ANNEX G: Report on remote monitoring
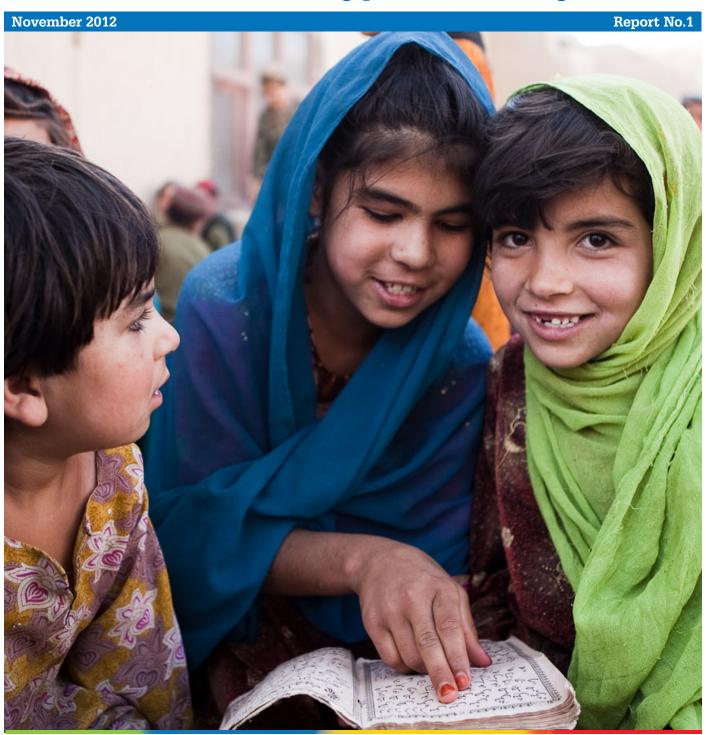
Access Restricted

A review of remote monitoring practices in Uruzgan Province

November 2012   Report No.1

Children of Uruzgan

AFGHANISTAN

About Save the Children in Afghanistan

Save the Children is the world's leading independent children's rights organisation, with members in 30 countries and operational programs in more than 120. Save the Children fights for children's rights and deliver immediate and lasting improvements to children's lives worldwide. Save the Children has worked in Afghanistan since 1976, and is currently working with the Afghan Government, local partners and communities to deliver life-changing programs to 700,000 children in the areas of child protection, health, nutrition, education, child rights and emergency response.

With support from the Australian Government, Save the Children is implementing a four-year program in Uruzgan Province aimed at enhancing access to, and quality and use of, basic health and education services for 300,000 beneficiaries, with a focus on women and girls, ethnic minorities and those in remote and underserviced communities.

Executive Summary

The province of Uruzgan, Afghanistan, presents an enormously challenging operating environment for development work. An estimated 35-45% of the province lies outside government control, and anti-government attacks are reported once or twice a day on average. In this challenging environment, development work has taken place largely in the provincial capital and the districts considered relatively safe and accessible.

But in an attempt to expand the reach of basic services throughout the province, some development actors – both government and non-government – do implement programs in areas where government control is tenuous. Access to these and many other areas of Uruzgan is dependent upon the changing security situation, with access often only possible for local (district/community-based) staff. Save the Children's Uruzgan-based security officer estimated that, at the time of writing, two out of Uruzgan's seven provinces could be accessed by non-local staff less than 20% of the time.

With a view to maintaining some degree of program oversight in these areas, development actors have developed a range of strategies for 'remote monitoring' – understood for the purposes of this paper as monitoring programs conducted in areas that cannot regularly be visited by staff based in the national or provincial offices. Remote monitoring strategies vary from one organisation to the next, but in all cases involve a heavier than usual reliance on community groups (*shuras*) as well as community or district level staff and/or volunteers who are local to, and work in, the districts.

With capacity at the district level extremely low – literacy is less than 5%, and few people have any more than primary school education – this mode of operating presents enormous difficulties for development actors striving to control the quality of the monitoring conducted and the reliability of data collected.

- Monitoring is in many cases limited to the completion of simple yes/no checklists which rarely capture qualitative information such as whether a project is reaching the most vulnerable, whether services provided are of acceptable quality, or whether project interventions are likely to be sustained once funding ceases.

- Considerable reliance is placed upon *shuras*, but in many cases *shura* members lack the education or training to engage in effective monitoring, particularly qualitative monitoring. Furthermore, development actors often have limited ability to influence the composition of *shuras*; in practice, these thus often represent the male elite, and provide little or no opportunity for representation of women or vulnerable groups.

- The almost complete exclusion of women and vulnerable groups from monitoring processes, and the questions about accountability to beneficiaries that these absences raise, are indeed some of the most pressing challenges faced by NGOs operating in Uruzgan.

- Finally, in the design of remote monitoring strategies, there has – almost by necessity – been a lack of attention paid to the degree of risk faced by local staff and volunteers. One NGO staff member interviewed as part of this research explained that "we don't have strict and firmly documented security rules because if we did you couldn't visit the deep-seated areas."[1]

There is no 'one size fits all' solution to these challenges. To be successful, remote monitoring strategies must be based on an analysis of the context, and be developed over time and with the participation of national staff and beneficiaries. This requires support from donors and, more importantly, a high level of commitment on the part of implementing agencies to thinking outside the box so as to identify the most contextually appropriate strategies to ensure the quality of programs delivered. Some innovative approaches being trialled include:

- use of pictorial tools to facilitate monitoring in areas where literacy is low
- phone calls to heads of facilities and *shuras* to inquire about the progress and quality of programs
- mobile phone applications with simple quantitative and qualitative questions for monitors.

This paper aims to increase understanding of the challenges faced in developing and implementing remote monitoring strategies, and provides recommendations for improving program oversight in areas that cannot regularly be accessed by non-local staff. Recommendations are aimed primarily at development actors in Uruzgan, but many will also be relevant to development work in other areas – in Afghanistan and elsewhere – where access is similarly constrained.

Recommendations to donors

1. Provide technical, financial and human resources support to enhance the monitoring capacity of line ministries at the district and provincial levels.

2. At the national level, consider supporting innovative solutions being piloted by line ministries as part of an effort to ensure greater oversight of service delivery at the district and provincial levels.

3. Require implementing partners to reflect the participation of women and vulnerable groups in project reporting.

4. Understand the challenges faced by development actors in Uruzgan in monitoring programs, including access restrictions, limited local capacity and the difficulty of ensuring the participation of women and vulnerable groups, and ensure that expectations, timeframes and resources are realistic.

Recommendations to NGOs

5. Recruit dedicated monitoring and evaluation staff for Uruzgan programs.

6. Where possible, recruit dedicated monitoring staff at the district level.

7. Ensure adequate training for all staff and volunteers expected to play a role in program monitoring.

8. Develop and implement a gender equity policy for Uruzgan programs.

9. Consider engaging a consultant to review the participation of women and vulnerable groups in monitoring systems, and to provide follow-up training for staff.

10. Ensure that monitoring strategies are informed by ongoing context and threat analysis. Where a risk and vulnerability assessment addressing the risk faced by national staff has not been carried out, this should be prioritised.

11. Develop contextually appropriate mechanisms for ensuring that projects are accountable to beneficiaries, based on input from local staff and beneficiaries regarding how they would feel most comfortable receiving and providing feedback about projects being implemented in their area.

Table of Contents

LIST OF ABBREVIATIONS AND DEFINITIONS

BPHS	Basic Package of Health Services
CEC	Community Education Council
CHW	Community health worker
EMIS	Education Management Information Systems
GCMU	Grants and Contracts Management Unit
ICRC	International Committee of the Red Cross
MoE	Ministry of Education
MoPH	Ministry of Public Health
NGO	Non-government organisation
PED	Provincial Education Department
PHD	Provincial Health Directorate
PRT	Provincial Reconstruction Team
Shura	Community group
SMC	School Management Committee
Tashkeel	Human resources plan
UN	United Nations

1. Introduction

Uruzgan presents an enormously challenging operating environment for development work. An estimated 35-45% of the province lies outside government control, and anti-government attacks are reported once or twice a day on average.[2] Much of the province, particularly outside of the provincial capital Tirin Kot and the district centres, is largely inaccessible to all but local (district/community-based) staff.

Uruzgan is one of the most under-served provinces in Afghanistan, with development indicators far below the national average. Recent years have seen some increase in access to basic services, but the efforts of government and non-government actors have been hampered by insecurity, remoteness and limited infrastructure. Development activities have preferenced Tirin Kot and neighbouring districts considered relatively safe and accessible.

Some development actors do operate in areas where government control is tenuous, however, and have developed a range of strategies for program monitoring for their operations in these areas. With regular visits by provincial office staff not always possible, these strategies involve a heavier than usual reliance on community groups or staff and/or volunteers who are local to, and work in, the districts. But capacity at the district level is low, with literacy levels at less than 5%, and this mode of operating presents enormous challenges for development actors striving to maximise the impact, reach and sustainability of services delivered.

This paper describes the strategies being used by development actors to monitor programs in Uruzgan, with a focus on the more insecure districts, and explores the key challenges faced in implementing these strategies. The focus is on issues arising particularly in the context of 'remote monitoring' – understood for the purposes of this paper as monitoring programs conducted in areas that cannot be regularly accessed by staff based in the national (Kabul) or provincial (Tirin Kot) offices. This paper does not address technical issues such as the quality of baselines, program indicators or the tools used for collecting, collating and analysing data. Rather, the focus is on the broader questions of how information is gathered in remote and insecure areas, who that information is collected from, and how the quality and accuracy of that information is verified. Particular attention is paid to the role played by community groups in program monitoring (and the question of who these groups represent), the participation of women and other vulnerable groups, issues of accountability to beneficiaries, and the risk faced by national staff and volunteers who are tasked with monitoring activities.

This paper concludes with recommendations for better monitoring program quality in this challenging operating environment. The focus is on Uruzgan province, but it is hoped the discussion will also provide a useful reference for those operating in other contexts in which capacity to directly monitor programs is limited.

2.   Methodology

The reflections and recommendations in this report are based primarily on key informant interviews conducted in Afghanistan over a four-week period in October 2012. Over 40 interviews were conducted in Tirin Kot and Kabul, including with Save the Children staff and volunteers, staff of other national and international NGOs, community volunteers, and government authorities at both the national and provincial level. Statistical data regarding the context in Uruzgan is based on government sources where available, and where government sources were not available, on surveys conducted by NGOs.

In carrying out this research there were a number of significant limitations. Most significantly, the nature of this research required interviewees – both government and non-government – to reflect honestly and critically upon the monitoring practices conducted by their own organisations. Interviewees were asked to comment on, among other things, the frequency with which their projects were visited, the willingness of staff to travel to insecure areas, how information was verified and the reliability of the information collected, and whether women and vulnerable groups were included. Given that a number of the organisations interviewed were Save the Children partners, ensuring that responses were candid was not always straight-forward. Consequently, attempts have been made to carefully verify (in most cases with Save the Children staff) any generalisations made on the basis of these interviews.

Other limitations included limited time spent in Tirin Kot, limited ability to visit program locations and speak with beneficiaries, and limited availability of government data regarding development indicators and activities in Uruzgan.

3.   The Context

Uruzgan province lies in south-central Afghanistan, bordering the provinces of Kandahar to the south, Daykundi to the north, Helmand to the west, and Ghazni and Zabul to the east.   Relative to other provinces, Uruzgan has historically been poor, rural, minimally educated, and conservative. Of a population of 386,000, 95% live in poverty and 90% survive on subsistence agriculture and livestock – considerably higher than the national figures of 36% and 55% respectively.[3]   The population is more than 90% Pashtun, with the Hazara tribe comprising a significant minority of around 8%, and other smaller ethnic minorities making up the remaining 1%.

International military, governance and reconstruction efforts in Uruzgan are led by the Provincial Reconstruction Team (PRT) based in Tirin Kot. The PRT is made up of civilian representatives from Australia, the USA and the Netherlands (under Australian lead) and military personnel from Australia, the USA and Slovakia (under US lead).

Uruzgan: Facts and Figures	
96%	live in rural areas
95%	live in poverty
90%	survive on subsistence agriculture and livestock
64%	of children under five are stunted
39%	of children are in school
32%	of children under five are underweight
17%	of births are attended by a skilled birthing attendant
7%	of men are literate
7%	of girls are in school
7%	of children under five are acutely malnourished
0.6%	of women are literate

Data from: Uruzgan Provincial Development Plan (proportion of the population living in rural areas, in poverty and surviving on subsistence agriculture and livestock); Afghanistan Health and Development Services (maternal and child health); The Liaison Office (school enrolment and literacy).

Non-government organisations (NGOs) operate throughout the province, funded by a number of donors including the European Commission, the Netherlands, Australia and the USA, although their capacity to support service delivery outside the provincial centre is constrained by insecurity. In 2011 there were 40 humanitarian and development organisations reporting operations in Uruzgan, including national and international NGOs, UN agencies and the International Committee of the Red Cross (ICRC).[4]

Education

Education in Uruzgan has seen enormous gains since 2001, when there were just 10 school buildings in the whole of province and the school enrolment rate was negligible.[5] Today there are more than 300 government schools in operation, and an estimated 39% of school-aged children are in school.[6]

But Uruzgan remains one of the most poorly educated provinces in the country. The provincial literacy rate is just 9% overall and 1.2% for women, well below the national rate of 26% overall and 12.5% for women.[7] Youth literacy is less than 6%, compared to more than 20% in most other provinces.[8] School enrolment is also well below the national average of 58%, and the provincial enrolment rate for girls, at just 7%, is just a fraction of the national average of 44%.[9] Efforts to get more girls into school face enormous obstacles, including societal norms which in more conservative communities have traditionally been opposed to girls' education. An assessment

conducted by The Liaison Office (a national NGO) in late 2011 found that "most key actors in Uruzgan…are seen as neither interested in women's education, nor actively supporting women's rights, nor promoting them with others."[10] In part as a consequence, there is a severe shortage of female teachers. The teacher training centre in Tirin Kot has never had a female student, and at the district teacher training centre in Khas Uruzgan, just 24 out of 190 students are female. Across the province, less than 5% of teachers are female.[11] With many parents unwilling to send their daughters to school without a guarantee that they will be taught by a female teacher, this is a significant impediment facing ongoing efforts to get girls into school.

Healthcare

As with education, access to healthcare in Uruzgan has seen significant improvements over the past decade.   There are now 29 public healthcare facilities and 322 health posts in operation throughout the province, staffed by 106 healthcare professionals and 493 volunteer community health workers (CHWs). There are basic health clinics and health posts in all districts.[12]

As with the education sector, access to healthcare in Uruzgan lags far behind national averages, with just 2.2 healthcare professionals per 10,000 people, compared to the national average of 14.6 per 10,000 people. If CHWs are included, this ratio increases to 17 per 10,000, compared to a national average of 22 per 10,000.[13] Also as in the education sector, access to healthcare is substantially more restricted for women than it is for men. Just 21% of healthcare professionals in the public sector are female.[14] There are no practising female doctors outside Tirin Kot, and no female surgeons, head nurses or dentists anywhere in Uruzgan.[15]

Maternal, newborn and child health present a particularly pressing challenge. There are just 16 midwives in the whole of the province, and the districts of Char China and Gizab do not have any midwives at all.[16] Just 17% of deliveries are attended by a skilled birth attendant.[17]   Seven per cent of children under five are acutely malnourished, 32% are underweight, and almost two thirds are stunted – one of the worst rates of stunting anywhere in the world.[18] Less than half of all children under two years of age are vaccinated against the basic childhood diseases of measles, diphtheria, whooping cough and tetanus.[19]

Security and access

Security remains the most significant impediment to promoting access to essential services in Uruzgan, with an estimated 35-45% of the province remaining outside government control.[20] The Afghanistan NGO Security Office reports that in 2011 there were over 800 'security incidents' in Uruzgan, more than half of which were anti-government attacks.[21]   Other sources of insecurity for communities and development actors include inter/intra tribal conflict as well as the risk, ever-present in a province so heavily militarised, of being caught in the crossfire of fighting between national and international military forces.

Insecurity has far-reaching implications for development actors, and even stronger repercussions for the communities with whom they work. For communities, insecurity in some cases impedes willingness to access basic services – particularly in

districts where government control is tenuous. This is so particularly in the education sector, where schools are vulnerable to direct threats and targeted attacks. A survey of educational institutions in Uruzgan in 2011 found that more than half of all teachers in schools that ceased operation between 2010 and 2011 reported having been threatened.[22] Such threats discourage parents from sending their children to school, discourage teachers from teaching, and discourage qualified individuals from entering teacher training colleges. The issue has also been reported, albeit less commonly, in the health sector, with one recent household survey citing "warning of nongovernmental elements against offering/using governmental program" as a reason for a lack of progress in the delivery of health services in Tirin Kot district.[23]

For government and non-government actors, insecurity impedes the recruitment of qualified staff and limits geographic reach. The *Uruzgan Provincial Development Plan* states that "the lack of sustainable security…affects the ability to recruit and retain qualified teachers, to construct quality buildings, and to monitor the sector, [particularly in] the more remote villages or in districts beyond Tirin Kot, Chora and Deh Rawud, [and] directly affects the recruitment of professional healthcare staff."[24] While the provincial centre of Tirin Kot has a hospital, 47 health professionals, a teacher training centre, a girls' school and numerous other facilities, the less secure districts of Char China and Gizab have just five and eight healthcare professionals respectively, and have only recently established government schools.[25] In its 2011 assessment, The Liaison Office noted that the majority of development actors in Uruzgan were operational in the relatively secure districts of Tirin Kot, Deh Rawud and Chora, while none of the other districts were served by more than 40% of development actors.[26]

* These categorizations, based on interviews with NGO staff and volunteers in Tirin Kot and Kabul, were correct at the time the research was conducted in October 2012. The situation remains fluid and liable to change.

4. Program Monitoring in Uruzgan

The monitoring strategies relied upon by development actors in Uruzgan, particularly in areas where access is limited, draw upon information from a range of sources including community groups, NGO staff and volunteers, and in some cases the government. The following section provides a brief overview of the strategies being employed by government and NGOs to monitor programs in Uruzgan, and of the community groups most commonly relied upon for information in the health and education sectors.

Government monitoring

It is important to note at the outset that in Uruzgan as in other provinces, the provincial government departments usually do not have dedicated funds for program monitoring. Thus, while funds may be available at the national level, monitoring by provincial government departments usually only takes place with the support (and at the initiative) of NGOs. But even where such support is available, government monitoring is further constrained by two fundamental issues: the difficulty of attracting qualified staff prepared to work in an insecure environment and on a low salary, and restricted ability or unwillingness to travel.

Ministry of Public Health (MoPH)

The Provincial Health Directorate (PHD) is responsible for monitoring and supervising health services in the province. However, it is hamstrung by a lack of staff. Due to the difficulties recruiting qualified staff to work in Uruzgan, the PHD currently has just three out of a *tashkeel* (approved human resources plan) of 15 staff. The issue is attributable in part to insecurity, and in part to the fact that the salaries being offered are not competitive. The acting director of the PHD explained that "we have doctors in Uruzgan, but they are working for NGOs" – who sometimes pay four or five times the government salary.[27]

According to the PHD's primary healthcare supervisor (the only staff member at the PHD tasked with program monitoring), staff of the PHD do monitor health facilities in the relatively secure districts of Tirin Kot and Deh Rawud, but in all other districts rely on reports provided by the provincial offices of NGOs implementing the Basic Package of Health Services (BPHS).[28] In so doing, the PHD relies upon an assumption that the provincial offices of the BPHS-implementing NGOs are able to gather information from the health facilities in districts that PHD staff are unable to visit.

At the national level, responsibility for monitoring is shared primarily between the Directorate of Monitoring and Evaluation and the Grants and Contracts Management Unit (GCMU) within the Directorate of Health Economics and Financing. The Directorate of Monitoring and Evaluation is responsible for monitoring the delivery of health services using the national monitoring checklist, while the GCMU is responsible for monitoring and reporting on the progress of grants, including the performance of BPHS-implementing NGOs. Both Directorates have staff based in Kabul responsible for carrying out monitoring visits to Uruzgan – on a quarterly basis in the case of the Directorate of Monitoring and Evaluation, and every two to three months in the case of the GCMU. As with the PHD, visits are constrained by insecurity, and the districts to be visited each time are selected "based on the reality in the field".[29] The GCMU has at times conducted monitoring jointly with the

Uruzgan PRT, and on these occasions has been able to access the more insecure districts (such as Gizab) by air; however, as noted by one staff from the GCMU, "even once there you cannot go out of the district center."[30] Various other technical departments within the MoPH also conduct their own monitoring, although the extent to which this takes place in the absence of designated staff at the provincial level varies between departments. In reality, in Uruzgan as throughout the country, the majority of health data is collected by BPHS-implementing NGOs under the direction of the GCMU, and then is passed on from the GCMU to various different departments within the MoPH, which input the data into their own databases – the primary one being the Health Management Information System.

Ministry of Education (MoE)

The capacity of the Provincial Education Department (PED) to monitor programs throughout the province is greater than that of the PHD, due to the existence of District Education Directorates in all districts with responsibility for monitoring and supervision. But as with other actors, the PED struggles to attract non-local staff to work in the insecure districts, and thus must find suitably qualified individuals from within the districts (although even people from the districts are not always willing to work there – one PED staff based in Tirin Kot said "I am from Khas Uruzgan, but I would not work there, if you give me $3,000 still I will not go there"[31]). Although capacity at the district level is low, the District Education Directorates nevertheless do have some capacity to report on basic information regarding the functionality of schools and teacher and student attendance.

At the national level, responsibility for monitoring the education system is shared between the Education Management Information Systems (EMIS) Directorate and the Directorate of Academic Supervision. Within the EMIS Directorate, the monitoring and reporting department is responsible for monitoring progress against the MoE's operational plan. Monitoring and reporting officers are assigned to each of the provinces, and are tasked with visiting the districts on a quarterly basis. In the case of Uruzgan, however, this encompasses just "some but not all" of the districts.[32] The recently-established Directorate of Academic Supervision has an ambitious plan to assign seven staff to every district throughout the country to monitor the quality of education provided. However, the strategy at this stage is a national one, with the detailed implementation plan yet to be developed, and the Directorate of Academic Supervision recognises that assigning staff to the more insecure districts in the more insecure provinces may not be feasible. As acknowledged by one staff member, "Until and unless we go province by province, district by district, only then we will know which districts are doable."[33]

The Directorate of General Education and the Teacher Education Department also conduct some limited monitoring, but are faced with a similar set of challenges and constraints. As explained by one staff member from the Teacher Education Department in Kabul, "No one wants to put himself [sic] at risk just for money."[34] Another staff member from the same department said: "We had one provincial monitor for Uruzgan who said there were some districts he wouldn't go to, he said if you want to go there you can take my salary and go. He found another job. Then we had one that said he would go everywhere, but he was lying so we fired him. Now we have one that says he'll go to hell and paradise, where the angels and the devils go. We will see."[35]

NGO monitoring

In contrast to provincial government departments, NGOs do in most cases have resources at their disposal that can be utilised for program monitoring. NGOs operating in Uruzgan are nevertheless faced with a range of staffing and access constraints similar to those described above.

- All NGOs working in Uruzgan have national staff based in the provincial centre of Tirin Kot, ranging from just a single project officer to a team of project managers, project officers, and technical and monitoring and evaluation staff. Due to lack of capacity within Uruzgan, staff in management or technical positions are most often recruited from other provinces, while staff in more junior positions, and support staff are more often local to Uruzgan.

- With the exception of the ICRC, international NGOs working in Uruzgan do not have international staff based in the province, although most do have international staff who visit periodically from Kabul. International staff are able to directly monitor projects in Tirin Kot, but rarely are able to travel to other districts for monitoring purposes.

- The national staff of most NGOs travel reasonably freely to the relatively secure districts of Tirin Kot and Deh Rawud, and sometimes Chora and Chenartu. In these districts, 'direct monitoring' (visits by staff based out of the provincial office, sometimes conducted jointly with the relevant department of the provincial government) is therefore possible. However, even in these districts there are limitations. Most national NGOs do not have dedicated monitoring staff in their provincial offices, and so monitoring is usually carried out by the same staff responsible for program implementation; there are some areas outside the district centers that are off-limits; and even in these more secure districts, visits are generally conducted, in the words of one Tirin Kot-based staff member, "shortly and secretly".[36]

- The districts of Gizab and Khas Uruzgan are usually off limits to most NGO staff. According to a representative of the MoPH at a meeting held in Kabul in early 2012, neither the MoPH, the PHD nor the BPHS-implementing NGO in Uruzgan had conducted any monitoring in Gizab for the past year. Save the Children's Tirin Kot-based security officer estimates that both Gizab and Khas Uruzgan can be visited "around 20%" of the time.[37] The district of Char China was off limits for most of 2012, but by October 2012 could be visited by national NGO staff – although Save the Children's security officer notes that "we can go but we don't know for long the road will be open."[38] Some NGOs have field-level staff based in the districts, such as community mobilisers and health facility staff, but these staff have limited capacity to monitor and report back on programs. Even staff who are based in the districts are not always able to travel to all program areas outside the district centers, such as to schools or health posts. As a consequence, for instance, the monthly monitoring checklists required by the MoPH from health facilities often are not submitted from these districts.

Faced with these constraints, in insecure districts most NGOs rely on some form of remote monitoring. 'Remote monitoring' is a term used by a number of NGO staffs to describe their monitoring practices in districts they are unable to visit on a regular basis. It refers to the gathering of information from any source other than from the

monitoring visits conducted by NGO staff based at the provincial office. Some NGOs report that their programs receive "indirect supervision from community elders"[39] (which assumes that community elders are aware of problems arising in their area and report these to the responsible NGO), while others say that they receive information about their programs from religious leaders or other community members. Most also rely heavily on community groups, or *shuras*.

Community groups (*shuras*)

NGOs working in Uruzgan establish various types of community groups, generically referred to as *shuras*, to serve as a point of contact for information about their projects. *Shuras* are the traditional forum in Afghanistan for community decision-making and dispute resolution. They comprise village elders, religious leaders and other reputable individuals, and traditionally are all male. In most communities *shuras* exist in some form with or without the support of an NGO. However, without NGO support, they often exist only as a forum that comes together on an *ad hoc* basis for the purpose of dispute resolution.

Shuras are relied upon to varying extents by development actors as a source of information regarding development activity in their communities – particularly in areas that cannot be accessed by implementing organisations. In some cases, such as Save the Children's community development *shuras*, these groups are re-invigorated versions of existing but largely inactive *shuras*; in other cases NGOs establish smaller *shuras* with a very specific focus, such as health, water and sanitation, animal husbandry, or other issues. As Save the Children's monitoring coordinator explained, *shuras* "provide us with information about the projects in their districts. They tell us which work benefits them, and which work doesn't benefit them. They guide us where Save the Children should provide support."[40]

For development actors in the health sector, beyond reporting from health facility managers and community health supervisors, the most important community structure for monitoring purposes is the health *shura*, established by the BPHS for the management of community health posts and health facilities. Roles and responsibilities of the health *shuras* include reviewing the activities of CHWs and providing feedback

> **Basic Package of Health Services: Health *Shura* Formation**
>
> The selection / election of *shura* members will be dependent upon community opinion. …
>
> Members will be selected / elected on the basis of the following criteria:
>
> - Resident at the health post catchments area at the community
> - Well known / reputed / influential / authentic formal and informal leaders from community …
> - Ensure representation from all *cucha* (neighbourhood) / mosque / corners / section of the community
> - Beneficiaries of the health program
> - Ensure female representation in the *shura*.
>
> *Afghan Ministry of Public Health, Basic Package of Health Services, 2009.*

about their performance; developing, implementing and reviewing the progress of annual action plans for 'popularising' BPHS activities; community outreach; and mobilising resources for BPHS activities.[41] NGOs report that they receive information from the health *shuras* either through monthly meetings or ad hoc visits from health *shura* members to NGO provincial offices.

In the education sector, the point of contact at community level is the school *shura* (or parent-teacher association) in the case of formal schools, and community education councils (CECs) in the case of community-based schools.[42] The establishment and/or strengthening of school *shuras* is one of the core objectives of the National Education Strategic Plan, while the establishment of CECs is part of the National Policy for Community-based Education.[43] School *shuras* and CECs are made up of parents, teachers and interested community members. They are expected to fulfil a number of functions, including monitoring student attendance and following up on absenteeism, monitoring teacher attendance and quality, overseeing school management grants, mobilising resources, and promoting community support for education. School *shuras* or CECs exist in most schools throughout Uruzgan, and are heavily relied on by NGOs as a source of information regarding the functioning of schools and the quality of education provided.

Despite the important roles and responsibilities ascribed to them, the practical reality of *shuras* does not always live up to the theory. In reality, the existence, functionality and capacity of these groups, the training and support provided to them, and importantly the extent to which they can be assumed to represent women and vulnerable groups, varies considerably. Despite this, the expectations placed upon them are significant. As one national NGO staff member reflected, "The nurses and doctors, their job description is one page, and they are paid. The *shuras*' job description is also one page, but they are not paid. You cannot expect that they will do all the things written in the guidelines and policies."[44]

5.   Challenges to Remote Monitoring

The remote monitoring strategies adopted by NGOs and other development actors in Uruzgan utilising local staff and volunteers and community structures – all with limited capacity – inevitably limits the ability of these actors to control the quality of the monitoring conducted and to ensure the reliability of data collected. One NGO staff explained: "We have a doctor, and he could monitor but he can't go to the remote areas, so we hire local staff, but they don't have the capacity to monitor."[45] Particular constraints include development actors' limited ability to collect qualitative information regarding project sustainability or impact on women or vulnerable groups and to ensure that projects are accountable to beneficiaries. These challenges are discussed below, together with a discussion of the risks posed to national staff and volunteers in the course of carrying out their monitoring work.

Limited capacity to collect qualitative information

In the case of the more easily accessible districts of Tirin Kot, Deh Rawud and Chora, where technical advisors and monitoring and evaluation staff based in the provincial centre can visit project locations, observe activities and meet with beneficiaries, some qualitative information can be (and is being) collected. In the health sector, national monitoring checklists for at least some of the health facilities are completed on a monthly basis by NGOs together with the PHD, and in the education sector, schools, literacy classes and vocational training are regularly visited. But the gathering of qualitative data is significantly more challenging in districts that cannot frequently be accessed by provincial-level staff, and where staff must rely on remote monitoring.

Where staff based at the district level (community mobilisers, community health supervisors, CHW trainers, and others) are tasked with monitoring and reporting back to provincial offices, this is usually done in the form of a simple checklist. For example, the checklist proposed for use by Save the Children's remote monitoring teams requests information such as the number of children attending schools; whether there is a teacher present; or whether mobile health teams have visited an area, and what sort of services they provided. CHWs, community health supervisors and health facility managers are required to complete monthly activity reports, which include basic information such as the number of home visits carried out and the number of patients treated or referred on to other health facilities. The completion of these simple checklists is in itself challenging. Community health supervisors, for example, in many cases are expected to monitor the work of CHWs who live many hours from the health posts where these supervisors are based; with just one community health supervisor per health facility, regularly visiting all CHWs is not always feasible. Where checklists are completed, they provide a base level of information regarding a project's progress, but rarely provide qualitative information such as whether the project is reaching the most vulnerable, whether both men and women have participated in decision making, whether the healthcare or education provided is of the expected quality, whether children are actually learning, or whether the communities will have the capacity to sustain the project interventions once funding ceases.

Working with *shuras*

As noted above, community *shuras* are relied upon heavily by NGOs for monitoring purposes, as well as for project identification and development. This is necessary and appropriate, but has a number of limitations. Most significantly, despite various criteria adopted by NGOs for the selection of *shura* members, the usual composition (community elders, religious leaders, 'respected individuals') means that in practice *shuras* represent the elite. In the context of Uruzgan, establishing (or re-invigorating) a workable community *shura* and garnering support for development activities is in itself a challenge, and staff often feel – whatever the membership criteria stipulated in program proposals – that in practice their ability to influence the composition of the *shura* is limited. The result is that in many cases the issue of representation, whether geographic, tribal, or of women and vulnerable groups, is not prioritised.

A second issue with relying on the *shuras* for monitoring purposes is that of capacity. As noted above, the *shuras* are voluntary entities, made up of individuals who are respected but in many cases poorly educated, and the quality of training they receive varies. A number of NGOs provide training to *shuras*, but NGOs and government alike acknowledge that there is a long way to go. One staff member from the Teacher Education Department in Kabul said of school *shuras* in Uruzgan that they "exist but are not working, they are just in the office and on paper."[46] One NGO staff member working in the health sector reflected that "CHWs received three trainings of three weeks each over the course of five months. Between each phase, there's one to two months of supervised field work. And then we expect that they can be supervised by health *shuras* who receive only three days of training."[47] Given the reliance upon *shuras,* particularly in areas that development staff cannot themselves regularly access, this lack of capacity on the part of *shuras* has significant implications for program quality.

Women's participation in monitoring

One of the most pressing challenges faced by NGOs operating in Uruzgan is the almost complete exclusion of women from monitoring processes.

As discussed above, NGOs are able to conduct some direct monitoring in the more secure districts, including (in some cases) the monitoring of projects involving women and girls. But NGO staff are predominantly male, and the few female staff that are based in Uruzgan often do not travel outside Tirin Kot. Consequently, with just a few exceptions, monitoring is carried out by men. In the less secure districts in particular, this means that creative strategies are required to enable direct engagement with female beneficiaries – strategies, it seems, that are not always fully explored.

The problem is not just the lack of female staff, but also that community leadership structures, heavily relied upon for monitoring purposes, almost never include women. Throughout Uruzgan there are no women in health *shuras*, or in education *shuras* or CECs, or in the various other *shuras* established by NGOs to facilitate their work. Even where women do play some role in program implementation (for example, CHWs who work in pairs – sister/brother, husband/wife and so on), it is often only the men who attend meetings with NGO staff. One CHW, asked whether he would permit his female co-worker (his aunt) to accompany him to the CHW

monthly meetings, explained that he was not authorised to do so; the decision was one belonging to all of his male relatives.

Promoting women's participation appears to be regarded by many staff as an insurmountable challenge. One national NGO staff member said, "It is not possible to make a women's *shura*, so we cannot meet with the women."[48]   Another explained that "this is a cultural problem, they can't go out of their home, they can't participate in programs out of the home, they can't even come to a health facility."[49]   Save the Children's detailed implementation plan for its Uruzgan program states that "[w]hile female members [in the health *shuras*] would be a vital asset, the current very conservative practices mean that including women is not feasible."[50]   Save the Children's monitoring coordinator, when asked about membership of women on remote monitoring teams, replied, "There is zero chance of this. If someone on the remote monitoring team has a wife, he can collect information from her."[51]

That the challenge appears daunting is understandable; but to put women's participation in the 'too hard basket' will not only undermine program outcomes, but also hinder efforts to promote women's empowerment and gender equality – an explicit goal of many development actors working in the province. It also runs counter to commitments in the gender policies of most NGOs and donors operating in Uruzgan. AusAID's gender policy, for example, commits to developing women's leadership abilities in communities including through participation in school management committees, village health committees and village development committees.[52]   Save the Children's funding proposal for its Uruzgan program commits to "effective monitoring and evaluation… ensuring that the views of women are actively sought."[53]   Many staff affirm that honouring these commitments in a province as conservative as Uruzgan is possible – and there are positive examples from other provinces that can be drawn upon – but that it requires a strong commitment to trialling creating strategies, as well as a certain amount of thinking 'outside the box'.

Accountability to communities

Given these challenges to remote monitoring, it is perhaps not surprising that not a great deal of attention has been paid to the question of accountability to beneficiaries. Asked whether beneficiaries had any way of providing feedback about the services provided by NGOs, most staff interviewed as part of this research replied that communities could raise an issue with the *shura*, or with their community elders, and that the *shura* would then discuss the issue with the NGO. There are a number of questionable assumptions underlying this process, including the willingness of vulnerable groups – including women – to approach the *shura*, the receptiveness of the *shura* to the issues raised, and the

HAP Accountability Standards: Handling Complaints

5.2   The organisation shall identify and put in place complaints procedures that are based on the preferences of the people it aims to assist, staff and other stakeholders, after consulting them.

5.3   The organisation shall ensure that the people it aims to assist, staff and other stakeholders understand the complaints procedure.

5.4   The organisation shall ensure that it handles the complaints in line with its procedure and that it acts upon complaints.

The 2010 HAP Standard in Accountability and Quality Management, Humanitarian Accountability Partnership, 2010.

willingness of the *shura* to make a complaint to an NGO providing services in their community. In a context where beneficiaries may be reluctant to complain about assistance received for various reasons, including perhaps a fear that making a complaint could result in assistance being withdrawn, such informal processes are unlikely to be widely used.

It may be that traditional beneficiary accountability practices that would be expected in other contexts may not be feasible within a remote monitoring framework.   But as with the issue of women's participation, to disregard the issue entirely will undermine program outcomes and runs counter to commitments made by donors and NGOs in their own policies as well as in international standards.   The Humanitarian Accountability Partnership standards, for example, require an organisation to "enable the people it aims to assist…to raise complaints and receive a response through an effective, accessible and safe process."[54]   Even if this is not entirely feasible in the context of remote monitoring, such commitments should be acknowledged in monitoring frameworks, and reasonable efforts made to ensure that feedback is actively sought from, and provided to, the people that an organisation aims to assist.

Risk faced by NGO national staff and volunteers

One very significant issue which is not always given the attention it deserves is that of the risk faced by national staff and volunteers, particularly those working at the district level, in program monitoring (as well as in program implementation more generally). National staff and volunteers interviewed as part of this research gave varying assessments of the implications that working for an NGO had on their own personal security.   Some explained that they were supported by beneficiary communities, that it was widely known that they were working for 'the poor and needy' and not for the government, and that they therefore did not face any problems. But other staff felt that working for an NGO put them at risk of being targeted by the insurgents. One of Save the Children's staff working in Gizab district reported that he had received an instruction from the Taliban, via a member of his community, that he should resign from his position or be kidnapped or killed. He passed a message back that he was working for his community and not for the government, and was told that that was ok. Asked why he continued to do his job in the face of this threat, he replied, "There isn't any other job, there are only jobs with government agencies or with NGOs, and without a job there's no money for family expenses."[55] A Save the Children female staff member working in Tirin Kot said that people laugh at her and ask her why she is working with foreigners, and tell her that it's "outside Islamic principles".[56]

The issue of security also underlies the issue of women's participation in program monitoring, discussed above. Two CHWs interviewed as part of this research said that the challenge of establishing female health *shuras* was twofold, as they raise issues both of culture and security. They explained that the cultural issues were difficult but could be overcome, given sufficient time, but that the security constraints were outside their control.   One CHW explained, "There is not any problem regarding the culture, this is our responsibility to change, and we will never receive any killing threat from our close relatives and our community, but in the insecure areas, the Taliban will kill us if we establish women's *shuras* in those areas."[57]

Beyond a general monitoring of the security situation, none of the NGOs interviewed as part of this research had done an in-depth, context-specific assessment regarding the risks facing NGO staff or volunteers as a result of their work in Uruzgan. The security procedures being used vary from one organisation to another, but appear in most cases to be influenced (understandably) by a concern to ensure some minimum degree of monitoring even in the most challenging areas. One national NGO staff member said, "We don't have strict and firmly documented security rules because if we did you couldn't visit the deep-seated areas."[58] In practice, decisions about where to go and not to go, and the degree of risk to accept, are usually made on a case-by-case basis by the staff member concerned. In a context with conflict dynamics as challenging and complex as Uruzgan, a comprehensive risk assessment could serve as an important tool for ensuring that decisions about program monitoring are informed by an understanding of risk not just at the level of individual staff members, but at an organisational level.

6.   Innovative Solutions

The challenges posed by remote monitoring are well understood by government and non-government actors operating in Uruzgan, as well as in other parts of Afghanistan where access is restricted. In an effort to address these challenges, a range of strategies are being piloted. This section provides a snapshot of some of these strategies, some of them only in their early stages, but all promising as a way of improving oversight and accountability in these challenging contexts.

- Under the USAID-funded Partnership for Advancing Community Education in Afghanistan (2006-2011), a program targeting areas with no access to government schools, community-based education providers developed pictorial tools to facilitate monitoring by school management committees (SMCs). The SMCs were trained not only to record the number of students and to confirm the presence of a teacher, but also to observe classes and select pictures that best represented the activities in the classroom. Pictures depicted a range of classroom scenes, both positive and negative, such as children engaged in role plays, working in groups, answering questions, using learning resources or being struck by a teacher. The completed monitoring tools provided visiting trainers with an insight into teaching methods in the classroom, and enabled them to assess the extent to which techniques that the teachers had been trained on were being employed.

- As part of an effort to improve accountability, the Ministry of Public Health's GCMU has announced a plan to make monthly phone calls to heads of health facilities and health *shuras* to inquire about the quality of health services being provided in their districts. This approach is limited in that information will only reach the GCMU after being channelled through either the health *shura* or the head of the health facility; consequently, this avenue for providing feedback or making a complaint may not be accessible to women or vulnerable groups. However, this approach does have the advantage of offering beneficiaries the chance to provide feedback to someone other than the direct service provider.

- The EMIS Department of the MoE is developing a mobile phone application with simple qualitative and quantitative questions that can be completed on the spot, for use by provincial-level monitoring and reporting officers in Uruzgan during their visits to the districts. The initiative is promising as a way of collecting and instantaneously recording information, which will be transmitted immediately to the central EMIS database. It does not in itself provide a solution to access restrictions, since it relies on provincial-level staff being able to travel to the districts. However, with sufficient training and support, this approach might eventually be broadened to include local (district-level) staff as well.

- Save the Children is in the early stages of piloting a remote monitoring system utilising community-based remote monitoring teams in Gizab district. The teams comprise students, teachers, elders and other community members, and will be trained to use simple monitoring checklists for purposes of verifying information provided by program teams, as well as basic participatory rural appraisal techniques to collect qualitative data. The success of this system depends upon a number of significant assumptions, including that a member of Save the Children's monitoring team (based in the provincial office) will be able to visit Gizab's district centre on a quarterly basis, and that the communities' remote

monitoring team members will be able to travel from their villages to the district centreProvided that the teams receive sufficient training, however, the system may go some way towards improving oversight and accountability in areas not regularly accessed by Save the Children staff, even if only limited access remains possible.

- Finally, a number of NGOs are making use of GPS technology as a way of enhancing the reliability of their remote monitoring. With minimal instruction, local staff or volunteers can be tasked with taking photos of project activities (trainings, school construction, health clinics or other), which also record time, date and GPS location. As with many of the other strategies, the nature of the data that can be gathered obviously is limited; however, as one component of a remote monitoring system, this technology is valuable as a means of reliably verifying basic information such as school construction.

None of these strategies are themselves solutions to the problems of remote monitoring, and each one comes with its own limitations and challenges. As one staff member from the MoE reflected, "There's no one-fix solution. If you have a vibrant community group, then they can do a lot of monitoring for you, but it won't necessarily be the same model in the next community. At the end of the day, there's no substitute for being physically there. With so many channels in between, by the time information gets to you, you don't know how much has been filtered and what's been filtered."[59] But with appropriate training, strategies such as those outlined above – and there are many more being piloted in Afghanistan and elsewhere – can go a long way towards enhancing program oversight as well as accountability to beneficiaries. Such strategies do, however, require substantial and long-term support.

7.   Conclusion and Recommendations

Development actors operating in Uruzgan face enormous challenges, and the progress that has been made in increasing access to basic services throughout the province is impressive. In describing limitations and constraints around monitoring, this paper in no way intends to understate the efforts of development actors, some of whom have been operating in Uruzgan for more than a decade. Rather, this paper hopes to promote awareness and understanding of the challenges associated with program monitoring in districts that cannot regularly be accessed, with a focus on ensuring the participation of women and vulnerable groups (who are an explicit target for many organisations operating in Uruzgan), and discussion regarding how those challenges can be addressed.

The following recommendations are aimed primarily at development actors in Uruzgan, but many are also of relevance to development work in other areas – in Afghanistan and elsewhere – where access is similarly constrained.

Recommendations to donors

1. **Provide technical, financial and human resources support to enhance the monitoring capacity of line ministries at the district and provincial levels.** Monitoring the quality of basic service delivery is ultimately the responsibility of the government, but in Uruzgan this is not possible with existing staffing capacity, particularly in the case of the PHD. Such support could include financial support for additional human resources, logistics support, staff secondments, or training.

2. **At the national level, consider supporting innovative solutions being piloted by line ministries as part of an effort to ensure greater oversight of service delivery at the district and provincial levels.** Examples include the remote monitoring mobile phone application being piloted by EMIS and the remote monitoring initiative being piloted by the GCMU. With adequate support, such initiatives have the potential to be expanded and replicated in other provinces and for a broader range of users.

3. **Require implementing partners to reflect the participation of women and vulnerable groups in project reporting.** This should include numbers of female staff and numbers of women in community groups such as health and education *shuras* and CECs, as well as a discussion of challenges faced and efforts made to promote participation of women and vulnerable groups.

4. **Understand the challenges faced by development actors in Uruzgan in monitoring programs, including access restrictions, limited local capacity and the difficulty of ensuring the participation of women and vulnerable groups, and ensure that expectations, timeframes and resources are realistic.** This could include allowing 'start up' time prior to project implementation to enable implementing actors to spend time in communities establishing realistic targets regarding the participation of women and other vulnerable groups, and strategies for ensuring participation.

Recommendations to NGOs

5. **Recruit dedicated monitoring and evaluation staff for Uruzgan programs.** Most NGOs operating in Uruzgan do not have dedicated monitoring and evaluation staff; monitoring therefore is carried out by program implementation teams. Where resources are lacking, NGOs could consider sharing monitoring and evaluation staff across organisations or 'peer monitoring'.[60]

6. **Where possible, recruit dedicated monitoring staff at the district level.** In many instances, the districts (or at least the district centers) are themselves secure, while the access road from Tirin Kot to the districts is impassable. Having monitoring staff at the district level would allow monitoring to continue where otherwise only occasional visits from provincial office staff would be possible. Local staff have the additional advantage of being familiar with the area and known to (and often protected by) communities, thus enhancing their security.

7. **Ensure adequate training for all staff and volunteers expected to play a role in program monitoring.** This includes members of health and education *shuras*, community health supervisors and health facility managers, remote monitoring teams, and other field-level staff. Training ideally should go beyond that required to complete a simple checklist and gather quantitative data, and cover the skills required to gather qualitative information on a project's reach, impact, and sustainability, as well as on organizational principles.

8. **Develop and implement a gender equity policy for Uruzgan programs.** Such a policy should be specific to the context of Uruzgan, and should be developed in a participatory manner with the input of national staff and, ideally, communities. Such a policy should include:

   - A commitment to affirmative action in increasing the number of women in Uruzgan-based staff teams who can play a role in program monitoring. In addition to ensuring that salaries are competitive and that there is an enabling environment for female staff, NGOs could consider offering additional incentives (based on input from existing female staff as to what would be effective) to female staff willing to work in Uruzgan.

   - A strategy for promoting female representation in community structures, such as school and health *shuras*, that are relied upon for monitoring purposes. This will take time and dedicated resources, and may slow project implementation, but should be prioritised. The participation of women should be discussed during the community mobilisation process, and NGOs could consider making the participation of women in community structures a pre-condition of project implementation.

   - The identification of a gender focal point in provincial as well as national offices, responsible for overseeing the implementation of the policy.

   - A commitment to ensuring that all staff, at both provincial and national level, receive training on, and commit to implementing, the gender policy. Questions regarding implementation of the gender policy could also be included as a standard component of performance review processes to ensure adequate follow-through.

9. **Consider engaging a consultant to review the participation of women and vulnerable groups in monitoring systems, and to provide follow-up training for staff.** The lack of representation of women and vulnerable groups is a significant weakness in current systems being employed in Uruzgan, and a dedicated resource with specialist expertise could provide value by working with staff to identify and understand the issues and agree upon creative solutions.

10. **Ensure that monitoring strategies are informed by ongoing context and threat analysis. Where a risk and vulnerability assessment addressing the risk faced by national staff has not been carried out, this should be prioritised, in consultation with national partners.** Such an assessment should consider all internal (from within a staff member's family or community) and external threats, targeted and non-targeted, faced by staff as a result of their work, and identify appropriate mitigation strategies. Risk assessments should articulate the level of risk to staff that an organisation is prepared to accept, which should be the same for national and for international staff.

11. **Develop contextually appropriate mechanisms for ensuring that projects are accountable to beneficiaries.** Such mechanisms should be developed based on input from local staff and beneficiaries, including vulnerable groups, regarding how they would feel most comfortable receiving as well as providing feedback about projects being implemented in their area. To be effective, such systems need to be accompanied by appropriate training for provincial office and project-level staff and partners, and accompanied by appropriate follow-up by senior staff.

Endnotes

[1] Interview with national NGO staff, Kabul, October 2012.

[2] The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover' (April 2012), p. xiii (on percentage of province within government control); Afghanistan NGO Security Office, 'Quarterly Data Report - Q2 2012' (June 2012), p. 4 (number of attacks).

[3] Government of the Islamic Republic of Afghanistan, *Uruzgan Provincial Development Plan for 1391*, pp. 1, 7 (on poverty figures on poverty in Uruzgan, subsistence agriculture and livestock); Government of the Islamic Republic of Afghanistan, Ministry of Economy / The World Bank, 'Poverty Status in Afghanistan: A Profile based on National Risk and Vulnerability Assessment 2007/8' (July 2010), p. 10 (national poverty rate). The 'poverty line' is defined as the minimum level of welfare below which a person is deemed to be poor. The measure of welfare is per capita household consumption, which is calculated by aggregating the sum of food and non-food consumption, use value of durable goods and rental value of housing, divided by household size. The poverty threshold is based upon the estimated cost of basic needs, which varies by region.

[4] The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n. 2, p. 10.

[5] The Liaison Office, 'Educational Institutions in Uruzgan 2010' (November 2010), p. ix.

[6] Interview with staff from the Provincial Education Department, Tirin Kot, October 2012 (on number of schools); The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n. 2, p. 17 (on school enrolment).

[7] Government of the Islamic Republic of Afghanistan / AusAID / World Bank, 'Afghanistan: Provincial Briefs' (June 2011), p. 64 (on provincial literacy rates); Poul Erik Rasmussen, 'Education Joint Sector Review 1391/2012, Education Sector Performance Report,' (Government of the Islamic Republic of Afghanistan, Ministry of Education, 2012), p. 4 (on national literacy rates).

[8] Janne Lexow, 'Child Rights Situation Analysis in Afghanistan 2011' (October 2011), p. 48.

[9] Government of the Islamic Republic of Afghanistan, Ministry of Education, 'National Education Interim Plan 2011-2013' (January 2011), pp. 2, 14 (on national enrolment figures); The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n. 2, p. x (on provincial girls' enrolment rate).

[10] The Liaison Office, 'Educational Institutions', above n. 5, p. 50.

[11] The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n 2, 18.

[12] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Activity Report (July – September 2012), pp. 4, 9-10; EPHS Uruzgan Monthly Activity Report (September 2012), p. 9; email correspondence with Dr Mansoor Staniczai, Senior Technical Health Manager, Children of Uruzgan, Save the Children, November 2012. 'Health facilities' include mobile health teams. 'Healthcare professionals' include hospital directors, doctors, nurses, midwives, pharmacy technicians, laboratory technicians, surgeons, orthopaedic and medical specialists, dentists, anaesthesia technicians, x-ray technicians, vaccinators and community health supervisors.

[13] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Report, above n. 12, pp. 10-11 and EPHS Uruzgan Monthly Report, above n. 12, p. 9 (for Uruzgan figures); Government of the Islamic Republic of Afghanistan, Ministry of Public Health, 'Afghanistan National Health Workforce Plan 2012-16' (Draft version 2, September 2011), p. 4 (for national figures).

[14] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Report, above n. 12, pp. 10-11 and EPHS Uruzgan Monthly Report, above n. 12, p. 9.

[15] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Report, above n. 12, pp. 10-11.

[16] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Report, above n. 12, pp. 10-11; Afghanistan Health and Development Services, EPHS Uruzgan Monthly Report, above n. 12, 9.

[17] Afghanistan Health and Development Services, PGC Baseline Household Survey Report (December 2011), p. 2.

[18] Afghan Health and Development Services, 'Uruzgan Nutrition Survey Report' (February 2012).

[19] Afghanistan Health and Development Services, Household Survey Report, above n. 17, p. 3.

[20] The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n 2, xiii.

[21] Afghanistan NGO Security Office, 'Quarterly Data Report Q4 2011' (December 2011), p. 11 (on number of anti-government attacks) and Afghanistan NGO Security Office weekly updates (on total number of incidents). 'Security incident' refers to any engagement initiated by military or anti-government elements, including the Taliban.

[22] The Liaison Office, 'Educational Institutions', above n. 5, p. xii.

[23] Afghanistan Health and Development Services, 'Household Survey Report', above n. 17, p. 7.

[24] Government of the Islamic Republic of Afghanistan, *Uruzgan Provincial Development Plan 1390* (2011), p. 9.

[25] Afghanistan Health and Development Services, BPHS Uruzgan Quarterly Report, above n. 12, pp. 9-10; EPHS Uruzgan Monthly Report, above n. 12, p. 9.

[26] The Liaison Office, 'Uruzgan: 18 Months After the Dutch/Australian Leadership Handover', above n. 2, p. 8.

[27] Interview with Dr Ismael Rakmani, Acting Director, Provincial Health Directorate, Tirin Kot, October 2012.

[28] The BPHS was established in 2002 as the mechanism through which international donors support basic health services throughout Afghanistan. It is managed by the Afghan Ministry of Public Health (MoPH) and implemented by national or international NGOs via contracts with theMoPH. At the national level, the BPHS is funded by the World Bank, USAID and the European Union. The BPHS in Uruzgan is funded by the European Union.

[29] Interview with Zahidullah Rasooli, GCMU, Ministry of Public Health, Kabul, October 2012.

[30] Ibid.

[31] Interview with staff from the Provincial Education Department, Tirin Kot, October 2012.

[32] Interview with Mohammed Ismael Khattab, EMIS Director and System Analyst, Ministry of Education, Kabul, October 2012.

[33] Interview with Hafeez Samo, Directorate of Academic Supervision, Ministry of Education, Kabul, October 2012.

[34] Interview with Abdul Haq Rahmati, Director of Academic Affairs, Teacher Education Department, Ministry of Education, Kabul, October 2012.

[35] Interview with Amin Mansory, Teacher Education Department, Kabul, October 2012.

[36] Interview with Dr Haftar Gul Roual, Provincial Office Manager, Cordaid, Tirin Kot, October 2012.

[37] Interview with Mohammed Arif Liwal, Security Officer, Save the Children, Tirin Kot, October 2012.

[38] Ibid.

[39] Interview with Dr Sakhi Jan Mangal, Health Manager, Save the Children, Tirin Kot, October 2012.

[40] Interview with Mohammed Samidi, Monitoring and Evaluation Coordinator, Save the Children, Tirin Kot, October 2012.

[41] Government of the Islamic Republic of Afghanistan, Ministry of Public Health, 'A Basic Package of Health Services for Afghanistan - 2009/1388' (July 2009), p. 80.

[42] Sometimes also referred to (in the case of formal and community-based schools) as School Management Committees (SMCs) or parent-teacher associations.

[43] Government of the Islamic Republic of Afghanistan, Ministry of Public Health, 'Strategic Plan 2011-2015' (May 2011) (on school shuras); Government of the Islamic Republic of Afghanistan, Ministry of Education, 'Policy Guidelines for Community-Based Education' (February 2012), p. 16-7 (on CECs).

[44] Interview with Mohammed Fareed, Deputy Director, Afghanistan Health and Development Services, Kabul, October 2012.

[45] Interview with Dr Reshtin, Provincial Manager, Afghanistan Centre for Training and Development, Tirin Kot, October 2012.

[46] Interview with Amir Mansory, Teacher Education Department, Kabul, October 2012.

[47] Interview with Mohammed Fareed, Deputy Director, Afghanistan Health and Development Services, Kabul, October 2012.

[48] Interview with Dr Haftar Gul Roual, Provincial Office Manager, Cordaid, Tirin Kot, October 2012.

[49] Interview with Dr Baz Mohammed, Provincial Office Manager, Humanitarian Assistance and Development Association for Afghanistan, Tirin Kot, October 2012.

[50] Save the Children, 'Detailed Implementation Plan (Enhance Community Support)' (September 2012), p. 9.

[51] Interview with Mohammed Samidi, Monitoring and Evaluation Coordinator, Save the Children.

[52] Australian Agency for International Development (AusAID), 'Promoting Opportunities for All: Gender Equality and Women's Empowerment' (November 2011), p. 11.

[53] Save the Children, 'Proposal to AusAID for Uruzgan Framework Agreement' (November 2010), p. 72.

[54] Humanitarian Accountability Partnership International, 'The 2010 HAP Standard in Accountability and Quality Management' (2010), p. 20.

[55] Interview with community mobiliser, Save the Children, Tirin Kot, October 2012.

[56] Interview with staff member, Save the Children, Tirin Kot, October 2012.

[57] Interview with CHWs Chora and Deh Rawud, Humanitarian Assistance and Development Association for Afghanistan, Tirin Kot, October 2012.

[58] Interview with national NGO staff, Kabul, October 2012.

[59] Interview with Hafeez Samo, Directorate for Academic Supervision, Kabul, October 2012.

[60] Peer monitoring is a strategy that has been successfully utilised by Tearfund in Afghanistan. See discussion in Bryony Norman, 'Monitoring and Accountability Practices for Remotely Managed Projects Implemented in Volatile Operating Environments' (Tearfund, 2012), p. 48-50.