THE POLITICAL NATURE OF THIS AID ON ITS EFFECTIVENESS

I / AID INTENDED TO IMPROVE GOVERNANCE RATHER THAN TO SUPPORT THE AFGHAN PEOPLE: THE EXAMPLE OF THE NATIONAL SOLIDARITY PROGRAM (NSP)

Undoubtedly the best illustration of this ambition to establish the Afghan authorities both at the national and regional levels is the National Solidarity Program (NSP). The four main objectives of the program are 1. The creation of Community Development Councils (CDCs), 2. Capacity building within these CDCs, 3. Financing small development projects proposed by the CDCs, and 4. Developing partnerships between the CDCs and other development stakeholders (ministries, agencies, NGOs, donors). The overriding political objective to establish good local governance is clear; the development projects are simply a tool to achieve it. Nothing resembling the CDC existed prior to the program. Their creation has contributed to the development an official administrative entity close to central government, with a certain level of independence from the traditional system. As well as the questions that could be raised concerning the sustainability and the legitimacy of these entities created entirely from scratch, the fact that the "small development projects" they help to finance are above all a means to establish and earn approval for a local governance system mean that more often than not, the results are quick-impact projects to develop small-scale infrastructure.

Despite not always fulfilling the criteria of inclusion, sustainability and adequacy to the most pressing needs, many of these projects have been useful. The first phase of the NSP was essentially implemented in the central band of the country and the second almost entirely in the north. As projects are largely dependent on

the resourcefulness and capabilities of the CDC in question, some have received grants on two or three occasions while the less dynamic entities (probably those that are the most in need of assistance) have not received any funding at all. In around 700 CDCs located in contested or insecure regions, work has been suspended or drastically delayed⁹ and more than 10,000 communities are not yet covered by the program¹⁰.

Looking at the countrywide results of the NSP, an impressive number of projects have been successfully implemented. They have generally been successful however in the most accessible areas with the most effective or best-connected CDCs. This is a far cry from the vulnerability criteria that are supposed to determine aid distribution. In fact, in many cases, they have contributed to accentuating regional disparities.

Furthermore, these disparities are likely to be reinforced in years to come: until now, the CDC has been accompanied by a facilitator or NGO partner to build capacity and to assist in the submission of projects and the monitoring of their implementation. This support however may be withdrawn next year as the NSP enters a new phase. The justification for this change is that today, ten years into the program, the CDCs are operational and able to manage community development projects unassisted. This likely development in the program highlights the huge divide between the theoretical, global and political vision and the reality on the ground with regards to the true operational capacity of many CDCs.

9 - Site du NSP www.nspafghanistan.org

10 - World Bank (2014) <http://go.worldbank.org/6SSSKYA0SV0>

II / BUDGET-DRIVEN MANAGEMENT OF BASIC SERVICES: THE EXAMPLE OF THE BPHS

With the planned withdrawal of foreign assistance by 2024, budget constraints have once again begun to undermine service quality. The Basic Package of Healthcare Services (BPHS) is an extremely representative example of this phenomenon. The BPHS was established in 2003 to standardize a protocol for the provision of primary healthcare throughout the country. The BPHS was essentially implemented by international partner NGOs working with the Ministry of Health during these first few years with funding received directly from donors.

When, in 2014 the BPHS service provision contracts came up for renewal, a new system proposed by the World Bank was set up with the Ministry of Health taking over the management of budgets, bringing new problems to the fore. The selection of new partners is essentially based on financial criteria with contracts awarded to the lowest cost NGO providers. Reinforcing supervision, opening new clinics or improving quality are no longer compatible with maintaining these low budgets.

The contract renewal also saw budgets cut by between 7% and 12% in certain provinces, while mandatory activities were added (the creation of nursing schools for example). In one province, the monthly budget per patient dropped from 7 euros up to 2013 to 4.7 euros per patient per year in 2014. The WHO recommendation is 30 euros per person per year. In the words of one representative from a BPHS NGO partner: “we all know that with the budget as it stands, it is impossible to implement minimum healthcare services effectively.” Clearly, this cut has consequences on the choice of the quality and availability of the supplies, on the costs passed on to the patient, on the possibility to build new clinics and on the funding available for transport and related costs such as meals. The distance to health centers and the cost of healthcare for patients are almost unanimously cited as being major obstacles to access to care in Afghanistan¹¹.

Lastly, the modifications to the funding procedure have had serious consequences on cash flow. The percentage of the grant released at the start of the

contract has dropped from 80% to only 6% of the total budget. Three months later, six months of budgeted costs are paid. Some service providers therefore wait three months before initiating their purchasing and recruitments. Successive BPHS payments are then paid in function of the results obtained. If targets are not met, payments are not made. This modality seemed positive at the outset but over time it has been counter-effective. Data is often tailored to meet the target criteria, distorting the reality. Various teams from the Ministry of Health are responsible for supervision and monitoring but they find themselves playing judge and jury.

Anecdotes of attempts at corruption to secure a good score are legion, both by partners implementing the BPHS and those responsible for monitoring. Furthermore, insecurity prevents the supervision teams from accessing many districts in the country and no remote monitoring tool is in place. The only contact for organizations implementing the BPHS is the Ministry of Health. The donor, who was previously an independent third party, has been removed from the equation¹².

The scale of corruption and data manipulation is common knowledge, but the individuals or organizations letting it happen are neither brought to justice nor removed from the list of potential partners. According to UNODC, corruption has risen by 40% in three years and half of Afghans have had to pay a bribe to access a public service¹³. The TMAF attempted to address this issue by implementing accountability assurances. For partners implementing the country's major national programs, this has resulted in onerous “check-lists” that are essentially concerned with respecting accountability procedures and budget considerations but very little with quality, real impact or the difficulties encountered in improving access to services¹⁴. There is no doubt in the minds of the patients. According to MSF, 79% of people interviewed did not visit their nearest clinic during their last illness, mostly because they believe there were problems with the availability or quality of staff, services or treatments found there¹⁵.

11 - For example: “Rapid assessment Finding, sept. 2013”, ACF: 38% of the population does not have access to healthcare in the district of Dolaina. Reasons given: the distance (35%) and the cost (37%).

12 - An external monitoring is foreseen in the SEHAT contract, but not implemented.

13 - Corruption in Afghanistan: recent patterns and trends, United Nations Office for Drugs and Crime, December 2012.

14 - “We pretend to work and they pretend to pay us” travails on mutual accountability in Afghanistan, United States Institute for Peace, May 2013.

15 - “Between Rhetoric and Reality”, Médecins sans Frontières (MSF), February 2014.

III / SERVICE QUALITY JEOPARDIZED BY TOO RAPID A TRANSITION

One of the major obstacles to effective aid is the speed with which the transition from an internationally managed aid system to one managed by the Government is being implemented. Construction of the health system began from scratch in Afghanistan 15 years ago. Huge advances have been made and it is vital now to ensure these developments stand the test of time. Similarly major health policies, fledglings in Afghanistan, must trickle down to become a requisite component of every health centre in the country.

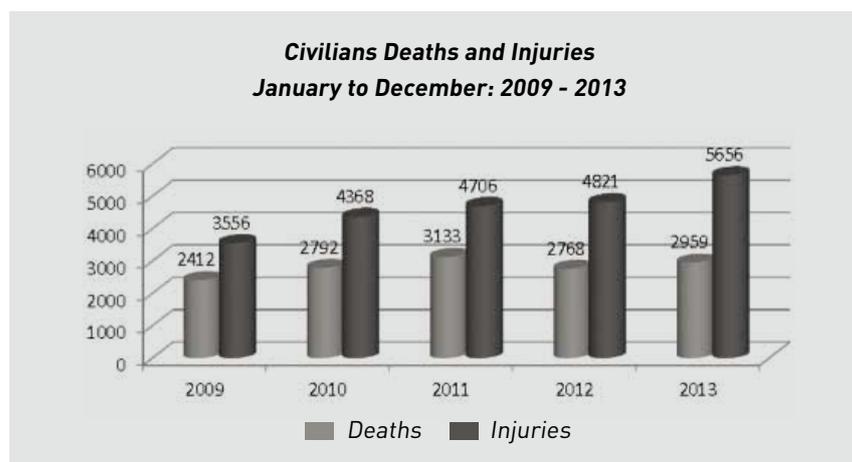
Nutrition is a good example. In 2010, it was included in the second revision of the BPHS but only in 2012 was the community management methodology included in the SEHAT (System Enhancement for Health Action in Transition) program. Detailed implementation guidelines were published in 2014 and must now be circulated to and integrated in every health centre in the country. The personnel in these centres lack training in the management and treatment of malnutrition and consider it to be an additional responsibility. Neither the guidelines nor the treatment protocols are available in most clinics and supplies of Ready-to-Use Therapeutic Food (RUTF) are erratic. In short, the community management of malnutrition is far from institutionalized. The time must be taken to provide training and support in both the technical and organizational aspects of malnutrition management to produce effective, lasting results.

The same is true in many other areas: many policies, protocols and guidelines have been drafted and adapted to Afghanistan over recent years. A great deal of time is needed for them to be implemented and integrated into the health system, especially in the most isolated areas of the country and there is a growing divergence between the national vision of developments made and the realities on the ground. Although the time may have come for international NGOs to step back from the front line in the delivery of public services, they have an important role to play in supporting, consolidating and reinforcing the quality of these basic services and the skills of stable local partners. In relation to this point, the three yearly renewal of the BPHS service provision contracts is counter-productive in terms of sustainability, capitalization and the progressive building of capacity and improvement of service quality. Appropriation and the establishment of good governance and accountability are lengthy processes. Here too, building a State and a functional civil service in such a short period of time sounds like a pipe dream, particularly in a context where civil society initiatives to raise issues and report user feedback are few and far between.

IV / AID THAT IS INCOHERENT WITH THE REALITIES ON THE GROUND

An indispensable hypothesis for most development programs that support state-building and state-strengthening is a stabilization of the context. Assuming this is the case, national programs can be deployed across the whole territory, including zones that are disputed or under the control of armed opposition groups. The reality though is quite different: 2013 was reported to be one of the

most violent years since 2002 with 2,659 fatalities and 5,656 people wounded. According to MSF, a quarter of the people interviewed during their survey lost someone close to them in the last year as a result of the violence¹⁶. The number of civilian deaths resulting from the conflict is an ascending curve¹⁷ :



If the first half of 2014¹⁸ is anything to go by, this year will certainly be the most violent on record since 2002. Many zones are disputed or controlled by forces opposing the Government. Most official documents classify the situation in Afghanistan as a Level 3 crisis¹⁹. Afghanistan is still ranked 175th out of 187 on the Human Development Index and is one of the poorest and least developed countries in the world. War has been raging in Afghanistan for more than 30 years and the country is also extremely vulnerable to natural disasters with more than 250,000 people each year are affected by flooding, drought, earthquakes and landslides. 2014 was no exception with nearly 150,000 people affected by serious flooding and landslides in May. Afghanistan ranks third in terms of vulnerability to risk, yet it has the lowest adaptive capacity²⁰. As a result of this treacherous blend of under-

development, conflict and recurrent natural disasters, Afghanistan is faced with incessant humanitarian emergencies, and the Government's authority is still largely contested in several parts of the country. This wide divergence between the reality on the ground and the desire to continue on the path to stability explains to an extent the mixed success of certain long-term national programs. A number of issues, malnutrition, the internally displaced, traumatology and emergency medicine for example which are inherent to emergency situations and chronic crises, have been neglected.

16 - "Between rhetoric and reality", MSF, February 2014.

17 - Data and graph taken from 2013 UNAMA annual report on the protection of civilians in the armed conflict in Afghanistan.

18 - UNAMA, Mid-Year Report, Protection of civilians in armed conflict.

19 - In particular the European Commission in its Global Needs Assessment's vulnerability index.

20 - World Risk Report, 2012.

V / TOO GREAT A DISTINCTION BETWEEN HUMANITARIAN ACTION AND DEVELOPMENT

Emergency humanitarian aid does not contribute to state-building and consequently, as Afghanistan moves towards an alleged stabilization of the security context, this type of action has fallen from grace. Today humanitarian aid plays little brother to development both in terms of significance and volume. Just as partisans of the state-building approach have neglected humanitarian needs, emergency organizations have also magnified the distinction between emergency humanitarian aid and long-term development. Given the extremely political nature of public development aid and the confusion and lack of clarity in the language, it was necessary to be able to clearly explain the difference between politics and “true” humanitarian action based on the principles of impartiality, humanity and independence. Although the distinction is a legitimate one and was necessary to promote impartial aid based on need and not on political and military objectives in a military context, it has had a counter effect. Today, emergency and development aid are opposing forces, another far cry from the reality on the ground and a position that makes coordination between the two impossible.

Under the aegis of the United Nations, actions were classified, sometimes arbitrarily, into emergency or development assistance. Nutrition was categorized as an emergency intervention, as were programs working with displaced populations even though many are unable to return home for years. This distinction between emergency and development in a country that has been subjected to perpetual emergency situations for over 30 years has created a number of incoherencies and sometimes inappropriate responses. Every year, for instance, the winter climate blocks roads preventing supplies in the center of the country regularly. Every year organizations are obliged to request additional funding to be able to meet these increased, although predictable and recurrent, needs.

As a result of the distended relationships and dialogue between the emergency and development communities, development programs do not give enough consideration to emergency indicators or

the underlying causes of these emergencies. In its Strategic Response Plan (SRP), the UN Office for the Coordination of Humanitarian Affairs (OCHA) highlights the need for interaction between the emergency and development sectors: 1. A sustainable and effective health care system that incorporates emergency health care 2. Durable solutions for internally displaced persons (IDPs) and refugee returnees, particularly in terms of land access 3. Water management to reduce the impacts of flooding and droughts 4. An effective disaster management system²¹.

Who is responsible for ensuring this liaison and for bearing the financial cost? The most recent OCHA coordinated Common Humanitarian Action Plan (CHAP) for Afghanistan does not consider short-term emergency needs contrary to those for the Central African Republic and Somalia which propose multi-annual strategic plans and resilience programs. The Afghan National Development Strategy and the National Priority Program deal more with structural issues and establishing standards and the legal framework which are vital steps, but generate limited tangible operational actions. The shortfall remains and needs persist. Post-crisis activities, rehabilitation and risk prevention are for the most part neglected²².

NGOs are attempting to fill this gap renewing the same projects year after year to respond to the needs of an entire country. They may meet the most pressing needs of the population, but there are not able to go deeper to address the roots of the crisis. They will also aim to implement both short and long-term projects in the same zone with a view to bridging the gap between the two. Program quality therefore depends on each NGO's capacity to secure additional funding in order to implement a global and adapted response, and the balancing act they are able to perform to finance long-term programs with emergency funding. Certain donors may impose sustainability as a criterion for emergency programs insisting that the transition to development be made, but at an institutional level, the link is elusive.

21 - *Humanitarian-development nexus*, p.11, 2014 Strategic Response Plan, OCHA.

22 - *Most DIPECHO risk prevention programs and the European Union's Linking Relief Rehabilitation and Development Program have, for example, ended.*

ALIGNING FOREIGN AID TO THE CONTEXT

I / BRIDGE THE GAP THROUGH FLEXIBLE ACTIONS FOCUSED ON VULNERABILITIES

Given the cyclical nature of the natural disasters affecting Afghanistan and the chronic state of the conflict there, implementing concrete actions to increase the population's resilience and their capacity to prevent and reduce the risks they face is essential. Long-term programs must include the fundamental aspects of emergency preparedness and disaster management (contingency plans, alert systems, an understanding of emergency indicators, etc.).

The first step to achieving this is to improve coordination between the emergency and development sectors on a national scale, and between actors working in the same field of activity.

ACF is attempting to do exactly this by coordinating a platform that mobilizes both emergency and development organizations working in nutrition.

Similarly, it is fundamentally important to move away from a "response-category" model to concentrate on the vulnerabilities and risks that cause these humanitarian crises and to give the organizations on the ground the flexibility to adapt their response as required. The publication in 2014 of the Afghan Government's first Risk Reduction Strategy²³ is a clear opportunity to be seized and encouraged to ensure that these prevention aspects are included in all the Government's long-term programs (NSP, BPHS etc.).

Towards a contextualized approach to the vulnerabilities that bring about humanitarian emergencies

The 130,000 inhabitants of the districts of Dar-e-Suf in the province of Samangan live in mountainous zones in the north of Afghanistan more than 2,000 metres above sea-level. Living conditions are harsh, natural resources (water, arable land, vegetation) rare and constraints numerous in terms of livelihoods, access to markets and public service coverage. More than 50% of the population lives below the poverty line²⁴. Samangan is classified among the provinces that are "highly vulnerable to food insecurity²⁵, 77%²⁶ of families are in debt and the acute malnutrition rate is around 9%²⁷. This extreme vulnerability is aggravated by a number of contributing factors: 30 years of war, major droughts²⁸, and annual flooding have dramatically reduced the population's resilience. In 2011, 41% of inhabitants no longer had the coping mechanisms required to deal with the drought²⁹.

The irrigated land available is insufficient to meet the food needs of the entire population which has continued to rise, particularly since the refugee population began returning to the zone in 2001, aggravating the problem. To liberate more arable land to meet food needs (but also to supply enough firewood which is necessary for between six to eight months of the year in this part of Afghanistan), most of the trees and undergrowth have been felled. This deforestation has gone completely unchecked in the absence of any government control in the region for years. A new environmental law

23 - Disaster Management Strategy, 2014-2017, Ministry of Rural rehabilitation and Development, Islamic Republic of Afghanistan.

24 - National Risk and Vulnerability Analysis (NRVA), 2007-2008.

25 - UNOCHA, Common Humanitarian Action Plan 2013, November 2012.

26 - ACF Dar-e-Suf Food Security and Livelihoods Assessment, June 2013.

27 - ACF, Anthropometric nutrition survey for children from 6 to 59 months, October 2012.

28 - WFP & FSAC, Emergency Food Security Assessment (EFGSA), 2011: Samangan is one of the worst affected provinces.

29 - WFP & FSAC, EFGSA, op. cit.

was adopted in 2009 but it has not yet been enforced in this zone. The over exploitation of resources has led to soil erosion which is itself one of the major causes of the 20 to 35 episodes of flash flooding which affect the zone every year.

The NSP has not been implemented in these two districts and the various humanitarian and development organizations present have essentially run emergency and rehabilitation projects here over the last ten years, notably food and cash distributions in the aftermath of serious droughts. Although these programs have been useful³⁰, they have not been able to address the causes of the erosion of both the soil and livelihoods. No medium-term program to date has attempted to improve the management of the zone's natural resources or adapt the populations' livelihoods to drought and erosion. ACF presented projects of this nature to several donors in 2013 without success. In May 2014, both districts were among the zones affected by the huge flooding that hit the north of Afghanistan, negatively impacting households' livelihoods even further.

30 - Example: cash distributions contributed to covering 14% of the yearly food requirements of beneficiary households – ACF Household Survey in Dar-e Suf dry areas – post drought interventions, 2012.

II / POLITICAL COOPERATION – TO WHAT EXTENT?

Challenging this forced distinction between emergency and long-term action to align aid more closely with real needs also requires organizations that base their actions on humanitarian principles to define their relationships with the political sphere with even greater discernment. Does a long-term approach necessarily mean ardently supporting the Government? How do political State and public administration differ? It is possible to apply and respect the humanitarian principles of independence, impartiality and humanity both in the short and long-term.

For the entire aid community and particularly NGOs that wish to espouse these values in development programs, it is vital to accurately define the extent of their interaction with the political sphere. Where are the boundaries? Are there concessions to be accepted when working with political organizations (Central Government, local authorities, other governments, UNAMA (United Nations Assistance Mission in Afghanistan), armed opposition groups etc.). Between dialogue, cooperation, collaboration or service provision: which one is appropriate? What is the objective of any interaction? Is the ultimate goal state-building or to offer the best possible services to the population? Are interventions planned based on a comprehensive assessment of needs? Once this position has been defined it must be strictly adhered to, refusing funds should they do not target the predetermined objective and

working with all the different parties in the conflict, all ethnic groups and all types of governance, and doing so with transparency.

Adopting such a position requires discipline and a level of responsibility which some non-governmental organizations have, in the past, failed to demonstrate. Some may decide to support and commit unconditionally to the central State which, contested in many areas, would go some way to legitimizing it. Others may decide to position themselves as a service provider for the Afghan State in order to be the guarantors of a certain level of quality, although this leaves little margin for independent criticism. Are those who fall into the last two categories in a position to call themselves independent and impartial non-governmental organizations able to work in contested zones or those under opposition control where the humanitarian needs are immense?

Another position would be the wholly uncompromising one, accepting no interaction at all with the system or authorities and no coordination. But this would undoubtedly result in an unsustainable, uncoordinated approach. In our dialogue with the aid community in Afghanistan we rarely, if ever, encountered NGOs falling into this last category. There is a general consciousness of the need to move on from a short-term approach to be able to resolve the recurring problems facing the Afghan people.

III / GAIN A LOCAL UNDERSTANDING OF CONTEXT AND NEEDS

Listening to beneficiary communities, assessing their needs and including them in the response, being aware of jealousies and maintaining a constant dialogue with all local actors sound evident, but requires time and the willingness to accept certain risks. Although it is extremely challenging to conduct studies on a national level, it is entirely possible to carry out needs assessments and multi-sector studies across smaller areas, and these should be strongly encouraged.

Efforts have clearly been made in this area, but fifteen years after the huge influx of international aid organizations, gaping gaps remain in the areas of assessment, surveillance and information-sharing. The last extensive survey in the field of Water and Sanitation was carried out in 2007. The Ministry for Rural rehabilitation and Development (MRRD) has planned to develop a database to keep track of all new water points for years but, so far, nothing has materialized.

It was only in 2013 that the food security cluster was able to agree on a standardized format and rapid assessment methodology making it possible to collect data locally producing an overview of the situation and priority areas. A number of organizations in the field of nutrition have, given the lack of coordination and assessment, implemented their own surveillance systems. Mobilizing all the cluster members though remains extremely difficult. Leadership is key to compiling these assessments accurately and professionally and establishing an accurate inventory to identify priority zones and actions. The decision to establish the integrated mission which resulted in the closure of the OCHA office, and the difficulties it encountered when reopening in 2009 and redefining its legitimate place, partly explains setbacks in the coordination effort.

In many areas access, professionalism and compliance with accurate standards are still asking the impossible and independent organizations working in the field are in a position to be able report this information back to more central decision-makers. Efforts must be made

to glean a better overall picture of the most pressing needs and this means respecting strict methodologies for surveys and data collections. Working with local organizations with excellent access to remote areas through capacity building, training and professionalization will contribute to achieving this goal. It is not enough to subcontract a local organization to conduct a survey where access is difficult for other organizations. Working to ensure that the study is carried out accurately and competently is vitally important.

The difficulties encountered in the realization and publication of the last National Nutrition Survey are representative of many national surveys hindered by limited access and weak technical support. Some of the data collected is statistically impossible: in Helmand province for example, an obesity rate of 17.1% was recorded at the same time as an acute malnutrition rate of 14.5%. As these national surveys are then used as a basis for the decisions taken by many stakeholders and donors, the potential inaccuracy is not without consequence on the planning of future programs. Given the systematic complexity associated with this type of survey, the triangulation of data with other local surveys on similar issues could be one way to improve quality.

Cluster leadership, the space given to local and technical expertise and establishing norms to standardize certain interventions are key to ensuring aid strategies are determined by true needs and vulnerabilities. As a result of the huge sums of aid money that poured into the country, stakeholders were not obliged to fight for their corner or prove that their beneficiaries' needs were the most pressing. Equally, as many programs were conceived with a military or political objective in mind, the accurate assessment of needs was not a priority.

IV / MONITOR, SUPERVISE, COORDINATE AND CAPITALIZE

Implementing manageable programs with effective monitoring both of the financial management and of impact and quality is today vital to increase aid effectiveness. The “aid industry” has gone too far in Afghanistan with strings of sub-contractors that dilute responsibility and complicate effective monitoring. Security and access-related problems in some areas have limited the possibilities for close monitoring and all systems to improve this should be considered.

Independent systems that assess quality and impact such as the SQUEAC (Semi Quantitative Evaluation of Access and Coverage) in the field of nutrition should be more widely developed and deployed. Some BPHS implementing partners have developed their own internal quality assessment tools adapted to the specific context in which they are working. In zones with more difficult access where long surveys are not possible, one humanitarian organization has developed a “mystery patient” system, others peer assessment systems or functional, localized complaints mechanisms. Every interaction with a patient or beneficiary should be an opportunity

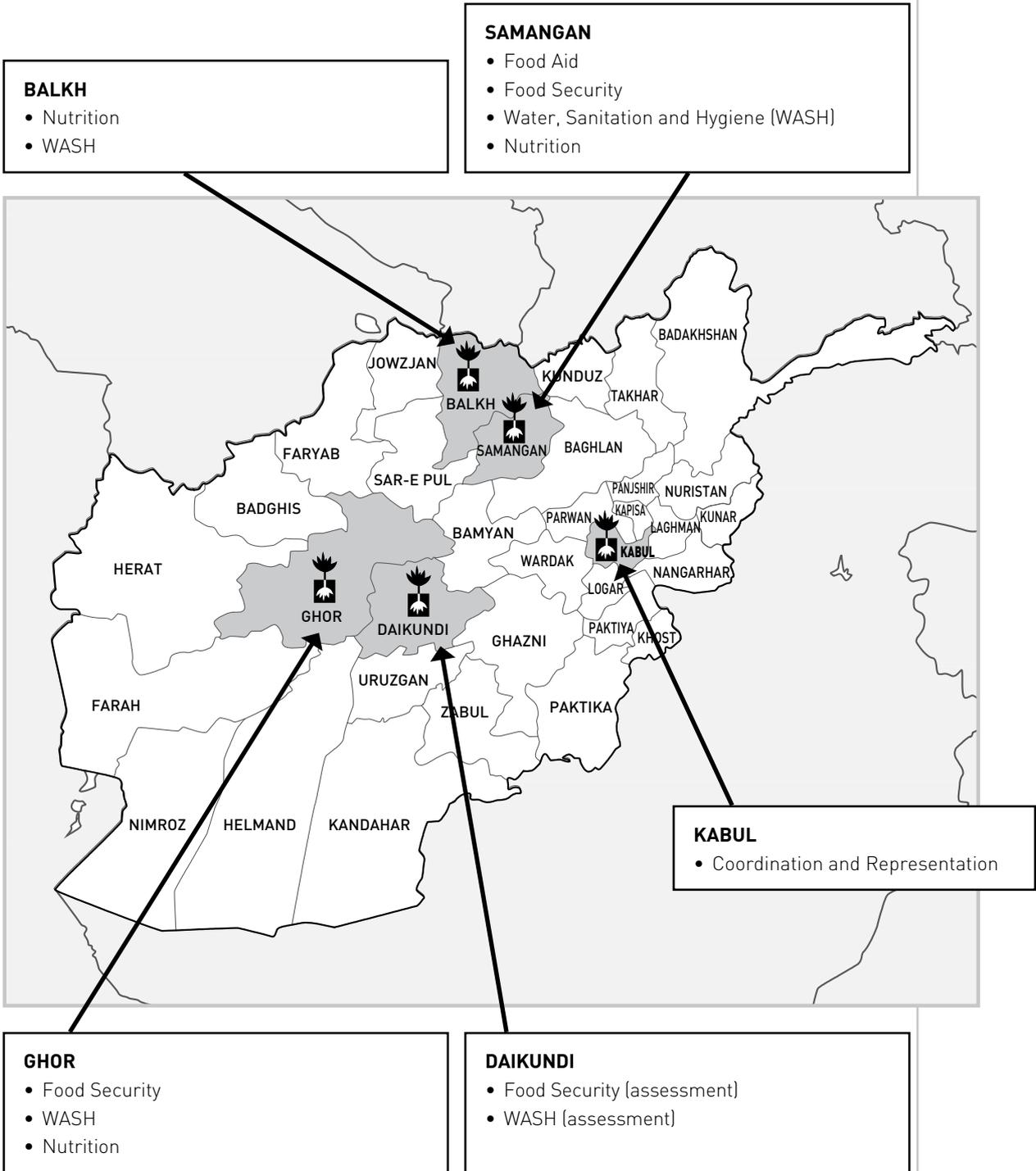
to gather feedback on their perceptions of the assistance provided. Independence must be a major criteria for identifying organizations or individuals responsible both for monitoring and evaluation and for the allocation of funds, and innovation and flexibility must be at the heart of their actions.

NGOs, donors and organizations responsible for evaluation and monitoring should be ready to reconsider their risk policies with regards to field supervision visits. ACF, like almost all NGOs, has experienced serious incidents in Afghanistan, and every new incident results in a reevaluation of the level of risk an organization is prepared to accept. There is a need however to develop a certain level of flexibility and the closest possible security management in order to seize every window of opportunity to conduct monitoring and evaluation in the field. Every actor is responsible for keeping “remote monitoring” or indirect monitoring systems to the very minimum and for ensuring that when these measures must be employed, that they are associated with specific training and monitoring measures.

APPENDICE: ACF ACTIVITIES OVERVIEW IN AFGHANISTAN

Action contre la Faim (ACF-Action Against Hunger) is an international humanitarian Non-Governmental Organisation dedicated to ending hunger. Private, non-political, non-denominational and non-profit, ACF is committed to principled humanitarian action as outlined in our International Charter of Principles: independence, neutrality, non-discrimination, free and direct access to affected populations, professionalism and transparency. The aim of ACF is to save lives by eliminating hunger through the prevention, detection and treatment of malnutrition, especially during and after emergency situations of conflict, war and natural disaster. ACF promotes a comprehensive approach to address the underlying causes of hunger by integrating our competence in nutrition and health; mental health and care practices; food security and livelihoods; water, sanitation and hygiene; and advocacy. By integrating our programmes with local and national systems we further ensure that short-term interventions become long-term solutions. In 2013, ACF helped over 8.5 million people in 47 countries.

The first mission of ACF in 1979 was to support Afghan refugees in Pakistan. ACF has been working in Afghanistan for nearly 20 years and is today active in 5 provinces. The focus of ACF's response in the country is to reduce under-nutrition among children (6-59 months - pregnant/lactating women) through Community Management of Acute Malnutrition (CMAM) (ACF supports health staff and facilities); to gather information on the population nutrition status; but also to strengthen the food security of the communities dependent on rain fed agriculture; to ensure access to potable water, adequate sanitation and build hygiene awareness in both rural and urban areas. At the same time ACF also continues to respond to emergencies through food and non-food aid and emergency water & sanitation solutions. In 2013, ACF-Afghanistan helped over 165, 000 people.



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