

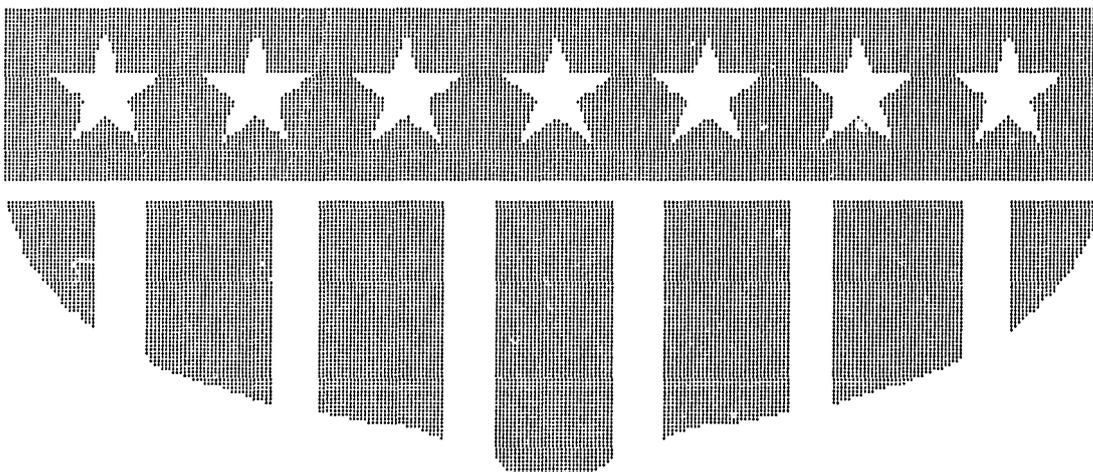
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USAID

MISSION TO PAKISTAN AND AFGHANISTAN

**PROJECT ASSISTANCE COMPLETION
REPORT**

**PVO Support Project
(306-0211)**



*Submitted by Office of Afghan Field Operations
June 1994*

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LIST OF ACRONYMS

AABRAR	-	Afghan Amputee Bicyclists for Recreation and Rehabilitation
ACRD	-	Afghan Center for Rural Development
ADA	-	Afghan Development Association
AIG	-	Afghan Interim Government
AMIA	-	Aide Medical Internationally for Afghanistan
ANE	-	Asia Near East
AOGH	-	Afghan Obstetrics & Gynecological Hospital
ARA	-	Agriculture Rehabilitation for Afghanistan
ARO	-	Afghan Rehabilitation Organization
ARR	-	Afghan Ruralance Rehabilitation
AVICEN	-	Afghan Vaccination and immunization Center
AWEC	-	Afghan womens Education Center
AWRC	-	Afghan Women Resource Center
BHW	-	Basic Health Workers
BSc	-	Bachelor of Sciences
BVW	-	Basic Veterinary Worker
CAs	-	Cooperative Agreements
CBR	-	Consultant Bureau for Reconstruction
CCAR	-	Cultural Council of Afghan Resistance
CEP	-	Commodity Export Program
CHA	-	Coordination of Humanitarian Assistance
CMC	-	Coordination of Medical Committee
CMCEP	-	Combined Mid-level Continuing Education Program
COAR	-	Coordination of Afghan Relief
DAI	-	Development Alternative Inc.
DPI	-	Democratic Pluralism Initiative
EAIA	-	Exivironmental Awareness Foundation of Afghanistan
EC	-	European Community
EP	-	Expanded Paramedic
EPI	-	Expended Program for Immunization
ESAR	-	Engineering Services for Afghanistan
FAO	-	Food and Agriculture Organization
FEP	-	Female Education Program
FETT	-	Female Education Teacher Training
FFW	-	Food for Work
FEPA	-	Female Education Program's Administration
FRF	-	Farah Reconstruction Foundation
FWSAD	-	Free Welfare Society of Afghan Disabled
GAC	-	German Afghanistan Committee
HAFO	-	Helping Afghan Farmers Organization
IAHC	-	Islamic Aid Health Committee
IG	-	Inspector General

IPH	-	Institute of Public Health
IRC	-	International Rescue Committee
KAG	-	Khorason Assistance Group
MCH	-	Maternal Child Health
MCI	-	Mercy Corps International
MMC	-	Mujahid Emergency Medical Center
MOPH	-	Ministry of Public Health
MRCA	-	Medical Resresher Courses for Afghanistan
MSH	-	Management Sciences for Health
MSOA	-	Women University
MTA	-	Medical Training for Afghan
NGO	-	Non-Governmental Organization
NWFP	-	Northwest Frontier Province
OFDA	-	Office of Foreign Disaster Assistance
OPD	-	Out-Patient Department
PACD	-	Project Assistance Completion Date
PCA	-	Psychiatric Center for Afghanistan
PRB	-	Pamir Reconstruction Bureau
PVO	-	Private Voluntary Organization
RAFA	-	Reconstruction Authority for Afghanistan
RAP	-	Rural Assistance Project
RHA	-	Regional Health Administration
RPA	-	Rehabilitation Program for Afghanistan
RRD	-	Reconstruction and Rural Development
RRDA	-	Reconstruction and Rural Development of
SCA	-	Swedish Committee for Afghanistan
SCF	-	Save the Children Federation
SOLAF	-	Solidarities Afghanistan
TAF	-	The Asia Foundation
TCN	-	Third Country National
TOT	-	Training of Trainers
UNDP	-	United Nation Development Program
UNHCR	-	United Nation High Commission Refugees
UNICEF	-	United Nation International Children Education Fund
USAID	-	U.S. Agency for International Development
USG	-	United State Government
WELP	-	Women English Language Program
WFP	-	World Food Program
WHETP	-	Womens Health Educator Training Program
WUFA	-	Writers Union of Free Afghanistan

SECTION 1: PVO SUPPORT UMBRELLA PROJECT

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PROJECT ACTIVITY COMPLETION REPORT

PVO SUPPORT PROJECT (306-0211)

June 1994

1. BASIC PROJECT DATA

Actions	Dates	PACDs	Auth. Amts.
Authorization	May 16, 1990	Dec. 31, 1992	\$ 20.0 million
Amendment No. 1	Aug. 27, 1991	Jun. 30, 1994	\$ 37.0 million
CUMULATIVE OBLIGATIONS:		\$ 31,052,836 (as of 3/31/94)	
CUMULATIVE EXPENDITURES:		\$ 26,461,611 (as of 3/31/94)	

2. PROJECT GOAL AND PURPOSE

- To carry out rehabilitation activities inside Afghanistan which help the Afghan people.
- To facilitate repatriation of Afghan refugees.

3. BACKGROUND

1986 - 1990: Private Voluntary Organizations (PVOs) were the first entities to respond with relief assistance for the Afghan people when the Soviets invaded in 1979. When, in 1985, the U.S. government decided to initiate its own program of humanitarian assistance for Afghans in resistance-controlled areas, it began by channeling assistance through European PVOs via two American PVOs, the International Rescue Committee (IRC) and Americares. In early 1986, the Office of the AID Representative for Afghanistan Affairs (O/AID/Rep) formalized the mechanism for supporting PVO activities by introducing the PVO Co-financing Project (306-0201). The PVO Co-Financing Project was the predecessor to the PVO Support Project under discussion.

A wide range of activities was eligible for funding under the PVO Co-financing Project; however, proposals submitted generally fell into one of two categories: cash-for-food and curative health care. In the beginning, cash-for-food activities predominated but, as time went on, health care training and support for clinics eventually absorbed approximately 60 percent of the annual project budget. Two types of grants were made under the project -- direct grants to PVOs and "umbrella" type grants, under which a single PVO would receive a grant under which it would administer a number of subgrants to various PVOs.

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In 1988, a growing interest in reorienting the program away from "relief" style assistance and toward rehabilitation-oriented activities led the O/AID/Rep to design the Rural Assistance Project (RAP -- 306-0208), also a precursor to the PVO Support Project. Under RAP, the O/AID/Rep supported activities such as irrigation channel rehabilitation, the provision of agricultural inputs, and other similar activities: cash-for-food was provided only in emergency situations. The project involved an "umbrella" arrangement under which IRC, under a cooperative agreement, administered a number of subgrants to a range of PVOs. The establishment of RAP left the health PVOs as the primary recipients of the PVO Co-financing Project.

Obligations totaling almost \$ 35 million were made through the PVO Co-financing Project over fiscal years 86 through 90. Obligations totalling \$ 10 million were made through RAP over the years 1986 and 1989.

1990 - 1994: In late 1989, a team of outside consultants evaluated the Mission's portfolio of PVO activities. Based on the team's recommendation, and on the O/AID/Rep's own desire to streamline its portfolio and simplify its administrative workload, a decision was made to re-consolidate all PVO activities into a single project. Thus, in the spring of 1990, the PVO Support Project (306-0211) was designed. Because of the uncertainty that has always been associated with the program's future, the project was initially authorized with a \$ 20 million life of project funding level and a December 31, 1992 PACD.

The activities previously funded under the PVO Co-financing and RAP Projects were gradually subsumed under the new project. However, the new PVO Support Project was intentionally designed to be broad in scope to provide the flexibility to accommodate the financing of worthwhile new initiatives beyond those supported under the predecessor projects. Two of the new areas which received support under the new project were democratic pluralism and programs designed to benefit women and girls. The Asia Foundation managed an "umbrella" type grant to further the Mission's democratic pluralism initiative. IRC received funding in support of girls' primary and secondary education, for women's public administration training, for income-generating activities for women, and for English language training...

In the earlier PVO Co-financing and RAP Projects, European and international PVOs had received a large share of project funding. Under the PVO Support Project the Mission made the decision to no longer fund European PVOs unless an exceptional case could be made. Instead, American PVOs received increased funding for their expanding programs, while Afghan PVOs were increasingly filling the gap. Initial subgrants to Afghan PVOs under the RAP component of the project had \$50,000 ceilings; once they demonstrated their capabilities (as determined by RAP expatriate and Afghan monitors), they became eligible for longer subgrants. At the same time the Mission continued to make funds available to American PVOs under RAP; Save the Children, Mercy Fund, and CARE received one or more subgrants through the RAP Cooperative Agreement with IRC.

The Mission has over the years supported PVOs for three reasons: they are cost-effective, innovative, and, unlike a contractor, able to leverage USAID funds to attract support from other

sources. They have been a significant force in providing assistance to Afghans and the Mission has been particularly pleased with the performance of the PVOs it has supported. While it is difficult to predict the role PVOs will assume in the post-conflict period, it is accurate to say that many have already moved their operations inside Afghanistan and more are planning to do so when the situation permits. In the process they have established working relationships with commanders and shuras (local consultative bodies) which should facilitate their continued successful operations.

3. PROJECT COMPONENTS

The grants and cooperative agreements entered into under the PVO Support Project are summarized in the table below. A detailed discussion of each of the individual project components follows this overview.

Sector	Activity	Implementing Organization	Start Date	End Date
Health	Health Program	IMC	07/01/87*	02/28/94
	Medical Help for SW Afghan.	IRC	07/19/89*	04/30/94
	Medical PVO Co-Financing	MCI	07/08/86*	12/31/93
	Service Delivery & Training	FM	08/30/87*	06/30/91
Agriculture	Model Farms	IRC	09/26/91	10/31/93
	Village Assistance	CARE	07/02/90	12/31/93
	Agriculture	MCI	06/28/90	4/30/94
	Rural Assistance	IRC	06/01/88#	12/31/93
Democracy	Female Education	IRC	1/1/91	4/30/94
	Democratic Initiatives	TAF	8/5/92	4/30/94

*Funding started under the PVO Co-Financing Project (306-0201)

#Funding started under the Rural Assistance Project (306-0208)

SECTION 2 - HEALTH SECTOR

- 2A - Health Program (International Medical Corps)**
- 2B - Medical Help Project for Southwest Afghanistan (Mercy Corps International)**
- 2C - Medical PVO Co-Financing Project (International Rescue Committee)**
- 2D - Freedom Medicine**

2A - HEALTH PROGRAM (International Medical Corps)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Health Program	
IMPLEMENTING ORGANIZATION:		International Medical Corps (IMC)	
COOPERATIVE AGREEMENT:		306-0211-A-00-1206	
Action	Date	PACD	Oblig. Amt.
Orig. Agreement	04/24/91	06/30/92	\$ 2,185,000
Amendment #1	09/19/91	12/31/92	\$ 600,000
Amendment #2	07/13/92	07/13/92	\$ 300,000
Amendment #3	08/06/92	-	\$ 1,200,000
Amendment #4	04/06/93	-	-
Amendment #5	05/17/93	04/30/94	-
Amendment #6	12/15/93	02/28/94	-
Amendment #7*	01/18/94	-	-
TOTAL AMOUNT OBLIGATED:		\$ 4,285,000	
TOTAL AMOUNT DISBURSED:		\$ 3,758,402	(as of 03/31/94)
<p>NOTE: A grant to IMC (#306-0201-G-00-7200, with Amendments 1-7) preceded the subject cooperative agreement. The original 1985 USAID grant to IMC under the PVO Co-financing Project had obligations and expenditures of \$9,251,600.</p>			
<p>* The purpose of Amendment No. 7 to the Cooperative Agreement with IMC was to incorporate the Phaseout Plan, dated April 1, 1993, into the Agreement. The Phaseout Plan gave details of the negotiated closeout of all support to IMC's health project activities on February 28, 1994.</p>			

2. AGREEMENT PURPOSE

To provide health and medical care to Afghans by operating health facilities inside Afghanistan and by providing training to upgrade health/medical workers.

3. AGREEMENT COMPONENTS

Project components have been divided into two: Service Delivery and Training, although these components do overlap.

Service Delivery: At its peak, IMC had 59 medical clinics and hospitals in 25 of the 29 provinces of Afghanistan. These health facilities were staffed by medical doctors, mid-level workers, lab and x-ray technicians and pharmacists. The delivery system, however, was based on IMC trained mid-level health workers. The IMC health facilities provided a full range of

relatively sophisticated clinical services. IMC reported that up to 80,000 patients a day were seen by its clinical staff and that 22 percent of the patients were adult females and 10 percent girls 14 years and under. Only one out of 23 doctors working at the IMC health facilities was female. There were but three females out of over 200 service staff in country in 1992.

IMC began as a curative care operation. It remained focussed on curative medicine throughout the time period of USAID support; however, IMC did employ 45 vaccinators who worked in two- or three-person outreach teams to carry out an EPI effort for women and children in areas associated with some of its health facilities in 10 provinces. The 19 EPI teams were transferred to another NGO, AVICEN, in late 1992.

Training: For the most part, IMC's training programs were conducted at its training and administrative center next to the Nasr Bagh refugee camp just outside of Peshawar. IMC also ran several Combined Mid-level Continuing Education Program (CMCEP) courses at Thal, about 100 kilometers south of Peshawar, after it inherited this training facility from Freedom Medicine in 1992. (See the separate section on Freedom Medicine in this report.) During the last year of USAID support, IMC worked with the Institute of Public Health (IPH) in implementing two CMCEP courses in Jalalabad. IMC plans to continue its CMCEP training at its privately funded hospital at Qarabagh, Kabul Province.

Since the beginning of USAID assistance in 1985, IMC has developed and conducted five non-standardized courses:

- An 8-month Basic Medic Course from which it graduated 270 students.
- An 8-week IMC Refresher Course for mid-levels, from which 56 students were upgraded.
- A Basic Lab Technician Training Course with 46 graduates.
- An EPI Vaccinator Training Course with 13 graduates. (Most of IMC's vaccinators were trained by AVICEN.)

In addition, IMC, with the MOPH, WHO and MSH and various NGOs, participated in the development of two standardized courses. IMC also conducted these courses collaboratively:

- The CMCEP (mid-level refresher) Course, the last two of which were conducted in conjunction with the IPH.
- The Field Microscopist Refresher Training Course, which it jointly taught with the IPH of the Ministry of Public Health in Jalalabad.

4. INPUTS

Most funds for the support of IMC's health program for Afghanistan were provided by USAID (approximately \$13 million over 8 years, from both this project and its predecessor, the PVO Co-Financing Project). A breakdown of expenses for the Cooperative Agreement funded

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under this project as of February 28, 1994, is as follows:

BUDGET CATEGORY	EXPENDITURE S	% OF TOTAL
Personnel	\$ 1,583,387	42.3%
Transportation	432,051	11.5%
Supplies and Equipment	453,572	12.1%
Other Direct Costs	651,469	17.4%
Overhead	619,756	16.5%
Total	\$ 3,740,205	

IMC also solicited a number of small grants and donations from United Nations agencies and private donors. The major non-USAID funds included: a Private American Donation of \$600,000 to run the Qarabagh Hospital north of Kabul City; \$250,000 from WHO for clinic construction; and approximately \$200,000 from UNICEF for EPI.

5. ACTIVITIES AND ACCOMPLISHMENTS

Service Delivery: IMC began its Afghan operations in 1985 as a medical emergency relief organization to treat war related injuries inside Afghanistan. In 1991 it had 59 facilities inside: eight small hospitals and 51 clinics. At that time its stated long-range goal was to increase the number, quality and scope of its in-country medical facilities.

IMC's service delivery system was not cost-effective; it was significantly more expensive than the MOPH's average clinic cost, supported through the USAID Health Sector Support Project. IMC did not coordinate with local authorities, except in the areas where it had clinics. Thus it was susceptible to robberies, of which there were five during the time period of USAID support. IMC played the role of an "independent Ministry of Health" in that it ran its delivery system independently. It did not coordinate with the Afghans at the MOPH nor, for the most part, with other NGOs or the UN agencies. IMC's clinic attrition rate, however, was low (only two of 59 established). This was likely in part due to IMC's monitoring of its facilities twice a year when supplies were delivered.

In 1991, USAID expressed concern about sustainability of the existing number of facilities, which was compounded when IMC submitted its CY1992 proposal asking for even more money to fund an expanded system. USAID counselled IMC to consider both financial and institutional sustainability in its future plans. IMC expressed, as stated in the early 1992 evaluation, "several reservations regarding an AID/Rep mandate to reduce salaries and initiate user fees in facilities of all implementing agencies..." IMC felt that user fees could invite corruption and misuse of funds, delay treatment to those in need, and reduce access of women and children to services.

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The evaluators also pointed out, "IMC has a negative view towards the four Regional Health Administrations, and it admittedly has not made any attempts to coordinate with these groups".

As a condition of future funding USAID required that IMC introduce revenue generating efforts in a minimum of 5% of its facilities by July 1, 1992. USAID also required: at least a 20% reduction of health facility running costs; the participation in a standardized medical procurement and supply system; the cessation of funding additional male health workers and the establishment of new health facilities; and the elimination of "redundant" health facilities, i.e. those that were serving the same community as another health facility. IMC, after much hand-wringing, agreed to the conditions, partly because it had no other major source of funding and, it is hoped, because it saw these efforts at sustainability as necessary.

In the last two years of the project, when it became obvious to IMC that USAID was serious about changes and that funding was likely going to be significantly decreased, IMC did an about-face and implemented far-reaching changes. It cut about 20 of its clinics which were deemed to be redundant and it collaborated with the RHAs and the MOPH. These changes made it that much easier to phase over responsibility for IMC-run facilities and programs when closeout became necessary. By the end of USAID support, February 28, 1994, IMC turned over 13 of its remaining health facilities to RHAs; two clinics were privatized, and two were picked up by other donors.

IMC intends to continue its privately-funded hospital at Qarabagh and wants this hospital to serve as a model district hospital for the Afghan Ministry of Public Health.

Training: IMC had a reputation for training very good mid-level health workers. Its training program, much of which was conducted by short-term "volunteers," most from the U.S., was of high quality. However, the training was somewhat unrealistic, since it did not represent the typical Afghan setting. The frequent change-over of trainers -- mostly doctors and nurses -- brought frequent changes to training curricula.

The first evaluation of the PVO Co-Financing Project, the predecessor to this PVO Support Project, stated that IMC's training program "began with a strong surgical emphasis but has evolved to more accurately reflect the health care needs of both civilians and mujahideen in Afghanistan." The evaluators stated that the (late 1988) training program was designed to produce as graduate a mid-level health worker who was capable of diagnosing and treating approximately 80 percent of the diseases that he would encounter. It further stated that there had been an increase in training emphasis on community health and on clinic management; both changes brought about by results of IMC's monitoring and debriefing of health workers returning from Afghanistan. The evaluators noted that the training was held in a relatively sophisticated clinic at Nasr Bagh which did not truly represent the true situations inside Afghanistan (which were significantly more primitive, and where the patient load is many times larger than the restricted number of patients seen at the Nasr Bagh training site). They noted that the training was not standardized.

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As a result of this evaluation, and follow-on USAID assessments, USAID converted the annual grants provided to IMC since 1985 into a cooperative agreement. The terms of this cooperative agreement were, inter alia, aimed at standardizing training with the MOPH and among the NGOs, phasing all training inside Afghanistan so that it represented actual conditions, and stopping the training of new health workers, with the exception of females. As a result of these restrictions to further USAID funding, IMC did actively participate in the development of the standardized CMCEP course for mid-level workers and the standardized field microscopist course.

In July 1992, USAID mandated the closure of IMC's USAID-funded training at Nasr Bagh and Thal. After much discussion, the mutually agreeable training site of Jalalabad was selected and approved for continued USAID funding. IMC, working directly with the IPH of the Ministry of Public Health, and indirectly with MSH (who was the principal supporter of the IPH), conducted the fourth and fifth CMCEP courses in Jalalabad, graduating 41 students. IMC was also the first organization to implement, again in collaboration with the MOPH, a standardized field microscopist course inside Afghanistan, in Jalalabad, graduating seven at the end of November, 1993.

IMC plans to continue the CMCEP course, with private donor funds, at its hospital north of Kabul City. IMC has sought and received MOPH approval and cooperation for the continuation of this CMCEP course.

6. LESSONS LEARNED

- **When USAID sees problems in implementing its portfolio, such as the non-standardization in its health program and the non-cooperation between the implementing entities it supports (and between them and other entities and/or governmental entities), it should take quick, decisive remedial action. To gain leverage, USAID/Afghanistan converted grants to cooperative agreements, which allowed for more collaborative planning in a rapidly changing situation, such as found in Afghanistan.**
- **An NGO, even one with a "relief orientation," can work closely with governmental entities and have a productive relationship.**
- **Frequent change-over of expatriate staff, particularly the In-country Director, led to inconsistent implementation. Both IMC and USAID should have spent more time in review of candidates for the senior-most field position.**
- **Although IMC thought it was ill advised and likely impossible, introducing revenue generating activities at IMC clinics was viable and relatively painless (see the next section on Sustainability).**

7. SUSTAINABILITY

In tragic situations such as Afghanistan, when world attention and largesse is drawn to a country gone up in flames, many donors -- large and small -- and various relief organizations often rush in. This happened in the early 1980s in the case of Afghanistan. And because Afghanistan was perceived as a battle of the Cold War, a lot of money followed. In this type of mix, sustainability is not considered: winning is all important. Thoughts of continuation and sustainability come later. The NGOs and other implementing entities, all believing they are "the best," are flush with funds and have no incentive to coordinate nor collaborate. This was the picture in Peshawar during the 1980s and until 1991. IMC was seen as one of the most recalcitrant of all.

Issues of redundancy and sustainability of the health system that USAID had helped to develop and support can be dealt with unilaterally by one donor; however, it is extremely difficult. USAID, for the most part, went it alone, by forcing closure or relocation of IMC health facilities in order to have a more cost-effective system. USAID also was alone in its insistence that revenue-generating efforts be tried at the NGO-run clinics and hospitals. In the case of the duplication of NGO immunization programs, the European Community, with WHO and USAID, insisted on coordination of efforts, thus eliminating duplication, and therefore, ending wasteful programs run by the various implementing entities. All of these efforts came very late in the game, however.

IMC did fall into line by reorienting its activities towards sustainability, but only after an extreme amount of encouragement. In the end, IMC performed very well in this area. Much of this had to do with strong IMC leadership in the field and at the home office in Los Angeles. For example, IMC did introduce a fee-for-service scheme at all of its clinics, and, towards the end of USAID funding, IMC monitors found that all 16 remaining clinics were charging fees, and, on average, 45% of all patients were paying these fees.

2B - MEDICAL HELP PROJECT FOR SOUTHWEST AFGHANISTAN
(Mercy Corps International)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Medical Help Project for SW Afghanistan	
IMPLEMENTING ORGANIZATION:		Mercy Corps International (MCI)	
COOPERATIVE AGREEMENT:		306-0211-A-00-1214	
Action	Date	PACD	Oblig. Amt.
Orig. Agreement	06/01/91	06/14/92	\$ 1,815,000
Amendment #1	09/26/91	-	-
Amendment #2	05/23/92	06/30/93	\$ 1,400,000
Amendment #3	09/23/92	12/31/93	\$ 700,000
Amendment #4	12/09/93	-	-
Amendment #5*	01/18/94	-	-
TOTAL AMOUNT OBLIGATED:		\$ 3,915,000	
TOTAL AMOUNT DISBURSED:		\$ 3,138,326 (as of 03/31/94)	
<p>NOTE: A previous grant to MCI under project #306-0201, PVO Co-financing Project, had obligations and expenditures of \$7,799,010. Thus, total expenditures for MCI/Health activities, which essentially remained the same under the recent cooperative agreement and the previous grant, totalled over \$ 10,900,000.</p> <p>* The purpose of Amendment No.5 to the Cooperative Agreement with MCI, was to incorporate the Phaseout Plan, dated September 15, 1993, as part of the Agreement. The Phaseout Plan gave details of the negotiated closeout of all support to MCI's health project activities on December 31, 1993.</p>			

2. AGREEMENT PURPOSE

To provide health and medical care to Afghans by operating health facilities inside Afghanistan and by providing training to upgrade health/medical workers.

3. AGREEMENT COMPONENTS

Project components have been divided into two: Service Delivery and Training, although these components do overlap.

Service Delivery: USAID agreed to fund MCI to implement a health program if it focused on southwestern Afghanistan where no other American NGO was providing assistance in 1986. Southwest Afghanistan -- mostly Pathan -- is one of the most conservative and politically fractious regions of the country. MCI did well to establish approximately 40 functioning -- and

to all reports effective -- health facilities.

By 1989, MCI had established 43 health facilities in southwest Afghanistan. Due to difficulty in monitoring, supervising and supplying the farthest provinces of Herat and Badghis, the facilities in these two provinces were transferred to the Southwest Afghanistan Regional Health Administration. The establishment of additional MCI facilities were concentrated in the eight remaining southwestern provinces; these included Kandahar, Helmand, Nimroz, Zabul, Ghazni, Uruzgan, Farah, and Ghor. By the end of the project, USAID funds supported 25 facilities in these provinces.

The types of health facilities consisted of small hospitals (with 10-20 beds) or clinics. MCI trained mid-level health workers to provide the following hospital services: lab, operation theater, hospital ward, x-ray, dental and outpatient department (OPD). MCI had four levels of clinics, which were defined by the type of staff available. The skill level of the staff ranged from Basic Health Workers (BHWs) with three months of training, to mid-level health workers trained in OPD, Lab and Dental, to nurses and some doctors.

As with all other USAID-funded medical groups, MCI began as a curative care operation. In 1991, it broadened its focus to include MCH services, and attempted to establish MCH annexes at its clinics. It succeeded in placing a single female health worker at three of its clinics, but unfortunately only one remained active by the end of the project. With non-USAID funds, MCI established EPI services at several of its clinics. In cooperation with Handicap International (HI), MCI established orthopedic workshops in two of its facilities, where approximately eight patients per month were fitted with foot or leg prostheses.

Training: MCI's training programs were conducted at the 25-bed Al Jihad Hospital in Quetta which included a hostel for students plus facilities for practical training, classroom and administration space. MCI moved its training facilities into Kandahar City, Afghanistan, in 1992, renovating the Mir Wais Hospital as its training site. In the last year of USAID funding, in cooperation with the Institute of Public Health (IPH), MCI attempted to implement one standardized mid-level refresher course -- the CMCEP course in Kandahar. Due to factional fighting, the Mir Wais Hospital was twice caught in the middle of battle and training buildings were damaged and looted. The CMCEP course was suspended twice, and finally moved to a village on the border of Pakistan, where it was finally completed. At the end of the project, MCI had no plans to continue any further CMCEP training.

MCI had developed and conducted four non-standardized courses since the beginning of USAID assistance in 1986:

- An 12-month Basic Mid-level Training Course from which it graduated 207 students.
- A 3-month BHW/First Aider Course, graduating 300 students.
- A 3-month Outreach Worker Course with 13 graduates.
- A 3-month MCH Assistant Course with 11 graduates.

MCI was part of a core group which consisted of the MOPH, WHO and MSH and various other NGOs, which developed two standardized courses:

- The CMCEP (mid-level refresher) Course, which MCI taught three times in Quetta and a fourth time collaboratively with the MOPH/IPH in Kandahar, graduating a total of 76 students.
- The Field Microscopist Refresher Training Course, which was not taught by MCI, due to time constraints and conditions in Kandahar.

4. INPUTS

USAID was by far the major donor supporting MCI's medical program for Afghanistan (approximately \$11 million over 7 years, including the previous grant from the PVO Co-Financing Project).

Line Item	Cum. Exp. (12/31/93)	% of Total
PERSONNEL		
Expatriate	\$ 366,868	12.8%
Local	1,113,648	39.9%
TRAVEL		
Local	148,168	5.1%
International	74,333	2.5%
Inside Afghanistan	55,497	1.9%
SUPPLIES & EQUIPMENT	236,049	8.2%
EMERGENCY ASSISTANCE	18,703	0.6%
OTHER DIRECT COSTS	463,073	16.1%
OVERHEAD	383,275	13.4%
TOTAL	\$2,859,614	

MCI, however, also solicited a number of small grants and donations from United Nations agencies and private donors. The major non-USAID funds included: over \$100,000 from SG Foundation (a U.S.-based religious foundation); more than \$32,000 from ZOA (a Dutch NGO started in Southeast Asia); \$700,000 from WHO for clinic construction and operational costs; and in-kind donations of medicines/supplies worth approximately \$ 40,000 from Medical Assistance Program (MAP) flown in as part of the McCollum Program.

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5. ACTIVITIES AND ACCOMPLISHMENTS

Training: MCI had two major levels of training. The original three-month First Aider course was gradually transformed into a BHW course, and finally into a Public Health course before this level of training was ended in 1992. MCI had accomplished this transition from a curative-focused training course to a preventive health-oriented course. This three-month level worker training was eliminated for two reasons: 1) limited funding and 2) USAID's focus for future courses on refresher training for mid-levels and training for females.

The Basic Mid-level course was originally six months long, but evolved into a full year course. The core curriculum was nine months long, followed by a 3-month specialty rotation in either lab, dental, xray, operating theater or ward nursing. During the initial nine months, no matter what the specialty, all students gained the ability to run an outpatient clinic and correctly diagnose and treat at least 80% of the patients they saw.

MCI was the only training group funded by USAID that had all training materials translated into three languages: Pushtu, Dari and English. IMC, as well as MSH in Peshawar, translated the English versions only into Dari, which made for difficulties at times for their students whose mother language was Pushtu. (All standardized courses -- CMCEP and Field Microscopist Refresher -- were done in the three languages.)

In 1989, USAID converted the format of annual grants, given to MCI since 1986, into a cooperative agreement. The terms of this cooperative agreement were, inter alia, aimed at standardizing training with the MOPH and among the NGOs, phasing all training inside Afghanistan (so it represented actual conditions), and stopping the training of new health workers, with the exception of females. As a result of these restrictions to the receipt of USAID funding, MCI did actively participate in the development of the standardized CMCEP course for mid-level workers and the standardized field microscopist course.

In July, 1992 USAID mandated the closure of MCI's USAID-funded training at the Al Jihad Hospital in Quetta, which was effected December 1992. MCI chose to continue female training in Quetta under other funding sources, and did not attempt to move this training inside Afghanistan, nor did it act to standardize this female training with other groups. The Mir Wais Hospital in Kandahar City was selected and approved by USAID as a mutually acceptable site for continued USAID funding for training activities. MCI, working directly with the IPH of the Ministry of Public Health, and indirectly with MSH (which was the principal supporter of the IPH), conducted the fourth CMCEP course in Jalalabad, graduating 13 students. As mentioned previously, due to the political/military problems and fierce fighting in the Kandahar City area, the course was stopped twice and finally the location was moved. Kandahar remained unstable and MCI has not continued any training activities in Afghanistan after USAID support ended.

Service Delivery: MCI's mandate was to provide health and medical care to Afghans in Southwestern Afghanistan, beginning in 1986. By 1989, it had 43 facilities in 10 southwestern provinces, but due to difficulty in supply, monitoring and supervision, it consolidated its

catchment area to the closest eight provinces, excluding Herat and Badghis. By 1992, 39 facilities remained. After USAID's redundancy exercise, 25 facilities were supported by USAID until the end of the project. After MCI was informed of USAID's decision to discontinue its funding, MCI stated that it still planned to oversee and provide technical advice to these 25 clinics previously established by MCI in SW Afghanistan, which they said had been privatized, thereby continuing the USAID-established health system in SW Afghanistan.

A February 1994 monitoring mission found that one major clinic in Panjwahi, Kandahar was closed, as the commander had removed major equipment and the clinic could not function. A second clinic in Zabul province was also found to be closed, as the MCI storekeeper had taken all the equipment. As a follow-up, a second USAID monitoring mission was sent to the Southwest and 12 more MCI facilities were visited. Of 14 total MCI health facilities visited from February to April 1994, only five had any activity, and of those five, only three were functioning as they had under USAID funding.

It is questionable if MCI has the ability or interest to continue close supervision, monitoring or support of these 25 facilities in SW Afghanistan, as their few medical staff are spending the majority of their time in the north, setting up programs in Nangarhar, Herat and possibly Mazar-e-Sharif.

Contrary to what was written in MCI's draft phaseout plan, where MCI stated it was going to expand their health services in the southwest, along with conducting integrated community development, it appears that these MCI plans for the southwest have been replaced by expansion to other areas of Afghanistan, with relief rather than development as the major activity.

MCI's supply system was effective, as their clinic personnel, along with local authority support, came to MCI in Quetta to pick up supplies, so there was no incidence of lost or stolen supplies.

The quality of medical services was above average for the majority of facilities which had mid-level health workers on staff. MCI developed a very good debriefing system in Quetta and a technical monitoring system inside Afghanistan, during which health workers were evaluated and upgraded. No other group that USAID supported had such a system.

Prior to 1992, when USAID required the standardization of supplies to health facilities and the reduction of health facility staff salaries, MCI's overall health facility operation costs were the highest of all the programs supported by USAID, which decreased the chance for future sustainability. In 1992, as a condition of future funding, USAID required that MCI introduce revenue generating activities in a minimum of 5% of its facilities by July 1, 1992. USAID also required: at least a 20% reduction of health facility running costs; the participation in a standardized medical procurement and supply system; the cessation of funding additional male health workers and the establishment of new health facilities; and, the elimination of "redundant" health facilities, i.e. those that were serving the same community as another health facility.

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The payment of fees for service or any other type of income generation activity was resisted by MCI when first required by USAID in 1992. By 1993, when it was apparent that USAID funding was severely cut, the need for income generation activities became evident. Rather than writing a directive for all facilities, MCI stated that the facility staff and the pertinent community authorities would determine the fee scale for each individual clinic. From their final report, however, MCI appears to be unaware of the exact number of health facilities which can sustain themselves.

6. LESSONS LEARNED

- **As with IMC, when USAID sees problems in implementing its portfolio, such as the non-standardization in its health program and the non-cooperation between the implementing entities it supports (and between them and other entities and/or governmental entities), it should take quick, decisive remedial action. To gain leverage, USAID/Afghanistan converted grants to cooperative agreements, which allowed for more collaborative planning in a rapidly changing situation, such as found in Afghanistan.**
- **Beside this medical CA, USAID also funded an Agriculture CA with MCI between 1990 and 1994. During this time period MCI split administration costs between the Medical and Agricultural CAs, but used different reporting formats, making it very difficult to compare the two. Only during the closeout of both these CAs were the difficulties noted in trying to decipher line items and specific costs to be charged to either CA. If USAID were to fund two different sector CAs for one organization again, we should insist on completely separate accounting for each CA and insist on a standard reporting format to be used for both CAs. Project Officers for each sector should meet together periodically to compare and review both sectors' quarterly reports/expenditure reports, to note and rectify any discrepancies or problems.**
- **Again, as with IMC, frequent change-over of expatriate staff, particularly the Country Director, led to inconsistent implementation. Both MCI and USAID should have spent more time in review of candidates for the senior-most field positions. The last MCI Country Director moved his residence to Islamabad, which led to lack of leadership for the medical program in Quetta. USAID should have insisted that this director provide more accountability to the goals and objectives of the USAID Agreement.**
- **Independent in-country monitoring of project activities -- regardless of sector -- is the only way to verify a program's status. In the case of MCI, which stated that all 25 clinics were privatized and continuing activities, when USAID monitors visited 14 MCI facilities within six months of the end of our funding, nine were found to be inactive; of the 14 monitored, five had been inactive for about one year. One of the greatest deficiencies of the cross-border USAID program, was the severely limited**

amount of independent program monitoring inside Afghanistan, due to restricted access of Americans to travel inside, political/military problems in some areas, and/or the lack of available, technical non-American personnel who could monitor in Afghanistan.

- **The main problem in setting up MCH services for rural Afghanistan is the lack of trained female health workers.** MCI's attempt at establishing MCH services in the southwest resulted in only three women being placed into existing facilities over a three-year period, with only one woman remaining active at the end of project. Knowing the financial cost to set up an MCH facility and the hardship of being a lone female in a clinic, it might be more effective to train and hire two women when establishing an MCH annex, thus building in a redundancy.
- Another lesson learned in regards to MCH services is that **acceptance of MCH services is definitely dependent on the community make-up and the strength of the administrative body of that area.** From analysis of MCH services established in other parts of the country and their attrition rates, it appears that the Tajiks and Hazara in the north and central areas of Afghanistan are more receptive to MCH services than are the conservative Pushtuns of the southwest. There are also stronger regional health administrations in both the north and central areas, whereas there is no specific administrative body in the entire fractious southwestern region of Afghanistan.

7. SUSTAINABILITY

The points listed under the sustainability section for IMC, hold equally true for MCI, as both organizations began basically at the same time in Pakistan, when money was poured into programs, targets for project activities were "open-ended", and "aggressive implementation" was promoted. Coordinated health planning was not heard of, and each NGO was autonomous in its choice of where to establish health facilities or what the contents of a training course would be. Money was not an object - the issues of sustainability and redundancy were not considered.

USAID's decision to enforce cost reductions in 1991 with a view towards future sustainability -- by mandating revenue-generating activities, standardization of salaries, and discontinuing support for redundant health facilities -- was initially met with resistance by MCI.

MCI has stated that all their facilities are privatized, but from their final report MCI appears to be unaware of the exact number of which can sustain themselves. From our own monitoring, it would be fair to guess that many, if not the majority, of MCI health facilities would not be sustainable soon after cessation of USAID funding. It is sad to note MCI's diminished interest and focus in southwest Afghanistan, after USAID furnished MCI with almost \$ 11 million to provide health and medical care to the Afghans in that part of the country. Any sustainability will be all the more difficult without the support of MCI itself.

2C - MEDICAL PVO CO-FINANCING PROGRAM (International Rescue Committee)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Medical PVO Co-Financing Program	
IMPLEMENTING ORGANIZATION:		International Rescue Committee (IRC)	
COOPERATIVE AGREEMENT:		306-0201-A-00-9826	
Action	Date	CACD	Oblig. Amt.
Orig. Agreement	07/19/89	03/17/91	\$ 1,135,000
Amendment #1	09/12/89	-	\$ 213,000
Amendment #2	04/22/90	12/31/91	\$ 1,100,000
Amendment #3	04/22/90	-	-
Amendment #4	09/09/90	-	-
Amendment #5	09/30/90	-	\$ 420,000
Amendment #6	12/09/90	-	-
Amendment #7	03/13/91	-	-
Amendment #8	03/26/91	12/31/92	\$ 850,000
Amendment #9	12/20/92	03/31/94	-
Amendment #10	07/19/93	04/31/94	-
Amendment #11*	09/13/93	-	-
TOTAL AMOUNT OBLIGATED:		\$ 3,718,000	
TOTAL AMOUNT DISBURSED:		\$ 3,298,169 (as of 03/31/94)	
* The purpose of Amendment No. 11 was to incorporate the IRC/Health Phaseout Plan, dated August 5, 1993, into the Agreement.			

2. AGREEMENT PURPOSE

To provide basic health care to Afghans through International and Afghan NGOs.

3. COMPONENTS (Sub-Grants)

IRC had several cooperative agreements with USAID. This agreement, termed the "Medical PVO-Co-Financing Program," or sometimes just "Med-RAP," was the agreement through which USAID funded both international and Afghan health NGOs. The following table summarizes the sub-grants funded through IRC:

SUMMARY OF SUBGRANT AWARDED BETWEEN 1989-94 *				
Name of Agency	Project Location	Project Type	Duration	Total Amt. of Award
GAC	Chak-e Wardak	Hospital clinical services for men, women and children	01/07/89 - 06/30/92	\$ 1,340,471
MTA	Hayatabad	One year training for mid-level health workers	01/07/89 - 09/30/92	286,474
MRCA	Hayatabad	Specialized advanced medical courses for mid-level health workers	01/07/89 - 06/30/92	213,716
HI	Quetta	Training technicians in construction of prosthetic devices	09/01/90 - 02/08/93	389,518
Sandy Gall's	Hayatabad	Physiotherapy, prosthetic rehabilitation workshops	01/03/91 - 06/30/91	41,000
CMC	Wardak, Ghazni, Parwan	Health system planning and implementation	01/07/90 - 12/31/91	39,222
AOGH	Peshawar	Ob/Gyn and pediatric in- and out-patient services	06/01/89 - 02/28/93	425,876
PCA	Peshawar	Psychiatric and medical outpatient assistance	01/07/89 - 06/30/92	55,000
AMIA	Baraki Barak and Charkh	Health survey/training of local male and female health workers	07/15/89 - 02/28/93	7,269
IAHC	Spendai, Ghazni	Construction and fitting of prosthetic devices	01/01/93 - 12/31/93	14,449
AABRAR	Jalalabad, Nangahar	Rehabilitative cycle training and education for amputees	03/05/93 - 01/31/94	16,033
MMC	Jalalabad	Maternal and child clinical services and home visiting	03/15/93 - 01/31/94	23,952
AWRC	Peshawar	Literacy, knitting and health training for women	01/11/91 - 01/30/91	100,000

* Source: IRC's Final Narrative Report, June 1994

4. INPUTS

Total CA expenditures are broken down as follows:

Awards to Sub-Grantees	\$ 3,718,000
IRC Administration	394,528
Additional Activities	330,491
Evaluation Costs	<u>40,000</u>
TOTAL	<u>\$ 4,483,019</u>

5. ACTIVITIES AND ACCOMPLISHMENTS

Historically USAID supported, through IRC, medical and health services to both refugees in Pakistan and clients who remained inside Afghanistan. Over the last two years of the grant, USAID shifted its emphasis away from European NGOs to Afghan NGOs; and away from curative health services, some of which were directed towards refugees in Pakistan, to preventive health services, especially to women and children inside Afghanistan.

Within the Health portfolio, IRC was basically seen as an "umbrella" or "pass-through" NGO through which USAID could fund international or Afghan NGOs as the opportunities arose. IRC never had a health specialist on its staff; however, over the last two years of the agreement, IRC chafed under the technical and programmatic directions given by the USAID health office staff. IRC's overall objective appeared to be integrated rural development in eastern Afghanistan. When requested to fund health activities in other areas of the country it was hesitant to do so, but did accede. Overall, IRC did an excellent job of keeping track of the 12 international and Afghan subgrants provided under this cooperative agreement between 1989 and 1994.

As each subgrant was quite different from another, we will consider each as a "component" of the agreement and will briefly describe each subgrant and its corresponding accomplishments. Each NGO is presented in the approximate order it was funded by USAID, through the cooperative agreement with IRC.

European NGOs:

(1) *German Afghan Committee (GAC):* The GAC was a Bonn-based NGO with its field headquarters in Peshawar. The GAC began its highly sophisticated, expensive medical assistance to Afghanistan in 1984. USAID commenced co-financing GAC in 1989 and provided approximately \$1.35 million over the life of the agreement, which ended June 30, 1992.

The GAC was operating 13 clinics and small hospitals when it was evaluated in 1989. Supported medical facilities were located in central and eastern Afghanistan where Germany has had an historical interest. GAC also administered an Afghan-run training and treatment facility

at Sadda in the Pakistan tribal agency of Kurram, close to the Afghan border, over 100 miles south of Peshawar.

The evaluators in 1989 noted that GAC reported the expenditure of significant amounts of funds for pharmaceutical and other operating expenses. Because of the high cost of this NGO's operations, vis-a-vis other NGOs, USAID reduced its funding to GAC. (USAID also instituted a policy to focus support on American and Afghan NGOs at about the same time.) Following the withdrawal of the Soviets from Afghanistan in 1989, funding for GAC from Germany also began to dry up. The GAC operations were gradually consolidated until it only supported one small hospital in Chak, Wardak Province.

The USAID and IRC decision to end funding to GAC was also based on the reported policy of GAC to restrict release of funding information. IRC conducted an audit on its sub-agreement with GAC which was satisfactory but raised doubts about past financial integrity. It was rumored that the German government was conducting an investigation on GAC past operations; however the German Embassy in Islamabad would not confirm this.

In 1989, the GAC represented an available, on-going medical operation which USAID could fund, thus expanding our activities in health. The GAC operations, however, were very expensive and served only a small area of the country; and, as it later became clear, many of the GAC clinics were serving areas already well served with medical assistance. Overall, USAID should have looked more carefully at what it funded of the GAC operations, or it should not have funded this NGO at all.

(2) and (3) Medical Training for Afghans/Medical Refresher Courses (MTA/MRCA): Although funded under separate sub-agreements, we treat these two NGOs (one French, the other Belgian) together, because their training programs intertwined. They were both located at the same site, a little outside of Peshawar, in Hayatabad. During the life of the grant, IRC provided \$519,000 through two subgrants to these two European NGOs. (MTA, \$301,000; MRCA, \$218,000.) USAID funding to MTA and MRCA amounted to approximately 50% of their total annual budget. Funding was also received from the EC and other European donors.

Medical Training for Afghans was a collaborative effort of the Aide Medicale Internationale (AMI), a Paris-based NGO, and the Belgian group Solidarity-Afghanistan that began operations in Peshawar in 1984. USAID assistance began in 1989. MTA offered a 16-month program designed to train Afghans to a level of "physician's assistant," a sophisticated mid-level provider that was trained to function autonomously in a rural clinic or in a hospital under a physician's supervision. During the period of USAID support, MTA graduated over 60 students. Upon graduation, the trainees were generally picked up by MSH or the Swedish Committee. MTA did not run its own clinics inside Afghanistan. MTA's training program was considered to be of very high quality, and, because of the time and effort spent on each trainee, the costs per physician assistant produced was quite expensive.

Medical Refresher Course for Afghans was formed in 1986 to provide a surgical facility and services in Pakistan for Afghan war wounded; on average, even as late as 1991, MRCA's hospital reportedly performed over 600 "surgical consultations" and had over 200 in-patients during a three-month period. MRCA's hospital facilities and staff were utilized quite extensively in MTA's training program. In addition, MRCA took some of the best MTA graduates and gave them specialized training in selected areas of medicine, such as surgery, post-operative care, anaesthesia and dentistry. The MRCA hospital also had extensive dental operations. Graduates of the MRCA program were geared towards working in a relatively sophisticated hospital environment.

USAID ended funding to European NGOs, including MTA and MRCA, in 1992 (with the exception of Handicap International -- see below). Our decision was based on several factors, including the higher cost of European NGOs, the desire to foster Afghan NGOs, and USAID's conclusion that we did not want to support the training of more male health/medical workers for Afghanistan. We felt that sustainability under any foreseeable circumstances had been exceeded. MTA, MRCA -- and even IRC -- did not agree with USAID's judgement on this issue. As of this writing (May, 1994) MTA and MRCA continue their programs under European funding.

(4) Handicap International (HI): Handicap International is based in Quetta. HI has been providing prosthetic services to Afghans in southern Afghanistan since 1985. In 1990, the Mission obtained central funds, from the War Victims project, to provide an initial two-year, \$420,000 grant to this European NGO. The grant focused on setting up orthopaedic facilities providing prosthetic services. This was done in conjunction with "implementing partners," who, it was planned, would continue to operate the facilities after HI had trained the staff and gotten the facilities off the ground. The two implementing partners selected by HI were Mercy Corps International (MCI) and Islamic Aid Health Center (IAHC), both funded by USAID.

The grant was extended and closed out in 1993. During the life of this activity, HI trained twenty-four MCI and IAHC technicians in the construction of above- and below-knee prosthetic devices, and HI provided prosthetic devices for amputees at the orthopaedic rehabilitation centers. All four centers were located adjacent to existing NGO-supported medical clinics.

A 1992 evaluation noted that, because the orthopaedic rehabilitation centers were located in rural areas, not many patients were seen. The NGOs were encouraged to move their centers to urban areas as security permitted. One of the centers, in Helmand province, was caught in internecine fighting and the equipment for the center's operations was looted and/or destroyed. At the end of USAID support, the remaining three centers were in operation.

(5) Sandy Gall's Afghanistan Appeal: In 1991 USAID approved a small (\$41,000) one-year subgrant to Sandy Gall's to tide this organization over a funding gap. Sandy Gall's, started with funding from the sale of a book by an Afghanophile, Mr. Sandy Gall, treats all types of handicapped Afghans from its facility just outside of Peshawar. This organization has an excellent reputation. It provides services similar to, but more extensive than, Handicap International. Sandy Gall's prosthetic devices are said to be made of imported materials; while

HI focuses on producing artificial limbs from locally produced and/or acquired materials. Sandy Gall's operations continues out of the Peshawar area, funded by European sources.

(6) Coordination of Medical Committees (CMC): The Coordination of Medical Committees, established in 1986, was funded by USAID from 1987 through December, 1991, at which time this organization disbanded. USAID's decision to fund CMC was an attempt to coordinate all implementing entities operating health/medical cross-border programs. The decision to fund this organization was a good one and was confirmed by the 1990 health evaluation.

CMC had the primary objective of facilitating member committees to alter their disparate foci -- from single entity/donor interests to a more comprehensive, coordinated effort in planning, development, training and implementing of health/medical programs inside Afghanistan. Coordination had not been institutionalized prior to the formation of CMC; there was, of course, no government to play this vital role for resistance-held Afghanistan.

CMC was established two years before the two major PVO/NGO coordinating bodies were formed in July, 1988 -- ACBAR in Peshawar and SWABAC in Quetta.

CMC began work on tasks involving standardization and coordinating of training and service delivery. It worked on several major tasks during its five-year existence: data entry from the "Green Books" (records of diagnoses kept at health facilities) which generated important epidemiological analyses of disease incidence and statistics; mapping health worker/facility locations; standardization of pharmaceutical lists and treatment protocols; and operating the first -- and only -- independent monitoring system.

Sadly, most members of CMC, particularly those with major funding sources, had little incentive to collaborate without donor pressure. CMC voted to disband late in 1991, and no coordinating body really took its place. Although CMC brought about a significant amount of standardization, which would not have happened without it, there still remained a lot of work to accomplish. The amount of duplication and lack of standardization of programs became very obvious when program funds began to decline. To eliminate this wastage, major donors, notably the EC and USAID, mandated standardization and rationalization of health facilities, workers, and drug and equipment lists. The threat of a funding cut-off forced many implementing entities to coordinate and will probably help to sustain part of the health delivery system set up inside Afghanistan over the years of war.

In situations such as Afghanistan, where there is no effective central government, a coordinating body -- which is strongly supported by donors with funds and with joint pressure -- is needed for standardization and collaboration. This cannot be emphasized strongly enough. These situations are not uncommon; Cambodia and the West Bank come to mind. Both of these programs have suffered -- as did the Afghan program -- from wasteful duplication of efforts to provide health/medical assistance.

Afghan NGOs

(7) Afghan OB/GYN Hospital(AOCH): Afghan OB/GYN was one of the major recipients of USAID funds through the cooperative agreement with IRC. This Afghan NGO received over \$405,000 between 1989 and February 28, 1993, when the subgrant was closed out. The AOGH, founded in 1984 by an Afghan American OB/GYN physician, received funding from a variety of donors; USAID, however, was its principal donor.

The 24-bed hospital was located in Peshawar until moving into Jalalabad in 1993. On average, during the period of USAID support, the hospital provided in-patient care for more than 500 women a month and out-patient perinatal care for up to 2,000 women a month. Patients were Afghan refugee women from camps throughout the Northwest Frontier Province of Pakistan, and some patients travelled from bordering areas of Afghanistan for treatment. All of the hospital's staff was female, including more than 10 Afghan doctors, some of whom volunteered their services. The Hospital was the only comprehensive medical facility serving Afghan women in the area. The hospital also served an important role as a practical training site for female students of the Maternal and Child Health Officer course, funded by USAID through the agreement with Management Sciences for Health. In addition, female staff from the Swedish Committee for Afghanistan, Save the Children Foundation(UK), the Ministry of Public Health, and the Austrian Relief Committee all received clinical training at the AOGH.

After considerable planning and encouragement from donors -- particularly USAID -- the AOGH moved to Jalalabad early in 1993. (USAID had been encouraging all services and training be moved from Pakistan into Afghanistan.) The Director of the AOGH decided, against donor advice, to set up the Hospital on his private property just outside of Jalalabad. We had wanted the AOGH to take over a former, disused government hospital in the City, thereby restoring services and at the same time serving as a practical training site for the Ministry of Public Health training to be held in Jalalabad. Because the AOGH Director refused to consider any site except that on his private property, USAID and IRC withdrew all support. Our information indicates that the Norwegian Refugee Council and Norwegian Church Aid did finance the construction of an OB/GYN hospital on the Director's land and it continues to be active, but at a reduced level. The Peshawar-based hospital closed with the opening of the Jalalabad hospital.

IRC reports that the AOGH initially refused to participate in a close-out audit, begun in March 1993, not allowing access to AOGH financial records. IRC went to the Norwegian donors who put on pressure. The AOGH has since agreed to the final audit; which, as of this writing, is on-going, with plans to complete it in May, 1994.

(8) Psychiatric Center for Afghanistan (PCA): USAID provided \$54,408 to this Afghan NGO which was set up in Peshawar by an Afghan psychiatrist during 1986. Our funding began in 1989 and ended June 30, 1992. It is interesting to note that at the time USAID began funding this NGO, which provided psychiatric service to Afghan war victims, there was an American psychiatric nurse who worked as the assistant USAID project officer.

The PSA treated patients with psychiatric and other mental disorders; the Center also had a large case load of drug addicts. The PCA reported treating over 2,000 patients a month in 1991.

In 1990 the founder of the PCA reportedly fled to Germany because of threats on his life. He attempted to direct PCA operations from Germany, however, this proved to be difficult. PCA, for unknown reasons, lost all of its qualified psychiatric staff, and at the time of the decision to end funding in 1992, there were no psychiatrists or psychologists on the staff; patients were reportedly being treated by physicians. The PCA has since closed. Closure was under a cloud of suspicion about possible financial improprieties. IRC and the Norwegian donors did a joint close-out audit which indicated, according to IRC, "substantial administrative, fiscal and technical problems in the operation of the Psychiatry Center for Afghans."

As with the AOGH, there are again indications that at least these two Afghan-run NGOs, although providing valuable services, were not always well managed and may have had some financial accounting problems.

(9) *Aide Medical Internationally for Afghanistan (AMIA)*: SAID provided a small, six-month grant to AMIA to conduct a clinic survey in part of Logar province, in eastern Afghanistan where AMIA had been working since July, 1989. The USAID grant also funded two public health training courses for 20 health workers in the area.

IRC had been funding AMIA for a number of years and this NGO was participating in IRC's efforts at integrated rural development in eastern Afghanistan. Although IRC wanted USAID to continue the grant to this Afghan NGO, we decided against it because AMIA was working in an area which was over-served.

(10) *Islamic Aid Health Center (IAHC)*: SAID support to IAHC, a Quetta-based Afghan NGO, began in 1981 and ended on December 31, 1993. It has a reputation for running cost-efficient services, and reportedly charges fees-for-services to those who can afford to pay.

IAHC ran health services to Afghans in refugee camps, and increasingly in southern Afghanistan. USAID indirectly supported IAHC through a grant to Handicap International (see above); IAHC was one of HI's "implementing partners," and through the HI grant established two orthopaedic facilities -- one, however, was destroyed during regional fighting before it could begin operations. Under the HI grant, it was expected that the implementing partners would pick up all costs of the services to the disabled after one year of operation. When the HI support ended in 1992, however, IAHC did not have the funds to continue and requested a 12-month grant until it was able to support its prosthetic services in Spendai, Ghazni province. A \$14,449, one-year grant was given. During this time, IAHC reported to have provided consultation, referral and/or prosthetic devices to an estimated 15 disabled patients per month at its Spendai facility. IAHC also provided outreach services and activities to increase the number of amputees coming for services. The total outputs were: four technicians trained in the manufacture of crutches, above and below the knee prosthetic devices; one supervisor trained

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in administrative management of orthopedic workshops; over 270 patients registered in orthopaedic rehabilitation; and over 30 crutches manufactured. (As of this writing, there is no data on the number of prosthetic devices manufactured.)

(11) Afghan Amputee Bicyclists for Recreation and Rehabilitation (AABRAR): The four-month, \$16,000 grant to this NGO supported a rehabilitative bicycle training and rehabilitation program for lower limb amputees on an outpatient basis in Jalalabad. AABRAR also provided physical therapy services to men and women -- AABRAR had on staff a female physical therapist. The purpose of the training on bicycles was to increase the mobility of amputees so they could lead more independent and productive lives. During the training program, AABRAR also provided literacy and numeracy courses and ran a first aid station. AABRAR reportedly trained 68 amputees in cycling during the grant. The graduates each left with a donated bicycle.

This NGO continues its services in Jalalabad with other donor funding, providing much-needed services, witnessed by its waiting list of patients.

(12) Mujahid Emergency Medical Center (MMC): The MMC was founded in 1989 by an Afghan doctor to provide emergency first aid and surgical services to wounded mujahideen in the Jalalabad area and in the suburbs around Kabul. After the fall of Jalalabad to the Mujahideen in 1992, MMC established a clinic in the city which offers a full range of services including emergency surgery. The clinic also offers immunization, dental care, delivery services and outpatient care for men, women and children.

Notably, the MMC clinic has seven medical teams on staff, one team has two female physicians and four Lady Health Visitors. The USAID grant -- following our redirection towards providing services to women and children by women health/medical providers -- funded the maternal and child health portion of MMC activities.

The USAID grant, through IRC, provided about 11 months of funding support (\$23,833). During this time, IRC reports that MMC dispensed outpatient and vaccination services to over 19,000 women and children and provided outreach services to 755 families (or 2,267 clients) in their homes, where health education sessions were held on nutrition, pre-natal care, child care and hygiene.

The MMC activity was judged to be very successful in providing important maternal and child health services. USAID assistance to this organization, and a possible expansion of its services geographically, would have continued if the program for Afghanistan had not been mandated to shut down. USAID assistance to MMC ended January 31, 1994, the last Afghan health NGO USAID supported under the PVO Support Project.

6. LESSONS LEARNED

NGOs, both international and Afghan, can be an effective way to deliver health and medical services to Afghanistan. This non-governmental method of delivering services has been extremely effective in other countries -- family planning services via indigenous NGOs in Bangladesh comes to mind. In the case of Afghanistan, (1): the international NGOs had their own agendas, and, as has been previously pointed out, little coordination occurred; (2) Afghanistan has no tradition of home-grown NGOs; those that existed were new, some created by international NGOs. Most were inexperienced. More importantly, USAID, through its "umbrella" mechanism to fund NGOs through IRC, did not try to focus efforts -- to selectively fund NGOs to achieve a common target; USAID didn't do this until very late, when women and children became the foci. If the Afghan health program would have continued, Afghan NGOs providing maternal and child health services would have been nurtured and funded.

USAID did learn that NGOs, such a MMC, can provide very good services at the village level. MMC had mobile teams, some with female members, which could and did reach clients in their homes. This is a must in Afghanistan if women and very young children are to be served.

7. SUSTAINABILITY

Sustainability was not an issue that either USAID or IRC paid much attention to. Revenue generation, such as fees-for-service -- or even a simple entrance fee -- was certainly possible in the curative services funded under this agreement. IRC, however, was not interested, and USAID was too busy promoting sustainability within its larger efforts. IRC, in its final report, defines sustainability as the ability of finding another donor to assume the NGOs previously supported by USAID.

2D - FREEDOM MEDICINE

1. BASIC GRANT DATA

PROJECT TITLE: IMPLEMENTING ORGANIZATION: Freedom Medicine (FM) GRANT NUMBER: 306-201-G-00-7244-00			
Action	Date	CACD	Oblig. Amt.
Orig. Grant	08/30/87	10/04/88	\$ 1,037,570
Amendment #1	10/29/87	-	-
Amendment #2	09/14/88	-	\$ 440,509
Amendment #3	09/27/88	06/30/89	\$ 867,101
Amendment #4	06/06/89	11/15/89	-
Amendment #5	07/20/89	06/30/90	\$ 1,400,000
Amendment #6	05/17/90	06/30/91	\$ 800,000
Amendment #7	06/28/90	-	\$ 600,000
TOTAL AMOUNT OBLIGATED: \$ 5,709,787**			
TOTAL EXPENDITURES: \$ 5,709,787**			
** Includes funds received under a previous grant under the PVO Co-financing Project.			

2. GRANT PURPOSE

- To provide health and medical care to Afghans by operating health facilities inside Afghanistan and by providing training to upgrade health/medical workers.
- To transition Freedom Medicine's training program and health delivery services inside Afghanistan to the Ministry of Public Health of the Afghan Interim Government (MOPH/AIG).

3. GRANT COMPONENTS

Freedom Medicine (FM) was an American group based in Washington DC. In 1985, FM began training mid-level health workers who then set up clinics inside Afghanistan to provide health services in rural Afghanistan.

Service delivery: In the four years of operations from 1986 to 1989, during which basic medic training was being conducted, Freedom Medicine established 179 clinics in 24 of Afghanistan's 29 provinces. After students graduated from their six months training in Freedom Medicine's medic course, the Swedish Committee for Afghanistan (SCA) provided each medic with a salary plus medicines and supplies sufficient to operate a clinic inside Afghanistan for six months. Over a 12-month period, FM began consolidating its clinics, and in August 1990, FM

had 168 medics working out of 79 clinics in Afghanistan.

Medics would return to Peshawar for resupply, at which time they would be debriefed by FM logistical personnel regarding their activities during the last supply period. An assessment of the medic's skills and knowledge was also done by FM's medical staff, which determined whether the medic needed a short two-week refresher course, needed to be dropped from service, or whether he (all were male) could return to Afghanistan. If the latter were the case, the medic then went to SCA where he received his salary and additional medicines and supplies.

In 1989 USAID and Freedom Medicine agreed to a two-year transition of program components to the MOPH of the Afghan Interim Government. Thus, it was part of the plan to transition the responsibility for FM's cross-border clinic system to the MOPH/AIG. This did not work out because the MOPH had no funds nor staff to take the system over; therefore, FM's clinic system was transferred to the SCA in December 1990.

Training: Freedom Medicine began training mid-level health workers in their six-month basic medic course in 1986, and by August 1989, when they completed their tenth and final basic medic course, a total of 179 mid-level medics had been trained.

FM's system involved running training courses concurrently, staggering starting dates by at least one month. Training took place in Thal, a village located about 120 kilometers (a three hour drive) south of Peshawar and 20 kilometers from the Afghan border, with rustic conditions which one would expect to find inside Afghanistan. Part of FM's training involved a rotation up north, to Garam Chasma (near Chitral), where FM could simulate setting up a clinic and providing health services as graduates would do in Afghanistan.

In 1989, it became evident to FM and to other training organizations in the community, that there was a greater need to provide some sort of refresher training for the mid-level health workers that had been trained in the previous four to five years. To meet this need FM designed a three-month Expanded Paramedic (EP) Course, in which a mid-level health worker could upgrade his skills and knowledge. Criteria for admission included graduation from a mid-level training course of at least six months duration and at least six months of work experience.

From January 1990 until April 1991, five EP courses were conducted, graduating about 90 students. SCA did an assessment of the EP course in October 1990. There were major deficiencies noted in the training materials and course itself, and major revisions had to be done on course materials during the EP-4 course (which had begun in September 1990 and was scheduled to be completed in November).

Future USAID funding for FM's program and funding for the EP-5 course scheduled to start in January 1991 were dependent on the curriculum and training revisions being completed prior to December 15, 1990. Due to the Gulf War, the FM expatriates left Pakistan January 10, 1991, and the course/program was continued with Afghan staff leadership until program closure. Freedom Medicine's activities were completed on April 30, 1991, and their Pakistan program

phased out in June 1991.

The third type of training conducted by FM was a Training of Trainers (TOT) course which they had developed. All trainers involved in the EP courses were mandated to and did take this course by December 1990.

USAID wanted to continue to be able to utilize the Thal training facility after Freedom Medicine's program was closed out, inter alia, because it was on one of the main access routes to eastern Afghanistan. Arrangements were made with another USAID-funded medical training NGO, International Medical Corps (IMC), who assumed responsibility of the Thal site and equipment, as well as the training and support staff on May 1, 1991.

Program Transition to the MOPH/AIG: In February 1989, the Soviets withdrew from Afghanistan, and an Afghan Interim Government (AIG) with an MOPH was established in Peshawar. At this time FM discussed with USAID and MOPH officials FM's offer to transition their Afghanistan clinic system, logistical capacity and training program to the AIG, in order to promote the necessity of the Afghan leadership's assumption of a larger role in developing an Afghan health care system.

Being receptive, USAID modified FM's grant mission statement to include the transition program, noting that the process would require a "two year (plus)" time period for successful implementation. A transition team was selected, made up of Freedom Medicine expatriate staff and members of the MOPH.

The transition program had many difficulties during the 18-month process, from July 1989 to January 1991. The whole process was well documented by FM in their Transition Report prepared February 28, 1991. By the end, FM had transferred the responsibility of their programs in an organized process to the MOPH/AIG, except, as mentioned before, for the clinic system in Afghanistan which was transferred to SCA in December 1990.

By "Afghanization" of its projects, FM stated that it had to a large degree achieved its transition goal. MOPH administrators coordinated and oversaw training activities and Afghan doctors/trainers ran the training program when the expat staff left in January 1991. Also, the completed EP Course curriculum was available to the Institute of Public Health (IPH) of the MOPH.

4. INPUTS

The total amount of USAID funds expended through LOP was \$5,415,180. Aside from the collaborative relationship with the Swedish Committee for Afghanistan, Freedom Medicine had only very small amounts of private funding which it used to establish its medical training course.

As there was no form counterpart government, this was a unilateral effort; thus no contributions in this project came from the Government of Afghanistan. A significant amount of time was expended by MOPH personnel during the 18-month transition program process, and we estimate the value of this "in-kind" time to be worth up to \$150,000 -- although much of the "contributed time" by Transition Team members was actually paid for through the cooperative agreement with Management Sciences for Health. "Non-MSH supported" team members were supported by their Parties. The source(s) of these funds are unknown, but undoubtedly were from Middle Eastern "interests." There were no other significant donors to Freedom Medicine's activities.

5. ACTIVITIES AND ACCOMPLISHMENTS

Service Delivery:

- Trained 179 mid-level health workers in their six-month Basic Medic Course, who then established clinics in the rural areas of 24 provinces in Afghanistan. The actual number of clinics were consolidated in late 1990, and there was a reported 168 medics working out of 79 clinics.
- Developed a good debriefing system for medics returning for resupply, the results of which were used to decide necessary actions for the concerned medic.
- Was the only group funded by USAID who had coordinated and shared responsibility for their clinic service delivery with another non-USAID agency - the Swedish Committee for Afghanistan. FM was responsible for training clinic staff and logistics, where SCA held responsibility for staff salary and clinic medicines and supplies.

Training:

- The Thal training site was the most appropriate for training Afghans in regards to providing a setting which was similar to one in their own country. It was located three hours from Peshawar, in a village 20 kilometers from the Afghan border, with a large number of Afghan refugees in the vicinity, therefore there was always an abundance of patients for clinical and hospital/emergency room practical experience.

A negative factor to the Thal site was the distance from Peshawar which had the effect of decreasing the frequency of supervisory visits by the Peshawar FM staff. This proved problematic, especially during the transition phase, when EP-4 was in progress. If the Peshawar FM medical staff had spent more time in Thal, maybe the training/curriculum problems noted in the October 1990 assessment would not have reached the level that they did, and could have been rectified sooner.

- Developing and teaching the Training of Trainers (TOT) Course was an accomplishment. It would have been better for the training program in general if the FM and MOPH trainers who taught the courses in Thal, would have all taken the TOT when the course was first developed or when they were first hired. But, at least by December 1990, all staff teaching in Thal had taken a TOT course.
- Freedom Medicine was the first organization to develop a course designed to refresh mid-level health workers and upgrade their skills and knowledge, a necessary task whose time had come after four to five years of various groups teaching basic mid-level health worker courses. This Expanded Paramedic (EP) course was the first attempt at designing and implementing this type of refresher course.

As became evident with this EP course, there was not enough supervision or contact with the FM Peshawar medical staff, and what was reported to be happening/taught in this course in Thal, was not actually occurring.

Program Transition to the MOPH/AIG: FM was able to transition the majority of its program over to the MOPH/AIG, with the exception of their inside clinic system. With the myriad of problems encountered, this was an admirable task and a great accomplishment. With the Gulf War necessitating the early departure of all FM expatriates in January 1991, the EP course and FM's program and facility in Thal were turned over completely to the Afghans, and the integrity of the programs was not compromised.

6. LESSONS LEARNED

Freedom Medicine, in their February 28, 1991 Transition Report, included a "Lessons Learned" section, some of which are reiterated here:

- **Implicit in the transition is the realization that the (transition) project is a learning process in itself.** The frequent adjustments to the transition plan indicate that the environment was turbulent, but they also reflect (that) the team's discovery of which strategies were useful and which were not.
- **Amongst the most important lessons learned during the transition process is that coordination with other agencies' efforts is imperative. Whenever possible, utilizing existing systems and resources is preferable to duplicating them.** While this concept of coordination was readily acceptable in the international aid community, it was rarely realized in a meaningful way during the course of the transition.
- **If other AID-funded projects are to be successfully transitioned, earlier and more concerted efforts at coordination must take place.** Three mechanisms were suggested to accomplish this:

- 1) Those managing and directing the transition must actively participate in interagency meetings.
- 2) Grantees and contractors must remember that their purpose is not to perpetuate their own existence, but to assist the target population in achieving a level of self-sufficiency which is realistic and sustainable.
- 3) Donor involvement is essential. USAID's recent attempt to establish a consortium of training agencies in Peshawar by coupling continued funding with cooperation is an example of how this might be achieved.

Other Lessons Learned include the following:

- For a country such as Afghanistan, it is not necessary, and in fact it may be counter-productive, to do medical training in a sophisticated setting with sophisticated equipment. Because Thal resembled conditions in Afghanistan, it proved to be an excellent training site. The negative aspect of the Thal site was that communications were very poor, and could/should have been improved long before the problems were noticed during the October 1990 assessment. (There was no telephone link between FM's office in Peshawar and its training site at Thal, although it was possible to establish one.)
- There were clearly two problems that were generic to all training groups: each was autonomous and developed their own training programs without input or standardization with other groups; no independent monitoring/evaluation was done on individual agency's training courses. It was only when the donors themselves tied in an agency's future funding to coordination with other groups in standardization efforts, that coordination and standardization took place.

7. SUSTAINABILITY

Service delivery: Freedom Medicine's cross-border operations and clinic system were able to continue after their closeout mainly because they were transferred to Swedish Committee, who had the funds to pay the staff and supply the clinics. The original intent was to transition them to the MOPH, but for lack of funds and the fact that the MOPH/AIG did not have authority in most parts of Afghanistan, this was not possible.

Training: The FM transition team supplied the MOPH with the EP and TOT curricula, as well as all documentation as to how the programs should run. The MOPH physicians who were an active part of the FM training team were re-integrated into the MOPH staff when FM closed out its program. Dr. Fatimie of the MOPH opted to hold future EP and TOT training courses in Jaghatu district in Wardak province in Afghanistan. As far as we know, these courses were never implemented there, and therefore were, in effect, not sustainable.

During this same time period (spring 1991), USAID sponsored a consortium of medical/training groups who developed a standardized combined mid-level continuing education program (CMCEP) course, which also involved the participation of the MOPH. This course had the support and financial backing of USAID and the Swedish Committee, and therefore superseded FM's EP course. As a matter of interest, the CMCEP course was continued through January 1994, both in Peshawar, Quetta and, then in 1992, in Jalalabad and Kandahar in Afghanistan, where it was taught jointly with both IMC and Mercy Corps International (MCI) and the MOPH.

SECTION 3 - AGRICULTURE/RURAL INFRASTRUCTURE SECTOR

3A - VILLAGE ASSISTANCE PROGRAM (CARE International)

3B - AGRICULTURE PROGRAM (Mercy Corps International)

3C - MODEL FARMS PROGRAM (International Rescue Committee)

3D - RURAL ASSISTANCE PROGRAM (International Rescue Committee)

3A - VILLAGE ASSISTANCE PROGRAM (CARE International)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Afghan Village Assistance Program	
IMPLEMENTING ORGANIZATION:		CARE International	
COOPERATIVE AGREEMENT:		306-0211-A-00-0962-10	
Action	Date	PACD	Oblig. Amt.
Orig. Agreement	07/02/90	07/01/91	\$ 1,300,000
Amendment #1	09/05/90	-	358
Amendment #2	09/30/91	-	\$ 85,784
Amendment #3	04/24/91	-	-
Amendment #4	06/30/91	10/01/91	-
Amendment #5	08/18/91	06/30/92	\$ 600,000
Amendment #6	09/17/91	-	\$ 800,000
Amendment #7	07/02/92	09/30/92	-
Amendment #8	09/26/92	03/31/93	\$1,910,000
Amendment #9	04/18/93	12/31/93	-
TOTAL AMOUNT OBLIGATED:		\$ 4,696,142	
TOTAL AMOUNT DISBURSED:		\$ 4,696,142 (as of 06/30/94)	
NOTE: CARE received a previous grant under PVO Co-financing Project (306-0201) in the amount of \$125,390 to cover the start up costs of establishing an office in Peshawar.			

2. AGREEMENT GOAL AND PURPOSE

The CARE Cooperative Agreement was crafted specifically to focus on using surplus U.S. food to assist Afghan refugee farmers attain food security and to facilitate in the reconstruction of war torn Afghanistan. The main purposes of the grant were to:

- To carry out rehabilitation activities inside Afghanistan which help the Afghan people.
- To facilitate repatriation of Afghan refugees.

3. BACKGROUND

Back in 1986, when USAID (AID/Rep) was considering ways to provide humanitarian assistance to Afghans, three important factors generated interest in supporting a food-for-work (FFW) program: 1) wheat, the Afghan staple, was in short supply; 2) USG PL 480 Title II wheat was available for development purposes; and, 3) returning Afghan refugees were willing to work on reconstruction projects for payment in food. Because of its preeminent international

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experience in delivering food aid, CARE was asked in 1988 to assess food needs and develop a FFW program for the secure areas of Afghanistan. A three month survey of eastern provinces revealed that wheat was in short supply and that FFW activities could assist returning refugees.

In 1989, CARE recruited a staff of Afghan engineers, established an office in Peshawar, and, after a 13 month period of haggling with the Government of Pakistan (GOP) for the necessary Certificate of No Objection, they began field work in Kunar Province. Villagers were interested in working on road repairs, irrigation canal cleaning, erosion barriers, grain storage facilities, and a number of other agriculture improvement activities. Returning refugees were recruited. Local market wheat prices were monitored so the FFW activity and extra wheat did not result in a disincentive for farmers.

After a year of FFW activity in Kunar Province, CARE was instructed to expand operations in Paktia, Paktika, Maidan, and Logar Provinces. Its FFW wheat ration was down-sized from 14 to 7 kg/day/person, in line with other ACBAR member PVOs and the World Food Program formula. Proceeds from the sale of PL 480 wheat were no longer available for cash-for-work.

Security remained a problem for commodity shipments and project monitoring throughout the three year implementation period. Site visits inside Afghanistan by American personnel were not allowed for most of the time. Several serious food convoy hijackings occurred, which required weeks of negotiation and delayed progress. In 1990, all field work was halted for 6 months during the kidnapping of 2 Americans from the PVO Global Partners. Food (rice, dal, ghee, beans, sugar, tea, salt) was later provided to CARE through the Commodity Export Program (CEP) (306-0205) for FFW and emergency feeding.

4. AGREEMENT COMPONENTS

The components of the Village Assistance Project reflected how CARE International established itself to carry out the work of the program. They included a management facility in Peshawar and four operational offices in Paktia, Kunar, Paktika and Maidan Provinces. Each field unit was headed by an Afghan Project Administrator (P.A.). Support staff at the provincial office level consisted of the following: Administrative Assistant; Office Assistant; Accounts Manager; Assistant Accounts Manager; Warehouse Manager; Assistant Warehouse Manager; drivers, watchmen, a cleaner and a cook.

Actual project sites were often some distance away from the Provincial Center which meant that a field unit with project personnel was necessary. Organized in this manner the project personnel had close interaction with the shura (village council) and villagers working in food-for-work groups. Field level operational staff consisted of: (1) Field Coordinators; (2) Management Assistant; (3) Field Supervisors (one for every 16 projects); and, (4) Site Foremen (one for every 6 sites).

Technical support for field level operations was provided by a Survey and Design Team (S&D). This team consisted of: (1) Field Surveyors & Estimators; (2) Structure Designers and, (3) Draftsmen.

To backstop its field units and staff of over 150 Afghan employees, CARE maintained a Peshawar Support Office. Here the CARE Project Manager, William Huth, and a staff of 35 engineers, accountants and other support personnel monitored, supported and reported on the project. Major functions of the Peshawar office were to:

- Represent CARE in coordinating program activity and accountability responsibilities with USAID;
- Liaise with program counterparts, donors and other agencies;
- Handle the major purchasing and transport requirements;
- Establish program policies and procedures;
- Review all candidates for CARE employment;
- Ensure that CARE financial, management and programming policies are established, understood and followed;
- Prepare annual plans and budgets;
- Prepare program and financial reports;
- Arrange and/or conduct staff training;
- Oversee and guide all field operations.

5. INPUTS

The total cost of this project is estimated at \$5,916,142; USAID's share of this total is \$4,696,142; the remaining \$1,220,000 came from CARE and other donors. A breakdown by line items of the budget and actual expenditures as of December 31, 1993, is as follows:

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	<u>Budget</u>	<u>Actual Exp.</u>
Local Program Costs	\$ 1,474,144	\$ 1,511,999
Local Operational Costs	2,430,749	2,415,008
New York Operating Costs	454,269	453,777
Emergency Food Assistance	1,915	1,666
Overhead	<u>335,065</u>	<u>315,400</u>
TOTAL	\$ 4,696,142	\$ 4,697,850

6. ACCOMPLISHMENTS

By January 1, 1994, at the end of the USAID funding period the following significant project outputs were recorded:

- 548 kilometers of irrigation channel repaired
- 491 kilometers of karezes repaired/cleaned
- 207 kilometers of tertiary roads repaired
- 3,050 meters of retaining wall constructed
- 111 nurseries established
- 20,000 MT of food distributed to FFW and emergency programs

One of the project goals of the Afghan Village Assistance Program was to assist returning refugees attain self-sufficiency in food production. Like many other development programs in Afghanistan, objective evaluation of success was very difficult to undertake. However, from recent site visits, video reports, and anecdotal data, there is evidence to show that the program achieved considerable success. Refugees have returned in significant numbers and have become food self-sufficient in the areas where FFW projects were undertaken.

According to data collected by the project, the FFW activities which gave agriculture a jump start (canal cleaning and repair) were most successful. Resettling villagers were able to become self-sufficient in food production. Farmers were able to organize and take care of canal maintenance because the systems were relatively small in size. Several farm-to-market roads repaired by the project have helped increase villager access to agricultural inputs and thus boosted the local economy.

Many people were employed throughout the project period. During the last quarter alone, an average of 5,753 persons worked on 560 different projects in four provinces and earned a total of 3,829 MT of wheat. Project staff agree that a key to success is villager involvement in planning and implementing FFW activities from the beginning.

Project data shows that FFW activities in Afghanistan are management-intensive. To plan, negotiate and implement field activities, often in remote areas, takes an enormous amount of

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manpower. FFW activities are not cheap either. The programming of 20,000 MT of food in FFW and emergency feeding activities over a three year period was approximately \$5 million (or \$250/MT). This does not include the \$250/MT cost of the wheat. However, programming cost/MT is only part of the picture. The cost benefit analysis must also look at increased agricultural productivity which results from restored land and repaired irrigation systems. On accountability, the project scores high. Village Assistance Program records show where, how much, and when project resources were used by each FFW activity.

A significant measure of success in the project is also seen in the fact that the European Commission provided \$1.5 million in funding to continue the activity in 1994. The basic objectives of the project remain unchanged.

7. LESSONS LEARNED

The Village Assistance Program was established to see if surplus food (PL 480 wheat) could be used to help Afghan villagers return to their homelands, reconstruct their infrastructure and become self-sufficient. During the project period several hundred thousand Afghans did return home to areas where food-for-work activities were underway and there is ample evidence that many project participants benefitted from the rural works that resulted. A myriad of constraints impeded the effective project implementation and there were many lessons learned along the way:

(1) Prepare work plans early: In the early days of the project everyone was preoccupied with the establishment of provincial headquarters and getting started. Not enough time was given to producing a doable work plan with identifiable progress indicators. With the onslaught of returning refugees and the political pressure to get any activities underway, project personnel did not have a well-structured and complete plan to report progress against. After explicit instructions and considerable effort well thought-out plans with identifiable indicators were produced in the second year of the project. Because the plans were formulated with Afghan staff they were useful in guiding the project along. However, if we were to begin again with a food-for-work project in the same or some other area of Afghanistan, we would insist more strongly that detailed work plans be produced earlier on, prior to implementation.

(2) Assess security thoroughly: To carry out food-for-work activities it was necessary to send food and other project materials such as re-bar, cement, hand tools, etc. from Pakistan across the border to remote sites inside Afghanistan. This often meant contracting with local transporters for shipment through the tribal territories between the Northwest Frontier Province in Pakistan and the Afghan border, and then further through a gauntlet of Afghan commanders who would demand their share of the project commodities. On several occasions when food was hijacked, field activities were seriously disrupted. In July of 1989 when two Americans (non-project-related) were kidnapped in Ghazni Province, all USAID-sponsored field work came to a halt for 6 months (right in the middle of the construction season). Negotiations for the release of stolen commodities diverted serious amounts of staff time. We believe that a more foolproof

system should have been worked out earlier in the project to confirm the security of food shipments. If we were to undertake FFW activities again, particularly in Paktika Province, local shuras and commanders would have to be organized in such a way that they could provide greater assurance for the safety of the shipments.

(3) Sell more vegetable oil: Because rural Afghans use ghee (animal fat) there was uncertainty about whether any kind of oil sales program would work. In 1989 we decided to try selling PL 480 vegoil to Afghan traders in Quetta and Peshawar. A shipment of 2,500 MT (worth approximately \$3 million) packed in one gallon tins landed in Karachi. The oil was shipped up-country and various attempts were made to auction it off at prices slightly higher than those in the local Pakistani bazaar (so it would not end up in the local market). After months of discussion about whether it should be marketed in Kabul (where it might reach enemy troops) or just in liberated areas, and after several auction attempts the oil never sold. Approximately 2,000 MT were used in FFW programs. The rest was donated to the refugee feeding program.

However, Afghans consume lots of vegoil. Vegoil, packed in 100 kilogram drums, ships efficiently and would yield valuable proceeds which could be used for development work. If we could start again from scratch, we would first bring in a smaller quantity, say 1000 MT, make arrangements to have it delivered inside to a secure point in Afghanistan and thereby avoid the Pakistani bureaucratic red tape. With the already established network of traders we would then focus on the Kabul market where we know vegetable oil will sell. We would start small, with more unconventional marketing techniques and eventually look at opportunities in Mazar and Kandahar

(4) Utilize video reporting: Reporting the true project implementation picture was always a challenge. We did not take advantage of all the opportunities we had out there. There were quite a few real success stories and the project's horn should have been tooted more forcefully. Unfortunately, for most of the project period, American personnel could not visit project sites to monitor on-going work and interact with beneficiaries. Very few of the Afghan project staff had the ability to adequately capture the essence of what was going on in the field. About halfway through the project period we discovered that effectively produced video reports, showing field activities and food distribution, added tremendously to our understanding of overall project implementation. If we were to undertake another FFW project where Americans were not allowed to visit we could make more use of video reports; they could be used to provide systematic feedback on the progress, problems and recommendations of project implementation in the field.

(5) Don't accept poor leadership from the COP: We were quite lucky to have gotten through most of the implementation period with good managerial ability, sharp technical skills, and solid leadership from CARE because for much of the period the assistant project manager was in charge. However, after a year of implementation, CARE sent someone, who lacked the necessary leadership skills to be in charge at the height of project activity. Unfortunately the Cooperative Agreement was not worded in such a way that USAID had veto power and we had to accept less than acceptable performance. Those of us who worked on this Cooperative

Agreement will not forget the disruptive episode and will hereafter no doubt insist on a clause which clearly gives USAID the upper hand when it comes to selecting the person in charge of the Project.

8. SUSTAINABILITY

The Afghan FFW project was established to help people resettle after living for years in refugee camps in Pakistan. It remains to be seen how well the Afghan villagers of Kunar, Paktia, Paktika, Logar, and Maidan provinces maintain their repaired roads, bridges, and irrigation canals. Judging by the anecdotal data and the feedback from hundreds of conversations with project personnel and beneficiaries, it is clear that the myriad of rural works activities made a substantial contribution towards self-sufficiency and the development of food security.

Without doubt, one of the most important field activities of the project was refurbishing, rejuvenating irrigation works. For years, while refugees were in camps in Pakistan, their fields and canals eroded and deteriorated. In many cases, after an agreement with the village shura, villagers were simply organized into work gangs to clean canals, dredge karezes and make small structural repairs. They received a wheat ration payment of 7 kilograms per day, but the important achievement was that as a result of the FFW activity their own wheat crop could be planted and irrigated. They were finally on the way off the dole and to becoming self-sufficient again. The canal cleaning activities were small. Sustainability was enhanced because Afghan villagers understand projects which directly affect their pocketbooks. This may not be so true with large irrigation systems which depend on inter-provincial rules, regulations and water rights agreements.

An important point which can not be overlooked in the sustainability of food-for-work activities is to make sure the infusion of food does not present a disincentive for farmers to grow their own. In other words, FFW activities are not sustainable if the end of project results in a decrease in the amount of local production. Happily this was not the case with the Afghan Village Assistance Project. At the height of FFW activities in Kunar Province when over 25 separate rural works repair jobs were underway and several thousand people were being paid a wheat ration of over 10 kilograms per day, the market price started to descend rapidly. Villagers accumulated wheat and sold it to neighboring provincial bazaars. A few bags reportedly even made it back to the bazaar of Bajaur Agency in Pakistan.

The amount of food and prices in the local bazaar need to be monitored carefully in order to make sure the project does not overload the system. It would probably be a mistake to think one could carry out effective FFW activities with food alone. Qualified engineers are needed for simple design work. Experienced negotiators are needed to interact with shura leaders and villagers. Quantities of cement, rebar and other construction materials are needed to support the rural works activities. A cash element therefore is an absolute necessity. This can be achieved by monetizing a small percentage of the wheat.

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Another FFW activity which helped to stabilize food availability was the construction of food stores or godowns. Of all the activities worked on in the Afghan Village Assistance Program the road repair jobs were probably the least sustainable. Even there, however, depending upon the size of the project, villagers had a vested interest in keeping the transport route open to allow goods and services to flow in both directions. In sum, most of the rural works FFW activities undertaken in the project are ones that the villagers decided upon themselves and became committed to. Even though many Afghan villagers are illiterate, almost all can add and subtract. When they realize the canal cleaning or other FFW activities are going to affect their pocketbook, it becomes sustainable real fast.

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3B - AGRICULTURE PROGRAM (Mercy Corps International)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Agriculture Program	
IMPLEMENTING ORGANIZATION:		Mercy Corps International	
COOPERATIVE AGREEMENT:		306-0211-A-00-0961-10	
Action	Date	CACD	Oblig. Amt.
Orig. Agreement	06/28/90	07/01/91	\$ 850,000
Amendment #1	06/20/91	07/01/92	\$ 875,000
Amendment #2	08/01/91	-	-
Amendment #3	08/10/91	-	\$ 380,000
Amendment #4	02/27/92	-	-
Amendment #5			\$ 513,000
Amendment #6	09/27/92	-	\$ 287,000
Amendment #7	09/28/92	-	\$ 700,000
Amendment #8	01/13/93	-	-
Amendment #9*	07/21/93	-	-
TOTAL AMOUNT OBLIGATED:		\$ 3,605,000	
TOTAL AMOUNT DISBURSED:		\$ 3,400,000	(as of 06/30/94)
* The purpose of Amendment #9 was to incorporate the details of the phase out plan and the distribution of project commodities as well as the remaining fertilizer and wheat seed.			

2. AGREEMENT GOAL AND PURPOSE

The Agriculture Cooperative Agreement with MCI was negotiated, in part, because the organization had prior experience in southern Afghanistan. Its goal was to restore agricultural capacity in Southwest Afghanistan through wheat seed production/distribution, orchard/vineyard rehabilitation, pilot projects in cash crops and assessments of potential agricultural activities.

3. BACKGROUND

Prior to the war, southwest Afghanistan was a region of significant agricultural production. Helmand province, with relatively large farms irrigated from the Helmand River system, produced a large quantity of surplus wheat for distribution to wheat deficit regions of the country. Kandahar produced a large quantity of fresh and dried fruit, one of the largest export commodities in prewar Afghanistan.

Since the war, wheat and fruit production in southwest Afghanistan has dropped dramatically, as much as 75% in some regions, due to the multiple effects of abandonment of fields and orchards, reduced irrigation from lack of maintenance, and the unavailability of

improved seed, nursery stock, fertilizers and pesticides.

In June 1986, Mercy Corps International (MCI), with a grant from the Office of AID Representative for Afghanistan Affairs (AID/Rep), began a program of providing medical supplies and health care facilities in southwest Afghanistan. Since July 1988, with funding from the Canadian High Commission, UNHCR, IRC/RAP, and UNDP, and commodity inputs from WFP, FAO, and AID/Rep, MCI has been implementing a variety of agriculture rehabilitation projects in the provinces of Zabul, Kandahar, and Helmand. Work to date has focused on the repair of irrigation facilities and the provision of inputs such as improved seed and fertilizer.

MCI has core funding from the Canadian High Commission to help cover agriculture staff and administrative costs and has established a network of district centers in Kandahar and Helmand, a logistic support system and working relationships with provincial, district, and village level leaders. MCI is prepared to expand its ongoing activities and to undertake additional projects to help rebuild the agriculture infrastructure of Afghanistan and help increase crop production to increase farmers' incomes, expand surpluses for export and produce additional food for residents and returning refugees.

4. COMPONENTS AND OBJECTIVES

Under the terms of this Agreement, Mercy Corps International, in collaboration with USAID, its contractors and grant recipients under the Agriculture Sector Support Project, was to undertake activities to restore agricultural capacity in southwest Afghanistan. Eligible activities for support were those which promoted the production, marketing and processing of food grain and cash crops. The expansion of private sector capacities was also targeted for promotion to the extent that there were direct links to activities approved under this Agreement.

Specific objectives of the Cooperative Agreement were four-fold:

(1) Seed Wheat Production and Distribution: MCI was to train and assist a minimum of 150 farmers in southwest Afghanistan in the production, harvest and marketing of wheat seed with the long term objective of creating a private seed growers association that would produce certified or improved seed for use in Afghanistan. Assistance to farmers included irrigation/karez rehabilitation and the provision of seed, fertilizer, wheat threshers, mechanical seed cleaners other commodities and support. MCI was also to establish distribution methods and prices of seed, fertilizer and other inputs compatible with other agricultural activities supported by AID/Rep and as agreed by AID/Rep. The seed produced in this activity was to be purchased and distributed to districts.

(2) Orchard and Vineyard Rehabilitation: Assistance was to be given to Afghan farmers with the rehabilitation of a minimum of 9,000 jeribs (approximately 4,500 acres) of vineyards and orchards with the long term objectives of increasing farmer income, increasing the availability of food, generating employment opportunities and to the extent possible recapturing

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Afghanistan's prewar export markets. Assistance to farmers included:

- the sale of rootstock, fertilizer, hand tools and other commodities as agreed to by AID/Rep;
- support for the repair of irrigation systems, vineyard trellises and other related infrastructure as agreed to by AID/Rep.
- the establishment of nurseries and demonstration plots;
- assistance in marketing agricultural produce.

(3) *Cash Crop Pilots:* MSI was also to implement cash crop pilot activities with the agreement of AID/Rep. Pilot projects were planned to include cumin and caraway (black cumin) production, training and marketing assistance for improved apricot drying methods. Assistance to cumin and caraway farmers was to include:

- the sale of improved seed;
- provision of extension services for production practices;
- growth monitoring; and
- cleaning seed with rented mechanical seed cleaners to enhance product marketability and price. MCI staff will compare caraway growth when planted from seed or from tubers and assess cumin and caraway viability as cash crops for Afghan farmers.

MCI was also to assist farmers in the production of dried apricots through provision of extension services and training programs for MCI staff and farmers.

(4) MCI was also charged with the continual development of an information system to quantify, evaluate and coordinate its agricultural activities in Afghanistan to support implementation of its agricultural projects. Information generated was to be shared with USAID, its contractors and grant recipients.

5. SIGNIFICANT ACCOMPLISHMENTS

The project focused on reconstruction and specifically on areas inside Afghanistan where returning refugees were settling. While there is limited scientific data to show how the project accomplished its goals, pictorial evidence and increased production in the areas where the project was implemented point to success. Important component successes included:

(1) *Wheat Seed Production:* A total of 6,786 Afghan farmers have been trained in various aspects of improved crop production, in concert with the distribution of 2,997 MT of improved wheat and maize seed, 9,179 MT of fertilizer and 1,705 backpack sprayers in Helmand, Kandahar, Uruzgan provinces. This has resulted in a conservatively estimated total harvest of 75,000 MT of improved cereal grain in the four provinces of activity during the life of the CA.

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(2) **Orchard/Vineyard Rehabilitation:** To support orchard and vineyard rehabilitation key market roads and irrigation schemes were targeted for rehabilitation. A total of 2,297 km of canals and karezes have been cleaned in Kandahar, Helmand, and Zabul provinces over the life of this grant, financed primarily with food wheat. These food-for-work based activities have opened up an estimated 3,625 hectares of land for productive farming, and have fed 51,128 Afghan laborers and their families with 1,875 MT of food wheat in the course of this part of the grant. A total of 84 km of roads reconstructed on two projects in Kandahar and Zabul have augmented commercial activity to a large degree. The commercial options of Kandahari raisin farmers have increased dramatically with the reconstruction 2,396 "kishmish khanas" (raisin drying houses) for high value green raisins, thus thwarting mid-season price fixing by fresh fruit traders.

(3) **Animal Health:** Developed and implemented an innovative Basic Veterinary Worker (BVW) Program to engender private sector delivery of rudimentary animal health care. 222 BVWs were trained and monitored. Over two years their activities have resulted in the prevention of an estimated \$2,000,000 worth of animal mortality.

(4) **CA Phaseout:** The MCI ag program surpassed virtually all CA project targets. CA-provided equipment from the various project sites has been handled safely with no loss. MCI staff have monetized 2,651 MT of DAP in Afghanistan without any loss due to theft or mishandling. This money has been deposited in a Quetta bank account.

6. LESSONS LEARNED

The project focused on improving agriculture, increasing production and thus increasing the food security of returning Afghan refugees. Technology transfer and the construction of agricultural and rural works were important elements to accomplish this goal. A number of important lessons were learned:

(1) **Involve farmers in project plans:** One of the important project components included the production of seed and the provision of extension services for production practices. Growth monitoring and cleaning seed with rented mechanical seed cleaners to enhance product marketability and price were also important. The project went forward without the necessary preliminary workshops to educate and motivate farmers. If we were to carry out a similar exercise in another area at another time we would want to conduct some kind of training exercise which would involve local farmers in the production of project plans.

(2) **Make the statement of work crystal clear:** No matter how hard you try, something generally falls through the crack and is not thought of when defining what the Grantee or Contractor is supposed to do during the project. In the case of MCI Agriculture we wrote three pages of descriptive material which defined how they were supposed to organize to distribute wheat and fertilizer among Afghan farmers.

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What we did not spend enough time and thought on was how MCI should spend the proceeds from the sale of these commodities. The commodities were sold and the money was in the bank and MCI was going to use it for administrative purposes. We then had to back track and define exactly how the resources were to be used.

If we were to carry out this kind of activity in another place at another time we would want to define precisely how the Grantee would use the proceeds from the sale of the commodities.

(3) *Sophisticated plans don't necessarily mean better results:* Both MCI and CARE International carried out a series of important food-for-work activities. CARE's activities, under the Village Assistance Program tended to be much more meticulously planned and documented requiring considerable staff time. Compared to the FFW activities of MCI in southwest Afghanistan CARE's were more than three times as expensive. To carry out the construction of grape drying houses MCI technicians would simply draw up a contract with a village council (shura) leave an agreed amount of PL 480 wheat and come back to check on results in three months time.

The cost of monitoring and engineering was almost nil while the involvement of farmers in the planning and execution was maximal. As a result commitment on the part of the farmers was very high and the product (the drying house) was of superb quality. If a similar project were carried out during war time we would definitely want to replicate the inexpensive system which resulted in more farmer input and less outside technical involvement.

(4) *Let farmers provide their own transport:* MCI was tasked with delivering and selling 8,000 metric tons of DAP fertilizer and improved wheat seed. It was necessary to communicate with a substantial network of Afghan farmers and to make elaborate transport arrangements to accomplish this feat. Some of the wheat was lost in transit. Some of the fertilizer was sold or confiscated and valuable time was lost by trying too hard to deliver the commodities further than was probably necessary. If the project were to be repeated elsewhere, we should bring the goods inside Afghanistan to a central point and let the farmers, who are used to the local political and military landscape, make their own arrangements.

7. SUSTAINABILITY

The project was designed to provide assistance to returning Afghan refugees and therefore was not intended to be sustained past the implementation phase. However the 1,200 grape drying houses and other agricultural structures which were constructed during the course of the activity are still being used and are expected to be in operating condition for at least 20 years. They are the backbone of a thriving raisin industry and provide income to thousands of Afghan farmers in Kandahar and Uruzgan Provinces.

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3C - MODEL FARMS PROGRAM (International Rescue Committee)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Rehabilitation Program for Afghanistan Diversified Farming/Model Farms	
IMPLEMENTING ORGANIZATION:		International Rescue Committee (IRC)	
COOPERATIVE AGREEMENT:		306-0211-A-00-1226-00	
Action	Date	CACD	Oblig. Amt.
Orig. Agreement	06/26/91	10/01/92	\$615,000
Amendment #1	08/06/92	04/30/94	\$200,000
Amendment #2	06/06/93	10/31/93	(\$200,000)
Amendment #3	09/14/93		modified indirect cost rate
CUMULATIVE OBLIGATIONS:		\$615,000	
CUMULATIVE EXPENDITURES:		\$615,000 (as of 03/31/94)	

2. CA OBJECTIVES

The objective of the cooperative agreement was to increase agricultural productivity and farmer income through (1) the establishment of model farms in the southeastern Afghan provinces of Paktia, Paktika and Logar for the purpose of demonstrating integrated and diversified agricultural practices and techniques, and (2) the provision of farmer training and development of an extension network of contact farmers practicing key agricultural activities.

3. BACKGROUND

In 1980, IRC began providing integrated services to Afghan refugees in Pakistan. Following the signing of the Geneva Accords in April, 1988, IRC established its Rehabilitation Program for Afghanistan (RPA) to assist and encourage refugee communities to return to their homelands. Since its inception, RPA's strategies related to cross-border program implementation shifted from short-term, relief-oriented strategies to a more sustainable approach which stresses community involvement and development of the rural economy.

IRC encouraged community involvement by working with traditional councils, or "shuras", to implement rehabilitation programs in areas where the refugee communities served by IRC originated (mostly in eastern and southeastern Afghanistan). RPA's strategy evolved to require that at least 40% of the total labor required for project implementation be provided by the community. Similarly, project designs stress inputs which are available locally and can be provided by the community, such as land for community agricultural projects. Finally, RPA has sought to encourage projects which will empower rural communities with locally-generated resources with which they can finance their own future community projects.

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4. COMPONENTS

The RPA was a integrated project which combined the establishment of model farms and a "contact" farmer extension approach wherein progressive farmers in each district were identified and provided with in-depth training and with material support for specific agricultural activities. The idea was that these contact farmers would, in turn, demonstrate these activities to other farmers by example. Model farm activities included beekeeping; fertilized egg production and incubation; fruit and forestry tree nursery production; seed trials for grains, legumes and other crops; composting; seed multiplication; animal fodder programs; farm mechanization; warm-water fisheries; and vegetable cultivation and demonstration.

The goal of the RPA program was to demonstrate integrated and diversified agricultural practices to reduce dependency on mono-cropping systems for small farmers who cannot sustain input-intensive agriculture systems and to offer diversity to those who can. Once fully established, the model farms would provide critical technical and economic information necessary for farmers to select activities appropriate to their own resources and needs. In addition to providing training and start-up material inputs to Afghan farmers, RPA technicians would advise farmers on the pros and cons of each option --land requirements, start-up and maintenance costs, available marketing information, long and short-term benefits, and compatibility with other agricultural activities. Limited material assistance provided included necessary start-up commodities, which were propagated on the model farms (poultry, reforestation tree cuttings, fruit tree saplings, vegetable seeds, grain seed, fodder seed, bee colonies). Where possible, these inputs were sold at, or near, market rates. Discounts were sometimes provided to the war wounded.

5. INPUTS

USAID's input to the RPA consisted of \$615,000 in funding, which was broken down into the categories of expenses outlined in the table on the following page.

In addition to funding from USAID, IRC received funding (and/or donated commodities) for the RPA from other donors, including UNDP, RAO, UNHCR, and Stichting Vleuchteling, totalling approximately \$394,000. As with all of the USAID projects under the cross-border projects for Afghanistan, no contribution was received from the Government of Afghanistan.

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Budget Line Item	Total (\$)
1. Program Activities	
- Agricultural Materials and Supplies	125,348
- Material Transport	3,097
- Storage Supplies	7,134
- Vehicle operation	33,320
- Travel and Per-diem	32,610
- Local staff	145,712
Sub-Total Program	347,221
2. Monitoring	37,088
3. Management Personnel	123,381
4. Administration	
- Direct Cost	83,561
- Overhead	23,749
Subtotal Administration	107,310
PROJECT TOTAL	615,000

6. ACCOMPLISHMENTS

(1) Model Farms: Establishment and operation of 20 model farms in 16 districts of Logar, Paktia and Paktika provinces, each staffed by an extensionist and a model farm manager. Extensionists possessed a BSc degree in agriculture and significant experience; farm managers had a degree from an agricultural high school and at least two years practical experience in agriculture. Each model farm, rented by IRC under contractual agreement, consisted of approximately 8,000 square meters of productive agricultural land.

(2) Nursery Activities: A total of 243,872 cuttings of stone fruit seeds, root stocks and mother stocks (including peach, apricot, walnut, almond, pomegranate, grape, plum, and apple) had been planted on RPA's model farms as of 9/30/93, which had a combined survival rate of 81 percent. On average, each farm devoted 3,824 square meters of land to nursery production and contained 9,415 fruit saplings and rootstocks. On average, each rootstock had been multiplied 4.7 times over the life of the project. These fruit trees saplings were distributed to contact farmers for the establishment of orchards and commercial nurseries.

In the forestry area, 581,608 seedlings of 19 varieties had been planted in plastic bags at RPA nurseries as of 9/30/93. These seedlings were distributed in villages for agroforestry, woodlot, demonstration and ornamental purposes. Of these saplings, 70% of those planted for ornamental purposes survived, while only 30% of those planted in woodlots and for agroforestry survived, primarily due to damage caused by grazing of domestic animals. In addition, 870

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square meters of model farm land was seeded with a variety of trees.

(3) *Poultry program:* Fertilized egg production facilities were established at six model farms as of 9/30/93. The number of layers varied from 40 to 100 per farm. On average, each day, 41 percent of the hens laid an egg. The fertilized eggs were put in incubators and sold to local farmers. Chick hatcheries were established at 16 model farms, which provided chicks for contact farmers and for sale to the public. Participating contact farmers were required to construct a chicken house to RPA specifications. Each farmer would then receive 50 vaccinated, 45 day-old chicks, a feeder and waterer, and feed for two months.

(4) *Beekeeping:* As of 9/30/93, a total of 458 bee colonies had been sold to 66 contactfarmers. Contact farmers who purchased ten or more colonies received a full set of beekeeping equipment and supplies (smoker, protective cap, wax cutter, honey comb, sulphur, brush, hammer, gloves, hammer, frame wire, saw), while those purchasing less than ten received only selected equipment and supplies. Honey extractors were purchased for the model farms and made available on a loan basis to contact farmers in those districts. RPA's beekeeping program proved to be one of the more popular activities with Afghan farmers.

(5) *Training:* Prepared, in flipchart format, core curricula for topics including: nursery management, beekeeping, agroforestry, seed multiplication, vegetable management, poultry management, plant protection, animal fodder, food preservation, compost/green manure, and farm power. Training courses/workshops conducted, and numbers of farmers trained are shown in the following table:

Subject	#Farmers Trained
Nursery Management	697
Beekeeping	359
Agro-forestry	621
Wheat Seed Multiplication	1,941
Maize Seed Multiplication	304
Plant Protection	485
Poultry Management	471
Farm Power	404
Vegetable Management	651
Animal Fodder/Compost	693
Food Preservation	401
Total	7,027

(6) *Seed Multiplication:* Extensive and complex trial of seed (provided by FAO) and fertilizer were conducted under the RPA program. For example, in 1993, 120 contact farmers cultivated a total of 8,171 square meters of model farmland in trials which included many different varieties of wheat, barley, maize, oats, mung bean, kidney bean, peanuts and potatoes.

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The contact farmers were encouraged to use the seed multiplied through these trials for planting the next year and for sale to other farmers for planting, rather than for consumption, in order to multiply the benefits from the improved seeds.

(7) **Fisheries:** At the time USAID funding ceased, this component was still in the pilot stage. Two trial ponds had been started in Khost. This entailed locating a site with high clay content in the soil, for good water retention, and lining the bottom of the pond with chicken manure, and filling it with water. As the organic matter decomposed, algae would form in the pond on which the fish could feed. After development of the algal bloom, the ponds would be stocked with fingerlings.

(8) **Tractor Program:** Tractors were purchased for each of the districts in which model farms were located. Initially, tractors were left with shuras, who were contractually responsible for renting them out to the community. The driver was to keep a fixed share of the proceeds, and the balance was to be remitted to RPA each month. In only three cases (out of 16) did the persons who controlled the tractors actually report on their use or remit any income. In two districts, disputes developed between rival shuras over the rights to use the tractors, which resulted in IRC being denied access to the tractors. Another problem was that the only implements procured with the tractors were a moldboard plow and a cultivator. This lack of implements limited the utility of the traction units.

7. LESSONS LEARNED

- **The project experienced a very low survival rate (30%) for forestry seedlings planted along canal banks, hillsides and other deforested areas. Most were damaged by goats, sheep and other domestic animals. Fencing would have been required to prevent this damage. The cost of fencing these large, public areas was prohibitive. IRC managers determined that in the future, forestry efforts would focus on assisting farmers to develop small, private woodlots which could be fenced and protected at reasonable cost.**
- **Monitoring of the program was problematic because of the U.S. government ban on cross-border travel for Amcits. IRC project managers, like those involved in other USAID-funded projects, expressed their frustration at this policy. No such blanket prohibition was imposed by any other international or United Nations donor. In retrospect, this policy should have been liberalized much sooner.**
- **Provision of expensive farm machinery was an invitation to theft and misuse. Despite close contact with farm managers and contractual agreements with shura in the areas, IRC farm tractors were misappropriated by locals in two areas. (While a thorn in the side of IRC managers, the level of theft from this project was far below that experienced by contractors under certain other USAID projects, such as VITA and DAI, contractors under the Agriculture Sector Support Project.) To enhance security,**

IRC required that tractors be garaged overnight at the model farm site. This prevented locals using the equipment from developing a sense of ownership of the equipment.

- **Beekeeping was one of the projects most popular activities among Afghan farmers. To avoid high loss rates (of 50% or more in some areas) continued support from extensionists is needed.**
- **In the training area, the development of standard core curricula, with flipcharts to convey key messages, went a long way toward overcoming the problem of uneven capabilities of IRC's many extensionist trainers. The experience and talent of the extensionists who conducted farmer training courses under the RPA varied widely. This disparity in training skills was largely overcome through curriculum standardization and development of teacher training aids.**
- **A surprising amount of high quality work can be accomplished with modest financial resources. IRC probably represented the best value of any of USAID's implementing partners under the Afghan program. IRC conducted a program which was first-quality but low cost. This was due to a very low overhead (5.4%) rate, relatively low cost expatriate personnel, and extensive use of highly-qualified Afghan professionals. In the future, the cost of delivery should be more of a factor in USAID's decisions regarding project implementation. High quality NGO'S, such as IRC, often represent much better value than expensive technical assistance contractor teams. IRC, with its long presence in-country, also brought a wealth of experience which enabled project managers to hit the ground running, thus eliminating the start-up phase required when a T.A. team is mobilized for implementation.**

8. SUSTAINABILITY

USAID was not the sole source of funding for the RPA. Indeed, the program was already ongoing when USAID first began making contributions to the program. At the time USAID funding ceased, IRC had already received UNHCR funding for an additional one year of operation of its extension and model farm activities. Funding from the European Union was anticipated which would continue most agricultural activities through 1995.

Over the longer term, IRC had plans to privatize all of the well-established activities of the RPA program. Initially this would involve identifying those farmers with both the financial resources and interest to enable them to make a significant commitment to the production and sale of high quality agricultural inputs. Activities to be explored for privatization included fruit tree nurseries, chicken hatcheries and fertilized egg production, wheat and maize seed production, vegetable and pulse seed production and crop protection. In subsequent years the more recent activities such as fisheries and beekeeping would also be privatized.

3D - RURAL ASSISTANCE PROGRAM (International Rescue Committee)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Rural Assistance Program (RAP)	
IMPLEMENTING ORGANIZATION:		International Rescue Committee (IRC)	
COOPERATIVE AGREEMENT:		306-0208-A-00-8829	
Action	Date	PACD	Oblig. Amt.
Orig. Agreement	06/01/88	04/30/90	\$ 3,000,000
Amendment #1	09/10/88	-	-
Amendment #2	12/12/88	-	\$ 6,400,000
Amendment #3	03/30/89	-	\$ 600,000
Amendment #4	09/21/88	-	-
Amendment #5	01/11/90	05/15/91	-
Amendment #6	02/01/90	-	-
Amendment #7	07/01/90	12/31/91	\$ 3,100,000
Amendment #8	07/22/90	-	\$ 1,700,000
Amendment #9	09/09/90	-	-
Amendment #10	03/26/91	12/31/92	-
Amendment #11	06/30/91	-	\$ 2,000,000
Amendment #12	09/10/91	-	\$ 2,050,000
Amendment #13	08/07/92	12/31/93	-
Amendment #14	09/30/92	-	\$ 360,000
Amendment #15	09/14/93	-	-
TOTAL AMOUNT OBLIGATED:		\$19,210,000	
TOTAL AMOUNT DISBURSED:		\$16,151,196 (as of 06/30/94)	
NOTE: This Cooperative Agreement first received funding under the Rural Assistance Project (306-0208) and later under the PVO Support Project (302-0211).			

2. AGREEMENT GOAL AND PURPOSE

The unique aspect of this grant was that it provided IRC with funding to work through a network of 24 international and Afghan subgrantees to bring about development in Afghanistan. Like several of the other activities of AID/Rep, the IRC/RAP had built in flexibility to be responsive to humanitarian needs in a very difficult period of Afghan history. The two main purposes of the project were as follows:

- To increase food production, food availability and cash incomes in war-affected rural areas of Afghanistan.
- To promote, through administrative and technical support and training, the development of viable Afghan NGOs capable of addressing Afghanistan's regional and sectoral needs.

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3. BACKGROUND

Between 1985 and 1988 the International Rescue Committee (IRC) began working in Afghanistan and was tasked by the Office of Foreign Disaster Assistance (OFDA) and then by AID/Rep to provide \$6.9 million to NGOs for cross-border support to Afghans. In 1988, the \$10 million Rural Assistance Program (RAP) Cooperative Agreement was signed and rural activities by several subgrantees began, focusing on increasing agricultural production and cash incomes. By 1993 the total amount committed by USAID for the program had reached \$19.21 million.

Under the terms of the cooperative agreement, the RAP role included proposal review and evaluation, grant administration and financial, administrative and technical oversight. As the program evolved, its mandate was broadened to include a greater emphasis on the institutional development of Afghan NGOs through administrative and technical training. An evaluation of 21 subgrants was conducted before the end of the USAID funding period (12/31/93) to determine progress in 29 different problem areas. The resulting data showed that several subgrantees had made significant progress in the areas of: 1) strategic capacity; 2) financial management; 3) technical know-how; 4) communications; and 5) administration.

4. CA COMPONENTS

During the early stages of the program, widespread military and political instability and a series of natural disasters in Afghanistan made it necessary to address immediate needs of villagers arising from extremely dire circumstances. Between 1988 and 1990 half of the subgrants awarded supported emergency or survival assistance, much of that in the form of food aid. As zones of tranquility began to appear and projects of a more sustainable nature became possible, restoring Afghanistan's rural economies became the focus of the RAP funding strategy. The RAP approach was intended to assist those who had chosen to remain in Afghanistan during the many years of war and to create conditions favorable for the return of at least a portion of the estimated five million Afghan refugees who took asylum in Pakistan and Iran. Between 1991 and 1993, almost 92 percent of the subgrants awarded were for rural rehabilitation projects.

Because Afghanistan is a predominantly agrarian society, significant efforts were needed to resuscitate its shattered economy and address the needs of small-scale farmers. Approximately 75 percent of RAP funding of the cooperative agreement supported project activities within the agriculture and irrigation sectors. These activities have included seed and fertilizer distribution, seed multiplication, fruit orchard development, farm fraction and karez and canal rehabilitation.

Under the cooperative agreement with USAID, RAP awarded 99 subgrants, amounting to \$15,754,747 in program funding. These subgrants supported the activities of 24 international and Afghan NGOs working in 24 of Afghanistan's 30 provinces, and are as follows:

**RAP SUBGRANTEE ORGANIZATIONS
1988 - 1993**

INTERNATIONAL NGOs

1) Afghanaid	\$ 2,442,554
2) Afrane	1,848,953
3) CARE International	1,044,911
4) Mercy Corps International (MCI)	349,990
5) Mercy Fund	1,206,367
6) Save the Children Federation (SCF-US)	1,944,886
7) Solidarites Afghanistan (SolAf)	1,406,320

AFGHAN NGOs

1) Afghan Center for Rural Development (ACRD)	\$ 29,841
2) Afghan Development Association (ADA)	71,443
3) Afghanistan Rehabilitation Organization (ARO)	46,574
4) Afghan Relief and Rehabilitation (ARR)	51,219
5) Agriculture Rehabilitation for Afghanistan (ARA)	79,235
6) Consultant Bureau for Reconstruction (CBR)	256,361
7) Coordination of Afghan Relief (CoAR)	1,161,136
8) Coordination of Humanitarian Assistance (CHA)	1,234,589
9) Engineering Services for Afghanistan Reconstruction (ESAR)	93,347
10) Environmental Awareness Foundation of Afghanistan (EAFA)	28,465
11) Farah Reconstruction Foundation (FRF)	55,080
12) Helping Afghan Farmers Organization (HAFO)	55,947
13) Khorasan Assistance Group (KAG)	47,027
14) Pamir Reconstruction Bureau (PRB)	230,896
15) Reconstruction Authority for Afghanistan (RAFA)	337,825
16) Reconstruction and Rural Development of Afghanistan (RDA)	50,000
17) Short Term Assistance for Rehabilitation Team (START)	16,556

In addition to the awarding and oversight of these subgrants, another component of the IRC agreement was institutional development. IRC set up a Training Unit which was responsible for identifying training needs and conducting an array of courses aimed at strengthening the administrative and technical skills of NGOs.

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5. INPUTS

During the life of the project IRC/RAP awarded 99 subgrants totalling \$15.7 million to 24 international and Afghan NGOs which worked in 24 of Afghanistan's 30 provinces. Shortly after the Cooperative Agreement Completion date of 12/31/94, IRC submitted its final voucher. Project costs for the 5 year period totaled \$16.4 million. Of this total, \$14 million (85%) was paid for program costs and \$2.3 million (15%) was paid for administrative costs.

6. SIGNIFICANT ACCOMPLISHMENTS

Between 1988 and 1990 half of the grants awarded were to support emergency and survival assistance, much of which was in the form of food aid. As areas inside Afghanistan became politically stable the focus shifted to agriculture rehabilitation activities such as irrigation canal repair, seed and fertilizer distribution, seed multiplication, fruit orchard development, and farm traction. Important accomplishments included:

Emergency Assistance

- Food aid and disaster relief benefitting approximately 138,000 individuals

Agricultural Rehabilitation

- 1,256 kilometers of karez rehabilitated
- 856 kilometers of canals rehabilitated
- 149,000 hectares of land brought under irrigation
- Approximately 166,000 families benefitted from rehabilitation works
- 927 MT of seed and 1,306 MT of fertilizer distributed
- 129,153 fruit tree seedlings distributed
- 36 tractors provided

Income Generation

- Approximately 6,300 women earned \$155,000 through the Women's Handicraft Production
- Approximately 20,000 skilled/unskilled laborers earned over \$1 million

NGO Strengthening

- 4,982 person-days of training to NGO personnel provided through 46 training events

Training provided by RAP to semi-skilled Afghans in all of the subgrantee organizations was one of the project's most significant achievements. As a direct result of the RAP training and field experience gained by project implementers, ACRD, COAR, CHA and several other Afghan NGOs are in a much better position to find donor funding and stand on their own. Without a functioning government inside Afghanistan these organizations will continue to provide the backbone for agricultural development for some time to come.

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One of the most telling signs of project success came about when the European Commission (EC) decided to provide \$2.5 million to keep RAP activities underway for an additional two years.

7. LESSONS LEARNED

There is no doubt that RAP made a significant contribution to the development of Afghan NGO personnel, NGO institutional development, and reconstruction in Afghanistan. A few of the important lessons learned include the following:

(1) *Train early:* Twenty-one, small and large NGOs, which were awarded grants totalling more than \$15 million, were evaluated at the end of the project. It was found that performance in the areas of financial management, technical capacity, administrative capacity and other skills increased as the project went along and as staff gained experience. However, performance would have increased even more had the program focused on a series of one-day workshops with professional trainers and experienced staff earlier on. A built-in training package, showing Afghans how a successful NGO must operate in order to gain donor funding, would have enhanced performance earlier in the program.

(2) *Provide analytical reports in a timely manner:* The IRC reported on a quarterly basis regarding the work of each of the active subgrants. Each of these reports contained information on the progress and problems encountered in project implementation. Project staff gained experience by producing the reports and because American IRC staff members were unable to travel inside Afghanistan, they were able to monitor the program through the reports. These detailed reports were then forwarded to the project officer.

However, reporting could have been greatly strengthened if IRC had received clear instructions early in the program and then focused on how, what, and when to report. A synopsis of each of the subgrantees' activities, with some analysis of how the work was done and how it contributed to the objective of the project and work plan would have been more effective. The project officer did not need reams of paper to clutter up the files. During the last year of the project valuable time was lost when IRC did not comply with instructions to produce a phase-out plan. At least \$200,000 worth of proposed subgrantee activities were not approved simply because IRC was unable to produce a timely phase-out report.

(3) *Define Responsibilities Clearly:* Because no American staff were allowed inside Afghanistan, the project relied on TCN and Afghan personnel to track the progress of field activities. Video tapes were useful to show a range of construction activities. As the cooperative grantee, IRC was responsible to monitor the performance, and pay for the services of each of its subgrantees. This was written into each of the contracts. However, on at least one occasion, when the subgrantee performance started to falter under subgrant Number 84 with Zaid Haidary, of the Afghan PVO, Reconstruction and Rural Development RRD, staff from IRC claimed the political sensitivities were too great and that USAID would have to intervene.

Instead of reviewing responsibilities clearly, and forcing IRC to do its subgrant monitoring job, USAID referred the matter to the IG. In the meantime, security in the project area deteriorated, preventing anyone from going there to check on work done. Valuable time was lost, the matter literally "fell between the cracks" for several months, and then USAID requested IRC to deal with RDA's claim. If we were to implement this project again, we would need to spend considerable time in the beginning to emphasize and clearly define the responsibilities of USAID, the grantee and the subgrantee.

(4) Keep the Cooperative Agreement under one Project: This activity was first under the Private Voluntary Organization Co-financing Project (306-0201), and then as a stand-alone activity under RAP (306-0208), and then later on once more under a general PVO umbrella project of PVO support Project (306-0208). These changes took place between the years of 1987 and 1991 under different leadership and when operating conditions were rapidly changing. The changes probably made good sense at the time. However, they added to the confusion and certainly made tracking progress in later years more difficult. If we were to fund this kind of activity in the future with the same set of conditions we would want to keep it under one project.

8. SUSTAINABILITY

RAP was predominantly focused on relief and rehabilitation, not development. As such sustainability was not a primary concern of either the project or its component activities. Whatever sustainability we were able to generate was fortuitous.

A number of factors would have made this kind of activity more sustainable: 1) better security; 2) a more representative functioning government; 3) improved infrastructure; and, 4) greater input accessibility. If these and many other conditions had been different, the Afghan farmer/beneficiary result would probably have turned out to be more sustainable.

Supporting project activities which could potentially be sustained by local institutions once foreign assistance is withdrawn was a priority of the program from the beginning. The project, which continues with EU funding, has increasingly sought to promote project sustainability by providing support to Afghan NGOs. By virtue of their social and cultural familiarity, these organizations are well-positioned to establish long-term working relationships with the local communities which will be responsible for reconstruction and development in rural Afghanistan.

A total of 4,982 person days of training were provided during the life of the project. 363 staff members from various Afghan NGOs were trained in administration and management which included field accounts, record keeping, report writing, data collection, and monitoring. This reservoir of trained personnel will remain available to support development activities long after the Rural Assistance Project ended.

SECTION 4 - DEMOCRATIC INITIATIVE ACTIVITIES

4A - DEMOCRATIC PLURALISM INITIATIVE (The Asia Foundation)

4B - FEMALE EDUCATION (International Rescue Committee)

4A - DEMOCRATIC PLURALISM INITIATIVE (The Asia Foundation)

1. BASIC AGREEMENT DATA

PROJECT TITLE:		Democratic Pluralism Initiative (DPI)	
IMPLEMENTING ORGANIZATION:		The Asia Foundation (TAF)	
COOPERATIVE AGREEMENT:		306-0211-A-00-0997-00	
Action	Date	CACD	Oblig. Amt.
Orig. Agreement	08/05/90	08/01/91	\$ 559,070
Amendment #1	12/31/91	08/05/92	-
Amendment #2	05/29/91	12/31/92	\$ 185,000
Amendment #3	06/20/91	-	-
Amendment #4	09/10/91	-	\$ 135,000
Amendment #5	01/06/92	12/31/93	\$ 500,000
Amendment #6	09/24/92	-	(\$ 300,000)
Amendment #7	09/07/93	04/30/94	\$ 225,000
Amendment #8	09/23/93	-	\$ 150,000
Amendment #9*	04/11/94	-	-
TOTAL AMOUNT OBLIGATED:		\$ 1,454,070	
TOTAL AMOUNT DISBURSED:		\$ 1,402,364 (as of 03/31/94)	
* The purpose of Amendment #9 was to incorporate the details of the phase out plan and the transfer of property title to TAF.			

2. AGREEMENT GOAL AND PURPOSE

The purpose of signing a Cooperative Agreement with the Asia Foundation (TAF) was to administer the Mission's Democratic Pluralism Strategy. The objective of this strategy was to improve the conditions and participation of vulnerable and low status groups in Afghanistan.

3. BACKGROUND

In April 1990, the ANE Bureau announced a competitive small grants program in support of democratic pluralism initiatives. In response to the announcement, the Mission solicited proposals from Pakistan-based, Afghanistan-oriented U.S. PVOs. Six proposals were received, from which three were selected and sent to Washington for review and approval.

Two of the Mission-approved proposals were from The Asia Foundation and one was from the Writers Union of Free Afghanistan. At the same time that AID/W was reviewing the Mission-approved grant proposals, the Mission was working with a three-person team from the U.S. to develop a strategy for promoting democratic pluralism among Afghans. Immediately prior to the team's visit, there were several incidents in Peshawar and inside Afghanistan that were directed against Western PVOs and programs for women. These and subsequent incidents

led to a Mission determination that the completion of the strategy should be deferred. Instead, it was decided to finance democratic pluralism activities outside the context of a strategy, on a targets-of-opportunities basis.

In August 1990, after AID/W's approval, the Mission negotiated a cooperative agreement with TAF for a small grants program to support the Democratic Pluralism Initiative of promoting an understanding of democratic processes and institutions, economic opportunities for Afghans (particularly for women, widows, children, minorities, and disabled), increasing the free flow of information, and expanding Afghan participation in international fora.

Initially funds were made available through sub-grants for activities such as literacy programs for a minority group in Afghanistan, the Hazaras, support to the Writers Union for a Free Afghanistan, as well as a sub-grant to the Cultural Council of the Afghan Resistance in support of both organizations' publications and seminars. Later, TAF provided sub-grants to a number of other Afghan NGOs and two American PVOs.

4. INPUTS

Though a number of sub-grantees contributed small amounts of total funds as well, a major portion of the funds for the support of the Asia Foundation's activities inside Pakistan and Afghanistan was provided by USAID. In addition to providing funding of about \$ 1.5 million, USAID also granted office equipment/property to TAF. The table on the following page outlines the subgrantees and associated obligated funds.

5. ACCOMPLISHMENTS

Following are some of the significant accomplishments which were made over life of the grant:

- 849 female students and 43 faculty members enrolled in Muslim Sisters Women University's faculties of science, medicine, and arts.
- 885 women trained in English for academic purposes.
- 15 Afghan women and 5 men were sent to international fora.
- 1,879 women participated in classes on the civil and social rights and responsibilities of women in muslim society.
- 455 women were trained in poultry raising.
- 630 disabled placed in vocational skills.
- 590 women trained on vocational skills.
- 1,915 men trained in Public Administration.
- 9 seminars held on national and international issues.

SUB-GRANTEES AND LINE ITMES	OBLIGATED AMT. (\$)
MSOA: Womens University	211,774
WUFA: Writers Union of Free Afghanistan -	85,270
CCAR: Cultural Council of Afghan Resistance	55,282
Afghan NGO Development	20,500
AWRC: Afghan Women Resource Center	132,338
SCF: Save the Children Fund U.S.	38,154
Ningarhar and Ghazni Projects	67,798
KAG: Khurasan Assistance Group	42,656
International Forums	60,000
AWEC: Afghan Women's Education Center	95,760
Naheed Shaheed School	18,755
IRC: Journalism	37,312
Shuhada Clinic	47,927
RDA: Reconstruction/Rural Develop. of AFG.	11,235
FWSAD: Free Welfare Soc. of Afghan Disabled	80,817
Afghan Amputee Rehabilitation	13,000
Muslim Women's Society	12,000
Lifeline and Relief Organization	9,000
Coordination of Humanitarian Assistance	10,000
Moving Costs/Auditing	14,418
A) Sub-total of Program Activities:	1,084,024
Program Service Cost	70,000
TAF Indirect Cost	300,046
B) Sub-total of Service and Overhead Cost:	370,046
Coop. Agreement Total	\$ 1,454,070

6. LESSONS LEARNED

The grant enabled TAF to assist several Afghan institutions by supporting a variety of activities designed to: 1) increase access and opportunity to encourage participation by the disenfranchised, women, minorities, and the disabled; and, 2) to improve the flow of information and increase understanding of democratic processes and respect for human rights. The grants included seminars and publications on social, small business and development topics; supported professional and civic organizations; and promotion of free enterprise and small-scale credit schemes through entrepreneur association and training.

It is worth mentioning that more than 80% of all programs exceeded their life-of-project training targets. However, a few of important lessons learned during the implementation of program activities include the following:

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- **Workshops** (focussing mainly on management, budgeting, report writing, and administration) need to be articulated for Afghan NGOs to help them improve their performance and to effectively utilize the funding. This training is required prior to implementation of program activities.
- To expedite achievement of the objectives, bureaucratic delays should be avoided.
- **Community participation** should be considered a key part to effectively implement the development activities.
- For activities inside Pakistan, extensive field visits are required by the USAID project office not only to monitor closely the program activities but also to verify the accomplishment figures provided by the grantee(s). Due to expats' travel prohibitions to Afghanistan, cross-border activities could not be evaluated on first-hand information basis. Though reports from other sources are appreciated, one would like to have first-hand information to evaluate the project activities. UN agencies and most NGOs routinely monitored and supervised their projects in Afghanistan, but USAID was generally perceived as hypersensitive to security conditions. Due to this deficiency, most of USAID's decisions were based on information that other sources wanted us to have and decisions were made which, had USAID had its own first-hand knowledge, might have turned out differently.

7. SUSTAINABILITY

USAID joined a host of other donors in supporting all of TAF's activities. Donors included Canada Fund, Global Fund for Women, Norwegian Committee, Shelter Now, UN, and UNICEF. Resolving the issue of sustainability, however, remains elusive. These organizations are dependent on the good will of the other donor community and will be for the foreseeable future. All intend to return to Afghanistan and open offices in various locations, and have provided TAF with cost estimates for such a move. Yet, despite their commitment to rebuilding Afghanistan, current political instability inhibits them from developing long-term plans to help ensure financial viability. The nature of these institutions may change if a viable and permanent political solution is achieved in Kabul and a mass return of refugees takes place.

It is anticipated that after the end of USAID's support, much of the existing TAF program will continue till mid-1995 with the support of its own funding and of other donors. The Afghan NGOs, with sustained, yet relatively short-term and minimal amounts of assistance, will struggle to strengthen their implementation capacity, compete with other organizations for, and win, international donor funds, meet their objectives and provide quantifiable results.

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4B - FEMALE EDUCATION (International Rescue Committee)

1. BASIC GRANT DATA

PROJECT TITLE:		Female Education	
IMPLEMENTING ORGANIZATION:		International Rescue Committee (IRC)	
GRANT AGREEMENT:		306-0211-G-00-1205	
Action	Date	CACD	Oblig. Amt.
Orig. Agreement	01/01/91	06/30/92	\$ 315,000
Amendment #1	06/01/92	06/30/93	\$ 100,000
Amendment #2	06/30/92	-	\$ 130,000
Amendment #3	09/24/92	-	\$ 100,000
Amendment #4	04/18/93	08/30/93	\$ 25,000
Amendment #5	06/28/93	04/30/94	\$ 150,000
Amendment #6	08/17/93	-	\$ 100,000
Amendment #7	09/13/93	-	overhead adj.
Amendment #8	02/24/94	-	budget alignment
Amendment #9	04/06/94	-	close out/transfer
TOTAL AMOUNT OBLIGATED:		\$ 920,000	
TOTAL AMOUNT DISBURSED:		\$ 800,475	(as of 03/31/94)

2. GRANT GOAL AND PURPOSE

The purpose of this Grant was to support IRC's ongoing Female Education Program (FEP) which was designed to contribute to the educational and professional development of Afghan refugee females through provision of culturally-appropriate technical and material support to each of six IRC Female Education Programs. These programs have served both rural and urban females living in the Northwest Frontier Province (NWFP) of Pakistan and were developed to provide refugee women and girls with skills which will be beneficial to their families and communities in both their current situation as well as upon their repatriation to Afghanistan.

3. BACKGROUND

As Afghanistan's 14-year war continues, one of the greatest obstacles the country faces is its staggering rate of illiteracy and its limited educational system. According to current estimates, 91% of Afghan females and 62% of Afghan males remain illiterate. A UNICEF report on education for Afghan children states the following:

"In rural Afghanistan and among refugees in Pakistan, gender is clearly the most important factor influencing primary school attendance; in the Commissionerate schools in Pakistan

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there are 14 times more males than female students. Within Afghanistan, at schools supported by NGOs, attendance by girls is largely precluded by the absence of female teachers."

The International Rescue Committee (IRC) has placed special emphasis on promoting educational opportunities for Afghan females. IRC manages educational programs for girls and women that vary from supporting community-based pre-schools and primary schools to conducting courses for women in the fields of public administration, public health, and language development.

To improve the quality of teaching and assist the teacher, special emphasis is placed upon training teachers. Material assistance in the form of instructional materials is also provided. The quality, effectiveness, and culturally-sensitive approach of IRC's female education programs have developed trust within the Afghan community, heightened awareness of the value of education, and helped to meet the increasing demand for better education.

IRC has been supporting programs for Afghan women and girls since early 1980. The Office of AID/REP (now Office of Afghan Field Operations under the auspices of USAID Mission for Pakistan and Afghanistan) agreed in supporting programs that place women at the core of the strategy.

4. GRANT COMPONENTS

In support of the Democratic Pluralism Initiative, and in response to FY 1991 legislation directing the Mission to provide assistance to Afghan women and girls on both sides of the border, the Mission initiated a series of grants to partially support IRC female education program in the refugee camps. The main components of the grant were:

The Female Education Teacher Training Program (FETT): The IRC's Female Education and Teacher Training program (FETT) seeks to expand access to quality primary education for girls who live in refugee camps in the Peshawar area. Accordingly, FETT conducts teacher training seminars and workshops for Afghan female teachers and provides assistance to community-based schools for girls. The participants study lesson planning, teaching techniques, educational materials use, lesson preparation, psychology, pedagogy and classroom management.

The Women's English Language Program: The Women's English Language Program (WELP) has provided English language instructions to improve the English language skills of Afghan refugee women living in the Peshawar area. The program offers special courses to Afghan female teachers who teach English. During the session, the teachers focus on learning teacher training skills as well as on improving their English language skills.

The Women's Health Educator Training Program (WHETP): This is a six months program. The goal of WHETP has been to improve the level of health education among Afghan

refugee women and children by training female health educators to teach health issues in primary disease prevention and hygiene and by facilitating the creation of health education departments in refugee hospitals, clinics and schools and the placement of WHETP graduates in these departments. The focus is on improving the personal hygiene, nutritional awareness, and general health of refugee families and communities.

The Women's Public Administration Program (WPA): The WPA, which began in 1989, offers courses in office skills and management. WPA provides training in typing, computers, bookkeeping, administrative English, office administration, and entrepreneurship to Afghan refugee women living in the Peshawar area, by offering courses and workshops ranging from a few weeks to six-months in duration. With such skills, these women will be better equipped to work in refugee relief or in reconstruction efforts in Afghanistan.

The Lycee Malalai Schools for Girls: The Lycee Malalai was the first educational facility in Peshawar to offer secondary level courses exclusively for Afghan refugee girls in levels 7 through 12 when no other opportunities existed. The school was established in 1986. Due to a number of reasons, the school was closed and all its students were absorbed into FETT supported schools in September 1993.

The Female Education Program's Administration (FEPA): The FPA provides administrative, managerial oversight, and liaison support to all of the female education programs. The office is staffed by the FEP coordinator, a general accountant, and an office assistant. The specific responsibilities of FPA are to: (1) reorganize programs and activities in an effort to maximize resources; (2) increase community participation in program activities; (3) centralize accounting procedures; (4) encourage collaboration between FEP programs and other IRC and outside programs; and (5) ensure that effective teaching techniques and curricula are being used.

5. INPUTS

A major portion of the funds for the support of the IRC-Female Education Program was provided by USAID. IRC, however, has obtained additional funding from its own resources and from other donors. The following two tables provide details of the project inputs from 1991 to 1994:

6. GRANT ACCOMPLISHMENTS

During the almost three-and-a-half years of this project, IRC's Female Education Program made considerable progress toward the goal of contributing to the educational and professional development of Afghan refugee females in the NWFP. In most cases, the individual programs surpassed their project targets, training more women and supporting more female students and girls' schools than anticipated. Following are some of the accomplishments which were made

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over the life of grant:

- At the end of grant, the program was supporting 25 girls' refugee schools in the NWFP with an enrollment of nearly 10,000, roughly doubling project goals. Over the life of the grant, more than 17,000 primary school female students were assisted by supporting a total of 63 schools.
- More than 450 teachers in girls' refugee schools had participated in teacher training courses, again nearly doubling project goals.
- The Women's Health Educator Training Program, a special component of the program, had trained more than 100 other teachers in health-related topics and helped to set up 25 health education departments in refugee schools, hospitals and clinics.
- More than 500 women had enrolled in at least one course in the Women's Public Administration Training Program. Courses included office management, accounting, and computer operations.
- Even more successful was the Women's English Language Training Program which enrolled more than 2,700 women during the grant period as well as started special courses to improve the skills of women teaching English in refugee girls' schools.

7. LESSONS LEARNED

- **Successful programs have had courageous, committed, non-partisan Afghan women working to develop them:** Their first priority has been education and training for Afghan women. This may mean that they dress conservatively, work in separate facilities and remain low-key; but they achieve their objectives. Where there have been Afghan women with political or other personal objectives, there have been problems.
- **Despite having funds, community contributions from the very beginning is extremely important for sustainability of a program:** That way when the funds begin to run out, expectations aren't so high and due to the community's involvement right from the start, there is a better chance for a program to sustain.
- **IRC and other NGOs should have been very careful about providing transportation to schools and high salaries to teachers:** IRC is no longer providing transportation for schools that were previously receiving it and has set salaries, where higher, at the levels that the Afghan Government set two years ago. Most schools have adjusted to the change and some are even beginning to solicit assistance from the community in the form of facilities or contributions for food for pre-schoolers and transportation for teachers.

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- **Having Afghans fully support the education of their children themselves has been very difficult:** It would have been much better to have started the process earlier and assisted the Afghans to be more self-reliant, perhaps through a phased decrease in funding coupled with training in self-support.
 - **In uncertain conditions such as in Afghanistan, the programs must respond to changing needs.**
 - **Extensive field visits are required by the USAID project officers, not only to monitor closely the development activities but also to verify the activities accomplishment data provided by the grantee.**

8. SUSTAINABILITY

Sustainability of the USAID-funded female education program can be examined on several levels. The specific skills, received under the IRC female programs, are well implanted as to remain with Afghan female refugees over the long run and can be transferred to their own country long after IRC programs have ceased to exist. This process is already well under way. For instance, within the refugee community, many graduates from the Female Public Administration Program and Women's English Language Program have gone on to work with Afghan-related NGOs.

All of the FEP programs will continue until the end of 1994, following the termination of USAID funding, and most, if not all, will continue into 1995. Two of the programs - the Women's English Language Program and the Women's Public Administration Program - have the capacity to generate income, which will allow them to continue their activities in the short term with limited outside support and enhance the eventuality of their becoming self-supporting.