Background

The provision of essential services including healthcare and education is a basic function of any government. However, decades of conflict, continuing insecurity and the resulting diminished capacity of government ministries means that in Afghanistan, large parts of the responsibility have fallen to international and national NGOs. The British Government has supported service delivery efforts with programmes such as the Global Education Challenge and focused activities aligned to achieving the Millennium Development Goal's health and education targets.

The National Unity Government of Afghanistan has stated its commitment to a reform agenda that will 'help Afghanistan move towards peace, recovery, productivity and growth.'[1] However, it also recognises the enormity of this task, and its predecessors' setbacks in addressing contributing factors such as aid dependency and corruption.

Progress

Significant progress has been made. According to the Afghan Ministry of Public Health, the population with access to healthcare facilities increased from 9% in 2001 to 86.7% in 2011. Community-based programmes have resulted in greater public awareness of vaccinations, hygiene practices and specific maternal and baby healthcare needs. These and other approaches have led to improved health indicators – maternal mortality rates have dropped, life expectancy has increased.

In education, a focus on infrastructure and teacher training has increased access – 900,000 children had access to schooling in 2001, compared to 8.6million in 2013. The number of teachers rose from 20,000 to 172,000 during the same period. Adult literacy rates have risen accordingly, and more vocational training is available.

Recognising that over 80% of the population is dependent on agriculture, the government appropriately identifies agricultural modernisation as a key national priority. The contribution of agriculture to GDP increased from 38% in 2011 to 41% in 2013, although the long-term trend (not including opium) is down mainly due to rapid growth in construction and other activities. With access to electricity a major constraint on economic development, the Afghan Government's 2012 Power Sector Master Plan aims to increase electricity access from 28% of rural households to 65% by 2032. The November 2014 National Renewable Energy Policy sets out how this would be further supported by the diversification of energy sources which may allow low cost renewable energy to support rural development.

However, these primarily quantitative successes must be matched with qualitative improvements. Specific key aspects of health and education services remain less than satisfactory, to both the Afghan population and international community. These challenges are more complicated to resolve. Additionally, the critical roles played by civil society as both service provider and capacity builder are under threat due to both financial management deficiencies of the Afghan government and to diminishing donor support and funds to the country.

Challenges

Many Afghans still cannot easily access health services when they are needed. 6.8% of surveyed Afghans in 2014 stated they live more than 3 hours from a health facility[2]. Where clinics are based in insecure districts, the problem is exacerbated – and yet it is often these areas that have the greatest healthcare needs. Patients are sometimes forced to seek treatment further afield, often making hazardous and costly journeys. In a 2014 study, Medecins Sans Frontiers found that over 10% of their surveyed patients had travelled for over 2 hours

by car to reach their hospitals, often with critical injuries[3]. And some of these indicated they had by-passed local clinics because of concerns over the quality of staff and services provided there. Despite this increase in health facilities, community uptake of their services is compromised by these staffing issues.

Healthcare costs also prevent significant numbers of Afghans from seeking treatment. With over 36% of the population living in poverty[4], healthcare costs burden many families. Because of deficits in the health service, many families seek medical care privately. Even free public health services include other direct (for example, medicine and laboratory tests) and indirect costs (for example, transportation and accommodation)[5]. Medication consistently ranked as one of the highest costs people incurred. In Kunduz and Kabul, more than half of those interviewed had paid more than $44 on drugs during a previous illness episode[6].

Public health budget remains inadequate. The Ministry of Public Health's Basic Package of Health Services is delivered for c. $4.5 per capita per annum[7]. Total per capita healthcare spending was $55 in 2013 compared to $3,598 in the UK[8], indicating that the great majority of healthcare funding is spent on hospitals and management. In these situations, the needs of female family members sometimes become a lower priority. This is contrary to the increased vulnerability of women and girls to general, and particularly reproductive, health issues. The allotted fund is not enough to deliver an adequate maternity service, let alone provide the public health education for promotion of safer maternity practices which is so important for the rural population.

Women-specific health issues remain a big challenge. One in 32 Afghan women is likely to die in pregnancy or childbirth[9]. Only 39% of women give birth with the support of a skilled birth attendant, such as a trained midwife. Some experts believe even these figures are too optimistic when the poor conditions of rural roads, and use of traditional means such as donkeys are noted in transporting pregnant women to health facilities. Actual mortality rates are extremely difficult to ascertain as most births and dates are not registered. Additionally, physical and emotional abuse against women and girls is rife, leading to mental health issues. Ministry of Public Health figures in 2014 reported 4,136 cases of self-immolation, at least 55% of which were women and girls.[10]

The access problems are exacerbated for the most vulnerable and marginalized groups. They include internally displaced persons and returnees, people with disabilities, isolated minors, and nomadic communities. These groups are both discriminated against and excluded from communities, whilst some service implementers ignore them due to perceived higher support costs or specialist technical expertise requirements.

In education, despite an increase in facilities and school enrolment, too many students do not complete their education. This is often due to family practices shaped by traditional values or economic needs. In these instances girls are still particularly disadvantaged – parents will sometimes pull their daughters from school if there aren't enough female teachers, if they cannot be chaperoned to school, if schools don't provide separate girls facilities such as toilets, and due to cultural practices such as early marriage. In their 2013 strategic analysis, Swedish Committee for Afghanistan reported there were no girls registered in grades 10-12 in 200 of the 412 districts. For both boys and girls, poverty drives many families to put their children to work rather than into education. In a 2015 debate, an Afghanistan Independent Human Rights Commission spokesman stated that 31% of Afghan children are illegally employed in (often heavy) labour as family breadwinners[11].

Where schools do operate, many serve too large a catchment area. Some are forced to organise classes into three or four shifts a day due to student numbers – meaning the school hours provided per child is too low for them to attain minimal literacy and numeracy standards. Teacher numbers are inadequate, and teacher qualifications more so – Swedish Committee for Afghanistan's 2013 contextual analysis revealed over 70 per cent of teachers lack minimum grade 14 education qualification and 245 out of 412 districts did not have a single qualified female teacher.

Vocational training is limited. Afghan Government vocational training institutes now have capacity for 100,000 students, and in 2014 the government adopted the first National Technical and Vocational Education and Training (TVET) strategy. However, as UNESCO notes, demand remains much greater than supply of training places, especially in rural areas, and illiteracy continues to be a barrier for many young people. To better ensure graduate employment, TVET curricula also need to be more responsive to labour market needs[12].

Many of the challenges facing agricultural development are environmental. Less than 15% of total land area is suitable for cultivation, and just 4% is irrigated. Three million hectares of land are rain-fed, in a country of repeated droughts; 58% of villages have limited seasonal or no access roads (the average distance to the nearest road is 2.9 miles); 13% of rural Afghans have no access to electricity for at least part of the year. The continued high population growth projected for Afghanistan implies further decline in per capita levels of agricultural resources unless major investments are made in improved water management, energy access and natural resource management.

BAAG's recommendations to the UK Government:

1. **Support efforts to enable all children to complete their education**: despite increased overall school enrolment, there are significant disparities between urban and rural areas, girls and boys, and for marginalised groups such as children with disabilities, working children, nomadic families, and displaced children. Support is needed for improved delivery of Afghanistan's National Education Policy with particular emphasis on inclusion of the most marginalised and excluded groups.

2. **Support retention of girls in education**: Whilst the National Unity Government states 'there are no conditions under which we will reduce our commitment to the education of girls'[13], more practical efforts are required to enable girls to enter and complete their education. These include supporting community schools (and greater community participation in education decisions), increasing security around schools, training more female teachers and raising awareness about the harm of early marriage.

3. **Support children's education during emergencies and conflict**: Education in Afghanistan is highly vulnerable to disruption as a result of natural disasters and insecurity. When populations face food shortages or are displaced as a result of conflict or natural disaster, children are often withdrawn from school as families prioritise resources towards survival. Not only does their education suffer, but also their psychosocial coping mechanisms for recovery. Targeted interventions to enable education to continue must be seen as a core component of humanitarian assistance. Donors should ensure that an appropriate proportion of humanitarian funding is channelled towards education in emergencies and protection, in line with the priorities outlined in the Common Humanitarian Action Plan for Afghanistan. In doing so, they will support valuable community-level education action. The UK Government and international community should ensure future aid to the country is based on levels of need and prioritises protection and education of all children across the country.

4. **Support Afghan Government to align vocational education to local market needs and tailored to literacy levels**. Technical and vocational training should be based on practical work by local artisans, incorporating skills-related 'imbedded literacy' and focused on work demonstrably demanded in local markets, in order to allow graduates immediate access to employment. Inclusion of women should be promoted through use of training venues that have local community approval, (not necessarily formal TVET institutions) reducing barriers to female participation.

5. **Ensure improved national capacity to deliver services**: With continued unacceptably low levels of access to health and education, service delivery must expand. However expansion must focus on increasing quality and generating efficiencies in human and financial resources. This should in part include drawing on the sectoral expertise of civil society organisations (CSOs) in service delivery, better utilising them as focal points to coordinate and initiate collaborative programmes, and more flexibly

funding them to deliver these roles. Multilateral support for health services needs to be complemented by partnerships between Afghan CSOs and international NGOs with the aim of raising standards of performance and coverage.

6. **Prioritise women's specific health and reproductive needs:** As adequate improvement in rural roads and transport will take decades, more attention needs to be directed to provision of basic healthcare in villages by Community Health Workers (CHWs), including for referral to health facilities. CHWs are best placed to address the main child killers, pneumonia and dysentery. Extensive training in neonatal resuscitation should be supported by provision of basic equipment in all health facilities and to CHWs. Donors should work with the Government of Afghanistan to ensure that provincial reproductive health co-ordinators are appointed throughout Afghanistan. Antenatal care by midwives needs to be extended and accompanied by birth planning with women and, where possible, their husbands. This should include complications readiness.

7. **Improve Ministry of Agriculture, Irrigation and Livestock (MAIL)'s role in economic development**: MAIL should take a proactive part in resolving issues in the business environment including those relating to cross-border trade, tariff and non-tariff barriers, and establishing and enforcing quality standards in key value-chains. MAIL should also work to better coordinate the various projects implemented by public, private and non-profit actors towards shared goals for agricultural and rural development.

8. **Promote renewable energy:** The Afghan Government should continue to invest in the extension of access to reliable and affordable electricity, particularly in rural areas, including through the further promotion of renewable energy in Afghanistan.

---

[1] Islamic Republic of Afghanistan (2014) *Realising Self Reliance: Commitments to Reform and Renewed Partnership* http://mfa.gov.af/Content/files/Realizing%20Self%20Reliance%20-%2025%20November%202014(1).pdf

[2] The Asia Foundation (2014) *Afghanistan in 2014: A Survey of the Afghan People* https://asiafoundation.org/resources/pdfs/Afghanistanin2014final.pdf

[3] Medecins Sans Frontiers (2014) *Between Rhetoric and Reality: The ongoing struggle to access healthcare in Afghanistan* http://www.msf.org/article/between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan

[4] Islamic Republic of Afghanistan (2014) *Realising Self Reliance: Commitments to Reform and Renewed Partnership* http://mfa.gov.af/Content/files/Realizing%20Self%20Reliance%20-%2025%20November%202014(1).pdf

[5] Medecins Sans Frontiers (2014) *Between Rhetoric and Reality: The ongoing struggle to access healthcare in Afghanistan* http://www.msf.org/article/between-rhetoric-and-reality-ongoing-struggle-access-healthcare-afghanistan

[6] Ibid.

[7] Newbrander W, Yoder R, Debevoise AB (2007) *Rebuilding health systems in post-conflict countries: estimating the costs of basic services. Int J Health Plan Manage*; 22:319-36. PMID:17624880 doi:10.1002/hpm.878).

[8] World Bank (2013) http://data.worldbank.org/indicator/SH.XPD.PCAP

[9] Save the Children (2014) *State of the World's Mothers 2014* http://www.savethechildren.org.uk/sites/default/files/images/State_of_World_Mothers_2014a.pdf

[10] For more details on the situation for women see BAAG Policy Position Paper on Women's Rights.

[11] Institute for War and Peace Reporting (2015) *Afghan Children Forced into Hard Labour* https://iwpr.net/global-voices/afghan-children-forced-hard-labour

[12] UNESCO (2015) *Afghanistan First ever National TVET Strategy Established* http://www.unescobkk.org/education/news/article/afghanistan-first-ever-national-tvet-strategy-established/

[13] Islamic Republic of Afghanistan (2014) *Realising Self Reliance: Commitments to Reform and Renewed Partnership* http://mfa.gov.af/Content/files/Realizing%20Self%20Reliance%20-%2025%20November%202014(1).pdf