Four million children have enrolled in school since the fall of the Taliban. Nearly forty percent are girls. An impressive immunization drive has virtually eradicated polio just five years after polio caused more disability than land mines. A measles campaign has saved nearly 30,000 lives.

Afghanistan has a democratic constitution and is preparing for presidential and parliamentary elections. In two years, the country has taken important strides towards a more open society.

After two disastrous decades of incessant conflict, a fragile peace provides the foundation for recovery.

The starting point, however, was low, even before the decimation by conflict. In Badakshan, a maternal mortality rate of 6500 per 100,000 is the highest ever recorded in any part of the world.

Even the dismal averages hide painful extremes. 9 out of 10 people in Ghor are poor. The map of poverty, below, captures the variations, with some relatively affluent regions, such as Kapisa and Kunduz, having poverty rates of 20%. Elsewhere the situation is grimmer. Poppies amidst poverty is fuelling drug production, as illicit crops have spread to 28 out of 32 provinces.

Afghanistan’s Human Development Index is currently the worse in the world, except for Sierra Leone. Life expectancy is 20 years lower than neighboring countries, such as Tajikistan. Indeed in another Asian country, Japan, people live nearly twice as long as in Afghanistan.

The Millennium Development Goals open a unique door of opportunity. They represent a synergy of purpose – a moral and political commitment to the people of Afghanistan. The Government and international agencies are committed to a long-term partnership for the eradication of poverty. This report examines each of the 8 MDGs and takes a refreshingly positive view of possibilities, despite the enormous constraints.

Afghanistan is about to give birth to a generation of peace - these children need the nourishment and promise of the MDGs.
This MDG Report has been prepared with the assistance of UNDP.
OPENING DOORS TO OPPORTUNITY
AFGHANISTAN’S MILLENNIUM DEVELOPMENT GOALS
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Afghanistan's MDGs - a great moment of possibility.
Life is a matter of death, as a woman dies every half hour trying to give birth. In Badakshan, a maternal mortality rate of 6500 per 100,000 is the highest ever recorded in any part of the world.

There is little expectation of reaching old age, as living beyond 50 is rare. Life expectancy in Afghanistan in the 21st century is similar to that which prevailed in 19th century Europe. Even in neighboring countries, such as Uzbekistan, life expectancy is twenty years higher.

Over 50% of the rural population are poor. This high average masks even grimmer realities; in parts of the country, such as Ghor, 9 out of 10 people are in poverty.

Illiteracy is the norm. The majority of children are stunted, and scarred by decades of war. Poppy amidst poverty attracts 7 million poor farmers into illicit crop production. Refugees come home in millions and gravitate to cities, and urban slums add to the formidable tapestry of problems.

In twenty-five years, Afghanistan will be without forests if current trends are not reversed. With such a forbidding state of affairs, the road to peace is littered with hard ground realities.

Yet Afghanistan potentially faces a door of opportunity – a possibility for transforming society through a collective commitment to the Millennium Development Goals. Each of the above challenges – maternal mortality, income poverty, gender equity, infant death, slum reduction, and forest depletion – are part of the 8 Millennium Development Goals.

Indeed Afghanistan has already made enormous progress in the political dimensions of the Millennium Declaration. The 2004 Constitution, and the forthcoming presidential and parliamentary elections, are laying the foundations of a more open, democratic society.

Starting from such a low base provides an opportunity for Afghanistan to make giant strides. For the international community, Afghanistan provides a critical challenge to support a MDG focused equitable development strategy. These measures will guard against the danger that Afghanistan will revert to being a narco-mafia state. The resultant chronic political instability and break down in law and order will continue to provide a fertile breeding ground for terrorist elements.
Meeting the MDGs will require concerted attention to five policy areas. These can be summarised as a GREAT opportunity:

G
tender provides the base for a distinct development strategy in Afghanistan. Most of the MDGs relate to the needs of women. Committing to the MDGs thus involves the construction of policy to address the social, political and economic needs of women. In addition to a range of crucial health related mother and child interventions, quotas in parliament and directed micro credit schemes offer a unique possibility for empowering women. In this sense, the MDGs can become an instrument, as well as a goal.

R
esources are a binding constraint. Afghanistan simply does not have the resources to make the necessary investments. Accelerated progress requires sustained international support, especially for recurrent costs, in addition to the capital spending, required to accelerate progress in meeting the MDGs.

E
ducation has been a rare privilege in Afghanistan. For the first time in the country’s history, the MDG commitment for universal primary education, will unleash the dynamics of change. These in turn lead to reduction in population growth rates, building capacities for economic diversification and participation in a globalizing economy.

A
griculture is a mainstay of the economy, and without advances in this sector, there is little hope of achieving the income poverty targets embedded in MDG 1. Halving poverty requires investments in irrigation infrastructure, shifts into higher value crops, and development of viable agro-industrial plants. But perhaps more significantly, while agriculture is a key catalyst of rural economic growth, sustainable rural development needs a far more holistic approach - an approach underpinned by multi-disciplinary approaches to poverty reduction and enhanced risk management.

T
rade is the fluid backbone of a landlocked country such as Afghanistan. A private sector led economy has to generate employment, a process that requires further expansion of trade opportunities, partly through better transport infrastructure.

The MDGs thus provide a great opportunity. Meeting the MDGs in the context of mass poverty requires a dynamic and equitable development strategy. A private sector led economy, with an effective state committed to the provision of public goods, will be critical for poverty alleviation. Yet the most important indicator of all will be the extent to which Afghanistan’s development strategy centers on its women. Advancing their health, education and economic needs will be the litmus test of MDG friendly policies.
The Millennium Declaration and the Millennium Development Goals - their relevance to the lives of Afghans.
We will spare no effort to promote democracy and strengthen the rule of law...we have a collective responsibility to uphold the principles of human dignity, equality and equity at a global level.

- The Millennium Declaration, September 2000.

The Millennium Declaration emerged at the end of a decade in which 54 states, nearly a third of the world’s countries, were poorer than they were at its start. Afghanistan was amongst the 54. The Declaration represented a collective commitment, signed by heads of state in 20001, for addressing the multiple dimensions of freedom – economic, social and political. The Millennium Development Goals, which emerged from this broad vision, focused largely on achieving specific interrelated targets on poverty. The 8 global goals and related 18 targets are captured in Table 1.

Afghanistan’s current situation, and aspirations, are reflected in Table 2. The magnitude of deprivation is staggering; the depressing statistics overwhelming. Yet prospects for progress from these low levels are better than they have been for a quarter of a century. The MDGs are an opportunity for transforming the blighted lives of Afghani children, women and men.

Afghanistan has already made sharp progress in several dimensions of the Millennium Declaration. Some of the more spectacular achievements relate to the political arena. Creditable recent gains include a Constitution ratified by a Loya Jirga in January 2004, and ongoing preparations for imminent Presidential and Parliamentary elections. For the first time in Afghan history, the base for expanding political and social freedoms is being laid.

1 Afghanistan was not represented at the UN at the time. The GOA has indicated that it shall shortly be formally signing the Millennium Declaration.
Afghanistan has also progressed in other key areas of the Declaration, such as gender. From a period where opportunities for girls and women were shrinking, the removal of severe discriminatory laws against women represents a significant formal advance.

A new agenda for advancing the rights of women has been supported both by the GOA, as well as by many NGOs and international agencies. This is in sharp contrast with a recent period where the emphasis was on a different form of cultural change – interpreting religion in a manner which justified a sharp regression of rights, rather than an expansion.

A process of change is underway – not fast enough for some but too fast for others. In official pronouncements on gender equity the progressive spirit of the Millennium Declaration finds a resonant echo in Afghanistan. Nonetheless, a daunting gender agenda is part of the reforms intrinsic to Afghanistan attaining its MDGS.

The media is beginning to play a more dynamic role in promoting democracy. The previous government banned television and closed all but one radio station. Only a few newspapers survived and these were little more than propaganda outlets for the regime. At present, the media is being revived with national and international assistance. Afghanistan currently has ten newspapers, four radio stations and three TV channels.

With a large percentage of the population illiterate, the electronic media can serve as a popular conduit of values, such as the right to education, protection from illness and information needed to help people participate in decision-making in the community. In addition, allowing greater freedom in entertainment is part

TABLE 1: THE MILLENNIUM DEVELOPMENT GOALS: 8 GOALS, 18 TARGETS TO REACH THEM.

| GOAL 1 | ERADICATE EXTREME POVERTY AND HUNGER |
|        | Target 1: Halve the proportion of people whose income is less than one dollar a day |
|        | Target 2: Halve the proportion of people who suffer from hunger |

| GOAL 2 | ACHIEVE UNIVERSAL PRIMARY EDUCATION |
|        | Target 3: Ensure that children, boys and girls alike, will be able to complete a full course of primary schooling |

| GOAL 3 | PROMOTE GENDER EQUALITY AND EMPOWER WOMEN |
|        | Target 4: Eliminate gender disparity in primary and secondary education |

| GOAL 4 | REDUCE CHILD MORTALITY |
|        | Target 5: Reduce, by two thirds, the under-five mortality rate |

| GOAL 5 | IMPROVE MATERNAL HEALTH |
|        | Target 6: Reduce, by three quarters, the maternal mortality ratio |

| GOAL 6 | COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES |
|        | Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS |
|        | Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases |

| GOAL 7 | ENSURE ENVIRONMENTAL SUSTAINABILITY |
|        | Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the losses of environmental resources |
|        | Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water |
|        | Target 11: By 2015 to have achieved a significant improvement in the lives of at least 100 million slum dwellers |

| GOAL 8 | DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT |
|        | Target 12: Develop an open, rule-based, predictable, non-discriminatory trading and financial system |
|        | Target 13 and 14: Address the special needs of the least developed, land-locked, and small island developing countries |
|        | Target 15: Deal comprehensively with debt problems of developing countries through national and international measures in order to make debt sustainable in the long term |
|        | Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth |
|        | Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries |
|        | Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies |
of the choices available for a more open Afghan society.

Despite the progress made, the future governance agenda should not be underestimated. Disarming militias, expanding access to justice, establishing mechanisms to control corruption – these involve difficult institutional reforms, requiring sustained domestic and international support.

MDG targets provide a focused frame of reference. Many of the indicators are interlinked. Indeed many of Afghanistan’s goals will be driven by disproportionate progress made in a few areas. In making the targets national, one important issue is the weight placed on the individual components of the MDG targets. The majority of MDG targets are driven by interventions which involve women.

Moreover, many important policy questions surface, and priorities in regard to these questions need to be ironed out. For instance, will the hunger target be better met through a mix of school programs, iodine deficiency treatment and agricultural growth? While global MDGs provide the framework, these policy choices need to be defined through a national dialogue.

In general, the positive correlation between income levels, rates of economic growth and human development has been well established. Malnutrition, child and maternal mortality, school enrollment rates are obviously influenced by the resources at a society’s command. However, within income categories, large differences in outcomes suggest that income is not the sole determinant of MDG indicators. Progressive social policy has a major influence.

In the case of Afghanistan, the degree to which there is progress in MDGs can vary substantially. This is largely because the growth paths could be very different. It is possible to envisage rapid growth, based significantly on physical infrastructure projects. In such a case the employment generated by growth is likely to be low.

### TABLE 2: AFGHANISTAN’S MDG TARGETS

<table>
<thead>
<tr>
<th>MDG</th>
<th>CURRENT LEVEL</th>
<th>TARGET 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Eradicate extreme poverty and hunger</td>
<td>Poverty: 53% Hunger: 48%</td>
<td>Poverty: 26% Hunger: 24%</td>
</tr>
<tr>
<td>2 Achieve Universal Primary Education</td>
<td>Primary (total): 36% Girls: 21% Boys: 51%</td>
<td>Primary (total): 100% Girls: 100% Boys: 100%</td>
</tr>
<tr>
<td>3 Promote Gender Equality and Empower Women</td>
<td>Female primary enrollment: 21% Girls enrollment share: 30%</td>
<td>Female primary enrollment: 100% Girls Enrollment Share: 50%</td>
</tr>
<tr>
<td>4 Reduce Child Mortality</td>
<td>Under-five mortality rate: 260 per 1000 Infant mortality rate: 165 per 1000</td>
<td>Under-five mortality rate: 90 per 1000 Infant mortality rate: 55 per 1000</td>
</tr>
<tr>
<td>5 Improve Maternal Health</td>
<td>Maternal mortality ratio: 1600 per 100,000</td>
<td>Maternal mortality ratio: 400 per 100,000</td>
</tr>
<tr>
<td>6 Combat HIV/AIDS Malaria and other diseases</td>
<td>Measles: 718 cases annually Malaria: 16% of population at high risk, 3 million annually Tuberculosis: 321 cases per 100,000; 91 deaths per 100,000</td>
<td>Measles: 0 cases Malaria: 8% of population at high risk Tuberculosis: 48 cases per 100,000 Surveys and actions to curb rise in AIDS</td>
</tr>
<tr>
<td>7 Ensure Environmental Sustainability/Access to safe drinking water and sanitation</td>
<td>Population without access to safe drinking water: 87%</td>
<td>Population without access to safe drinking water: 43%</td>
</tr>
<tr>
<td>8 Develop a global partnership For development</td>
<td>ODA (% of GDP): 48% GDP per capita (S): 170</td>
<td>ODA (% of GDP): 20% GDP per capita (S): 500</td>
</tr>
</tbody>
</table>


---

a Incidence of Poverty (percentage) based on national poverty line figures. Dollar a day poverty line not available
b Percentage of the hungry in total population
Further, there are considerable disparities in human development across regions and amongst different social groups. The inequalities between regions and groups are documented in chapter 2. Growth that is geographically concentrated can improve national average performance. Yet this can leave substantial number of poor people behind. Hence regional disaggregation of MDG outcomes is important to monitor.

Apart from gender disparities, literacy and health gaps amongst different groups in Afghanistan are well known. Developing a progressive tax system, which redistributes benefits from the revenue rich parts of the country to others, will be an important determinant in improved equity of MDG outcomes.

The MDGs involve a new approach to Afghanistan’s development. Basing many socio-economic policies around the needs of Afghan women entails a radical change. Basic investments in women’s health and education are central to reducing alarmingly high fertility and population growth rates, as well as advancing directly the status of women, a key objective of the MDGs.

While seven of the eight MDGs rely primarily on national development initiatives, the MDGs acquire global teeth through Goal 8. This is a commitment to an international partnership for the MDGs. It involves resource commitments from international partners in support of national plans. As far as Goal 8 of the MDGs is concerned, the substantial presence of international partners in Afghanistan is indicative of the global community’s support.

Maintaining that interest for the next decade will constitute a significant achievement for the international community. It will also rectify the error of abandoning Afghanistan in the 1990s. Sustained support for the MDGs provides a unique opportunity to transform the lives of many Afghans.

Accordingly, the pattern of donor commitments, both on capital and recurrent costs, will largely shape Afghanistan’s progress towards the MDGs.

Monitoring progress in the MDGs is an important part of the responsibility that needs to be shared between the Government of Afghanistan and its partners.
The inequalities between regions and groups are documented in chapter 2. Growth that is geographically concentrated can improve national average performance. Yet this can leave substantial number of poor people behind. Hence regional disaggregation of MDG outcomes is important to monitor.
CHAPTER 2

Eradicating Extreme Poverty - MDG 1
TARGET 1
Halve the proportion whose income is less than a dollar a day

Current status and trends
Sierre Leone is the only country that ranks below Afghanistan in the Human Development Index. With the majority of its population living below the poverty line, and 48% of its population malnourished, Afghanistan ranks as one of the poorest countries in the world.

A grim average of 53% of rural population in poverty disguises even more severe deprivations. In Ghor, 92% of the population is poor; this is in contrast to places such as Kunduz or Kapisa where the poverty rate is in the 20% region. The regional spread of poverty is reflected in Figure 1.

Nearly 70% of the rural population in the North is poor; in general the Northwest and Central regions are poorer than the Southwest of the country.

Poppy amidst poverty is part of the coping strategy. While no guarantor of wealth, poppy producing households are, on average, better off. For example, 37% of the households producing poppy are poor, compared to the 54% of the households not involved in poppy.

Inequalities within households are evident in skewed consumption patterns. The richest 20% of people consume nearly half the food, leaving the other half to the remaining 80% of the people.

There are several causes that have led to such a state of affairs, the principal among them being prolonged violence and conflict. For the past two decades the Afghani people have been caught in a complex web of civil, regional, global and ideological wars.
Movement towards achieving MDG 1 and its corresponding targets requires a balance between targeted social protection measures and investments which can guarantee more sustainable employment generation through the facilitation of private sector led growth. Direct employment generation is being facilitated by an extensive public works programme.

Due to conflict and political instability, consistent data is not available from 1980 onwards, but there are many reasons to believe that poverty has worsened over the past two decades. With most of Afghanistan’s resources being channeled towards internal and external wars, the issue of alleviating poverty was secondary to staying alive. Further, long periods...
of drought in the 1990s worsened food insecurity and poverty.

Recent surveys systematically cover a grim picture of inhuman poverty. The National Rural Vulnerability Assessment established a consumption poverty line for rural areas. As noted earlier, 53% of the rural population falls under this poverty line. Such scale of poverty makes Goal 1 dependent on the development strategy as a whole, rather than welfare transfers. The latter are more useful as a primary instrument for those Afghan households which suffer from disability or other structural cause for permanent hardship.

MDG 1 is thus closely tied with the issue of quality of growth. Growth for the poor is in turn closely linked with adequate income-generating employment. For Afghanistan’s poor, labor-absorbing growth in the agricultural sector would help in alleviating poverty. To some extent this is happening already, with an estimated 7 million farmers involved in poppy production. Poppy amidst poverty provides relatively high returns to farmers. The challenge is to create alternative employment opportunities in agriculture.

A shift towards legal crops can be facilitated by labor-intensive infrastructure construction. This would provide better access to markets, but will need to be supplemented by additional efforts, which discourage poppy cultivation and provide incentives to grow alternative crops.

Challenges and Constraints

Afghanistan’s ability to rebuild itself will be undermined if poverty is not significantly reduced. For successful reconstruction, one of the prerequisites is an improved security environment. More precisely, extension of NATO forces beyond Kabul, and the expansion of provincial reconstruction teams, involving military and civilian personnel, are recognised as imperatives for creating the necessary security environment for growth and poverty reduction. The pace of progress in this regard has, however, been far slower than the widespread recognition of its necessity.

Security is not the only concern facing the GOA with regard to achieving the MDGs; some other challenges are:

- Securing the required funding and technical support—local and international—to carry out the necessary poverty alleviation programs on a sustained basis.
- Controlling the population growth rate, which currently stands at a staggering 4.2% by some esti-
mates. Social policy for reducing this rate of fertility and population growth will have a direct bearing on the extent to which MDG 1 targets of income poverty reduction are achieved.

- Creating opportunities for the vast number of refugees that have come back to Afghanistan. Most are converging to urban centres.
- Improving public services and the general infrastructure so that the level of access is increased, thus allowing direct poverty alleviation schemes and programs to run in an efficient and sustained manner.
- Expanding micro finance schemes to the poor, thus enabling many of them to start small enterprises.
- Clearer articulation required with regard to the fact that poppy eradication implies a substantial reduction in rural incomes, which will be acutely felt among the poor.

Employment plays a key role in lifting people out of poverty. Without a pro-labour slant in the macro-economic policy framework, the poor will not have the opportunity to escape the vicious circle of poverty that currently traps them. The GOA is addressing many of these daunting challenges by a commitment to a private sector led economy, supported by effective public intervention where needed.

Another important challenge for the GOA is curbing the amount of poppy grown. A significant portion of Afghanistan’s arable land is now being used for poppy cultivation. In fact the number of provinces with poppy cultivation has increased steadily from 18 in 1999, to 28 in 2003; this means that only 4 of the 32 provinces are free of poppy. Since agriculture is one of the main sources of revenue and employment, the government is aware of the urgent need to reverse this menacing trend.

**Policy Direction - four components for income poverty reduction.**

As mentioned earlier, Afghanistan is likely to achieve growth rates in the region of 8-to-10 % in the period leading up to 2015. This will be fuelled largely by construction and aid related stimulus. Progress towards MDG 1 will however be accelerated if these high growth rates are accompanied by three additional measures targeted at the poor. Accordingly, the GOA has, mainly through the Livelihood and Social Protection (LSP) Programme, initiated activities aimed at (i) employment generation through public works, (ii) expansion of credit to the poor and (iii) welfare transfers for the most vulnerable.

All of the above programs directly address poverty. Much will now depend on the nature of their implementation and that will, in turn, determine their sustainability. Hence, effective monitoring and evaluating of such programs will be crucial. For example, caution needs to be exercised in any rapid expansion of micro-finance. Other country experiences suggest potential for corruption, high transaction cost, conversion of credits to grants due to political interference and so on. Thus, faith in the projected sharp increase in micro-finance schemes in Afghanistan will depend greatly on the institutional and monitoring design.

One of the largest items in the budget, $ 248 million were allocated to the LSP programme in 2003. The Ministry of Livelihoods and Social Protection, who implement the LSP, is intending to double the size of the programme within three years. This scaling up will focus on targeted public safety nets, microfinance and community based poverty reduction projects. Along with a 10% growth rate, this quartet of facilitators should help Afghanistan achieve a major reduction in income poverty.
TARGET 2
Halve, by 2015, the proportion of people who suffer from Hunger

Status and Trends
Afghanistan is characterized by a disturbingly high prevalence of malnutrition. Although, precise figures are not available, the level of malnutrition is estimated to be in the range of 45-55%. Furthermore, high mortality rates among children less than five years of age and occurrence of micronutrient deficiency diseases plague the Afghan population.

Surprisingly enough, despite severe food insecurity, levels of acute malnutrition remain relatively low, between 6 and 10%. However, that does not mean that a significant proportion of the population is not at risk. Results from nutrition and health surveys suggest that women, infants less than six months, and infants (between 6 months and 24 months) are at particular risk of malnutrition.

The general micronutrient intake status for the population is reflective of other human indicators. A significant proportion of the population’s diet consists just of wheat. Essential nutrients and minerals from other sources of food are not part of the average Afghan diet. Naturally, this has resulted in, among other things, widespread deficiency disorders. For instance, iodine deficiency disorders are highly prevalent, particularly in mountainous provinces in the north, northwestern and central highlands of the country. The prevalence of clinical cases of goiter range from 30% - 70% of the population.

Data for other micronutrient deficiencies show prevalence of anemia among young children and their mothers, and night blindness among women. In addition, over the past few years, outbreaks of scurvy have occurred repeatedly in the winter months with severe clinical signs observed in approximately 10% of the population.

Challenges and Constraints
The prevalence of food deficiency is closely associated with the problem of malnutrition. Malnutrition is also related to additional factors such as contaminated water, poor infant feeding practices, low levels of female education and so on. Providing people with food and adequate nutrition necessarily requires improvement in
food production and a sound system of distribution. For some parts of the country, the current security situation makes distributing food supplies a rather difficult enterprise. Further, the lack of proper infrastructure (i.e. roads, airports, railways) makes certain places, such as mountainous regions, inaccessible. Therefore, lack of access due to poor facilities coupled with problems of security make distribution of food supplies an extremely difficult task. Thus, even immediate relief by temporary provision of basic nutrients and food becomes an arduous task. The GOA does not however intend to institutionalise widespread food aid distribution. Only emergency food aid would be provided.

Even if the problem of immediate relief were to be resolved, the problem of sustainability emerges. Without proper and adequate facilities and general awareness about dietary needs, hunger and nutrition associated diseases will persist. Food security means that the poor should be able to afford a multi-nutritional diet. Furthermore, people should be made aware of the health risks associated with improper dietary intake. Finally, people should have access to proper health facilities.

**Policy Direction and Resources Required**
As eradicating hunger is closely related to nutrition, public nutrition is a key priority in the overall health policy of the Ministry of Health. (MOH)

The overall goal of the MOH Nutrition policy and strategy is:

“To reduce malnutrition of all types including micronutrient deficiency diseases through integrated and coordinated programming. In collaboration with partners, the MOH will take leadership in identifying, preventing and reducing malnutrition.” - Public Health Policy, April 2002 and Public Nutrition Policy and Strategy, November 2003.

The MOH seeks to promote food and nutrition security by adopting a broad-based multi-sectoral approach that address the underlying causes of malnutrition, such as food insecurity due to distribution, inadequate social and care environment, and insufficient access to health services. Public Nutrition strategies will largely be implemented through the Basic Package of Health Services (BPHS). The services delivered through the BPHS are being supported and complemented by central and provincial level interventions such as,

- Installation and establishment of eight iodizing salt factories
- Training centers for treatment of severe malnutrition in provincial-level hospitals
- Small and large-scale fortification of wheat
- National programme on nutrition and exercise to be developed
- National Action Plans to target malnutrition and related illnesses
- A food quality control mechanism, including establishing laboratories
- Updating composition of a minimum consumption basket

The above measures are to be supported by educational health promotion schemes relating to salt iodisation and use of breast milk.

Due to the nature and extent of malnutrition and hunger, the efforts of the BPHS alone will not be sufficient. Therefore, mechanisms for collaboration and integration on food security, including food aid, have been defined with other Ministries, specifically the Ministry of Agriculture and Animal Husbandry as well as the Ministry of Rural Rehabilitation and Development. In addition, international organisations and NGOs are involved in projects which can reduce hunger. This partly involves investments in irrigation, for the revival of agriculture.
CHAPTER 3

Achieving Universal Primary Education - MDG 2
TARGET 3  
Ensure that children, boys and girls alike, will be able to complete a full course of primary schooling

Current Status and Trends  
The level of a country’s education is one of the key indicators of its level of development. Providing quality education is a critical foundation for sustained poverty alleviation and economic growth in Afghanistan. However, achieving 100% primary education in Afghanistan by 2015 would be an enormous undertaking, especially since the current enrollment rate is at the 36% mark. Not only is the rate of primary enrollment extremely low, it is also skewed. UNESCO estimates that only 52% of Afghan men over the age of 15 and 22% of women in the same age group can read and write.

One of the most positive recent developments, however, has been the accelerated rush to primary schools. The back to school campaign has led to a massive 4 million enrollments in the last two years, far more than anticipated by anyone. Keeping this large volume of children in schools requires concerted support, if the MDG goal two is to be achieved. A key part of the challenge is to improve the quality of the learning environment.

Enrollment declined through much of the 1980s and 1990’s in Afghanistan, largely as a result of war, destruction of schools, exile and restrictive policies of the Taliban. However, recently this trend is being reversed. In 2002 alone, more than 3 million students were enrolled in Grades 1-12, which was beyond the Government’s expectations of 1.5 million. The ‘Back to School’ campaign entailed urgent provision of student and teacher kits, including 10 million textbooks.

Still, a third of the children are not in school, and the other two-thirds study under the most rudimentary conditions. Crowded under tents or dilapidated rooms or in open air, access to basic education is not an unmitigated privilege. Add to this rote learning and authoritarian methods, many children endure rather than learn, through basic education.

There is however a wider range of quality in public schools than one would expect since many international organizations/NGOs are involved in the provision of education, without a centralised curriculum.

The current status indicates that great strides have been made since the fall of the Taliban; however much more needs to be done. In this
regard, achieving 100% primary education depends on the level and nature of investment in the sector. Thus far, the education sector has made slower progress relative to other MDG areas, particularly health sector reforms. This is a cause for extreme concern.

**Challenges and Constraints**
The financial resources required for achieving MDG 2 in education are considerable. The extraordinary priority placed on education by the GOA is reflected in budgetary allocations. The 2003 development budget allocated the second largest amount, $250 million, towards education. It was therefore unfortunate that the gap between GOA resource requirements and donor commitment is the largest of all in education.

This financing gap, due to lack of credibility in reforms, represents a serious setback for prospects of making strides in education. Without the commitment of additional resources any hope of meeting the MDG education target would be forlorn; hence the urgent need to deepen primary education reform.

Apart from receiving the required funding, other challenges and constraints faced by the GOA with regard to achieving universal primary education are,

**Clarity on the role of NGOs**
Many NGOs have provided an invaluable service in support of Afghan education. However, like the health sector, there is ambiguity about the role of NGOs as implementers in the future. Some donors have emphasized the need to phase out international NGOs, for reasons of longer-term sustainability. Issues have also been raised about the qualifications of some NGOs to deliver educational services. There is clearly a need for the MOE to establish clearer criteria for selection of NGOs for implementing projects, especially as more resources become available to go to scale.

As far as some experienced NGOs are concerned, some appear to feel that sufficient weight is not given to their implementation experience in the formulation of policy, which has led to some uneasiness in relations. Unlike the health sector, the respective role of the Ministry, NGOs, and international agencies has not been clarified.

**Improving the quality of education**
While no output indicator (student learning achievement, completion rate) is available to ascertain the current status of quality of education in Afghanistan, the available input indicators (teachers’ background, curriculum, textbook quality and availability, status of learning space, time on task) indicate poor quality of education. The lessons learned from post-conflict countries suggest that early focus on the quality of education – not only access – is key for rebuilding the education sector.

**Community Involvement for accountability**
The involvement of parents and communities as an instrument of accountability, has been a lesson learnt across the world. A distant MOE implementing services, which are accountable only to political figures, and are subject to excessive amount of patronage, have failed repeatedly in numerous countries.

It is therefore imperative to strengthen the capacities of schools and communities to manage their own affairs to ensure that all children complete basic education. Inadequacies in communications, transportation, and financial infrastructure increase the importance of strengthening community- and school-based management.

Other related challenges are to build infrastructure, classrooms and facilities to provide access to a reasonably safe learning environment. Further, providing “Software”: teacher, professional development, modern curriculum, textbooks, and modern learning material and techniques is vital. Perhaps it is the most important investment in the transformation of Afghan society, from a largely illiterate rural economy to one which has the skills to thrive in the modern world.

**Policy Direction and Resources Required**
Commitment to education for all in Afghanistan requires, among other things, developing the legal framework, rebuilding physical infrastructure, improving teaching quality, and increasing funding. Progress toward MDG 3 is dependent on these.

With regard to these areas, the GOA has set the following priorities:
a) Improving the basic education infrastructure  
b) Teacher and curriculum development  
c) Improvement in secondary education, such as building science laboratories  
d) Eliminating prevailing gender disparities

Effective implementation of education reforms are related to the ongoing public administration reform. This larger reform is trying to establish competitive teacher salaries and other incentives for quality of services.

The MOE’s vision involves a broad-based approach. Participation at all levels is encouraged and communities hold as much of the responsibility for planning and implementing educational services. The idea behind such an approach is to promote a system of mutual accountability between the government and the people.

In other related developments, the Ministry of Higher education is embarking on a reform programme, aimed at providing the teachers and the software to improve the quality of primary education over the medium term, and introducing modern vocational education.
The most important indicator of all will be the extent to which Afghanistan’s development strategy centers on its women. Advancing their health, education and economic needs will be the litmus test of MDG friendly policies.
Promoting Gender Equality and Empowering Women - MDG 3
TARGET 4
Eliminate gender disparity in primary and secondary education

Status and Trends
MDG 3 is the critical overriding instrument for achieving many of the MDGs in Afghanistan. Building a development framework around the needs and deprivations of Afghan women is arguably the central policy implication of this report. Gender equality is not only a goal in its own right, but an essential ingredient for achieving broad-based economic growth and fulfilling the required MDG goals. The current status in terms of promoting gender equality and empowering women indicates that Afghanistan has a long way to go.

Despite last year’s surge, the primary enrollment rate is amongst the lowest in the world. And the ratio between females to boys in primary education is 0.52. Wide gender disparities are prevalent nationally but are particularly acute in southern provinces such as Paktika, Paktya, Khost, Kapisa, Helmond, Uruzgan, Kandahar, Zabul and Ghor where girls represent less than 15 percent of total enrollment. Limited supply of schools especially in the appropriate geographical proximity to girls and female teachers are major factors constraining the education for girls. Much work needs to be done in order to eliminate the deeply manifested gender bias in education.

In the health sector 40% of the facilities do not have female staff. The current level of physical insecurity not only discourages female health workers but also partially makes implementation hostage to the regional political environment. This gender disparity has other grave implications, such as maternal health. Culturally most Afghan women prefer and receive treatment from only female doctors. The lack of female staff results in women not being inclined towards seeking medical help even though they may require immediate attention.

The GOA and human rights organizations are making significant strides in raising general awareness. The MDG target of eliminating gender disparity by 2015 seems unlikely given the historical and cultural context of Afghanistan. What is perhaps more important is that an opportunity exists to expand opportunities for girls and women – the extent to which this opportunity is seized will determine largely the progress made.

Challenges and Constraints
Raising awareness of the existing gender bias and discrimination is imperative for narrowing the gender gap, but the process involves sensitive cultural issues. What some cultures may think of as an act of gender discrimination, other cultures may not. These differences frequently reflect patrimonial power relations, which are not amenable to immediate change. Nonetheless many societies have made remarkable progress in addressing the needs of women, despite numerous constraints. While the evaluation and monitoring process should be sensitive to cultural norms of Afghanistan, it also needs to establish some measures of relative and realistic progress.

**Chart 5: Promote Gender Equality in Primary Education**

<table>
<thead>
<tr>
<th>Ratio of girls to boys in primary education</th>
<th>MDG Goal</th>
<th>Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.52</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>1990</td>
<td>0.52</td>
<td>0.7</td>
</tr>
<tr>
<td>2015</td>
<td>0.7</td>
<td></td>
</tr>
</tbody>
</table>
Specific gender needs require incorporation in future policy design. Tuberculosis, for example is one of the most serious health threats in Afghanistan. Almost 70% of the affected people are women, unlike other countries where the ratio of female patients is generally equal to the male, if not smaller. Linked to the large number of women with Tuberculosis is the high risk of infecting children. More attention needs to be given to specific gender-related causes to develop more appropriate prevention strategies.

Meeting gender specific needs requires a well-trained pool of doctors who are sensitive to the particular needs due to gender. The curricula in the Health Faculty of Kabul University would, for example, need revision and development relating to gender issues, due particularly to the restrictions imposed under the previous government.

**Policy Direction and Resources Required**

The gender dimension of equity in Afghanistan cannot be emphasized enough. While it may not pose immediate political threats as ethnic inequity, advances in the role of women is probably the best indicator of social transformation over the medium term. In an operational context, the gender goals of the MDGs deserved a weighted preference, and should therefore be particularly prominent across all interventions. How to advance the social role of women within existing realities requires sensitive issues of prioritization and strategy. Particularly useful are examples of "good practices" from other Muslim countries. Using progressive images from Islamic civilisation – relating to gender, music and the arts – as well as from Afghan history, can be a critical process in dynamic cultural change.

The GOA is taking positives steps towards promoting gender equality and empowering women. A couple of important initiatives are worth noting:

- The National Development Framework (NDF) recognizes that progress towards gender equality in Afghanistan is a prerequisite for broad based economic growth and poverty reduction. The NDF stipulates that the rights of women and girls need to be promoted for them to lead a normal existence. They need to have as central a role in economic, political and social development as men.
- The Ministry of Women’s Affairs (MOWA) was established in 2002 to play a key role in promoting policies and strategies to ensure the full participation of women in society. This was the first national mechanism for addressing the needs of Afghan women and in ensuring gender mainstreaming within all of the various government departments. The government is pursuing a very broad based strategy towards eliminating gender bias and empowering women. Some of the objectives are,
- Promoting opportunities for greater participation on all levels—from public life to the political decision making process. With regard to latter, the government’s aim is to provide at least 30% of seats to women in national, provincial and district decision making electoral bodies. The forthcoming elections to the National Assembly provide a useful opportunity to promote quotas.
- Legal and judicial reforms and institutions should address women’s needs and priorities and incorporate international standards such as CEDAW.
- Broad based, gender responsive economic growth measured by the increase in the number of women in employment, including in non-farm sector jobs.
- Increase the primary enrollment rates of women. Achieve a ratio of 1 in terms of girls to boys in primary education
- To significantly reduce the maternal and child mortality and to recognize that gender equality is part of the solution for improving maternal and child health.
CHAPTER 5

Reducing Child Mortality and Improving Maternal Health MDG 4 and 5
TARGET 5: Reduce by two-thirds the under-five mortality rate

Status and Trends
The majority of Afghanistan’s children are stunted. It is estimated that iodine deficiency accounts for an average 10-15% decline in IQ. The under-five mortality rate is 257 per 1000, while the infant mortality rate is 162 per 1000. From 1990 to 2002 the under-five mortality rate hardly changed. Afghanistan’s MDG indicators are half a century behind the average for Asia.

With a life expectancy of just over 40, life in Afghanistan has often been nasty, brutish and short. While on-going efforts are contributing to some progress in improving the health of children, the overall situation remains grim.

CHART 6: REDUCE CHILD MORTALITY
Under-Five Mortality Rate (per 1,000 live births)
TARGET 6: Reduce by three quarters the maternal mortality ratio

Status and trends
The maternal mortality rate, in parts of Afghanistan, is the highest ever reported globally. In Badakshan, a maternal mortality rate of 6500 per 100,000 vividly captures how life is often a matter of death. With Afghan women suffering from some of the worst health indicators in the world, particular focus on their needs, under the BPHS, is the lynchpin of the health sector. The GOA is placing a special focus on maternal and child health as well as on safe motherhood – interventions that relate to urgent health needs of women.

Challenges and Constraints
The MOH has developed and is supporting the implementing of a “Basic package of health services for Afghanistan.” (BPHS) The priorities are established around the reduction of mortality and morbidity. The Basic Package thus consists of 7 elements – Maternal and Newborn Health, Child Health and Immunization, Public Nutrition, Communicable Diseases, Supply of Essential Drugs, Mental Health and Disability. The latter two – mental health and disability - were subsequently dropped as priority areas and put into a second tier category. However, measures with regard to disabilities are also covered by other ministries, and increased allocations for mental health and disabilities are programmed for the immediate future.

Notable progress has been made in the management functions of the MOH. A grants contract and management unit has been established to manage the budget and donor coordination. The MOH is widely viewed as a Ministry that is creating an effective enabling environment for delivery.

Implementation of the Basic Services package faces several constraints. As mentioned earlier, the package will require a substantial expansion of development and recurrent costs. However, resources are by no means the only constraint. Attracting female health workers, developing health management capacity in the MOH, training health workers, and organizing a functioning health referral system, are challenges for the sector to overcome. This will require a mix of immediate reliance on imported labor and longer-term capacity building, which replaces expatriates with Afghans.

Addressing other implementation constraints includes salary support for Ministry of Health staff, partially through the Priority Reform and Restructuring (PRR) process. These reforms are aimed at improving the quality of health sector delivery. The PRR for the provincial health departments was approved in December 2003.

Ensuring the nation-wide delivery of the BPHS will take at least 3 years. In the meantime the Government will continue to strengthen the vertical programs and campaigns that ensure blanket coverage of simple but effective interventions such as salt iodization, polio, measles, and tetanus immunization, and vitamin A distribution. Another key objective is to improve the quality of hospital services, with priority to emergency obstetrical care and trauma management.

MOH has made progress in information gathering and policy formulation. In order to improve efficiency, NGOs are being contracted through Public-Private Partnerships to deliver the Basic Package of Health Services. While these Partnerships increase efficiency in the immediate context of implementation constraints – at present the choice is between not delivering at all, or delivering at costs that are substantially higher than domestic price levels would indicate. A longer-
term sustainability vision entails a phasing out of international NGOs.

The cornerstone for the sustainability of the BPHS is community-based health care. Community involvement and participation is critical in improving the health and well-being of communities as they have the (local) knowledge on needs and priorities, which is essential for the development of a sense of ownership. There exist a number of different approaches, strategies, and ideologies that also reflect the diversity of Afghan society. Consistent elements have been identified and a community health worker-training module and competency checklist have been developed.

Choosing health workers who are community related is not the same as involving communities in the development of further strategies for improved health provision. The focus of Community-based Health Care so far has been on the selection and training of health workers. Further investment is needed to develop appropriate training modules regarding communication and negotiating skills, participatory processes, and related civic education.

Policy Direction and Resources Required
Progress in four areas, in particular, is likely to influence health outcomes, and contribute to reducing child mortality and improving maternal health.

First, information on personal behavior related to social values, norms and habits enhances the returns to investments in health programs. As a result, building service delivery structures is more effective and sustainable if communities are empowered through education and awareness raising on more appropriate preventive and curative health practices. These include hygiene information on water-related health behavior, use of mosquito nets, and so on.

Second, progress in the health sector needs to be supported by more accelerated reforms and expansion in education. Currently, progress in education is rather slow. Simultaneous investments in both areas are mutually reinforcing. These virtuous or vicious circles of development are well known from international experience. They are perhaps even more important in Afghanistan, where health and education investments in girls, have high rates of return.
The case for extremely high returns to investment in girls in particular has been documented at length, for neighboring Pakistan, which shares many features of the social environment with Afghanistan.

Many operational agencies warn of a vicious circle of factional violence, disease and degrading poverty in Afghanistan and for an immediate expanded international response to curb this cycle.

Third, over the longer term, the sustainability of international NGO delivery mechanisms would need to be addressed, and a more nationally viable institutional mix is needed for sustainability.

Finally, progress towards Afghanistan’s child and maternal health goals, embodied in the MDGs, will be largely determined by sustained external financial assistance for health investment, as well as part of the recurring costs.

In the fiscal year 2003, the MOH had made a request for an investment of $173.5 million, which is 10% of the development budget. The amount committed by donors was $130.61 million, which means that approximately three quarters of the request by the MOH was supported. This is an indicator of the faith that external support has had in the management reforms at the MOH and its pragmatic approach to delivery.

Nonetheless the shortage of resources for health and other sectors remains serious. The aggregate shortfall is reflected in the budgets of many ministries. The MOH estimates a $75 million gap in delivering the basic package of health services in 2004 alone.

In the 2004 fiscal year, the total estimated ordinary budget, which covers recurrent costs, is $550 million. Out of this The Afghanistan Reconstruction Trust Fund (ARTF) was expected to contribute $250 million. The ARTF covers much of the government’s wage bill, with the Ministries of Public Health and Education receiving 50% of all payroll expenditures.

The ARTF faces funding problems that could affect the operations of the MOH. The magnitude of the aggregate shortage, by December 2003, was $350 million. This reflects the difference between GOA requests and donor commitments.

The funding requirement up to 2006 is nearly $600 million approximately $200 million. Nearly 90% of the funding is to be financed externally, reinforcing the vital role for aid in meeting Afghanistan’s MDGs. Domestic resources, for sure, are not enough to make the strides necessary to meeting the MDGs.
Combating HIV/AIDS, Malaria and Other Diseases-MDG 6
TARGET 7:
Have halted by 2015 and begun to reverse the spread of HIV/AIDS

TARGET 8:
Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Status and Trends
Malaria and Tuberculosis are serious health threats in Afghanistan. Unusually for TB, 70% of the affected people are women. Linked to the large number of women with Tuberculosis is the high risk of infecting children. More attention therefore needs to be given to specific gender-related causes to develop more appropriate prevention strategies.

Through successful mass vaccination, the Ministry of Health and its partners have been able to reduce the number of confirmed polio cases in 2003 to 7 in the whole country, a remarkable improvement from the situation in 1997 when polio caused more disability than land mine injuries. A measles mortality reduction campaign reached more than 90% of children, 6 months to 12 years of age, resulting in the saving of an estimated 30,000 lives. In addition to leading these activities, the Ministry of Health has taken on a stewardship role in the sector and has developed and communicated a coherent Health Strategy. This vision is designed to ensure that disparate partners focus on national strategic priorities such as delivering basic health services to the majority of Afghans who live in rural areas, rather than building high visibility, but low impact, tertiary care hospitals.

The design of the Basic Package is around extensive community participation and reflects international experience of lessons learnt. It also integrates and builds on recent successes with polio and other vaccinations in the country. As noted, Afghanistan is on its way to eradicating polio, with 6 million children having been vaccinated. Further, 10 million children received a measles vaccine up to December 2003. International agencies such as UNICEF played a pivotal role in these immunization drives.

Some progress has also been made in combating malnutrition, thus reducing vulnerability to infection. The first large scale iodized salt production plant has been established to tackle iodine deficiency, and 300,000 malnourished women and children have received support.

The lack of even rudimentary information on HIV/AIDS makes projections and policy responses
difficult to assess. The first intervention in this regard would be some preliminary surveys at antenatal clinics in urban areas, and rural health facilities. Since Afghanistan contains many of the conditions for the quick spread of AIDS – such as high drug use and lack of public information on preventive measures – surveys on HIV/AIDS prevalence are needed urgently. As South Africa discovered painfully, neglecting AIDS because of so many pressing problems, can have devastating consequences.

One of the priorities for the immediate future will be to reduce the large incidence of malaria.

Finally it is important to note the interlinkages between sectoral efforts – investments in sanitation and clean water infrastructure are an indivisible component of the strategy against communicable diseases.
Ensuring Environmental Sustainability-MDG 7
Status and Trends
At the current rate of deforestation, no forest will be left in 25 years time. This is a devastating prospect, which has to be prevented. As it is, the proportion of land covered by forests stands at a mere 2.4%. Forests have suffered extensive damage over the past two decades. Over harvesting of old growth cedar forest for export and the depletion of pistachio forest for firewood are matters of serious concern.

Moreover, 80% of Afghanistan’s population is dependent on agriculture, but only 12% of the country’s total land area is arable. The ratio of area protected to maintain biodiversity to surface area is 0.3. The fact that the issue of environment has largely been neglected is not surprising, especially since Afghanistan has faced grave dangers to its political and national security over the past 20 years.

MDGs incorporate both “green” and “brown” issues related to environmental management. Amongst the “brown” agenda, of immediate concern is the fact that only 13% of the population has access to safe drinking water. The government through the help of international agencies and NGOs is working towards providing the poor with better sanitation and water facilities.

Constraints and Challenges
In terms of environmental sustainability, Afghanistan faces acute challenges. Closely related to environmental sustainability is the issue of population growth. Afghanistan’s urban population is increasing at an alarming rate. Kabul’s population has increased more than eight-fold over 25 years. At the present rate, the total urban population is expected to more than double by 2015. Achieving both MDG targets—access to clean drinking water and significantly improve the lives of slum dwellers—will be a difficult task if urban population keeps increasing at the current rate.

Already, Afghanistan ranks the lowest in the world in terms of access to safe drinking water. Moreover, wastewater collection by sewerage...
systems is limited to a few large cities and only partially treated. Intermittent piped water service, inadequate water treatment, and contamination of groundwater have resulted in a precarious sanitary situation. Poor sanitary conditions pose threats to health and poverty eradication efforts. The sanitation situation in cities coupled with an urban explosion will certainly put a dampener on the GOA’s efforts towards achieving several MDGs.

Keeping this in mind, some of the immediate challenges are reducing the population growth rate, accommodating the influx of refugees, considerably improving sanitation, and providing more people with safe drinking water.

**Policy Direction and Resources Required**

Most Asian countries have developed national environmental plans/national conservation strategies, frequently in collaboration with agencies such as the International Union for the Conservation of Nature and Natural Resources. Developing a national environmental plan, which incorporates environmental issues within the development framework, rather than as a separate stand-alone piece on the environment, is an important policy instrument for Afghanistan to embark on. This can build on recent initiatives undertaken by GOA with international environmental organisations.

The Government is developing a National Rural Community Based Water Supply and Sanitation Strategy that will attempt to increase access to clean drinking water. In addition sanitation concerns will also be addressed, as part of this strategy. Furthermore, the government plans to incorporate principles of environmental sustainability into its general policy framework.

The GOA’s plans also include an extensive project to increase efficiency and use of Afghanistan’s water resources.

The problem associated with urban migration will be dealt through an extensive program that hopes to create hubs of economic growth, organically linked to rural areas. The GOA also hopes to develop cities through (i) improved housing and infrastructure to reduce overcrowding, (2) improved access to basic services and (3) increased employment and economic growth. The massive steps to be taken towards building infrastructure will also indirectly result in providing better sanitation and basic public services.

The projected financial requirements for urban services and natural resources are approximately $4 billion, spread over a 5-year period (2004-2009).
Developing a Global Partnership for Development—MDG 8
TARGET 12:
Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

TARGET 13 AND 14:
Address the special needs of the least developed, land-locked, and small island developing countries

TARGET 15:
Deal comprehensively with debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

TARGET 16:
In cooperation with developing countries, develop and implement strategies for decent and productive work for youth

TARGET 17:
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

TARGET 18:
In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technologies

Status and Trends

As a landlocked trading country, Afghanistan has a long history of economic and political arrangements with neighboring countries. These relationships are occasionally a source of strain, but also an avenue for Afghans to seek refuge from conflict or drought. In any case, a new phase of possibility is emerging as India and Pakistan move towards peace – a direction of considerable benefit for Afghanistan.

Afghanistan’s relationship with Iran and Central Asia are also vital for internal cohesion and security.

While relations with its immediate neighbors are of crucial significance for progress towards achieving MDGs in an open private sector led economy, the support of major financial donors is vital. Afghanistan has an estimated GDP of nearly $4 billion, while the annual military cost currently endured by the international community is nearly $14 billion. This is reflective of the threats to global security that led to intervention in Afghanistan. Beyond the immediate physical security threats, a wider agenda of human security for the Afghan people will require a global commitment to MDGs.

Over the next decade, Afghanistan’s economy is expected to grow by nearly 10% annually, driven substantially by externally financed infrastructure projects. This will occur, however, in the context of a somewhat unique tri-part economy.
The first characteristic of the economy is the absence of basic public goods. In all economies, the State is responsible for the provision of several public goods. Security, basic education, health and some infrastructure are not, and will not, be provided through market forces. The private sector may be involved in provision but the State will need to take responsibility. In the absence of public goods, the investment environment will remain insecure. Similarly, improving the quantity and quality of skilled manpower is heavily dependent on public financing of social investments.

The second component consists of a private sector led open economy, dangerously well integrated into the global economy, through trade and production. Private farmers are responding rationally to market signals but engaged in producing an illegal cash crop. Poppy amidst poverty complicates eradication efforts. As noted earlier, the number of provinces with opium poppy cultivation has increased steadily from 18 out of 32 in 1999 to 28 in 2003.

In addition to poppy, there is private trade, which is not formally recorded. Thus, substantial smuggling deprives the GOA of critically needed revenues, and perpetuates a personally entrepreneurial economy with a lack of public investments. Collectively, the revival of drugs and smuggling undermines values, stimulates corruption and erodes social capital.

The third component consists of a legitimate private sector, engaged in trade as well as in the provision of services and products within the country. Creating a private sector led open economy will require physical infrastructure, security and deepening of political and economic relations in the region.

Each of these three dimensions of the economy can be strongly influenced by external partners.

Somewhat surprisingly, however, aid in general has been much lower than expected or promised. The promised "Marshall Plan" raised huge expectations. Yet in comparison to other conflict and post-conflict situations Afghanistan appears to have been neglected. Iraq, for example, is receiving ten times as much development assistance with roughly the same size of population. In per capita terms, development inflows into Afghanistan amount to $67. In comparison recent post-conflict situations, such as Bosnia and Herzegovina and Timor Leste received on average $248 and $256 respectively.

Nonetheless, aid resources will determine Afghanistan’s economic evolution and progress towards the MDGs. A rapid acceleration in MDGs will be strongly influenced by donor commitments. In the current fiscal year, the Government of Afghanistan had prepared a development budget of $1.8 billion. Donor commitments amount to $1.3 billion which cover 72% of the budget.

In aggregate, the five components most directly related to Afghanistan’s MDGs cover almost half of the budget. Nearly 14% was allocated for education, 13% for livelihood and social protection, approximately 10% each for health and refugee integration, and just over 1% for culture. The latter includes programmes which support a more open, democratic society, consistent with the aims of the Millennium Declaration.

One of the principle constraints to effective utilization of public resources is dysfunctional or inadequate institutions. Hence absorptive capacity of domestic institutions, for increased external assistance, is an issue plaguing many developing countries. Improving incentives for more effective public service delivery are part of the current public sector reform agenda. Afghanistan’s problems of absorptive capacity are familiar territory in conflict environments. Absorptive capacity is a variable, determined by improvements in domestic institutions and imported skills. Afghanistan’s initial pre-conflict technical capacity was low. It was further depleted through emigration, violence and ideology.

Expanding Afghanistan’s absorptive capacity will require a long-term commitment to institution building and education in particular. In the short to medium term, absorptive capacity is likely to be influenced strongly by imports of manpower, in terms of both foreign workers as well as members of the Afghan Diaspora.

Frequently the lack of absorptive capacity in many of the critical human development areas
introduces a capital bias into donor allocations. Physical infrastructure frequently sub-contracted to external construction expertise, get early allocation. Ministries respond accordingly to the capital bias, and try and accumulate physical assets, as they are uncertain about the future of donor commitments. As elsewhere, there is a resultant shortage of resources for precisely those elements of spending which will improve quality and absorptive capacity – i.e. more spending on operation and maintenance costs, which would improve quality of staff and improve the learning or health environment.

An early “exit strategy” from Afghanistan, by the international community, is neither likely, nor desirable. The probability of supporting much of development spending till 2015 is high. Currently most of the recurrent budget is externally financed. Tax reforms, user charges, and sale of most State Owned Enterprises, will increase the budgetary share of the GOA. Realistically, however, donors need to be engaged over the longer term, particularly the horizon leading up to the MDG commitments to 2015. Details of the resources required, along with institutional reforms, are noted in Securing Afghanistan’s Future (GOA, 2004). Approximately $4 billion are being sought annually, double the current inflow of aid.

Resources are not the answer alone, but without a long-term commitment of external resources, no amount of institutional change and policy reform will be enough, if Afghanistan is to make significant progress in MDGs.

Will the targets be met in Afghanistan? Fixing too narrowly on meeting the MDG targets can defeat the purpose of the exercise. The point is to make a serious and concerted effort towards meeting the goals. What, however, constitutes “serious effort”? In the Afghan context, it is plausible to argue that public spending priorities around the needs of poor women would be an excellent indicator. This implies monitoring basic health and education spending patterns. A good beginning has been made through initiatives such as the Basic Package of Health Services and improving livelihoods and social protection. Anchoring the monitoring process towards the inputs – such as resources – can be accompanied by monitoring of the outputs, such as changes in maternal mortality, girls enrollment and so on.

Despite the difficulties of making judgments about the likelihood of meeting targets, the summary below suggests that Afghanistan can make strong strides in the right direction, after two devastating decades.
Will the targets be met?

- Probably
- Potentially
- Unlikely
- Lack of data

State of policy environment?

- Strong
- Fair
- Weak but improving
- Weak

<table>
<thead>
<tr>
<th>GOAL</th>
<th>TARGET</th>
<th>WILL THE TARGETS BE MET?</th>
<th>STATE OF SUPPORTIVE ENVIRONMENT</th>
</tr>
</thead>
</table>
| GOAL 1. Eradicate extreme poverty and hunger | Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day  
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger | Potentially | Fair |
| GOAL 2. Achieve universal primary education | Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling | Potentially | Weak but Improving |
| GOAL 3. Promote gender equality and empower women | Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015 | Potentially | Weak but Improving |
| GOAL 4. Reduce child mortality | Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate | Potentially | Fair |
| GOAL 5. Improve maternal health | Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio | Potentially | Fair |
| GOAL 6. Combat HIV/AIDS, malaria and other diseases | Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS  
Target 8: Have halted by 2015 and reverse the incidence of malaria and other major diseases | Lack of data | Weak |
| GOAL 7. Ensure environmental sustainability | Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources  
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water  
Target 11: By 2015, to have achieved a significant improvement in the lives of at least 100 million slum dwellers globally | Potentially | Weak |

As mentioned earlier an important role for international agencies would be to monitor the progress being made towards the MDGs. In this regard, the table below summarises the current state of capacity to do so. This is indicative of the efforts required to support the capacity to gather and track data, and to use it for policy making purposes.
<table>
<thead>
<tr>
<th>ELEMENTS OF MONITORING ENVIRONMENT</th>
<th>ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data-gathering capacities</td>
<td>Strong</td>
</tr>
<tr>
<td>Quality of recent survey information</td>
<td>Strong</td>
</tr>
<tr>
<td>Statistical tracking capacities</td>
<td>Strong</td>
</tr>
<tr>
<td>Statistical analysis capacities</td>
<td>Strong</td>
</tr>
<tr>
<td>Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanisms</td>
<td>Strong</td>
</tr>
<tr>
<td>Monitoring and evaluation mechanisms</td>
<td>Strong</td>
</tr>
</tbody>
</table>

In response to these shortcomings, the GOA has developed a statistical Master Plan. Other recent initiatives include:

(i) The National Rural Vulnerability Assessment, involving the Ministry of Livelihoods and Social Protection, the World Bank and the World Food Programme

(ii) The Multicluster Survey of education and health by UNICEF and

(iii) Pre-Census District Surveys by the Central Statistical Bureau.

These are providing some vital information after many years of a statistical drought. Since monitoring progress on the MDGs is going to be critical, investments in statistical capacity building will be important.

Political instability, violence and insecurity can undermine prospects for any tangible progress towards Afghanistan’s MDGs. Yet the prospects for a reasonable degree of peace are perhaps the brightest they have been for nearly a quarter of a century. Afghanistan is about to give birth to a generation of peace - these children need the nourishment and promise of the MDGs.