

V. SOCIAL PROTECTION, HEALTH, AND EDUCATION

A. Social Protection of Vulnerable and Marginalized Groups

1. Current Situation

73. Wage rates in Afghanistan are as low as 30 cents a day in remote rural areas. Most income is earned from agriculture and informal trade and services. The drought of the last 3 years has added to vulnerability and food insecurity particularly in the north, center, and western areas of the country. After over 20 years of conflict, Afghanistan also has large numbers of people that have suffered trauma that leave them particularly vulnerable to poverty and unemployment. These include

- (i) more than 5 million refugees (3 million in Iran and 2 million in Pakistan, as well as an estimated 40,000 refugees in Uzbekistan, Tajikistan, and Turkmenistan). Not all refugees are vulnerable households—indeed, many have found employment—but most are certainly among the lowest income groups. UNHCR tentatively estimates an annual repatriation of 1 million refugees split evenly between Pakistan and Iran;
- (ii) approximately 1 million internally displaced from drought and conflict;
- (iii) those who are landless, or have very small landholdings;
- (iv) ex-combatants and unemployed youth;
- (v) about 200,000 people disabled by mines;
- (vi) women (over 50% of the total population, forcibly excluded from the labor force during the Taliban regime), widows (2 million, many of whom have been forced onto the streets to beg), female-headed households, orphans and other vulnerable groups; and
- (vii) minorities persecuted by the Taliban.

a. Women

74. Over 20 years of armed conflict, natural disasters and policies of marginalization have removed Afghan women from public, social and political life. Gender gaps have suffered from decades of conflict and policies of controlling authorities. Indicators of maternal and infant mortality, health, water supply and sanitation, and education rank among the worst in the world, with women and children being the hardest hit.

75. In rebuilding Afghanistan, women will need access to basic services, and new forms of economic and political opportunity to re-enter public and political life. There are established links between development effectiveness and gender equality. Research shows that women's inclusion in all processes tends to increase transparency, minimize corruption, and increase social responsiveness and the pursuit of democracy. Moreover, countries with smaller gaps between women and men in health, education, employment, and property rights, have faster economic growth and more transparent government. Such countries also have lower child malnutrition and mortality, promising a better future. No country can succeed in eradicating poverty, unless women are healthy, educated, empowered in the economic and political field, and protected from gender-based violence. There is a strong precedent in support of women's leadership and rights in Afghanistan. The 1964 Constitution enshrined a full spectrum of women's rights while the *Loya Jirga* in the 1970s included three women representatives. Despite being banned from public life during the Taliban regime, women provided community support such as underground schools and health services, often at great personal risk. A critical

mass of women professionals—doctors, lawyers, teachers and journalists, among others—exist today within and outside Afghanistan, who will be pivotal in rebuilding communities. Women must therefore share decision-making responsibility for Afghanistan's reconstruction and development.

76. Recovery and reconstruction strategies must consider the cultural, political, and economic difficulties faced by Afghan women, including vulnerable women, such as widows and the disabled, and should also examine their role in rebuilding and maintaining political leadership, promoting economic opportunities, and ensuring a full spectrum of women's rights and protection guarantees. There are several options for improved gender equity in Afghanistan. The option with possibly the highest potential is to immediately implement a two-pronged strategy that explicitly aims to proactively integrate gender interventions into all sectors. This would involve delivery of political, social, and security reforms which ensure: (i) women are adequately represented, and that gender perspectives and considerations are fully integrated and mainstreamed in all development and reconstruction programs; and (ii) civil society organizations, especially women's groups, are systematically consulted and substantially involved in the design, planning, implementation, and evaluation of reconstruction and rehabilitation programs.

77. Three key areas for gender interventions in Afghanistan are:

- **Political Reform.** Women's participation at the peace table in Bonn proved critical to the development of the peace agenda and ensuing agreements. But it is also essential to ensure women's continued participation in the political process and leadership in the aftermath of the peace talks and interim administration. At present, even in situations where women participate in talks, the tendency is for them to either withdraw or be marginalized. It is therefore a priority to build capacity of the Ministry for Women's Affairs and other relevant institutions to advance gender issues in national policy making and resource allocation processes as well as in the delivery of services. It requires support for the possible establishment of a nongovernmental task force of Afghan women that would act as a resource to government efforts; the identification of qualified Afghan women and facilitation of their training and networking to enhance their participation in administration, planning, and governance system; strengthening community based women's decision making; and the conduct of surveys.
- **Socioeconomic Transformation.** Traditionally, postconflict recovery programs have focused on the physical reconstruction of a state's infrastructure and macroeconomic processes. But the transition of socioeconomic conditions comprises a myriad of complex issues, including social recovery, the provision of education, professional training; economic opportunities; and access to healthcare, psycho-social support, social security and other services designed specifically for vulnerable groups of women (widows, disabled women). It also entails strengthening and implementation of legislative institutions through promotion of gender-sensitive and just legislation and adequate measures to change discriminatory laws and practices, address impunity and injustice, and promote the rule of law and reconciliation. Women have a key role to play in all areas. As caretakers of families and active community participants, women are often well placed to identify critical needs and priorities for reconstruction and development. Yet, women are rarely consulted, and substantially involved, and their role and contributions to reconciliation, reconstruction, and development are often overlooked. A priority is to promote women's leadership in civil administration and the judiciary system. Another

priority is to identify existing and needed skills and capacities of Afghan women and match these with economic opportunities and training to ensure that women are able to contribute to and benefit from new opportunities provided by the reconstruction program. In addition, it will be necessary to establish a fund to support economic and social empowerment of women, enabling them to take advantage of the new economic opportunities and lead community development efforts.

- **Security Reform.** The inclusion of gender perspectives and women's voices is essential for two reasons. First, women as victims have a right to participate in the decision-making processes that directly impact their lives. Second, women's views on security, and their access to the private sphere, can be valuable contributions to the success of security reform programs that enhance peacebuilding processes. It is essential therefore that more attention be directed toward this area, to integrate gender perspectives into existing security agendas.

78. The mainstreaming of gender in Afghanistan has to be led and implemented by Afghans themselves. By using local institutions and giving Afghan women the tools, support and legitimate space to develop, promote, and implement a systemwide gender agenda that builds women's capacities and leadership, the reconstruction of Afghanistan can be "engendered" in an effective and lasting manner, leading to sustainable development for the country.

b. Returning Refugees and Internally-Displaced People

79. Based on the experience of repatriations worldwide, the return of refugees is likely to exacerbate increases in population in urban areas. This is due to the perception of employment opportunities (whether accurate or not), as well as to the reality that long periods of displacement in urban areas or in urban-like camp settings may make adaptation to rural conditions and livelihoods difficult for some refugees even if they originated from rural areas. As an example, it is estimated that 30% of Afghan refugees in Iran are living in greater Tehran.

80. The AIA has identified five geographic areas expected to be high-return areas for refugees and internally displaced people. These are: Shomali Plain, Hazarajat, Ghor region, Khoja Ghar, and Kandahar. It has also stated its concern to see that the inhabitants of Jalozai Camp can return to their places of origin.

c. The Disabled

81. Over 800,000 Afghans are currently disabled, or roughly 4-5% of the total population. The high rate of birth complications and inadequate medical care has increased the proportion of people that are born disabled, while weak preventive services have resulted in high incidence of disabling diseases. In addition, the rate of disability is high due to landmines and small ordnance injury, and this is expected to increase because of unexploded cluster bombs from the recent air campaign.

d. Need for Employment Opportunities

82. Creating employment opportunities is a critical dimension of the reconstruction process to maintain peace and stability in Afghanistan. New employment opportunities are necessary to reduce the unacceptably high levels of poverty of the majority of Afghans, to restore a sense of normalcy and a stake in maintaining peace, to provide people, particularly young men, an alternative to fighting; and to support social and economic inclusion of the most vulnerable—including refugees/returnees, internally displaced persons, widows, orphans, and the disabled.

Past areas of discrimination need to be addressed, particularly in relation to the exclusion of women from the workforce.

2. Short-Term Priorities

a. Immediate Actions

83. In the first year the following immediate actions could be taken:

- (i) implement rural and urban public works employment programs using food or cash payments;
- (ii) scale up existing microfinance schemes to encourage business start-ups;
- (iii) establish an affirmative action policy to increase female employment in civil administration, at management and staff levels, and including the health and education sectors; and
- (iv) initiate a support program for including appointment of gender advisers and commencement of training. In addition, women's participation and roles are to be advanced in all other sectoral programs, and perhaps the most significantly, in education and health.

84. In the medium term, it is assumed that the bulk of new wage employment in Afghanistan will be generated by the reconstruction program itself and increased agricultural and private sector activity. However, prior to the full establishment of a viable economy, alternative activities—cash and food-for-work, microcredit and skills training—will be needed in rural and urban areas. Particular efforts should be made to develop sustainable livelihood opportunities for vulnerable women, and this will involve not only skills training but also conscious consideration of the opportunities to be found in urban and rural economies.

85. Support should be given to extend existing programs for the disabled. These include services aimed at improving physical mobility and rehabilitation. The greatest need is for prosthetics, although immediate surgical interventions are also required.

86. Early investment is needed in emergency public works schemes, to put cash into people's pockets and help jump-start the recovery of local economies, possibly with specific regional targeting related to high vulnerability. Close coordination with programs operating in similar sectors is desirable to ensure consistency of standards and sustainability of investments. Early policy action is also required to ensure that sectoral reconstruction programs, such as road repair, use labor-intensive methods to maximize their employment impact. Public works programs are expected to provide employment for approximately 180,000 people in urban areas and 200,000-400,000 people in rural areas during the next 2.5 years.

87. There is a need to scale up existing and start-up new, well-targeted employment and training programs with a focus on practical skills and professional training. Particular focus should be given to training for women, youth, and the disabled as well as skills with high demand in the labor market.

88. Access to finance is important for micro, small and medium enterprises likely to provide the bulk of employment in Afghanistan's economy over the medium to long term, with recovery of the private sector driven by Afghans. This requires scaling-up of existing microfinance schemes and starting up new ones, especially for women, to provide small amounts of capital to help low-income entrepreneurs start-up or develop small-scale business activities.

3. Longer Term Needs and Options

89. In the longer term:

- (i) As the market economy grows, the need for public works programs as a source of employment for vulnerable groups should decline, and these programs should be gradually phased out.
- (ii) Microfinance services in rural and urban areas will continue to be scaled-up, within a sound policy and institutional framework aimed at ensuring the viability of microfinance institutions and their access to capital.
- (iii) It will be important to develop and implement a national policy and safety net program for the disabled and other social groups (orphans, widows).

B. Health

1. Current Situation

90. The health status of Afghans ranks among the worst in the world. War and conflict, food insecurity, limited access to safe water, poor sanitation, low educational attainment, poverty and an inadequate health system, have contributed to this situation. Additionally, a history of severe and systematic discrimination against women affects the health situation in Afghanistan and constrains the capacity to respond to the health needs of women and children.

91. Life expectancy at birth—44 years for males and 45 for females—is among the lowest in the world. Maternal and infant mortality rates are high. A large proportion of illnesses and deaths are due to preventable communicable diseases, e.g., measles, cholera, tuberculosis, malaria, meningitis, hepatitis, typhoid, childhood respiratory infections, and diarrhea. This is aggravated by chronic malnutrition that affects about half of Afghan children as well as widespread micronutrient deficiency. Disabilities are prevalent, due mainly to war.

92. Physical facilities have been destroyed, the human resource base has been eviscerated, and institutions have collapsed. Health infrastructure and human resources, public and private, are now grossly inadequate for a population of about 24 million that is expected to grow to roughly 35 million in 10 years. There is a strong urban bias, with many facilities located in Kabul, while rural services are unevenly distributed. Only 30-40% of the population have access to some health service. About 75% of the population have no access to emergency obstetric care (EOC); only 11 of the 33 provinces have capacity to deliver EOC.

93. There are about 17,500 public sector health staff in Afghanistan: 3,900 doctors or roughly 2 doctors for every 10,000; 2,500 midlevel staff; 5,000 nurses and technicians; and 6,100 community health workers and traditional birth attendants. The majority were on the public payroll and about 30-40% are being paid by NGOs. Staff are deployed unevenly relative to the population's geographical distribution; about 25% of all doctors are in Kabul serving 7% of the population (about 1 doctor per 1,700). In addition to inadequate numbers, the composition of staff does not match the need. More nurses, midlevel staff, and midwives are needed, and female staff are lacking at all levels of the health system. Existing staff need significant skill upgrading/refresher training to deliver essential services package.

94. While the challenge of rebuilding the sector is monumental, there is room for optimism. Provision of a basic package of health services is a cost-effective means of addressing many of the health problems of the population. The reestablishment of an effective health system

contributes toward social stability while encouraging the reintegration of women in the Afghan society.

2. Short-Term Priorities

95. In health, the foremost priority will be preventative and public health services. This means a few crucial low-cost interventions that can be widely replicated. It would also cater for selected catastrophic cases such as war-related injuries and maternal care. Preliminary planning exercises have identified and recommended the following central priorities:

- (i) reproductive health, including emergency obstetrics care;
- (ii) communicable diseases control;
- (iii) child health and immunization;
- (iv) maternal health;
- (v) specialized health services for persons with injuries/disabilities; and
- (vi) environmental health. In the first 2.5 years, the focus will be on a major preventative care drive aimed at improving basic health indicators, with an emphasis on rural areas and initiatives for women and children.

96. Although the hospital infrastructure is also in need of major repairs, analysis indicates that the public health return on investments in curative infrastructure is low compared with other health sector investment options. It is likely that the rehabilitation of hospitals would only benefit a very small proportion of Afghans. Establishing and maintaining hospital facilities sufficient to serve the majority of Afghans would not be affordable, in particular after the funds for reconstruction assistance are spent. It is possible however that some hospitals could be financially viable with the segment of Afghans able to pay for hospital care. The option of rehabilitating and thereafter privatizing hospitals that have been damaged, destroyed or abandoned may be considered by the AIA and the subsequent transitional administration.

Immediate Actions

97. In the first year, targets will include support for

- (i) a national immunization program that includes polio vaccination and vitamin A supplementation for children under 5 years of age;
- (ii) a concerted measles vaccination campaign covering 90% of children;
- (iii) expanded routine program of immunization (EPI) coverage of 40%;
- (iv) an improved and expanded supplementary and therapeutic feeding program;
- (v) a basic service package, (including reproductive health, communicable diseases, health and hygiene education and basic supplies) agreed upon and implementation plan in operation; and
- (vi) refresher training for health sector personnel.

98. The targets for 2.5 years include

- (i) reducing the infant mortality rate (IMR) to 140 per 1,000 live births;
- (ii) eliminating measles and polio cases reported;
- (iii) increasing routine EPI coverage of children aged 12-23 months to 50%;
- (iv) reducing acute malnutrition among children, adolescent girls and pregnant women;
- (v) reducing maternal mortality;
- (vi) increasing tetanus toxoid coverage of pregnant women;
- (vii) making the central and provincial ministry fully functional; and
- (viii) initiating a comprehensive training program for female health staff.

99. In addition, work on broad policies relating to modes of service delivery and financing will be initiated during the first 2.5 years.

3. Longer Term Needs and Options

100. During the next decade, the expected outcomes include (i) reducing the IMR to 85 per 1,000 live births; (ii) reducing the child mortality rate to 125 per 1,000 live births; (iii) lowering the maternal mortality rate to 850 per 100,000 live births; (iv) reducing the total fertility rate to 5-6 per married woman; (v) ensuring that the number of disabled does not increase from the current 4% of the population; (vi) reducing the prevalence of underweight children under the age of 5 to 20%; and (vii) increasing the proportion of 1-year old infants immunized against measles to 80%.

101. The strategy in the health, population and nutrition sector could entail implementation of an essential services package primarily focused on reducing child and maternal morbidity and mortality. The proposed package could be gradually expanded over 10 years with an immediate start on the highest priority and most cost effective components. The package could comprise:

- (i) control of communicable diseases, including TB, malaria, sexually transmitted diseases and HIV/AIDS;
- (ii) promotion of child health, including management of pneumonia and diarrhea and EPI;
- (iii) reproductive health programs including maternal health, newborn health, and birth spacing and family planning services;
- (iv) nutrition supplementation and micronutrient programs;
- (v) treatment for mine and other war-related injuries; and
- (vi) promotion of healthy lifestyle. This program includes options for bringing the public sector, NGOs, communities, and the private sector together to implement the above package for a major improvement in outcomes. A small central and regional-based Ministry of Public Health (MPH) with policy, contracting, standards, quality assurance, and monitoring functions could be established. District and community public health facilities should ideally be used for preventative and public health services and outreach center for the program mentioned above.

102. The influence of other factors negatively affecting the health of the population would be mitigated by cooperating with other sectors—through an improved agriculture sector that produces more food, better environment, improved gender equity, and peace after almost a quarter of a century of war.

103. Recurrent costs consist of support for MPH and the provision of resources to finance public sector health personnel, transport, drugs, vaccines, medical supplies, in-patient food costs, and building maintenance. The development program includes

- (i) technical assistance to develop and implement the transitional strategy for providing an essential services package;
- (ii) rehabilitation and equipping of health centers and key support infrastructure;
- (iii) redevelopment and construction of hospital infrastructure; and
- (iv) health policy and systems development.

C. Education

1. Current Situation

104. Afghanistan's education system is in a state of virtual collapse. Rebuilding it is one of the country's immediate priorities, starting from developing the primary/basic education subsector while providing simultaneous support to the essential needs of the other subsectors, i.e., secondary education, youth and adult education, and tertiary education.

105. As in the health sector, Afghanistan's education indicators rank among the lowest in the world, with the highest gender gap, and marked rural/urban and other geographic disparities. School facilities have largely been destroyed and many qualified teachers are employed in other sectors or have left the country. Yet there is universal yearning for education among the population, and a potential exists to attract teachers and administrators now outside the country to return.

106. The gross enrolment ratio in primary education is abysmally low at about 38% and 3% for boys and girls, respectively, with a corresponding boys-girls ratio of around 9:1. Net enrolment rates appear to be significantly lower in light of the large number of over-aged children in schools. The completion rate for primary education is estimated to be about 49% for boys and 35% for girls, with an average dropout rate of 57% for grades 1-5. The average pupil-teacher ratio in primary education is about 42:1. This seemingly low ratio reflects the exclusion of most of the girls from formal primary education and the severe enrolment constraints in recent years.

107. Participation in secondary education is extremely low, seriously limiting the capacity of the system to produce skilled professionals and informed leadership. While girls' participation rates in secondary education and tertiary education have been historically lower than boys', the gender gap has reached unprecedented heights since 1995. Afghanistan's tertiary education institutions are hardly functioning. Afghans will need a complement of highly trained people, including teachers, administrators, doctors, engineers, and other professionals to rebuild the country.

108. The existing severe shortage of teachers will be exacerbated by the expected influx of new students as schools reopen. An estimated 21,000 teachers staff government and NGO-run primary education schools, only 12% of whom are females. Most female teachers work outside of government schools in schools supported by NGOs and home-based schools. The urban-rural distribution of teachers is uneven and favors the urban areas. Only about half of all primary education teachers have completed grade 12, the official minimum qualification. Preservice teacher training is now largely defunct while some in-service teacher training has been provided, primarily by NGOs and other agencies. The previous systems for professional mobility, in the teaching and nonteaching cadres, have broken down. The large number of Afghan primary school teachers in refugee communities in Pakistan and Iran will be a crucial resource for rebuilding the education system.

109. Kabul University was in the 1960s and 1970s one of the strongest universities in the region. It later became one of the focal points of the destruction efforts. Most of the faculty has left the country. Buildings and basic infrastructure of Kabul University and of the regional colleges need to be completely rebuilt.

2. Short-Term Priorities

110. At all levels in education, the capacity for policy planning, policy formulation, and monitoring is very limited. Some capacity exists in the nongovernment sector, particularly for promoting community involvement in education and for constructing and repairing schools.

Immediate Actions

111. In the short term, the priority will be to expand primary education rapidly through all modes of delivery. This would mean making full use of existing government, nongovernment and community-based schooling. Simultaneously it is urgent to provide support to address the essential teaching and learning needs of secondary and tertiary teachers and students, as well as the basic learning requirements of out-of-school youth and adults. In the next year, the aim is to significantly increase enrolment numbers, especially girls—the target is to increase the girls' gross enrolment rate in primary education from 3% to 8%. By the end of 2.5 years, the gross enrolment rate for primary education is expected to reach 55% for boys and 20% for girls. However, every effort should be made to achieve gender parity in enrollment as early as possible.

112. Working within the overall framework provided by “Education for All” movement and Millenium Development Goals, the focus during the transitional phase will be on supporting a flexible, rapid approach aimed at ensuring access to learning opportunities, not only for children, but also for youth/young adults who have missed education opportunities in the past. The major elements of the back-to-school strategy would include

- (i) provision of basic school supplies to teachers and pupils wherever they are and development of competency-based learning materials;
- (ii) large-scale rapid teacher training and deployment of temporary teachers; and
- (iii) flexible use of multiple learning spaces while rehabilitating physical infrastructure with community participation. School feeding programs are likely to be useful to sustain attendance and enrolment in some areas and circumstances, and additional incentives may be needed to attract teachers, including from Pakistan and Iran. The existing school feeding and ration take-home program should be expanded greatly in the short-term and after.

113. In secondary education, basic supplies and teaching/learning materials will need to be provided to teachers and students. Temporary teachers may need to be trained and deployed. In the priority areas, school buildings will be rehabilitated/constructed and school furniture and equipment provided. A long-term plan will be needed for modernizing secondary education through the development of a comprehensive curriculum, teacher education and teaching/learning materials, including the appropriate use of information and communications technology. Private sector participation will be part of the secondary education development initiative and will also be important in youth/adult education and tertiary education.

114. In higher education, the need is to revive the handful of tertiary institutions—Kabul University and several other colleges in major cities—such as Herat, Mazar-e-Sharif, Kandahar, and Jalalabad. Afghanistan will need a complement of highly trained people, including teachers, administrators, doctors, engineers, and other professionals to rebuild their country. Although some are immediately available in Afghanistan and abroad, there is an urgent need to get the higher education machinery back in operation. This includes rehabilitating the hostels in Kabul University which would facilitate integration of young people from around the country. Also the schools will have to undertake crucial repairs (water supply and sanitation and the like). An early need is to reassemble the faculty some of which are dispersed, and students.

115. During the initial 2.5 years, a broad-based advocacy campaign promoting the importance of education, particularly girls' education, and the education of young boy soldiers and its role in nation building will be needed nationwide. The focus of expenditures in primary education will be on

- (i) developing educational materials;
- (ii) training temporary teachers;
- (iii) providing temporary shelter materials, particularly in the first year; and
- (iv) mobilizing the local population

116. In secondary education, the priority will be on

- (i) restoration of basic teaching learning activities; and
- (ii) commencement of rehabilitation/construction of physical infrastructure.

117. To meet the education and training needs of out-of-school youth and adults, the focus in youth and adult education will be on

- (i) the deployment of temporary instructors; and
- (ii) provision of basic supplies and shelter materials.

118. The reestablishment of tertiary education will entail the

- (i) provision of basic supplies;
- (ii) restoration of basic teaching activities;
- (iii) provision of scholarships; and
- (iv) recovery and reconstruction of existing basic infrastructure. In addition, support for developing the ministries responsible for education will be provided, including infrastructure and capacity building.

3. Longer Term Needs and Options

119. Investment over 5-10 years will depend on policy choices relating to service delivery, i.e., government provision vis-à-vis outsourcing to private and NGO bodies; language(s) of instruction in the formal education system; and the degree of decentralization of administration and development functions, particularly in primary education. Nevertheless, primary education must focus on efforts to

- (i) improve the quality of education;
- (ii) increase access, particularly for girls;
- (iii) revive and expand preschool education; and
- (iv) capacity building.

120. Over the 5-year period, the gross enrolment rate in primary education is expected to reach 70-75% for boys and 40-43% for girls. Over 10 years, the targets include (i) increasing the gross enrolment rate to 85% and the net enrolment rate to 75%, combined for both girls and boys; (ii) raising the proportion of qualified teachers to 80%; (iii) lowering the teacher-pupil ratio to 1:40; and (iv) improving the transition rate between primary and secondary schooling to be about 40%.

121. While the need to promote quality, access, and capacity building applies also to secondary education, encouraging an appropriate role for the private sector will be an important policy consideration in secondary education development, and for youth/adult education and

tertiary education. The latter two subsectors are likely to be increasingly important in education sector investment over the medium to long term, and will require a separate detailed needs assessment. Diversification of programs will likely be required to meet the needs of the labor market and the goals of national development. In particular, youth/adult education may comprise skills development, adult basic education, and literacy programs. In tertiary education, the focus may include expanding access through additions to universities and colleges and specific training programs and twinning arrangements between Afghanistan's universities and overseas universities to train tertiary educators and researchers.